



SUSAN TALAMANTES EGGMAN

REPRESENTING SENATE DISTRICT 05

SB 380 – EOLOA Sunset Elimination and Revisions

SUMMARY

Since the End of Life Option Act took effect on June 9, 2016, we know from data collected by the California Department of Public Health through December 31, 2019, that nearly 2,000 mentally capable, terminally ill individuals with six months or less to live have received a prescription for medical aid-in-dying medication to peacefully end unbearable suffering. However, we don't know how many eligible patients were unable to access the law. The bureaucratic, multi-step process to utilize the law is hampering or outright preventing many terminally ill individuals from using it.

BACKGROUND

A study by Kaiser Permanente Southern California shows one-third of terminally ill adults who request to use the End of Life Option Act die before completing the time-consuming process which includes a 15-day waiting period and often takes weeks or months to finish. Using this one-third ratio we estimate that nearly 1,000 individuals statewide have died before obtaining a prescription (approximately 275 people on an annual basis) vs. the nearly 2,000 who completed the process and received prescriptions for medical aid in dying.

California modeled the End of Life Option Act after Oregon's medical aid-in-dying law, which has worked for those who could access it for over 20 years. In 2019 Oregon updated their law because too many people were dying during the waiting period. Oregon authorized a waiver of the waiting period when the attending physician has medically determined that the qualified individual will, within reasonable medical judgement, die within 15 days after making the initial verbal request for aid-in-dying medication. A similar update in California will provide eligible patients with greater access to this desperately needed medication.

Another barrier to access is that certain healthcare facilities, under the provisions of the End of Life Option Act, can forgo participation in medical aid

in dying and completely ignore the law. It has become necessary to clarify what participation means under the law, and that providers should disclose truthful and accurate information and/or provide a referral when a patient has questions concerning medical aid in dying.

Under the current process, oral requests for medical aid in dying should be dated and documented in the individual's medical record and remain valid even if care is transferred to another attending physician. However, this does not consistently occur and it is necessary to clarify by explicitly requiring documentation of such requests. The failure to document such requests has resulted in further delays beyond waiting periods prescribed in the law.

In nearly five years of practice the protections in End of Life Option Act have proven effective, with no reported instances of abuse or coercion. However, redundancies have proven to be a barrier to access. Eliminating the 2026 sunset of this Act will ensure that capable adults who are terminally ill with six months or less to live will continue to have the option of medical aid in dying.

THIS BILL

This bill maintains the End of Life Options Act's core eligibility requirements: only terminally ill adults with 6 months or less to live, who are mentally capable of making their own healthcare decisions and able to self-ingest aid-in-dying medication qualify to use the law. All patients will still have to make two oral requests, a written request, and be evaluated by two-different physicians. This bill will allow the waiver of the mandatory minimum 15-day waiting period between oral requests if the prescribing physician determines that the patient is unlikely to survive it. This bill will clarify what constitutes participation in the Act and will require non-participating health care facilities and providers to provide accurate information to patients about medical aid in dying who request it or refer them to supportive facilities to get that information.



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To ensure timely medical care is provided, this bill will require that the date of all oral and written requests must be documented in an individual's medical record and upon a transfer of care that record be provided to the qualified individual.

This bill will also repeal the sunset date of the End of Life Option Act and make other changes to reduce barriers while maintaining patient protections.

SUPPORT

Compassion & Choices Action Network (sponsor)

FOR MORE INFORMATION

Office of Senator Eggman
Anna Billy
Anna.Billy@sen.ca.gov
916.651.4005