

ASSEMBLY BILL

No. 15

**Introduced by Assembly Members Eggman, Alejo, and Mark Stone
(Principal coauthor: Assembly Member Bonta)**

(Principal coauthors: Senators Monning and Wolk)

**(Coauthors: Assembly Members Burke, Chiu, Chu, Cooper, Frazier,
Cristina Garcia, Jones-Sawyer, Low, McCarty, Quirk, and
Rendon)**

(Coauthors: Senators Allen, Block, De León, Hall, Hancock, Hernandez,
Hertzberg, Hill, Jackson, Leno, McGuire, Mitchell, and Wieckowski)

August 17, 2015

An act to add Part 1.85 (commencing with Section 443) to Division 1 of the Health and Safety Code, relating to end of life.

LEGISLATIVE COUNSEL'S DIGEST

AB 15, as introduced, Eggman. End of life.

Existing law authorizes an adult to give an individual health care instruction and to appoint an attorney to make health care decisions for that individual in the event of his or her incapacity pursuant to a power of attorney for health care.

This bill would enact the End of Life Option Act authorizing an adult who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease, as defined, to make a request for a drug prescribed pursuant to these provisions for the purpose of ending his or her life. The bill would establish the procedures for making these requests. The bill would also establish the forms to request an aid-in-dying drug and, under specified circumstances, an interpreter declaration to be signed subject to penalty of perjury, thereby creating a crime and imposing state-mandated local

program. This bill would require specified information to be documented in the individual's medical record, including, among other things, all oral and written requests for an aid-in-dying drug.

This bill would prohibit a provision in a contract, will, or other agreement from being conditioned upon or affected by a person making or rescinding a request for the above-described drug. The bill would prohibit the sale, procurement, or issuance of any life, health, or annuity policy, health care service plan, contract, or health benefit plan, or the rate charged for any policy or plan contract, from being conditioned upon or affected by the request. The bill would prohibit an insurance carrier from providing any information in communications made to an individual about the availability of an aid-in-dying drug absent a request by the individual or his or her attending physician at the behest of the individual. The bill would also prohibit any communication from containing both the denial of treatment and information as to the availability of aid-in-dying drug coverage.

This bill would provide immunity from civil, criminal, administrative, employment, or contractual liability or professional disciplinary action for participating in good faith compliance with the act, and would specify that the immunities and prohibitions on sanctions of a health care provider are solely reserved for conduct provided for by the bill. The bill would make participation in activities authorized pursuant to its provisions voluntary, and would make health care providers immune from liability for refusing to engage in activities authorized pursuant to its provisions. The bill would authorize a health care provider to prohibit its employees, independent contractors, or other persons or entities, including other health care providers, from participating in activities under the act while on the premises owned or under the management or direct control of that prohibiting health care provider, or while acting within the course and scope of any employment by, or contract with, the prohibiting health care provider.

This bill would make it a felony to knowingly alter or forge a request for drugs to end an individual's life without his or her authorization or to conceal or destroy a withdrawal or rescission of a request for a drug, if it is done with the intent or effect of causing the individual's death. The bill would make it a felony to knowingly coerce or exert undue influence on an individual to request a drug for the purpose of ending his or her life or to destroy a withdrawal or rescission of a request. By creating a new crime, the bill would impose a state-mandated local program. The bill would provide that nothing in its provisions is to be

construed to authorize ending a patient’s life by lethal injection, mercy killing, or active euthanasia, and would provide that action taken in accordance with the act shall not constitute, among other things, suicide or homicide.

This bill would require physicians to submit specified forms and information to the State Department of Public Health after writing a prescription for an aid-in-dying drug and after the death of an individual who requested an aid-in-dying drug. The bill would require the Medical Board of California to update those forms on or before January 1, 2019, and the State Department of Public Health to publish the forms on its Internet Web site. The bill would require the department to annually review a sample of certain information and records and to make a statistical report of the information collected.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Part 1.85 (commencing with Section 443) is
2 added to Division 1 of the Health and Safety Code, to read:

3

4

PART 1.85. END OF LIFE OPTION ACT

5

6 443. This part shall be known and may be cited as the End of
7 Life Option Act.

8 443.1. As used in this part, the following definitions shall apply:

9 (a) “Adult” means an individual 18 years of age or older.

10 (b) “Aid-in-dying drug” means a drug determined and prescribed
11 by a physician for a qualified individual, which the qualified

1 individual may choose to self-administer to bring about his or her
2 death due to a terminal disease.

3 (c) “Attending physician” means the physician who has primary
4 responsibility for the health care of an individual and treatment of
5 the individual’s terminal disease.

6 (d) “Attending physician checklist and compliance form” means
7 a form, as described in Section 443.22, identifying each and every
8 requirement that must be fulfilled by an attending physician to be
9 in good faith compliance with this part should the attending
10 physician choose to participate.

11 (e) “Capacity to make medical decisions” means that, in the
12 opinion of an individual’s attending physician, consulting
13 physician, psychiatrist, or psychologist, pursuant to Section 4609
14 of the Probate Code, the individual has the ability to understand
15 the nature and consequences of a health care decision, the ability
16 to understand its significant benefits, risks, and alternatives, and
17 the ability to make and communicate an informed decision to health
18 care providers, including communication through a person familiar
19 with the individual’s manner of communicating, if that person is
20 available.

21 (f) “Consulting physician” means a physician who is
22 independent from the attending physician and who is qualified by
23 specialty or experience to make a professional diagnosis and
24 prognosis regarding an individual’s terminal disease.

25 (g) “Department” means the State Department of Public Health.

26 (h) “Health care provider” or “provider of health care” means
27 any person licensed or certified pursuant to Division 2
28 (commencing with Section 500) of the Business and Professions
29 Code; any person licensed pursuant to the Osteopathic Initiative
30 Act or the Chiropractic Initiative Act; any person certified pursuant
31 to Division 2.5 (commencing with Section 1797) of this code; and
32 any clinic, health dispensary, or health facility licensed pursuant
33 to Division 2 (commencing with Section 1200) of this code.

34 (i) “Informed decision” means a decision by an individual with
35 a terminal disease to request and obtain a prescription for a drug
36 that the individual may self-administer to end the individual’s life,
37 that is based on an understanding and acknowledgment of the
38 relevant facts, and that is made after being fully informed by the
39 attending physician of all of the following:

40 (1) The individual’s medical diagnosis and prognosis.

1 (2) The potential risks associated with taking the drug to be
2 prescribed.

3 (3) The probable result of taking the drug to be prescribed.

4 (4) The possibility that the individual may choose not to obtain
5 the drug or may obtain the drug but may decide not to ingest it.

6 (5) The feasible alternatives or additional treatment
7 opportunities, including, but not limited to, comfort care, hospice
8 care, palliative care, and pain control.

9 (j) “Medically confirmed” means the medical diagnosis and
10 prognosis of the attending physician has been confirmed by a
11 consulting physician who has examined the individual and the
12 individual’s relevant medical records.

13 (k) “Mental health specialist assessment” means one or more
14 consultations between an individual and a mental health specialist
15 for the purpose of determining that the individual has the capacity
16 to make medical decisions and is not suffering from impaired
17 judgment due to a mental disorder.

18 (l) “Mental health specialist” means a psychiatrist or a licensed
19 psychologist.

20 (m) “Physician” means a doctor of medicine or osteopathy
21 currently licensed to practice medicine in this state.

22 (n) “Public place” means any street, alley, park, public building,
23 any place of business or assembly open to or frequented by the
24 public, and any other place that is open to the public view, or to
25 which the public has access.

26 (o) “Qualified individual” means an adult who has the capacity
27 to make medical decisions, is a resident of California, and has
28 satisfied the requirements of this part in order to obtain a
29 prescription for a drug to end his or her life.

30 (p) “Self-administer” means a qualified individual’s affirmative,
31 conscious, and physical act of administering and ingesting the
32 aid-in-dying drug to bring about his or her own death.

33 (q) “Terminal disease” means an incurable and irreversible
34 disease that has been medically confirmed and will, within
35 reasonable medical judgment, result in death within six months.

36 443.2. (a) An individual who is an adult with the capacity to
37 make medical decisions and with a terminal disease may make a
38 request to receive a prescription for an aid-in-dying drug if all of
39 the following conditions are satisfied:

- 1 (1) The individual’s attending physician has diagnosed the
2 individual with a terminal disease.
- 3 (2) The individual has voluntarily expressed the wish to receive
4 a prescription for an aid-in-dying drug.
- 5 (3) The individual is a resident of California and is able to
6 establish residency through any of the following means:
 - 7 (A) Possession of a California driver license or other
8 identification issued by the State of California.
 - 9 (B) Registration to vote in California.
 - 10 (C) Evidence that the person owns or leases property in
11 California.
 - 12 (D) Filing of a California tax return for the most recent tax year.
- 13 (4) The individual documents his or her request pursuant to the
14 requirements set forth in Section 443.3.
- 15 (5) The individual has the physical and mental ability to
16 self-administer the aid-in-dying drug.
 - 17 (b) A person shall not be considered a “qualified individual”
18 under the provisions of this part solely because of age or disability.
 - 19 (c) A request for a prescription for an aid-in-dying drug under
20 this part shall be made solely and directly by the individual
21 diagnosed with the terminal disease and shall not be made on behalf
22 of the patient, including, but not limited to, through a power of
23 attorney, an advance health care directive, a conservator, health
24 care agent, surrogate, or any other legally recognized health care
25 decisionmaker.
- 26 443.3. (a) An individual seeking to obtain a prescription for
27 an aid-in-dying drug pursuant to this part shall submit two oral
28 requests, a minimum of 15 days apart, and a written request to his
29 or her attending physician. The attending physician shall directly,
30 and not through a designee, receive all three requests required
31 pursuant to this section.
 - 32 (b) A valid written request for an aid-in-dying drug under
33 subdivision (a) shall meet all of the following conditions:
 - 34 (1) The request shall be in the form described in Section 443.11.
 - 35 (2) The request shall be signed and dated, in the presence of
36 two witnesses, by the individual seeking the aid-in-dying drug.
 - 37 (3) The request shall be witnessed by at least two other adult
38 persons who, in the presence of the individual, shall attest that to
39 the best of their knowledge and belief the individual is all of the
40 following:

1 (A) An individual who is personally known to them or has
2 provided proof of identity.

3 (B) An individual who voluntarily signed this request in their
4 presence.

5 (C) An individual whom they believe to be of sound mind and
6 not under duress, fraud, or undue influence.

7 (D) Not an individual for whom either of them is the attending
8 physician, consulting physician, or mental health specialist.

9 (c) Only one of the two witnesses at the time the written request
10 is signed may:

11 (1) Be related to the qualified individual by blood, marriage,
12 registered domestic partnership, or adoption or be entitled to a
13 portion of the individual's estate upon death.

14 (2) Own, operate, or be employed at a health care facility where
15 the individual is receiving medical treatment or resides.

16 (d) The attending physician, consulting physician, or mental
17 health specialist of the individual shall not be one of the witnesses
18 required pursuant to paragraph (3) of subdivision (b).

19 443.4. (a) An individual may at any time withdraw or rescind
20 his or her request for an aid-in-dying drug, or decide not to ingest
21 an aid-in-dying drug, without regard to the individual's mental
22 state.

23 (b) A prescription for an aid-in-dying drug provided under this
24 part may not be written without the attending physician directly,
25 and not through a designee, offering the individual an opportunity
26 to withdraw or rescind the request.

27 443.5. (a) Before prescribing an aid-in-dying drug, the
28 attending physician shall do all of the following:

29 (1) Make the initial determination of all of the following:

30 (A) (i) Whether the requesting adult has the capacity to make
31 medical decisions.

32 (ii) If there are indications of a mental disorder, the physician
33 shall refer the individual for a mental health specialist assessment.

34 (iii) If a mental health specialist assessment referral is made,
35 no aid-in-dying drugs shall be prescribed until the mental health
36 specialist determines that the individual has the capacity to make
37 medical decisions and is not suffering from impaired judgment
38 due to a mental disorder.

39 (B) Whether the requesting adult has a terminal disease.

- 1 (C) Whether the requesting adult has voluntarily made the
2 request for an aid-in-dying drug pursuant to Sections 443.2 and
3 443.3.
- 4 (D) Whether the requesting adult is a qualified individual
5 pursuant to subdivision (o) of Section 443.1.
- 6 (2) Confirm that the individual is making an informed decision
7 by discussing with him or her all of the following:
 - 8 (A) His or her medical diagnosis and prognosis.
 - 9 (B) The potential risks associated with ingesting the requested
10 aid-in-dying drug.
 - 11 (C) The probable result of ingesting the aid-in-dying drug.
 - 12 (D) The possibility that he or she may choose to obtain the
13 aid-in-dying drug but not take it.
 - 14 (E) The feasible alternatives or additional treatment options,
15 including, but not limited to, comfort care, hospice care, palliative
16 care, and pain control.
- 17 (3) Refer the individual to a consulting physician for medical
18 confirmation of the diagnosis and prognosis, and for a
19 determination that the individual has the capacity to make medical
20 decisions and has complied with the provisions of this part.
- 21 (4) Confirm that the qualified individual’s request does not arise
22 from coercion or undue influence by another person by discussing
23 with the qualified individual, outside of the presence of any other
24 persons, except for an interpreter as required pursuant to this part,
25 whether or not the qualified individual is feeling coerced or unduly
26 influenced by another person.
- 27 (5) Counsel the qualified individual about the importance of all
28 of the following:
 - 29 (A) Having another person present when he or she ingests the
30 aid-in-dying drug prescribed pursuant to this part.
 - 31 (B) Not ingesting the aid-in-dying drug in a public place.
 - 32 (C) Notifying the next of kin of his or her request for an
33 aid-in-dying drug. A qualified individual who declines or is unable
34 to notify next of kin shall not have his or her request denied for
35 that reason.
 - 36 (D) Participating in a hospice program.
 - 37 (E) Maintaining the aid-in-dying drug in a safe and secure
38 location until the time that the qualified individual will ingest it.
- 39 (6) Inform the individual that he or she may withdraw or rescind
40 the request for an aid-in-dying drug at any time and in any manner.

1 (7) Offer the individual an opportunity to withdraw or rescind
2 the request for an aid-in-dying drug before prescribing the
3 aid-in-dying drug.

4 (8) Verify, immediately before writing the prescription for an
5 aid-in-dying drug, that the qualified individual is making an
6 informed decision.

7 (9) Confirm that all requirements are met and all appropriate
8 steps are carried out in accordance with this part before writing a
9 prescription for an aid-in-dying drug.

10 (10) Fulfill the record documentation required under Sections
11 443.8 and 443.19.

12 (11) Complete the attending physician checklist and compliance
13 form, as described in Section 443.22, include it in the individual's
14 medical record, and submit it to the State Department of Public
15 Health.

16 (b) If the conditions set forth in subdivision (a) are satisfied,
17 the attending physician may deliver the aid-in-dying drug in any
18 of the following ways:

19 (1) Dispensing the aid-in-dying drug directly, including ancillary
20 medication intended to minimize the qualified individual's
21 discomfort, if the attending physician meets all of the following
22 criteria:

23 (A) Is authorized to dispense medicine under California law.

24 (B) Has a current United States Drug Enforcement
25 Administration (USDEA) certificate.

26 (C) Complies with any applicable administrative rule or
27 regulation.

28 (2) With the qualified individual's written consent, contacting
29 a pharmacist, informing the pharmacist of the prescriptions, and
30 delivering the written prescriptions personally, by mail, or
31 electronically to the pharmacist, who may dispense the drug to the
32 qualified individual, the attending physician, or a person expressly
33 designated by the qualified individual and with the designation
34 delivered to the pharmacist in writing or verbally.

35 (c) Delivery of the dispensed drug to the qualified individual,
36 the attending physician, or a person expressly designated by the
37 qualified individual may be made by personal delivery, or, with a
38 signature required on delivery, by United Parcel Service, United
39 States Postal Service, Federal Express, or by messenger service.

- 1 443.6. Before a qualified individual obtains an aid-in-dying
2 drug from the attending physician, the consulting physician shall
3 perform all of the following:
- 4 (a) Examine the individual and his or her relevant medical
5 records.
 - 6 (b) Confirm in writing the attending physician’s diagnosis and
7 prognosis.
 - 8 (c) Determine that the individual has the capacity to make
9 medical decisions, is acting voluntarily, and has made an informed
10 decision.
 - 11 (d) If there are indications of a mental disorder, refer the
12 individual for a mental health specialist assessment.
 - 13 (e) Fulfill the record documentation required under this part.
- 14 443.7. Upon referral from the attending or consulting physician
15 pursuant to this part, the mental health specialist shall:
- 16 (a) Examine the qualified individual and his or her relevant
17 medical records.
 - 18 (b) Determine that the individual has the mental capacity to
19 make medical decisions, act voluntarily, and make an informed
20 decision.
 - 21 (c) Determine that the individual is not suffering from impaired
22 judgment due to a mental disorder.
 - 23 (d) Fulfill the record documentation requirements of this part.
- 24 443.8. All of the following shall be documented in the
25 individual’s medical record:
- 26 (a) All oral requests for aid-in-dying drugs.
 - 27 (b) All written requests for aid-in-dying drugs.
 - 28 (c) The attending physician’s diagnosis and prognosis, and the
29 determination that a qualified individual has the capacity to make
30 medical decisions, is acting voluntarily, and has made an informed
31 decision, or that the attending physician has determined that the
32 individual is not a qualified individual.
 - 33 (d) The consulting physician’s diagnosis and prognosis, and
34 verification that the qualified individual has the capacity to make
35 medical decisions, is acting voluntarily, and has made an informed
36 decision, or that the consulting physician has determined that the
37 individual is not a qualified individual.
 - 38 (e) A report of the outcome and determinations made during a
39 mental health specialist’s assessment, if performed.

1 (f) The attending physician’s offer to the qualified individual
2 to withdraw or rescind his or her request at the time of the
3 individual’s second oral request.

4 (g) A note by the attending physician indicating that all
5 requirements under Sections 443.5 and 443.6 have been met and
6 indicating the steps taken to carry out the request, including a
7 notation of the aid-in-dying drug prescribed.

8 443.9. (a) Within 30 calendar days of writing a prescription
9 for an aid-in-dying drug, the attending physician shall submit to
10 the State Department of Public Health a copy of the qualifying
11 patient’s written request, the attending physician compliance form,
12 and the consulting physician compliance form.

13 (b) Within 30 calendar days following the qualified individual’s
14 death from ingesting the aid-in-dying drug, or any other cause, the
15 attending physician shall submit the attending physician followup
16 form to the State Department of Public Health.

17 443.10. A qualified individual may not receive a prescription
18 for an aid-in-dying drug pursuant to this part unless he or she has
19 made an informed decision. Immediately before writing a
20 prescription for an aid-in-dying drug under this part, the attending
21 physician shall verify that the individual is making an informed
22 decision.

23 443.11. (a) A request for an aid-in-dying drug as authorized
24 by this part shall be in the following form:
25

26 REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A
27 HUMANE AND DIGNIFIED MANNER I,,

28 am an adult of sound mind and a resident of the State of California.

29 I am suffering from, which my attending physician has determined
30 is in its terminal phase and which has been medically confirmed.

31 I have been fully informed of my diagnosis and prognosis, the nature of the
32 aid-in-dying drug to be prescribed and potential associated risks, the expected
33 result, and the feasible alternatives or additional treatment options, including
34 comfort care, hospice care, palliative care, and pain control.

35 I request that my attending physician prescribe an aid-in-dying drug that will
36 end my life in a humane and dignified manner if I choose to take it, and I
37 authorize my attending physician to contact any pharmacist about my request.

38 INITIAL ONE:

39 I have informed one or more members of my family of my decision
40 and taken their opinions into consideration.

1 I have decided not to inform my family of my decision.
 2 I have no family to inform of my decision.
 3 I understand that I have the right to withdraw or rescind this request at any
 4 time.
 5 I understand the full import of this request and I expect to die if I take the
 6 aid-in-dying drug to be prescribed. My attending physician has counseled me
 7 about the possibility that my death may not be immediately upon the
 8 consumption of the drug.
 9 I make this request voluntarily, without reservation, and without being coerced.

10
 11 Signed:.....
 12 Dated:.....
 13
 14

15 DECLARATION OF WITNESSES

16 We declare that the person signing this request:
 17 (a) is personally known to us or has provided proof of identity;
 18 (b) voluntarily signed this request in our presence;
 19 (c) is an individual whom we believe to be of sound mind and not under duress,
 20 fraud, or undue influence; and
 21 (d) is not an individual for whom either of us is the attending physician,
 22 consulting physician, or mental health specialist.

23Witness 1/Date
 24Witness 2/Date

25 NOTE: Only one of the two witnesses may be a relative (by blood, marriage,
 26 registered domestic partnership, or adoption) of the person signing this request
 27 or be entitled to a portion of the person’s estate upon death. Only one of the
 28 two witnesses may own, operate, or be employed at a health care facility where
 29 the person is a patient or resident.
 30

31 (b) (1) The written language of the request shall be written in
 32 the same translated language as any conversations, consultations,
 33 or interpreted conversations or consultations between a patient and
 34 his or her attending or consulting physicians.

35 (2) Notwithstanding paragraph (1), the written request may be
 36 prepared in English even when the conversations or consultations
 37 or interpreted conversations or consultations were conducted in a
 38 language other than English if the English language form includes
 39 an attached interpreter’s declaration that is signed under penalty

1 of perjury. The interpreter’s declaration shall state words to the
2 effect that:

3
4 I, (INSERT NAME OF INTERPRETER), am fluent in English and (INSERT
5 TARGET LANGUAGE).

6 On (insert date) at approximately (insert time), I read the “Request for an
7 Aid-In-Dying Drug to End My Life” to (insert name of individual/patient) in
8 (insert target language).

9 Mr./Ms. (insert name of patient/qualified individual) affirmed to me that he/she
10 understood the content of this form and affirmed his/her desire to sign this
11 form under his/her own power and volition and that the request to sign the
12 form followed consultations with an attending and consulting physician.

13 I declare that I am fluent in English and (insert target language) and further
14 declare under penalty of perjury that the foregoing is true and correct.

15 Executed at (insert city, county, and state) on this (insert day of month) of
16 (insert month), (insert year).

17 X_____Interpreter signature

18 X_____Interpreter printed name

19 X_____Interpreter address

20
21 (3) An interpreter whose services are provided pursuant to
22 paragraph (2) shall not be related to the qualified individual by
23 blood, marriage, registered domestic partnership, or adoption or
24 be entitled to a portion of the person’s estate upon death. An
25 interpreter whose services are provided pursuant to paragraph (2)
26 shall meet the standards promulgated by the California Healthcare
27 Interpreting Association or the National Council on Interpreting
28 in Health Care or other standards deemed acceptable by the
29 department for health care providers in California.

30 443.12. (a) A provision in a contract, will, or other agreement
31 executed on or after January 1, 2016, whether written or oral, to
32 the extent the provision would affect whether a person may make,
33 withdraw, or rescind a request for an aid-in-dying drug is not valid.

34 (b) An obligation owing under any contract executed on or after
35 January 1, 2016, may not be conditioned or affected by a qualified
36 individual making, withdrawing, or rescinding a request for an
37 aid-in-dying drug.

38 443.13. (a) (1) The sale, procurement, or issuance of a life,
39 health, or annuity policy, health care service plan contract, or health
40 benefit plan, or the rate charged for a policy or plan contract may

1 not be conditioned upon or affected by a person making or
2 rescinding a request for an aid-in-dying drug.

3 (2) Pursuant to Section 443.18, death resulting from the
4 self-administration of an aid-in-dying drug is not suicide, and
5 therefore health and insurance coverage shall not be exempted on
6 that basis.

7 (b) Notwithstanding any other law, a qualified individual’s act
8 of self-administering an aid-in-dying drug shall not have an effect
9 upon a life, health, or annuity policy other than that of a natural
10 death from the underlying disease.

11 (c) An insurance carrier shall not provide any information in
12 communications made to an individual about the availability of
13 an aid-in-dying drug absent a request by the individual or his or
14 her attending physician at the behest of the individual. Any
15 communication shall not include both the denial of treatment and
16 information as to the availability of aid-in-dying drug coverage.
17 For the purposes of this subdivision, “insurance carrier” means a
18 health care service plan as defined in Section 1345 of this code or
19 a carrier of health insurance as defined in Section 106 of the
20 Insurance Code.

21 443.14. (a) Notwithstanding any other law, a person shall not
22 be subject to civil, criminal, administrative, employment, or
23 contractual liability or professional disciplinary action for
24 participating in good faith compliance with this part, including an
25 individual who is present when a qualified individual
26 self-administers the prescribed aid-in-dying drug.

27 (b) A health care provider or professional organization or
28 association shall not subject an individual to censure, discipline,
29 suspension, loss of license, loss of privileges, loss of membership,
30 or other penalty for participating in good faith compliance with
31 this part or for refusing to participate in accordance with
32 subdivision (e).

33 (c) Notwithstanding any other law, a health care provider shall
34 not be subject to civil, criminal, administrative, disciplinary,
35 employment, credentialing, professional discipline, contractual
36 liability, or medical staff action, sanction, or penalty or other
37 liability for participating in this part, including, but not limited to,
38 determining the diagnosis or prognosis of an individual,
39 determining the capacity of an individual for purposes of qualifying
40 for the act, providing information to an individual regarding this

1 part, and providing a referral to a physician who participates in
2 this part.

3 (d) (1) A request by a qualified individual to an attending
4 physician to provide an aid-in-dying drug in good faith compliance
5 with the provisions of this part shall not provide the sole basis for
6 the appointment of a guardian or conservator.

7 (2) No actions taken in compliance with the provisions of this
8 part shall constitute or provide the basis for any claim of neglect
9 or elder abuse for any purpose of law.

10 (e) (1) Participation in activities authorized pursuant to this
11 part shall be voluntary. Notwithstanding Sections 442 to 442.7,
12 inclusive, a person or entity that elects, for reasons of conscience,
13 morality, or ethics, not to engage in activities authorized pursuant
14 to this part is not required to take any action in support of an
15 individual's decision under this part.

16 (2) Notwithstanding any other law, a health care provider is not
17 subject to civil, criminal, administrative, disciplinary, employment,
18 credentialing, professional discipline, contractual liability, or
19 medical staff action, sanction, or penalty or other liability for
20 refusing to participate in activities authorized under this part,
21 including, but not limited to, refusing to inform a patient regarding
22 his or her rights under this part, and not referring an individual to
23 a physician who participates in activities authorized under this
24 part.

25 (3) If a health care provider is unable or unwilling to carry out
26 a qualified individual's request under this part and the qualified
27 individual transfers care to a new health care provider, the
28 individual may request a copy of his or her medical records
29 pursuant to law.

30 443.15. (a) Subject to subdivision (b), notwithstanding any
31 other law, a health care provider may prohibit its employees,
32 independent contractors, or other persons or entities, including
33 other health care providers, from participating in activities under
34 this part while on premises owned or under the management or
35 direct control of that prohibiting health care provider or while
36 acting within the course and scope of any employment by, or
37 contract with, the prohibiting health care provider.

38 (b) A health care provider that elects to prohibit its employees,
39 independent contractors, or other persons or entities, including
40 health care providers, from participating in activities under this

1 part, as described in subdivision (a), shall first give notice of the
2 policy prohibiting participation under this part to the individual or
3 entity. A health care provider that fails to provide notice to an
4 individual or entity in compliance with this subdivision shall not
5 be entitled to enforce such a policy against that individual or entity.

6 (c) Subject to compliance with subdivision (b), the prohibiting
7 health care provider may take action, including, but not limited
8 to, the following, as applicable, against any individual or entity
9 that violates this policy:

10 (1) Loss of privileges, loss of membership, or other action
11 authorized by the bylaws or rules and regulations of the medical
12 staff.

13 (2) Suspension, loss of employment, or other action authorized
14 by the policies and practices of the prohibiting health care provider.

15 (3) Termination of any lease or other contract between the
16 prohibiting health care provider and the individual or entity that
17 violates the policy.

18 (4) Imposition of any other nonmonetary remedy provided for
19 in any lease or contract between the prohibiting health care provider
20 and the individual or entity in violation of the policy.

21 (d) Nothing in this section shall be construed to prevent, or to
22 allow a prohibiting health care provider to prohibit, any other
23 health care provider, employee, independent contractor, or other
24 person or entity from any of the following:

25 (1) Participating, or entering into an agreement to participate,
26 in activities under this part, while on premises that are not owned
27 or under the management or direct control of the prohibiting
28 provider or while acting outside the course and scope of the
29 participant’s duties as an employee of, or an independent contractor
30 for, the prohibiting health care provider.

31 (2) Participating, or entering into an agreement to participate,
32 in activities under this part as an attending physician or consulting
33 physician while on premises that are not owned or under the
34 management or direct control of the prohibiting provider.

35 (e) In taking actions pursuant to subdivision (c), a health care
36 provider shall comply with all procedures required by law, its own
37 policies or procedures, and any contract with the individual or
38 entity in violation of the policy, as applicable.

39 (f) For purposes of this section:

1 (1) “Notice” means a separate statement in writing advising of
2 the prohibiting health care provider policy with respect to
3 participating in activities under this part.

4 (2) “Participating, or entering into an agreement to participate,
5 in activities under this part” means doing or entering into an
6 agreement to do any one or more of the following:

7 (A) Performing the duties of an attending physician as specified
8 in Section 443.5.

9 (B) Performing the duties of a consulting physician as specified
10 in Section 443.6.

11 (C) Performing the duties of a mental health specialist, in the
12 circumstance that a referral to one is made.

13 (D) Delivering the prescription for, dispensing, or delivering
14 the dispensed aid-in-dying drug pursuant to paragraph (2) of
15 subdivision (b) of, and subdivision (c) of, Section 443.5.

16 (E) Being present when the qualified individual takes the
17 aid-in-dying drug prescribed pursuant to this part.

18 (3) “Participating, or entering into an agreement to participate,
19 in activities under this part” does not include doing, or entering
20 into an agreement to do, any of the following:

21 (A) Diagnosing whether a patient has a terminal disease,
22 informing the patient of the medical prognosis, or determining
23 whether a patient has the capacity to make decisions.

24 (B) Providing information to a patient about this part.

25 (C) Providing a patient, upon the patient’s request, with a referral
26 to another health care provider for the purposes of participating in
27 the activities authorized by this part.

28 (g) Any action taken by a prohibiting provider pursuant to this
29 section shall not be reportable under Sections 800 to 809.9,
30 inclusive, of the Business and Professions Code. The fact that a
31 health care provider participates in activities under this part shall
32 not be the sole basis for a complaint or report by another health
33 care provider of unprofessional or dishonorable conduct under
34 Sections 800 to 809.9, inclusive, of the Business and Professions
35 Code.

36 (h) Nothing in this part shall prevent a health care provider from
37 providing an individual with health care services that do not
38 constitute participation in this part.

39 443.16. (a) A health care provider may not be sanctioned for
40 any of the following:

- 1 (1) Making an initial determination pursuant to the standard of
2 care that an individual has a terminal disease and informing him
3 or her of the medical prognosis.
- 4 (2) Providing information about the End of Life Option Act to
5 a patient upon the request of the individual.
- 6 (3) Providing an individual, upon request, with a referral to
7 another physician.
- 8 (b) A health care provider that prohibits activities under this
9 part in accordance with Section 443.15 shall not sanction an
10 individual health care provider for contracting with a qualified
11 individual to engage in activities authorized by this part if the
12 individual health care provider is acting outside of the course and
13 scope of his or her capacity as an employee or independent
14 contractor of the prohibiting health care provider.
- 15 (c) Notwithstanding any contrary provision in this section, the
16 immunities and prohibitions on sanctions of a health care provider
17 are solely reserved for actions taken pursuant to this part, and those
18 health care providers may be sanctioned for conduct and actions
19 not included and provided for in this part if the conduct and actions
20 do not comply with the standards and practices set forth by the
21 Medical Board of California.
- 22 443.17. (a) Knowingly altering or forging a request for an
23 aid-in-dying drug to end an individual’s life without his or her
24 authorization or concealing or destroying a withdrawal or rescission
25 of a request for an aid-in-dying drug is punishable as a felony if
26 the act is done with the intent or effect of causing the individual’s
27 death.
- 28 (b) Knowingly coercing or exerting undue influence on an
29 individual to request an aid-in-dying drug for the purpose of ending
30 his or her life or to destroy a withdrawal or rescission of a request
31 is punishable as a felony.
- 32 (c) For purposes of this section, “knowingly” has the meaning
33 provided in Section 7 of the Penal Code.
- 34 (d) Nothing in this section shall be construed to limit civil
35 liability.
- 36 (e) The penalties in this section do not preclude criminal
37 penalties applicable under any law for conduct inconsistent with
38 the provisions of this section.
- 39 443.18. Nothing in this part may be construed to authorize a
40 physician or any other person to end an individual’s life by lethal

1 injection, mercy killing, or active euthanasia. Actions taken in
2 accordance with this part shall not, for any purposes, constitute
3 suicide, assisted suicide, homicide, or elder abuse under the law.

4 443.19. (a) The State Department of Public Health shall collect
5 and review the information submitted pursuant to Section 443.9.
6 The information collected shall be confidential and shall be
7 collected in a manner that protects the privacy of the patient, the
8 patient's family, and any medical provider or pharmacist involved
9 with the patient under the provisions of this part. The information
10 shall not be disclosed, discoverable, or compelled to be produced
11 in any civil, criminal, administrative, or other proceeding.

12 (b) On or before July 1, 2017, and each year thereafter, based
13 on the information collected in the previous year, the department
14 shall report the information collected from the attending physician
15 follow-up form. The report shall include, but not be limited to, all
16 of the following based on the information that is provided to the
17 department and on the department's access to vital statistics:

18 (1) The number of people for whom an aid-in-dying prescription
19 was written.

20 (2) The number of known individuals who died each year for
21 whom aid-in-dying prescriptions were written, and the cause of
22 death of those individuals.

23 (3) For the period commencing January 1, 2016, to and including
24 the previous year, cumulatively, the total number of aid-in-dying
25 prescriptions written, the number of people who died due to use
26 of aid-in-dying drugs, and the number of those people who died
27 who were enrolled in hospice or other palliative care programs at
28 the time of death.

29 (4) The number of known deaths in California from using
30 aid-in-dying drugs per 10,000 deaths in California.

31 (5) The number of physicians who wrote prescriptions for
32 aid-in-dying drugs.

33 (6) Of people who died due to using an aid-in-dying drug,
34 demographic percentages organized by the following
35 characteristics:

36 (A) Age at death.

37 (B) Education level.

38 (C) Race.

39 (D) Sex.

1 (E) Type of insurance, including whether or not they had
2 insurance.

3 (F) Underlying illness.

4 (c) The State Department of Public Health shall make available
5 the attending physician checklist and compliance form, the
6 consulting physician compliance form, and the attending physician
7 followup form, as described in Section 443.22, by posting them
8 on its Internet Web site.

9 443.20. A person who has custody or control of any unused
10 aid-in-dying drugs prescribed pursuant to this part after the death
11 of the patient shall personally deliver the unused aid-in-dying drugs
12 for disposal by delivering it to the nearest qualified facility that
13 properly disposes of controlled substances, or if none is available,
14 shall dispose of it by lawful means in accordance with guidelines
15 promulgated by the California State Board of Pharmacy or a federal
16 Drug Enforcement Administration approved take-back program.

17 443.21. Any governmental entity that incurs costs resulting
18 from a qualified individual terminating his or her life pursuant to
19 the provisions of this part in a public place shall have a claim
20 against the estate of the qualified individual to recover those costs
21 and reasonable attorney fees related to enforcing the claim.

22 443.22. (a) On or before January 1, 2019, the Medical Board
23 of California shall develop, revise, and update an attending
24 physician checklist and compliance form, a consulting physician
25 compliance form, and an attending physician followup form, based
26 on those provided in subdivision (b). Upon completion, the State
27 Department of Public Health shall publish the updated forms on
28 its Internet Web Site.

29 (b) Until the Medical Board of California develops and revises
30 forms pursuant to subdivision (a), or January 1, 2019, whichever
31 is later, the attending physician checklist and compliance form,
32 the consulting physician compliance form, and the attending
33 physician followup form shall be in the following form:

**ATTENDING PHYSICIAN CHECKLIST &
COMPLIANCE FORM**

A		PATIENT INFORMATION
PATIENT'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	
PATIENT RESIDENTIAL ADDRESS (STREET, CITY, ZIP CODE)		

B		ATTENDING PHYSICIAN INFORMATION
PHYSICIAN'S NAME (LAST, FIRST, M.I.)	TELEPHONE NUMBER () —	
MAILING ADDRESS (STREET, CITY, ZIP CODE)		
PHYSICIAN'S LICENSE NUMBER		

C		CONSULTING PHYSICIAN INFORMATION
PHYSICIAN'S NAME (LAST, FIRST, M.I.)	TELEPHONE NUMBER () —	
MAILING ADDRESS (STREET, CITY, ZIP CODE)		
PHYSICIAN'S LICENSE NUMBER		

D		ELIGIBILITY DETERMINATION
1. TERMINAL DISEASE		
2. CHECK BOXES FOR COMPLIANCE:		
<input type="checkbox"/> 1. Determination that the patient has a terminal disease. <input type="checkbox"/> 2. Determination that patient is a resident of California. <input type="checkbox"/> 3. Determination that patient has the capacity to make medical decisions** <input type="checkbox"/> 4. Determination that patient is acting voluntarily. <input type="checkbox"/> 5. Determination of capacity by mental health specialist, if necessary. <input type="checkbox"/> 6. Determination that patient has made his/her decision after being fully informed of: <input type="checkbox"/> a) His or her medical diagnosis; and <input type="checkbox"/> b) His or her prognosis; and <input type="checkbox"/> c) The potential risks associated with ingesting the requested aid-in-dying drug; <input type="checkbox"/> d) The probable result of ingesting the aid-in-dying drug; <input type="checkbox"/> e) The possibility that he or she may choose to obtain the aid-in-dying drug but not take it		

ATTENDING PHYSICIAN CHECKLIST & COMPLIANCE FORM

E	ADDITIONAL COMPLIANCE REQUIREMENTS
	<input type="checkbox"/> 1. Counseled patient about the importance of all of the following: <input type="checkbox"/> a) Maintaining the aid-in-dying drug in a safe and secure location until the time the qualified individual will ingest it; <input type="checkbox"/> b) Having another person present when he or she ingests the aid-in-dying drug; <input type="checkbox"/> c) Not ingesting the aid-in-dying drug in a public place; <input type="checkbox"/> d) Notifying the next of kin of his or her request for an aid-in-dying drug. (an individual who declines or is unable to notify next of kin shall not have his or her request denied for that reason); and <input type="checkbox"/> e) Participating in a hospice program or palliative care program. <input type="checkbox"/> 2. Informed patient of right to rescind request (1 st time) <input type="checkbox"/> 3. Discussed the feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care and pain control. <input type="checkbox"/> 4. Met with patient one-on-one, except in the presence of an interpreter, to confirm the request is not coming from coercion <input type="checkbox"/> 5. First oral request for aid-in-dying: _____ / _____ / _____ Attending physician initials: _____ <input type="checkbox"/> 6. Second oral request for aid-in-dying: _____ / _____ / _____ Attending physician initials: _____ <input type="checkbox"/> 7. Written request submitted: _____ / _____ / _____ Attending physician initials: _____ <input type="checkbox"/> 8. Offered patient right to rescind (2 nd time)

F	PATIENT'S MENTAL STATUS
	<p><i>Check one of the following (required):</i></p> <input type="checkbox"/> I have determined that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder. <input type="checkbox"/> I have referred the patient to the mental health specialist**** listed below for one or more consultations to determine that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder. <input type="checkbox"/> If a referral was made to a mental health specialist, the mental health specialist has determined that the patient is not suffering from impaired judgment due to a mental disorder
	Mental health specialist's information, if applicable:
	MENTAL HEALTH SPECIALIST NAME
	MENTAL HEALTH SPECIALIST TITLE & LICENSE NUMBER
	MENTAL HEALTH SPECIALIST ADDRESS (STREET, CITY, ZIP CODE)

ATTENDING PHYSICIAN CHECKLIST &
COMPLIANCE FORM

G MEDICATION PRESCRIBED			
	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">PHARMACIST NAME</td> <td style="width: 30%;">TELEPHONE NUMBER () -</td> </tr> </table>	PHARMACIST NAME	TELEPHONE NUMBER () -
PHARMACIST NAME	TELEPHONE NUMBER () -		
<p>1. Aid-in-dying medication prescribed:</p> <p><input type="checkbox"/> a. Name: _____</p> <p><input type="checkbox"/> b. Dosage: _____</p> <p>2. Antiemetic medication prescribed:</p> <p><input type="checkbox"/> a. Name: _____</p> <p><input type="checkbox"/> b. Dosage: _____</p> <p>3. Method prescription was delivered:</p> <p><input type="checkbox"/> a. In person</p> <p><input type="checkbox"/> b. By mail</p> <p><input type="checkbox"/> c. Electronically</p> <p>4. Date medication was prescribed: ____ / ____ / ____</p>			

X	PHYSICIAN'S SIGNATURE	DATE
	NAME (PLEASE PRINT)	

** "Capacity to make medical decisions" means that, in the opinion of an individual's attending physician, consulting physician, psychiatrist, or psychologist, pursuant to Section 4609 of the Probate Code, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks, and alternatives, and the ability to make

*****Mental Health Specialist" means a psychiatrist or a licensed psychologist.

CONSULTING PHYSICIAN COMPLIANCE FORM

A		PATIENT INFORMATION	
PATIENT'S NAME (LAST, FIRST, M.I.)		DATE OF BIRTH	

B		ATTENDING PHYSICIAN	
ATTENDING PHYSICIAN'S NAME (LAST, FIRST, M.I.)		TELEPHONE NUMBER () . —	

C		CONSULTING PHYSICIAN'S REPORT	
1. TERMINAL DISEASE		DATE OF EXAMINATION(S)	
2. Check boxes for compliance. (Both the attending and consulting physicians must make these determinations.)			
<input type="checkbox"/> 1. Determination that the patient has a terminal disease. <input type="checkbox"/> 2. Determination that patient has the mental capacity to make medical decisions.** <input type="checkbox"/> 3. Determination that patient is acting voluntarily. <input type="checkbox"/> 4. Determination that patient has made his/her decision after being fully informed of: <input type="checkbox"/> a) His or her medical diagnosis; and <input type="checkbox"/> b) His or her prognosis; and <input type="checkbox"/> c) The potential risks associated with taking the drug to be prescribed; and <input type="checkbox"/> d) The potential result of taking the drug to be prescribed; and <input type="checkbox"/> e) The feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care and pain control.			

D			PATIENT'S MENTAL STATUS		
Check one of the following (required):					
<input type="checkbox"/> I have determined that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.					
<input type="checkbox"/> I have referred the patient to the mental health specialist**** listed below for one or more consultations to determine that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.					
<input type="checkbox"/> If a referral was made to a mental health specialist, the mental health specialist has determined that the patient is not suffering from impaired judgment due to a mental disorder					
MENTAL HEALTH SPECIALIST'S NAME		TELEPHONE NUMBER () —		DATE	

E			CONSULTANT'S INFORMATION		
X	PHYSICIAN'S SIGNATURE		DATE		
	NAME (PLEASE PRINT)				
MAILING ADDRESS					
CITY, STATE AND ZIP CODE			TELEPHONE NUMBER () —		

** "Capacity to make medical decisions" means that, in the opinion of an individual's attending physician, consulting physician, psychiatrist, or psychologist, pursuant to Section 4609 of the Probate Code, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks, and alternatives, and the ability to make

****"Mental Health Specialist" means a psychiatrist or a licensed psychologist.

ATTENDING PHYSICIAN FOLLOW-UP FORM

The End of Life Option Act requires physicians who write a prescription for an aid-in-dying drug to complete this follow-up form within **30 calendar days** of a patient's death, whether from ingestion of the aid-in-dying drug obtained under the Act or from any other cause.

For the State Department of Public Health to accept this form, it must be signed by the attending physician, whether or not he or she was present at the patient's time of death.

This form should be mailed or sent electronically to the State Department of Public Health. *All information is kept strictly confidential.*

Date: ____/____/____

Patient name: _____

Attending physician name: _____

Did the patient die from ingesting the aid-in-dying drug, from their underlying illness, or from another cause such as terminal sedation or ceasing to eat or drink?

- Aid-in-dying drug** (lethal dose) → Please sign below and go to page 2.
Attending physician signature: _____
- Underlying illness** → There is no need to complete the rest of the form. Please sign below.
Attending physician signature: _____
- Other** → There is no need to complete the rest of the form. Please specify the circumstances surrounding the patient's death and sign.
Please specify:

Attending physician signature: _____

PART A and PART B should only be completed if the patient died from ingesting the lethal dose of the aid-in-dying drug.

Please read carefully the following to determine which situation applies. Check the box that indicates the scenario and complete the remainder of the form accordingly.

- The attending physician was present at the time of death.
→ *The attending physician must complete this form in its entirety and sign Part A and Part B.*
- The attending physician was not present at the time of death, but another licensed health care provider was present.
→ *The licensed health care provider must complete and sign Part A of this form. The attending physician must complete and sign Part B of the form.*
- Neither the attending physician nor another licensed health care provider was present at the time of death.
→ *Part A may be left blank. The attending physician must complete and sign Part B of the form.*

ATTENDING PHYSICIAN FOLLOW-UP FORM

PART A: To be completed and signed by the attending physician or another licensed health care provider present at death:

1. Was the attending physician at the patient's bedside when the patient took the aid-in-dying drug?

- Yes
- No

If no: Was another physician or trained health care provider present when the patient ingested the aid-in-dying drug?

- Yes, another physician
- Yes, a trained health-care provider/volunteer
- No
- Unknown

2. Was the attending physician at the patient's bedside at the time of death?

- Yes
- No

If no: Was another physician or a licensed health care provider present at the patient's time of death?

- Yes, another physician or licensed health care provider
- No
- Unknown

3. On what day did the patient consume the lethal dose of the aid-in-dying?

____/____/____ (month/day/year) Unknown

4. On what day did the patient die after consuming the lethal dose of the aid-in-dying drug?

____/____/____ (month/day/year) Unknown

5. Where did the patient ingest the lethal dose of the aid-in-dying drug?

- Private home
- Assisted-living residence
- Nursing home
- Acute care hospital in-patient
- In-patient hospice resident
- Other (specify) _____
- Unknown

6. What was the time between the ingestion of the lethal dose of aid-in-dying drug and unconsciousness?

Minutes _____ and/or Hours _____ Unknown

7. What was the time between lethal medication ingestion and death?

Minutes _____ and/or Hours _____ Unknown

ATTENDING PHYSICIAN FOLLOW-UP FORM

8. Were there any complications that occurred after the patient took the lethal dose of the aid-in-dying drug?

- Yes- vomiting, emesis
- Yes-regained consciousness
- No Complications
- Other- Please describe: _____
- Unknown

9. Was the Emergency Medical System activated for any reason after ingesting the lethal dose of the aid-in-dying drug?

- Yes- Please describe: _____
- No
- Unknown

10. At the time of ingesting the lethal dose of the aid-in-dying drug, was the patient receiving hospice care?

- Yes
- No, refused care
- No, other (specify) _____

Signature of attending physician present at time of death: _____

Name of Licensed Health Care Provider present at time of death if not attending physician: _____

Signature of Licensed Health Care Provider: _____

ATTENDING PHYSICIAN FOLLOW-UP FORM

PART B: To be completed and signed by the attending physician

12. On what date was the prescription written for the aid-in-dying drug? ____/____/____

13. When the patient initially requested a prescription for the aid-in-dying drug, was the patient receiving hospice care?

- Yes
- No, refused care
- No, other (specify) _____

14. What type of health-care coverage did the patient have for their underlying illness? (Check all that apply.)

- Medicare
- Medi-cal
- Covered California
- V.A.
- Private Insurance
- No insurance
- Had insurance, don't know type

15. Possible concerns that may have contributed to the patient's decision to request a prescription for aid-in-dying drug
Please check "yes," "no," or "Don't know," depending on whether or not you believe that concern contributed to their request (Please check as many boxes as you think may apply)

A concern about...

- His or her terminal condition representing a steady loss of autonomy
 - Yes
 - No
 - Don't Know
- The decreasing ability to participate in activities that made life enjoyable
 - Yes
 - No
 - Don't Know
- The loss of control of bodily functions
 - Yes
 - No
 - Don't Know
- Persistent and uncontrollable pain and suffering
 - Yes
 - No
 - Don't Know
- A loss of Dignity
 - Yes
 - No
 - Don't Know
- Other concerns (specify): _____

Signature of attending physician: _____

1 SEC. 2. The Legislature finds and declares that Section 1 of
2 this act, which adds Section 443.19 to the Health and Safety Code,
3 imposes a limitation on the public’s right of access to the meetings
4 of public bodies or the writings of public officials and agencies
5 within the meaning of Section 3 of Article I of the California
6 Constitution. Pursuant to that constitutional provision, the
7 Legislature makes the following findings to demonstrate the interest
8 protected by this limitation and the need for protecting that interest:

9 (a) Any limitation to public access to personally identifiable
10 patient data collected pursuant to Section 443.19 of the Health and
11 Safety Code as proposed to be added by this act is necessary to
12 protect the privacy rights of the patient and his or her family.

13 (b) The interests in protecting the privacy rights of the patient
14 and his or her family in this situation strongly outweigh the public
15 interest in having access to personally identifiable data relating to
16 services.

17 (c) The statistical report to be made available to the public
18 pursuant to subdivision (b) of Section 443.19 of the Health and
19 Safety Code is sufficient to satisfy the public’s right to access.

20 SEC. 3. The provisions of this part are severable. If any
21 provision of this part or its application is held invalid, that
22 invalidity shall not affect other provisions or applications that can
23 be given effect without the invalid provision or application.

24 SEC. 4. No reimbursement is required by this act pursuant to
25 Section 6 of Article XIII B of the California Constitution because
26 the only costs that may be incurred by a local agency or school
27 district will be incurred because this act creates a new crime or
28 infraction, eliminates a crime or infraction, or changes the penalty
29 for a crime or infraction, within the meaning of Section 17556 of
30 the Government Code, or changes the definition of a crime within
31 the meaning of Section 6 of Article XIII B of the California
32 Constitution.