
UNFINISHED BUSINESS

Bill No: SB 403
Author: Blakespear (D)
Amended: 9/2/25
Vote: 21

SENATE HEALTH COMMITTEE: 9-2, 4/23/25

AYES: Menjivar, Durazo, Gonzalez, Limón, Padilla, Richardson, Rubio, Weber
Pierson, Wiener

NOES: Valladares, Grove

SENATE JUDICIARY COMMITTEE: 10-1, 4/29/25

AYES: Umberg, Allen, Arreguín, Caballero, Durazo, Laird, Stern, Wahab, Weber
Pierson, Wiener

NOES: Valladares

NO VOTE RECORDED: Niello, Ashby

SENATE APPROPRIATIONS COMMITTEE: 5-1, 5/23/25

AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab

NOES: Seyarto

NO VOTE RECORDED: Dahle

SENATE FLOOR: 26-6, 6/4/25

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

NOES: Cortese, Grove, Jones, Seyarto, Strickland, Valladares

NO VOTE RECORDED: Alvarado-Gil, Ashby, Choi, Dahle, Niello, Ochoa Bogh,
Reyes, Weber Pierson

ASSEMBLY FLOOR: 47-11, 9/11/25 – Roll call vote not available

SUBJECT: End of Life Option Act: sunset

SOURCE: Compassion and Choices Action Network

DIGEST: This bill removes the End of Life Option Act sunset date of January 1, 2031.

Assembly Amendments delete the requirement on the California Department of Public Health (CDPH) to meet with relevant stakeholders for the purpose of seeking input on the inclusion of additional information already available to CDPH to be included in the July 1, 2026 End of Life Option Act (EOLOA) report, and for each annual report thereafter.

ANALYSIS:

Existing law:

- 1) Establishes the EOLOA, which authorizes a process for terminally ill adults living in California to obtain and self-administer drugs for medical aid-in-dying. Defines “terminal disease” as an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgement, result in death within six months. Defines “self-administer” as a qualified individual’s affirmative, conscious, and physical act of administering and ingesting the aid-in-dying drug. Sunsets EOLOA on January 1, 2031. [Health and Safety Code (HSC) §443-443.22]
- 4) Requires CDPH to collect and review information submitted pursuant to EOLOA, keep it confidential and protect the privacy of patients, family, and health care providers, and not disclose this information as part of and civil, criminal, administrative, or other proceeding. [HSC §443.17]
- 5) Requires within 30 calendar days of writing a prescription for an aid-in-dying drug, the attending physician to submit to CDPH a copy of the patient’s written request, the attending physician checklist and compliance form, and the consulting physician compliance form. Requires within 30 calendar days following the qualified individual’s death from ingesting the aid-in-dying drug, or any other cause, the attending physician to submit the attending physician follow-up form to CDPH. [HSC §443.9]
- 6) Requires CDPH to post a report from data collected from the attending physician follow-up form, including but not limited to:
 - a) The number of people for whom an aid-in-dying prescription was written;

- b) The number of known individuals who died each year for whom aid-in-dying prescriptions were written, and the cause of death of those individuals;
- c) For the period commencing January 1, 2016, to and including the previous year, cumulatively, the total number of aid-in-dying prescriptions written, the number of people who died due to use of aid-in-dying drugs, and the number of those people who died who were enrolled in hospice or other palliative care programs at the time of death;
- d) The number of known deaths in California from using aid-in-dying drugs per 10,000 deaths in California;
- e) The number of physicians who wrote prescriptions for aid-in-dying drugs; and,
- f) Of people who died due to using an aid-in-dying drug, demographic percentages organized by age at death, education level, race, sex, type of insurance, including whether or not they had insurance, and underlying illness. [HSC §443.17]

This bill removes the EOLOA sunset date of January 1, 2031.

Comments

Author's statement. According to the author, in 2015, the Legislature passed EOLOA 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 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. This bill 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.

Background

Annual report. EOLOA requires CDPH to provide annual reports under strict privacy requirements. The 2023 report presents some of the data as reported to CDPH from EOLOA-mandated physician reporting forms received through January 30, 2024. The 2023 report reflects information on individuals who were prescribed aid-in-dying drugs and died in the calendar year of 2023, as well as

between January 1, 2016 and December 31, 2023. For the year ending December 31, 2023, 1,281 individuals received prescriptions pursuant to EOLOA. That year, 884 individuals died following their ingestion of the prescribed aid-in-dying drug(s), which included 49 individuals who received prescriptions prior to 2023. Of the 884 individuals, 92.8% were 60 years of age or older, 97.1% had health insurance, and 93.8% were receiving hospice and/or palliative care (down from 95.4% in the 2022 report). Since the law came into effect June 9, 2016 (through December 31, 2023), prescriptions have been written for 6,516 people under the EOLOA, 65.8% have died from ingesting the medications, and 73.9% ingested cardiostimulant (increases heart contraction), opioid, or sedatives. Of the 4,287 individuals who have died under EOLOA, 3,911 (91.2%) were receiving hospice and/or palliative care. Less than half (43.2%) had a health care provider present; 89.9% were in a private home, 6.1% were in assisted living, 2% were in a nursing home, 1.4% were in in-patient hospices, and .2% were in an acute care hospital.

Characteristics of individuals. In 2023, the median age of individuals who died under EOLOA was 78 years. White decedents were 85.4%, 50.1% were male, and 76.7% had at least some level of college education. Those who informed their family were 80.4%. The highest illness grouping was cancer (63.8%) and the second largest illness grouping was cardiovascular disease (12.1%). Neurological disease (8.8%), respiratory disease (8%), kidney disease (1.5%), other (2%), cerebrovascular disease (1.6%), immune mediated disease (.9%), and endocrine, nutritional and metabolic disease (1.2%) were the other conditions listed.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

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 \$486,000 in 2025-26 and \$858,000 in 2026-27 and ongoing for three personnel 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.

SUPPORT: (Verified 9/10/25)

Compassion and Choices Action Network (source)

A Better Exit

AgeSong Marin

American Nurse Association/California

Black Women for Wellness Action Project

Book Magic

California Alliance for Retired Americans

Compassion and Choices

Death with Dignity National Center

Dolores Huerta Foundation

End of Life Choices, California

Full Circle of Living and Dying

Hemlock Society of San Diego

LA Patient Advocates

LightBridge Hospice and Palliative Care

Long Beach Gray Panthers

Social Work Hospice and Palliative Network

250 individuals

OPPOSITION: (Verified 9/10/25)

Alliance of Catholic Health Care

American Academy of Medical Ethics

California Catholic Conference

California Family Council

California Foundation for Independent Living Centers

California League of United Latin American Citizens

La Luz Project

Respect Life Ministry

The Church of Jesus Christ of Latter-Day Saints

The Salvador E. Alvarez Institute for Non-Violence

5 individuals

ARGUMENTS IN SUPPORT: Compassion and Choices sponsors this bill and writes, “The CDPH report 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 medical aid-in-dying laws. Since EOLOA went into effect in 2016, more than 4,000 people have used the law to end their lives peacefully and on their own terms. In 2023, according to the CDPH 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. 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. California is the only state in the nation with a medical aid-in-dying 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. For all of these reasons, it is essential that the sunset provision is removed and the California EOLOA becomes permanent.” The American Nurses Association\California writes that EOLOA has been working as intended and utilization reports show that medical aid-in-dying is being safely practiced in California. Other supporters write that there have been no documented cases of coercion or abuse in California or in any of the ten other U.S. jurisdictions that have the law, and, people in early stages of cancer worry that the law might not be there for them if it sunsets. Long Beach Gray Panthers writes medical aid in dying should become permanent to give peace of mind to Californians. A Better Exist writes the EOLOA has already provided immeasurable relief to individuals and families across the state by granting autonomy and compassion in some of life’s most difficult moments.

ARGUMENTS IN OPPOSITION: The Alliance of Catholic Health Care (Alliance) writes, “In the nine years since the implementation of EOLOA, not only has there been no substantive review on the compliance of current law, there has not been full transparency on the data that is collected, but is not reported. The Alliance urges that before the sunset is removed, the Legislature and CDPH provide a comprehensive review of current law, including an evaluation on the compliance with the current law.” The Alliance writes that CDPH has testified at informational hearings of the Select Committee on End of Life Health that the forms physicians are required to complete by law are not all compliant, but CDPH has not presented an analysis that outlines how many forms are out of compliance and what element(s) on the form are not complete. The Alliance states that CDPH says that it has no enforcement authority to ensure compliance, so the Alliance believes that the Legislature should require CDPH to collect and report that information to enable the Legislature to fulfill its oversight obligation of this law. The Alliance believes there is a gap in the State’s oversight of the program, and that there is no reliable or authoritative data on the drugs and drug combinations being prescribed as part of the program. The Alliance has concerns that physicians are developing their own medication formulas, and their relative effectiveness (e.g., duration from ingestion to death) is unknown. California LULAC, writes together with healthcare partners, CA LULAC has engaged in good faith efforts to confer with and improve public reporting collaboratively with CDPH staff. CA

LULAC says legislative oversight has been lacking and is needed. CA LULAC writes that it is vested in this work because California was the first highly diverse state to legalize physician assisted suicide, with Latinos being its largest BIPOC population. Other opponents are opposed to EOLOA, or, would like to see more oversight prior to eliminating the sunset.

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9/11/25 17:07:29

**** **END** ****