Agenda

Estes Park Health Board of Directors' Special Tele Town Hall Meeting

Wednesday, May 13, 2020

6:00 - 8:00 p.m.

Estes Park Health, 555 Prospect Avenue, Estes Park CO 80517

Timberline Conference Room / https://attendee.gotowebinar.com/register/7006930724808599054

	Regular Session	Mins.	Procedure	Presenter(s)
1	Call to Order/Welcome	1	**Action**	Dr. David Batey
2	Approval of the Agenda	1	**Action**	Board
3	Public Comments on Items Not on the Agenda		Information	Public
4	Colorado End of Life Options Act Policy Discussion 4.1 Colorado End of Life Options Act 4.2 Estes Park Health Colorado End of Life Options Act Policy and Procedure 4.3 Colorado Department of Public Health and Environment - Medical Aid in Dying 4.4 2017-2019 Trends and Totals Data Summary	117	Discussion	Board
5	Adjournment	1	**Action**	Dr. David Batey
	Total Regular Session Mins.	120		

Next Regular Board Meeting: Monday, May 18, 2020 4:00 - 6:00 pm

Tele - Town Hall:

Estes Park Health Policy on Colorado End of Life Options Act

Wednesday May 13, 2020 6:00 pm

Webinar link https://attendee.gotowebinar.com/register/7006930724808599054

United States: +1 (415) 655-0052

Access Code: 821-599-023

Audio PIN: Shown after joining the webinar

Agenda

1. Tele - Town Hall Procedures
2. Privacy & Confidentiality
3. Introduce Estes Park Health (EPH) Attendees
4. Brief Overview of Colorado End of Life Options Act (CEoLOA)
5. Estes Park Health and CEoLOA
6. Colorado’s 3-Year CEoLOA experience
7. Comments and Questions and Answers

1. Tele – Town Hall Procedures

- Gary Hall will manage comments and questions
- Use “Chat” or “Raise Hand” for comments or questions
- Do not wait to comment or to ask questions, submit immediately
- Chat or Raise Hand will generally be addressed in order received
- Gary Hall may combine similar questions

2. Privacy & Confidentiality

- CEoLOA: Doctor-patient relationship privacy & confidentiality
- CEoLOA: Protections for patients, healthcare providers, and others
- Please omit references to any information that could break privacy or confidentiality

3. Estes Park Health Attendees

- Board of Directors: Sandy Begley, Monty Miller, Diane Muno, Bill Pinkham, David Batey, Director-Elect Steve Alper

- CEO Vern Carda, Chief Nursing Officer Pat Samples,
- Chief of Staff Dr. John Meyer,
- EPH Living Center Medical Director Dr. Amanda Luchsinger

4. Brief Overview of CEoLOA

- CEoLOA authorizes an individual who satisfies the statute's requirements to request aid-in-dying medication, to fill the prescription, and to self-administer the medication.
- Requirements:
    - Colorado resident adult
    - Terminal diagnosis prognosis of 6 months or less
    - Mental capacity to make & communicate an informed decision
    - Able to self-administer aid-in-dying medication
    - And satisfy many other requirements

4. Brief Overview of CEoLOA

- CEoLOA takes place within the privacy and confidentiality of the doctor-patient relationship
- CEoLOA provides privacy & confidentiality protections for all involved
- Patient and Provider choice to participate or not participate is voluntary
- CEoLOA prohibits any adverse organizational consequences of the choice to participate or not participate in CEoLOA activities

5. EPH and CEoLOA

- Estes Park Health offers patients a full range of End-Of-Life Journey options including services addressing
    - Colorado Advance Directive
    - Pain Management
    - Palliative Care
    - Hospice
    - Colorado End of Life Options Act
    - And others

5. EPH and CEoLOA

- All EPH medical staff who may have direct involvement in CEoLOA activities (Primary Care and potentially involved specialties) will:

  - Provide information on CEoLOA

  - Provide CEoLOA referrals if requested

  - Some EPH medical staff who may have direct involvement in CEoLOA activities are willing to act as an attending or consulting physician for patients pursuing CEoLOA actions

5. EPH and CEoLOA

- EPH CEoLOA Policy does not permit self-administration of aid-in-dying medication on Estes Park Health premises including:
- The Emergency Department
- The Inpatient Hospital
- The Estes Park Health Living Center (EPHLC)
    - EPHLC is a skilled nursing facility
    - EPHLC is a group home without privacy of a private residence

5. EPH and CEoLOA

- According to the EPH Living Center (EPHLC) Medical Director:
- There are 28 patients currently in EPHLC
- None of the 28 would qualify for CEoLOA based on requirements
- CEoLOA requires (among others)
  - Mental capacity to make an informed decision
  - Ability to self-administer the aid-in-dying medication
- All 28 patients or those responsible for them have accepted EPH CEoLOA Policy prohibition on taking aid-in-dying medication in EPHLC

6. Colorado 3-Year CEoLOA Experience

- In 2019, for those requesting prescriptions
  - Median age 72 (range mid 20's to upper 90's)
  - 62.5% Cancer, 19.2% Neurological, 7.9% Cardiovacular, 5.8% Pulmonary, 4.6% Other

- In 2019, for those who died following prescription
  - 82.6 % died in a residence
  - 83.5% died under hospice care

6. Colorado 3-Year CEoLOA Experience

Colorado End-Of-Life Options Act Statistics				
	2017	2018	2019	2017-19
Number of patients Prescribed Aid-in Dying Mediction	72	123	170	365
Number of Patients Dispensed Aid-in-Dying Medication	56	85	129	270
Percent of Patients Prescribed Aid-in-Dying Medication that had the medication dispensed	77.8%	69.1%	75.9%	74.0%

6. Colorado 3-Year CEoLOA Experience

CO, WA, OR End-Of-Life Prescriptions Statistics			
	2017	2018	2019
Colorado State Population (3 yrs experience)	5,612,000	5,691,000	5,759,000
Number of patients Prescribed Aid-in Dying Mediction	72	123	170
Rate Aid-in-Dying Medication Prescriptions per 100k	1.28	2.16	2.95
Washington State Population (11 yrs experience)	7,423,000	7,524,000	7,615,000
Number of patients Prescribed Aid-in Dying Mediction	212	267	July 2020
Rate Aid-in-Dying Medication Prescriptions per 100k	2.86	3.55	
Oregon State Population (22 yrs experience)	4,144,000	4,182,000	4,218,000
Number of patients Prescribed Aid-in Dying Mediction	218	249	290
Rate Aid-in-Dying Medication Prescriptions per 100k	5.26	5.95	6.88
	Generally 3 to 7 per 100k population		

7. Comments and Questions

- Use “Chat” or “Raise Hand” options
- Gary Hall will give you access to the Town Hall
- Another opportunity for public comment on EPH CEoLOA Policy at EPH Board meeting Monday 18-May 4:00 pm

Item 4.1

Final #145

Be it enacted by the people of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **add** article 48 to title 25 as follows:

ARTICLE 48

End-of-life Options

25-48-101. Short title. THE SHORT TITLE OF THIS ARTICLE IS THE "COLORADO END-OF-LIFE OPTIONS ACT".

25-48-102. Definitions. AS USED IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:
(1) "ADULT" MEANS AN INDIVIDUAL WHO IS EIGHTEEN YEARS OF AGE OR OLDER.
(2) "ATTENDING PHYSICIAN" MEANS A PHYSICIAN WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF A TERMINALLY ILL INDIVIDUAL AND THE TREATMENT OF THE INDIVIDUAL'S TERMINAL ILLNESS.
(3) "CONSULTING PHYSICIAN" MEANS A PHYSICIAN WHO IS QUALIFIED BY SPECIALTY OR EXPERIENCE TO MAKE A PROFESSIONAL DIAGNOSIS AND PROGNOSIS REGARDING A TERMINALLY ILL INDIVIDUAL'S ILLNESS.
(4) "HEALTH CARE PROVIDER" OR "PROVIDER" MEANS A PERSON WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE AUTHORIZED OR PERMITTED BY LAW TO ADMINISTER HEALTH CARE OR DISPENSE MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION. THE TERM INCLUDES A HEALTH CARE FACILITY, INCLUDING A LONG-TERM CARE FACILITY AS DEFINED IN SECTION 25-3-103.7 (1) (f.3) AND A CONTINUING CARE RETIREMENT COMMUNITY AS DESCRIBED IN SECTION 25.5-6-203 (1)(c)(I), C.R.S.
(5) "INFORMED DECISION" MEANS A DECISION THAT IS:
(a) MADE BY AN INDIVIDUAL TO OBTAIN A PRESCRIPTION FOR MEDICAL AID-IN-DYING MEDICATION THAT THE QUALIFIED INDIVIDUAL MAY DECIDE TO SELF-ADMINISTER TO END HIS OR HER LIFE IN A PEACEFUL MANNER;
(b) BASED ON AN UNDERSTANDING AND ACKNOWLEDGMENT OF THE RELEVANT FACTS; AND
(c) MADE AFTER THE ATTENDING PHYSICIAN FULLY INFORMS THE INDIVIDUAL OF:
(I) HIS OR HER MEDICAL DIAGNOSIS AND PROGNOSIS OF SIX MONTHS OR LESS;
(II) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE MEDICAL AID-IN DYING MEDICATION TO BE PRESCRIBED;
(III) THE PROBABLE RESULT OF TAKING THE MEDICAL AID-IN-DYING MEDICATION TO BE PRESCRIBED;
(IV) THE CHOICES AVAILABLE TO AN INDIVIDUAL THAT DEMONSTRATE HIS OR HER SELF-DETERMINATION AND INTENT TO END HIS OR HER LIFE IN A PEACEFUL MANNER, INCLUDING THE ABILITY TO CHOOSE WHETHER TO:
(A) REQUEST MEDICAL AID IN DYING;
(B) OBTAIN A PRESCRIPTION FOR MEDICAL AID-IN-DYING MEDICATION TO END HIS OR HER LIFE;

(C) FILL THE PRESCRIPTION AND POSSESS MEDICAL AID-IN-DYING MEDICATION TO END HIS OR HER LIFE; AND

(D) ULTIMATELY SELF-ADMINISTER THE MEDICAL AID-IN-DYING MEDICATION TO BRING ABOUT A PEACEFUL DEATH; AND

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

(6) "LICENSED MENTAL HEALTH PROFESSIONAL" MEANS A PSYCHIATRIST LICENSED UNDER ARTICLE 36 OF TITLE 12, C.R.S., OR A PSYCHOLOGIST LICENSED UNDER PART 3 OF ARTICLE 43 OF TITLE 12, C.R.S.

(7) "MEDICAL AID IN DYING" MEANS THE MEDICAL PRACTICE OF A PHYSICIAN PRESCRIBING MEDICAL AID-IN-DYING MEDICATION TO A QUALIFIED INDIVIDUAL THAT THE INDIVIDUAL MAY CHOOSE TO SELF-ADMINISTER TO BRING ABOUT A PEACEFUL DEATH.

(8) "MEDICAL AID-IN-DYING MEDICATION" MEANS MEDICATION PRESCRIBED BY A PHYSICIAN PURSUANT TO THIS ARTICLE TO PROVIDE MEDICAL AID IN DYING TO A QUALIFIED INDIVIDUAL.

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

(10) "MENTAL CAPACITY" OR "MENTALLY CAPABLE" MEANS THAT IN THE OPINION OF AN INDIVIDUAL'S ATTENDING PHYSICIAN, CONSULTING PHYSICIAN, PSYCHIATRIST OR PSYCHOLOGIST, THE INDIVIDUAL HAS THE ABILITY TO MAKE AND COMMUNICATE AN INFORMED DECISION TO HEALTH CARE PROVIDERS.

(11) "PHYSICIAN" MEANS A DOCTOR OF MEDICINE OR OSTEOPATHY LICENSED TO PRACTICE MEDICINE BY THE COLORADO MEDICAL BOARD.

(12) "PROGNOSIS OF SIX MONTHS OR LESS" MEANS A PROGNOSIS RESULTING FROM A TERMINAL ILLNESS THAT THE ILLNESS WILL, WITHIN REASONABLE MEDICAL JUDGMENT, RESULT IN DEATH WITHIN SIX MONTHS AND WHICH HAS BEEN MEDICALLY CONFIRMED.

(13) "QUALIFIED INDIVIDUAL" MEANS A TERMINALLY ILL ADULT WITH A PROGNOSIS OF SIX MONTHS OR LESS, WHO HAS MENTAL CAPACITY, HAS MADE AN INFORMED DECISION, IS A RESIDENT OF THE STATE, AND HAS SATISFIED THE REQUIREMENTS OF THIS ARTICLE IN ORDER TO OBTAIN A PRESCRIPTION FOR MEDICAL AID-IN-DYING MEDICATION TO END HIS OR HER LIFE IN A PEACEFUL MANNER.

(14) "RESIDENT" MEANS AN INDIVIDUAL WHO IS ABLE TO DEMONSTRATE RESIDENCY IN COLORADO BY PROVIDING ANY OF THE FOLLOWING DOCUMENTATION TO HIS OR HER ATTENDING PHYSICIAN:

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

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

(c) EVIDENCE THAT THE INDIVIDUAL OWNS OR LEASES PROPERTY IN COLORADO; OR
(d) A COLORADO INCOME TAX RETURN FOR THE MOST RECENT TAX YEAR.
(15) "SELF-ADMINISTER" MEANS A QUALIFIED INDIVIDUAL'S AFFIRMATIVE, CONSCIOUS, AND PHYSICAL ACT OF ADMINISTERING THE MEDICAL AID-IN-DYING MEDICATION TO HIMSELF OR HERSELF TO BRING ABOUT HIS OR HER OWN DEATH.
(16) "TERMINAL ILLNESS" MEANS AN INCURABLE AND IRREVERSIBLE ILLNESS THAT WILL, WITHIN REASONABLE MEDICAL JUDGMENT, RESULT IN DEATH.

25-48-103. Right to request medical aid-in-dying medication. (1) AN ADULT RESIDENT OF COLORADO MAY MAKE A REQUEST, IN ACCORDANCE WITH SECTIONS 25-48-104 AND 25-48-112, TO RECEIVE A PRESCRIPTION FOR MEDICAL AID-IN-DYING MEDICATION IF:
(a) THE INDIVIDUAL'S ATTENDING PHYSICIAN HAS DIAGNOSED THE INDIVIDUAL WITH A TERMINAL ILLNESS WITH A PROGNOSIS OF SIX MONTHS OR LESS;
(b) THE INDIVIDUAL'S ATTENDING PHYSICIAN HAS DETERMINED THE INDIVIDUAL HAS MENTAL CAPACITY; AND
(c) THE INDIVIDUAL HAS VOLUNTARILY EXPRESSED THE WISH TO RECEIVE A PRESCRIPTION FOR MEDICAL AID-IN-DYING MEDICATION.
(2) THE RIGHT TO REQUEST MEDICAL AID-IN-DYING MEDICATION DOES NOT EXIST BECAUSE OF AGE OR DISABILITY.

25-48-104. Request process - witness requirements. (1) IN ORDER TO RECEIVE A PRESCRIPTION FOR MEDICAL AID-IN-DYING MEDICATION PURSUANT TO THIS ARTICLE, AN INDIVIDUAL WHO SATISFIES THE REQUIREMENTS IN SECTION 25-48-103 MUST MAKE TWO ORAL REQUESTS, SEPARATED BY AT LEAST FIFTEEN DAYS, AND A VALID WRITTEN REQUEST TO HIS OR HER ATTENDING PHYSICIAN.
(2)(a) TO BE VALID, A WRITTEN REQUEST FOR MEDICAL AID-IN-DYING MEDICATION MUST BE:
(I) SUBSTANTIALLY IN THE SAME FORM AS SET FORTH IN SECTION 25-48-112;
(II) SIGNED AND DATED BY THE INDIVIDUAL SEEKING THE MEDICAL AID-IN-DYING MEDICATION; AND
(III) WITNESSED BY AT LEAST TWO INDIVIDUALS WHO, IN THE PRESENCE OF THE INDIVIDUAL, ATTEST TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THAT THE INDIVIDUAL IS:
(A) MENTALLY CAPABLE;
(B) ACTING VOLUNTARILY; AND
(C) NOT BEING COERCED TO SIGN THE REQUEST.
(b) OF THE TWO WITNESSES TO THE WRITTEN REQUEST, AT LEAST ONE MUST NOT BE:
(I) RELATED TO THE INDIVIDUAL BY BLOOD, MARRIAGE, CIVIL UNION, OR ADOPTION;
(II) AN INDIVIDUAL WHO, AT THE TIME THE REQUEST IS SIGNED, IS ENTITLED, UNDER A WILL OR BY OPERATION OF LAW, TO ANY PORTION OF THE INDIVIDUAL'S ESTATE UPON HIS OR HER DEATH; OR
(III) AN OWNER, OPERATOR, OR EMPLOYEE OF A HEALTH CARE FACILITY WHERE THE INDIVIDUAL IS RECEIVING MEDICAL TREATMENT OR IS A RESIDENT.

(c) NEITHER THE INDIVIDUAL'S ATTENDING PHYSICIAN NOR A PERSON AUTHORIZED AS THE INDIVIDUAL'S QUALIFIED POWER OF ATTORNEY OR DURABLE MEDICAL POWER OF ATTORNEY SHALL SERVE AS A WITNESS TO THE WRITTEN REQUEST.

25-48-105. Right to rescind request - requirement to offer opportunity to rescind. (1) AT ANY TIME, AN INDIVIDUAL MAY RESCIND HIS OR HER REQUEST FOR MEDICAL AID-IN-DYING MEDICATION WITHOUT REGARD TO THE INDIVIDUAL'S MENTAL STATE.
(2) AN ATTENDING PHYSICIAN SHALL NOT WRITE A PRESCRIPTION FOR MEDICAL AID-IN-DYING MEDICATION UNDER THIS ARTICLE UNLESS THE ATTENDING PHYSICIAN OFFERS THE QUALIFIED INDIVIDUAL AN OPPORTUNITY TO RESCIND THE REQUEST FOR THE MEDICAL AID-IN-DYING MEDICATION.

25-48-106. Attending physician responsibilities. (1) THE ATTENDING PHYSICIAN SHALL:
(a) MAKE THE INITIAL DETERMINATION OF WHETHER AN INDIVIDUAL REQUESTING MEDICAL AID-IN-DYING MEDICATION HAS A TERMINAL ILLNESS, HAS A PROGNOSIS OF SIX MONTHS OR LESS, IS MENTALLY CAPABLE, IS MAKING AN INFORMED DECISION, AND HAS MADE THE REQUEST VOLUNTARILY;
(b) REQUEST THAT THE INDIVIDUAL DEMONSTRATE COLORADO RESIDENCY BY PROVIDING DOCUMENTATION AS DESCRIBED IN SECTION 25-48-102 (14);
(c) PROVIDE CARE THAT CONFORMS TO ESTABLISHED MEDICAL STANDARDS AND ACCEPTED MEDICAL GUIDELINES;
(d) REFER THE INDIVIDUAL TO A CONSULTING PHYSICIAN FOR MEDICAL CONFIRMATION OF THE DIAGNOSIS AND PROGNOSIS AND FOR A DETERMINATION OF WHETHER THE INDIVIDUAL IS MENTALLY CAPABLE, IS MAKING AN INFORMED DECISION, AND ACTING VOLUNTARILY;
(e) PROVIDE FULL, INDIVIDUAL-CENTERED DISCLOSURES TO ENSURE THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION BY DISCUSSING WITH THE INDIVIDUAL:
(I) HIS OR HER MEDICAL DIAGNOSIS AND PROGNOSIS OF SIX MONTHS OR LESS;
(II) THE FEASIBLE ALTERNATIVES OR ADDITIONAL TREATMENT OPPORTUNITIES, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL;
(III) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE MEDICAL AID-IN-DYING MEDICATION TO BE PRESCRIBED;
(IV) THE PROBABLE RESULT OF TAKING THE MEDICAL AID-IN-DYING MEDICATION TO BE PRESCRIBED; AND
(V) THE POSSIBILITY THAT THE INDIVIDUAL CAN OBTAIN THE MEDICAL AID-IN-DYING MEDICATION BUT CHOOSE NOT TO USE IT;
(f) REFER THE INDIVIDUAL TO A LICENSED MENTAL HEALTH PROFESSIONAL PURSUANT TO SECTION 25-48-108 IF THE ATTENDING PHYSICIAN BELIEVES THAT THE INDIVIDUAL MAY NOT BE MENTALLY CAPABLE OF MAKING AN INFORMED DECISION;
(g) CONFIRM THAT THE INDIVIDUAL'S REQUEST DOES NOT ARISE FROM COERCION OR UNDUE INFLUENCE BY ANOTHER PERSON BY DISCUSSING WITH THE INDIVIDUAL, OUTSIDE THE PRESENCE OF

OTHER PERSONS, WHETHER THE INDIVIDUAL IS FEELING COERCED OR UNDULY INFLUENCED BY ANOTHER PERSON;

(h) COUNSEL THE INDIVIDUAL ABOUT THE IMPORTANCE OF:

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

(II) NOT TAKING THE MEDICAL AID-IN-DYING MEDICATION IN A PUBLIC PLACE;

(III) SAFE-KEEPING AND PROPER DISPOSAL OF UNUSED MEDICAL AID-IN-DYING MEDICATION IN ACCORDANCE WITH SECTION 25-48-120; AND

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

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

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

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

(l) EITHER:

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

(II) DELIVER THE WRITTEN PRESCRIPTION PERSONALLY, BY MAIL, OR THROUGH AUTHORIZED ELECTRONIC TRANSMISSION IN THE MANNER PERMITTED UNDER ARTICLE 42.5 OF TITLE 12, C.R.S., TO A LICENSED PHARMACIST, WHO SHALL DISPENSE THE MEDICAL AID-IN-DYING MEDICATION TO THE QUALIFIED INDIVIDUAL, THE ATTENDING PHYSICIAN, OR AN INDIVIDUAL EXPRESSLY DESIGNATED BY THE QUALIFIED INDIVIDUAL.

25-48-107. Consulting physician responsibilities. BEFORE AN INDIVIDUAL WHO IS REQUESTING MEDICAL AID-IN-DYING MEDICATION MAY RECEIVE A PRESCRIPTION FOR THE MEDICAL AID-IN-DYING MEDICATION, A CONSULTING PHYSICIAN MUST:

(1) EXAMINE THE INDIVIDUAL AND HIS OR HER RELEVANT MEDICAL RECORDS;

(2) CONFIRM, IN WRITING, TO THE ATTENDING PHYSICIAN:

(a) THAT THE INDIVIDUAL HAS A TERMINAL ILLNESS;

(b) THE INDIVIDUAL HAS A PROGNOSIS OF SIX MONTHS OR LESS;

(c) THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION; AND

(d) THAT THE INDIVIDUAL IS MENTALLY CAPABLE, OR PROVIDE DOCUMENTATION THAT THE CONSULTING PHYSICIAN HAS REFERRED THE INDIVIDUAL FOR FURTHER EVALUATION IN ACCORDANCE WITH SECTION 25-48-108.

25-48-108. Confirmation that individual is mentally capable - referral to mental health professional. (1) AN ATTENDING PHYSICIAN SHALL NOT PRESCRIBE MEDICAL AID-IN-DYING

MEDICATION UNDER THIS ARTICLE FOR AN INDIVIDUAL WITH A TERMINAL ILLNESS UNTIL THE INDIVIDUAL IS DETERMINED TO BE MENTALLY CAPABLE AND MAKING AN INFORMED DECISION, AND THOSE DETERMINATIONS ARE CONFIRMED IN ACCORDANCE WITH THIS SECTION.

(2) IF THE ATTENDING PHYSICIAN OR THE CONSULTING PHYSICIAN BELIEVES THAT THE INDIVIDUAL MAY NOT BE MENTALLY CAPABLE OF MAKING AN INFORMED DECISION, THE ATTENDING PHYSICIAN OR CONSULTING PHYSICIAN SHALL REFER THE INDIVIDUAL TO A LICENSED MENTAL HEALTH PROFESSIONAL FOR A DETERMINATION OF WHETHER THE INDIVIDUAL IS MENTALLY CAPABLE AND MAKING AN INFORMED DECISION.

(3) A LICENSED MENTAL HEALTH PROFESSIONAL WHO EVALUATES AN INDIVIDUAL UNDER THIS SECTION SHALL COMMUNICATE, IN WRITING, TO THE ATTENDING OR CONSULTING PHYSICIAN WHO REQUESTED THE EVALUATION, HIS OR HER CONCLUSIONS ABOUT WHETHER THE INDIVIDUAL IS MENTALLY CAPABLE AND MAKING INFORMED DECISIONS. IF THE LICENSED MENTAL HEALTH PROFESSIONAL DETERMINES THAT THE INDIVIDUAL IS NOT MENTALLY CAPABLE OF MAKING INFORMED DECISIONS, THE PERSON SHALL NOT BE DEEMED A QUALIFIED INDIVIDUAL UNDER THIS ARTICLE AND THE ATTENDING PHYSICIAN SHALL NOT PRESCRIBE MEDICAL AID-IN-DYING MEDICATION TO THE INDIVIDUAL.

25-48-109. Death certificate. (1) UNLESS OTHERWISE PROHIBITED BY LAW, THE ATTENDING PHYSICIAN OR THE HOSPICE MEDICAL DIRECTOR SHALL SIGN THE DEATH CERTIFICATE OF A QUALIFIED INDIVIDUAL WHO OBTAINED AND SELF-ADMINISTERED AID-IN-DYING MEDICATION.

(2) WHEN A DEATH HAS OCCURRED IN ACCORDANCE WITH THIS ARTICLE, THE CAUSE OF DEATH SHALL BE LISTED AS THE UNDERLYING TERMINAL ILLNESS AND THE DEATH DOES NOT CONSTITUTE GROUNDS FOR POST-MORTEM INQUIRY UNDER SECTION 30-10-606 (1), C.R.S.

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

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

25-48-111. Medical record documentation requirements - reporting requirements - department compliance reviews - rules. (1) THE ATTENDING PHYSICIAN SHALL DOCUMENT IN THE INDIVIDUAL'S MEDICAL RECORD, THE FOLLOWING INFORMATION:

(a) DATES OF ALL ORAL REQUESTS;

(b) A VALID WRITTEN REQUEST;

(c) THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS, DETERMINATION OF MENTAL CAPACITY AND THAT THE INDIVIDUAL IS MAKING A VOLUNTARY REQUEST AND AN INFORMED DECISION;

(d) THE CONSULTING PHYSICIAN'S CONFIRMATION OF DIAGNOSIS AND PROGNOSIS, MENTAL CAPACITY AND THAT THE INDIVIDUAL IS MAKING AN INFORMED DECISION;
(e) IF APPLICABLE, WRITTEN CONFIRMATION OF MENTAL CAPACITY FROM A LICENSED MENTAL HEALTH PROFESSIONAL;
(f) A NOTATION OF NOTIFICATION OF THE RIGHT TO RESCIND A REQUEST MADE PURSUANT TO THIS ARTICLE; AND
(g) A NOTATION BY THE ATTENDING PHYSICIAN THAT ALL REQUIREMENTS UNDER THIS ARTICLE HAVE BEEN SATISFIED; INDICATING STEPS TAKEN TO CARRY OUT THE REQUEST, INCLUDING A NOTATION OF THE MEDICAL AID-IN-DYING MEDICATIONS PRESCRIBED AND WHEN.
(2)(a) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL ANNUALLY REVIEW A SAMPLE OF RECORDS MAINTAINED PURSUANT TO THIS ARTICLE TO ENSURE COMPLIANCE. THE DEPARTMENT SHALL ADOPT RULES TO FACILITATE THE COLLECTION OF INFORMATION DEFINED IN SUBSECTION (1) OF THIS SECTION. EXCEPT AS OTHERWISE REQUIRED BY LAW, THE INFORMATION COLLECTED BY THE DEPARTMENT IS NOT A PUBLIC RECORD AND IS NOT AVAILABLE FOR PUBLIC INSPECTION. HOWEVER, THE DEPARTMENT SHALL GENERATE AND MAKE AVAILABLE TO THE PUBLIC AN ANNUAL STATISTICAL REPORT OF INFORMATION COLLECTED UNDER THIS SUBSECTION (2).
(b) THE DEPARTMENT SHALL REQUIRE ANY HEALTH CARE PROVIDER, UPON DISPENSING A MEDICAL AID-IN-DYING MEDICATION PURSUANT TO THIS ARTICLE, TO FILE A COPY OF A DISPENSING RECORD WITH THE DEPARTMENT. THE DISPENSING RECORD IS NOT A PUBLIC RECORD AND IS NOT AVAILABLE FOR PUBLIC INSPECTION.

25-48-112. Form of written request. (1) A REQUEST FOR MEDICAL AID-IN-DYING MEDICATION AUTHORIZED BY THIS ARTICLE MUST BE IN SUBSTANTIALLY THE FOLLOWING FORM:

REQUEST FOR MEDICATION TO END MY LIFE
IN A PEACEFUL MANNER

I,_____AM AN ADULT OF SOUND MIND. I AM SUFFERING FROM_____, WHICH MY ATTENDING PHYSICIAN HAS DETERMINED IS A TERMINAL ILLNESS AND WHICH HAS BEEN MEDICALLY CONFIRMED. I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS AND PROGNOSIS OF SIX MONTHS OR LESS, THE NATURE OF THE MEDICAL AID-IN-DYING MEDICATION TO BE PRESCRIBED AND POTENTIAL ASSOCIATED RISKS, THE EXPECTED RESULT, AND THE FEASIBLE ALTERNATIVES OR ADDITIONAL TREATMENT OPPORTUNITIES, INCLUDING COMFORT CARE, PALLIATIVE CARE, HOSPICE CARE, AND PAIN CONTROL.
I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE MEDICAL AID-IN-DYING MEDICATION THAT WILL END MY LIFE IN A PEACEFUL MANNER IF I CHOOSE TO TAKE IT, AND I AUTHORIZE MY ATTENDING PHYSICIAN TO CONTACT ANY PHARMACIST ABOUT MY REQUEST.
I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY TIME.
I UNDERSTAND THE SERIOUSNESS OF THIS REQUEST, AND I EXPECT TO DIE IF I TAKE THE AID-IN-DYING MEDICATION PRESCRIBED.

I FURTHER UNDERSTAND THAT ALTHOUGH MOST DEATHS OCCUR WITHIN THREE HOURS, MY DEATH MAY TAKE LONGER, AND MY ATTENDING PHYSICIAN HAS COUNSELED ME ABOUT THIS POSSIBILITY. I MAKE THIS REQUEST VOLUNTARILY, WITHOUT RESERVATION, AND WITHOUT BEING COERCED, AND I ACCEPT FULL RESPONSIBILITY FOR MY ACTIONS.

SIGNED: _____

DATED: _____

DECLARATION OF WITNESSES

WE DECLARE THAT THE INDIVIDUAL SIGNING THIS REQUEST:

IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF IDENTITY;
SIGNED THIS REQUEST IN OUR PRESENCE;

APPEARS TO BE OF SOUND MIND AND NOT UNDER DURESS, COERCION, OR UNDUE INFLUENCE; AND

I AM NOT THE ATTENDING PHYSICIAN FOR THE INDIVIDUAL.

_____WITNESS 1/DATE

_____WITNESS 2/DATE

NOTE: OF THE TWO WITNESSES TO THE WRITTEN REQUEST, AT LEAST ONE MUST NOT:
BE A RELATIVE (BY BLOOD, MARRIAGE, CIVIL UNION, OR ADOPTION) OF THE INDIVIDUAL SIGNING THIS REQUEST; BE ENTITLED TO ANY PORTION OF THE INDIVIDUAL'S ESTATE UPON DEATH; OR OWN, OPERATE, OR BE EMPLOYED AT A HEALTH CARE FACILITY WHERE THE INDIVIDUAL IS A PATIENT OR RESIDENT.
AND NEITHER THE INDIVIDUAL'S ATTENDING PHYSICIAN NOR A PERSON AUTHORIZED AS THE INDIVIDUAL'S QUALIFIED POWER OF ATTORNEY OR DURABLE MEDICAL POWER OF ATTORNEY SHALL SERVE AS A WITNESS TO THE WRITTEN REQUEST.

25-48-113. Standard of care. (1) PHYSICIANS AND HEALTH CARE PROVIDERS SHALL PROVIDE MEDICAL SERVICES UNDER THIS ACT THAT MEET OR EXCEED THE STANDARD OF CARE FOR END-OF-LIFE MEDICAL CARE.
(2) IF A HEALTH CARE PROVIDER IS UNABLE OR UNWILLING TO CARRY OUT AN ELIGIBLE INDIVIDUAL'S REQUEST AND THE INDIVIDUAL TRANSFERS CARE TO A NEW HEALTH CARE PROVIDER, THE HEALTH CARE PROVIDER SHALL COORDINATE TRANSFER OF THE INDIVIDUAL'S MEDICAL RECORDS TO A NEW HEALTH CARE PROVIDER.

25-48-114. Effect on wills, contracts, and statutes. (1) A PROVISION IN A CONTRACT, WILL, OR OTHER AGREEMENT, WHETHER WRITTEN OR ORAL, THAT WOULD AFFECT WHETHER AN INDIVIDUAL

MAY MAKE OR RESCIND A REQUEST FOR MEDICAL AID IN DYING PURSUANT TO THIS ARTICLE IS INVALID.

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

25-48-115. Insurance or annuity policies. (1) THE SALE, PROCUREMENT, OR ISSUANCE OF, OR THE RATE CHARGED FOR, ANY LIFE, HEALTH, OR ACCIDENT INSURANCE OR ANNUITY POLICY MUST NOT BE CONDITIONED UPON, OR AFFECTED BY, AN INDIVIDUAL'S ACT OF MAKING OR RESCINDING A REQUEST FOR MEDICAL AID-IN-DYING MEDICATION IN ACCORDANCE WITH THIS ARTICLE.

(2) A QUALIFIED INDIVIDUAL'S ACT OF SELF-ADMINISTERING MEDICAL AID-IN-DYING MEDICATION PURSUANT TO THIS ARTICLE DOES NOT AFFECT A LIFE, HEALTH, OR ACCIDENT INSURANCE OR ANNUITY POLICY.

(3) AN INSURER SHALL NOT DENY OR OTHERWISE ALTER HEALTH CARE BENEFITS AVAILABLE UNDER A POLICY OF SICKNESS AND ACCIDENT INSURANCE TO AN INDIVIDUAL WITH A TERMINAL ILLNESS WHO IS COVERED UNDER THE POLICY, BASED ON WHETHER OR NOT THE INDIVIDUAL MAKES A REQUEST PURSUANT TO THIS ARTICLE.

(4) AN INDIVIDUAL WITH A TERMINAL ILLNESS WHO IS A RECIPIENT OF MEDICAL ASSISTANCE UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE 25.5, C.R.S. SHALL NOT BE DENIED BENEFITS UNDER THE MEDICAL ASSISTANCE PROGRAM OR HAVE HIS OR HER BENEFITS UNDER THE PROGRAM OTHERWISE ALTERED BASED ON WHETHER OR NOT THE INDIVIDUAL MAKES A REQUEST PURSUANT TO THIS ARTICLE.

25-48-116. Immunity for actions in good faith - prohibition against reprisals. (1) A PERSON IS NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION FOR ACTING IN GOOD FAITH UNDER THIS ARTICLE, WHICH INCLUDES BEING PRESENT WHEN A QUALIFIED INDIVIDUAL SELF-ADMINISTERS THE PRESCRIBED MEDICAL AID-IN-DYING MEDICATION.

(2) EXCEPT AS PROVIDED FOR IN SECTION 25-48-118, A HEALTH CARE PROVIDER OR PROFESSIONAL ORGANIZATION OR ASSOCIATION SHALL NOT SUBJECT AN INDIVIDUAL TO ANY OF THE FOLLOWING FOR PARTICIPATING OR REFUSING TO PARTICIPATE IN GOOD-FAITH COMPLIANCE UNDER THIS ARTICLE:

(a) CENSURE;

(b) DISCIPLINE;

(c) SUSPENSION;

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

(e) ANY OTHER PENALTY.

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

(a) CONSTITUTE NEGLECT OR ELDER ABUSE FOR ANY PURPOSE OF LAW; OR

(b) PROVIDE THE BASIS FOR THE APPOINTMENT OF A GUARDIAN OR CONSERVATOR.

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

25-48-117. No duty to prescribe or dispense. (1) A HEALTH CARE PROVIDER MAY CHOOSE WHETHER TO PARTICIPATE IN PROVIDING MEDICAL AID-IN-DYING MEDICATION TO AN INDIVIDUAL IN ACCORDANCE WITH THIS ARTICLE.

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

25-48-118. Health care facility permissible prohibitions - sanctions if provider violates policy. (1) A HEALTH CARE FACILITY MAY PROHIBIT A PHYSICIAN EMPLOYED OR UNDER CONTRACT FROM WRITING A PRESCRIPTION FOR MEDICAL AID-IN-DYING MEDICATION FOR A QUALIFIED INDIVIDUAL WHO INTENDS TO USE THE MEDICAL AID-IN-DYING MEDICATION ON THE FACILITY'S PREMISES. THE HEALTH CARE FACILITY MUST NOTIFY THE PHYSICIAN IN WRITING OF ITS POLICY WITH REGARD TO PRESCRIPTIONS FOR MEDICAL AID-IN-DYING MEDICATION. A HEALTH CARE FACILITY THAT FAILS TO PROVIDE ADVANCE NOTICE TO THE PHYSICIAN SHALL NOT BE ENTITLED TO ENFORCE SUCH A POLICY AGAINST THE PHYSICIAN.

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

(3) A HEALTH CARE FACILITY MUST NOTIFY PATIENTS IN WRITING OF ITS POLICY WITH REGARD TO MEDICAL AID-IN-DYING. A HEALTH CARE FACILITY THAT FAILS TO PROVIDE ADVANCE NOTIFICATION TO PATIENTS SHALL NOT BE ENTITLED TO ENFORCE SUCH A POLICY.

25-48-119. Liabilities. (1) A PERSON COMMITS A CLASS 2 FELONY AND IS SUBJECT TO PUNISHMENT IN ACCORDANCE WITH SECTION 18-1.3-401, C.R.S. IF THE PERSON, KNOWINGLY OR INTENTIONALLY CAUSES AN INDIVIDUAL'S DEATH BY:

(a) FORGING OR ALTERING A REQUEST FOR MEDICAL AID-IN-DYING MEDICATION TO END AN INDIVIDUAL'S LIFE WITHOUT THE INDIVIDUAL'S AUTHORIZATION; OR

(b) CONCEALING OR DESTROYING A RESCISSION OF A REQUEST FOR MEDICAL AID-IN-DYING MEDICATION.

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

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

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

(3) NOTHING IN THIS ARTICLE LIMITS FURTHER LIABILITY FOR CIVIL DAMAGES RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY PERSON.
(4) THE PENALTIES SPECIFIED IN THIS ARTICLE DO NOT PRECLUDE CRIMINAL PENALTIES APPLICABLE UNDER THE "COLORADO CRIMINAL CODE", TITLE 18, C.R.S., FOR CONDUCT THAT IS INCONSISTENT WITH THIS ARTICLE.

25-48-120. Safe disposal of unused medical aid-in-dying medications. A PERSON WHO HAS CUSTODY OR CONTROL OF MEDICAL AID-IN-DYING MEDICATION DISPENSED UNDER THIS ARTICLE THAT THE TERMINALLY ILL INDIVIDUAL DECIDES NOT TO USE OR THAT REMAINS UNUSED AFTER THE TERMINALLY ILL INDIVIDUAL'S DEATH SHALL DISPOSE OF THE UNUSED MEDICAL AID-IN-DYING MEDICATION EITHER BY:
(1) RETURNING THE UNUSED MEDICAL AID-IN-DYING MEDICATION TO THE ATTENDING PHYSICIAN WHO PRESCRIBED THE MEDICAL AID-IN-DYING MEDICATION, WHO SHALL DISPOSE OF THE UNUSED MEDICAL AID-IN-DYING MEDICATION IN THE MANNER REQUIRED BY LAW; OR
(2) LAWFUL MEANS IN ACCORDANCE WITH SECTION 25-15-328, C.R.S. OR ANY OTHER STATE OR FEDERALLY APPROVED MEDICATION TAKE-BACK PROGRAM AUTHORIZED UNDER THE FEDERAL "SECURE AND RESPONSIBLE DRUG DISPOSAL ACT OF 2010", PUB.L.111-273, AND REGULATIONS ADOPTED PURSUANT TO THE FEDERAL ACT.

25-48-121. Actions complying with article not a crime. NOTHING IN THIS ARTICLE AUTHORIZES A PHYSICIAN OR ANY OTHER PERSON TO END AN INDIVIDUAL'S LIFE BY LETHAL INJECTION, MERCY KILLING, OR EUTHANASIA. ACTIONS TAKEN IN ACCORDANCE WITH THIS ARTICLE DO NOT, FOR ANY PURPOSE, CONSTITUTE SUICIDE, ASSISTED SUICIDE, MERCY KILLING, HOMICIDE, OR ELDER ABUSE UNDER THE "COLORADO CRIMINAL CODE", AS SET FORTH IN TITLE 18, C.R.S.

25-48-122. Claims by government entity for costs. A GOVERNMENT ENTITY THAT INCURS COSTS RESULTING FROM AN INDIVIDUAL TERMINATING HIS OR HER LIFE PURSUANT TO THIS ARTICLE IN A PUBLIC PLACE HAS A CLAIM AGAINST THE ESTATE OF THE INDIVIDUAL TO RECOVER THE COSTS AND REASONABLE ATTORNEY FEES RELATED TO ENFORCING THE CLAIM.

25-48-123. No effect on advance medical directives. NOTHING IN THIS ARTICLE SHALL CHANGE THE LEGAL EFFECT OF:
(1) A DECLARATION MADE UNDER ARTICLE 18 OF TITLE 15, C.R.S., DIRECTING THAT LIFE-SUSTAINING PROCEDURES BE WITHHELD OR WITHDRAWN;
(2) A CARDIOPULMONARY RESUSCITATION DIRECTIVE EXECUTED UNDER ARTICLE 18.6 OF TITLE 15, C.R.S.; OR
(3) AN ADVANCE MEDICAL DIRECTIVE EXECUTED UNDER ARTICLE 18.7 OF TITLE 15, C.R.S.

ESTES PARK HEALTH

POLICY and PROCEDURE

Department: Administration

Creation Date: 26-Jan-2019
Review Date:
Revise Date:

Policy Title: Colorado End of Life Options Act
(Patient's request for medical aid in dying)

PURPOSE:

The Colorado End of Life Options Act (C.R.S § 25-48-101, et seq.) authorizes medical aid in dying and allows a terminally ill adult with a prognosis of six months or less, who has mental capacity, has made an informed decision, is a resident of Colorado, and has satisfied other requirements, to request and obtain a prescription for medical aid in dying medication for the purpose of shortening a prolonged dying process through self-administration of the aid-in-dying medication to end his or her own life in a peaceful manner.

The purpose of this policy is to describe the position of Estes Park Health regarding the End of Life Options Act, including participation of physicians employed or under contract, to describe the requirements and procedures for compliance with The Colorado End-of-Life Options Act, and to provide guidelines for responding to patient requests for information about aid-in-dying medications in accordance with federal and state laws.

The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Colorado End-of-Life Options Act, Hospice; Medically Inappropriate Treatment (Futility); Spiritual Care of Patients; Hospice Scope of Service; Healthcare Ethics Committee; Patient Rights Ethical Issues, Nursing; Patient Rights and Responsibilities; Do Not Resuscitate; Advanced Directives; Treatment of Pain, Nursing; Informed Patient Consent; referenced herein.

POLICY:

1. The Colorado End-of-Life Options Act (herein after the "Act") allows adult (18 years or older) terminally ill patients, with capacity to make health care decisions, seeking to mitigate suffering and shorten a prolonged dying process, to request aid-in-dying medications from an attending physician. These terminally ill patients must be Colorado residents (as defined herein) who will, within reasonable medical judgment, die within 6 months. Patients requesting an aid-in-dying medication must satisfy all requirements of the Act in order to obtain the prescription for that medication. Such a request must be initiated by the patient and cannot be made through utilization of an

Advance Health Care Directive, Physician Orders for Life-Sustaining Treatment or other document. It cannot be requested by the patient's surrogate.

2. Estes Park Health respects the privacy of the Health Care Provider-Patient relationship and expects that any discussion of, or participation in the Act will be kept private and confidential.
3. Estes Park Health neither encourages nor discourages participation in the Act. Only those providers who are willing and desire to participate should do so. Any participation or refusal to participate in the Act by Estes Park Health physicians, employees, or patients is entirely voluntary, and Estes Park Health will not penalize an individual for participating in, or refusing to participate in the Act. An Estes Park Health physician, staff, or employee that elects not to engage in activities authorized by the Act is not required to take any action in support of a patient's request for a prescription for an aid-in-dying medication, including but not limited to, referral to another provider who participates in such activities.
4. Estes Park Health is more than an Acute Care Hospital. Estes Park Health includes services delivered outside of the Acute Care Hospital: Long-term Residential Care in the Estes Park Health Living Center, and Home Health and Hospice.
5. Estes Park Health permits the ingestion or self-administration of an aid-in-dying medication outside of Estes Park Health premises, including within a patient's home. Estes Park Health premises include the Acute Care Hospital (Emergency Department, Inpatient Hospital), and the Estes Park Living Center.
6. Estes Park Health does not permit ingestion or self-administration of an aid-in-dying medication on any Estes Park Health premises including the Acute Care Hospital (Emergency Department, Inpatient Hospital), and the Estes Park Living Center.
7. If an Estes Park Health patient in the Acute Care Hospital or the Estes Park Living Center wishes to ingest or self-administer an aid-in-dying medication, Estes Park Health will cooperate with the patient in transfer to another facility of the patient's choice. The transfer will promote continuity of care. Upon request, Estes Park Health will transfer a copy of the patient's medical record to the new health care provider/facility.

PROCEDURE:

1. Written notice of this policy will be included in the admissions paperwork filled out by every Estes Park Health patient. This policy will also be communicated by other means intended to provide advance notification of this policy, including posting on the Estes Park Health website.
2. When a patient makes an inquiry about or requests access to activities under the Act, initially, the patient will be given a copy of this policy and then will be referred to an organization or individual that is well versed in the requirements of the Act. The organization or individual will assist the patient in understanding of the Act, inform them about the process and provide educational material related to the patient's end-of-life options. This activity will augment, but not substitute for, the obligations of the attending and consulting physicians' roles described herein. If the patient's current physician chooses not to participate in the Act, which is his or her right under the Act, the organization or individual will make an effort to identify a physician who will participate in the Act with the patient.
3. Estes Park Health will notify employed and contracted physicians and other health care providers of this policy. All other Estes Park Health employees and contractors will also be notified of this policy.
4. If a patient brings medical aid-in-dying medication into the Estes Park Health Acute Care Hospital setting and the patient's possession of such medication becomes known to any Estes Park Health personnel, the personnel shall inform the attending physician of the fact, and the attending physician shall at the next convenient opportunity inform the patient that the Patient may not ingest or self-administer aid-in-dying medication in the Acute Care Hospital. The physician will request that the patient relinquish such medication, which will be kept securely, and will be returned to patient upon patient's request at some point during the process of discharging or transferring the patient out of the Acute Care Hospital.
5. In the absence of a legal Do Not Resuscitate order, or a CPR directive in a Living Will document, standard acute poisoning protocols will be used to respond to an individual who ingests or self-administers an aid-in-dying medication on any Estes Park Health premises including the Acute Care Hospital and the Estes Park Living Center. Standard acute poisoning protocols will also be used to respond to an individual who arrives at Estes Park Health premises having ingested or self-administered an aid-in-dying medication.
6. Estes Park Health physicians and other health care providers may, if they choose, and as applicable and as defined in the Act and herein:
    a. Perform the duties of an attending physician.
    b. Perform the duties of a consulting physician.
    c. Perform the duties of a mental health specialist.

d. Prescribe medications under this Act.
e. Participate in patient or provider support related to the Act.

7. Other than Physicians, who may choose to be present, Estes Park Health employees will not be present during the actual ingestion or self-administration of an aid-in-dying medication.
8. Estes Park Health may provide oversight and may review records to the extent necessary to ensure all requirements of the law have been followed and the correct documentation completed and submitted to the Colorado Department of Public Health and Environment.

9. **Right to request medical aid-in-dying medication**:
    a. An adult resident of Colorado may make a request, in accordance with sections 25-48-104 and 25-48-112, to receive a prescription for medical aid-in-dying medication if:
    b. The individual's attending physician has diagnosed the individual with a terminal illness with a prognosis of six months or less;
    c. The individual's attending physician has determined the individual has mental capacity; and
    d. The individual has voluntarily expressed the wish to receive a prescription for medical aid-in-dying medication
    e. The right to request medical aid-in dying medication does not exist because of age or disability.

10. **Request Process – Witness requirements.**
    a. In order to receive a prescription for medical aid-in-dying medication pursuant to the Colorado End of Life Options Act, an individual who satisfies the requirements in Section 25-48-103 must make two oral requests, separated by at least fifteen day, and a valid written request to his or her attending physician
    b. To be valid, a written request for medical aid-in-dying medication must be:
        i. Substantially in the same form as set forth in Section 25-48-112;
        ii. Signed and dated by the individual seeking the medical aid-in-dying medication;
        iii. Witnessed by at least two individuals who, in the presence of the individual, attest to the best of their knowledge and belief that the individual is:
        iv. Mentally capable;
        v. Acting voluntarily; and
        vi. Not being coerced to sign the request.
        vii. Of the two witnesses to the written request, at least one must not be:

viii. Related to the individual by blood, marriage, civil union, or adoption;
ix. An individual who, at the time the request is signed, is entitled, under a will or by operation of law, to any portion of the individual's estate upon his or her death; or
x. An owner, operator, or employee of a health care facility where the individual is receiving medical treatment or is a resident.
xi. Neither the individual's attending physician nor a person authorized as the individual's Qualified Power of Attorney or Durable Medical Power of Attorney shall serve as a witness to the written request.

11. **Right to rescind request – Requirements to offer opportunity to rescind**
    a. At any time, an individual may rescind his or her request for medical aid-in-dying medication without regard to the individual's mental state.
    b. An attending physician shall not write a prescription for medical aid-in-dying medication under the Colorado End of Life Options Act unless the attending physician offers the qualified individual an opportunity to rescind the request for the medical aid-in-dying medication.

12. **Attending physician responsibilities**: The attending physician shall:
    a. Make the initial determination about whether an individual requesting medical aid-in-dying medication has a terminal illness, has a prognosis of six months or less, is mentally capable, is making an informed decision, and has made the request voluntarily;
    b. Request that individual demonstrate Colorado residency by providing documentation as described in section 25-48-102(14);
    c. Provide care that confirms to established medical standards and accepted medical guidelines;
    d. Refer the individual to a consulting physician for medical confirmation of the diagnosis and prognosis and for a determination of whether the individual is mentally capable, is making an informed decision, and acting voluntarily;
    e. Provide full, individual-centered disclosures to ensure that the individual is making an informed decision by discussing with the individual:
        i. His or her medical diagnosis and prognosis of six months or less;
        ii. The feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control;
        iii. The potential risks associated with taking the medical aid-in-dying medication to be prescribed;
        iv. The probable result of taking the medical aid-in-dying medication to be prescribed; and

v. The possibility that the individual can obtain the medical aid-in-dying medication but choose not to use it;

f. Refer the individual to a licensed mental health professional pursuant to section 25-48-108 if the attending physician believes that the individual may not be mentally capable of making an informed decision;

g. Confirm that the individual's request does not arise from coercion or undue influence by another person by discussion with the individual, outside the presence of other persons, whether the individual is feeling coerced or unduly influenced by another person;

h. Counsel the individual about the importance of:

i. Having another person present when the individual self-administers the medical aid-in-dying medication prescribed pursuant to the Act.

ii. Not taking the medical aid-in-dying medication in a public place.

iii. Safe-keeping and proper disposal of unused medical aid-in-dying medication in accordance with section 25-48-120; and

iv. Notifying his or her next of kin the request for medical aid-in-dying medication;

i. Inform the individual that he or she may rescind the request for medical aid-in-dying medication at any time and in any manner;

j. Verify, immediately prior to writing the prescription for medical aid-in-dying medication, that the individual is making an informed decision;

k. Ensure that all appropriate steps are carried out in accordance with this the Act before writing a prescription for medical aid-in-dying medication; and

l. Either:

i. Dispense medical aid-in-dying medication directly to the qualified individual , including ancillary medications intended to minimize the individual's discomfort, if the attending physician has a current Drug Enforcement Administration certificate and complies with any applicable administrative role; or

ii. Deliver the written prescription personally, by mail, or through authorized electronic transmission in the manner permitted under Article 42.5 of Title 12 C.R.S. to a licensed pharmacist, who shall dispense the medical aid-in-dying medication to the qualified individual, the attending physician, or an individual expressly designated by the qualified individual.

13. **Consulting physician responsibilities**: Before an individual who is requesting medical aid-in-dying medication may receive a prescription for the medical aid-in-dying medication, a consulting physician must:

a. Examine the patient and his or her relevant medical records.

b. Confirm in writing the attending physician:
c. That the individual has a terminal illness;
d. The individual has a prognosis or six months or less;
e. That the individual is making an informed decision; and
f. That the individual is mentally capable, or provide documentation that the consulting physician has referred the individual for further evaluation in accordance with Section 25-48-108.

14. **Confirmation that individual is mentally capable – referral to mental health professional.**
    a. An attending physician shall not prescribe medical aid-in-dying under the Colorado End of Life Options Act for an individual with a terminal illness until the individual is determined to be mentally capable and making an informed decision, and those determinations are confirmed in accordance with this section
    b. If the attending physician or the consulting physician believes that the individual may not be mentally capable of making an informed decision, the attending physician or the consulting physician shall refer the individual to a licensed mental health professional for a determination of whether the individual is mentally capable and making an informed decision
    c. A licensed mental health professional who evaluates an individual under this section shall communicate, in writing, to the attending or consulting physician who requested the evaluation, his or her conclusions about whether the individual is mentally capable and making informed decisions. If the licensed mental health professional determines that the individual is not mentally capable of making informed decisions, the person shall not be deemed a qualified individual under the Act and the attending physician shall not prescribe medical aid-in-dying medication to the individual.

15. **Medical record documentation requirements – reporting requirements – department compliance reviews – rules.**
    a. The attending physician shall document in the individual's medical record, the following information:
    b. Dates of all oral requests;
    c. A valid written request;
    d. The attending physician's diagnosis and prognosis, determination of mental capacity and that the individual is making a voluntary request and an informed decision;

e. The consulting physician's confirmation of diagnosis and prognosis, mental capacity, and that the individual is making an informed decision;
f. If applicable, written confirmation of mental capacity from a licensed mental health professional;
g. A notation of notification of the right to rescind a request made pursuant to the Act
h. A notation by the attending physician that all requirements under the Act have been satisfied; indicating steps taken to carry out the request, including a notation of the medical aid-in-dying medications prescribed and when.
i. The Department of Public Health and Environment requires any health care provider, upon dispensing a medical aid-in-dying medication pursuant to this Act, to file a copy of a dispensing record with the department.

16. **Death certificate**.
    a. Unless otherwise prohibited by law, the attending physician or the Hospice Medical Director shall sign the Death Certificate of a qualified individual who obtained and self-administered aid-in-dying medication.
    b. When a death has occurred in accordance with the Act, the cause of death shall be listed as the underlying terminal illness and the death does not constitute ground for post-mortem inquiry under Section 30-10-606(1), C.R.S.

17. **Safe disposal of unused medical aid-in-dying medications**: A person who has custody or control of medical aid-in-dying medication dispensed under this Act that the terminally ill individual decides not to use or that remains unused after the terminally ill individual's death shall dispose of the unused medical aid-in-dying medication either by:
    a. Returning the unused medical aid-in-dying medication to the attending physician who prescribed the medical aid-in-dying medication, who shall dispose of the unused medical aid-in-dying medication in the manner required by law; or
    b. Lawful means in accordance with Section 25-15-328, C.R.S or any other State of Federally approved medication take-back program authorized under the Federal "Secure and Responsible Drug Disposal Act of 2010", PUB.L.111-271, and regulations adopted pursuant to the Federal Act.

DEFINITIONS:

1. **"Adult"** means an individual who is eighteen years of age or older.
2. **"Attending Physician"** means a physician who has primary responsibility for the care of a terminally ill individual and the treatment of the patient's terminal disease.
3. **"Consulting Physician"** means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a terminally ill individual's terminal illness.
4. **"Health Care Provider" or "Provider"** means a person who is licensed, certified, registered, or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession. The term includes a health care facility, including a long-term care facility as defined in Section 25-3-103.7(1)(f.3) and a continuing care retirement community as described in Section 25.5-6-203 (1)©(I), C.R.S.
5. **"Informed decision"** means a decision the is:
    a. Made by an individual to obtain a prescription for medical aid-in-dying medication that the qualified individual may decide to self-administer to end his or her life in a peaceful manner;
    b. Based on an understanding and acknowledgement of the relevant facts; and
    c. Made after the attending physician fully informs the individual of:
        i. His or her medical diagnosis and prognosis of six months or less;
        ii. The potential risks associated with taking the medical aid-in-dying medication to be prescribed;
        iii. The probable result of taking the Medical aid-in-dying medication to be prescribed;
        iv. The choices available to an individual that demonstrate his or her self-determination and intent to end his or her life in a peaceful manner, including the ability to choose whether to
            1) Request medical aid in dying;
            2) Obtain a prescription for medical aid-in-dying medication to end his or her life;
            3) Fill the prescription and possess medical aid-in-dying medication to end his or her life; and
            4) Ultimately self-administer the medical aid-in-dying medication to bring about a peaceful death; and
            5) All feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care3, and pain control.
6. **"Licensed Mental Health Professional"** means a psychiatrist licensed under article 36 or Title 12 C.R.S., or a psychologist licensed under Part 3 of Article 43 or Title 12 C.R.S.
7. **"Medical Aid in Dying"** means the medical practice of a physician prescribing medical aid-in-dying medication to a qualified individual that the individual may choose to self-administer to bring about a peaceful death.

8. **"Medical aid-in-dying medication"** means medication prescribed by a physician pursuant to the Colorado End-of-Life Options Act to provide medical aid in dying to a qualified individual.
9. **"Medically Confirmed"** means that a consulting physician who has examined the terminally ill individual and the individual's relevant medical records has confirmed the medical opinion of the attending physician.
10. **"Mental Capacity" or "Mentally Capable"** means that in the opinion of an individual's attending physician, consulting physician, psychiatrist or psychologist, the individual has the ability to make and communicate an informed decision to health care providers.
11. **"Physician"** means a doctor of medicine or osteopathy licensed to practice medicine by the Colorado Medical Board.
12. **"Prognosis of Six Months or Less"** means a prognosis resulting from a terminal illness that the illness will, within reasonable medical judgment, result in death within six months and which has been medically confirmed.
13. **"Qualified Individual"** means a terminally ill adult with a prognosis of six months or less, who has mental capacity, has made an informed decision, is a resident of the state, and has satisfied the requirements of the Colorado End-of-Life Options Act in order to obtain a prescription for medical aid-in-dying medication to end his or her life in a peaceful manner.
14. **"Resident"** means an individual who is able to demonstrate residency in Colorado by providing any of the following documentation to his or her attending physician:
    a. A Colorado driver's license or identification card issued pursuant to Article 2 of Title 42 C.R.S.;
    b. A Colorado voter registration card or other documentation showing the individual is registered to vote in Colorado;
    c. Evidence that the individual owns or leases property in Colorado; or
    d. A Colorado income tax return for the most recent tax year.
15. **"Self-Administer"** means a qualified individual's affirmative, conscious, and physical act of administering the medical aid-in-dying medication to himself or herself to bring about his or her own death.
16. **"Terminal Illness"** means an incurable and irreversible illness that will, within reasonable medical judgment, result in death.

REFERENCES:

1. Colorado End-of-Life Options Act (C.R.S § 25-48-101, et seq).
2. HOSPITAL Administrative Policies:
    a. Colorado End-of-Life Options Act, Hospice
    b. Medically Inappropriate Treatment (Futility)
    c. Spiritual Care of Patients
    d. Hospice Scope of Service
    e. Healthcare Ethics Committee
    f. Patient Rights Ethical Issues, Nursing
    g. Patient Rights and Responsibilities

h. Do Not Resuscitate
i. Advanced Directives
j. Treatment of Pain, Nursing
k. Informed Patient Consent

Medical Aid in Dying

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Colorado End-of-Life Options Act

In 2016, Colorado voters approved Proposition 106, "Access to Medical Aid In Dying," which amends Colorado statutes to include the Colorado End-of-life Options Act (hereinafter "Act") at Article 48 of Title 25, C.R.S. The Act:

- Allows an eligible terminally ill individual with a prognosis of six months or less to live to request and self-administer medical aid-in-dying medication in order to voluntarily end his or her life;
- Authorizes a physician to prescribe medical aid-in-dying medication to a terminally ill individual under certain conditions; and

- Creates criminal penalties for tampering with a person's request for medical aid-in-dying medication or knowingly coercing a person with a terminal illness to request the medication.

Reporting requirements

This Act requires the prescribing physician and the health care professional dispensing aid-in-dying medication to provide the Colorado Department of Public Health and Environment (CDPHE) with information outlined by the Act, and necessary to ensure compliance with the documentation requirements of the Act. Rules have been adopted by the Board of Health describing these reporting requirements (6 CCR 1009-4). Following are the required forms:

- Attending/prescribing physician form.
- Medication dispensing form.

CDPHE will use data submitted with these forms to generate and make available to the public an annual statistical report of aggregate data collected.

A request for medical aid-in-dying medication must substantially conform to the Request for medication to end my life in a peaceful manner form delineated in Section 25-48-112, C.R.S. The Request for medication to end my life in a peaceful manner form repeats the statute and may be used for the written request for medical aid-in-dying medication. The form is being provided to support accurate reporting by attending physicians. The Department is unable to modify the form, comment as to whether an individual or a form has substantially complied with statute, or provide an individual medical or legal advice.

The information collected, however, is not available for public inspection, and will be maintained as confidential. As such, CDPHE will not confirm on a case-by-case basis whether an individual was prescribed aid-in-dying medication, or whether a health care provider has prescribed or dispensed aid-in-dying medication.

Patients are invited to consult with their physicians regarding any questions they have concerning requests for aid-in-dying medication. The Colorado Department of Regulatory Agencies (DORA) continues to have oversight responsibilities for physicians and pharmacists participating in the activities covered by the Act.

Completed forms may be mailed to:

Colorado Department of Public Health and Environment

Vital Statistics Program

Attn: Kirk Bol

4300 Cherry Creek Drive South, Denver, CO 80246-1530

Or sent to: kirk.bol@state.co.us through secure email, accessed at https://web1.zixmail.net/s/welcome.jsp?b=stateofcolorado

Annual statistical report

Statistics presented in this report reflect patients for whom prescriptions for aid-in-dying medication were written; and among those, patients to whom aid-in-dying medications were dispensed and deaths among patients subsequent to prescription of aid-in-dying medication. Data used for this report are based on required reporting forms and death certificates received by CDPHE through routine vital records registration.

- Colorado End-of-Life Options Act, Year Three: 2019 Data Summary.
- Colorado End-of-Life Options Act, Year Two: 2018 Data Summary.
- Colorado End-of-Life Options Act, Year One: 2017 Data Summary.

Contact

Kirk Bol, Manager, Vital Statistics Program

303-692-2170

COLORADO END-OF-LIFE OPTIONS ACT, YEAR THREE 2019 DATA SUMMARY, WITH 2017-2019 TRENDS AND TOTALS

Prepared by:
Center for Health and Environmental Data
Colorado Department of Public Health and Environment
For more information, visit www.colorado.gov/pacific/cdphe/medical-aid-dying

Introduction

In 2016, Colorado voters approved Proposition 106, "Access to Medical Aid in Dying," which amends Colorado statutes to include the Colorado End-of-Life Options Act, Article 48 of Title 25, Colorado Revised Statutes (C.R.S.). This Act allows an eligible terminally-ill individual with a prognosis of six months or less to live to request and self-administer medical aid-in-dying medication in order to voluntarily end his or her life; authorizes a physician to prescribe medical aid-in-dying medication to a terminally-ill individual under certain conditions; and creates criminal penalties for tampering with a person's request for medical aid-in-dying medication or knowingly coercing a person with a terminal illness to request the medication.

This Act requires prescribing physicians and health care professionals dispensing aid-in-dying medication to report to the Colorado Department of Public Health and Environment (CDPHE) specific information outlined by the Act. This information is to be used to ensure documentation requirements outlined in the Act are met, as well as to make available to the public an annual statistical report. Rules for reporting were adopted by the Board of Health in 2017 (6 CCR 1009-4, Reporting and Collecting Medical Aid-in-Dying Medication Information).

This report is the third annual statistical report published per this Act, and describes Colorado's participation in End-of-Life Options activities in 2019; incorporates updates to previously-published statistics; and includes summary statistics for the complete three-year period of participation, 2017-2019.

Data collection and statistics

Statistics presented in this report reflect patients for whom prescriptions for aid-in-dying medication were written; among those, patients to whom aid-in-dying medications were dispensed; and deaths among patients subsequent to prescription of aid-in-dying medication. Data used for this report are based on required reporting forms and death certificates received by CDPHE. More information about the reporting process and required forms as well as this this annual report are available at: www.colorado.gov/pacific/cdphe/medical-aid-dying

It is important to note that the Colorado End-of-Life Options Act does not authorize or require the Colorado Department of Public Health and Environment to follow up with physicians who prescribe aid-in-dying medication, patients, or their families to obtain information about use of aid-in-dying medication. Additionally, the Colorado End-of-Life Options Act requires that the cause of death assigned on a patient's death certificate be the underlying terminal illness. Thus, statistics in this report for deaths are based on all deaths identified among individuals prescribed aid-in-dying medication, whether or not they used this medication, and noting that

death may have been caused by ingestion of medical aid-in-dying medication, the underlying terminal illness or condition, or some other cause.

Since the publication of past annual statistical reports, additional or amended reporting forms from health care providers concerning prescriptions in earlier years may have been submitted to CDPHE throughout 2019. More death certificates associated with patients who were prescribed aid-in-dying medication in 2017 and 2018 were also received by CDPHE in 2019. This report incorporates this additional information received about patients participating in End-of-Life Options activities in prior years in addition to the new data for 2019.

Participation in End-of-Life Options activities

In 2019, **170** patients received prescriptions for aid-in-dying medications under the provisions of the Colorado End-of-Life Options Act. This represents a **38%** increase in the number of prescriptions compared to 2018. Among those prescribed aid-in-dying medication in 2019, CDPHE has received reports for **129** patients to whom aid-in-dying medication was dispensed. Also among those prescribed aid-in-dying medication, CDPHE has received death certificates for **139** patients through routine vital records registration. Note that not all of these deceased patients were dispensed aid-in-dying medication, and deaths may have been due to ingestion of aid-in-dying medication, the underlying terminal illness or condition, or other causes.

Prescriptions written in 2019 for aid-in-dying medication were provided by **75** unique Colorado physicians. Over the three-year period 2017-2019, prescriptions were provided by **130** unique Colorado physicians. In 2019, the median age of patients prescribed aid-in-dying medication was **72** (minimum age was in the mid-20s, maximum age was in the upper-90s). Among patients prescribed aid-in-dying medication, the most common illnesses or conditions were malignant neoplasms (cancer), progressive neurological disorders (including amyotrophic lateral sclerosis /ALS, progressive supranuclear palsy, Parkinson's disease and multiple sclerosis), chronic lower respiratory diseases (including chronic obstructive pulmonary disease, or COPD) and major cardiovascular diseases (including heart disease, stroke and vascular diseases). (Table 1)

Table 1. Underlying terminal illnesses/conditions among patients prescribed aid-in-dying medication, 2017-2019.

	2017		2018		2019		2017-2019 Total	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Total number of patients prescribed aid-in-dying medication	72	100	123	100	170	100	365	100
Malignant Neoplasm - Total	47	65.3	78	63.4	103	60.6	228	62.5
Lung	11	15.3	9	7.3	14	8.2	34	9.3
Pancreas	8	11.1	9	7.3	14	8.2	31	8.5
Breast	1	1.4	6	4.9	10	5.9	17	4.7
Head and neck	6	8.3	5	4.1	8	4.7	19	5.2
Colon and rectum	4	5.6	5	4.1	8	4.7	17	4.7
Central nervous system	1	1.4	4	3.3	8	4.7	13	3.6
Prostate	7	9.7	4	3.3	5	2.9	16	4.4
Ovary	2	2.8	5	4.1	4	2.4	11	3.0
Endometrium	0	0.0	3	2.4	4	2.4	7	1.9

	2017		2018		2019		2017-2019 Total	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Esophagus	2	2.8	4	3.3	3	1.8	9	2.5
Melanoma	1	1.4	4	3.3	3	1.8	8	2.2
Kidney, bladder and urinary tract	1	1.4	3	2.4	3	1.8	7	1.9
Stomach	0	0.0	1	0.8	3	1.8	4	1.1
Bile duct	1	1.4	2	1.6	2	1.2	5	1.4
Multiple myeloma	0	0.0	2	1.6	2	1.2	4	1.1
Leukemia	0	0.0	1	0.8	2	1.2	3	0.8
Other malignant neoplasm	2	2.8	11	8.9	10	5.9	23	6.3
Progressive neurological disorders - Total	12	16.7	27	22.0	31	18.2	70	19.2
Amyotrophic lateral sclerosis	9	12.5	14	11.4	17	10.0	40	11.0
Parkinson's disease	1	1.4	4	3.3	5	2.9	10	2.7
Progressive supranuclear palsy	0	0.0	5	4.1	1	0.6	6	1.6
Multiple sclerosis	0	0.0	2	1.6	1	0.6	3	0.8
Other progressive neurodegenerative disorders	2	2.8	2	1.6	7	4.1	11	3.0
Chronic lower respiratory disease	5	6.9	7	5.7	9	5.3	21	5.8
Cardiovascular disease (including heart disease and stroke)	7	9.7	8	6.5	14	8.2	29	7.9
Interstitial lung disease	1	1.4	0	0.0	4	2.4	5	1.4
Other illnesses/conditions	0	0.0	3	2.4	9	5.3	12	3.3

'Other malignant neoplasm' includes cancers of the bladder, cervix, gallbladder, liver, soft tissue, lymphoma, and others.

'Other progressive neurodegenerative disorders' includes corticobasal degeneration and others.

'Other illnesses/conditions' include chronic kidney and liver disease, autoimmune rheumatic disease and others.

In 2019, aid-in-dying medications were dispensed by **33** unique pharmacists in Colorado, and included a combination of diazepam, digoxin, morphine sulfate, propranolol (sometimes amitriptyline), prepared as DDMP or DDMP2 combination. Secobarbitol (brand name Seconol) was no longer prescribed or dispensed in Colorado for medical aid-in-dying in 2019. (Table 2)

Table 2. Categories of medications dispensed to patients prescribed aid-in-dying medication, 2017-2019.

	2017		2018		2019		2017-2019 Total	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Total number of patients to whom aid-in-dying medication was dispensed	56	100	85	100	129	100	270	100
Secobarbitol	23	41.1	26	30.6	0	0.0	49	18.1
DDMP/DDMP2 Compound	32	57.1	59	69.4	128	99.2	219	81.1
Other (morphine sulfate alone, or in some other combination)	1	1.8	0	0.0	1	0.8	2	0.7

Characteristics of Patients Prescribed Aid-in-Dying Medication Who Have Died

Among patients who died following an aid-in-dying prescription written in 2019, the median duration of time between the date of prescription and date of death was **17** days (minimum of zero days, maximum of just over one year). Table 3 presents characteristics of patients who have been prescribed aid-in-dying medication, and for whom a death certificate was subsequently registered with CDPHE. Again, it is important to note that these statistics reflect all deaths identified among individuals prescribed aid-in-dying medication, whether or not they used this medication, and irrespective of whether their death was caused by ingestion of medication, the underlying terminal illness or condition, or some other cause.

Table 3. Summary of patients who died following prescription of aid-in-dying medication, 2017-2019.

	2017		2018		2019		2017-2019 Total	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Total number of decedents prescribed aid-in-dying medication	71	100	118	100	139	100	328	100
Sex								
Female	32	45.1	60	50.8	66	47.5	158	48.2
Male	39	54.9	58	49.2	73	52.5	170	51.8
Age group								
18-44	1	1.4	3	2.5	3	2.1	7	2.1
45-54	2	2.8	11	9.3	13	9.4	26	7.9
55-64	10	14.1	21	17.8	28	20.1	29	18.0
65-74	23	32.4	41	34.7	45	32.4	109	33.2
75-84	22	31.0	25	21.2	29	20.9	76	23.2
85+	13	18.3	17	14.4	21	15.1	51	15.5
Race/ethnicity								
White, non-Hispanic	67	94.4	109	92.4	133	95.7	309	94.2
White, Hispanic	3	4.2	7	5.9	3	2.2	13	4.0
Other/unknown	1	1.4	2	1.6	3	2.1	6	1.8
Marital status								
Married	35	49.3	60	50.8	65	46.8	160	48.8
Divorced	19	26.8	23	19.5	47	33.8	89	27.1
Widow/widower	16	22.5	21	17.8	14	10.1	51	15.5
Never been married	1	1.4	14	11.9	13	9.4	28	8.5
Educational attainment								
High school graduate or GED completed or less	20	28.2	26	21.9	34	24.4	80	24.4
Some college credit but no degree	13	18.3	21	17.8	17	12.2	51	15.5
Associate's degree	9	12.7	7	5.9	14	10.1	30	9.1
Bachelor's degree	19	26.8	24	20.3	40	28.8	83	25.3
Master's degree	3	4.2	25	21.2	22	15.8	50	15.2
Doctorate or professional degree	7	9.9	15	12.7	12	8.6	34	10.4

	2017		2018		2019		2017-2019 Total	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
County of residence								
Denver Metro Area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson)	45	63.4	79	66.9	84	60.4	208	63.4
Other Front Range (El Paso, Larimer, Pueblo, Weld)	17	23.9	21	17.8	31	22.3	69	21.0
Other Counties	9	12.7	18	15.3	24	17.3	51	15.5
Place of death								
Residence	59	83.1	101	85.6	111	79.9	271	82.6
Nursing home/long-term care facility	9	12.7	6	5.1	8	5.8	23	7.0
Hospice facility	0	0.0	3	2.5	10	7.2	13	4.0
Other/unknown	3	4.2	8	6.7	10	7.2	21	6.4
Hospice enrollment status								
Under hospice care	63	88.7	100	84.7	111	79.9	274	83.5
Not under hospice care or unknown	8	11.3	18	15.3	28	20.1	54	16.4

'Place of death – Other/unknown' includes inpatient settings, outpatient facilities, or unspecified locations.

Monitoring compliance with reporting requirements

To comply with the Colorado End-of-Life Options Act, physicians who prescribe aid-in-dying medication, and those health care providers who dispense such medication, must submit documentation to CDPHE per rules promulgated by the Colorado Board of Health.

Physicians who prescribe aid-in-dying medication must submit:

- Attending/prescribing physician form.
- Patient's completed written request for medical aid-in-dying medication.
- Written confirmation of mental capacity from a licensed mental health provider (if applicable).
- Consulting physician's written confirmation of diagnosis and prognosis.

Health care providers who dispense aid-in-dying medication must submit:

- Medication dispensing form.

Table 4 contains a summary of documentation received by CDPHE concerning patients who were prescribed aid-in-dying medication. This information is based on reporting forms and supplemental documentation received by CDPHE as of **January 27, 2020**.

Table 4. Documentation received for patients participating in the Colorado End-of-Life Options Act, 2017-2019.

	2017	2018	2019	2017-2019 Total
Form/Document	**Number**	**Number**	**Number**	**Number**
Attending/prescribing physician form	63	107	147	317
Patient's completed written request	50	88	130	268
Mental health provider's confirmation	1	0	0	1
Consulting physicians written confirmation	30	82	129	241
Medication dispensing form	56	85	129	270
Death certificate	71	118	139	328

While reporting of the required documentation (including prescribing forms, patients' written requests, consulting physicians' written confirmations, and mental health provider confirmation when applicable) may be incomplete, attending/prescribing forms received contained physicians' signed attestations that all requirements of the Colorado End-of-Life Options Act have been met, and that required documentation is complete and contained in patients' records. Efforts continue to educate physicians and other health care providers about reporting requirements.

Additional instructions for reporting, including specific regulations and forms, and past reports are available on the Colorado Medical Aid in Dying website at https://www.colorado.gov/pacific/cdphe/medical-aid-dying.

Confidentiality

Colorado's End-of-Life Options Act states that the information reported to CDPHE is not a public record and is not available for public inspection. To comply with that statutory mandate, CDPHE will not disclose any information that identifies patients, physicians, pharmacists, family members, witnesses or other participants in activities covered by the Colorado End-of-Life Options Act. The information presented in this report is limited to such categories within a reporting field to ensure that confidentiality is preserved.