

File No. 150629

Committee Item No. _____

Board Item No. 42

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: _____

Date _____

Board of Supervisors Meeting

Date June 16, 2015

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>California Senate Bill 128 - January 20, 2015</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>California Codes - Probate Code Sections 4600-4643</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Oregon Death With Dignity Act Revised Statutes</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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Completed by: John Carroll Date June 11, 2015

Completed by: _____ Date _____

1 [Supporting California State Senate Bill 128 (Wolk, Moning) - End-of-Life Option Act]

2
3 **Resolution supporting California State Senate Bill 128, the End-of Life Option Act,**
4 **authored by Senators Lois Wolk and Bill Monning, which would expand end-of-life**
5 **options in California.**

6
7 WHEREAS, In 2000, California enacted the Uniform Healthcare Decisions Act, also
8 known as the Health Care Decisions Law, which consolidated the state's previous advance
9 directives and affirmed patients' right to self-determined care; and

10 WHEREAS, In January of 2015, Senators Lois Wolk and Bill Monning, introduced
11 Senate Bill 128 (SB 128), the End-of-Life Option Act, which would expand the end of life
12 options available to Californians in the final stages of life due to terminal illness; and

13 WHEREAS, Advances in science and technology have created medical interventions
14 that often prolong the dying process and increase suffering; and

15 WHEREAS, "Aid in dying" describes a medical practice defined by established
16 standards of care, which enables a mentally competent, terminally ill adult to obtain a
17 prescription for medication, which the patient may choose to self-administer, in the face of
18 unbearable suffering, and to advance the time of an approaching death; and

19 WHEREAS, Many find comfort and peace of mind in having access to options at the
20 end of life, including aid in dying, even if they do not exercise those options; and

21 WHEREAS, In 1997, Oregon was the first state to enact a Death with Dignity Act,
22 allowing terminally-ill residents to end their lives through the voluntary, self-administration of
23 lethal medication prescribed by physicians, and requiring the state to collect information and
24 publish annual reports; and

25 WHEREAS, Oregon has nearly two decades of data that demonstrates the utility and

1 safety of the practice of upholding a patient's right to self-determination; and

2 WHEREAS, Four additional states - Washington, Vermont, New Mexico, and Montana
3 - have affirmed aid in dying practices through legislative and/or legal action; and

4 WHEREAS, Twenty-five legislatures, including the District of Columbia will have
5 considered aid in dying measures in the 2015 legislative session; and

6 WHEREAS, Well-respected health and medical organizations support the passage of
7 aid in dying laws, including the American Medical Women's Association and the American
8 Public Health Association; and

9 WHEREAS, The City and County of San Francisco respects the diversity of
10 perspectives on end of life decisions; and

11 WHEREAS, The City and County of San Francisco recognizes that the choices a
12 person makes at the end of life are inalienably grounded in that individuals' life experiences;
13 and

14 WHEREAS, The City and County of San Francisco recognizes that the practice of aid
15 in dying is a desirable medical choice for many terminally ill, mentally competent adults; now,
16 therefore, be it

17 RESOLVED, That the Board of Supervisors of the City and County of San Francisco
18 hereby supports California Senate Bill 128; and, be it

19 FURTHER RESOLVED, That the Board of Supervisors of the City and County of San
20 Francisco directs the Clerk of the Board to communicate this resolution to San Francisco's
21 state legislators, urging them to support California Senate Bill 128.

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

Introduced by Senators Wolk and Monning
(Principal coauthors: Senators Jackson and Leno)
(Principal coauthors: Assembly Members Alejo and Eggman)
(Coauthors: Senators Block, Hall, Hancock, Hernandez, Hill,
McGuire, and Wieckowski)
(Coauthors: Assembly Members Chu, Cooper, Frazier, Cristina Garcia,
Low, Quirk, Rendon, and 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.

LÉGISLATIVE 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 a crime and 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, his or her attending physician at the behest of the individual, or the individual's designee. 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 ~~provide that make~~ participation in activities authorized pursuant to ~~this bill shall be voluntary.~~ *its provisions voluntary, and would make health care providers immune from liability for refusing to participate 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 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.

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.

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

5 (c) "Attending physician" means the physician who has primary
6 responsibility for the health care of an individual and treatment of
7 the individual's terminal disease.

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

18 (e) "Consulting physician" means a physician who is
19 independent from the attending physician and who is qualified by
20 specialty or experience to make a professional diagnosis and
21 prognosis regarding an individual's terminal disease.

22 (f) "Department" means the State Department of Public Health.

23 (g) "End of Life Option Act Checklist" means a checklist
24 identifying each and every requirement that must be fulfilled by
25 a health care provider to be in good faith compliance with the End
26 of Life Option Act should the health care provider choose to
27 participate.

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

36 (i) "Informed decision" means a decision by an individual with
37 a terminal disease to request and obtain a prescription for a drug
38 that the individual may self-administer to end the individual's life,
39 that is based on an understanding and acknowledgment of the

1 relevant facts, and that is made after being fully informed by the
2 attending physician of all of the following:

3 (1) The individual's medical diagnosis and prognosis.

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

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

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

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

12 (j) "Medically confirmed" means the medical diagnosis and
13 prognosis of the attending physician has been confirmed by a
14 consulting physician who has examined the individual and the
15 individual's relevant medical records.

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

21 (l) "Mental health specialist" means a psychiatrist or a licensed
22 psychologist.

23 (m) "Physician" means a doctor of medicine or osteopathy
24 currently licensed to practice medicine in this state.

25 (n) "Public place" means any street, alley, park, public building,
26 any place of business or assembly open to or frequented by the
27 public, and any other place that is open to the public view, or to
28 which the public has access.

29 (o) "Qualified individual" means an adult who has the capacity
30 to make medical decisions and is a resident of California and has
31 satisfied the requirements of this part in order to obtain a
32 prescription for a drug to end his or her life.

33 (p) "Self-administer" means a qualified individual's affirmative,
34 conscious, and physical act of *administering and* ingesting the
35 aid-in-dying drug to bring about his or her own death.

36 (q) "Terminal disease" means an incurable and irreversible
37 disease that has been medically confirmed and will, within
38 reasonable medical judgment, result in death within six months.

39 443.2. (a) A qualified individual who is an adult with the
40 capacity to make medical decisions and with a terminal disease

1 may make a request to receive a prescription for an aid-in-dying
2 drug if all of the following conditions are satisfied:

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

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

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

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

11 (B) Registration to vote in California.

12 (C) Evidence that the person owns or leases property in
13 California.

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

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

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

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

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

28 443.3. (a) An individual seeking to obtain a prescription for
29 an aid-in-dying drug pursuant to this part shall submit two oral
30 requests, a minimum of 15 days apart, and a written request to his
31 or her attending physician. The attending physician shall directly,
32 and not through a designee, receive all three requests required
33 pursuant to this section.

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

36 (1) The request shall be in substantially the form described in
37 Section ~~443.9~~. 443.10.

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

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

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

6 (B) Acting voluntarily.

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

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

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

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

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

18 443.4. (a) An individual may at any time withdraw or rescind
19 his or her request for an aid-in-dying drug, or decide not to ingest
20 an aid-in dying drug, without regard to the individual's mental
21 state.

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

26 443.5. (a) Before prescribing an aid-in-dying drug, the
27 attending physician shall do all of the following:

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

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

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

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

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

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

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

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

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

10 (10) Fulfill the record documentation required under Sections
11 443.7 and ~~443.17~~: 443.18.

12 (11) Complete the End of Life Option Act Checklist and include
13 it in the individual's medical record.

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

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

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

22 (B) Has a current United States Drug Enforcement
23 Administration (USDEA) certificate.

24 (C) Complies with any applicable administrative rule or
25 regulation.

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

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

38 443.6. Prior to a qualified individual obtaining an aid-in-dying
39 drug from the attending physician, the consulting physician shall
40 perform all of the following:

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

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

5 ~~443.8.~~

6 443.9. A qualified individual may not receive a prescription
7 for an aid-in-dying drug pursuant to this part unless he or she has
8 made an informed decision. Immediately before writing a
9 prescription for an aid-in-dying drug under this part, the attending
10 physician shall verify that the individual is making an informed
11 decision.

12 ~~443.9.~~

13 443.10. (a) A request for an aid-in-dying drug as authorized
14 by this part shall be in substantially the following form:

15
16 REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A
17 HUMANE AND DIGNIFIED MANNER I,,
18 am an adult of sound mind and a resident of the State of California.

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

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

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

28 INITIAL ONE:

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

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

32 I have no family to inform of my decision.

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

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

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

40

1 Signed:.....

2 Dated:.....

3

4

5 DECLARATION OF WITNESSES

6 We declare that the person signing this request:

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

8 (b) signed this request in our presence;

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

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

13Witness 1/Date

14Witness 2/Date

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

20

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

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

32

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

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

38 Mr./Ms. (insert name of patient/qualified individual) affirmed to me that he/she
39 understood the content of this form and affirmed his/her desire to sign this

1 form under his/her own power and volition and that the request to sign the
 2 form followed consultations with an attending and consulting physician.
 3 I declare that I am fluent in English and (insert target language) and further
 4 declare under penalty of perjury that the foregoing is true and correct.
 5 Executed at (insert city, county, and state) on this (insert day of month) of
 6 (insert month), (insert year).
 7 X _____ Interpreter signature
 8 X _____ Interpreter printed name
 9 X _____ Interpreter address

10
 11 (3) An interpreter whose services are provided pursuant to
 12 paragraph (2) shall not be related to the qualified individual by
 13 blood, marriage, registered domestic partnership, or adoption or
 14 be entitled to a portion of the person’s estate upon death. An
 15 interpreter whose services are provided pursuant to paragraph (2)
 16 shall meet the standards promulgated by the California Healthcare
 17 Interpreting Association or the National Council on Interpreting
 18 in Health Care or other standards deemed acceptable by the
 19 department for health care providers in California.

20 ~~443.10.~~
 21 ~~443.11.~~ (a) A provision in a contract, will, or other agreement
 22 executed on or after January 1, 2016, whether written or oral, to
 23 the extent the provision would affect whether a person may make,
 24 withdraw, or rescind a request for an aid-in-dying drug is not valid.

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

29 ~~443.11.~~
 30 ~~443.12.~~ (a) The sale, procurement, or issuance of a life, health,
 31 or accident insurance or annuity policy, health care service plan
 32 contract, or health benefit plan, or the rate charged for a policy or
 33 plan contract may not be conditioned upon or affected by a person
 34 making or rescinding a request for an aid-in-dying drug.

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

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

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

10 ~~443.12.~~

11 443.13. (a) Notwithstanding any other law, a person shall not
12 be subject to civil, criminal, administrative, employment, or
13 contractual liability or professional disciplinary action for
14 participating in good faith compliance with this part, including an
15 individual who is present when a qualified individual
16 self-administers the prescribed aid-in-dying drug.

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

23 (c) Notwithstanding any other law, a health care provider shall
24 not be subject to civil, criminal, administrative, disciplinary,
25 employment, credentialing, professional discipline, contractual
26 liability, or medical staff action, sanction, or penalty or other
27 liability for participating in this part, including, but not limited to,
28 determining the diagnosis or prognosis of an individual,
29 determining the capacity of an individual for purposes of qualifying
30 for the act, providing information to an individual regarding this
31 part, and providing a referral to a physician who participates in
32 this part.

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

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

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

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

21 ~~(2)~~

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

27 ~~443.13.~~

28 ~~443.14.~~ (a) Subject to subdivision (b), notwithstanding any
29 other law, a health care provider may prohibit its employees,
30 independent contractors, or other persons or entities, including
31 other health care providers, from participating in activities under
32 this part while on premises owned or under the management or
33 direct control of that prohibiting health care provider or while
34 acting within the course and scope of any employment by, or
35 contract with, the prohibiting health care provider.

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

1 entity. A health care provider that fails to provide notice to an
2 individual or entity in compliance with this subdivision shall not
3 be entitled to enforce such a policy against that individual or entity.

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

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

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

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

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

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

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

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

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

37 (f) For purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

36 ~~443.14.~~

37 ~~443.15.~~ (a) A health care provider may not be sanctioned for
38 any of the following:

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

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

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

8 (b) A health care provider that prohibits activities under this
9 part in accordance with Section ~~443.13~~ 443.14 shall not sanction
10 an individual health care provider for contracting with a qualified
11 individual to engage in activities authorized by this part if the
12 individual health care provider is acting outside of the course and
13 scope of his or her capacity as an employee or independent
14 contractor of the prohibiting health care provider.

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

22 ~~443.15.~~

23 443.16. (a) Knowingly altering or forging a request for an
24 aid-in-dying drug to end an individual's life without his or her
25 authorization or concealing or destroying a withdrawal or rescission
26 of a request for an aid-in-dying drug is punishable as a felony if
27 the act is done with the intent or effect of causing the individual's
28 death.

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

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

35 (d) Nothing in this section shall be construed to limit civil
36 liability.

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

1 ~~443.16.~~

2 ~~443.17.~~ Nothing in this part may be construed to authorize a
3 physician or any other person to end an individual's life by lethal
4 injection, mercy killing, or active euthanasia. Actions taken in
5 accordance with this part shall not, for any purposes, constitute
6 suicide, assisted suicide, homicide, or elder abuse under the law.

7 ~~443.17.~~

8 ~~443.18.~~ (a) The State Public Health Officer shall annually
9 review a sample of records maintained pursuant to Section ~~443.7~~
10 ~~443.8~~ and shall adopt regulations establishing additional reporting
11 requirements for physicians and pharmacists pursuant to this part.

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

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

24 (d) The State Public Health Officer shall make available to
25 health care providers the End of Life Option Act Checklist by
26 posting it on its Internet Web site.

27 ~~443.18.~~

28 ~~443.19.~~ A person who has custody or control of any unused
29 aid-in-dying drugs prescribed pursuant to this part after the death
30 of the patient shall personally deliver the unused aid-in-dying drugs
31 for disposal by delivering it to the nearest qualified facility that
32 properly disposes of controlled substances, or if none is available,
33 shall dispose of it by lawful means in accordance with guidelines
34 promulgated by the California State Board of Pharmacy or a federal
35 Drug Enforcement Administration approved take back program.

36 ~~443.19.~~

37 ~~443.20.~~ Any governmental entity that incurs costs resulting
38 from a qualified individual terminating his or her life pursuant to
39 the provisions of this part in a public place shall have a claim

1 against the estate of the qualified individual to recover those costs
2 and reasonable attorney fees related to enforcing the claim.

3 SEC. 2. The Legislature finds and declares that Section 1 of
4 this act, which adds Section ~~443.17~~ 443.18 to the Health and Safety
5 Code, imposes a limitation on the public's right of access to the
6 meetings of public bodies or the writings of public officials and
7 agencies within the meaning of Section 3 of Article I of the
8 California Constitution. Pursuant to that constitutional provision,
9 the Legislature makes the following findings to demonstrate the
10 interest protected by this limitation and the need for protecting
11 that interest:

12 (a) Any limitation to public access to personally identifiable
13 patient data collected pursuant to Section ~~443.17~~ 443.18 of the
14 Health and Safety Code as proposed to be added by this act is
15 necessary to protect the privacy rights of the patient and his or her
16 family.

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

21 (c) The statistical report to be made available to the public
22 pursuant to subdivision (c) of Section ~~443.17~~ 443.18 of the Health
23 and Safety Code is sufficient to satisfy the public's right to access.

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

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

O

PROBATE CODE

SECTION 4600-4643

4600. This division may be cited as the Health Care Decisions Law.

4603. Unless the provision or context otherwise requires, the definitions in this chapter govern the construction of this division.

4605. "Advance health care directive" or "advance directive" means either an individual health care instruction or a power of attorney for health care.

4607. (a) "Agent" means an individual designated in a power of attorney for health care to make a health care decision for the principal, regardless of whether the person is known as an agent or attorney-in-fact, or by some other term.

(b) "Agent" includes a successor or alternate agent.

4609. "Capacity" means a person's ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks, and alternatives.

4611. "Community care facility" means a "community care facility" as defined in Section 1502 of the Health and Safety Code.

4613. "Conservator" means a court-appointed conservator having

authority to make a health care decision for a patient.

4615. "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.

4617. "Health care decision" means a decision made by a patient or the patient's agent, conservator, or surrogate, regarding the patient's health care, including the following:

(a) Selection and discharge of health care providers and institutions.

(b) Approval or disapproval of diagnostic tests, surgical procedures, and programs of medication.

(c) Directions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.

4619. "Health care institution" means an institution, facility, or agency licensed, certified, or otherwise authorized or permitted by law to provide health care in the ordinary course of business.

4621. "Health care provider" means an individual licensed, certified, or otherwise authorized or permitted by the law of this state to provide health care in the ordinary course of business or practice of a profession.

4623. "Individual health care instruction" or "individual instruction" means a patient's written or oral direction concerning a health care decision for the patient.

4625. "Patient" means an adult whose health care is under consideration, and includes a principal under a power of attorney for health care and an adult who has given an individual health care instruction or designated a surrogate.

4627. "Physician" means a physician and surgeon licensed by the Medical Board of California or the Osteopathic Medical Board of California.

4629. "Power of attorney for health care" means a written instrument designating an agent to make health care decisions for the principal.

4631. "Primary physician" means a physician designated by a patient or the patient's agent, conservator, or surrogate, to have primary responsibility for the patient's health care or, in the absence of a designation or if the designated physician is not reasonably available or declines to act as primary physician, a physician who undertakes the responsibility.

4633. "Principal" means an adult who executes a power of attorney for health care.

4635. "Reasonably available" means readily able to be contacted without undue effort and willing and able to act in a timely manner considering the urgency of the patient's health care needs.

4637. "Residential care facility for the elderly" means a "residential care facility for the elderly" as defined in Section 1569.2 of the Health and Safety Code.

4639. "Skilled nursing facility" means a "skilled nursing facility" as defined in Section 1250 of the Health and Safety Code.

4641. "Supervising health care provider" means the primary physician or, if there is no primary physician or the primary physician is not reasonably available, the health care provider who

has undertaken primary responsibility for a patient's health care.

4643. "Surrogate" means an adult, other than a patient's agent or conservator, authorized under this division to make a health care decision for the patient.

PROBATE CODE

SECTION 4650-4660

4650. The Legislature finds the following:

(a) In recognition of the dignity and privacy a person has a right to expect, the law recognizes that an adult has the fundamental right to control the decisions relating to his or her own health care, including the decision to have life-sustaining treatment withheld or withdrawn.

(b) Modern medical technology has made possible the artificial prolongation of human life beyond natural limits. In the interest of protecting individual autonomy, this prolongation of the process of dying for a person for whom continued health care does not improve the prognosis for recovery may violate patient dignity and cause unnecessary pain and suffering, while providing nothing medically necessary or beneficial to the person.

(c) In the absence of controversy, a court is normally not the proper forum in which to make health care decisions, including decisions regarding life-sustaining treatment.

4651. (a) Except as otherwise provided, this division applies to health care decisions for adults who lack capacity to make health care decisions for themselves.

(b) This division does not affect any of the following:

(1) The right of an individual to make health care decisions while having the capacity to do so.

(2) The law governing health care in an emergency.

(3) The law governing health care for unemancipated minors.

4652. This division does not authorize consent to any of the following on behalf of a patient:

(a) Commitment to or placement in a mental health treatment facility.

(b) Convulsive treatment (as defined in Section 5325 of the Welfare and Institutions Code).

(c) Psychosurgery (as defined in Section 5325 of the Welfare and Institutions Code).

(d) Sterilization.

(e) Abortion.

4653. Nothing in this division shall be construed to condone, authorize, or approve mercy killing, assisted suicide, or euthanasia. This division is not intended to permit any affirmative or deliberate act or omission to end life other than withholding or withdrawing health care pursuant to an advance health care directive, by a surrogate, or as otherwise provided, so as to permit the natural process of dying.

4654. This division does not authorize or require a health care provider or health care institution to provide health care contrary to generally accepted health care standards applicable to the health care provider or health care institution.

4655. (a) This division does not create a presumption concerning the intention of a patient who has not made or who has revoked an advance health care directive.

(b) In making health care decisions under this division, a patient's attempted suicide shall not be construed to indicate a desire of the patient that health care be restricted or inhibited.

4656. Death resulting from withholding or withdrawing health care in accordance with this division does not for any purpose constitute a suicide or homicide or legally impair or invalidate a policy of insurance or an annuity providing a death benefit, notwithstanding any term of the policy or annuity to the contrary.

4657. A patient is presumed to have the capacity to make a health care decision, to give or revoke an advance health care directive, and to designate or disqualify a surrogate. This presumption is a presumption affecting the burden of proof.

4658. Unless otherwise specified in a written advance health care directive, for the purposes of this division, a determination that a patient lacks or has recovered capacity, or that another condition exists that affects an individual health care instruction or the authority of an agent or surrogate, shall be made by the primary physician.

4659. (a) Except as provided in subdivision (b), none of the following persons may make health care decisions as an agent under a power of attorney for health care or a surrogate under this division:

(1) The supervising health care provider or an employee of the health care institution where the patient is receiving care.

(2) An operator or employee of a community care facility or residential care facility where the patient is receiving care.

(b) The prohibition in subdivision (a) does not apply to the following persons:

(1) An employee, other than the supervising health care provider, who is related to the patient by blood, marriage, or adoption, or is a registered domestic partner of the patient.

(2) An employee, other than the supervising health care provider, who is employed by the same health care institution, community care facility, or residential care facility for the elderly as the patient.

(c) A conservator under the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code) may not be designated as an agent or surrogate to make health care decisions by the conservatee, unless all of the following are satisfied:

(1) The advance health care directive is otherwise valid.

(2) The conservatee is represented by legal counsel.

(3) The lawyer representing the conservatee signs a certificate stating in substance:

"I am a lawyer authorized to practice law in the state where this advance health care directive was executed, and the principal or patient was my client at the time this advance directive was executed. I have advised my client concerning his or her rights in connection with this advance directive and the applicable law and the consequences of signing or not signing this advance directive, and

my client, after being so advised, has executed his advance directive."

4660. A copy of a written advance health care directive, revocation of an advance directive, or designation or disqualification of a surrogate has the same effect as the original.

PROBATE CODE

SECTION 4665

4665. Except as otherwise provided by statute:

(a) On and after July 1, 2000, this division applies to all advance health care directives, including, but not limited to, durable powers of attorney for health care and declarations under the Natural Death Act (former Chapter 3.9 (commencing with Section 7185) of Part 1 of Division 7 of the Health and Safety Code), regardless of whether they were given or executed before, on, or after July 1, 2000.

(b) This division applies to all proceedings concerning advance health care directives commenced on or after July 1, 2000.

(c) This division applies to all proceedings concerning written advance health care directives commenced before July 1, 2000, unless the court determines that application of a particular provision of this division would substantially interfere with the effective conduct of the proceedings or the rights of the parties and other interested persons, in which case the particular provision of this division does not apply and prior law applies.

(d) Nothing in this division affects the validity of an advance health care directive executed before July 1, 2000, that was valid under prior law.

(e) Nothing in this division affects the validity of a durable power of attorney for health care executed on a printed form that was valid under prior law, regardless of whether execution occurred before, on, or after July 1, 2000.

PROBATE CODE

SECTION 4670-4678

4670. An adult having capacity may give an individual health care instruction. The individual instruction may be oral or written. The individual instruction may be limited to take effect only if a specified condition arises.

4671. (a) An adult having capacity may execute a power of attorney for health care, as provided in Article 2 (commencing with Section 4680). The power of attorney for health care may authorize the agent to make health care decisions and may also include individual health care instructions.

(b) The principal in a power of attorney for health care may grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, hiring household employees, providing transportation, handling mail, and arranging recreation and entertainment.

4672. (a) A written advance health care directive may include the individual's nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration by the court if protective proceedings for the individual's person or estate are thereafter commenced.

(b) If the protective proceedings are conservatorship proceedings in this state, the nomination has the effect provided in Section 1810 and the court shall give effect to the most recent writing executed in accordance with Section 1810, whether or not the writing is a written advance health care directive.

4673. (a) A written advance health care directive is legally sufficient if all of the following requirements are satisfied:

(1) The advance directive contains the date of its execution.

(2) The advance directive is signed either by the patient or in the patient's name by another adult in the patient's presence and at the patient's direction.

(3) The advance directive is either acknowledged before a notary public or signed by at least two witnesses who satisfy the requirements of Sections 4674 and 4675.

(b) An electronic advance health care directive or power of attorney for health care is legally sufficient if the requirements in subdivision (a) are satisfied, except that for the purposes of paragraph (3) of subdivision (a), an acknowledgment before a notary public shall be required, and if a digital signature is used, it meets all of the following requirements:

(1) The digital signature either meets the requirements of Section 16.5 of the Government Code and Chapter 10 (commencing with Section 22000) of Division 7 of Title 2 of the California Code of Regulations or the digital signature uses an algorithm approved by the National Institute of Standards and Technology.

(2) The digital signature is unique to the person using it.

(3) The digital signature is capable of verification.

(4) The digital signature is under the sole control of the person using it.

(5) The digital signature is linked to data in such a manner that if the data are changed, the digital signature is invalidated.

(6) The digital signature persists with the document and not by association in separate files.

(7) The digital signature is bound to a digital certificate.

4674. If the written advance health care directive is signed by witnesses, as provided in Section 4673, the following requirements shall be satisfied:

(a) The witnesses shall be adults.

(b) Each witness signing the advance directive shall witness either the signing of the advance directive by the patient or the patient's acknowledgment of the signature or the advance directive.

(c) None of the following persons may act as a witness:

(1) The patient's health care provider or an employee of the patient's health care provider.

(2) The operator or an employee of a community care facility.

(3) The operator or an employee of a residential care facility for the elderly.

(4) The agent, where the advance directive is a power of attorney for health care.

(d) Each witness shall make the following declaration in substance:

"I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly."

(e) At least one of the witnesses shall be an individual who is neither related to the patient by blood, marriage, or adoption, nor entitled to any portion of the patient's estate upon the patient's death under a will existing when the advance directive is executed or operation of law then existing.

(f) The witness satisfying the requirement of subdivision (e) shall also sign the following declaration in substance:

"I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law."

(g) The provisions of this section applicable to witnesses do not apply to a notary public before whom an advance health care directive is acknowledged.

4675. (a) If an individual is a patient in a skilled nursing facility when a written advance health care directive is executed, the advance directive is not effective unless a patient advocate or ombudsman, as may be designated by the Department of Aging for this purpose pursuant to any other applicable provision of law, signs the advance directive as a witness, either as one of two witnesses or in

addition to notarization. The patient advocate or ombudsman shall declare that he or she is serving as a witness as required by this subdivision. It is the intent of this subdivision to recognize that some patients in skilled nursing facilities are insulated from a voluntary decisionmaking role, by virtue of the custodial nature of their care, so as to require special assurance that they are capable of willfully and voluntarily executing an advance directive.

(b) A witness who is a patient advocate or ombudsman may rely on the representations of the administrators or staff of the skilled nursing facility, or of family members, as convincing evidence of the identity of the patient if the patient advocate or ombudsman believes that the representations provide a reasonable basis for determining the identity of the patient.

4676. (a) A written advance health care directive or similar instrument executed in another state or jurisdiction in compliance with the laws of that state or jurisdiction or of this state, is valid and enforceable in this state to the same extent as a written advance directive validly executed in this state.

(b) In the absence of knowledge to the contrary, a physician or other health care provider may presume that a written advance health care directive or similar instrument, whether executed in another state or jurisdiction or in this state, is valid.

4677. A health care provider, health care service plan, health care institution, disability insurer, self-insured employee welfare plan, or nonprofit hospital plan or a similar insurance plan may not require or prohibit the execution or revocation of an advance health care directive as a condition for providing health care, admission to a facility, or furnishing insurance.

4678. Unless otherwise specified in an advance health care directive, a person then authorized to make health care decisions for a patient has the same rights as the patient to request, receive, examine, copy, and consent to the disclosure of medical or any other health care information.

PROBATE CODE

SECTION 4680-4690

4680. A power of attorney for health care is legally sufficient if it satisfies the requirements of Section 4673.

4681. (a) Except as provided in subdivision (b), the principal may limit the application of any provision of this division by an express statement in the power of attorney for health care or by providing an inconsistent rule in the power of attorney.

(b) A power of attorney for health care may not limit either the application of a statute specifically providing that it is not subject to limitation in the power of attorney or a statute concerning any of the following:

- (1) Statements required to be included in a power of attorney.
- (2) Operative dates of statutory enactments or amendments.
- (3) Formalities for execution of a power of attorney for health care.
- (4) Qualifications of witnesses.
- (5) Qualifications of agents.
- (6) Protection of third persons from liability.

4682. Unless otherwise provided in a power of attorney for health care, the authority of an agent becomes effective only on a determination that the principal lacks capacity, and ceases to be effective on a determination that the principal has recovered capacity.

4683. Subject to any limitations in the power of attorney for health care:

(a) An agent designated in the power of attorney may make health care decisions for the principal to the same extent the principal could make health care decisions if the principal had the capacity to

do so.

(b) The agent may also make decisions that may be effective after the principal's death, including the following:

(1) Making a disposition under the Uniform Anatomical Gift Act (Chapter 3.5 (commencing with Section 7150) of Part 1 of Division 7 of the Health and Safety Code).

(2) Authorizing an autopsy under Section 7113 of the Health and Safety Code.

(3) Directing the disposition of remains under Section 7100 of the Health and Safety Code.

(4) Authorizing the release of the records of the principal to the extent necessary for the agent to fulfill his or her duties as set forth in this division.

4684. An agent shall make a health care decision in accordance with the principal's individual health care instructions, if any, and other wishes to the extent known to the agent. Otherwise, the agent shall make the decision in accordance with the agent's determination of the principal's best interest. In determining the principal's best interest, the agent shall consider the principal's personal values to the extent known to the agent.

4685. Unless the power of attorney for health care provides otherwise, the agent designated in the power of attorney who is known to the health care provider to be reasonably available and willing to make health care decisions has priority over any other person in making health care decisions for the principal.

4686. Unless the power of attorney for health care provides a time of termination, the authority of the agent is exercisable notwithstanding any lapse of time since execution of the power of attorney.

4687. Nothing in this division affects any right the person designated as an agent under a power of attorney for health care may have, apart from the power of attorney, to make or participate in making health care decisions for the principal.

88. Where this division does not provide a rule governing agents under powers of attorney, the law of agency applies.

4689. Nothing in this division authorizes an agent under a power of attorney for health care to make a health care decision if the principal objects to the decision. If the principal objects to the health care decision of the agent under a power of attorney, the matter shall be governed by the law that would apply if there were no power of attorney for health care.

4690. (a) If the principal becomes wholly or partially incapacitated, or if there is a question concerning the capacity of the principal, the agent may consult with a person previously designated by the principal for this purpose, and may also consult with and obtain information needed to carry out the agent's duties from the principal's spouse, physician, supervising health care provider, attorney, a member of the principal's family, or other person, including a business entity or government agency, with respect to matters covered by the power of attorney for health care.

(b) A person described in subdivision (a) from whom information is requested shall disclose information that the agent requires to carry out his or her duties. Disclosure under this section is not a waiver of any privilege that may apply to the information disclosed.

PROBATE CODE

SECTION 4695-4698

4695. (a) A patient having capacity may revoke the designation of an agent only by a signed writing or by personally informing the supervising health care provider.

(b) A patient having capacity may revoke all or part of an advance health care directive, other than the designation of an agent, at any time and in any manner that communicates an intent to revoke.

4696. A health care provider, agent, conservator, or surrogate who is informed of a revocation of an advance health care directive shall promptly communicate the fact of the revocation to the supervising health care provider and to any health care institution where the patient is receiving care.

4697. (a) If after executing a power of attorney for health care the principal's marriage to the agent is dissolved or annulled, the principal's designation of the former spouse as an agent to make health care decisions for the principal is revoked.

(b) If the agent's authority is revoked solely by subdivision (a), it is revived by the principal's remarriage to the agent.

4698. An advance health care directive that conflicts with an earlier advance directive revokes the earlier advance directive to the extent of the conflict.

PROBATE CODE

SECTION 4700-4701

4700. The form provided in Section 4701 may, but need not, be used to create an advance health care directive. The other sections of this division govern the effect of the form or any other writing used to create an advance health care directive. An individual may complete or modify all or any part of the form in Section 4701.

4701. The statutory advance health care directive form is as follows:

ADVANCE HEALTH CARE DIRECTIVE
(California Probate Code Section 4701)

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not

limit the authority on your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

* * * * *

PART

1

POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health

care decisions for me.

(name of individual you choose as agent)

(address) (city) (state) (ZIP Code)

(home phone)

(work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)

(address) (city) (state) (ZIP Code)

(home phone)

(work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

(name of individual you choose as second alternate agent)

(address) (city) (state) (ZIP Code)

(home phone)

(work phone)

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box (),

my agent's authority to make health care decisions for me takes effect immediately.

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART

2

INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

(a) Choice Not To Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the

expected benefits, OK

(b) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(Add additional sheets if needed.)

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

(Add additional sheets if needed.)

PART

3

DONATION OF ORGANS AT

DEATH

(OPTIONAL)

(3.1) Upon my death (mark applicable box):

(a) I give any needed organs, tissues, or parts, OR

(b) I give the following organs, tissues, or parts only.

(c) My gift is for the following purposes (strike any of

the following you do not want):

(1) Transplant

(2) Therapy

(3) Research

(4) Education

PART

4

PRIMARY

PHYSICIAN

(OPTIONAL)

(4.1) I designate the following physician as my

primary physician:

(name of physician)

(address) (city) (state) (ZIP Code)

(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

(address) (city) (state) (ZIP Code)

(phone)

* * * * *

PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign and date the form here:

(date)

(sign your name)

(address)

(print your name)

(city) (state)

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a

community care facility), the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness

Second witness

(print name)

(print name)

(address)

(address)

(city) (state)

(city) (state)

(signature of witness)

(signature of witness)

(date)

(date)

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

(signature of witness)

(signature of witness)

PART

6

SPECIAL WITNESS REQUIREMENT

(6.1) The following statement is required only if you are a patient in a skilled nursing facility - a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as

required by Section 4675 of the Probate Code.

(date)

(sign your name)

(address)

(print your name)

(city) (state)

PROBATE CODE

SECTION 4711-4717

4711. (a) A patient may designate an adult as a surrogate to make health care decisions by personally informing the supervising health care provider. The designation of a surrogate shall be promptly recorded in the patient's health care record.

(b) Unless the patient specifies a shorter period, a surrogate designation under subdivision (a) is effective only during the course of treatment or illness or during the stay in the health care institution when the surrogate designation is made, or for 60 days, whichever period is shorter.

(c) The expiration of a surrogate designation under subdivision (b) does not affect any role the person designated under subdivision (a) may have in making health care decisions for the patient under any other law or standards of practice.

(d) If the patient has designated an agent under a power of attorney for health care, the surrogate designated under subdivision (a) has priority over the agent for the period provided in subdivision (b), but the designation of a surrogate does not revoke the designation of an agent unless the patient communicates the intention to revoke in compliance with subdivision (a) of Section 4695.

4714. A surrogate, including a person acting as a surrogate, shall make a health care decision in accordance with the patient's individual health care instructions, if any, and other wishes to the extent known to the surrogate. Otherwise, the surrogate shall make the decision in accordance with the surrogate's determination of the patient's best interest. In determining the patient's best interest, the surrogate shall consider the patient's personal values to the extent known to the surrogate.

4715. A patient having capacity at any time may disqualify another person, including a member of the patient's family, from acting as the patient's surrogate by a signed writing or by personally

informing the supervising health care provider of the disqualification.

4716. (a) If a patient lacks the capacity to make a health care decision, the patient's domestic partner shall have the same authority as a spouse has to make a health care decision for his or her incapacitated spouse. This section may not be construed to expand or restrict the ability of a spouse to make a health care decision for an incapacitated spouse.

(b) For the purposes of this section, the following definitions shall apply:

(1) "Capacity" has the same meaning as defined in Section 4609.

(2) "Health care" has the same meaning as defined in Section 4615.

(3) "Health care decision" has the same meaning as defined in Section 4617.

(4) "Domestic partner" has the same meaning as that term is used in Section 297 of the Family Code.

4717. (a) Notwithstanding any other provision of law, within 24 hours of the arrival in the emergency department of a general acute care hospital of a patient who is unconscious or otherwise incapable of communication, the hospital shall make reasonable efforts to contact the patient's agent, surrogate, or a family member or other person the hospital reasonably believes has the authority to make health care decisions on behalf of the patient. A hospital shall be deemed to have made reasonable efforts, and to have discharged its duty under this section, if it does all of the following:

(1) Examines the personal effects, if any, accompanying the patient and any medical records regarding the patient in its possession, and reviews any verbal or written report made by emergency medical technicians or the police, to identify the name of any agent, surrogate, or a family member or other person the hospital reasonably believes has the authority to make health care decisions on behalf of the patient.

(2) Contacts or attempts to contact any agent, surrogate, or a family member or other person the hospital reasonably believes has the authority to make health care decisions on behalf of the patient, as identified in paragraph (1).

(3) Contacts the Secretary of State directly or indirectly, including by voice mail or facsimile, to inquire whether the patient has registered an advance health care directive with the Advance

Health Care Directive Registry, if the hospital finds evidence of the patient's Advance Health Care Directive Registry identification card either from the patient or from the patient's family or authorized ent.

(b) The hospital shall document in the patient's medical record all efforts made to contact any agent, surrogate, or a family member or other person the hospital reasonably believes has the authority to make health care decisions on behalf of the patient.

(c) Application of this section shall be suspended during any period in which the hospital implements its disaster and mass casualty program, or its fire and internal disaster program.

PROBATE CODE

SECTION 4730-4736

4730. Before implementing a health care decision made for a patient, a supervising health care provider, if possible, shall promptly communicate to the patient the decision made and the identity of the person making the decision.

4731. (a) A supervising health care provider who knows of the existence of an advance health care directive, a revocation of an advance health care directive, or a designation or disqualification of a surrogate, shall promptly record its existence in the patient's health care record and, if it is in writing, shall request a copy. If a copy is furnished, the supervising health care provider shall arrange for its maintenance in the patient's health care record.

(b) A supervising health care provider who knows of a revocation of a power of attorney for health care or a disqualification of a surrogate shall make a reasonable effort to notify the agent or surrogate of the revocation or disqualification.

4732. A primary physician who makes or is informed of a determination that a patient lacks or has recovered capacity, or that another condition exists affecting an individual health care instruction or the authority of an agent, conservator of the person, or surrogate, shall promptly record the determination in the patient's health care record and communicate the determination to the patient, if possible, and to a person then authorized to make health care decisions for the patient.

4733. Except as provided in Sections 4734 and 4735, a health care provider or health care institution providing care to a patient shall do the following:

(a) Comply with an individual health care instruction of the

patient and with a reasonable interpretation of that instruction made by a person then authorized to make health care decisions for the patient.

(b) Comply with a health care decision for the patient made by a person then authorized to make health care decisions for the patient to the same extent as if the decision had been made by the patient while having capacity.

4734. (a) A health care provider may decline to comply with an individual health care instruction or health care decision for reasons of conscience.

(b) A health care institution may decline to comply with an individual health care instruction or health care decision if the instruction or decision is contrary to a policy of the institution that is expressly based on reasons of conscience and if the policy was timely communicated to the patient or to a person then authorized to make health care decisions for the patient.

4735. A health care provider or health care institution may decline to comply with an individual health care instruction or health care decision that requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.

4736. A health care provider or health care institution that declines to comply with an individual health care instruction or health care decision shall do all of the following:

(a) Promptly so inform the patient, if possible, and any person then authorized to make health care decisions for the patient.

(b) Unless the patient or person then authorized to make health care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to another health care provider or institution that is willing to comply with the instruction or decision.

(c) Provide continuing care to the patient until a transfer can be accomplished or until it appears that a transfer cannot be accomplished. In all cases, appropriate pain relief and other palliative care shall be continued.

PROBATE CODE

SECTION 4740-4743

4740. A health care provider or health care institution acting in good faith and in accordance with generally accepted health care standards applicable to the health care provider or institution is not subject to civil or criminal liability or to discipline for unprofessional conduct for any actions in compliance with this division, including, but not limited to, any of the following conduct:

(a) Complying with a health care decision of a person that the health care provider or health care institution believes in good faith has the authority to make a health care decision for a patient, including a decision to withhold or withdraw health care.

(b) Declining to comply with a health care decision of a person based on a belief that the person then lacked authority.

(c) Complying with an advance health care directive and assuming that the directive was valid when made and has not been revoked or terminated.

(d) Declining to comply with an individual health care instruction or health care decision, in accordance with Sections 4734 to 4736, inclusive.

4741. A person acting as agent or surrogate under this part is not subject to civil or criminal liability or to discipline for unprofessional conduct for health care decisions made in good faith.

4742. (a) A health care provider or health care institution that intentionally violates this part is subject to liability to the aggrieved individual for damages of two thousand five hundred dollars (\$2,500) or actual damages resulting from the violation, whichever is greater, plus reasonable attorney's fees.

(b) A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual's advance health care directive or a revocation of an advance health care directive without the

individual's consent, or who coerces or fraudulently induces an individual to give, revoke, or not to give an advance health care directive, is subject to liability to that individual for damages of ten thousand dollars (\$10,000) or actual damages resulting from the action, whichever is greater, plus reasonable attorney's fees.

(c) The damages provided in this section are cumulative and not exclusive of any other remedies provided by law.

4743. Any person who alters or forges a written advance health care directive of another, or willfully conceals or withholds personal knowledge of a revocation of an advance directive, with the intent to cause a withholding or withdrawal of health care necessary to keep the patient alive contrary to the desires of the patient, and thereby directly causes health care necessary to keep the patient alive to be withheld or withdrawn and the death of the patient thereby to be hastened, is subject to prosecution for unlawful homicide as provided in Chapter 1 (commencing with Section 187) of Title 8 of Part 1 of the Penal Code.

THE OREGON DEATH WITH DIGNITY ACT

OREGON REVISED STATUTES

(General Provisions)

(Section 1)

Note: The division headings, subdivision headings and leadlines for 127.800 to 127.890, 127.895 and 127.897 were enacted as part of Ballot Measure 16 (1994) and were not provided by Legislative Counsel.

127.800 §1.01. Definitions. The following words and phrases, whenever used in ORS 127.800 to 127.897, have the following meanings:

- (1) "Adult" means an individual who is 18 years of age or older.
- (2) "Attending physician" means the physician who has primary responsibility for the care of the patient and treatment of the patient's terminal disease.
- (3) "Capable" means that in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist or psychologist, a patient has the ability to make and communicate health care decisions to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.
- (4) "Consulting physician" means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.
- (5) "Counseling" means one or more consultations as necessary between a state licensed psychiatrist or psychologist and a patient for the purpose of determining that the patient is capable and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.
- (6) "Health care provider" means a person licensed, certified or otherwise authorized or permitted by the law of this state to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.
- (7) "Informed decision" means a decision by a qualified patient, to request and obtain a prescription to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:
 - (a) His or her medical diagnosis;

- (b) His or her prognosis;
- (c) The potential risks associated with taking the medication to be prescribed;
- (d) The probable result of taking the medication to be prescribed; and
- (e) The feasible alternatives, including, but not limited to, comfort care, hospice care and pain control.

(8) "Medically confirmed" means the medical opinion of the attending physician has been confirmed by a consulting physician who has examined the patient and the patient's relevant medical records.

(9) "Patient" means a person who is under the care of a physician.

(10) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine by the Board of Medical Examiners for the State of Oregon.

(11) "Qualified patient" means a capable adult who is a resident of Oregon and has satisfied the requirements of ORS 127.800 to 127.897 in order to obtain a prescription for medication to end his or her life in a humane and dignified manner.

(12) "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months. [1995 c.3 §1.01; 1999 c.423 §1]

(Written Request for Medication to End One's Life in a Humane and Dignified Manner)

(Section 2)

127.805 §2.01. Who may initiate a written request for medication. (1) An adult who is capable, is a resident of Oregon, and has been determined by the attending physician and consulting physician to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication for the purpose of ending his or her life in a humane and dignified manner in accordance with ORS 127.800 to 127.897.

(2) No person shall qualify under the provisions of ORS 127.800 to 127.897 solely because of age or disability. [1995 c.3 §2.01; 1999 c.423 §2]

127.810 §2.02. Form of the written request. (1) A valid request for medication under ORS 127.800 to 127.897 shall be in substantially the form described in ORS 127.897, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request.

(2) One of the witnesses shall be a person who is not:

(a) A relative of the patient by blood, marriage or adoption;

(b) A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or

(c) An owner, operator or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.

(3) The patient's attending physician at the time the request is signed shall not be a witness.

(4) If the patient is a patient in a long term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the facility and having the qualifications specified by the Department of Human Services by rule. [1995 c.3 §2.02]

(Safeguards)

(Section 3)

127.815 §3.01. Attending physician responsibilities. (1) The attending physician shall:

(a) Make the initial determination of whether a patient has a terminal disease, is capable, and has made the request voluntarily;

(b) Request that the patient demonstrate Oregon residency pursuant to ORS 127.860;

(c) To ensure that the patient is making an informed decision, inform the patient of:

(A) His or her medical diagnosis;

(B) His or her prognosis;

(C) The potential risks associated with taking the medication to be prescribed;

(D) The probable result of taking the medication to be prescribed; and

(E) The feasible alternatives, including, but not limited to, comfort care, hospice care and pain control;

(d) Refer the patient to a consulting physician for medical confirmation of the diagnosis, and for a determination that the patient is capable and acting voluntarily;

- (e) Refer the patient for counseling if appropriate pursuant to ORS 127.825;
- (f) Recommend that the patient notify next of kin;
- (g) Counsel the patient about the importance of having another person present when the patient takes the medication prescribed pursuant to ORS 127.800 to 127.897 and of not taking the medication in a public place;
- (h) Inform the patient that he or she has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the 15 day waiting period pursuant to ORS 127.840;
- (i) Verify, immediately prior to writing the prescription for medication under ORS 127.800 to 127.897, that the patient is making an informed decision;
- (j) Fulfill the medical record documentation requirements of ORS 127.855;
- (k) Ensure that all appropriate steps are carried out in accordance with ORS 127.800 to 127.897 prior to writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner; and
- (L)(A) Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, provided the attending physician is registered as a dispensing physician with the Board of Medical Examiners, has a current Drug Enforcement Administration certificate and complies with any applicable administrative rule; or
- (B) With the patient's written consent:
 - (i) Contact a pharmacist and inform the pharmacist of the prescription; and
 - (ii) Deliver the written prescription personally or by mail to the pharmacist, who will dispense the medications to either the patient, the attending physician or an expressly identified agent of the patient.
- (2) Notwithstanding any other provision of law, the attending physician may sign the patient's death certificate. [1995 c.3 §3.01; 1999 c.423 §3]

127.820 §3.02. Consulting physician confirmation. Before a patient is qualified under ORS 127.800 to 127.897, a consulting physician shall examine the patient and his or her relevant medical records and confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease, and verify that the patient is capable, is acting voluntarily and has made an informed decision. [1995 c.3 §3.02]

127.825 §3.03. Counseling referral. If in the opinion of the attending physician or the consulting physician a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient for counseling. No medication to end a patient's life in a humane and dignified manner shall be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment. [1995 c.3 §3.03; 1999 c.423 §4]

127.830 §3.04. Informed decision. No person shall receive a prescription for medication to end his or her life in a humane and dignified manner unless he or she has made an informed decision as defined in ORS 127.800 (7). Immediately prior to writing a prescription for medication under ORS 127.800 to 127.897, the attending physician shall verify that the patient is making an informed decision. [1995 c.3 §3.04]

127.835 §3.05. Family notification. The attending physician shall recommend that the patient notify the next of kin of his or her request for medication pursuant to ORS 127.800 to 127.897. A patient who declines or is unable to notify next of kin shall not have his or her request denied for that reason. [1995 c.3 §3.05; 1999 c.423 §6]

127.840 §3.06. Written and oral requests. In order to receive a prescription for medication to end his or her life in a humane and dignified manner, a qualified patient shall have made an oral request and a written request, and reiterate the oral request to his or her attending physician no less than fifteen (15) days after making the initial oral request. At the time the qualified patient makes his or her second oral request, the attending physician shall offer the patient an opportunity to rescind the request. [1995 c.3 §3.06]

127.845 §3.07. Right to rescind request. A patient may rescind his or her request at any time and in any manner without regard to his or her mental state. No prescription for medication under ORS 127.800 to 127.897 may be written without the attending physician offering the qualified patient an opportunity to rescind the request. [1995 c.3 §3.07]

127.850 §3.08. Waiting periods. No less than fifteen (15) days shall elapse between the patient's initial oral request and the writing of a prescription under ORS 127.800 to 127.897. No less than 48 hours shall elapse between the patient's written request and the writing of a prescription under ORS 127.800 to 127.897. [1995 c.3 §3.08]

127.855 §3.09. Medical record documentation requirements. The following shall be documented or filed in the patient's medical record:

(1) All oral requests by a patient for medication to end his or her life in a humane and dignified manner;

- (2) All written requests by a patient for medication to end his or her life in a humane and dignified manner;
- (3) The attending physician's diagnosis and prognosis, determination that the patient is capable, acting voluntarily and has made an informed decision;
- (4) The consulting physician's diagnosis and prognosis, and verification that the patient is capable, acting voluntarily and has made an informed decision;
- (5) A report of the outcome and determinations made during counseling, if performed;
- (6) The attending physician's offer to the patient to rescind his or her request at the time of the patient's second oral request pursuant to ORS 127.840; and
- (7) A note by the attending physician indicating that all requirements under ORS 127.800 to 127.897 have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed. [1995 c.3 §3.09]

127.860 §3.10. Residency requirement. Only requests made by Oregon residents under ORS 127.800 to 127.897 shall be granted. Factors demonstrating Oregon residency include but are not limited to:

- (1) Possession of an Oregon driver license;
- (2) Registration to vote in Oregon;
- (3) Evidence that the person owns or leases property in Oregon; or
- (4) Filing of an Oregon tax return for the most recent tax year. [1995 c.3 §3.10; 1999 c.423 §8]

127.865 §3.11. Reporting requirements. (1)(a) The Department of Human Services shall annually review a sample of records maintained pursuant to ORS 127.800 to 127.897.

(b) The department shall require any health care provider upon dispensing medication pursuant to ORS 127.800 to 127.897 to file a copy of the dispensing record with the department.

(2) The department shall make rules to facilitate the collection of information regarding compliance with ORS 127.800 to 127.897. Except as otherwise required by law, the information collected shall not be a public record and may not be made available for inspection by the public.

(3) The department shall generate and make available to the public an annual statistical report of information collected under subsection (2) of this section. [1995 c.3 §3.11; 1999 c.423 §9; 2001 c.104 §40]

127.870 §3.12. Effect on construction of wills, contracts and statutes. (1) No provision in a contract, will or other agreement, whether written or oral, to the extent the provision would affect whether a person may make or rescind a request for medication to end his or her life in a humane and dignified manner, shall be valid.

(2) No obligation owing under any currently existing contract shall be conditioned or affected by the making or rescinding of a request, by a person, for medication to end his or her life in a humane and dignified manner. [1995 c.3 §3.12]

127.875 §3.13. Insurance or annuity policies. The sale, procurement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged for any policy shall not be conditioned upon or affected by the making or rescinding of a request, by a person, for medication to end his or her life in a humane and dignified manner. Neither shall a qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner have an effect upon a life, health, or accident insurance or annuity policy. [1995 c.3 §3.13]

127.880 §3.14. Construction of Act. Nothing in ORS 127.800 to 127.897 shall be construed to authorize a physician or any other person to end a patient's life by lethal injection, mercy killing or active euthanasia. Actions taken in accordance with ORS 127.800 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law. [1995 c.3 §3.14]

(Immunities and Liabilities)

(Section 4)

127.885 §4.01. Immunities; basis for prohibiting health care provider from participation; notification; permissible sanctions. Except as provided in ORS 127.890:

(1) No person shall be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with ORS 127.800 to 127.897. This includes being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner.

(2) No professional organization or association, or health care provider, may subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership or other penalty for participating or refusing to participate in good faith compliance with ORS 127.800 to 127.897.

(3) No request by a patient for or provision by an attending physician of medication in good faith compliance with the provisions of ORS 127.800 to 127.897 shall constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator.

(4) No health care provider shall be under any duty, whether by contract, by statute or by any other legal requirement to participate in the provision to a qualified patient of medication to end his or her life in a humane and dignified manner. If a health care provider is unable or unwilling to carry out a patient's request under ORS 127.800 to 127.897, and the patient transfers his or her care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider.

(5)(a) Notwithstanding any other provision of law, a health care provider may prohibit another health care provider from participating in ORS 127.800 to 127.897 on the premises of the prohibiting provider if the prohibiting provider has notified the health care provider of the prohibiting provider's policy regarding participating in ORS 127.800 to 127.897. Nothing in this paragraph prevents a health care provider from providing health care services to a patient that do not constitute participation in ORS 127.800 to 127.897.

(b) Notwithstanding the provisions of subsections (1) to (4) of this section, a health care provider may subject another health care provider to the sanctions stated in this paragraph if the sanctioning health care provider has notified the sanctioned provider prior to participation in ORS 127.800 to 127.897 that it prohibits participation in ORS 127.800 to 127.897:

(A) Loss of privileges, loss of membership or other sanction provided pursuant to the medical staff bylaws, policies and procedures of the sanctioning health care provider if the sanctioned provider is a member of the sanctioning provider's medical staff and participates in ORS 127.800 to 127.897 while on the health care facility premises, as defined in ORS 442.015, of the sanctioning health care provider, but not including the private medical office of a physician or other provider;

(B) Termination of lease or other property contract or other nonmonetary remedies provided by lease contract, not including loss or restriction of medical staff privileges or exclusion from a provider panel, if the sanctioned provider participates in ORS 127.800 to 127.897 while on the premises of the sanctioning health care provider or on property that is owned by or under the direct control of the sanctioning health care provider; or

(C) Termination of contract or other nonmonetary remedies provided by contract if the sanctioned provider participates in ORS 127.800 to 127.897 while acting in the course and scope of the sanctioned provider's capacity as an employee or independent

contractor of the sanctioning health care provider. Nothing in this subparagraph shall be construed to prevent:

(i) A health care provider from participating in ORS 127.800 to 127.897 while acting outside the course and scope of the provider's capacity as an employee or independent contractor; or

(ii) A patient from contracting with his or her attending physician and consulting physician to act outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

(c) A health care provider that imposes sanctions pursuant to paragraph (b) of this subsection must follow all due process and other procedures the sanctioning health care provider may have that are related to the imposition of sanctions on another health care provider.

(d) For purposes of this subsection:

(A) "Notify" means a separate statement in writing to the health care provider specifically informing the health care provider prior to the provider's participation in ORS 127.800 to 127.897 of the sanctioning health care provider's policy about participation in activities covered by ORS 127.800 to 127.897.

(B) "Participate in ORS 127.800 to 127.897" means to perform the duties of an attending physician pursuant to ORS 127.815, the consulting physician function pursuant to ORS 127.820 or the counseling function pursuant to ORS 127.825. "Participate in ORS 127.800 to 127.897" does not include:

(i) Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis;

(ii) Providing information about the Oregon Death with Dignity Act to a patient upon the request of the patient;

(iii) Providing a patient, upon the request of the patient, with a referral to another physician; or

(iv) A patient contracting with his or her attending physician and consulting physician to act outside of the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

(6) Suspension or termination of staff membership or privileges under subsection (5) of this section is not reportable under ORS 441.820. Action taken pursuant to ORS 127.810, 127.815, 127.820 or 127.825 shall not be the sole basis for a report of unprofessional or dishonorable conduct under ORS 677.415 (2) or (3).

(7) No provision of ORS 127.800 to 127.897 shall be construed to allow a lower standard of care for patients in the community where the patient is treated or a similar community. [1995 c.3 §4.01; 1999 c.423 §10]

Note: As originally enacted by the people, the leadline to section 4.01 read "Immunities." The remainder of the leadline was added by editorial action.

127.890 §4.02. Liabilities. (1) A person who without authorization of the patient willfully alters or forges a request for medication or conceals or destroys a rescission of that request with the intent or effect of causing the patient's death shall be guilty of a Class A felony.

(2) A person who coerces or exerts undue influence on a patient to request medication for the purpose of ending the patient's life, or to destroy a rescission of such a request, shall be guilty of a Class A felony.

(3) Nothing in ORS 127.800 to 127.897 limits further liability for civil damages resulting from other negligent conduct or intentional misconduct by any person.

(4) The penalties in ORS 127.800 to 127.897 do not preclude criminal penalties applicable under other law for conduct which is inconsistent with the provisions of ORS 127.800 to 127.897. [1995 c.3 §4.02]

127.892 Claims by governmental entity for costs incurred. Any governmental entity that incurs costs resulting from a person terminating his or her life pursuant to the provisions of ORS 127.800 to 127.897 in a public place shall have a claim against the estate of the person to recover such costs and reasonable attorney fees related to enforcing the claim. [1999 c.423 §5a]

(Severability)

(Section 5)

127.895 §5.01. Severability. Any section of ORS 127.800 to 127.897 being held invalid as to any person or circumstance shall not affect the application of any other section of ORS 127.800 to 127.897 which can be given full effect without the invalid section or application. [1995 c.3 §5.01]

(Form of the Request)

(Section 6)

127.897 §6.01. Form of the request. A request for a medication as authorized by ORS 127.800 to 127.897 shall be in substantially the following form:

REQUEST FOR MEDICATION
TO END MY LIFE IN A HUMANE
AND DIGNIFIED MANNER

I, _____, am an adult of sound mind.

I am suffering from _____, which my attending physician has determined is a terminal disease and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care and pain control.

I request that my attending physician prescribe medication that will end my life in a humane and dignified manner.

INITIAL ONE:

_____ I have informed 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 rescind this request at any time.

I understand the full import of this request and I expect to die when I take the medication to be prescribed. I further understand that although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

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) Signed this request in our presence;
- (c) Appears to be of sound mind and not under duress, fraud or undue influence;
- (d) Is not a patient for whom either of us is attending physician.

_____Witness 1/Date

_____Witness 2/Date

NOTE: One witness shall not be a relative (by blood, marriage or adoption) of the person signing this request, shall not be entitled to any portion of the person's estate upon death and shall not own, operate or be employed at a health care facility where the person is a patient or resident. If the patient is an inpatient at a health care facility, one of the witnesses shall be an individual designated by the facility.

[1995 c.3 §6.01; 1999 c.423 §11]

PENALTIES

127.990: [Formerly part of 97.990; repealed by 1993 c.767 §29]

127.995 Penalties. (1) It shall be a Class A felony for a person without authorization of the principal to willfully alter, forge, conceal or destroy an instrument, the reinstatement or revocation of an instrument or any other evidence or document reflecting the principal's desires and interests, with the intent and effect of causing a withholding or withdrawal of life-sustaining procedures or of artificially administered nutrition and hydration which hastens the death of the principal.

(2) Except as provided in subsection (1) of this section, it shall be a Class A misdemeanor for a person without authorization of the principal to willfully alter, forge, conceal or destroy an instrument, the reinstatement or revocation of an instrument, or any other evidence or document reflecting the principal's desires and interests with the intent or effect of affecting a health care decision. [Formerly 127.585]

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee.
An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor inquires"
- 5. City Attorney request.
- 6. Call File No. from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No.
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative

Sponsor(s):

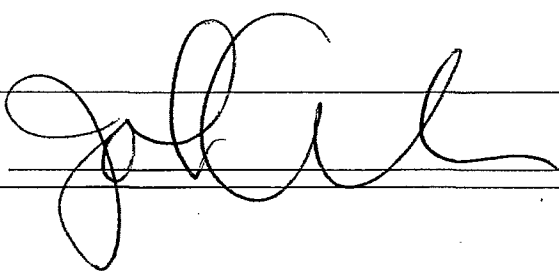
Avalos, Mar, Wiener and Campos

Subject:

Supporting Senate Bill 128, the End-of-Life Option Act

The text is listed below or attached:

Resolution supporting Senate Bill 128, the End-of-Life Option Act, authored by Senators Lois Wolk and Bill Monning, which would expand end-of-life options in California.

Signature of Sponsoring Supervisor: 

For Clerk's Use Only: