e) AB 3000 (Wolk), Chapter 266, Statutes of 2008, creates POLST in California, which is a standardized form to reflect a broader vision of resuscitative or life-sustaining requests and to encourage the use of POLST orders to better handle resuscitative or life sustaining treatment consistent with a patient's wishes.

f) AB 374 (Berg), of 2007, would have enacted the California Compassionate Choices Act, which would authorize competent adults who have been determined by two physicians to be suffering from a terminal disease to make a request for medication to hasten the end of their lives in a humane manner. *AB 374 was moved to the inactive file on the Assembly Floor without a vote recorded.*

g) AB 651 (Berg), of 2006, would have established a procedure for a competent adult person who is terminally ill and expected to die within six months to obtain from his or her physician a prescription for medication that he or she may self-administer in order to end his or her life. *AB 651 failed passage in the Senate Judiciary Committee.*

h) AB 654 (Berg), of 2005, would have enacted the California Compassionate Choices Act, which would authorize competent adults who have been determined by two physicians to be suffering from a terminal disease to make a request for medication to hasten the end of their lives in a humane and dignified manner. *AB 654 was moved to the inactive file on the Assembly Floor without a vote recorded.*

7) **DOUBLE REFERRAL.** This bill is double referred; upon passage in this Committee, this bill will be referred to the Assembly Judiciary Committee.

8) **SUGGESTED AMENDMENTS.** In order to further protect patients from the possibility of coercion, to ensure complete and accurate data collection, and to clarify and strengthen the ~~DPH reporting requirements~~ regarding the use of aid-in-dying drugs, the Committee may wish to amend the bill as follows:

a) To require the attending and consulting physician's, within 30 calendar days of approving a qualified patient for a prescription for an aid-in-dying drug, to send a Compliance Form to DPH which contains the following information, which will be used by DPH to create an annual compliance and utilization report:

i) The patient's name and date of birth and the attending or consulting physician's name and telephone number;

ii) A determination that the patient has a terminal disease and has six months or less to live;

iii) A determination that the patient is capable, and acting voluntarily;

iv) A determination that the patient has made his/her decision after being fully informed of:

(1) His or her medical diagnosis and prognosis;

(2) The potential risks associated with taking the aid-in-dying drug; and,

(3) The feasible alternative, including, but not limited to, comfort care, hospice care, and pain control.

v) A determination that the patient is not suffering from a psychiatric or psychological disorder, or depression causing impaired judgment.

b) To require the attending physician within 30 calendar days of approving a qualified patient for a prescription for an aid-in-dying drug, to send a copy of the patient's written, witnessed request to DPH.

c) To require the attending physician to file an Attending Physician Follow-up Form with DPH within 30 calendar days of the death of a patient with a prescription for an aid-in dying drug, that includes, but is not limited to the following information:

i) The cause of death, whether from the aid-in-dying drug or the underlying illness, or from another cause such as terminal sedation or ceasing to eat or drink;

ii) If the patient died from ingesting an aid-in-dying drug, whether or not the attending physician was present at the time of death, or if another licensed health care provider was present, or if no licensed health care provider was present at the time of death;

iii) If the attending physician or another licensed health care provider was present at the time of death, whether or not the physician or health care provider was present when the patient ingested the aid-in-dying drug, and whether or not they were at the patient's bedside at the time of death;

iv) The day the patient consumed the aid-in-dying drug, and the day the patient died;

v) Where the patient ingested the aid-in dying drug; a private home, assisted living facility, nursing home, acute care hospital inpatient, in-patient hospice resident, or some other location;

vi) The length of time between ingesting the aid-in-dying drug and unconsciousness;

vii) The time between ingesting the aid-in dying drug and death;

viii) Any complications that occurred, such as vomiting, seizures, or regaining consciousness;

ix) Whether or not the Emergency Medical System activated for any reason after the aid-in-dying drug was ingested;

x) Whether or not the patient was receiving hospice care;

xi) The date on which the attending physician began caring for the patient, and the date on which the aid-in-dying prescription was written;

xii) A list of concerns with check boxes (labeled yes, no, don't know) to indicate whether or not the physician believes they may have contributed to the patient's decision to

request a prescription for the aid-in-dying drug, including:

(1) The financial cost of treating or prolonging his or her terminal condition;
(2) The physical or emotional burden on family, friends, or caregivers;
(3) His or her terminal condition representing a steady loss of autonomy;
(4) The decreasing ability to participate in activities that made life enjoyable;
(5) The loss of control of bodily functions, such as incontinence and vomiting;
(6) Inadequate pain control at the end of life; or,
(7) A loss of dignity.

xiii) The type of health care coverage the patient had for their underlying illness, if any.

d) Technical amendment regarding conflicting requirements for witnesses. The bill outlines specific requirements for who may act as a witness to a patients request for an aid-in-dying drug, and what they must attest to. The bill also specifies the exact content of the witness form; however the requirements on the form differ from those in this bill language. This bill should be amended to conform the requirements in the bill to the language specified on the form.