

# End of Life Option Act

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### **General**

**1. What is the End of Life Option Act?**

This law allows certain terminally ill adults to request prescriptions for drugs to help them end their lives. For the patient to be eligible, a physician must determine that the adult's disease cannot be cured or reversed and that death is expected within 6 months.

**2. When does the End of Life Option Act law take effect in California?**

The law takes effect in California on June 9, 2016.

**3. How does a patient make the request?**

A patient must make three requests to an attending physician: two oral requests and one written request. A minimum of 15 days must separate the two oral requests. Two witnesses are required with a patient's signature on the written request. Only one of those witnesses can be related to the patient or be entitled to a portion of the patient's estate. Finally, patients must sign a form 48 hours before they intend to ingest the drug, confirming that they are fully informed of the consequences and alternatives. This form provides a final record of the intent to take the medication and reminds patients that they can change their minds at any time.

**4. Are children included in the law's provisions?**

No. A patient must be 18 years of age or older to be eligible to request the aid-in-dying drug.

**5. Can people who are simply old, frail, disabled or have dementia get an aid-in-dying drug?**

No. The act only allows for certain terminally ill adults to request prescriptions for drugs to help them end their lives. For the patient to be eligible, a physician must determine that the adult's disease cannot be cured or reversed *and* that death is expected within 6 months.

**6. How should a patient involve friends and family?**

It is highly recommended that patients discuss their intentions with close relatives. The act requires attending physicians to counsel patients about notifying next of kin about their request for an aid-in-dying drug, although patients can decline to do so. Physicians must also discuss the matter privately with patients to make sure they have made the decision of their own free will.

**7. What role do nurse practitioners and physician assistants play in this process?**

Under the act, staff members—including advance practice clinicians—will continue to treat and interact with patients in the course of their normal roles. However, the law specifically limits direct involvement in the End of Life Option Act process to attending physicians, consulting physicians, mental health specialists (if necessary) and pharmacists. No other health care professionals are allowed to have any role in the process.

**8. Can a health care organization prohibit its medical staff members, employees and others from participating in the End of Life Option Act?**

In general, yes. Under certain circumstances, an employer or health care organization can prohibit its employees, independent contractors and other persons or entities from participating in the law. However, Sutter Health has elected to not prohibit participation.

**9. Can people specify their intention to request an aid-in-dying drug in their advance directives?**

No. Including the intention to use an aid-in-dying drug in an advance directive will not meet the requirements of the law. Patients must follow the steps in the act and directly make the request through an attending physician. Patients cannot use a written advance directive for this purpose.

**10. Do patients need to be in hospice or some other end-of-life treatment program to request an aid-in-dying drug?**

No. However, before writing a prescription under the act, an attending physician needs to determine that a patient is qualified under the law to receive an aid-in-dying prescription. For specific details, see the resource documents at [www.sutterhealth.org/eloa](http://www.sutterhealth.org/eloa).

**11. Are there other end-of-life options that are alternatives to requesting an aid-in-dying drug?**

There are many alternatives to taking the aid-in-dying drug, which include but are not limited to comfort care, palliative and hospice care.

**12. What are the final steps before an aid-in-dying drug can be prescribed?**

Before writing a prescription for an aid-in-dying drug, the attending physician must complete all the appropriate required forms and actively confirm that all requirements of the law have been met. For specific details, see the resource documents at [www.sutterhealth.org/eloa](http://www.sutterhealth.org/eloa).

**13. What is the cause of death listed on the death certificates of patients who have ingested an aid-in-dying drug?**

The underlying illness should be listed as the cause of death. The law specifies that a death resulting from self-administering an aid-in-dying medication is not suicide.

**14. If a person suffers an unexpected accident or illness that diminishes mental capacity or physical ability—such as a car accident or brain aneurysm—can he or she receive an aid-in-dying drug?**

The options under the act could be limited in this situation because the patient must have the capacity to make medical decisions and be capable of making the request, orally and in writing. The patient must also have the physical and mental ability to self-administer the aid-in-dying drug.

## **Pharmacy**

**15. Does the law specify which aid-in-dying drug to prescribe? Which drug(s) are approved for patients who successfully complete the request process?**

The law is not specific about which aid-in-dying medication(s) can be prescribed. There are no FDA-approved drugs to aid in the dying process, but two of the drugs used in states with similar laws are Seconal and Nembutal.

**16. Once ingested, how quickly does an aid-in-dying drug work?**

According to data from Oregon, patients using aid-in-dying drugs have slipped into comas between one and 38 minutes, with a median time of five minutes. Patients' deaths have occurred between one minute and 4.3 days, with a median of 25 minutes.

**17. Where can patients obtain an aid-in-dying drug?**

Patients must first follow all steps within the End of Life Option Act to request the aid-in-dying drug from an attending physician. Once the physician enters the prescription into the patient's records, it can be filled at any licensed participating pharmacy willing to dispense the medication. The pharmacist may dispense the drug to the patient, the attending physician or a person whom the patient designates, verbally or in writing, with notification given to the pharmacist. Delivery options

can include United Parcel Service, United States Postal Service, Federal Express or messenger service. Please note:

- The law does not allow for attending physicians to hand patients a written prescription for an aid-in-dying drug to take to the pharmacy.
- Attending physicians are authorized to dispense medicine under California law if they have a current United States Drug Enforcement Administration (USDEA) certificate and comply with any applicable administrative rule or regulation.

**18. Which pharmacies will fill a prescription for an aid-in-dying drug?**

At this time, it is not clear which pharmacies or pharmacists will participate in the activities authorized by the new law.

**19. How do physicians prescribe the drug?**

If the attending physician has fulfilled the requirements of the law, he or she may provide the aid-in-dying drug by either dispensing it directly to the patient or by delivering the prescription to a participating pharmacist.

**20. What happens to unused aid-in-dying drugs?**

After the death of a patient under the End of Life Option Act, anyone in custody or control of any unused aid-in-dying drug must personally deliver the unused or excess aid-in-dying drugs to the nearest qualified facility that properly disposes of controlled substances. If such a facility is not available, the person must dispose of the drugs by lawful means that comply with the guidelines of the California State Board of Pharmacy or a federal Drug Enforcement Administration approved take-back program.

**Insurance**

**21. Does ingesting an aid-in-dying drug affect a patient's will or life insurance benefits?**

No, it shouldn't. The act states that wills, insurance, contracts and annuities are not affected if qualified individuals shorten their dying process by ingesting an aid-in-dying medication. Under the act, actions taken in accordance with this law shall not, for any purposes, constitute suicide, assisted suicide, homicide or elder abuse. The death certificate will indicate that a person died from an underlying illness and that death occurred naturally. However, patients should always contact their insurance carrier for additional information.

**22. Will health plans cover the cost of an aid-in-dying drug?**

The answer will vary from health plan to health plan. At this time, the California law does not require health plans to provide coverage, nor does it specifically address whether there is coverage for Medi-Cal patients. In Oregon and Washington, private insurers typically cover the cost of the medication and doctors' visits.

**23. Will Sutter Health Plus cover the prescription?**

Yes.

**24. Will SutterSelect cover the prescription?**

SutterSelect is evaluating the new law to make that determination.