Board Approved November 6, 2025

CARMEL VALLEY MANOR

END OF LIFE OPTION ACT POLICY AND PROCEDURE

(Updated July 14, 2025)

INTRODUCTION:

On June 9, 2016, California's End of Life Option Act (the "Act") took effect. The Act allows a competent California resident with a terminal disease to take aid-in-dying ("AID") drugs to end his or her own life, provided that the resident and his attending and consulting physicians take the various steps as prescribed by the Act. Effective January 1, 2022, certain refinements were made to the Act by Senate Bill 380.

Carmel Valley Manor ("CVM") places a high value on life and is committed to compassionate care and high quality of life. CVM also respects residents' rights to self-determination and the relationship between residents and staff/caregivers. CVM will therefore honor a qualified resident's choice to end his or her life by taking AID drugs in accordance with the Act.

At the same time, CVM appreciates the diverse personal opinions of its residents, resident families, board, staff, and volunteers with respect to end-of-life decisions. With full awareness and appreciation of these issues, CVM adopts the following policy.

POLICY:

1. CVM will honor a qualified resident's choice to end his or her life by taking AID drugs in accordance with the Act.

2. No resident will be denied other medical care or treatment because of the resident's participation under the Act. The resident will be treated in the same manner as all other CVM residents.

3. In the performance of their duties, CVM employees, independent contractors, vendors and volunteers shall not influence through encouragement or discouragement, nor communicate a value judgment, regarding a resident's decision to end the resident's life under the Act.

4. CVM prohibits its (a) employees, (b) volunteers, and (c) all persons and entities contracting with CVM except physicians ("non-physician contractors") from "participating" under the Act, as defined in the Act, anywhere on the premises of its continuing care retirement community (the "Community") or in the course of their employment or services. CVM does not prohibit these persons from participating under the Act off the Community's premises and outside the course of their employment or services.

5. All employees, volunteers, and non-physician contractors shall refrain from taking any of the following steps under the Act on the Community's premises:

    a. Witness a written request for AID drugs;

    b. Designate a witness for a written request for AID drugs;

    c. Deliver, prescribe, or deliver a prescription for AID drugs;

    d. Act as a mental health specialist;

    e. Take possession of AID drugs for storage, delivery, administration, or disposal;

    f. Assist a resident in ingesting AID drugs; or

    g. Be present during the resident's ingestion of AID drugs. (Such persons may, to the extent consistent with their position and training, provide comfort care after a resident ingests AID drugs.)

Caregiving staff will receive in-service training regarding the Act and this Policy and Procedure.

KEY LEGAL REQUIREMENTS:

1. Resident's request for AID drug.

Any resident of the Community who wishes to take AID drugs at the Community must comply with the following provisions of the Act:

a) The resident must have been diagnosed with a terminal disease by both an attending physician and a consulting physician. The Act defines a terminal disease as "an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months."

b) The resident must make two oral requests, at least 48 hours apart, and a written request, for an AID drug. The requests must be made to an attending physician.

c) The written request must be witnessed by two people, who must attest that the resident is of sound mind, is acting voluntarily, and is not being coerced to sign the request. One witness cannot be a relative or certain other interested persons. CVM employees, volunteers, and non-physician contractors shall neither witness the written request nor designate witnesses.

d) A health care provider who receives the requests must document the dates of the oral and written requests in the patient's medical record and provide a record of this information upon a transfer of care to a qualified individual. A health care provider who declines to participate under the Act must inform the requester of this fact, document the date of the individual’s request and the CVM’s notice of objection, and transfer the relevant medical record upon request.

e) The Act describes the responsibilities of the attending physician prescribing the AID drugs and the consulting physician to assure that the resident has a terminal disease, has made the request voluntarily, and is making an informed decision.

f) The resident must ingest the drug himself or herself.

1. Resident's capacity to make medical decisions and informed decision

   a) Under the Act, the resident must have the "capacity to make medical decisions" to end his or her life voluntarily. In the opinion of the resident's attending physician, consulting physician, or mental health specialist, the resident must be able to make and communicate an "informed decision" to health care CVMs.

   b) No family member or responsible party may make the decision on the resident's behalf. All determinations regarding a resident's informed consent and capacity to make medical decisions shall be made by the resident's attending or consulting physician, mental health specialist, or a court if necessary. CVM shall make no such determinations.

2. Participation under the Act

   a) "Participation" under the Act means (1) performing duties of an attending physician, consulting physician, or mental health specialist; (2) delivering the prescription for, dispensing, or delivering AID drugs; and (3) being present during ingestion of AID drugs.

   b) Participation does not include (1) diagnosing a terminal disease, making a prognosis, or determining a patient has capacity to make decisions under the Act; (2) providing a patient with information about the Act; or (3) referring a patient to a participating CVM.

   c) No CVM employee, volunteer, or non-physician contractor shall participate under the Act on the Community's premises. These persons shall be notified of this prohibition. If they violate this prohibition, they shall be subject to discipline up to and including termination of their employee, volunteer, or contractor status.

PROCEDURE:

A. **Steps upon learning of a resident's decision to take AID drugs**

If a resident notifies CVM of his or her intention to end his or her life by taking AID drugs in accordance with the Act, appropriate CVM staff (including the Chief Operating Officer, Director of Nurses, and Clinic Manager or their designee(s)) will:

1. With the resident's prior consent, notify the resident's family and/or responsible party of the resident's decision.

2. Review this Policy and Procedure and be prepared to discuss its key elements with the resident and, if the resident consents, the resident's responsible party and physician.

3. Refrain from and advise their staff, volunteers, and contractors to refrain from serving as a witness or designating a witness to any request for AID drugs.

4. Refrain from and advise their staff volunteers, and contractors to refrain from taking possession of any AID drug or any ancillary drug prescribed with it, whether for delivery, storage, administration, or disposal.

5. Instruct the resident that he or she shall be responsible for obtaining, storing, and self-administering the AID drug and ancillary drugs and that a family member or other designee (but no CVM employee, volunteer, or non-physician contractor) is responsible to dispose of any unused AID or ancillary drugs.

    a. Instruct the resident to have a family member or trusted friend pick up the AID drugs and any ancillary drugs at the pharmacy. CVM will not accept delivery of such drugs.

    b. Strongly suggest that the AID drugs be stored offsite with a family member or trusted friend until the resident is ready to ingest them.

    c. If the resident opts to store the AID drugs and ancillary drugs himself or herself, assure that the resident has a secure locked cabinet in his or her room or apartment to store the drugs;

    d. Assure that these drugs are inaccessible to anyone other than the resident and/or his or her designee.

6. Request copies of the following documents for the resident record:

    a. Written request for AID drugs

    b. Attestation and compliance forms completed by the attending and consulting physicians.

    c. All durable powers of attorney for health care (aka advance health care directives), POLST forms, and DNR requests.

7. Confirm that all documents in item 6 above consistent with one another.

    a. Advise the resident and responsible parties, as applicable, to update the resident's advance health care directives, POLST forms, and DNR requests, as needed.

8. Conduct an immediate care plan review with the resident and, if the resident desires, the resident’s designated representative to discuss the following:

    a. The involvement of a hospice agency;

    b. Limitations on CVM's involvement in the AID process;

    c. Storage and disposal of the AID drug and ancillary drugs;

    d. The potential need to update advance health care directives, DNR requests and POLST forms;

    e. Where the dying process will occur (including his or her apartment);

        i. The process shall not take place in a public place; and

    f. The resident's preferred comfort measures during the dying process.

        i. No employee, volunteer, or contractor shall be required to provide comfort care.

g. The identity of any person the resident wishes to be present during ingestion. This person shall not include any CVM staff, volunteers, or non-physician contractor.

h. The identity of the family member or other designee who will dispose of any unused AID drugs or ancillary drugs immediately after the resident's death, and confirmation that he or she has been or will be informed of this duty.

i. No CVM employee, volunteer, or non-physician contractor shall be designated to dispose of any such drugs.

9. Update the resident's care plan to reflect the information in item 8 above.

10. If, after ingestion, the resident requests medical treatment, call 911 immediately.

11. After the resident's death, confirm that any unused AID or ancillary drugs have been picked up for disposal by the family or other designee of the resident.

B. Involving the resident's family

A resident's decision to end his or her life by taking AID drugs may be difficult for family and other loved ones to accept, but it is ultimately the resident's decision and must be honored. At a resident's request, CVM staff will communicate with families about the resident's end-of-life wishes and invite the family to participate in the care plan review.

C. Notifying employees, volunteers, and contractors of CVM's policy and resident's choice

1. CVM will notify all employees, volunteers, and non-physician contractors of the key elements of this Policy and Procedure and CVM's decision to prohibit participation under the Act on the Community's premises. In CVM's discretion, this may include in-service training and other presentations; a clause in CVM's personnel manual, volunteer guidelines, or contract with third parties; and/or or a written notice of the prohibition, accompanied by an acknowledgment form to be signed by staff, volunteers and non-physician contractors.

2. CVM shall communicate the resident's stated decision to take AID drugs with all CVM employees, volunteers, and non-physician contractors who may be directly affected by this decision in the course of their responsibilities at the Community.

3. No employee, volunteer, or non-physician contractor shall be present during ingestion of the AID drug or ancillary drugs, provide any of these drugs to the resident, or assist the resident with ingestion of the drugs.

4. No employee, independent contractor, or volunteer shall encourage or discourage a resident's request for AID drugs or communicate a value judgment about the resident's request.

D. Notifying residents and families of CVM's policy

1. CVM is committed to open communication with residents and their families about death and dying, including the key elements of this Policy and Procedure.

2. To facilitate open communications and to help current and prospective residents make informed choices, CVM shall notify current and prospective residents of CVM's policy. This shall include posting CVM's policy regarding the Act on its website. In addition, in CVM's discretion, this may include town hall meetings; residency agreements; resident handbooks; brochures; and/or other forms of disclosure.

3. CVM shall encourage end-of-life planning, including preparing advance health care directives, POLST forms, and other documents, and shall include programs to address end-of-life planning, grief, aging, serious illness, and related issues.

E. Other Issues

CVM shall also follow these additional procedures for the protection of residents and staff:

1. Residents and/or families requesting information about the Act will be referred to the resident's physician.

2. Staff or volunteers who are aware that a patient is considering procuring AID drugs will (a) notify the appropriate designated staff (including the Chief Operating Officer, Director of Nurses, and Clinic Manager or their designee(s)); and (b) advise the resident that they are sharing such information with such staff, who are responsible for implementing the procedure described in Section B above.

3. If an employee or independent contractor is unable or unwilling on ethical or religious grounds to provide care (including comfort care) to a resident who has elected to take AID drugs, he or she shall notify his or her supervisor and if needed, request a reassignment. Reassignments based on ethical or religious grounds will be handled without judgment or negative consequences for the employee or independent contractor.

4. Staff shall refer the resident to his or her physician as soon as possible, or no later than one working day after, a resident requests information about the Act or states his or her desire to take AID drugs.

5. CVM does not inhibit a physician with whom it contracts from prescribing AID drugs or providing consultation under the Act.

6. If a physician with whom CVM contracts is unable or unwilling to prescribe AID drugs at the request of a resident, the physician should be encouraged to provide a referral to another physician who will prescribe the AID drugs.

7. If a resident, while under hospice care, makes a request to CVM staff for information about the Act or a request for AID drugs, refer the resident to CVM's hospice provider.

8. The hospice will be required to document a request for AID drugs or information in the resident's medical record.

9. If the hospice physician, after appropriate efforts to control pain or other concerns of the resident, is unable or unwilling to prescribe AID drugs to the resident, that physician should provide a referral to another physician who will prescribe the AID drugs.

F. Review of Policy and Procedure

To assure that this Policy and Procedure continues to reflect CVM's position on this subject and can be implemented without difficulty, the Board shall direct the Quality Assurance Committee to review this Policy and Procedure regularly, ideally every 24 months.

ADOPTED BY BOARD ACTION ON November 6, 2025.