

End of Life Options Act (EOLOA)

Overview

1. Front Porch honors residents' choice and it respects their deeply held beliefs and varied ways they may experience the final stages of life, including death and dying. Residents may exercise their rights under EOLOA in their apartments or rooms. Front Porch prohibits its employees, volunteers and all people and entities with which it contracts (“contractors”) from participating in EOLOA on a community’s premises. The purpose of this policy is to specifically provide guidance regarding the provision of comfort, support and privacy to residents who choose to exercise their rights under EOLOA. Except as otherwise provided, “contractors” does not include medical directors acting in their capacity as residents’ attending physicians.
2. EOLOA is a California law that allows adults who have the capacity to make medical decisions and who have been diagnosed with an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months, to qualify to make a request for an aid-in-dying drug for the purpose of ending their life. EOLOA sets forth all of the terms, conditions and requirements for individuals seeking to obtain and for an attending physician to prescribe an aid-in-dying drug.
3. A Front Porch community shall support resident self-determination regarding health care planning and end of life decisions through the use of advance directives and/or Physician Orders for Life Sustaining Treatment (POLST), offering comfort, palliative, hospice and other supportive care, and providing effective pain and symptom management and other social, spiritual and pastoral care support and services.
4. Under EOLOA, a qualified resident must submit to their attending physicians:
 - a. Two oral requests, a minimum of 48 hours apart; and
 - b. A valid written request in the EOLOA required format, signed and dated in the presence of two qualified adult witnesses, to their attending physician. No other person - such as an employee, volunteer, contractor, health care agent, attorney-in-fact or conservator - may make a request for aid-in-dying drug on behalf of a resident.
5. Before prescribing an aid-in-dying drug, the attending physician shall do all of the following:
 - a. Make the initial determination about whether the requesting resident:
 - i. Has the capacity to make medical decisions; If there are indications of a mental disorder, the physician shall refer the individual for a mental health specialist assessment. If a mental health specialist assessment referral is made, no aid-in-dying drugs shall be prescribed until the mental health specialist determines that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.
 - ii. Has a terminal disease.
 - iii. Has voluntarily made the request for an aid-in-dying drug pursuant to EOLOA.

- iv. Is qualified pursuant to EOLOA.
 - b. Confirm that the resident is making an informed decision by discussing all of the following:
 - i. Medical diagnosis and prognosis;
 - ii. Potential risks associated with ingesting the requested aid-in-dying drug.
 - iii. Probable result of ingesting the aid-in-dying drug.
 - iv. Possibility of choosing to obtain the aid-in-dying drug but not to take it.
 - v. Feasible alternatives or additional treatment options, including, but not limited to, comfort care, hospice care, palliative care, and pain control.
 - c. Refer the resident to a consulting physician for medical confirmation of the diagnosis and prognosis, and for a determination that the resident has the capacity to make medical decisions and has complied with EOLOA provisions.
 - d. Confirm that the resident's request does not arise from coercion or undue influence by another person. Discuss with the resident, outside the presence of any other person, except for an interpreter, whether or not the resident is feeling coerced or unduly influenced by another person. .
 - e. Counsel the resident about the importance of all of the following:
 - i. Having another person present when ingesting the aid-in-dying drug prescribed.
 - ii. Not ingesting the aid-in-dying drug in a public place.
 - iii. Notifying the next of kin of the request for an aid-in-dying drug.
 - iv. Participating in a hospice program.
 - v. Maintaining the aid-in-dying drug in a safe and secure location until the time that the resident will ingest it.
 - f. Inform the resident that they may withdraw or rescind the request for an aid-in-dying drug at any time and in any manner.
 - g. Offer the resident an opportunity to withdraw or rescind the request for an aid-in-dying drug before prescribing the aid-in-dying drug.
 - h. Verify, immediately before writing the prescription for an aid-in-dying drug, that the resident is making an informed decision.
 - i. Confirm that all requirements are met and all appropriate steps are carried out in accordance with EOLOA before writing a prescription for an aid-in-dying drug.
 - j. Fulfill the record documentation required under EOLOA.
 - k. Complete the attending physician checklist and compliance form and include it and the consulting physician compliance form in the resident's medical record.
6. Residents must be able to perform the affirmative, conscious, and physical act of administering and ingesting the aid-in-dying drug to bring about their own death without assistance.
7. Residents may, at any time, withdraw or rescind their request for an aid-in-dying drug, or decide not to ingest an aid-in-dying drug, without regard to their mental state.
8. A community may not use a resident's decision to exercise rights under this law as the basis for denying other medical care or treatment, asking to transfer to another community or for an eviction.
9. A copy of this policy will be posted on the Front Porch website.

Guidelines

Roles and Responsibilities - Residents

1. Seek counsel from their attending physician for inquiries about or requesting information about EOLOA.
2. Retain the right to obtain and self-administer the physician's prescription.
3. Are solely responsible to obtain and prepare the medication for self-administration.
4. Must be able to perform the physical act of administering and ingesting the aid-in-dying drug without assistance from anyone.
5. Should have a family member, friend, support system member or another outside contact store any aid-in-dying drug(s) off property. Must not store any medication provided as an aid-in-dying drug(s) in their apartment or room without the use of an approved safe-keeping device to make it inaccessible to anyone other than the resident.
6. May request the spiritual and emotional support and counsel of the chaplain or a spiritual leader or other outside resource of their choosing.
7. Should provide transparency by notifying a community direct care employee of a decision to participate under EOLOA, to provide for privacy and an environment supportive of the resident and a spouse, partner, family member or support system as appropriate. Employees may not prohibit a resident from participating, and will, as much as possible, provide privacy and dignity to a resident.
8. Are not required to inform an employee of their intent to exercise rights under EOLOA.
9. Must designate a family member, friend, support system member or another outside contact to arrange for care after ingestion and notifications. Even if a resident uses an approved safe-keeping device, they must identify a person who is not an employee to immediately retain custody and control of any unused prescribed aid-in-dying drug(s) after their death. This includes personally delivering the unused aid-in-dying drug(s) for disposal by delivering it to the nearest qualified facility to properly dispose of controlled substances, or if none is available, shall dispose of it by lawful means in accordance with guidelines promulgated by the California State Board of Pharmacy or a federal Drug Enforcement Administration approved take-back program.

Roles & Responsibilities - Employees, Volunteers and Contractors

1. Upon learning of a resident's intent to obtain an aid-in-dying drug, an employee, volunteer or contractor shall immediately notify a supervisor who shall, in turn, notify the executive director. The director of Resident Health Services or director of Nursing or designee will ensure that direct care employees for this resident review this policy and provide an opportunity to discuss any concerns.
2. Allow a safe space for a resident to decide, taking care neither to encourage nor discourage a resident's end-of-life choices. While this may be difficult for employees based on their own deeply held beliefs, they are expected to remain neutral in conversations related to the decision and must not offer their personal opinion on EOLOA to residents, refer them to their own clergy member.
3. May not knowingly coerce or exert undue influence on a resident to request an aid-in-dying drug or destroy a withdrawal or rescission of a request.
4. Should make a referral to a chaplain or resident services or social services for counseling and support.
5. Must not witness or designate anyone to witness any forms, requests or documents related to a

resident's decision to participate in EOLOA or knowingly alter or forge anything.

6. Must not be involved in ordering, receiving, taking possession of, delivering or storing the dispensed aid-in-dying drug.
7. May not assist a resident by preparing the aid-in-dying drug.
8. May not administer, assist with self-administration or assist a resident in ingesting the aid-in-dying drug. This also applies to medical directors.
9. Provide privacy and dignity to a resident.
10. Employees may include caregivers, resident assistants, housekeepers, life enrichment and program coordinators and other positions working at the community of residence. They may have varying amounts of contact and some degree of close or casual relationships with a resident that is not directly related to their health care. Health care employees may include nurses, nursing assistants and other positions working as health care providers at the community.
11. New employees will be oriented to this policy and will sign the attached acknowledgment.
12. Employees also include chaplains, who serve as providers of spiritual care and support for residents and employees and who offers guidance on spiritual issues to employees, administration, working groups and committees while remaining neutral as to their own opinion.
13. A chaplain may ask other members of the clergy who are not working as chaplains, to participate with a resident, based on the residents' spiritual preferences and traditions.
14. Contractors include other health care providers, while on the community's premises or under the management or direct control of the community or while acting within the course and scope of any employment by or contract with the community. Except as otherwise provided, medical directors are excluded as independent contractors in this policy and may participate in EOLOA authorized activities acting in their capacity as a resident's attending physician.
15. Employees that elect, for reasons of conscience, morality or ethics, not to engage in activities authorized by EOLOA are not required to take any action regarding a resident's decision under EOLOA. All employees are expected to communicate with their supervisor, should they be unable to provide their duties, due to their own deeply held beliefs. Employees shall not be subject to censure, discipline, suspension or other penalty for participating in good faith compliance with the Health and Safety Code (HSC) EOLOA section or for refusing to participate in accordance with the HSC.
16. Maintain confidentiality of protected health information as required, not discussing a resident's care or decision with other people unless they need to know this information to do their job.
17. Voluntarily choose to be present or provide care as part of their regular duties before and/or after a resident self-administers the prescribed aid-in-dying drug(s) and may also provide comfort care.
18. Provide post-mortem care.
19. Provide benevolent care and grief support to a surviving spouse, partner, family member or support system.
20. After a resident ingests aid-in-dying drug(s) and passes away, everyone in and around the area will be appropriately reverent around the body and others in attendance. By the end of that shift of work, the supervisor will gather everyone and have a check-in meeting to assess the emotional impact the death has had on them. If at all possible, this meeting should include the chaplain.

The full text of [California's End of Life Option Act](#) is available on California's Legislative Information website

[California Health and Safety Code, Division 1, Part 1.85, Section 443-443.22](#)

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB380

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15