

Comparison of Key Features of Statutes: Oregon, Washington, Vermont, and California:

| Feature | OR | WA | VT* | CA** |
|--|--|---|--|--|
| <p>*All provisions indicated by ✓ or ✕ are present in the VT Act; however, those indicated by ✕ were set to sunset in 2016, until a bill passed by the VT legislature in 2015 extended them.</p> <p>**Based on version ABX2-15, introduced in CA special legislative session 8/17/15, amended 9/3/15.</p> <p>Amendments include sunset provision for entire law on Jan 1, 2026.</p> | | | | |
| Eligibility | <p>Requesting individual must</p> <ul style="list-style-type: none"> • Be 18 years old + • Be resident of state (no specific time period stated) • Be capable of decision making • Voluntarily express wish to die • Have a terminal diagnosis (dx) (defined as disease that will likely end life within 6 mos.) | <ul style="list-style-type: none"> ✓ ✓ ✓ "competent" ✓ ✓ ✓ ✓ Pt "may self-administer meds" | <ul style="list-style-type: none"> ✕ ✕ ✓ "capable" ✕ ✓ ✕ • under care of a physician ✓ Self-administration of the drugs is specifically stated as an assumed part of the process, but is not explicitly required ("medications to be self-administered . . .") | <ul style="list-style-type: none"> ✓ ✓ ✓ has "capacity to make medical decisions" ✓ ✓ ✓ Pt "may choose to self-administer" meds • Has physical and mental capacity to self-administer |
| Form of request | <ul style="list-style-type: none"> • Oral and written requests required • Written request must be signed/dated, 2 witnesses (see next section) • Second oral request must be made to attending no <15 days after initial oral request • Physician cannot write prescription until at least 15 days after initial oral request and no less than 48 hours after written request | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ | <ul style="list-style-type: none"> ✕ Oral, in presence of phys ✕ ✕ (in presence of phys) ✕ No less than 48 hrs after last of 2nd oral request, written request, or offer of oppty to rescind | <ul style="list-style-type: none"> ✓ directly to attd physician ✓ directly to attd physician ✓ directly to attd physician |

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| Witness requirements | <ul style="list-style-type: none"> • 2 adults (know pt or pt has provided ID) • 1 witness may NOT be: <ul style="list-style-type: none"> ◦ Related to pt by blood, marriage, adoption ◦ Heir ◦ Owner/operator of facility where pt treated • Attd physician may not witness • If pt in nursing facility, 1 witness must be person designated by facility • Witnesses attest that pt is capable, acting voluntarily, not being coerced to sign | <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> | <p>✓</p> <p>Neither can be related to pt by blood, marriage, civil union, or adoption; physician providing care</p> <p>✓ Witnesses attest that pt seems to understand the document, not under any duress or undue influence</p> | <ul style="list-style-type: none"> • Requirement that prof'l interpreter be provided for pt to facilitate requests and informed decision making <p>✓</p> <p>✓ Only 1 witness MAY be</p> <p>✓ + reg domestic ptrnshp</p> <p>✓</p> <p>✓ + or be employed at</p> <p>✓</p> <p>✓ Voluntarily signed request; believe to be of sound mind and not under duress, fraud, or undue influence</p> |
| Attending physician responsibility | <ul style="list-style-type: none"> • Determination of terminal dx • Confirm residency in state of patient (pt) • Determination that pt. "capable" • Inform pt of <ul style="list-style-type: none"> ◦ Dx & prognosis ◦ Risks & probable result of lethal medication ◦ Alternatives including comfort care, hospice care, pain control | <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> | <p>✓</p> <p>✕</p> <p>✓ does not have impaired judgment</p> <p>✓</p> <p>✕</p> <p>✓</p> <p>✓, inc. ✕ Range of tx avail for terminal dx</p> | <p>✓</p> <p>✓</p> <p>✓ has "capacity to make medical decisions" and has made voluntary request and is acting w/o undue influence</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> |

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| | <ul style="list-style-type: none"> • Refer to 2nd physician for confirmation • Refer to counseling if appropriate • Fulfil reporting and documentation requirements • Recommend to pt that family be notified of request • Offer pt oppty to rescind at 2nd oral request • Dispense meds directly or, with pt's written permission, via pharmacist to pt or designated agent • Sign death certificate | <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓, showing underlying disease as COD</p> | <p>✕</p> <p>✕ if judgment impaired</p> <p>✕</p> <p>✕</p> <p>✕</p> <p>NOTE: VT Act does not specify "attending" physician but does require that the patient and physician have a "bona-fide physician-patient relationship"</p> | <ul style="list-style-type: none"> • Possibility that pt may obtain meds but not take them ✓ ✓ if indications of mental disorder ✓ ✓ • Counsel pt as to importance of enrolling in hospice, storing meds safely ✓ • Give pt final attestation form to be completed and signed within 48 hours of self-administering drug ✓ • Attd physician, consulting physician, and mental health providers may not be related to the patient by blood, marriage, registered domestic partnership, or adoption, or be entitled to a portion of the individual's estate upon death. |

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| Consulting physician responsibility | <ul style="list-style-type: none"> • Examine pt and medical records • Confirm, in writing, attending's dx • Verify pt is "capable" and acting voluntarily • Refer to counseling if appropriate | ✓ ✓ ✓ "competent" ✓ | ✕ ✕ ("in writing" not required) ✕ ✕ If applicable, consult with pt's PCP | ✓ ✓ ✓ has "capacity" ✓ |
| Process | <ul style="list-style-type: none"> • No prescription to be filled if psychiatric or psychological illness present • No prescription to be filled if patient has not made a voluntary and informed decision • Pt may rescind request at any point | ✓ ✓ ✓ | | ✓ if pt does not have capacity or if mental disorder impairing judgment ✓ ✓ regardless of mental state |
| Documentation requirements | <ul style="list-style-type: none"> • Physician must document in pt's medical record: <ul style="list-style-type: none"> ○ All oral and written requests by pt ○ Dx, prognosis, verification that pt is "capable" by attending and consulting phys ○ Report of outcome of counseling, if performed ○ Offer to pt to rescind ○ Note by attending that all requirements have been met and medication prescribed. | ✓ ✓ "competent" ✓ ✓ ✓ | ✕ Date, time & wording of all oral requests and all written requests ✕ + pt does not have impaired judgment or was referred for psych evaluation ✕ ✕ Date, time & wording of offer of oppty to rescind ✕ | ✓ ✓ has "capacity" ✓ ✓ ✓ • Final attestation form, signed by pt, returned to attd phys by other HCP, family member or |

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| | | <p>✓all records exempt from disclosure</p> | <p>✕ File report with VT DOH</p> <p>✕ Attestation that pt enrolled in hospice or informed of EOL services</p> | <p>representative for inclusion in medical record ✓Submit all records w/i 30 days of writing prescript and of pt's death to DPH; all records may not be disclosed, subject to discovery, or produced in any civil, criminal, administrative, or other proceeding</p> |
| <p>Regulatory follow-up and public reporting requirements</p> | <ul style="list-style-type: none"> • Dept of Human Services to conduct sample review of records • Shall require copy of dispensing record • Adopt rules to facilitate collection of information regarding compliance • Generate and make public annual statistical report of information collected | <p>✓Annual review of all records</p> <p>✓</p> <p>✓</p> <p>✓</p> | <p>✓Adopt rules for safe disposal of unused meds</p> | <p>✓DPH collect all and review a sample of records submitted</p> <p>✓</p> |
| <p>Immunities</p> | <ul style="list-style-type: none"> • Any person immune from any civil or criminal prosecution • HCPs also immune from disciplinary action, revocation of licenses or privileges for prescribing lethal prescription under terms of the law | <p>✓</p> <p>✓</p> | <p>✓</p> <p>✓</p> | <p>✓... solely for being present when pt ingests meds; may be prosecuted if person assists pt to ingest meds</p> <p>✓</p> |

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| <p>*All provisions indicated by ✓ or ✕ are present in the VT Act; however, those indicated by ✕ were set to sunset in 2016, until a bill passed by the VT legislature in 2015 extended them.</p> | <ul style="list-style-type: none"> • No provider can be compelled to participate (but must transfer records to new phys if pt requests) • Provider can prohibit other providers (employees or contractors) from participating as long as written policy in place and provider notified. • Cannot prohibit indep. contractors or employees from participating outside scope of contract or employment or off HCP's premises • Various sanctions may be imposed on providers participating against policy • No effect on life, health, accident insurance policies or annuities • Does not sanction mercy killing, active euthanasia, or lethal injection • Actions under law ≠ suicide, assisted suicide, homicide • Participation ≠ elder abuse or neglect | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ | <ul style="list-style-type: none"> ✓ ✕ Facility may prohibit phys from writing prescript for residents as long as phys provided with policy ✓ ✓ ✓ health or malpractice insurance ✓ ✓ • No effect on provision of palliative sedation consistent with accepted medical standards | <p>**Based on version ABX2-15, introduced in CA special legislative session 8/17/15, amended 9/3/15.</p> <p>Amendments include sunset provision for entire law on Jan 1, 2026.</p> <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ • No effect on will, contract or other agreements ✓ life, health, or annuity policy; health care service ore benefit plan ✓ ✓ ✓ • Insurance carrier can't deny coverage for curative tx and offer lethal meds in same communication |
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| <p>Liabilities</p> | <ul style="list-style-type: none"> • Forging prescription or concealing/ destroying rescission of request Class A felony • Coercion into request or to destroy rescission Class A felony | <ul style="list-style-type: none"> ✓ ✓ | | <ul style="list-style-type: none"> ✓ ✓ |

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| | | | | <p>✓ Felony to administer drug to individual w/o their knowledge or consent</p> |