Bill as Introduced

HB 403 – AS INTRODUCED

2013 SESSION

13-0355
01/09

HOUSE BILL ***403***

AN ACT establishing a commission to study death with dignity for persons suffering from a terminal condition.

SPONSORS: Rep. Weed, Ches 16; Rep. Watrous, Merr 16; Rep. Winters, Hills 18; Rep. Berch, Ches 1; Rep. Warden, Hills 39; Rep. O'Flaherty, Hills 12

COMMITTEE: Judiciary

ANALYSIS

This bill establishes a commission to study death with dignity for persons suffering from a terminal condition.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

13-0355
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT establishing a commission to study death with dignity for persons suffering from a terminal condition.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Chapter; Commission to Study Death With Dignity for Persons Suffering From A Terminal Condition. Amend RSA by inserting after chapter 126-V the following new chapter:

CHAPTER 126-W

COMMISSION TO STUDY DEATH WITH DIGNITY FOR PERSONS SUFFERING FROM A TERMINAL CONDITION

126-W:1 Commission to Study Death With Dignity for Persons Suffering From a Terminal Condition; Membership; Duties.

I. There is established a commission to study death with dignity for persons suffering from a terminal condition. The members of the commission shall be as follows:

(a) Three members of the house of representatives one of whom shall be from the house health, human services and elderly affairs committee and one of whom shall be from the house judiciary committee, appointed by the speaker of the house of representatives.

(b) One member of the senate, appointed by the president of the senate.

(c) The commissioner of the department of health and human services, or designee.

(d) The attorney general, or designee.

(e) A representative of the New Hampshire Medical Society, appointed by the society.

(f) A representative of the New Hampshire Hospice and Palliative Care Organization, appointed by the organization.

(g) A public member, appointed by the governor.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

III. The commission shall study death with dignity for persons suffering from a terminal condition. The commission's study shall include, but not be limited to, a review of other state's laws and previous bills proposed on this issue in New Hampshire. The commission may solicit information from any person or entity it deems appropriate to its study.

IV. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the first-named house member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Four members of the commission shall constitute a quorum.

V. The commission shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2013.

2 Repeal. RSA 126-W:1, relative to the commission to study death with dignity for persons suffering from a terminal condition, is repealed.

3 Effective Date.

I. Section 2 of this act shall take effect November 1, 2013.

II. The remainder of this act shall take effect upon its passage.

HB 403 – AS AMENDED BY THE HOUSE

20Feb2013... 0211h

2013 SESSION

13-0355
01/09

HOUSE BILL ***403***

AN ACT establishing a committee to study end of life decisions.

SPONSORS: Rep. Weed, Ches 16; Rep. Watrous, Merr 16; Rep. Winters, Hills 18; Rep. Berch, Ches 1; Rep. Warden, Hills 39; Rep. O'Flaherty, Hills 12

COMMITTEE: Judiciary

AMENDED ANALYSIS

This bill establishes a committee to study end of life decisions.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
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HB 403 – AS AMENDED BY THE HOUSE

20Feb2013... 0211h

13-0355
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT establishing a committee to study end of life decisions.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Committee Established. There is established a committee to study end of life decisions.

2 Membership and Compensation.

I. The members of the committee shall be as follows:

(a) Five members of the house of representatives, appointed by the speaker of the house of representatives.

(b) Two members of the senate, appointed by the president of the senate.

II. Members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.

3 Duties. The committee shall study end of life decisions.

4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section. Four members of the committee shall constitute a quorum.

5 Report. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2013.

6 Effective Date. This act shall take effect upon its passage.

HB 403 – FINAL VERSION

20Feb2013... 0211h
05/23/13 1706s

2013 SESSION

13-0355
01/09

HOUSE BILL ***403***

AN ACT establishing a committee to study end of life decisions.

SPONSORS: Rep. Weed, Ches 16; Rep. Watrous, Merr 16; Rep. Winters, Hills 18; Rep. Berch, Ches 1; Rep. Warden, Hills 39; Rep. O'Flaherty, Hills 12

COMMITTEE: Judiciary

AMENDED ANALYSIS

This bill establishes a committee to study end of life decisions.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

20Feb2013... 0211h
05/23/13 1706s

13-0355
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT establishing a committee to study end of life decisions.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Committee Established. There is established a committee to study end of life decisions.

2 Membership and Compensation.

I. The members of the committee shall be as follows:

(a) Six members of the house of representatives, appointed by the speaker of the house of representatives.

(b) One member of the senate, appointed by the president of the senate.

II. Members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.

3 Duties. The committee shall study end of life decisions.

4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section. Three members of the committee shall constitute a quorum.

5 Report. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2013.

6 Effective Date. This act shall take effect upon its passage.

Amendments

Health, Education and Human Services
May 14, 2013
2013-1706s
01/03

Amendment to HB 403

Amend subparagraphs I(a) and (b) of section 2 of the bill by replacing them with the following:

(a) Six members of the house of representatives, appointed by the speaker of the house of representatives.

(b) One member of the senate, appointed by the president of the senate.

Amend the bill by replacing section 4 with the following:

4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section. Three members of the committee shall constitute a quorum.

Committee Minutes

Printed: 03/14/2013 at 9:02 am

SENATE CALENDAR NOTICE
HEALTH, EDUCATION & HUMAN SERVICES

Senator Nancy Stiles Chairman
Senator John Reagan V Chairman
Senator Peggy Gilmour
Senator Molly Kelly
Senator Andy Sanborn

For Use by Senate Clerk's Office ONLY
☐ Bill Status
☐ Docket
☐ Calendar
Proof: ☐ Calendar ☐ Bill Status

Date: March 14, 2013

HEARINGS

Tuesday **3/19/2013**

(Name of Committee)	(Place)	(Time)
HEALTH, EDUCATION & HUMAN SERVICES	LOB 103	9:30 AM

EXECUTIVE SESSION MAY FOLLOW

9:30 AM	HB251	relative to the legislative members of the home education advisory council.
9:45 AM	HB418	establishing a committee to study a program to address children in need.
10:00 AM	HB403	(New Title) establishing a committee to study end of life decisions.
10:15 AM	HB232	relative to the membership of the governor's commission on alcohol and drug abuse prevention, intervention, and treatment.
10:30 AM	HB236	relative to membership of the council on autism spectrum disorders.
10:45 AM	HB261-FN	relative to the assistance program for 2-parent families with dependent children.

Sponsors:

HB251
Rep. Mary Gile, Rep. Mary Gorman, Rep. June Frazer, Rep. Barbara Shaw

HB418
Rep. Mary Beth Walz, Rep. Mary Gile, Rep. Stephen Spratt, Rep. Leigh Webb
Rep. Sylvia Gale, Sen. Martha Fuller Clark, Rep. Paul Berch, Rep. Larry Phillips

HB403
Rep. Charles Weed, Rep. Rick Watrous, Rep. Joel Winters, Rep. Paul Berch
Rep. Mark Warden, Rep. Tim O'Flaherty

HB232
Rep. James MacKay, Rep. William Butynski, Sen. Molly Kelly

HB236
Rep. Laurie Harding, Rep. Mariellen MacKay, Rep. Peter Leishman, Sen. David Pierce
Sen. Bob Odell, Sen. Nancy Stiles, Sen. John Reagan, Rep. Charles McMahon
Rep. Lisa DiMartino

HB261-FN
Rep. Marjorie Porter, Rep. Janice Schmidt, Rep. Sylvia Gale, Rep. Paul Hackel
Rep. Martin Jack, Rep. Linda Harriott-Gathright, Sen. Martha Fuller Clark

Michael Ciccio 271-3093

Sen. Nancy Stiles
Chairman

HEALTH, EDUCATION, AND HUMAN SERVICES COMMITTEE
Hearing Report

Michael Ciccio, Legislative Aide

HB 403 - - (New Title) establishing a committee to study end of life decisions.

Hearing Date: 03.19.13
Time Opened: 10:00 Time Closed: 10:22

Members of the Committee Present: Senators Stiles, Reagan, Gilmour, and Sanborn
Members of the Committee Absent: Senator Kelly

Bill Analysis: This bill establishes a committee to study end of life decisions.

Sponsors: Rep. Weed, Ches 16; Rep. Watrous, Merr 16; Rep. Winters, Hills 18; Rep. Berch, Ches 1; Rep. Warden, Hills 39; Rep. O'Flaherty, Hills 12

Who supports the bill: Senator Reagan, Rep. Gale, Rep. Watrous, and Rep. Harding

Who opposes the bill: None

Summary of testimony presented in support:
Rep. Weed

- He has introduced bills in regards to end of life care numerous times and has always received opposition.
- He told his personal story about his mother and her end life care/ wishes.
- He has wanted to pursue a death with dignity legislation and wished to model legislation after Oregon's death with dignity statute.
- He submitted a report on Oregon's death with dignity results. Many people stated that felt relieved to have this as an option. 77 people chose to take the prescription and die last year.
- The title of bill has changed from *death with dignity* to *end of life decisions.*
- 97% percent of the people who chose to take the prescription in Oregon have chosen to die in hospice. End of care and palliative care is great concern and they are well integrated.
- In response to questions from the committee Rep. Weed stated:
    - The Judiciary committee wanted to expand the study to all end of life decisions.

- It was his intent to study assisted suicide (death with dignity), and wants it to stay on the agenda for the study committee.

Rep. Rick Watrous

- The judiciary committee amended it from a commission to a legislative committee. The committee would consist of 5 Reps, 2 Senators, and would report out by November 1st. It came to the Judiciary Committee as a death with dignity bill. They broadened the scope of the committee to all end of life decisions.
- It is an important controversial subject.
- It is the hope to arrive at recommended legislation at the end of the process.
- In response to questions from the committee Rep. Watrous
  - It came to the Judiciary committee as a Death with Dignity bill
  - The discussions will happen if the study committee meets. Some people saw this as an opening to assisted suicide, but a lot of people saw this as a growing issue worth having a discussion about.

Summary of testimony presented in opposition:

- None

Action: The Committee took the bill under advisement

MJC
Date hearing report completed: 03.20.13

Speakers

SENATE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE

Date: 03/1913 **Time:** 10:00 **Public Hearing on** HB 403

HB 403 – (New Title) establishing a committee to study end of life decisions.

Please check box(es) that apply:

SPEAKING	FAVOR	OPPOSED	NAME (PLEASE PRINT)	REPRESENTING
✓ ☐	☒	☐	Sen Reagan	17
✓ ☐	☒	☐	Rep Sylvia E Cate	Hills 28
✓ ☑	☑	☐	Rep. Rick WATROUS	Mers. 16
✓ ☐	☑	☐	Rep. Louis Hoding	Grafton 13
☐	☐	☐		
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Testimony

Testimony on HB 403
March 19, 2013

For the record I am Representative Rick Watrous of Merrimack District 16, Concord.

I am here to represent the House Judiciary Committee on HB 403.

This bill, as amended by the House, would establish a committee to study end of life decisions, such as living wills, advance directives, medical orders, and the end of life care that a person would like to receive. In its existing medical directive law, RSA 137-J, the state of New Hampshire recognizes that "a person has a right, founded in the autonomy and sanctity of the person, to control the decisions relating to the rendering of his or her own medical care."

Periodically the Legislature has studied and acted on these issues. It is time to do so again. With ever evolving modern medicine and healthcare, it is important that NH citizens maintain control over what medicine and procedures they wish to receive at the end of life.

The bill originally sought to establish a commission—with several members from outside the legislature—but the committee strongly felt that keeping the responsibility of the study within the legislature would assure a more efficient and less costly process. Interested parties of varying perspectives would be welcomed to share their views and information.

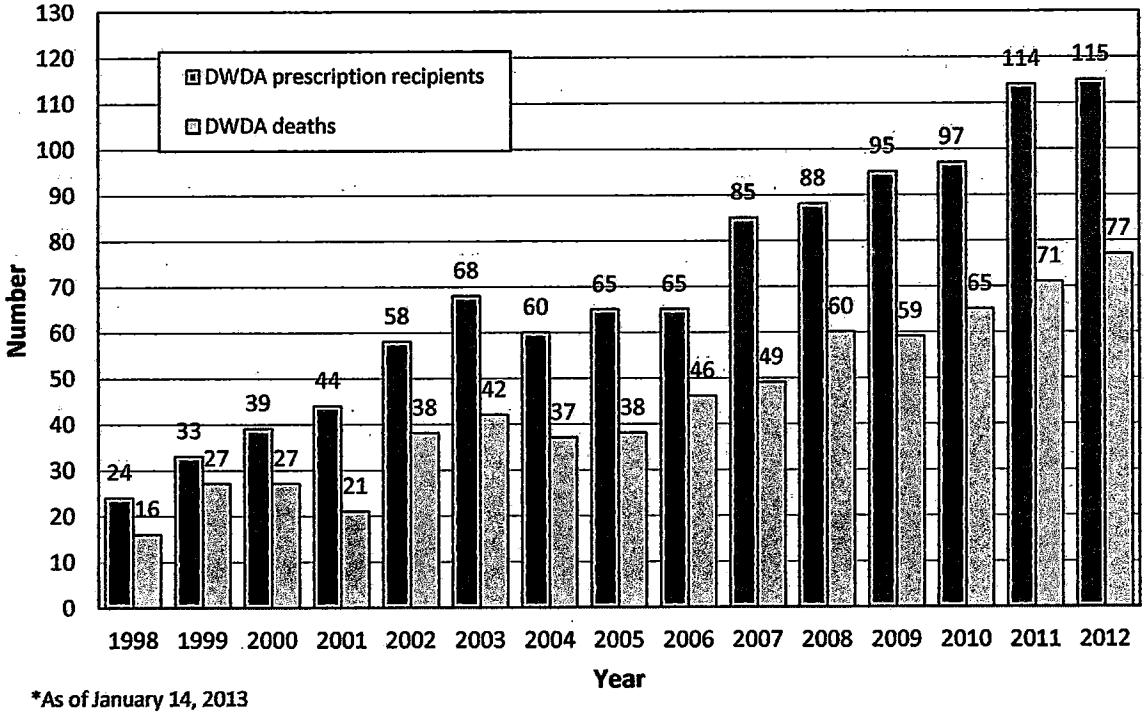
As amended, the bill mandates that the study committee--composed of five representatives and two senators--will report its findings and recommendations by November 1, 2013.

I ask that you support this bill, for the sake of our citizens, and allow discussion and study of end of life decisions.

Oregon's Death with Dignity Act--2012

Oregon's Death with Dignity Act (DWDA), enacted in late 1997, allows terminally-ill adult Oregonians to obtain and use prescriptions from their physicians for self-administered, lethal doses of medications. The Oregon Public Health Division is required by the Act to collect information on compliance and to issue an annual report. The key findings from 2012 are listed below. The number of people for whom DWDA prescriptions were written (DWDA prescription recipients) and deaths that occurred as a result of ingesting prescribed DWDA medications (DWDA deaths) reported in this summary are based on paperwork and death certificates received by the Oregon Public Health Division as of January 14, 2013. For more detail, please view the figures and tables on our web site: http://www.healthoregon.org/dwd.

Figure 1: DWDA prescription recipients and deaths*, by year, Oregon, 1998-2012



*As of January 14, 2013

- As of January 14, 2013, prescriptions for lethal medications were written for 115 people during 2012 under the provisions of the DWDA, compared to 114 during 2011 (Figure 1). At the time of this report, there were 77 known DWDA deaths during 2012. This corresponds to 23.5 DWDA deaths per 10,000 total deaths.[1]

[1] Rate per 10,000 deaths calculated using the total number of Oregon resident deaths in 2011 (32,731), the most recent year for which final death data is available.

- Since the law was passed in 1997, a total of 1,050 people have had DWDA prescriptions written and 673 patients have died from ingesting medications prescribed under the DWDA.
- Of the 115 patients for whom DWDA prescriptions were written during 2012, 67 (58.3%) ingested the medication; 66 died from ingesting the medication, and one patient ingested the medication but regained consciousness before dying of underlying illness and is therefore not counted as a DWDA death. The patient regained consciousness two days following ingestion, but remained minimally responsive and died six days following ingestion.
- Eleven (11) patients with prescriptions written during the previous year (2011) died after ingesting the medication during 2012.
- Twenty-three (23) of the 115 patients who received DWDA prescriptions during 2012 did not take the medications and subsequently died of other causes.
- Ingestion status is unknown for 25 patients who were prescribed DWDA medications in 2012. Fourteen (14) of these patients died, but follow-up questionnaires indicating ingestion status have not yet been received. For the remaining 11 patients, both death and ingestion status are pending (Figure 2).
- Of the 77 DWDA deaths during 2012, most (67.5%) were aged 65 years or older; the median age was 69 years. As in previous years, most were white (97.4%), well-educated (42.9% had a least a baccalaureate degree), and had cancer (75.3%).
- Most (97.4%) patients died at home; and most (97.0%) were enrolled in hospice care either at the time the DWDA prescription was written or at the time of death. Excluding unknown cases, all (100.0%) had some form of health care insurance, although the number of patients who had private insurance (51.4%) was lower in 2012 than in previous years (66.2%), and the number of patients who had only Medicare or Medicaid insurance was higher than in previous years (48.6% compared to 32.1%).
- As in previous years, the three most frequently mentioned end-of-life concerns were: loss of autonomy (93.5%), decreasing ability to participate in activities that made life enjoyable (92.2%), and loss of dignity (77.9%).
- Two of the 77 DWDA patients who died during 2012 were referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of death for seven patients (9.1%) during 2012 compared to 17.3% in previous years.
- A procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about the time of death and circumstances surrounding death only when the physician or another health care provider was present at the time of death. Due to this change, data on time from ingestion to death is available for 11 of the 77 DWDA deaths during 2012. Among those 11 patients, time from ingestion until death ranged from 10 minutes to 3.5 hours.

- Sixty-one (61) physicians wrote the 115 prescriptions provided during 2012 (range 1-10 prescriptions per physician).
- During 2012, no referrals were made to the Oregon Medical Board for failure to comply with DWDA requirements.

Figure 2: Summary of DWDA prescriptions written and medications ingested in 2012, as of January 14, 2013

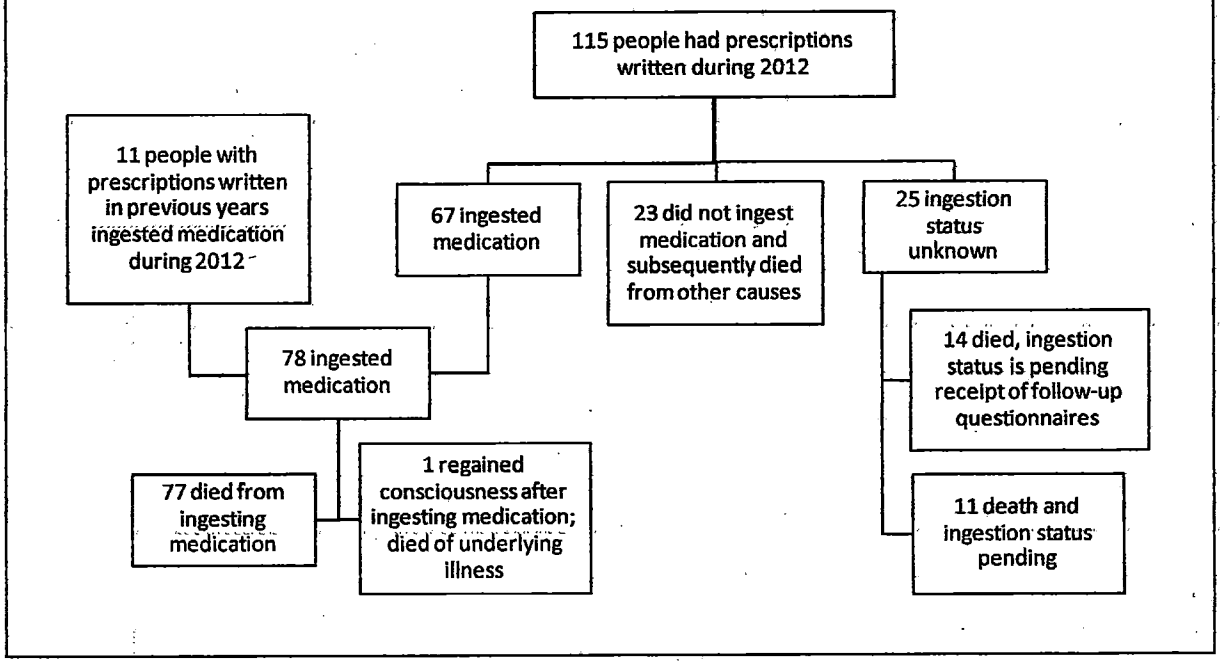


Table 1. Characteristics and end-of-life care of 673 DWDA patients who have died from ingesting a lethal dose of medication as of January 14, 2013, by year, Oregon, 1998-2012

Characteristics	2012 (N=77)	1998-2011 (N=596)	Total (N=673)
Sex	N (%)[1]	N (%)[1]	N (%)[1]
Male (%)	39 (50.6)	308 (51.7)	347 (51.6)
Female (%)	38 (49.4)	288 (48.3)	326 (48.4)
Age			
18-34 (%)	0 (0.0)	6 (1.0)	6 (0.9)
35-44 (%)	1 (1.3)	14 (2.3)	15 (2.2)
45-54 (%)	8 (10.4)	44 (7.4)	52 (7.7)
55-64 (%)	16 (20.8)	123 (20.6)	139 (20.7)
65-74 (%)	23 (29.9)	170 (28.5)	193 (28.7)
75-84 (%)	18 (23.4)	168 (28.2)	186 (27.6)
85+ (%)	11 (14.3)	71 (11.9)	82 (12.2)
Median years (range)	69 (42-96)	71 (25-96)	71 (25-96)
Race			
White (%)	75 (97.4)	579 (97.6)	654 (97.6)
African American (%)	0 (0.0)	1 (0.2)	1 (0.1)
American Indian (%)	0 (0.0)	1 (0.2)	1 (0.1)
Asian (%)	1 (1.3)	7 (1.2)	8 (1.2)
Pacific Islander (%)	0 (0.0)	1 (0.2)	1 (0.1)
Other (%)	0 (0.0)	0 (0.0)	0 (0.0)
Two or more races (%)	0 (0.0)	0 (0.0)	0 (0.0)
Hispanic (%)	1 (1.3)	4 (0.7)	5 (0.7)
Unknown	*0*	*3*	*3*
Marital Status			
Married (%)[2]	33 (42.9)	271 (45.7)	304 (45.4)
Widowed (%)	23 (29.9)	134 (22.6)	157 (23.4)
Never married (%)	6 (7.8)	49 (8.3)	55 (8.2)
Divorced (%)	15 (19.5)	139 (23.4)	154 (23.0)
Unknown	*0*	*3*	*3*
Education			
Less than high school (%)	2 (2.6)	40 (6.8)	42 (6.3)
High school graduate (%)	13 (16.9)	139 (23.5)	152 (22.8)
Some college (%)	29 (37.7)	148 (25.0)	177 (26.5)
Baccalaureate or higher (%)	33 (42.9)	264 (44.7)	297 (44.5)
Unknown	*0*	*5*	*5*
Residence			
Metro counties (%)[3]	34 (44.2)	253 (42.7)	287 (42.8)
Coastal counties (%)	4 (5.2)	47 (7.9)	51 (7.6)
Other western counties (%)	37 (48.1)	250 (42.2)	287 (42.8)
East of the Cascades (%)	2 (2.6)	43 (7.3)	45 (6.7)
Unknown	*0*	*3*	*3*
End of life care			
Hospice			
Enrolled (%)[4]	64 (97.0)	522 (89.7)	586 (90.4)
Not enrolled (%)	2 (3.0)	60 (10.3)	62 (9.6)
Unknown	*11*	*14*	*25*
Insurance			
Private (%)[5]	36 (51.4)	382 (66.2)	418 (64.6)
Medicare, Medicaid or Other Governmental (%)	34 (48.6)	185 (32.1)	219 (33.8)
None (%)	0 (0.0)	10 (1.7)	10 (1.5)
Unknown	*7*	*19*	*26*

Characteristics	2012 (N=77)	1998-2011 (N=596)	Total (N=673)
Underlying illness			
Malignant neoplasms (%)	**58 (75.3)**	**480 (80.9)**	**538 (80.3)**
Lung and bronchus (%)	14 (18.2)	112 (18.9)	126 (18.8)
Breast (%)	4 (5.2)	52 (8.8)	56 (8.4)
Colon (%)	7 (9.1)	36 (6.1)	43 (6.4)
Pancreas (%)	2 (2.6)	42 (7.1)	44 (6.6)
Prostate (%)	5 (6.5)	26 (4.4)	31 (4.6)
Ovary (%)	2 (2.6)	25 (4.2)	27 (4.0)
Other (%)	24 (31.2)	187 (31.5)	211 (31.5)
Amyotrophic lateral sclerosis (%)	**5 (6.5)**	**44 (7.4)**	**49 (7.3)**
Chronic lower respiratory disease (%)	**2 (2.6)**	**25 (4.2)**	**27 (4.0)**
Heart Disease (%)	**2 (2.6)**	**10 (1.7)**	**12 (1.8)**
HIV/AIDS (%)	**1 (1.3)**	**8 (1.3)**	**9 (1.3)**
Other illnesses (%)[6]	**9 (11.7)**	**26 (4.4)**	**35 (5.2)**
Unknown	***0***	***3***	***3***
DWDA process			
Referred for psychiatric evaluation (%)	2 (2.6)	40 (6.7)	42 (6.2)
Patient informed family of decision (%)[7]	71 (92.2)	493 (94.4)	564 (94.2)
Patient died at			
Home (patient, family or friend) (%)	75 (97.4)	562 (94.8)	637 (95.1)
Long term care, assisted living or foster care facility (%)	2 (2.6)	25 (4.2)	27 (4.0)
Hospital (%)	0 (0.0)	1 (0.2)	1 (0.1)
Other (%)	0 (0.0)	5 (0.8)	5 (0.7)
Unknown	*0*	*3*	*3*
Lethal medication			
Secobarbital (%)	20 (26.0)	374 (62.8)	394 (58.5)
Pentobarbital (%)	57 (74.0)	215 (36.1)	272 (40.4)
Other (%)[8]	0 (0.0)	7 (1.2)	7 (1.0)
End of life concerns[9]	**(N=77)**	**(N=592)**	**(N=669)**
Losing autonomy (%)	72 (93.5)	538 (90.9)	610 (91.2)
Less able to engage in activities making life enjoyable (%)	71 (92.2)	523 (88.3)	594 (88.8)
Loss of dignity (%)[10]	60 (77.9)	386 (82.7)	446 (82.0)
Losing control of bodily functions (%)	27 (35.1)	318 (53.7)	345 (51.6)
Burden on family, friends/caregivers (%)	44 (57.1)	214 (36.1)	258 (38.6)
Inadequate pain control or concern about it (%)	23 (29.9)	134 (22.6)	157 (23.5)
Financial implications of treatment (%)	3 (3.9)	15 (2.5)	18 (2.7)
Health-care provider present[11]	**(N=77)**	**(N=526)**	**(N=603)**
When medication was ingested[12]			
Prescribing physician	8	100	108
Other provider, prescribing physician not present	4	231	235
No provider	1	72	73
Unknown	*64*	*123*	*187*
At time of death			
Prescribing physician (%)	7 (9.1)	89 (17.3)	96 (16.2)
Other provider, prescribing physician not present (%)	4 (5.2)	254 (49.4)	258 (43.7)
No provider (%)	66 (85.7)	171 (33.3)	237 (40.1)
Unknown	*0*	*12*	*12*
Complications[12]	**(N=77)**	**(N=596)**	**(N=673)**
Regurgitated	0	22	22
Seizures	0	0	0
None	11	463	474
Unknown	*66*	*111*	*177*
Other outcomes			
Regained consciousness after ingesting DWDA medications[13]	1	5	6

Characteristics	2012 (N=77)	1998-2011 (N=596)	Total (N=673)
Timing of DWDA event			
Duration (weeks) of patient-physician relationship[14]			
Median	19	12	12
Range	0-1640	0-1905	0-1905
Number of patients with information available	*77*	*594*	*671*
Number of patients with information unknown	*0*	*2*	*2*
Duration (days) between 1st request and death			
Median	47	46	46
Range	16-388	15-1009	15-1009
Number of patients with information available	*77*	*596*	*673*
Number of patients with information unknown	*0*	*0*	*0*
Minutes between ingestion and unconsciousness[11]			
Median	5	5	5
Range	3-15	1-38	1-38
Number of patients with information available	*11*	*462*	*473*
Number of patients with information unknown	*66*	*134*	*200*
Minutes between ingestion and death[11]			
Median	20	25	25
Range (minutes - hours)	10min-3.5hrs	1min-104hrs	1min-104hrs
Number of patients with information available	*11*	*467*	*478*
Number of patients with information unknown	*66*	*129*	*195*

1 Unknowns are excluded when calculating percentages.

2 Includes Oregon Registered Domestic Partnerships.

3 Clackamas, Multnomah, and Washington counties.

4 Includes patients that were enrolled in hospice at the time the prescription was written or at time of death.

5 Private insurance category includes those with private insurance alone or in combination with other insurance.

6 Includes deaths due to benign and uncertain neoplasms, other respiratory diseases, diseases of the nervous system (including multiple sclerosis, Parkinson's disease and Huntington's disease), musculoskeletal and connective tissue diseases, viral hepatitis, diabetes mellitus, cerebrovascular disease, and alcoholic liver disease.

7 First recorded beginning in 2001. Since then, 24 patients (4.0%) have chosen not to inform their families, and 11 patients (1.8%) have had no family to inform. There was one unknown case in 2002, two in 2005, and one in 2009.

8 Other includes combinations of secobarbital, pentobarbital, and/or morphine.

9 Affirmative answers only ("Don't know" included in negative answers). Categories are not mutually exclusive. Data unavailable for four patients in 2001.

10 First asked in 2003. Data available for all 77 patients in 2012, 467 patients between 1998-2011, and 544 patients for all years.

11 The data shown are for 2001-2012 since information about the presence of a health care provider/volunteer, in the absence of the prescribing physician, was first collected in 2001.

12 A procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about time of death and circumstances surrounding death only when the physician or another health care provider is present at the time of death. This resulted in a larger number of unknowns beginning in 2010.

13 There have been a total of six patients who regained consciousness after ingesting prescribed lethal medications. These patients are not included in the total number of DWDA deaths. These deaths occurred in 2005 (1 death), 2010 (2 deaths), 2011 (2 deaths) and 2012 (1 death). Please refer to the appropriate years' annual reports on our website (http://www.healthoregon.org/dwd) for more detail on these deaths.

14 Previous reports listed 20 records missing the date care began with the attending physician. Further research with these cases has reduced the number of unknowns.

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Date: 05.14.13

THE COMMITTEE ON Health, Education and Human Services

to which was referred House Bill 403

AN ACT (New Title) establishing a committee to study end of life decisions.

Having considered the same, the committee recommends that the Bill:

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 1706s

Senator Peggy Gilmour
For the Committee

Michael Ciccio 271-3093

New Hampshire General Court - Bill Status System

Docket of HB403

Docket Abbreviations

Bill Title: (New Title) establishing a committee to study end of life decisions.

Official Docket of **HB403**:

Date	Body	Description
1/3/2013	H	**Introduced** 1/3/2013 and Referred to Judiciary; **HJ 12**, PG.194
1/23/2013	H	Public Hearing: 1/29/2013 1:00 PM LOB 208
1/29/2013	H	Executive Session: 2/5/2013 1:00 PM LOB 208 ==RECESSED==
2/6/2013	H	==RECONVENE== Executive Session: 2/7/2013 9:30 AM LOB 208
2/12/2013	H	Majority Committee Report: Ought to Pass with Amendment #0211h(NT) for Feb 20 (Vote 10-7; RC); **HC 15**, PG.272
2/12/2013	H	Proposed Majority Committee Amendment **#2013-0211h** (New Title); **HC 15**, PG.296
2/12/2013	H	Minority Committee Report: Inexpedient to Legislate; **HC 15**, PG.272
2/20/2013	H	Amendment #0211h(NT): AA VV; **HJ 21**, PG.479-480
2/20/2013	H	**Ought to Pass with Amendment** #0211h(NT): MA DIV 212-140; **HJ 21**, PG.479-480
2/25/2013	S	Introduced 2/14/2013 and Referred to Health, Education and Human Services;
3/14/2013	S	Hearing: 3/19/13, Room 103, LOB, 10:00 a.m.; **SC12**
5/15/2013	S	Committee Report: Ought to Pass with Amendment **#2013-1706s**, 5/23/13; **SC21**
5/23/2013	S	Committee Amendment 1706s, AA, VV;
5/23/2013	S	**Ought to Pass with Amendment** 1706s, MA, VV; OT3rdg;
6/5/2013	H	House Concurs with Senate AM #1706s (Rep M.Smith): MA VV; **HJ49**, PG.1586
6/12/2013	S	Enrolled
6/14/2013	H	Enrolled, Recess of 6/5/13; **HJ49**, PG.1654
7/15/2013	H	Vetoed By Governor 07/12/2013

NH House	NH Senate

Other Referrals

COMMITTEE REPORT FILE INVENTORY

HB403 ORIGINAL REFERRAL _____ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

✓ DOCKET (Submit only the latest docket found in Bill Status)

✓ COMMITTEE REPORT

✓ CALENDAR NOTICE

✓ HEARING REPORT

✓ HANDOUTS FROM THE PUBLIC HEARING

✓ PREPARED TESTIMONY AND OTHER SUBMISSIONS

✓ SIGN-UP SHEET(S)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

✓ - AMENDMENT # 17065 ____ - AMENDMENT # _____

____ - AMENDMENT # _____ ____ - AMENDMENT # _____

ALL AVAILABLE VERSIONS OF THE BILL:

✓ AS INTRODUCED ✓ AS AMENDED BY THE HOUSE

✓ FINAL VERSION ____ AS AMENDED BY THE SENATE

____ OTHER (Anything else deemed important but not listed above, such as amended fiscal notes): _____

DATE DELIVERED TO SENATE CLERK 7/24/13 Michelle Ellis

BY COMMITTEE AIDE

Revised 2011