

AMENDED IN ASSEMBLY JUNE 16, 2015

AMENDED IN SENATE JUNE 1, 2015

AMENDED IN SENATE JUNE 1, 2015

AMENDED IN SENATE APRIL 14, 2015

AMENDED IN SENATE MARCH 17, 2015

**SENATE BILL**

**No. 128**

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**Introduced by Senators Wolk and Monning**

**(Principal coauthors: Senators Jackson and Leno)**

(Principal coauthors: Assembly Members Alejo and Eggman)

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

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

January 20, 2015

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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 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 ~~imposing~~ *creating* a crime and *imposing* state-mandated local program. This bill would require specified information to be documented in the individual's medical record, including, among other things, all oral and written requests for an aid-in-dying drug.

This bill would prohibit a provision in a contract, will, or other agreement from being conditioned upon or affected by a person making or rescinding a request for the above-described drug. The bill would prohibit the sale, procurement, or issuance of any life, health, ~~or accident insurance~~ or annuity policy, health care service plan, contract, or health benefit plan, or the rate charged for any policy or plan contract, from being conditioned upon or affected by the request. The bill would prohibit an insurance carrier from providing any information in communications made to an individual about the availability of an aid-in-dying drug absent a request by the ~~individual, individual or his or her attending physician at the behest of the individual, or the individual's designee.~~ *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 ~~participate~~ *engage* in activities authorized pursuant to its provisions. The bill would authorize a health care provider to prohibit its employees, independent contractors, or other persons or entities, including other health care providers, from participating in activities under ~~this~~ *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 the State Public Health Officer to adopt regulations establishing additional reporting requirements for physicians and pharmacists to determine the use of, and compliance with, the act, and would require the State Public Health Officer to annually review a sample of certain records and the State Department of Public Health to make a statistical report of the information collected.

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

This bill would make legislative findings to that effect.

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

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

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

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

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

3

4 PART 1.85. END OF LIFE OPTION ACT

5

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

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

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

24 (f) “Department” means the State Department of Public Health.

25 (g) “End of Life Option Act Checklist” means a checklist, *as*  
26 *described in Section 443.6*, identifying each and every requirement  
27 that must be fulfilled by a health care provider to be in good faith  
28 compliance with the End of Life Option Act should the health care  
29 provider choose to participate.

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 and 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) A qualified individual who is an adult with the  
2 capacity to make medical decisions and with a terminal disease  
3 may make a request to receive a prescription for an aid-in-dying  
4 drug if all of 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 substantially the form described in  
39 Section ~~443.10~~. 443.11.

1 (2) The request shall be signed and dated, in the presence of  
2 two witnesses in accordance with paragraph (3), by the individual  
3 seeking the aid-in-dying drug.

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

8 (A) A person who has the capacity to make medical decisions.

9 (B) Acting voluntarily.

10 (C) Not being coerced to make or sign the request.

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

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

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

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

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

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

29 443.5. (a) Before prescribing an aid-in-dying drug, the  
30 attending physician shall do all of the following:

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

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

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

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

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

2 (C) Whether the requesting adult has voluntarily made the  
3 request for an aid-in-dying drug pursuant to Sections 443.2 and  
4 443.3.

5 (D) Whether the requesting adult is a qualified individual  
6 pursuant to subdivision ~~(m)~~ (o) of Section 443.1.

7 (2) Confirm that the individual is making an informed decision  
8 by discussing with him or her all of the following:

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

10 (B) The potential risks associated with ingesting the requested  
11 aid-in-dying drug.

12 (C) The probable result of ingesting the aid-in-dying drug.

13 (D) The possibility that he or she may choose to obtain the  
14 aid-in-dying drug but not take it.

15 (E) The feasible alternatives or additional treatment options,  
16 including, but not limited to, comfort care, hospice care, palliative  
17 care, and pain control.

18 (3) Refer the individual to a consulting physician for medical  
19 confirmation of the diagnosis and prognosis, and for a  
20 determination that the individual has the capacity to make medical  
21 decisions and has complied with the provisions of this part.

22 (4) Confirm that the qualified individual's request does not arise  
23 from coercion or undue influence by another person by discussing  
24 with the qualified individual, outside of the presence of any other  
25 persons, except for an interpreter as required pursuant to this part,  
26 whether or not the qualified individual is feeling coerced or unduly  
27 influenced by another person.

28 (5) Counsel the qualified individual about the importance of all  
29 of the following:

30 (A) Having another person present when he or she ingests the  
31 aid-in-dying drug prescribed pursuant to this part.

32 (B) Not ingesting the aid-in-dying drug in a public place.

33 (C) Notifying the next of kin of his or her request for an  
34 aid-in-dying drug. A qualified individual who declines or is unable  
35 to notify next of kin shall not have his or her request denied for  
36 that reason.

37 (D) Participating in a hospice program.

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



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

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

6 (8) Verify, immediately ~~prior to~~ *before* writing the prescription  
7 for *an* aid-in-dying drug, that the qualified individual is making  
8 an informed decision.

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

12 (10) Fulfill the record documentation required under Sections  
13 ~~443.7 and 443.18.~~ *443.9 and 443.19.*

14 (11) Complete the End of Life Option Act Checklist, *as*  
15 *described in Section 443.6*, and include it in the individual's  
16 medical record.

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

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

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

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

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

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

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

1 443.6. *The End of Life Option Act Checklist shall be in*  
2 *substantially the following form:*

**Attending Physician's Checklist for Patient's Medical Records**

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

- First oral request for aid-in-dying Date \_\_\_\_\_ Initial \_\_\_\_\_
- Determined that patient has terminal illness Date \_\_\_\_\_ Initial \_\_\_\_\_
- Verified patient is adult resident of California Date \_\_\_\_\_ Initial \_\_\_\_\_

Informed patient of the following:

- Diagnosis;
- Prognosis;
- The potential risks associated with ingesting the requested aid-in-dying drug;
- The probable result of ingesting the aid-in-dying drug; and
- The possibility that he or she may choose to obtain the aid-in-dying drug but not take it. Date \_\_\_\_\_ Initial \_\_\_\_\_

Discussed the feasible alternatives or additional treatment options Date \_\_\_\_\_ Initial \_\_\_\_\_

- Evaluated patient's mental capacity to make medical decisions Date \_\_\_\_\_ Initial \_\_\_\_\_
- Referred for mental health specialist assessment, if needed Date \_\_\_\_\_ Initial \_\_\_\_\_
- If a mental health specialist assessment referral is made, received psychological consultant's compliance form, if needed Date \_\_\_\_\_ Initial \_\_\_\_\_
- Informed patient of right to rescind - 1<sup>st</sup> time Date \_\_\_\_\_ Initial \_\_\_\_\_
- Why patient requested aid-in-dying drug:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Inquired about financial and social issues Date \_\_\_\_\_ Initial \_\_\_\_\_
- Confirm the request does not come as a result of coercion in one-on-one meeting with patient, other than licensed interpreter. Date \_\_\_\_\_ Initial \_\_\_\_\_
- Recommended patient notify next-of-kin Date \_\_\_\_\_ Initial \_\_\_\_\_
- Referred patient to Consulting Physician:  
Dr. \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_
- Received Consulting Physician's Compliance Form Date \_\_\_\_\_ Initial \_\_\_\_\_
- Received written Request for Medication dated \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_
- Second oral request (at least 15 days after 1<sup>st</sup> request). Verify patient is making informed decision and restate right to rescind. Date \_\_\_\_\_ Initial \_\_\_\_\_



1     ~~443.6. Prior to~~  
2     443.7. Before a qualified individual ~~obtaining~~ obtains an  
3 aid-in-dying drug from the attending physician, the consulting  
4 physician shall perform all of the following:  
5     (a) Examine the individual and his or her relevant medical  
6 records.  
7     (b) Confirm in writing the attending physician’s diagnosis and  
8 prognosis.  
9     (c) Determine that the individual has *the* capacity to make  
10 medical decisions, is acting voluntarily, and has made an informed  
11 decision.  
12     (d) If there are indications of a mental disorder, the consulting  
13 physician shall refer the individual for a mental health specialist  
14 assessment.  
15     (e) Fulfill the record documentation required under this part.  
16     ~~443.7.~~  
17     443.8. Upon referral from the attending or consulting physician  
18 pursuant to this part, the mental health specialist shall:  
19     (a) Examine the qualified individual and his or her relevant  
20 medical records.  
21     (b) Determine that the individual has the mental capacity to  
22 make medical decisions, act voluntarily, and make an informed  
23 decision.  
24     (c) Determine that the individual is not suffering from impaired  
25 judgment due to a mental disorder.  
26     (d) Fulfill the record documentation requirements of this part.  
27     ~~443.8.~~  
28     443.9. 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~~ 443.7 have been met  
10 and indicating the steps taken to carry out the request, including  
11 a notation of the aid-in-dying drug prescribed.

12 ~~443.9.~~

13 443.10. A qualified individual may not receive a prescription  
14 for an aid-in-dying drug pursuant to this part unless he or she has  
15 made an informed decision. Immediately before writing a  
16 prescription for an aid-in-dying drug under this part, the attending  
17 physician shall verify that the individual is making an informed  
18 decision.

19 ~~443.10.~~

20 443.11. (a) A request for an aid-in-dying drug as authorized  
21 by this part shall be in substantially the following form:

22

23 REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A  
24 HUMANE AND DIGNIFIED MANNER I, .....,

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

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

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

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

35 INITIAL ONE:

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

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

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

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

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

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

8  
9 Signed:.....

10 Dated:.....

11

12

13 DECLARATION OF WITNESSES

14 We declare that the person signing this request:

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

21 .....Witness 1/Date

22 .....Witness 2/Date

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

28

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

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

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

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

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

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

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

14 X\_\_\_\_\_Interpreter signature

15 X\_\_\_\_\_Interpreter printed name

16 X\_\_\_\_\_Interpreter address

17

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

27 ~~443.11.~~

28 ~~443.12.~~ (a) A provision in a contract, will, or other agreement  
29 executed on or after January 1, 2016, whether written or oral, to  
30 the extent the provision would affect whether a person may make,  
31 withdraw, or rescind a request for an aid-in-dying drug is not valid.

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

36 ~~443.12.~~

37 ~~443.13.~~ (a) (1) The sale, procurement, or issuance of a life,  
38 health, or accident insurance or annuity policy, health care service  
39 plan contract, or health benefit plan, or the rate charged for a policy

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

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

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

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

21 ~~443.13.~~

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

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

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



1 for the act, providing information to an individual regarding this  
2 part, and providing a referral to a physician who participates in  
3 this part.

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

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

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

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

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

32 443.14.

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

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

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

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

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

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

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

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

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

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

38 (e) In taking actions pursuant to subdivision (c), a health care  
39 provider shall comply with all procedures required by law, its own

1 policies or procedures, and any contract with the individual or  
2 entity in violation of the policy, as applicable.

3 (f) For purposes of this section:

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

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

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

12 (B) Performing the duties of a consulting physician as specified  
13 in Section ~~443.6.~~ 443.7.

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

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

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

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

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

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

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

31 (g) Any action taken by a prohibiting provider pursuant to this  
32 section shall not be reportable under Sections 800 to 809.9,  
33 inclusive, of the Business and Professions Code. The fact that a  
34 health care provider participates in activities under this part shall  
35 not be the sole basis for a complaint or report by another health  
36 care provider of unprofessional or dishonorable conduct under  
37 Sections 800 to 809.9, inclusive, of the Business and Professions  
38 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 ~~443.15.~~

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

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

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

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

14 (b) A health care provider that prohibits activities under this  
15 part in accordance with Section ~~443.14~~ *443.15* shall not sanction  
16 an individual health care provider for contracting with a qualified  
17 individual to engage in activities authorized by this part if the  
18 individual health care provider is acting outside of the course and  
19 scope of his or her capacity as an employee or independent  
20 contractor of the prohibiting health care provider.

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

28 ~~443.16.~~

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

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

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

1 (d) Nothing in this section shall be construed to limit civil  
2 liability.

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

6 ~~443.17.~~

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

12 ~~443.18.~~

13 ~~443.19.~~ (a) The State Public Health Officer shall annually  
14 review a sample of records maintained pursuant to Section ~~443.8~~  
15 ~~443.9~~ and shall adopt regulations establishing additional reporting  
16 requirements for physicians and pharmacists pursuant to this part.

17 (b) The reporting requirements shall be designed to collect  
18 information to determine utilization and compliance with this part.  
19 The information collected shall be confidential and shall be  
20 collected in a manner that protects the privacy of the patient, the  
21 patient's family, and any medical provider or pharmacist involved  
22 with the patient under the provisions of this part.

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

29 (d) The State Public Health Officer shall make available to  
30 health care providers the End of Life Option Act Checklist, *as*  
31 *described in Section 443.6*, by posting it on its Internet Web site.

32 ~~443.19.~~

33 ~~443.20.~~ A person who has custody or control of any unused  
34 aid-in-dying drugs prescribed pursuant to this part after the death  
35 of the patient shall personally deliver the unused aid-in-dying drugs  
36 for disposal by delivering it to the nearest qualified facility that  
37 properly disposes of controlled substances, or if none is available,  
38 shall dispose of it by lawful means in accordance with guidelines  
39 promulgated by the California State Board of Pharmacy or a federal  
40 Drug Enforcement Administration approved take-back program.

1 ~~443.20.~~

2 443.21. Any governmental entity that incurs costs resulting  
3 from a qualified individual terminating his or her life pursuant to  
4 the provisions of this part in a public place shall have a claim  
5 against the estate of the qualified individual to recover those costs  
6 and reasonable attorney fees related to enforcing the claim.

7 SEC. 2. The Legislature finds and declares that Section 1 of  
8 this act, which adds Section ~~443.18~~ 443.19 to the Health and Safety  
9 Code, imposes a limitation on the public’s right of access to the  
10 meetings of public bodies or the writings of public officials and  
11 agencies within the meaning of Section 3 of Article I of the  
12 California Constitution. Pursuant to that constitutional provision,  
13 the Legislature makes the following findings to demonstrate the  
14 interest protected by this limitation and the need for protecting  
15 that interest:

16 (a) Any limitation to public access to personally identifiable  
17 patient data collected pursuant to Section ~~443.18~~ 443.19 of the  
18 Health and Safety Code as proposed to be added by this act is  
19 necessary to protect the privacy rights of the patient and his or her  
20 family.

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

25 (c) The statistical report to be made available to the public  
26 pursuant to subdivision (c) of Section ~~443.18~~ 443.19 of the Health  
27 and Safety Code is sufficient to satisfy the public’s right to access.

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

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

1 the meaning of Section 6 of Article XIII B of the California  
2 Constitution.

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