

AMENDED IN ASSEMBLY SEPTEMBER 3, 2015

CALIFORNIA LEGISLATURE—2015–16 SECOND EXTRAORDINARY SESSION

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 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

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 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 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 *a* 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~~ *upon*, or affected~~—by~~ *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~~, *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 *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 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~~ *authorize* the Medical Board of California to update those forms ~~on or before January 1, 2019,~~ 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 and to records,~~ make a statistical report of the information ~~collected.~~ *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.

1 443.1. As used in this part, the following definitions shall apply:

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

3 (b) “Aid-in-dying drug” means a drug determined and prescribed
4 by a physician for a qualified individual, which the qualified
5 individual may choose to self-administer to bring about his or her
6 death due to a terminal disease.

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

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

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

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

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

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

38 (i) “Informed decision” means a decision by an individual with
39 a terminal disease to request and obtain a prescription for a drug
40 that the individual may self-administer to end the individual’s life,

1 that is based on an understanding and acknowledgment of the
2 relevant facts, and that is made after being fully informed by the
3 attending physician of all of the following:

- 4 (1) The individual's medical diagnosis and prognosis.
- 5 (2) The potential risks associated with taking the drug to be
6 prescribed.
- 7 (3) The probable result of taking the drug to be prescribed.
- 8 (4) The possibility that the individual may choose not to obtain
9 the drug or may obtain the drug but may decide not to ingest it.
- 10 (5) The feasible alternatives or additional treatment
11 opportunities, including, but not limited to, comfort care, hospice
12 care, palliative care, and pain control.
- 13 (j) "Medically confirmed" means the medical diagnosis and
14 prognosis of the attending physician has been confirmed by a
15 consulting physician who has examined the individual and the
16 individual's relevant medical records.
- 17 (k) "Mental health specialist assessment" means one or more
18 consultations between an individual and a mental health specialist
19 for the purpose of determining that the individual has the capacity
20 to make medical decisions and is not suffering from impaired
21 judgment due to a mental disorder.
- 22 (l) "Mental health specialist" means a psychiatrist or a licensed
23 psychologist.
- 24 (m) "Physician" means a doctor of medicine or osteopathy
25 currently licensed to practice medicine in this state.
- 26 (n) "Public place" means any street, alley, park, public building,
27 any place of business or assembly open to or frequented by the
28 public, and any other place that is open to the public view, or to
29 which the public has access.
- 30 (o) "Qualified individual" means an adult who has the capacity
31 to make medical decisions, is a resident of California, and has
32 satisfied the requirements of this part in order to obtain a
33 prescription for a drug to end his or her life.
- 34 (p) "Self-administer" means a qualified individual's affirmative,
35 conscious, and physical act of administering and ingesting the
36 aid-in-dying drug to bring about his or her own death.
- 37 (q) "Terminal disease" means an incurable and irreversible
38 disease that has been medically confirmed and will, within
39 reasonable medical judgment, result in death within six months.

1 443.2. (a) An individual who is an adult with the capacity to
2 make medical decisions and with a terminal disease may make a
3 request to receive a prescription for an aid-in-dying drug if all of
4 the following conditions are satisfied:

5 (1) The individual's attending physician has diagnosed the
6 individual with a terminal disease.

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

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

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

13 (B) Registration to vote in California.

14 (C) Evidence that the person owns or leases property in
15 California.

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

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

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

21 (b) A person shall not be considered a "qualified individual"
22 under the provisions of this part solely because of age or disability.

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

30 443.3. (a) An individual seeking to obtain a prescription for
31 an aid-in-dying drug pursuant to this part shall submit two oral
32 requests, a minimum of 15 days apart, and a written request to his
33 or her attending physician. The attending physician shall directly,
34 and not through a designee, receive all three requests required
35 pursuant to this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(iii) If a mental health specialist assessment referral is made, no aid-in-dying drugs shall be prescribed until the mental health specialist determines that the individual has the capacity to make

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

1 (E) Maintaining the aid-in-dying drug in a safe and secure
2 location until the time that the qualified individual will ingest it.

3 (6) Inform the individual that he or she may withdraw or rescind
4 the request for an aid-in-dying drug at any time and in any manner.

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

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

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

14 (10) Fulfill the record documentation required under Sections
15 443.8 and 443.19.

16 (11) Complete the attending physician checklist and compliance
17 form, as described in Section 443.22, include it *and the consulting*
18 *physician compliance form* in the individual's medical record, and
19 submit ~~it~~ *both forms* to the State Department of Public Health.

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

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

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

28 (B) Has a current United States Drug Enforcement
29 Administration (USDEA) certificate.

30 (C) Complies with any applicable administrative rule or
31 regulation.

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

39 (c) Delivery of the dispensed drug to the qualified individual,
40 the attending physician, or a person expressly designated by the

1 qualified individual may be made by personal delivery, or, with a
2 signature required on delivery, by United Parcel Service, United
3 States Postal Service, Federal Express, or by messenger service.

4 443.6. Before a qualified individual obtains an aid-in-dying
5 drug from the attending physician, the consulting physician shall
6 perform all of the following:

7 (a) Examine the individual and his or her relevant medical
8 records.

9 (b) Confirm in writing the attending physician's diagnosis and
10 prognosis.

11 (c) Determine that the individual has the capacity to make
12 medical decisions, is acting voluntarily, and has made an informed
13 decision.

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

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

17 (f) *Submit the compliance form to the attending physician.*

18 443.7. Upon referral from the attending or consulting physician
19 pursuant to this part, the mental health specialist shall:

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

22 (b) Determine that the individual has the mental capacity to
23 make medical decisions, act voluntarily, and make an informed
24 decision.

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

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

28 443.8. All of the following shall be documented in the
29 individual's medical record:

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

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

32 (c) The attending physician's diagnosis and prognosis, and the
33 determination that a qualified individual has the capacity to make
34 medical decisions, is acting voluntarily, and has made an informed
35 decision, or that the attending physician has determined that the
36 individual is not a qualified individual.

37 (d) The consulting physician's diagnosis and prognosis, and
38 verification that the qualified individual has the capacity to make
39 medical decisions, is acting voluntarily, and has made an informed

1 decision, or that the consulting physician has determined that the
2 individual is not a qualified individual.

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

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

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

12 443.9. (a) Within 30 calendar days of writing a prescription
13 for an aid-in-dying drug, the attending physician shall submit to
14 the State Department of Public Health a copy of the qualifying
15 patient's written request, the attending physician *checklist and*
16 compliance form, and the consulting physician compliance form.

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

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

27 443.11. (a) A request for an aid-in-dying drug as authorized
28 by this part shall be in the following form:

29
30 REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A
31 HUMANE AND DIGNIFIED MANNER I,,

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

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

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

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

INITIAL ONE:

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

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

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

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

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

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

Signed:.....

Dated:.....

DECLARATION OF WITNESSES

We declare that the person signing this request:

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

(b) voluntarily signed this request in our presence;

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

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

.....Witness 1/Date

.....Witness 2/Date

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

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

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

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

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

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

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

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

X_____Interpreter signature

X_____Interpreter printed name

X_____Interpreter address

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

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

1 individual making, withdrawing, or rescinding a request for an
2 aid-in-dying drug.

3 443.13. (a) (1) The sale, procurement, or issuance of a life,
4 health, or annuity policy, health care service plan contract, or health
5 benefit plan, or the rate charged for a policy or plan contract may
6 not be conditioned upon or affected by a person making or
7 rescinding a request for an aid-in-dying drug.

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

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

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

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

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

38 (c) Notwithstanding any other law, a health care provider shall
39 not be subject to civil, criminal, administrative, disciplinary,
40 employment, credentialing, professional discipline, contractual

1 liability, or medical staff action, sanction, or penalty or other
2 liability for participating in this part, including, but not limited to,
3 determining the diagnosis or prognosis of an individual,
4 determining the capacity of an individual for purposes of qualifying
5 for the act, providing information to an individual regarding this
6 part, and providing a referral to a physician who participates in
7 this part.

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

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

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

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

30 (3) If a health care provider is unable or unwilling to carry out
31 a qualified individual's request under this part and the qualified
32 individual transfers care to a new health care provider, the
33 individual may request a copy of his or her medical records
34 pursuant to law.

35 443.15. (a) Subject to subdivision (b), notwithstanding any
36 other law, a health care provider may prohibit its employees,
37 independent contractors, or other persons or entities, including
38 other health care providers, from participating in activities under
39 this part while on premises owned or under the management or
40 direct control of that prohibiting health care provider or while

1 acting within the course and scope of any employment by, or
2 contract with, the prohibiting health care provider.

3 (b) A health care provider that elects to prohibit its employees,
4 independent contractors, or other persons or entities, including
5 health care providers, from participating in activities under this
6 part, as described in subdivision (a), shall first give notice of the
7 policy prohibiting participation under this part to the individual or
8 entity. A health care provider that fails to provide notice to an
9 individual or entity in compliance with this subdivision shall not
10 be entitled to enforce such a policy against that individual or entity.

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

15 (1) Loss of privileges, loss of membership, or other action
16 authorized by the bylaws or rules and regulations of the medical
17 staff.

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

20 (3) Termination of any lease or other contract between the
21 prohibiting health care provider and the individual or entity that
22 violates the policy.

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

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

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

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

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

5 (f) For purposes of this section:

6 (1) "Notice" means a separate statement in writing advising of
7 the prohibiting health care provider policy with respect to
8 participating in activities under this part.

9 (2) "Participating, or entering into an agreement to participate,
10 in activities under this part" means doing or entering into an
11 agreement to do any one or more of the following:

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

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

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

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

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

23 (3) "Participating, or entering into an agreement to participate,
24 in activities under this part" does not include doing, or entering
25 into an agreement to do, any of the following:

26 (A) Diagnosing whether a patient has a terminal disease,
27 informing the patient of the medical prognosis, or determining
28 whether a patient has the capacity to make decisions.

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

30 (C) Providing a patient, upon the patient's request, with a referral
31 to another health care provider for the purposes of participating in
32 the activities authorized by this part.

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

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

4 443.16. (a) A health care provider may not be sanctioned for
5 any of the following:

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

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

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

13 (b) A health care provider that prohibits activities under this
14 part in accordance with Section 443.15 shall not sanction an
15 individual health care provider for contracting with a qualified
16 individual to engage in activities authorized by this part if the
17 individual health care provider is acting outside of the course and
18 scope of his or her capacity as an employee or independent
19 contractor of the prohibiting health care provider.

20 (c) Notwithstanding any contrary provision in this section, the
21 immunities and prohibitions on sanctions of a health care provider
22 are solely reserved for actions taken pursuant to this part, and those
23 health care providers may be sanctioned for conduct and actions
24 not included and provided for in this part if the conduct and actions
25 do not comply with the standards and practices set forth by the
26 Medical Board of California.

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

33 (b) Knowingly coercing or exerting undue influence on an
34 individual to request an aid-in-dying drug for the purpose of ending
35 his or her life or to destroy a withdrawal or rescission of a request
36 is punishable as a felony.

37 (c) For purposes of this section, "knowingly" has the meaning
38 provided in Section 7 of the Penal Code.

39 (d) Nothing in this section shall be construed to limit civil
40 liability.

1 (e) The penalties in this section do not preclude criminal
2 penalties applicable under any law for conduct inconsistent with
3 the provisions of this section.

4 443.18. Nothing in this part may be construed to authorize a
5 physician or any other person to end an individual's life by lethal
6 injection, mercy killing, or active euthanasia. Actions taken in
7 accordance with this part shall not, for any purposes, constitute
8 suicide, assisted suicide, homicide, or elder abuse under the law.

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

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

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

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

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

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

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

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

(A) Age at death.

(B) Education level.

(C) Race.

(D) Sex.

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

(F) Underlying illness.

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

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

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

443.22. (a) ~~On or before January 1, 2019, the~~ The Medical Board of California ~~shall develop, revise, and may update~~ *an the* attending physician checklist and compliance form, ~~a the~~ consulting physician compliance form, and ~~an the~~ attending physician followup form, based on those provided in subdivision (b). Upon completion, the State Department of Public Health shall publish the updated forms on its Internet Web ~~Site: site.~~

(b) ~~Until the Medical Board of California develops and revises forms pursuant to subdivision (a), or January 1, 2019, whichever is later, Unless and until updated by the Medical Board of California pursuant to this section,~~ the attending physician checklist and compliance form, the consulting physician

- 1 compliance form, and the attending physician followup form shall
- 2 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	
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 () -
<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. <i>(Both the attending and consulting physicians must make these determinations.)</i> <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	
	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 below.

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: _____

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

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

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

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

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

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