

August 30, 2021



*Representing California's Catholic
Health Systems and Hospitals*

Assembly Floor Alert SB 380 (Eggman) – Oppose (as amended August 30, 2021)

The Alliance of Catholic Health Care, which represents California’s Catholic-affiliated health systems and hospitals, must oppose SB 380 (Eggman), that amends the End of Life Option Act (EOLOA). The authors of the original 2015 legislation committed to “build protections in this [measure] that are stronger than the protections in any of the states where this has been practiced.” Less than five years after the implementation of the EOLOA, SB 380 would weaken or remove the very “safeguards” included to secure the support for the original measure.

We urge that, in anticipation and advance of the 2031 sunset provision, the Legislature or the Department of Public Health provide a comprehensive review of this law. In that regard, we believe the author and Legislature may want to consider adding additional transparency provisions to ensure more data is readily available to stakeholders.

The state does not report on all of the data elements it currently collects on EOLOA, as allowed by law. This has been an area of concern for both proponents and opponents, and other stakeholders. We believe that the state has a duty to be as transparent as possible in sharing the EOLOA data. We understand there have been requests of the California Department of Public Health (CDPH) to either report on all of the data collected on the state-mandated forms (as other states with similar laws allow) or release the de-identified data to independent researchers to analyze. The data would help the state, researchers, and others to evaluate and monitor trends in the use of the law – before we eliminate the sunset provisions of this bill.

Also of concern is 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; however, the Department has no enforcement authority to ensure compliance. It was stated that all other non-reported data was retained for 3 years, after which CDPH indicated it will then be destroyed. It would seem good public policy to have a comprehensive review regarding the collection, dissemination and retention of data related to such critical health care data.

And finally, the author and supporters assert that the current process is unnecessarily cumbersome and burdensome for underserved communities in rural areas and individuals from diverse communities. Studies show that there continues to be racial disparities in the utilization of hospice and palliative care with communities of color. For those who are seriously ill and dying they are less likely to receive referrals and access to these vital services. Rather than provide easier access to the EOLOA, we would argue that access to the very services that would alleviate the need for this Act elude many communities of color.

For these reasons, we urge you to oppose SB 380 (Eggman)