

## SENATE THIRD READING

SB 403 (Blakespear)

As Amended

Majority vote

**SUMMARY**

Repeals the January 1, 2031 expiration date of the End of Life Option Act (EOLOA), extending the operation of EOLOA indefinitely.

**COMMENTS**

AB 15 2X (Eggman) Chapter 1, Statutes of 2015-16 Second Extraordinary Session, enacted the EOLOA, which became effective on June 9, 2016. The EOLOA allows terminally ill adults living in California to obtain and self-administer aid-in-dying drugs.

*2023 annual EOLOA report.* The EOLOA requires physicians to use forms specified in statute for submitting information to the Department of Public Health (DPH). DPH is responsible for collecting data from these forms to prepare an annual report. Data presented in this report are based on the information from physicians' forms and California death certificates for calendar year 2023. In 2023 DPH received forms from 1,272 individuals who started the end-of-life option process, by making two verbal requests to their physicians at least 48 hours apart. Of the 1,272 individuals who started the end-of life process, 214 individuals received a prescription in 2023 while the remaining 58 individuals had not yet received a prescription prior to the end of 2023. Out of the 1,214 individuals who started the end-of-life option process in 2023 and received a prescription during 2023, 943 individuals, (77.7%), waited less than 15 days between the two verbal requests. An additional 67 individuals received a prescription during 2023 and began the request process prior to 2023. A total of 337 physicians prescribed 1,281 individuals aid-in-dying drugs. The most common drug category prescribed was a combination of a cardiostimulant, opioid, and sedative at 98.4%.

Of the 1,281 individuals who were prescribed such drugs in 2023: 835 individuals (65.2%) were reported by their physician to have died following ingestion of aid-in-dying drugs prescribed under the EOLOA; 170 individuals (13.3%) died from the underlying illness or other causes; and, 276 remaining individuals (21.5%) have an unknown ingestion status.

*Who uses EOLOA in California?* In 2023, of the 884 individuals who died pursuant to the EOLOA 7.2% were under 60 years of age; 76.6% were 60-89 years of age; 16.2% were 90 years of age and older; and 78 years was the median age. Just over 85% were white; 50.1% were male; 93.8% were receiving hospice and/or palliative care; 76.7% had at least some level of college education; and, 80.4% informed their family of their decision to participate in the EOLOA.

*Other states.* In addition to California, Colorado, Delaware, District of Columbia, Hawai'i, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont, and Washington have some form of Medical Aid in Dying (MAiD). According to polling done in 2023 on behalf of Compassion & Choices, the sponsor of this bill, both national and state polling shows that the vast majority of healthcare professionals and voters across the demographic spectrum support MAiD as an end-of-life care option for terminally ill adults to peacefully end unbearable suffering. The polls also show support for MAiD is rising over time.

**According to the Author**

In 2015, the Legislature passed the 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 set to sunset on January 1, 2031 and is the only 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. SB 403 removes the sunset, making the law permanent. Patients, advocates, medical providers, and faith leaders who rely on it will no longer need to worry about access to MAiD being removed.

**Arguments in Support**

Compassion and Choices (CC) is the sponsor of this bill and notes that since the EOLOA went into effect in 2016, data collected by DPH shows that the law works as intended for those who can access it. This aligns with nearly 30 years of national data on the effectiveness and safety of MAiD laws. In California, more than 4,000 people have used the law to end their lives peacefully and on their own terms. In 2023, according to the DPH annual report, over 1,200 Californians received a prescription, and 835 ultimately chose to use it. The majority were enrolled in hospice or palliative care and were 60 years or older. CC states that the law includes numerous safeguards, including a multi-step request process, confirmation of eligibility, and the opportunity for the patient to rescind their request if they change their mind. CC contends that the law has not only benefited those who have utilized MAiD—it has improved end-of-life care for all terminally ill Californians. Evidence clearly suggests that the passage of MAiD has resulted in improved conversations between physicians and patients, better palliative care training, and improved enrollment in hospice care. Yet, California is the only state in the nation with a MAiD law that includes a sunset clause. If not removed, this provision will repeal the EOLOA on January 1, 2031 — leaving patients, providers, and families in fear and uncertainty about the future of end-of-life care in our state. CC concludes that for all of these reasons, it is essential that the sunset provision is removed and the EOLOA becomes permanent.

The Dolores Huerta Foundation (DHF) states in support of this bill that for over 10 years, Dolores Huerta has shared with her community the importance of having compassionate options at the end of life. DHF notes that it is a fundamental right to have freedom and autonomy over how we live—and how we die. It is vital to the majority of nuestra gente that the EOLOA removes the sunset provision and becomes a permanent option for eligible terminally-ill Californians.

Black Women for Wellness Action Project (BWW-AP) supports this bill and states that this issue is important because compassionate, patient-centered policy provides individuals facing unbearable suffering with autonomy, dignity and peace at the end of life. BWW-AP notes that for Black communities, who often experience disparities in pain management, access to quality care and systemic racism in healthcare settings, maintaining this option is critical to ensuring equitable, compassionate end-of-life care. Allowing the EOLOA to sunset would have devastating consequences – stripping terminally ill patients of an important and deeply personal choice at one of life's most vulnerable moments. BWW-AP concludes that permanently preserving this law is essential to honoring the humanity and dignity of all Californians,

especially those from historically marginalized communities who have long been denied full agency over their bodies and healthcare decisions.

### **Arguments in Opposition**

The California Catholic Conference (CCC) is opposed to this bill and states that before taking this step to make the law permanent, the state must conduct rigorous review with stakeholders from across the community to find out how EOLOA is working in diverse settings. Currently, CA does not publish all the EOLOA data it collects, such as geography, complications, or whether patients were referred for psychological treatment. Similarly, the state does not collect all the data similar states do, such as information about the drugs used and their efficacy, number of physician forms completed, or concerns that may have contributed to the patient's decision to request a prescription for aid-in-dying drugs (e.g., loss of autonomy, loss of dignity, persistent pain and suffering, etc.). CCC concludes that such a review is necessary for oversight, transparency, and accountability.

### **FISCAL COMMENTS**

According to the Assembly Appropriations Committee, ongoing General Fund (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. DPH 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 DPH). DOJ is litigating its fourth lawsuit in defense of the EOLOA and projects amendments will invite additional litigation.

### **VOTES**

#### **SENATE FLOOR: 26-6-8**

**YES:** Allen, Archuleta, Arreguín, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Durazo, Gonzalez, Grayson, Hurtado, Laird, Limón, McGuire, McNeerney, Menjivar, Padilla, Pérez, Richardson, Rubio, Smallwood-Cuevas, Stern, Umberg, Wahab, Wiener

**NO:** Cortese, Grove, Jones, Seyarto, Strickland, Valladares

**ABS, ABST OR NV:** Alvarado-Gil, Ashby, Choi, Dahle, Niello, Ochoa Bogh, Reyes, Weber Pierson

#### **ASM HEALTH: 13-2-1**

**YES:** Bonta, Chen, Addis, Aguiar-Curry, Caloza, Rogers, Mark González, Elhawary, Patel, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani

**NO:** Ellis, Sanchez

**ABS, ABST OR NV:** Flora

#### **ASM JUDICIARY: 10-2-0**

**YES:** Kalra, Dixon, Bauer-Kahan, Bryan, Connolly, Harabedian, Pacheco, Papan, Stefani, Zbur

**NO:** Macedo, Sanchez

**ASM APPROPRIATIONS: 12-3-0**

**YES:** Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Ahrens, Pacheco, Pellerin, Solache

**NO:** Sanchez, Ta, Tangipa

**UPDATED**

VERSION: September 2, 2025

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