

## **AB X2-15 (Eggman) State Department of Public Health: End of life**

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2015 Chaptered Legislation  
AB X2-15 (Eggman)

### **INFORMATION ONLY – NO ACTION REQUIRED**

#### **ASSEMBLY BILL X2-15 (Eggman), Chapter 1, Statutes of 2015**

**This law becomes effective June 9, 2016.**

**Affects:** Adult Residential Facilities (ARF), Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN), Residential Care Facilities for the Chronically Ill (RCFCI), Residential Care Facilities for the Elderly (RCFE), and Social Rehabilitation Facilities (SRF)

**Subject:** End of life

**Summary:** Assembly Bill (AB) X2-15 adds and repeals Part 1.85 (commencing with Section 443) of Division 1 of the Health and Safety Code

#### **Overview**

The End of Life Option Act authorizes a mentally competent adult, who has been determined by his or her attending physician (and confirmed by a consulting physician), to be suffering from a terminal disease to make a request for a drug for the purpose of ending his or her own life. The Act establishes a procedure for making these requests, and additionally requires specific information to be documented in the individual's medical record, including all oral and written requests for an aid-in-dying drug.

The Act specifies that a person or entity that elects, for reasons of conscience, morality, or ethics, not to participate, is not required to take any action in support of an individual's decision. Except as provided, it also provides a person immunity from civil or criminal liability solely because the person was present when the qualified individual self-administered the drug, or the person assisted the qualified individual by preparing the aid-in-dying drug so long as the person did not assist with the ingestion of the drug.

The Act makes 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 Act also makes it a felony to knowingly coerce or exert undue

influence on an individual to request the aid-in-dying drug, destroy a withdrawal or rescission of the request, or to administer an aid-in-dying drug to an individual without their knowledge or consent.

### **Participation by Licensees and Employees**

Pursuant to the Act, Licensees may elect, for reasons of conscience, morality or ethics, not to have employees participate in activities pursuant to this act. Licensees may inform residents and prospective residents whether the Licensee has elected not to participate in the specified activities related to the End of Life Option Act. Specific to the ARF, ARFPSHN, RCFCI, RCFE or an SRF environment, participation in activities pursuant to the Act is described as:

- Delivering the prescription for, dispensing, or delivering the dispensed aid-in-dying drug.
- Being present when the qualified individual takes the aid-in-dying drug prescribed.

### **Resident's Rights**

Individuals living in an ARF, ARFPSHN, RCFCI, RCFE or an SRF facility and medically determined to be qualified to obtain the aid-in-dying drug ("qualified resident") retain the rights to obtain and self-administer the prescription, regardless of whether the licensee has determined that the entity and employees elect to not participate in activities pursuant to this Act.

The decision of a qualified resident to exercise their rights under this law shall not be basis for an eviction.

### **Medication Storage**

Qualified residents residing in ARFs, ARFPSHNs, RCFCIs, RCFEs and SRFs have two options for storage at the facility. Residents may centrally store the medication with the facility, or they may elect to store the prescribed medication in their rooms. Residents who choose this option must store the medication in a locked receptacle (for example a locked box, a safe, a locked cabinet, etc.) which prevents access to the medication by other persons.

Facilities with a central medication storage policy cannot require a qualified resident to have their aid-in-dying medication centrally stored as long as the qualified resident stores the medication in a locked receptacle. If the facility centrally stores and manages medications, the facility must honor the request of any qualified resident who requests that the medication be centrally stored unless the facility objects to the delivery or dispensing the drug pursuant to the Act.

### **Resident Disclosures**

There is no requirement for a qualified individual to disclose to anyone their intent to use the End of Life Act Option (except for the medical professionals involved in qualifying the individual and dispensing the medication). Therefore, residents

considering the use of this option or who are qualified to take the medication are not required to inform the licensee or facility staff of their intent to exercise their rights under this law.

However, qualified residents are encouraged to communicate with the licensee and direct care staff. Facilities are also encouraged to communicate with residents regarding end of life planning issues.

In addition to other procedures required by this Act, physicians are required to counsel individuals on the importance of the following:

- Having another person present when he or she ingests the aid-in-dying drug.
- Not ingesting the aid-in-dying drug in a public place.
- Notifying the next of kin of his or her request for an aid-in-dying drug.
- Participating in a hospice program.
- Maintaining the aid-in-dying drug in a safe and secure location until the time that the qualified individual will ingest it.

#### **Additional Background**

The End of Life Option Act requires an individual requesting a prescription for an aid-in-dying drug to submit two oral requests and a written request to his or her attending physician. The request shall be signed and dated, in the presence of two witnesses, by the individual seeking the aid-in-dying drug. Only one of the two witnesses may own, operate, or be employed at a health care facility where the person is a patient or resident.