REPORT OF THE CHIEF LEGISLATIVE ANALYST

DATE:	March 25, 2015	
TO:	Honorable Members of the Rules, Elections as Committee	nd Intergovernmental Relations
FROM:	Sharon M. Tso	Assignment No: 15-01-0060
SUBJECT:	Resolution (Koretz – O'Farrell) to SUPPORT SB	128: End of Life Option Act

<u>CLA RECOMMENDATION</u>: This matter, pertaining to a City position on legislation which would allow an individual to obtain and use lethal medication, is a policy decision subject to the discretion of the City Council.

SUMMARY

On January 23, 2015, a Resolution (Koretz – O'Farrell) was introduced to support SB 128 (Wolk – Monning), also known as the End of Life Option Act, which would authorize an individual with a terminal illness to end their own life with lethal medication. The Resolution states that SB 128, which is modeled after Oregon's Death with Dignity Act, also protects doctors who prescribe the medication from civil and criminal liability. The Resolution further details that if approved, SB 128 would establish criteria and a series of required steps that a patient would have to take in order to request aid-to-dying medication, including obtaining the approval of two doctors, who must confirm the individual's mental competency and terminal diagnosis of having six or less months to live. The Resolution specifies that the doctor can only evaluate and prescribe while only the terminally-ill patient can administer the medication.

Similar bills have been previously introduced in California, and the most recent was defeated in 2007. Opponents of the bill argue that the legislation puts vulnerable individuals at risk. It has been reported that in Oregon, of the 752 individuals who have died under the Death with Dignity Act, less than six percent were referred for psychiatric evaluation prior to their death. In addition, opponents fear the impressions that social media has on the subject will only influence a decision that should be personal and private. Although many believe the United States health care system could improve greatly in the area of peaceful and painless end-of-life care, opponents do not agree that the End Of Life Option Act is the solution.

Currently, five states (Oregon, Washington, Montana, Vermont and New Mexico) authorize the use of lethal medication. Proponents of SB 128 clarify that the specified medication and the process required to obtain the medication will only help those who are mentally competent and meet specific criteria. Supporters believe that the bill will ensure that terminally ill California residents will have an option to die peacefully and suffer less than from a prolonged death. It has been clarified that medical aid-in-dying is not euthanasia or assisted suicide in that the patient can be the only person allowed to administer the medication. In addition, SB 128 will allow a patient's death certificate to state that they died from their terminal illness rather than suicide.

The right-to-die ballot initiative was rejected by California voters in 1992. Since that time additional legislative attempts in 1999, 2006 and 2007 have failed. However, since that time, more states have allowed self-administered lethal medication as an end-of-life option. While both sides agree that the country's health care system and end-of-life care could be improved, the decision to allow patients to administer their own lethal medication continues to divide residents throughout the State.

A revised Resolution is attached to correct the support of SB 128 which was inadvertently referred to as SB 126.

DEPARTMENTS NOTIFIED

Department of Aging Department on Disability

BILL STATUS

01/25/2015	Bill introduced
02/05/2015	Referred to Committee on Health and Committee on Judiciary
03/17/2015	Re-referred to Committee on Health after revisions made by author.

Andrea M. Galvin Analyst

Attachments: Revised Resolution

RESOLUTION

WHEREAS, any official position of the City of Los Angeles with respect to legislation, rules, regulations or policies proposed to or pending before a local, state or federal governmental body or agency must have first been adopted in the form of a Resolution by the City Council with the concurrence of the Mayor; and

WHEREAS, existing law allows an adult to make health care decisions or appoint an attorney to make health care decisions for that individual in the event of incapacity; and

WHEREAS, Right-to-Die legislation, which authorizes an individual with a terminal illness to end their own life with lethal medication while protecting prescribing doctors from civil and criminal liability, has been enacted in Oregon, Washington, Montana, Vermont and New Mexico; and

WHEREAS, SB 128: End of Life Option Act (Wolk – Monning), which is modeled after Oregon's Death with Dignity Act, would authorize a mentally competent adult who meets certain qualifications, including suffering from a terminal illness, to voluntarily request medication for the purpose of ending his or her life and provide civil and criminal immunity doctors who would evaluate and prescribe aid-to-dying medication under the terms of the law; and

WHEREAS, if approved, SB 128 would establish a criteria and series of required steps that a patient would have to take in order to request aid-to-dying medication, including seeking the approval of two doctors, who must confirm the individual's mental competency and terminal diagnosis of having six or less months to live; and

WHEREAS, SB 128 specifies that the doctor's role is to evaluate and prescribe while only the terminally-ill individual can administer their own aid-to-dying medication; and

WHEREAS, SB 128 would give the people of California the same rights as residents in other states that are legally permitted to request and administer their own aid-to-dying medication should they feel the need to end their own life rather than suffer through a terminal illness.

NOW, THEREFORE, BE IT RESOLVED, with the concurrence of the Mayor, that by the adoption of this Resolution, the City of Los Angeles, hereby includes in its 2015-2016 State Legislative Program SUPPORT of SB 128: End of Life Option Act which sets the criteria by which individuals can obtain a prescription for lethal medication while protecting doctors from civil and criminal liability.