

Date of Hearing: August 20, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

SB 403 (Blakespear) – As Amended May 1, 2025

Policy Committee:	Health	Vote:	13 - 2
	Judiciary		10 - 2

Urgency: No State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill extends the End of Life Option Act (EOLOA) indefinitely and requires the California Department of Public Health (CDPH) seek stakeholder input on the inclusion of additional information in the annual EOLOA report.

Specifically, this bill:

- 1) Repeals the January 1, 2031 sunset date of the EOLOA.
- 2) Requires CDPH, no later than April 1, 2026, meet with relevant stakeholders for the purpose of seeking input on the inclusion of additional information already available to CDPH in its annual EOLOA report.
- 3) Commencing with the report due on or before July 1, 2026, and for each report thereafter, requires CDPH include additional data, as determined by CDPH based on the input received pursuant to item 2, above, in its EOLOA report.

FISCAL EFFECT:

General Fund (GF) costs to CDPH of an unknown amount, likely less than \$100,000, to convene stakeholders for input and revise the EOLOA report accordingly, and ongoing GF cost pressures potentially in the low- to mid-hundreds of thousands of dollars annually to continue data collection, follow-up with providers to complete data submission, perform data analysis, prepare reports, maintain and provide program information, and maintain the public website. CDPH may incur significant additional GF costs to defend this bill from legal challenges, as noted below.

The Department of Justice (DOJ) estimates costs of \$1.2 million in 2025-26 and \$2.2 million in 2026-27 and ongoing for one supervising deputy attorney general (DAG), four DAGs, and three legal secretaries to defend challenges to the EOLOA (50% General Fund and 50% Legal Services Revolving Fund (LSRF). LSRF costs will be reimbursable through direct billing to CDPH). DOJ is litigating its fourth lawsuit in defense of the EOLOA and projects amendments will invite additional litigation.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by Compassion and Choices. According to the author:

In 2015, the Legislature passed the End of Life Option Act to give mentally capable, terminally ill Californians the right to request aid-in-dying drugs from their doctor. This allows the person to have an end-of-life experience aligned with their beliefs and values. Since the law went into effect on June 9, 2016, a total of 4,287 people have died following ingestion of aid-in-dying medication.

The law is...the only medical-aid-in-dying (MAiD) law in the country that contains a sunset date. The looming sunset can cause undue stress and fear in people diagnosed with a disease that will—in several years—be the cause of their death.

Nine years of data show the law is working as intended and MAiD is being safely practiced in California. There have been no reported problems or abuses.

- 2) **Background.** AB 15 2X (Eggman) Chapter 1, Statutes of 2015-16 Second Extraordinary Session, enacted the EOLOA, which became effective on June 9, 2016.

Annual EOLOA Report. The EOLOA requires physicians to use specified forms to submit information to CDPH, and CDPH uses the data from these forms to prepare an annual report. The most recent report includes information from physicians' forms and death certificates for calendar year 2024.

Use of EOLOA. In 2024, CDPH received forms for 1,566 individuals who started the end-of-life option process by making two verbal requests to their physicians at least 48 hours apart, as set forth in the EOLOA. Of those who started the process in 2024, 1,497 received a prescription in 2024 while the remaining 69 individuals had not received a prescription before the end of 2024. Of those who started the end-of-life option process and received a prescription in 2024, 982 ingested and died from the drugs during 2024, 221 died from their underlying disease or other causes, and status was unknown for 388 individuals who had prescriptions written. An additional 50 individuals died from ingesting prescriptions from prior years. The 1,032 EOLOA deaths in 2024 represent 0.36% of all deaths of California residents.

Who Uses EOLOA? Of the 1,032 individuals who died pursuant to the EOLOA in 2024, 7.9% were under 60 years of age, 73.8% were 60-89 years of age, and 18.2% were 90 years of age and older. The median age was 78 years. Most EOLOA users were white (86.7%), 5.8% were Asian, 5.1% were Hispanic, 0.8% were Black, 0.6% were American Indian/Alaskan Native, 48.8% were female, 3.2% had not finished high school, 20.8% had finished high school or equivalent, 25.4% had some college or an associate's degree, 24.3% had a bachelor's degree, and 25.5% had a post-graduate degree. Most EOLOA users (94.8%) were receiving hospice or palliative care, or both. Nearly all had some insurance coverage; 0.9% reported having no insurance and insurance status was unknown for 2.1%.