compassion & choices

Fall 2015

California **Passes** Death With Dignity!

Support Grows

to End Unwanted **Medical Treatment**

PLUS

Our 2015 Annual Report

Labor Leader & Civil Rights Activist

Dolores Huerta

Answers Our Five Questions





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Compassion & Choices is the nation's oldest and largest nonprofit organization working to improve care and expand choice at the end of life. We:

Support patients and families **Educate** the public and professionals

Advocate across the nation

Advancing death with dignity since 1980. Learn more at CompassionAndChoices.org.

inside view



Miles to Go

Every fall I reflect on the year soon to end. And often I've taken pride in the steady accumulation of Compassion & Choices' victories and advances. But 2015 was really something else.

Momentum, begun last October with Brittany Maynard's advocacy, grew steadily throughout

the year. Allies like you joined our movement by the thousands, and together we pushed on, higher and harder than ever before. The heights of visibility and progress we've attained — including passing a death-with-dignity law in California — would have astounded us just a few years ago.

On top of the momentous win in California, more states introduced aid-in-dying legislation than ever before. More media voices featured our stories and backed our mission. Ideas demonized as "death panels" a few years ago gained real traction. More Americans joined forces to empower people in ownership of their end-of-life pathways.

In this issue of Compassion & Choices Magazine, we share just how remarkable 2015 has been. We also spell out some strategies to build on this tremendous momentum. Because just as our greatest successes have come through years of determined steps, through stalls and setbacks, those ahead will require the same steady, tenacious pace.

I thank you for all you have done to bring the end-of-life choice movement this far — such a heroic distance! Even more, I'm enormously grateful to have you with us for the climb ahead.

Barbara Coombs Lee PA, FNP, JD, President

Sastera Cooks L

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words & pictures

The Washington Post

"After [Brittany] Maynard's death in November, lawmakers in more than 20 states and the District — backed by advocates Compassion & Choices ... introduced end-of-life legislation," wrote The Washington Post in its first editorial endorsing such laws, published June 23. The endorsement mentioned three leading advocates who have worked with C&C: Brittany Maynard, her mother, Debbie Ziegler, and NPR radio talk show host Diane Rehm.

"Death-with-dignity laws need to be carefully thought out, written and monitored. Oregon and the states that followed its example show that such care is possible. We hope the rest of the nation catches up with this humane option for life's end."



Popular online news journal Daily Kos praised Compassion & Choices' website in August – specifically our new End-of-Life Information Center.

"They cover much of the information that anyone needs to know, and it's well worth at least reading through," the piece states after itemizing the many resources available for download through the Center.

TIME

"Ten years ago, [Terri] Schiavo—a severely braindamaged Florida woman—became a national symbol for how not to die in America," wrote Time Magazine in March.

"Jeb Bush ... signed 'Terri's Law' in 2003 to reinsert her feeding tube after courts had ordered it taken out."

"'There was a spike in national interest in written advance directives," noted Compassion & Choices President Barbara Coombs Lee. "'... that was the first time people realized how intrusive government could actually be."

The **Economist**

The Economist published both a cover story about medical aid in dying and an editorial endorsing the option in June, saying it's "an idea whose time has come."

The story quotes Barbara Coombs Lee on deathwith-dignity laws: "We are finally reaching a point where we not only have data to back up that this law works, but we have decades of experience with a state that allows aid in dying."

MEDIA



You can check out the best Compassion & Choices news clips of 2015 here:

CompassionAndChoices.org/newsclips



Watch Brittany Maynard Commemorative Video at: TheBrittanyFund.org

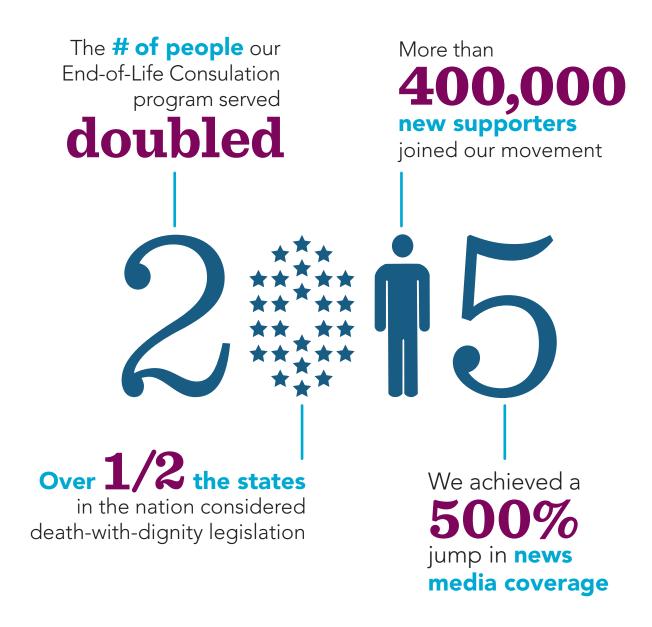


C&C's campaign with Brittany Maynard started with a video that went viral in October 2014. C&C commemorated the anniversary with a new video featuring neverbefore-seen footage of Brittany as well as a series of events across the country urging legislative action on death-with-dignity bills.

keeping count

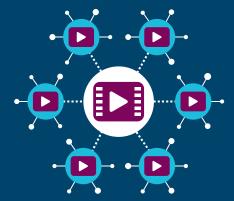
One GIANT Year for C&C

Tireless effort at every level of the organization and your dedicated activism made 2015 a year of exceptional growth for Compassion & Choices and the end-of-life choice movement. Look what we've done together!



words to live (and die) by

Whether you are running for office, trying to change consumer behavior or working to get new laws passed, you need a campaign to succeed. Here are three tested communications tactics campaigners live by ...



VIRAL VIDEO:

More than 100,000 hours of video are uploaded to YouTube every day, but a viral video is one so powerful, people sharing it via e-mail and social media make it exponentially popular, earning it millions of views in a short time.

>>> Brittany Maynard's October 6, 2014, video was viewed three million times in its first three days.

EXCLUSIVE:

A mutually beneficial arrangement in which an important news outlet gets first rights to publish valuable information or a "scoop" provided by a person or group, and agrees to coordinate the publication time so the person or group can strategically plan for it. Other news outlets can cover the story subsequently.

>> C&C gave *People Magazine* online the exclusive on Brittany's story and first video.





MICROSITE:

Individual webpages or a small collection of pages that deliver a single, uncluttered message and can also be more easily found through search engines because of their narrow focus. Microsites usually link to a main or parent website.

>> The Brittany Fund.org is the microsite C&C launched on October 6 for journalists, new supporters and volunteers to visit and learn about this amazing young woman.



GOLDEN VICTORY

Compassion & Choices' Biggest Win in Two Decades

In a historic moment for terminally ill adults and their loved ones in the Golden State — and a hard-fought victory for Compassion & Choices activists and supporters — California Governor Jerry Brown signed the End of Life Option Act into law on October 5.

The California Senate and Assembly approved this landmark statute, which authorizes adults with six months or less to live to request a doctor's prescription for life-ending medication, on bi-partisan votes. It was authored by Assemblymember Susan Talamantes Eggman and coauthored by Senate Majority Leader Bill Monning and Senate Majority Whip Lois Wolk.

"We applaud Governor Brown for listening to his constituents — 75 percent of whom support this law — and giving terminally ill Californians the right to die peacefully and painlessly," said Compassion & Choices President Barbara Coombs Lee. "Today's indisputable triumph truly honors Brittany Maynard, Jennifer Glass, and every storyteller and supporter who made this issue so urgent and personal to people across America."

This stunning achievement — the biggest since Oregon's Death With Dignity Act was approved by voters in 1994 — emanated from C&C's public 2013 pledge to make aid in dying an open, accessible

and legitimate medical practice in California within five years. Thanks to a savvy, multi-pronged effort fueled by generous C&C supporters, we achieved that goal in just 24 months.

C&C's experienced strategists were prepared to wage this campaign on several fronts: in the legislature, in municipal chambers and courtrooms, and potentially on the 2016 ballot. But as we pursued that varied strategy, the world's unequivocal embrace of California native Brittany Maynard in the fall of 2014 motivated legislators to move more quickly.

"The minute Brittany's story broke, legislators began calling us," said Compassion & Choices California Political Director Charmaine Manansala. "This complex issue now had a face. People understood that no one should have to uproot herself from her home, especially when dying."

C&C has long tried to pass aid-in-dying legislation in California. So why did we succeed this time, during a high-stakes special session, no less? Organization and communication, said Manansala. "This time, C&C had the resources to really push this campaign, from the grasstops to the grassroots. We had an on-the-ground California communications team talking to voters, physicians, legislators and media.



Read Governor Brown's contemplative signing statement, noting the "heartfelt pleas" of Brittany Maynard and Archbishop Desmond Tutu, at <u>bit.ly/GovBrownDWD</u>.

We trained 1,060 volunteers, made 1,329 legislative visits and held 465 events. I've worked on many campaigns, and I'd never seen anything like this."

Another game-changer: the powerful California Medical Association (CMA) — which had for decades opposed death-with-dignity bills — adopting a neutral position. During the special session, C&C staffers worked with the CMA to modify the bill to include safeguards sufficient to deter potential opponents in the bill's final language.

At the heart of this effort were the 122 storytellers C&C staff identified and supported. The stories they told made death with dignity about people, not process. They met with legislators and reporters, and rallied support for the End of Life Option Act, self-lessly giving energy, passion and time — of which many had precious little left — to amplify the campaign's cry: California can't wait.

One storyteller not just amplified but personified that theme, to our collective grief. Jennifer Glass, battling advanced lung cancer, was one of the movement's most spirited advocates — testifying in Sacramento, producing motivational videos, blogging, writing op-eds and more. Heartbreakingly, Jennifer passed away in August, just one week before our redoubled push to pass the End of Life Option Act during the special session.

While this incredible victory heralds a more humane day for terminally ill Californians, our fight is far from over. C&C will be prepared to defend the law in court or at the ballot. We'll also work with physicians to fully integrate aid in dying into California's medical system to ensure that aid in dying becomes what the law intends: open and accessible.

Christy O'Donnell, a 47-year-old single mom from Santa Clarita dying from cancer and one of C&C's most vocal advocates, celebrated this remarkable moment. "I'm overjoyed for all the terminally ill in California who can now relax knowing they finally

have the choice of aid in dying as one of their endof-life options," she said. "No more worrying that they will suffer great physical and emotional pain at the end of their life, when they have already suffered painfully for so long."

Dan Diaz, Brittany Maynard's widower, added, "My wife was an extraordinarily loving individual who tried to make a difference for the rest of us, even while she was battling persistent pain and discomfort at the end of her life. Working with the talented staff and volunteers at Compassion & Choices, Brittany was able to spread her message and help get this vital piece of legislation into law. I feel an immense pride in Brittany and C&C for what we were able to accomplish this year."



Christy O'Donnell with her daughter, Bailey, in front of a California state symbol, the grizzly bear, at the Capitol building



The late Jennifer Glass speaks out in support of the End of Life Option Act. Pictured from left to right: Sen. Majority Whip Lois Wolk, Sen. Dr. Ed Hernandez, Dan Diaz (obscured), Sen. Majority Leader Bill Monning, Assemblymember Christina Garcia, Jennifer Glass, Debbie Ziegler, Dr. Robert Olvera and Assemblymember Susan Talamantes Eggman

6



Robb Miller builds a legacy

Few have done more to build the movement for end-of-life choice than Robb Miller, who stepped down as executive director of Compassion & Choices of Washington in April, one month after the 15th anniversary of his joining us.

An admired and beloved leader, Robb helped turn C&C of Washington into the third-largest choicein-dying organization in the country. His legacy includes passage of Initiative 1000 in 2008, which made Washington the second state to authorize aid in dying.

Robb with his partner, Randy



"We were a small nonprofit called Compassion in Dying when Robb joined us, and his arrival began to lay the foundation for our movement's professional evolution and explosive growth," says Compassion & Choices President Barbara Coombs Lee. "Many times Robb's keen mind, clear voice and impeccable integrity have guided us. He is a steady, bright light illuminating the path to human dignity at life's end."

Robb was drawn to the cause through personal experience. "In 1994, we found out that my partner, Randy, was dying from complications related to AIDS," Robb says. "Shortly after that,

I was diagnosed with HIV, which in 1994 was a terminal diagnosis."

His story parallels the early death-with-dignity movement in Washington, which emerged from the movement to improve care for people with AIDS. "The number of people who were dying from AIDS and the manner in which they were dying — alone, some of them violently, at their own hands — compelled a few compassionate activists to provide counseling and presence at the time of death," Robb says. "I was living that experience."

As his illness progressed, Randy asked Robb to promise that he

would die at home and to help him die when he could no longer walk. Randy was receiving hospice care, but it could not manage his extreme pain. "I asked his hospice provider how we could honor Randy's wish and shorten the dying process. They were completely unhelpful. 'Sorry, that isn't what we do,' they said."

In 1996, after Randy's death, Robb began his own end-of-life planning in order to avoid the needless suffering his partner had endured. That's when he learned about Compassion & Choices. Here was an organization that could have eased Randy's pain at the end of life — yet his caregivers had withheld information about it.

Hospice "made a conscious choice to deny us information that could have reduced or eliminated Randy's immeasurable suffering," he says. "This made me very angry. I have always carried that anger and desire for justice for Randy and others who died in ways that were abhorrent to them."

Robb became a client of C&C of Washington's End-of-Life Consultation Service; but as he planned for his death,





"If I did anything as executive director, it was to carve a place at the table for C&C among the organizations seeking to improve end-of-life care in Washington."

– Robb Miller

he also began to take a new kind of medication. Robb's health started to improve dramatically. Don Cook, Robb's case manager and one of the founders of Compassion in Dying, suggested he be classified as inactive. "That was a good day," Robb recalls. "Like graduating. It doesn't happen often." But that was just the beginning of Robb's relationship with Compassion & Choices. He continued to follow and support the organization, and in 2000, applied for the job of executive director of C&C of Washington.

"Nothing in my background indicated that I would go in this direction," he says. A classically trained trumpet player, Robb held a degree in music performance and theory. After playing with orchestras, he changed careers, earned a degree in kinesiology and became an athletic director.

But Randy's death — and that of Robb's father, who died of cancer in 1995 — ignited in Robb a burning desire for change. This, plus sharp administrative skills and more than his fair share of personal charisma, made Robb the ideal leader for a group poised to break into the mainstream.

When Robb was hired, C&C of Washington was little more than a one-person shop.

But things began to change with Robb at the helm. Over the next few years, Robb pushed to make end-of-life care a priority for healthcare providers. He was an early advocate of Washington's adoption of the Physician Orders for Life Sustaining Treatment (POLST) and promoted widespread use of advance directives. Robb formed alliances with other healthcare organizations that would make C&C of Washington a leader in the community.

By the time voters approved Initiative 1000 in 2008, Robb had turned C&C of Washington into a power-house of advocacy and political change. The campaign was a high point in a career of highs. "It felt like justice for me, for Randy, for all those people who had to die miserably, violently or alone," he says. "It is my belief that passage of this law changed the paradigm of end-of-life care in Washington."

Robb could take a lot of credit for that — but he is quick to deflect praise. Instead, he points to the courage of those who started Compassion in Dying. "I am a direct beneficiary of the pioneers who went out on a limb for people like me," he says.

Last year, Robb and his current partner got married. "All these wonderful things have happened since I should have died," he says. "If not for C&C, I am pretty sure I wouldn't still be here, and I know I wouldn't feel that my life has had the meaning that it's had. I am one of the very few people who can say if I died tomorrow, I would die fulfilled."

Honor Robb Miller's legacy by completing your own advance directive and, if you become seriously ill, a POLST. Visit <u>CompassionAndChoices.org/information</u> to find a variety of end-of-life planning tools.

In September 2015, C&C Washington changed its name to End of Life Washington and now operates independently of C&C. Going forward, Compassion & Choices and End of Life Washington are committed to fostering a strong, collaborative relationship around our shared goals.

The doctors in our movement are heroes. Their courage and altruism help make end-of-life options possible.





Dr. Jeannie Juster, an emergency room physician for 33 years, recently signed on as a medical director for Compassion & Choices Oregon. A windsurfer and outdoors enthusiast, she's been a supporter of C&C since its founding.

atient autonomy has always been a major part of my outlook. Philosophically it's an issue that I felt was very important even in medical school; it was my generation of new doctors that really started thinking about it. Medicine has since veered away from being a very patriarchal type of enterprise with the physician telling the patient what was best for him. Now patients can really engage as equals with their physician, talking about what they want and how together they can effect that. It's been a massive transformation.

But it's not perfect yet, and part of it is generational. Some people still expect their physician to tell them what is best for them instead of starting a dialogue about what, ideally, they want and what's possible at what cost. And physicians are restricted time-wise because there's so much emphasis on productivity, and it takes a long time to have these conversations. So I'm really pleased at the emphasis Medicare has placed on reimbursing physicians for having these important discussions because medicine had gotten a little bit away from making time for communicative

interventions (see story on page 17). Procedures were reimbursed, but talking wasn't. Now there will be more of a balance.

Even young people have to ask themselves what they would want. It's so hard to visualize oneself in major decline, but eventually we're all going to face it. You don't have to dwell on your own mortality, but it's a comfort to have the dialogue and have it out in the open so no one is blindsided."

PASS IT ON!

Spread the word about the end-of-life choice movement by giving this issue to friends, co-workers or your doctor. Request more at info@CompassionAndChoices.org



On Halloween 2013, I went to the emergency room with chest pain and shortness of breath. Thus began our odyssey with acute myelogenous leukemia (AML). I say "our" because this journey has emphasized how I live within a network of relationships that includes self, family, community and colleagues. Much to my surprise, I chose to undergo eight months of aggressive chemotherapy and at the time was in "cytologic remission."

Four months into our journey, Annalu, my wife and caregiver, also was diagnosed with AML. She chose to undergo the same aggressive chemotherapy. No surprise to us, physical suffering is the foundation of the worst but medicalization of our lives is a close second.

The fundamental lesson I have learned as a professional patient is that clinicians and patients/families inhabit two entirely different worlds. Unfortunately, the medical world is the one that holds dominion. The surging currents of medicine sweep everyone down a river rushing toward life-prolonging treatment as inevitably as the tides follow the moon. The fallacy that I am an autonomous individual who can and should make treatment decisions based on the medical facts provided by my clinicians continues to confront Annalu and me at every medical crisis point. Discussions focus on treatments to prolong life and make invisible the very life we are living. This medical model protects clinicians from having to make tough decisions and having to engage with their patients and families on an intensely personal level.

As I sat in my hospital bed following my second round of intensive consolidation chemo and seven days of neutropenic fever, the infectious disease (ID) attending shared that I likely had a viral infection that my returning white count should take care of. However, there was a small chance I had PCP pneumonia, and if that was the case, then without treatment I would die. The best way to be certain I didn't have the lethal PCP pneumonia was to have a bronchoscopy. He then asked me, "What do you want to do?" I smiled to myself as I considered his question. First, I was in no shape to decide much of anything given how muddled my mind was by both sickness and grief. But the answer arose from within my inner self. "I don't want to do anything that would make me feel worse. I feel a bit better now than when I came into the hospital. I want to wait and see if I continue to improve. There is a very small chance I have PCP pneumonia and a very large chance I have a virus that will get better. If I'm wrong, I am at peace with the consequences, including death." Much to my surprise the ID attending said, "That is the same choice I would make."

I was dumbfounded. Every word he shared led me to think he wanted to do a bronchoscopy. I am convinced that almost every patient who participated in the same discussion would opt for a bronchoscopy. How can this be? It is craziness. Yet it is repeatedly our experience. How to integrate these two worlds into one shared world is the critical challenge.

So what have I learned from my new friend Leukemia? Personally, I always knew that I was going to die. I just didn't believe it. Now I get it to my core. Knowing I am mortal is a sacred knowledge that makes each moment an awesome gift filled with opportunity for love, joy, and peace. It has transformed how I live my life. If I know I am mortal, then what is important? Sharing love and joy within my relationships: with myself, my wife, my family, my grandchildren, my friends, my colleagues, and the community in this very moment we are living.

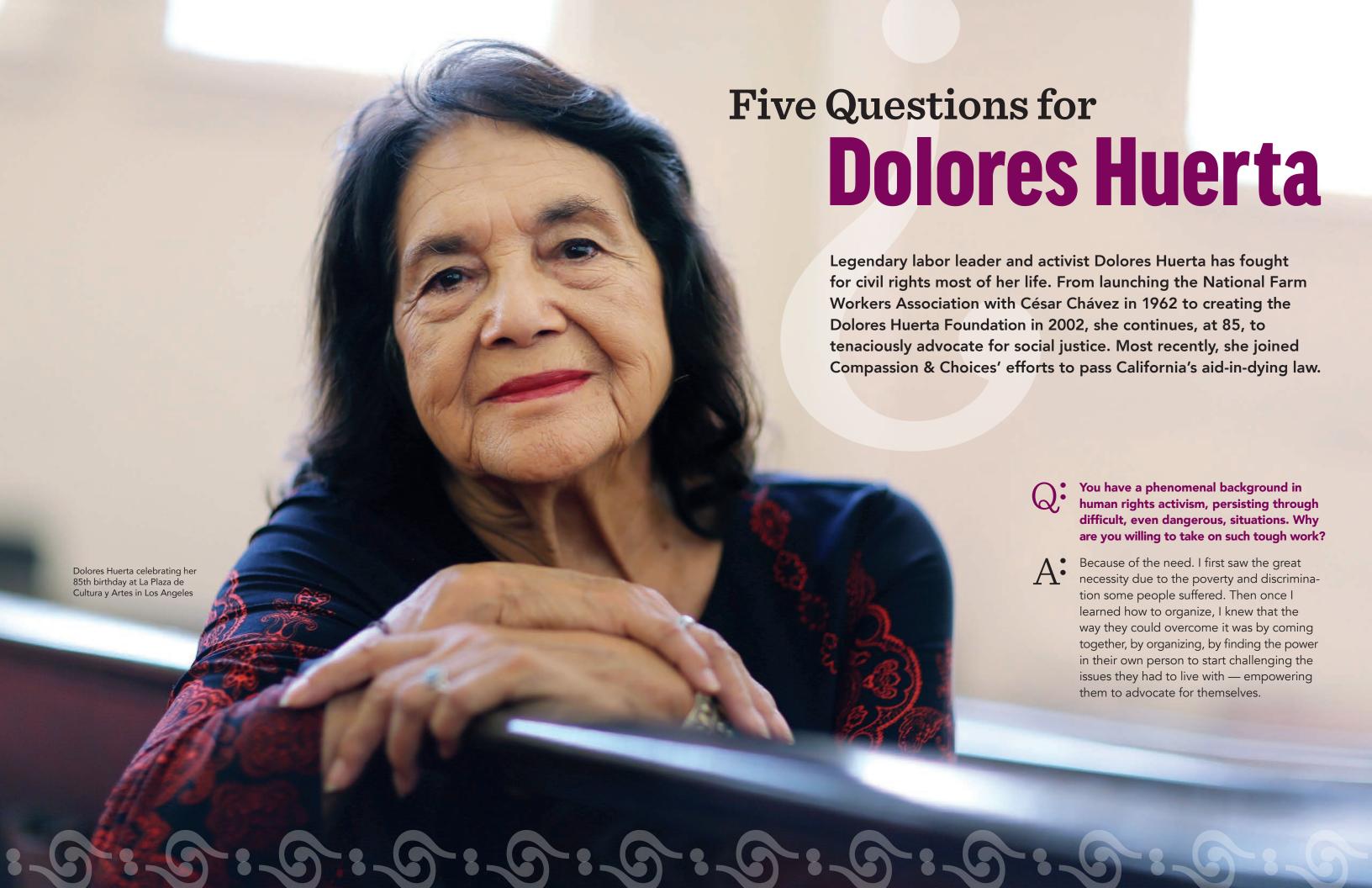
Professionally, I understand in a deeper way that death is not a medical event. It is a central life cycle event that we will all successfully complete, no matter how much medical care we get or don't get, or how healthfully we live or don't live our lives. Death is a process to be lived not a problem to be solved. Yet literally every clinician Annalu and I have interacted with is more afraid of death than we are; they focus on solving the problems of our illness with little awareness of how we want to live our lives. It is a paradox. The clinician is focusing on "treating" the illness that threatens life, but the "life" of the person who is ill is invisible. It is critical for clinicians to embrace death as a normal part of life, so they can accompany and guide the patients and families they serve through the sacred process of living until death.

As I gaze into mortality, love sits in the center of my consciousness. Love is the inspiration that creates my courage to move forward as a caregiver to my wife, a patient receiving care, a father accepting support from my children, and a human simultaneously living and inevitably dying in the miracle of this world.

As I sit with my medical caregivers, I see fear of failure at the center of their consciousness, with death being the ultimate defeat. These professionals actively, albeit unconsciously, convey that living longer is always preferable to dying, but they fail to appreciate that the most important act is to support living in harmony with a narrative thread. It is another of the many paradoxes that I live within. I leave my insights as a legacy for others to reflect upon and use as they see fit for the benefit of themselves and all those they touch.

Editors' Note: Dr. Farber died peacefully at home with hospice on February 27, 2015. Getting this article published was an important part of his legacy work, and it contributed greatly to his meaning and purpose knowing that he may not live to see it in print. He will be missed by all.

This is an edited version of an article that originally appeared in *Journal of Pain and Symptom Management* Vol. 49 No. 4, Apr.'15.





Dolores Huerta holds a sign that says "Strike" in Spanish at the beginning of the Delano, Calif., grape strike in 1965

Social issues move slowly, and the obstacles can be discouraging. Did you ever want to quit?

Not really. There were times it became difficult. But when you do this kind of work you always have setbacks, so it's just knowing that if you have a setback you can't quit, because if you quit, you lose. You have to keep organizing until you achieve your goals. Setbacks only make you stronger, because you're not going to make the same mistakes. And you need to have hope, faith in yourself, faith in the people that you're working with and faith in the cause that you're working on.

For decades you've devoted yourself to important causes. When do you plan to retire?

I don't intend to! As long as I have the I'm going to continue.

National Programs Update

Absolutely. Everybody needs to be engaged and informed about what's going on in the world, especially about laws that are being passed. But it's not just about passing laws that are helpful to people. It's also important to elect candidates to our city councils, school boards, state legislatures and U.S. Congress who are really going to help the people and are not just there for their own opportunistic gain. We have to vote for people who work for the common good.

Can the average person create significant

change?

Does the end-of-life choice movement parallel any of the other issues on which you've worked?

It's probably most similar to rights for women and reproductive rights. People have to understand it's a personal choice. We should have the right to make these decisions for ourselves, and other people shouldn't interfere.

There's a quote by a great Mexican president named Benito Juárez. He said, "Respect for the rights of others means peace." This is another issue that fits into the realm of human rights. People should be able to decide what they want at the end of life. If they are in pain and are going to die anyway, they should be able to make any choice they want.

Praise for New Bipartisan Legislation to **Prevent Unwanted Medical Treatment**

Below are excerpts from a widely published op-ed written by Daniel Wilson, outgoing director of federal programs at Compassion & Choices

Roughly 25 million Americans have been subjected to unwanted medical treatment at some point in their lives, and that means we have a healthcare system that is not listening to patients. We all say we believe in more patient-centered healthcare, and now we have a bill in the U.S. Congress that would put our money where our mouths are. Literally.

Senators Mark Warner (D-VA) and Johnny Isakson (R-GA) have introduced legislation that would make sure Medicare recipients and their doctors know how much or how little treatment those patients would want as they approach the end of life. The Care Planning Act of 2015 would specifically create a Medicare benefit for people facing grave illness to work with their doctor to define, articulate and document their personal goals for treatment. Doctors will be rewarded with reimbursement for helping patients make very important end-of-life decisions when there is time

and space to do so thoughtfully, before a crisis and when the patient can advocate for herself.

The Care Planning Act will go a long way toward ensuring that once a Medicare recipient has determined and documented their treatment preferences, those preferences go with them. It brings in the patient's family members, friends, religious figures and their health care team to create a larger community of individuals who will understand and support the choices the patient makes. It even allows for training of people in the patient's inner circle of family and caregivers in how to help implement their plan when the time comes.

We are so proud to support the Care Planning Act of 2015, alongside a growing list of organizations including the American Academy of Family Physicians and the American Geriatrics Society. It gets us closer to the patient-centered care everyone supports, and with its bipartisan sponsorship, there is every reason for it to pass and give Americans more power in our healthcare system.



The Campaign to End Unwanted Medical Treatment, of which C&C is a collaborator, hosted a Capitol Hill briefing where Sen. Mark Warner (D-VA) discussed The Care Planning Act of 2015, which he introduced with Sen. Johnny Isakson (R-GA). Warner is known for working across the aisle and called his bipartisan bill the kind of "common ground" solution that can pass Congress. It is smart legislation that involves a broad range of health providers in helping seriously ill patients determine and document their treatment goals.

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energy and the health to keep on working,

national programs update

Campaign to End Unwanted Medical Treatment Names Amy Berman Honorary Spokesperson



Amy Berman, keynote speaker at the End UMT campaign's April luncheon in Washington, D.C.

The Campaign to End Unwanted Medical Treatment (UMT) welcomes its first honorary spokesperson, Amy Berman. As keynote speaker at the End UMT campaign's April luncheon, Berman awed the audi-

ence describing how she empowered herself to make informed healthcare decisions that allow her to actively live her life — a vibrant life — with stage IV cancer. Her nursing background helps her

make care choices, but she cites quality of life as her "true north," choosing the options that will help her "live until I can't." She feels healthy and strong, works, and travels.

"The reason I'm doing so well is because my decisions are being honored, and I am not receiving care that would not help me," Berman said. The Campaign to End UMT is honored to partner with Berman as

she helps advance the conversation and the fight to ensure patients receive the care they want — nothing less, nothing more.

The Campaign also released a compendium of policy briefs reflecting some of the best thinking on healthcare at the end of life, written by policy experts at the National Academy of Social Insurance. The first paper updates readers on the legislative and regulatory environment in which the Campaign to End UMT seeks to effect policy changes. The second paper covers the presentation made at the Campaign's inaugural lunch briefing by Dr. Bernard "Bud" Hammes, who directs the pioneering, successful and effective advance care planning programs across the Gundersen Health System in La Crosse, Wis. There are also papers describing Campaign lunch briefings by former Obama Administration health policy expert Chris Dawe on hospice usage, and by Charles Sabatino of the American Bar Association's

The reason I'm doing so well is because my decisions are being honored, and I am not receiving care that would not help me.

Commission on Law and Aging discussing the trend toward consumer-directed advance planning.

The next scheduled lunch briefing features U.S. Senator Mark Warner of Virginia, co-sponsor of the Care Planning Act of 2015. The Campaign is ramping up its efforts in Washington, finding growing support in the federal health policy community and on Capitol Hill. **Follow its progress at** *EndUMT.org*.

In the Courts

Compassion & Choices' legal advocacy is one of the strategies used to authorize aid in dying across America and ensure availability of a full range of end-of-life options.

California

C&C filed a lawsuit (*O'Donnell v. Harris*) on behalf of three Californians with terminal or advanced diseases and a physician. On July 24, a San Diego County Superior Court judge dismissed the case, which asserts the California constitution and existing state law allow terminally ill adults the option of medical aid in dying. An appeal is underway. Terminally ill lead plaintiff Christy O'Donnell spoke to reporters after the judge's decision, issued on her 47th birthday, saying, "This is not the outcome I had prayed for, but as a lawyer, I am confident the appeals court will see our case in a different light."

New Mexico

On August 11, a New Mexico appeals court reversed a 2014 district court ruling that aid in dying is a "fundamental liberty interest" under the New Mexico Constitution. While the decision is disappointing, the ruling was fractured — with three judges writing three different opinions. The New Mexico Supreme Court will hear the case on October 26, 2015. C&C is committed to continuing a vibrant community presence until terminally ill New Mexicans and their loved ones have the comfort and reassurance of legally authorized aid in dying. Our physician outreach and public education initiatives continue during the appeal.

Tennessee

C&C is providing litigation support in a suit filed in Davidson County Chancery Court on behalf of John Jay Hooker, a two-time gubernatorial nominee who has terminal metastatic cancer, and three physicians who want to provide the option of medical aid in dying to terminally ill adults. The suit urged the judge to declare that the state constitution and existing state law allow medical aid in dying. The case was dismissed on September 29, 2015, and counsel is reviewing options for an appeal.

Learn more about our legal initiatives by visiting CompassionAndChoices.org/courts



Plaintiffs Elizabeth Wallner and Christy
O'Donnell after the California court hearing



John Jay Hooker and Kevin Díaz at the Tennesse courthouse

>> To watch Amy's presentation, visit EndUMT.org.

national programs update

Doctors for Dignity Take Legal Action

Dr. Lynette Cederquist, a practicing physician in La Jolla, Calif., is taking her expertise to court to improve end-of-life options in California. In May, Compassion & Choices filed a lawsuit on behalf of Dr. Cederquist and three Californians with terminal or advanced diseases that would protect physicians who honor a patient's request for medical aid in dying.

"As a physician who has spent the last 20 years caring for terminally ill patients, I've seen many cases where suffering was unnecessarily prolonged that could have been alleviated if people had more options at the end of their lives," she said. Dr. Cederquist was named "Top Doctor" by the San Diego County Medical Society six of the last nine years. She is board certified in internal medicine with additional board certification in hospice and palliative medicine. She has been a member of the San Diego County Medical Society since 2006.



Interested in becoming a doctor for dignity?

Learn more at <u>CompassionAndChoices.org/doctors</u>.

C&C Hosts White House Conference on Aging Watch Party





The former White House correspondent for Gannett News Service, Deborah Mathis, spoke at a Compassion & Choices watch party in Washington, D.C., during the July White House Conference on Aging hosted by President Obama.

This year marks the 50th anniversary of Medicare, Medicaid and the Older Americans Act, and the 80th anniversary of Social Security. The conference recognized the importance of these programs and the issues facing older Americans for the next decade, including caring for older loved ones.

In that spirit, the Obama administration launched Aging.gov to help older Americans and their families, friends, and caregivers find local services and resources in their communities, such as long-term care.

Aging.gov complements Compassion & Choices' End-of-Life Information Center (CompassionAnd-Choices.org/information). This one-stop locale for advance healthcare planning, end-of-life information and forms features our *Good-to-Go Toolkit* and the dementia provision, which are exclusive to C&C.

C&C Seeks to Strengthen Medicare Proposal to Pay Doctors for End-of-Life Care Conversations

When the Centers for Medicare and Medicaid Services (CMS) asked for public comments on its proposal to make doctor-patient conversations about advance care planning a separate, reimbursable service under Medicare, C&C offered two key recommendations to improve the plan. First, the initial conversation with a patient regarding their treatment preferences should take place during the standard "Welcome to Medicare" visit so these conversations can happen before diagnosis of a terminal illness. Second, CMS should give physicians the flexibility and autonomy to engage in additional conversations as needed: at least once a year as part of a patient's annual medical review, and more often if necessary given each individual patient's unique disease diagnosis, prognosis and trajectory.

In submitting these suggestions, Compassion & Choices Chief Program Officer Kim Callinan wrote: "These conversations can help patients understand

their treatment options, recognize the need to plan ahead for the care they choose, avoid unwanted medical treatment and better ensure their end-of-life healthcare wishes are carried out if they are unable to speak for themselves." The CMS policy changes would take effect in 2016.

In the legislative arena, reimbursement is also central to the Care Planning Act of 2015, sponsored by U.S. Senators Mark Warner (D-VA) and Johnny Isakson (R-GA), which Compassion & Choices supports. This bipartisan bill would create a Medicare benefit for people facing grave illness to work with their doctor to define, articulate and document their personal goals for treatment.

You can send a letter urging your member of Congress to pass the Care Planning Act of 2015 by visiting <u>CompassionAndChoices.org/careplanningact</u>.

Welcome, Sarah Brownstein!

Compassion & Choices is delighted to introduce our new national volunteer manager, Sarah Brownstein. This summer, our dedicated volunteer base reached a staggering number, surpassing 3,000 volunteers nationwide. From advocating for pending bills to speaking with community members about end-of-life issues, volunteers fuel Compassion & Choices' success.

Sarah will recruit, train and deploy volunteers for Compassion & Choices. She will also build C&C's National Speakers Bureau, a new initiative to increase our outreach and impact at national conferences, medical symposiums and other large forums. Sarah comes to C&C with extensive legislative knowledge, having most recently worked as a policy analyst and legislative aide to a Texas state senator. Sarah joined C&C for several reasons: "Professionally, I have always prioritized work that has a broad and positive impact. Personally, I have aging parents, one of whom has multiple sclerosis and lives in a state where there are no legal protections for aid in dying. Her situation puts this issue in perspective, and gives an urgency and timeliness to the work."

It's easy and rewarding to become a volunteer: email <u>volunteer@CompassionAndChoices.org</u> or call us at 800.247.7421.

national programs update

C&C Hires Three Senior Staffers

Compassion & Choices has successfully recruited three talented senior staff members to help the organization meet its rapidly expanding agenda of end-of-life issues.

Nicholas Simmonds, previously CEO/president of Providence Health Foundation, signed on as chief external affairs officer.

He oversees all development, marketing and communications from C&C's Washington, D.C., office. Simmonds is a former president of the Washington, D.C., Metro Chapter of Association of Fundraising Professionals (AFP), was named its Outstanding Fundraising Professional in 2007 and led a program that won the Campbell & Company AFP Award for Excellence in Fundraising in 2001.

"I want to help Compassion & Choices expand its reach and engage new audiences to match the demand for autonomy at the end of life," said Simmonds.

Kimberly Callinan, most recently general manager and senior vice president of health communications and programming at IQ Solutions, where she managed a 125-person team that worked across the Department of Health and Human Services, and a former executive director of the Maryland Democratic Party is C&C's new chief program officer, also in C&C's D.C. office.

She works collaboratively with the organizational management team to develop the vision, set the strategic program priorities, and direct the design and management of all C&C programming. That includes overseeing 1) the development of C&C's federal policy agenda and C&C's involvement in the Campaign to End Unwanted Medical Treatment, 2) C&C's political and field teams, 3) the strategic direction of C&C's innovative legal advocacy and 4) the End of Life Resource Center.

"I look forward to leveraging C&C's powerful network of more than 500,000 supporters with the ultimate goal of implementing policies to ensure that patients get the medical care that they want at the end of their life — nothing more and nothing less," said Callinan.

Corinne A. Carey, former assistant legislative director for the New York Civil Liberties Union, was hired as C&C's New York state campaign director. She will lead the organization's advocacy campaign for death-with-dignity legislation in the state.

Her hiring coincides with unprecedented bipartisan progress on





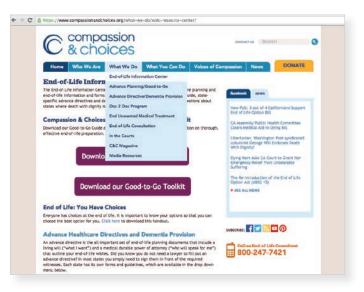


top to bottom: Nick Simmonds, Kim Callinan, Corrine A. Carey

death with dignity in Albany. State Senators Diane Savino (IDC), Brad Hoylman (D) and John Bonacic (R), and Assemblymembers Amy Paulin (D) and Linda Rosenthal (D) have all introduced bills this year.

"As we connect with voters, advocates and legislators, I'm confident that New York will become the next state to authorize death with dignity," said Carey.

Crucial Planning Made Easy



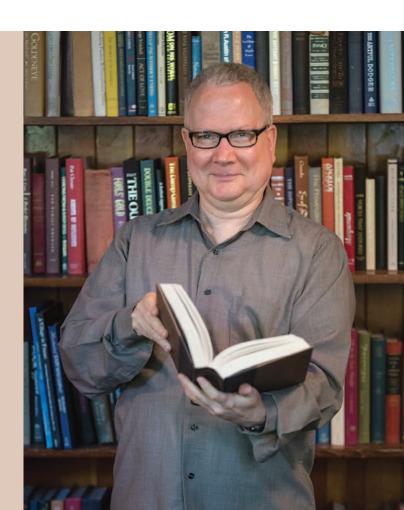
Compassion & Choices is pleased to share the newest addition to CompassionAndChoices.org ... our End-of-Life Information Center! It's your one-stop advance healthcare planning resource. You will find extensive material to share your end-of-life priorities with your physician and family, including our *Goodto-Go Guide* and *Toolkit*, downloadable state-by-state advance directives, dementia provision, advocacy materials, and more.

Visit and explore this valuable resource today at <u>CompassionAndChoices.org/information</u>. As always, you can also request information by calling 800.247.7421.

Remembering a Gentle Hero

Compassion & Choices honors the noble life and benevolent work of EOLC consultant Mark Ferguson. Mark died of cancer on August 21, 2015, peacefully at home with his husband, Fred Beal, their four dogs, his brother Don and a hospice nurse by his side. "The forthright support our consultants give dying people and their loved ones forms the roots from which all our other work grows. Principles of human dignity, self-determination and nonabandonment rise from these roots to spread through every part of C&C. Mark's work fed the trunk, branches and leaves of our own giving tree," said President Barbara Coombs Lee. "He did this daily, quietly, without fanfare or angst."

Mark's brave and compassionate spirit lives on in his colleagues, C&C volunteers and all who are devoted to easing the suffering of others.



Advocacy in Action

How Brittany Maynard Changed the Landscape: Death-With-Dignity Bills Spread Across the States



above: The now-iconic image of Brittany Maynard from 2013, before her cancer diagnosis

right: Brittany's widower, Dan Diaz, testifying in the California legislature



It is impossible to talk about the transformative campaign that 29-year-old Brittany Maynard launched without first talking about the rare privilege it was to know her. No one at Compassion & Choices will ever be the same, inspired as they were by Brittany's wisdom and generosity. C&C's campaigns to pass death-with-dignity laws will never be the same, either. On what would have been Brittany's 30th birthday, November 19, 2014, C&C issued its nationwide call to make aid in dying available to residents of every state. One year later, the progress is astounding: aid-in-dying legislation passed in California and has been introduced in 26 states plus the District of Columbia, with more than 215 elected lawmakers as primary or co-sponsors.

C&C is commemorating that campaign with a series of activities that elevate the issue in the media and keep legislative progress moving in the states.

To mark the one-year anniversary of her first video, C&C issued a new video on October 6 with footage of Brittany Maynard the public had not yet seen. There is also a series of face-to-face events for activists to lobby lawmakers for state-level aid in dying laws and local resolutions supporting them. Supporters are also writing letters-to-the-editor and sharing with their online networks about Brittany and her family's unyielding commitment to make death with dignity an option in every state.

After being diagnosed with terminal brain cancer and researching her treatment options, Brittany Maynard made the decision to relocate from California to Oregon so that she could access its Death With Dignity Act. Believing that no one should have to go to such lengths to access a medical option everyone deserves, Brittany contacted C&C the summer before she died and offered her partnership. In what

"Brittany's Momma," Debbie Ziegler, speaking at a California press conference



C&C California Political Director Charmaine Mansala takes her turn beside other citizens voicing support for death with dignity in Sacramento



time she had remaining, she would work to enact death-with-dignity laws across the country.

Brittany always said she could never have made it to Oregon without the love and support of her husband, Dan Diaz, and mother, Debbie Ziegler. Before she died, she asked them to continue her campaign — and they have. Dan, Debbie and other family members focused their efforts on legislation in California. Both appeared alongside the lawmakers introducing California's End of Life Option Act at Sacramento press conferences. Both testified, spoke at organizing events and talked with the media numerous times. And both were there on the historic day in September when the full legislature passed the bill during a special session. Two weeks later, the bill was transmitted to Governor Jerry Brown, who signed it into law on October 5. The significance of the bill's passage is profound. It makes California

A YEAR AGO THIS OCTOBER ...

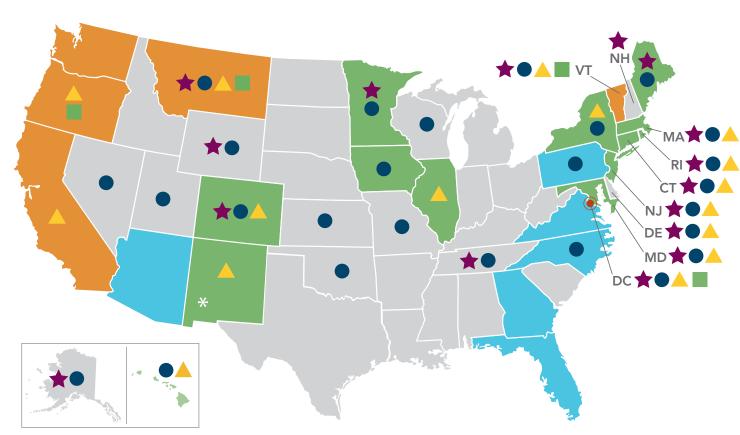
C&C's campaign with Brittany Maynard started with a video that went viral in October 2014. C&C commemorated the anniversary with a new video featuring never-before-seen footage of Brittany and a series of events across the country urging legislative action on death-with-dignity bills. Watch Brittany Maynard's commemorative video at *TheBrittanyFund.org*

the second state, after Vermont, to originate, debate and pass a death-with-dignity law in the legislature. Now the 12 percent of Americans who live in California will have the peace of mind that access to aid in dying provides.

>> See page 6 to read more about our California victory.

25

advocacy in action



*A decision overturning the authorization of aid in dying is under appeal in New Mexico.

Aid in Dying Authorized

C&C Campaigns Underway

Organized Grassroots Initiatives

C&C Staff Locations

States with Aid-in-Dying Bills in the Legislature in 2015

States with Legislative Action in 2015



The family's availability for high-profile media interviews and low-profile lobbying across the country has had immeasurable impact on progress in other states, too. Here are a few highlights. An aid-in-dying bill passed the **New Jersey** Assembly on a bipartisan vote 12 days after Brittany's death, and C&C is now shepherding it through the Senate. A new bill in **New York** is on track to its first hearing (see State Spotlight story on page 30). Fifty legislators signed on to co-sponsor a death-with-dignity bill in Maryland, where hearings were held in both the Senate and the House of Delegates for The Richard E. Israel and Roger "Pip" Moyer Death With Dignity Act, which comes back before the legislature this winter. Montana's five-year-old Baxter ruling authorizing medical aid in dying survived three legislative efforts to repeal or erode it, thanks to bipartisan support. Vermont's two-year-old aid-in-dying law survived repeal efforts and became permanent. C&C sprang into action in Maine where a bill ultimately fell just

See the map for the status of your state!

C&C needs citizen lobbyists to meet with state lawmakers, organize grassroots support in their own communities, and write to legislators and media outlets expressing their support – and demand – for more end-of-life options.

TO GET INVOLVED...

Visit us at:

CompassionAndChoices.org/get-involved

Send us an email:

volunteer@compassionandchoices.org

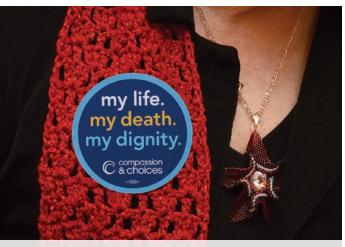
Send a letter to your local lawmaker at:

CompassionAndChoices.org/state-action-center

Connect online:

Like us on <u>Facebook</u> and follow us on Twitter @compandchoices

or Call: 800.247.7421



The sticker worn by dozens of C&C activists attending a hearing in the New Jersey legislature

DID YOU KNOW

C&C also protects access to aid in dying in states where it is authorized. C&C is actively working with medical communities and conducting public education to expand access in Oregon, Washington, Montana, New Mexico, Vermont and now California.

one vote shy of passing the Senate on its first try. C&C also dispatched staffers to **Wyoming** and **Rhode Island** to testify and support legislative efforts.

This year, C&C is expanding into several additional states, including Delaware, Florida, Hawaii, Illinois, Iowa, Maine, Minnesota, New Hampshire and Pennsylvania even as campaigns continue in Massachusetts, Connecticut, New York, New Jersey, Maryland, Colorado and the District of Columbia.

So much of this progress is thanks to the women and men across the country who were inspired by Brittany to come out and tell their stories ... people facing their own fears about how they might die from cancer that riddles their bodies, people who have seen loved ones die peacefully using aid in dying, and those who have witnessed painful, drawn-out deaths where aid in dying is not available. Whether

written down in a newspaper op-ed, delivered in legislative testimony or shared at a community event, these stories educate lawmakers and help them understand the urgent need to pass deathwith-dignity laws now.



Delegate Shane Pendergrass, sponsor of Maryland's death-with-dignity bill in the House, speaks at a press conference

advocacy in action



How Death-With-Dignity Bills Become Law: A Case Study From Vermont

It was 18 years from the time an early version of what became Vermont's death-withdignity law was first introduced to its enactment. This timeline offers a snapshot of the often-lengthy legislative process by which residents of a state come to have access and preserve access — to this compassionate end-of-life option.

1995...

The first death-with-dignity bill in Vermont was introduced 20 years ago. House Bill 335, The Rights of Terminally III Patients, was introduced in 1995, and again in 1997 (H.109) and 1999 (H.493).

+++++

2004

MAY – 78 Vermont lawmakers ask their Legislative Council to examine the Oregon Death With Dignity Act and report findings to the legislature.

DECEMBER – The Vermont Legislative Council publishes a report detailing the positive outcomes and efficacy of Oregon's Death With Dignity Act.

+++++

2007

JANUARY - H.44 and S.63, both An Act Relating to Patient Choice and Control at the End of Life, are introduced in the Vermont House and Senate respectively; fizzles in the Senate but gets a House hearing and vote.

MARCH – H.44 was defeated 82 to 63 in a House floor vote following successful committee votes.

+++++

2009

APRIL – S.144 and H.455, both An Act Relating to Patient Choice and Control at the End of Life, are introduced in the Vermont Senate and House respectively; both go nowhere.

+++++

2010

OCTOBER – Democratic gubernatorial candidate Peter Shumlin promises to make signing a death-with-dignity law a top priority as governor.

2011

FEBRUARY – H.274 and S.103, both An Act Relating to Patient Choice and Control at the End of Life, are introduced in the Vermont House and Senate respectively; neither advance.

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+++++

2013

VICTORY! VT DWD bill

JANUARY – Senate Health and Welfare Committee holds a public hearing on S.77, the Patient Choice at the End of Life Act, in the well of the House.

FEBRUARY – S.77 is introduced in the Vermont Senate, followed by three readings and four roll-call votes. There is one reading of the bill in the House.

APRIL – There are two readings and five roll call votes in the House.

MAY – S. 77 passes the Vermont House and the Senate, and is sent to the governor after one reading and seven roll-call votes in the House, and four roll-call votes in the Senate. Governor Peter Shumlin signs the Patient Choice at the End of Life Act (now officially Act 39) into law, making Vermont the first state to authorize medical aid in dying through the legislative process.

+++++

2014

OCTOBER – After battling cancer, Annette Vachon becomes the first Vermonter to self-administer aid-in-dying medication as authorized by Act 39.

+++++

2015

MARCH - The Vermont Senate votes down proposal to repeal Act 39; makes permanent some protections originally scheduled to sunset in 2016.

APRIL – The Vermont House votes down efforts to repeal Act 39; makes permanent some protections originally scheduled to sunset in 2016.

MAY – Governor Peter Shumlin signs the revisions to Act 39, Patient Choice and Control at End of Life Act, into law making some protections permanent.

COMPASSION & CHOICES MAGAZINE / FALL 2015

state spotlight New York Socious Contraction of the contraction of t

C&C is harnessing popular demand for expanded end-of-life freedom and reaping results in the Empire State. Within months of launching a campaign for death with dignity in all 50 states on November 19, 2014, three separate bills authorizing aid in dying were introduced in the New York legislature. C&C is mobilizing around the New York End of Life Options Act sponsored by Senator Diane Savino, an independent Democrat from Staten Island. As Savino and her team develop a unified legislative strategy, C&C is working in the Capitol and across the state to secure the votes to pass the bill.

C&C rallied 21 supporters for a Lobby Day in Albany in May, meeting with 18 legislators and identifying more co-sponsors for an Assembly bill. C&C's aggressive media strategy includes placing op-eds in key outlets. One standout was Amanda Avery's piece in the Albany Times Union describing the death of her 29-year-old partner, Chrissi, to cancer. Also powerful was Reverend Paul Smith writing in the Brooklyn Eagle that counseling and comforting dying people informs his advocacy for death with dignity: "When dying persons have alternatives — a final measure of control — they feel a sense of comfort and peace that allows them to truly live during their last days. This is the greatest gift we can grant our dying friends and loved ones."



C&C's citizen lobbyists pose with State Senator Diane Savino (center with red coat), sponsor of the New York End of Life Options Act, between visits with other legislators in the Capitol on May 13, 2015

In August, C&C's New York campaign director came on board. Corinne Carey's extensive experience working on civil rights and healthcare issues in Albany allowed her to hit the ground running.

If you live in New York — or any state — go to <u>CompassionAndChoices.org/state-action-center</u> for an easy tool to send an email directly to your state representatives telling them you support death with dignity.

Annual Report 2015

WHATAYEAR!

Decades of dedicated work paid great dividends throughout 2015. With your support, Compassion & Choices caught the nation's attention like never before, generating a surge of momentum that propelled the end-of-life choice movement to new heights. Read on to see what we have achieved.

states plus D.C. considered aid-in-dying laws: Dr. Robert Olvera, an East Los Angeles physician who lost his 25-year-old daughter Emily Rose to leukemia in April, joined C&C to help pass the End of Life Option Act in California. His family's experience convinced him that terminally ill people need the option of a gentle death on their own terms.





Oprah Winfrey interviews Dan Diaz, Brittany Maynard's widower, for her Oprah Winfrey Network program, "Where Are They Now?"

32

500%

increase in media coverage: Prolific and outspoken champions of the right to aid in dying such as Brittany Maynard, Christy O'Donnell, Barbara Mancini and Jennifer Glass appeared on magazine covers, talk shows and the web, sharing their painful stories to bring attention to the issue and motivate supporters.











states now authorize aid in dying: Oregon, Washington, Montana, Vermont and California. A decision overturning the authorization of aid in dying is under appeal in the New Mexico Supreme Court.





217



lawmakers sponsored or co-sponsored aid-in-dying bills: Wyoming Representative Daniel Zwonitzer, (R-Cheyenne), learned from working in the auction and estate sale business that too many terminally ill people in Wyoming take their lives violently, such as with a gun. The death-with-dignity bill he sponsored is under interim study.





3,000+

volunteers now fill C&C's ranks: Barbara Davis of Newark brings a news clip to show legislators during New Jersey Lobby Week.

33 COMPASSION & CHOICES / ANNUAL REPORT 2015 CompassionAndChoices.org

500,000

C&C has amassed nearly half a million **supporters**: Tennessee civil rights champion John Jay Hooker, suffering from stage 4 metastatic cancer, partnered with C&C to take his plea for end-of-life autonomy to the courtroom. "It is the ultimate civil right," Hooker said, "to be able to die with dignity, while you still have some choice in the matter."







74%

of Americans polled in a Harris survey last November agreed that: "Individuals who are terminally ill, in great pain and who have no chance for recovery have the right to choose to end their own life." Support cut across all generations and educational groups, both genders, and even political affiliation.



In collaboration with with 18 organizations, the Campaign to End Unwanted Medical Treatment published a collection of five **policy briefs** written by experts at the National Academy of Social Insurance. The briefs provide useful insight into issues around advance care planning and end-of-life healthcare.





The **number of people** served by C&C's End-of-Life Consultation Service doubled: Aris T. Allen Jr. — son of the first African-American chair of the Maryland Republican party, who ended his life violently after contracting terminal cancer in 1991 — recalls how frank talks about end-of-life preferences eased sorrow after his father's death. "I would recommend that everyone have 'the conversation' and talk with their loved ones about what they want and don't want, as well as complete an advance directive so their wishes are known."



Aris T. Allen Jr. standing with his father's statue



+1,000%

increase in traffic to CompassionAnd-Choices.org and over one million visitors to the website TheBrittanyFund.org, which C&C launched for our campaign with Brittany Maynard.



256%

increase in Faceook fans, putting our messages in front of an ever-broader audience on the preeminent social media network.

Combined Statement of Financial Position

June 30, 2015

ASSETS

Current Assets:	
Cash and cash equivalents: Operating	2,037,237
Investments	2,588,649
Pledges receivable-current portion	2,621,000
Investments	16,219,146
Prepaid expenses	147,429
Beneficial interest in charitable remainder trusts	168,984
Other current assets	7,421
Total current assets	23,789,866
Property, Equipment and Improvements, at Cost:	
Furniture, fixtures and equipment Leasehold improvements	456,744 62,446
	519,190
Less accumulated depreciation and amortization	315,671
Total property, equipment and improvements	203,519
Other Assets:	
Pledges receivable net of current portion	137,000
Intangible assets	15,764
Deposits	30,875
Total other assets	183,639
TOTAL ASSETS	24,177,024

LIABILITIES AND NET ASSETS	
Current Liabilities:	
Current portion of obligations under capital leases Accounts payable Accrued payroll and vacation Accrued expenses	14,717 456,899 340,677 1,500
Total current liabilities	813,793
Long-term Liabilities:	
Gift annuity payments due Total long-term liabilities	490,348 490,348
Total liabilities	1,304,141
Net Assets:	
Unrestricted:	

Combined Statement of Activities & Changes in Net Assets

For the Year Ended June 30, 2015

Revenue and Other Support:

rpenses:	
Total revenue and other support	16,369,416
Other Income	525,589
Realized and unrealized loss on investments	(261,571)
Investment income, net of expenses	389,624
Foundation Revenue	135,000
Membership fees	207,355
Contributions	15,373,419

Exp

Programs	12,849,683
General and administrative	1,836,558
Fundraising	1,012,582
Total expenses	15,698,823
Increase in net assets	670,593

Net Assets:

22,686,452 186,431

22,872,883

24,177,024

lotal net assets, beginning,	22,202,290
Net assets, ending	22,872,883

Costs for the Year Ending June 30, 2015:

PROGRAM COSTS ALL COSTS Public Education End-of-Life Consultation 39% Community Fundraising Administration Lobbying

Net investments in property, equipment and improvements

TOTAL LIABILITIES AND NET ASSETS

Total net assets

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Marcia Campbell CPA, CFO



Mickey MacIntyre
Chief Strategic Officer

Thank You to All Our Donors

Compassion & Choices is always profoundly grateful to the many thousands of donors who give so generously to our mission. In 2015, we received over 57,000 donations ranging from \$1 to grants in the millions. Each and every gift is vital to our success — and future. While space limitations only allow us to list donors of \$1,000 or more here, Compassion & Choices appreciates every single gift we receive. Through your commitment to our work, you provide a solid foundation on which to build going forward.

Totals are for gifts made in FY 2015 (July 1, 2014 – June 30, 2015)

Circle of Choice (\$50,000+)

Anonymous (6)

Mr. and Mrs. William Biggs

Ms. Emily C. Bond*

Coon Revocable Family Trust*

Earth and Humanity Foundation

Fidelity Charitable Gift Fund

Lisa and Douglas Goldman Fund

Dr. Robert Holzapfel

Mr. and Mrs. Joseph F. Horning

Patricia Stryker Joseph

The Kate Cashel Fund of the Community Foundation for the Greater Capital Region

Mrs. Jan Perry Mayer

Open Society Institute

Raymond James Charitable

Endowment Fund
San Francisco Foundation

Samantha B. and Mark J. Sandler

Schwab Charitable Fund

Ms. Louise M. Stoney

Stupski Foundation

Mrs. Joyce L. Stupski

Richard Arthur Unger Trust

Vanguard Charitable Endowment

Ms. Merla Zellerbach* and Mr. Lee Munson

Ms. Min Zidell

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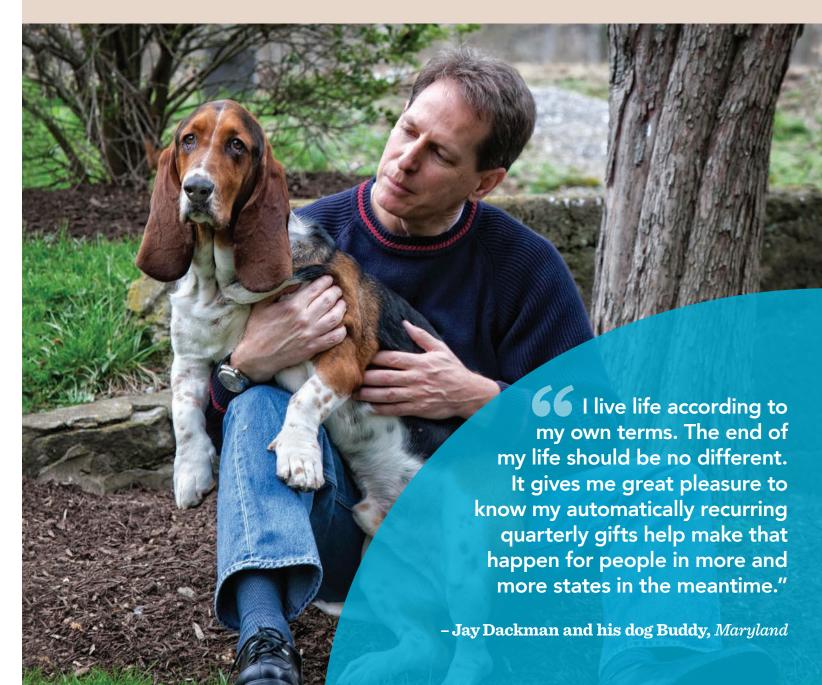
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