

AMENDED IN SENATE MARCH 17, 2015

SENATE BILL

No. 128

Introduced by Senators Wolk and Monning
(Principal coauthors: Senators Jackson and Leno)

(Principal coauthor: Assembly Member Eggman)

(Coauthors: Senators Block, Hall, Hancock, Hernandez, Hill,
McGuire, and Wieckowski)

(Coauthors: Assembly Members *Chu, Cooper, Frazier, Cristina Garcia,*
Quirk, Rendon, and ~~Mark Stone~~ Mark Stone)

January 20, 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

SB 128, as amended, Wolk. 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 illness, as defined, to make a request for medication 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 aid-in-dying medication and under specified circumstances an interpreter declaration to be signed subject to penalty of perjury, thereby imposing a crime and state-mandated local program.

This bill would prohibit a provision in a contract, will, or other agreement, or in a health care service plan contract, or health benefit plan contract, from being conditioned upon or affected by a person making or rescinding a request for the above-described medication. The bill would prohibit the sale, procurement, or issuance of any life, health, or accident insurance or annuity policy, or the rate charged for any policy, from being conditioned upon or affected by the request.

This bill would provide immunity from civil or criminal liability or professional disciplinary action for participating in good faith compliance with the ~~act~~. *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 provide that participation in activities authorized pursuant to this bill shall be voluntary.

This bill would make it a felony to knowingly alter or forge a request for medication to end an individual's life without his or her authorization or to conceal or destroy a rescission of a request for medication, 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 medication for the purpose of ending his or her life or to destroy a 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 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 others, suicide or homicide.

This bill would require the State Department of Public Health to adopt regulations regarding the collection of information to determine the use of and compliance with the act, and would require the department to annually review a sample of certain records and make a statistical report of the information collected.

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

This bill would make legislative findings to that effect.

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

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

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

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

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

3

4

PART 1.85. END OF LIFE OPTION ACT

5

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

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

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

10 (b) “Aid-in-dying medication” means medication determined
11 and prescribed by a physician for a qualified individual, which the
12 qualified individual may choose to self-administer to bring about
13 his or her death due to a terminal illness.

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 illness.

17 (d) “Competent” means that, in the opinion of a court or in the
18 opinion of an individual’s attending physician, consulting
19 physician, psychiatrist, or psychologist, the individual has the
20 ability to make and communicate an informed decision to health
21 care providers, including communication through a person familiar
22 with the individual’s manner of communicating, if that person is
23 available.

24 (e) “Consulting physician” means a physician who is qualified
25 by specialty or experience to make a professional diagnosis and
26 prognosis regarding an individual’s illness.

27 (f) “Counseling” means one or more consultations, as necessary,
28 between an individual and a psychiatrist or psychologist licensed
29 in this state for the purpose of determining that the individual is
30 competent and is not suffering from a psychiatric or psychological
31 disorder or depression causing impaired judgment.

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

1 (h) “Health care provider” or “provider” means a person
2 licensed, certified, or otherwise authorized or permitted by law to
3 administer health care or dispense medication in the ordinary
4 course of business or practice of a profession, including, but not
5 limited to, physicians, doctors of osteopathy, and pharmacists.
6 “Health care provider” or “provider” includes a health care facility
7 as identified in Section 1250.

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

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

15 (2) The potential risks associated with taking the medication to
16 be prescribed.

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

18 (4) The possibility that the individual may choose not to obtain
19 the medication or may obtain the medication but may decide not
20 to take it.

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

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

28 (k) “Physician” means a doctor of medicine or osteopathy
29 *currently* licensed to practice medicine in this state.

30 (l) “Public place” means any street, alley, park, public building,
31 any place of business or assembly open to or frequented by the
32 public, and any other place that is open to the public view, or to
33 which the public has access.

34 (m) “Qualified individual” means a competent adult who is a
35 resident of California and has satisfied the requirements of this
36 part in order to obtain a prescription for medication to end his or
37 her life.

38 (n) “Self-administer” means a qualified individual’s affirmative,
39 conscious, and physical act of using the medication to bring about
40 his or her own death.

1 (o) “Terminal illness” means an incurable and irreversible illness
2 that has been medically confirmed and will, within reasonable
3 medical judgment, result in death within six months.

4 443.2. (a) A competent, qualified individual who is a
5 terminally ill adult may make a request to receive a prescription
6 for aid-in-dying medication if all of the following conditions are
7 satisfied:

8 (1) The qualified individual’s attending physician has
9 determined the individual to be suffering from a terminal illness.

10 (2) The qualified individual has voluntarily expressed the wish
11 to receive a prescription for aid-in-dying medication.

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

14 (A) Possession of a California driver ~~license~~: *license or other*
15 *identification issued by the State of California.*

16 (B) Registration to vote in California.

17 (C) Evidence that the person owns or leases property in
18 California.

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

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

22 (b) A person may not qualify under the provisions of this part
23 solely because of age or disability.

24 (c) A request for a prescription for aid-in-dying medication
25 under this part shall not be made on behalf of the patient through
26 a power of attorney, an advance health care directive, or a
27 conservator.

28 443.3. (a) A qualified individual wishing to receive a
29 prescription for aid-in-dying medication pursuant to this part shall
30 submit two oral requests, a minimum of 15 days apart, and a written
31 request to his or her attending physician.

32 (b) A valid written request for aid-in-dying medication under
33 subdivision (a) shall meet all of the following conditions:

34 (1) The request shall be in substantially the form described in
35 Section 443.9.

36 (2) The request shall be signed and dated by the qualified
37 individual seeking the medication.

38 (3) The request shall be witnessed by at least two other adult
39 persons who, in the presence of the qualified individual, shall attest

1 that to the best of their knowledge and belief the qualified
2 individual is all of the following:

3 (A) Competent.

4 (B) Acting voluntarily.

5 (C) Not being coerced to sign the request.

6 (c) ~~At most,~~ Only one of the two witnesses at the time the written
7 request is signed may:

8 (1) Be related to the qualified individual by blood, marriage, or
9 adoption or be entitled to a portion of the person's estate upon
10 ~~death, but not both.~~ *death*.

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

13 (d) The attending physician of the qualified individual shall not
14 be one of the witnesses required pursuant to paragraph (3) of
15 subdivision (b).

16 443.4. (a) A qualified individual may at any time rescind his
17 or her request for aid-in-dying medication without regard to the
18 qualified individual's mental state.

19 (b) A prescription for aid-in-dying medication provided under
20 this part may not be written without the attending physician
21 offering the qualified individual an opportunity to rescind the
22 request.

23 443.5. (a) Before prescribing aid-in-dying medication, the
24 attending physician shall do all of the following:

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

26 (A) Whether the requesting adult is competent.

27 (B) Whether the requesting adult has a terminal illness.

28 (C) Whether the requesting adult has voluntarily made the
29 request for aid-in-dying medication pursuant to Sections 443.2
30 and 443.3.

31 (D) Whether the requesting adult is a qualified individual
32 pursuant to subdivision (m) of Section 443.1.

33 (2) Ensure the qualified individual is making an informed
34 decision by discussing with him or her all of the following:

35 (A) His or her medical diagnosis and prognosis.

36 (B) The potential risks associated with taking the aid-in-dying
37 medication to be prescribed.

38 (C) The probable result of taking the aid-in-dying medication
39 to be prescribed.

1 (D) The possibility that he or she may choose to obtain the
2 medication but not take it.

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

6 (3) Refer the qualified individual to a consulting physician for
7 medical confirmation of the diagnosis, prognosis, and for a
8 determination that the qualified individual is competent and has
9 complied with the provisions of this part.

10 (4) Refer the qualified individual for counseling if appropriate.

11 (5) Ensure that the qualified individual's request does not arise
12 from coercion or undue influence by another person.

13 (6) Counsel the qualified individual about the importance of all
14 of the following:

15 (A) Having another person present when he or she takes the
16 aid-in-dying medication prescribed pursuant to this part.

17 (B) Not taking the aid-in-dying medication in a public place.

18 (7) Inform the qualified individual that he or she may rescind
19 the request for aid-in-dying medication at any time and in any
20 manner.

21 (8) Offer the qualified individual an opportunity to rescind the
22 request for medication before prescribing the aid-in-dying
23 medication.

24 (9) Verify, immediately prior to writing the prescription for
25 medication, that the qualified individual is making an informed
26 decision.

27 (10) Ensure that all appropriate steps are carried out in
28 accordance with this part before writing a prescription for
29 aid-in-dying medication.

30 (11) Fulfill the record documentation that may be required under
31 Section 443.16.

32 (b) If the conditions set forth in subdivision (a) are satisfied,
33 the attending physician may deliver the aid-in-dying medication
34 in any of the following ways:

35 (1) Dispense aid-in-dying medications directly, including
36 ancillary medication intended to minimize the qualified individual's
37 discomfort, if the attending physician meets all of the following
38 criteria:

1 (A) ~~Is registered as a dispensing physician with the Medical~~
2 ~~Board of California.~~ *Is authorized to dispense medicine under*
3 *California law.*

4 (B) Has a current United States Drug Enforcement
5 Administration (USDEA) certificate.

6 (C) Complies with any applicable administrative rule or
7 regulation.

8 (2) With the qualified individual's written consent, the attending
9 physician may contact a pharmacist, inform the pharmacist of the
10 prescriptions, and deliver the written prescriptions personally, by
11 mail, or electronically to the pharmacist, who ~~shall~~ *may* dispense
12 the medications to the qualified individual, the attending physician,
13 or a person expressly designated by the qualified individual and
14 with the designation delivered to the pharmacist in writing or
15 verbally.

16 (c) Delivery of the dispensed medication to the qualified
17 individual, the attending physician, or a person expressly
18 designated by the qualified individual may be made by: personal
19 delivery, United Parcel Service, United States Postal Service,
20 Federal Express, or by messenger service.

21 443.6. Prior to a qualified individual obtaining aid-in-dying
22 medication from the attending physician, the consulting physician
23 shall perform all of the following:

24 (a) Examine the qualified individual and his or her relevant
25 medical records.

26 (b) Confirm in writing the attending physician's diagnosis and
27 prognosis.

28 (c) Verify, in the opinion of the consulting physician, that the
29 qualified individual is competent, acting voluntarily, and has made
30 an informed decision.

31 (d) Fulfill the record documentation that may be required under
32 Section 443.16.

33 443.7. (a) Unless otherwise prohibited by law, the attending
34 physician may sign the qualified individual's death certificate.

35 (b) The cause of death listed on an individual's death certificate
36 who uses aid-in-dying medication shall be the underlying terminal
37 illness.

38 443.8. A qualified individual may not receive a prescription
39 for aid-in-dying medication pursuant to this part, unless he or she
40 has made an informed decision. Immediately before writing a

1 prescription for aid-in-dying medication under this part, the
2 attending physician shall verify that the individual is making an
3 informed decision.

4 443.9. (a) A request for aid-in-dying medication as authorized
5 by this part shall be in substantially the following form:
6

7 REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND
8 DIGNIFIED MANNER I,, am an adult of
9 sound mind and a resident of the ~~state~~ *State* of California.

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

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

17 I request that my attending physician prescribe medication that will end my
18 life in a humane and dignified manner if I choose to take it, and I authorize
19 my attending physician to contact any pharmacist about my request.

20 INITIAL ONE:

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

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

24 I have no family to inform of my decision.

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

26 I understand the full import of this request and I expect to die if I take the
27 aid-in-dying medication to be prescribed. ~~I further understand that although~~
28 ~~most deaths occur within three hours, my death may take longer, and my~~ *My*
29 ~~attending physician has counseled me about this possibility.~~ *the possibility*
30 *that my death may not be immediately upon the consumption of the medication.*

31 I make this request ~~voluntarily and without reservation.~~ *voluntarily, without*
32 *reservation, and without being coerced.*

33
34 Signed:.....
35 Dated:.....

36

37

38

39 DECLARATION OF WITNESSES

40 We declare that the person signing this request:

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

- 1 (b) signed this request in our presence;
- 2 (c) is an individual whom we believe to be of sound mind and not under duress,
- 3 fraud, or undue influence; and
- 4 (d) is not an individual for whom either of us is the attending physician.

5Witness 1/Date

6Witness 2/Date

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

11
12 (b) (1) The written language of the request shall be written in
13 the same translated language as any conversations, consultations,
14 or interpreted conversations or consultations between a patient and
15 his or her attending or consulting physicians.

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

23
24 I (INSERT NAME OF INTERPRETER), am fluent in English and (INSERT
25 TARGET LANGUAGE).

26 On (insert date) at approximately ~~(insert (insert time))~~, I read the “Request for
27 Medication to End My Life” to (insert name of individual/patient) in (insert
28 target language).

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

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

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

37 X_____Interpreter signature

38 X_____Interpreter printed name

39 X_____Interpreter address

40

1 (3) An interpreter provided by paragraph (2) shall not be related
2 to the qualified individual by blood, marriage, or adoption or be
3 entitled to a portion of the person’s estate upon death. An
4 interpreter provided by paragraph (2) shall be qualified as described
5 in subparagraph (H) of paragraph (2) of subdivision (c) of Section
6 1300.67.04 of Title 28 of the California Code of Regulations.

7 443.10. (a) A provision in a contract, will, or other agreement,
8 whether written or oral, to the extent the provision would affect
9 whether a person may make or rescind a request for aid-in-dying
10 medication, is not valid.

11 (b) An obligation owing under any ~~currently existing~~ contract
12 *in effect on January 1, 2016*, may not be conditioned or affected
13 by a qualified individual making or rescinding a request for
14 aid-in-dying medication.

15 443.11. (a) The sale, procurement, or issuance of a life, health,
16 accident insurance or annuity policy, health care service plan
17 contract, or health benefit plan, or the rate charged for a policy or
18 plan contract may not be conditioned upon or affected by a person
19 making or rescinding a request for aid-in-dying medication.

20 (b) Notwithstanding any other law, a qualified individual’s act
21 of self-administering aid-in-dying medication may not have an
22 effect upon a life, health, or accident insurance or annuity policy
23 other than that of a natural death from the underlying illness.

24 443.12. (a) Notwithstanding any other law, a person shall not
25 be subject to civil or criminal liability or professional disciplinary
26 action for participating in good faith compliance with this part,
27 including an individual who is present when a qualified individual
28 self-administers the prescribed aid-in-dying medication.

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

34 (c) A request by an individual to an attending physician or to a
35 pharmacist to dispense aid-in-dying medication or provide
36 aid-in-dying medication in good faith compliance with the
37 provisions of this part does not constitute neglect or elder abuse
38 for any purpose of law or provide the sole basis for the appointment
39 of a guardian or conservator.

1 (d) (1) Participation in activities authorized pursuant to this
2 part shall be voluntary. A person or entity that elects, for reasons
3 of conscience, morality, or ethics, not to engage in activities
4 authorized pursuant to this part is not required to take any action
5 in support of a patient's decision under this part, except as
6 otherwise required by law.

7 (2) If a health care provider is unable or unwilling to carry out
8 an individual's request under this part and the individual transfers
9 care to a new health care provider, the prior health care provider
10 shall transfer, upon request, a copy of the individual's relevant
11 medical records to the new health care provider.

12 (e) Nothing in this part shall prevent a health care provider from
13 providing an individual with health care services that do not
14 constitute participation in this part.

15 443.13. A health care provider may not be sanctioned for any
16 of the following:

17 (a) Making an initial determination *pursuant to the standard of*
18 *care* that an individual has a terminal illness and informing him
19 or her of the medical prognosis.

20 (b) Providing information about the End of Life Option Act to
21 a patient upon the request of the individual.

22 (c) Providing an individual, upon request, with a referral to
23 another physician.

24 (d) Contracting with an individual to act outside the course and
25 scope of the provider's capacity as an employee or independent
26 contractor of a health care provider that prohibits activities under
27 this part.

28 (e) *Notwithstanding any contrary provision in this section, the*
29 *immunities and prohibitions on sanctions of a health care provider*
30 *are solely reserved for actions taken pursuant to this part and*
31 *those health care providers may be sanctioned for conduct and*
32 *actions not included and provided for in this part if the conduct*
33 *and actions do not comply with the standards and practices set*
34 *forth by the Medical Board of California.*

35 443.14. (a) Knowingly altering or forging a request for
36 medication to end an individual's life without his or her
37 authorization or concealing or destroying a rescission of a request
38 for medication is punishable as a felony if the act is done with the
39 intent or effect of causing the individual's death.

1 (b) Knowingly coercing or exerting undue influence on an
2 individual to request medication for the purpose of ending his or
3 her life or to destroy a rescission of a request is punishable as a
4 felony.

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

7 (d) Nothing in this section limits further liability for civil
8 damages resulting from other negligent conduct or intentional
9 misconduct by any person.

10 (e) The penalties in this section do not preclude criminal
11 penalties applicable under any law for conduct inconsistent with
12 the provisions of this part.

13 443.15. Nothing in this part may be construed to authorize a
14 physician or any other person to end an individual’s life by lethal
15 injection, mercy killing, or active euthanasia. Actions taken in
16 accordance with this part shall not, for any purposes, constitute
17 suicide, assisted suicide, mercy killing, homicide, or elder abuse
18 under the law.

19 443.16. (a) The State Public Health Officer, in consultation
20 with the State Department of Social Services, shall adopt
21 regulations establishing reporting requirements for physicians and
22 pharmacists pursuant to this part.

23 (b) The reporting requirements shall be designed to collect
24 information to determine utilization and compliance with this part.
25 The information collected shall be confidential and shall be
26 collected in a manner that protects the privacy of the patient, the
27 patient’s family, and any medical provider or pharmacist involved
28 with the patient under the provisions of this part.

29 (c) Based on the information collected, the department shall
30 provide an annual compliance and utilization statistical report
31 aggregated by age, gender, race, ethnicity, and primary language
32 spoken at home and other data the department may determine
33 relevant. The department shall make the report public within 30
34 days of completion of each annual report.

35 443.17. A person who has custody or control of any unused
36 aid-in-dying medication prescribed pursuant to this part after the
37 death of the patient shall personally deliver the unused aid-in-dying
38 medication for disposal by delivering it to the nearest qualified
39 facility that properly disposes of controlled substances, or if none
40 is available, shall dispose of it by lawful means.

1 443.18. Any governmental entity that incurs costs resulting
2 from a qualified individual terminating his or her life pursuant to
3 the provisions of this part in a public place shall have a claim
4 against the estate of the qualified individual to recover those costs
5 and reasonable attorney fees related to enforcing the claim.

6 SEC. 2. The Legislature finds and declares that Section 1 of
7 this act, which adds Section 443.16 to the Health and Safety Code,
8 imposes a limitation on the public's right of access to the meetings
9 of public bodies or the writings of public officials and agencies
10 within the meaning of Section 3 of Article I of the California
11 Constitution. Pursuant to that constitutional provision, the
12 Legislature makes the following findings to demonstrate the interest
13 protected by this limitation and the need for protecting that interest:

14 (a) Any limitation to public access to personally identifiable
15 patient data collected pursuant to Section 443.16 of the Health and
16 Safety Code as proposed to be added by this act is necessary to
17 protect the privacy rights of the patient and his or her family.

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

22 (c) The statistical report to be made available to the public
23 pursuant to subdivision (c) of Section 443.16 of the Health and
24 Safety Code is sufficient to satisfy the public's right to access.

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

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

O