

AMENDED IN ASSEMBLY SEPTEMBER 3, 2015

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CALIFORNIA LEGISLATURE—2015–16 SECOND EXTRAORDINARY SESSION

**ASSEMBLY BILL**

**No. 15**

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**Introduced by Assembly Members Eggman, Alejo, and Mark Stone**

**(Principal coauthor: Assembly Member Bonta)**

(Principal coauthors: Senators Monning and Wolk)

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

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

August 17, 2015

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

LEGISLATIVE COUNSEL'S DIGEST

AB 15, as amended, 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, *until January 1, 2026*, 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~~ *specified* 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 a state-mandated local program, *and a final attestation for an aid-in-dying drug*. 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 *a person, except as provided*, immunity from ~~civil, criminal, administrative, employment, or contractual liability or professional disciplinary action for participating in good faith compliance with the act~~, *civil or criminal liability solely because the person was present when the qualified individual self-administered the drug, or the person assisted the qualified individual by preparing the aid-in-dying drug so long as the person did not assist with the ingestion of the drug*, and would specify that the immunities and prohibitions on sanctions of a health care provider are solely reserved for *conduct of a health care provider* 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 also 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~~ *life*, to destroy a withdrawal or rescission of a ~~request~~ *request, or to administer an aid-in-dying drug to an individual without their knowledge or consent*. 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 authorize the Medical Board of California to update those forms and would require 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, make a statistical report of the information collected, and post that report to its Internet Web site.

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

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

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

22 (e) “Capacity to make medical decisions” means that, in the  
23 opinion of an individual’s attending physician, consulting  
24 physician, psychiatrist, or psychologist, pursuant to Section 4609  
25 of the Probate Code, the individual has the ability to understand  
26 the nature and consequences of a health care decision, the ability  
27 to understand its significant benefits, risks, and alternatives, and  
28 the ability to make and communicate an informed decision to health  
29 care providers, including communication through a person familiar  
30 with the individual’s manner of communicating, if that person is  
31 available. *providers.*

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

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

37 (h) “Health care provider” or “provider of health care” means  
38 any person licensed or certified pursuant to Division 2

1 (commencing with Section 500) of the Business and Professions  
2 Code; any person licensed pursuant to the Osteopathic Initiative  
3 Act or the Chiropractic Initiative Act; any person certified pursuant  
4 to Division 2.5 (commencing with Section 1797) of this code; and  
5 any clinic, health dispensary, or health facility licensed pursuant  
6 to Division 2 (commencing with Section 1200) of this code.

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

- 13 (1) The individual’s medical diagnosis and prognosis.
- 14 (2) The potential risks associated with taking the drug to be  
15 prescribed.
- 16 (3) The probable result of taking the drug to be prescribed.
- 17 (4) The possibility that the individual may choose not to obtain  
18 the drug or may obtain the drug but may decide not to ingest it.
- 19 (5) The feasible alternatives or additional treatment  
20 opportunities, including, but not limited to, comfort care, hospice  
21 care, palliative care, and pain control.

22 (j) “Medically confirmed” means the medical diagnosis and  
23 prognosis of the attending physician has been confirmed by a  
24 consulting physician who has examined the individual and the  
25 individual’s relevant medical records.

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

31 (l) “Mental health specialist” means a psychiatrist or a licensed  
32 psychologist.

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

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

39 (o) “Qualified individual” means an adult who has the capacity  
40 to make medical decisions, is a resident of California, and has

1 satisfied the requirements of this part in order to obtain a  
2 prescription for a drug to end his or her life.

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

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

9 443.2. (a) An individual who is an adult with the capacity to  
10 make medical decisions and with a terminal disease may make a  
11 request to receive a prescription for an aid-in-dying drug if all of  
12 the following conditions are satisfied:

13 (1) The individual’s attending physician has diagnosed the  
14 individual with a terminal disease.

15 (2) The individual has voluntarily expressed the wish to receive  
16 a prescription for an aid-in-dying drug.

17 (3) The individual is a resident of California and is able to  
18 establish residency through any of the following means:

19 (A) Possession of a California driver license or other  
20 identification issued by the State of California.

21 (B) Registration to vote in California.

22 (C) Evidence that the person owns or leases property in  
23 California.

24 (D) Filing of a California tax return for the most recent tax year.

25 (4) The individual documents his or her request pursuant to the  
26 requirements set forth in Section 443.3.

27 (5) The individual has the physical and mental ability to  
28 self-administer the aid-in-dying drug.

29 (b) A person shall not be considered a “qualified individual”  
30 under the provisions of this part solely because of age or disability.

31 (c) A request for a prescription for an aid-in-dying drug under  
32 this part shall be made solely and directly by the individual  
33 diagnosed with the terminal disease and shall not be made on behalf  
34 of the patient, including, but not limited to, through a power of  
35 attorney, an advance health care directive, a conservator, health  
36 care agent, surrogate, or any other legally recognized health care  
37 decisionmaker.

38 443.3. (a) An individual seeking to obtain a prescription for  
39 an aid-in-dying drug pursuant to this part shall submit two oral  
40 requests, a minimum of 15 days apart, and a written request to his

1 or her attending physician. The attending physician shall directly,  
2 and not through a designee, receive all three requests required  
3 pursuant to this section.

4 (b) A valid written request for an aid-in-dying drug under  
5 subdivision (a) shall meet all of the following conditions:

6 (1) The request shall be in the form described in Section 443.11.

7 (2) The request shall be signed and dated, in the presence of  
8 two witnesses, by the individual seeking the aid-in-dying drug.

9 (3) The request shall be witnessed by at least two other adult  
10 persons who, in the presence of the individual, shall attest that to  
11 the best of their knowledge and belief the individual is all of the  
12 following:

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

15 (B) An individual who voluntarily signed this request in their  
16 presence.

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

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

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

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

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

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

31 443.4. (a) An individual may at any time withdraw or rescind  
32 his or her request for an aid-in-dying drug, or decide not to ingest  
33 an aid-in-dying drug, without regard to the individual's mental  
34 state.

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

39 443.5. (a) Before prescribing an aid-in-dying drug, the  
40 attending physician shall do all of the following:

- 1 (1) Make the initial determination of all of the following:
- 2 (A) (i) Whether the requesting adult has the capacity to make  
3 medical decisions.
- 4 (ii) If there are indications of a mental disorder, the physician  
5 shall refer the individual for a mental health specialist assessment.
- 6 (iii) If a mental health specialist assessment referral is made,  
7 no aid-in-dying drugs shall be prescribed until the mental health  
8 specialist determines that the individual has the capacity to make  
9 medical decisions and is not suffering from impaired judgment  
10 due to a mental disorder.
- 11 (B) Whether the requesting adult has a terminal disease.
- 12 (C) Whether the requesting adult has voluntarily made the  
13 request for an aid-in-dying drug pursuant to Sections 443.2 and  
14 443.3.
- 15 (D) Whether the requesting adult is a qualified individual  
16 pursuant to subdivision (o) of Section 443.1.
- 17 (2) Confirm that the individual is making an informed decision  
18 by discussing with him or her all of the following:
- 19 (A) His or her medical diagnosis and prognosis.
- 20 (B) The potential risks associated with ingesting the requested  
21 aid-in-dying drug.
- 22 (C) The probable result of ingesting the aid-in-dying drug.
- 23 (D) The possibility that he or she may choose to obtain the  
24 aid-in-dying drug but not take it.
- 25 (E) The feasible alternatives or additional treatment options,  
26 including, but not limited to, comfort care, hospice care, palliative  
27 care, and pain control.
- 28 (3) Refer the individual to a consulting physician for medical  
29 confirmation of the diagnosis and prognosis, and for a  
30 determination that the individual has the capacity to make medical  
31 decisions and has complied with the provisions of this part.
- 32 (4) Confirm that the qualified individual's request does not arise  
33 from coercion or undue influence by another person by discussing  
34 with the qualified individual, outside of the presence of any other  
35 persons, except for an interpreter as required pursuant to this part,  
36 whether or not the qualified individual is feeling coerced or unduly  
37 influenced by another person.
- 38 (5) Counsel the qualified individual about the importance of all  
39 of the following:

- 1 (A) Having another person present when he or she ingests the
- 2 aid-in-dying drug prescribed pursuant to this part.
- 3 (B) Not ingesting the aid-in-dying drug in a public place.
- 4 (C) Notifying the next of kin of his or her request for an
- 5 aid-in-dying drug. A qualified individual who declines or is unable
- 6 to notify next of kin shall not have his or her request denied for
- 7 that reason.
- 8 (D) Participating in a hospice program.
- 9 (E) Maintaining the aid-in-dying drug in a safe and secure
- 10 location until the time that the qualified individual will ingest it.
- 11 (6) Inform the individual that he or she may withdraw or rescind
- 12 the request for an aid-in-dying drug at any time and in any manner.
- 13 (7) Offer the individual an opportunity to withdraw or rescind
- 14 the request for an aid-in-dying drug before prescribing the
- 15 aid-in-dying drug.
- 16 (8) Verify, immediately before writing the prescription for an
- 17 aid-in-dying drug, that the qualified individual is making an
- 18 informed decision.
- 19 (9) Confirm that all requirements are met and all appropriate
- 20 steps are carried out in accordance with this part before writing a
- 21 prescription for an aid-in-dying drug.
- 22 (10) Fulfill the record documentation required under Sections
- 23 443.8 and 443.19.
- 24 (11) Complete the attending physician checklist and compliance
- 25 form, as described in Section 443.22, include it and the consulting
- 26 physician compliance form in the individual's medical record, and
- 27 submit both forms to the State Department of Public Health.
- 28 (12) *Give the qualified individual the final attestation form,*
- 29 *with the instruction that the form be filled out and executed by the*
- 30 *qualified individual within 48 hours prior to the qualified*
- 31 *individual choosing to self-administer the aid-in-dying drug.*
- 32 (b) If the conditions set forth in subdivision (a) are satisfied,
- 33 the attending physician may deliver the aid-in-dying drug in any
- 34 of the following ways:
  - 35 (1) Dispensing the aid-in-dying drug directly, including ancillary
  - 36 medication intended to minimize the qualified individual's
  - 37 discomfort, if the attending physician meets all of the following
  - 38 criteria:
    - 39 (A) Is authorized to dispense medicine under California law.

1 (B) Has a current United States Drug Enforcement  
2 Administration (USDEA) certificate.

3 (C) Complies with any applicable administrative rule or  
4 regulation.

5 (2) With the qualified individual’s written consent, contacting  
6 a pharmacist, informing the pharmacist of the prescriptions, and  
7 delivering the written prescriptions personally, by mail, or  
8 electronically to the pharmacist, who may dispense the drug to the  
9 qualified individual, the attending physician, or a person expressly  
10 designated by the qualified individual and with the designation  
11 delivered to the pharmacist in writing or verbally.

12 (c) Delivery of the dispensed drug to the qualified individual,  
13 the attending physician, or a person expressly designated by the  
14 qualified individual may be made by personal delivery, or, with a  
15 signature required on delivery, by United Parcel Service, United  
16 States Postal Service, Federal Express, or by messenger service.

17 443.6. Before a qualified individual obtains an aid-in-dying  
18 drug from the attending physician, the consulting physician shall  
19 perform all of the following:

20 (a) Examine the individual and his or her relevant medical  
21 records.

22 (b) Confirm in writing the attending physician’s diagnosis and  
23 prognosis.

24 (c) Determine that the individual has the capacity to make  
25 medical decisions, is acting voluntarily, and has made an informed  
26 decision.

27 (d) If there are indications of a mental disorder, refer the  
28 individual for a mental health specialist assessment.

29 (e) Fulfill the record documentation required under this part.

30 (f) Submit the compliance form to the attending physician.

31 443.7. Upon referral from the attending or consulting physician  
32 pursuant to this part, the mental health specialist shall:

33 (a) Examine the qualified individual and his or her relevant  
34 medical records.

35 (b) Determine that the individual has the mental capacity to  
36 make medical decisions, act voluntarily, and make an informed  
37 decision.

38 (c) Determine that the individual is not suffering from impaired  
39 judgment due to a mental disorder.

40 (d) Fulfill the record documentation requirements of this part.

1 443.8. All of the following shall be documented in the  
2 individual's medical record:

3 (a) All oral requests for aid-in-dying drugs.

4 (b) All written requests for aid-in-dying drugs.

5 (c) The attending physician's diagnosis and prognosis, and the  
6 determination that a qualified individual has the capacity to make  
7 medical decisions, is acting voluntarily, and has made an informed  
8 decision, or that the attending physician has determined that the  
9 individual is not a qualified individual.

10 (d) The consulting physician's diagnosis and prognosis, and  
11 verification that the qualified individual has the capacity to make  
12 medical decisions, is acting voluntarily, and has made an informed  
13 decision, or that the consulting physician has determined that the  
14 individual is not a qualified individual.

15 (e) A report of the outcome and determinations made during a  
16 mental health specialist's assessment, if performed.

17 (f) The attending physician's offer to the qualified individual  
18 to withdraw or rescind his or her request at the time of the  
19 individual's second oral request.

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

24 443.9. (a) Within 30 calendar days of writing a prescription  
25 for an aid-in-dying drug, the attending physician shall submit to  
26 the State Department of Public Health a copy of the qualifying  
27 patient's written request, the attending physician checklist and  
28 compliance form, and the consulting physician compliance form.

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

33 443.10. A qualified individual may not receive a prescription  
34 for an aid-in-dying drug pursuant to this part unless he or she has  
35 made an informed decision. Immediately before writing a  
36 prescription for an aid-in-dying drug under this part, the attending  
37 physician shall verify that the individual is making an informed  
38 decision.

39 443.11. (a) A request for an aid-in-dying drug as authorized  
40 by this part shall be in the following form:

1 REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A  
2 HUMANE AND DIGNIFIED MANNER I, .....,  
3 am an adult of sound mind and a resident of the State of California.

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

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

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

13 INITIAL ONE:

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

16 ..... I have decided not to inform my family of my decision.

17 ..... I have no family to inform of my decision.

18 I understand that I have the right to withdraw or rescind this request at any  
19 time.

20 I understand the full import of this request and I expect to die if I take the  
21 aid-in-dying drug to be prescribed. My attending physician has counseled me  
22 about the possibility that my death may not be immediately upon the  
23 consumption of the drug.

24 I make this request voluntarily, without reservation, and without being coerced.

25

26 Signed:.....

27 Dated:.....

28

29

30 DECLARATION OF WITNESSES

31 We declare that the person signing this request:

32 (a) is personally known to us or has provided proof of identity;

33 (b) voluntarily signed this request in our presence;

34 (c) is an individual whom we believe to be of sound mind and not under duress,  
35 fraud, or undue influence; and

36 (d) is not an individual for whom either of us is the attending physician,  
37 consulting physician, or mental health specialist.

38 .....Witness 1/Date

39 .....Witness 2/Date

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

6  
 7 (b) (1) The written language of the request shall be written in  
 8 the same translated language as any conversations, consultations,  
 9 or interpreted conversations or consultations between a patient and  
 10 his or her attending or consulting physicians.

11 (2) Notwithstanding paragraph (1), the written request may be  
 12 prepared in English even when the conversations or consultations  
 13 or interpreted conversations or consultations were conducted in a  
 14 language other than English if the English language form includes  
 15 an attached interpreter’s declaration that is signed under penalty  
 16 of perjury. The interpreter’s declaration shall state words to the  
 17 effect that:

18  
 19 I, (INSERT NAME OF INTERPRETER), am fluent in English and (INSERT  
 20 TARGET LANGUAGE).

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

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

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

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

32 X\_\_\_\_\_Interpreter signature

33 X\_\_\_\_\_Interpreter printed name

34 X\_\_\_\_\_Interpreter address

35  
 36 (3) An interpreter whose services are provided pursuant to  
 37 paragraph (2) shall not be related to the qualified individual by  
 38 blood, marriage, registered domestic partnership, or adoption or  
 39 be entitled to a portion of the person’s estate upon death. An  
 40 interpreter whose services are provided pursuant to paragraph (2)

1 shall meet the standards promulgated by the California Healthcare  
2 Interpreting Association or the National Council on Interpreting  
3 in Health Care or other standards deemed acceptable by the  
4 department for health care providers in California.

5 (c) *The final attestation form given by the attending physician*  
6 *to the qualified individual at the time the attending physician writes*  
7 *the prescription shall appear in the following form:*

8  
9 *FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE*  
10 *IN A HUMANE AND DIGNIFIED MANNER I,*  
11 *....., am an adult of sound mind and a resident*  
12 *of the State of California.*

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

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

19 *I have received the aid-in-dying drug and am fully aware that this aid-in-dying*  
20 *drug will end my life in a humane and dignified manner.*

21 *INITIAL ONE:*  
22 *..... I have informed one or more members of my family of my decision*  
23 *and taken their opinions into consideration.*

24 *..... I have decided not to inform my family of my decision.*

25 *..... I have no family to inform of my decision.*

26 *My attending physician has counseled me about the possibility that my death*  
27 *may not be immediately upon the consumption of the drug.*

28 *I make this decision to ingest the aid-in-dying drug to end my life in a humane*  
29 *and dignified manner. I understand I still may choose not to ingest the drug*  
30 *and by signing this form I am under no obligation to ingest the drug. I*  
31 *understand I may rescind this request at any time.*

32  
33  
34 *Signed:.....*  
35 *Dated:.....*  
36 *Time:.....*  
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*(1) Within 48 hours prior to the individual self-administering the aid-in-dying drug, the individual shall complete the final attestation form. If aid-in-dying medication is not returned or relinquished upon the patient's death as required in Section 443.20, the completed form shall be delivered by the individual's health care provider, family member, or other representative to the attending physician to be included in the patient's medical record.*

*(2) Upon receiving the final attestation form the attending physician shall add this form to the medical records of the qualified individual.*

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

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

443.13. (a) (1) The sale, procurement, or issuance of a life, health, or annuity policy, health care service plan contract, or health benefit plan, or the rate charged for a policy or plan contract may not be conditioned upon or affected by a person making or rescinding a request for an aid-in-dying drug.

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

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

(c) An insurance carrier shall not provide any information in communications made to an individual about the availability of

1 an aid-in-dying drug absent a request by the individual or his or  
 2 her attending physician at the behest of the individual. Any  
 3 communication shall not include both the denial of treatment and  
 4 information as to the availability of aid-in-dying drug coverage.  
 5 For the purposes of this subdivision, “insurance carrier” means a  
 6 health care service plan as defined in Section 1345 of this code or  
 7 a carrier of health insurance as defined in Section 106 of the  
 8 Insurance Code.

9 443.14. (a) Notwithstanding any other law, a person shall not  
 10 be subject to ~~civil, criminal, administrative, employment, or~~  
 11 ~~contractual liability or professional disciplinary action for~~  
 12 ~~participating in good faith compliance with this part, including an~~  
 13 ~~individual who is present when a qualified individual~~  
 14 ~~self-administers the prescribed aid-in-dying drug.~~ *civil or criminal*  
 15 *liability solely because the person was present when the qualified*  
 16 *individual self-administers the prescribed aid-in-dying drug. A*  
 17 *person who is present may, without civil or criminal liability, assist*  
 18 *the qualified individual by preparing the aid-in-dying drug so long*  
 19 *as the person does not assist the qualified person in ingesting the*  
 20 *aid-in-dying drug.*

21 (b) A health care provider or professional organization or  
 22 association shall not subject an individual to censure, discipline,  
 23 suspension, loss of license, loss of privileges, loss of membership,  
 24 or other penalty for participating in good faith compliance with  
 25 this part or for refusing to participate in accordance with  
 26 subdivision (e).

27 (c) Notwithstanding any other law, a health care provider shall  
 28 not be subject to civil, criminal, administrative, disciplinary,  
 29 employment, credentialing, professional discipline, contractual  
 30 liability, or medical staff action, sanction, or penalty or other  
 31 liability for participating in this part, including, but not limited to,  
 32 determining the diagnosis or prognosis of an individual,  
 33 determining the capacity of an individual for purposes of qualifying  
 34 for the act, providing information to an individual regarding this  
 35 part, and providing a referral to a physician who participates in  
 36 this part. *Nothing in this subdivision shall be construed to limit*  
 37 *the application of, or provide immunity from, Section 443.16 or*  
 38 *443.17.*

39 (d) (1) A request by a qualified individual to an attending  
 40 physician to provide an aid-in-dying drug in good faith compliance

1 with the provisions of this part shall not provide the sole basis for  
2 the appointment of a guardian or conservator.

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

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

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

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

26 443.15. (a) Subject to subdivision (b), notwithstanding any  
27 other law, a health care provider may prohibit its employees,  
28 independent contractors, or other persons or entities, including  
29 other health care providers, from participating in activities under  
30 this part while on premises owned or under the management or  
31 direct control of that prohibiting health care provider or while  
32 acting within the course and scope of any employment by, or  
33 contract with, the prohibiting health care provider.

34 (b) A health care provider that elects to prohibit its employees,  
35 independent contractors, or other persons or entities, including  
36 health care providers, from participating in activities under this  
37 part, as described in subdivision (a), shall first give notice of the  
38 policy prohibiting participation under this part to the individual or  
39 entity. A health care provider that fails to provide notice to an

1 individual or entity in compliance with this subdivision shall not  
2 be entitled to enforce such a policy against that individual or entity.

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

7 (1) Loss of privileges, loss of membership, or other action  
8 authorized by the bylaws or rules and regulations of the medical  
9 staff.

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

12 (3) Termination of any lease or other contract between the  
13 prohibiting health care provider and the individual or entity that  
14 violates the policy.

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

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

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

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

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

36 (f) For purposes of this section:

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

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

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

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

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

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

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

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

18 (A) Diagnosing whether a patient has a terminal disease,  
19 informing the patient of the medical prognosis, or determining  
20 whether a patient has the capacity to make decisions.

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

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

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

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

36 443.16. (a) A health care provider may not be sanctioned for  
37 any of the following:

38 (1) Making an initial determination pursuant to the standard of  
39 care that an individual has a terminal disease and informing him  
40 or her of the medical prognosis.

1 (2) Providing information about the End of Life Option Act to  
 2 a patient upon the request of the individual.

3 (3) Providing an individual, upon request, with a referral to  
 4 another physician.

5 (b) A health care provider that prohibits activities under this  
 6 part in accordance with Section 443.15 shall not sanction an  
 7 individual health care provider for contracting with a qualified  
 8 individual to engage in activities authorized by this part if the  
 9 individual health care provider is acting outside of the course and  
 10 scope of his or her capacity as an employee or independent  
 11 contractor of the prohibiting health care provider.

12 (c) Notwithstanding any contrary provision in this section, the  
 13 immunities and prohibitions on sanctions of a health care provider  
 14 are solely reserved for actions of *a health care provider* taken  
 15 pursuant to this ~~part, and those health~~ *part. Notwithstanding any*  
 16 *contrary provision in this part, health care providers may be*  
 17 *sanctioned by their licensing board or agency for conduct and*  
 18 *actions not included and provided for in this part if the conduct*  
 19 ~~and actions do not comply with the standards and practices set~~  
 20 ~~forth by the Medical Board of California: constituting~~  
 21 *unprofessional conduct, including failure to comply in good faith*  
 22 *with this part.*

23 443.17. (a) Knowingly altering or forging a request for an  
 24 aid-in-dying drug to end an individual’s life without his or her  
 25 authorization or concealing or destroying a withdrawal or rescission  
 26 of a request for an aid-in-dying drug is punishable as a felony if  
 27 the act is done with the intent or effect of causing the individual’s  
 28 death.

29 (b) Knowingly coercing or exerting undue influence on an  
 30 individual to request *or ingest* an aid-in-dying drug for the purpose  
 31 of ending his or her life or to destroy a withdrawal or rescission  
 32 of a ~~request~~ *request, or to administer an aid-in-dying drug to an*  
 33 *individual without his or her knowledge or consent, is punishable*  
 34 *as a felony.*

35 (c) For purposes of this section, “knowingly” has the meaning  
 36 provided in Section 7 of the Penal Code.

37 (d) *The attending physician, consulting physician, or mental*  
 38 *health specialist shall not be related to the individual by blood,*  
 39 *marriage, registered domestic partnership, or adoption, or be*  
 40 *entitled to a portion of the individual’s estate upon death.*

1     ~~(d)~~

2     (e) Nothing in this section shall be construed to limit civil  
3 liability.

4     ~~(e)~~

5     (f) The penalties in this section do not preclude criminal  
6 penalties applicable under any law for conduct inconsistent with  
7 the provisions of this section.

8     443.18. Nothing in this part may be construed to authorize a  
9 physician or any other person to end an individual's life by lethal  
10 injection, mercy killing, or active euthanasia. Actions taken in  
11 accordance with this part shall not, for any purposes, constitute  
12 suicide, assisted suicide, homicide, or elder abuse under the law.

13     443.19. (a) The State Department of Public Health shall collect  
14 and review the information submitted pursuant to Section 443.9.  
15 The information collected shall be confidential and shall be  
16 collected in a manner that protects the privacy of the patient, the  
17 patient's family, and any medical provider or pharmacist involved  
18 with the patient under the provisions of this part. The information  
19 shall not be disclosed, discoverable, or compelled to be produced  
20 in any civil, criminal, administrative, or other proceeding.

21     (b) On or before July 1, 2017, and each year thereafter, based  
22 on the information collected in the previous year, the department  
23 shall create a report with the information collected from the  
24 attending physician followup form and post that report to its  
25 Internet Web site. The report shall include, but not be limited to,  
26 all of the following based on the information that is provided to  
27 the department and on the department's access to vital statistics:

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

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

33     (3) For the period commencing January 1, 2016, to and including  
34 the previous year, cumulatively, the total number of aid-in-dying  
35 prescriptions written, the number of people who died due to use  
36 of aid-in-dying drugs, and the number of those people who died  
37 who were enrolled in hospice or other palliative care programs at  
38 the time of death.

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

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

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

6 (A) Age at death.

7 (B) Education level.

8 (C) Race.

9 (D) Sex.

10 (E) Type of insurance, including whether or not they had  
11 insurance.

12 (F) Underlying illness.

13 (c) The State Department of Public Health shall make available  
14 the attending physician checklist and compliance form, the  
15 consulting physician compliance form, and the attending physician  
16 followup form, as described in Section 443.22, by posting them  
17 on its Internet Web site.

18 443.20. A person who has custody or control of any unused  
19 aid-in-dying drugs prescribed pursuant to this part after the death  
20 of the patient shall personally deliver the unused aid-in-dying drugs  
21 for disposal by delivering it to the nearest qualified facility that  
22 properly disposes of controlled substances, or if none is available,  
23 shall dispose of it by lawful means in accordance with guidelines  
24 promulgated by the California State Board of Pharmacy or a federal  
25 Drug Enforcement Administration approved take-back program.

26 443.21. Any governmental entity that incurs costs resulting  
27 from a qualified individual terminating his or her life pursuant to  
28 the provisions of this part in a public place shall have a claim  
29 against the estate of the qualified individual to recover those costs  
30 and reasonable attorney fees related to enforcing the claim.

31 *443.215. This part shall remain in effect only until January 1,*  
32 *2026, and as of that date is repealed, unless a later enacted statute,*  
33 *that is enacted before January 1, 2026, deletes or extends that*  
34 *date.*

35 443.22. (a) The Medical Board of California may update the  
36 attending physician checklist and compliance form, the consulting  
37 physician compliance form, and the attending physician followup  
38 form, based on those provided in subdivision (b). Upon completion,  
39 the State Department of Public Health shall publish the updated  
40 forms on its Internet Web site.

1 (b) Unless and until updated by the Medical Board of California  
2 pursuant to this section, the attending physician checklist and  
3 compliance form, the consulting physician compliance form, and  
4 the attending physician followup form shall be in the following  
5 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 <sup>st</sup> 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 <sup>nd</sup> time)

F 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 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	
PHARMACIST NAME	TELEPHONE NUMBER ( ) -
1. Aid-in-dying medication prescribed: <input type="checkbox"/> a. Name: _____ <input type="checkbox"/> b. Dosage: _____ 2. Antiemetic medication prescribed: <input type="checkbox"/> a. Name: _____ <input type="checkbox"/> b. Dosage: _____ 3. Method prescription was delivered: <input type="checkbox"/> a. In person <input type="checkbox"/> b. By mail <input type="checkbox"/> c. Electronically 4. Date medication was prescribed: ____/____/____	

<b>X</b>	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		
<b>X</b>	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.

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