

# NoOnSB380

## Protect Patients

### California End of Life Option Act Reporting Requirements | Compared to Oregon and Washington

Data Reported	Oregon	Washington	California
Gender	X	X	X
Age	X	X	X
Race/Ethnicity	X	X	X
Marital Status	X	X	--
Education	X	X	X
Residence (region)	X	X	--
Enrolled in Hospice	X	X	X
Insurance	X	X	X
Underlying Illness	X	X	X
Referred for Psych Evaluation	X	X	Not reported. Data collected in Section F Attending Physician Checklist & Compliance Form
Pt. Informed Family	X	X	X
Location of Death	X	X	X
Lethal Medication	X	X	X
Duration of Patient-MD Relationship	X	X	--
Duration between 1 <sup>st</sup> Request and Death	X	X	Not reported. Data collected in E-5 Attending Physician Checklist & Compliance Form Question 4 Attending Physician Follow-Up Form
Duration Between Ingestion and Unconsciousness	X	X	Not reported. Data collected in Question 6 Attending Physician Follow-Up Form
Duration Between Ingestion and Death	X	X	Not reported. Data collected in Question 7

			Attending Physician Follow-Up Form
End of Life Concerns	X	X	Not reported. Data collected in Question 15 Attending Physician Follow-Up Form
Health Care Provider Present When Medication Ingested	X	X	X
Complications	X	X	Not reported. Data collected in Question 8 Attending Physician Follow-Up Form
EMS Involvement	--	X	Not reported. Data collected in Question 9 Attending Physician Follow-Up Form
Other Outcomes (e.g., Regained Consciousness after Ingesting Medication)	X	X	--
Number of Different Physicians Writing Rx	X	X	Not Reported. Data available in Attending Physician Checklist & Compliance Form
Number of Different Pharmacists Dispensing Rx	--	--	Not Reported. Data collected in Section G Attending Physician Checklist & Compliance Form