



## Death with Dignity Act

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State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/>
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### Enterprise Policy

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*Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.*

### Background

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Death with Dignity is a policy currently adopted by six states (California, Colorado, District of Columbia, Hawaii, Oregon, Vermont, Washington State) and Washington D.C.

On October 27, 1997 Oregon enacted the Death with Dignity Act which allows terminally- ill Oregonians to end their lives through the voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose. Members may refer to this as "assisted suicide."

#### **Release of Information Regarding the Death with Dignity Act (DWDA)**

The Death with Dignity Act requires that the Oregon Health Authority collect information pertaining to compliance (ORS 127.865 (2)) and to make available to the public an annual statistical report (ORS 127.865 (3)).

PacificSource employees involved with this policy who have moral objection are required to transfer request to another employee in order to facilitate timely handling. PacificSource administers Commercial, Medicare and Medicaid plans in multiple states with Medicaid specifically in the State of Oregon. Each of these programs maintains different rules related to the payment for services which allow terminally-ill Oregonians or Washingtonians to end their lives through the voluntary self-administration of lethal medications by a physician.

### Criteria

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#### **Commercial & Exchange products**

For individuals who meet the criteria outlined in ORS 127 800-127.897. PacificSource will reimburse professional fees applicable to the law.

- Patients or providers who are requesting coverage of professional services or prescription medications related to the voluntary self-administration of lethal medications, must provide

documentation to the Health Services and Pharmacy Services staff to support their request in accordant to specific state policies.

- Documentation shall include:
  - Certification of the Attending Physicians Compliance Form, and
  - The Patients Request for Medication – To End Life in a Humane and Dignified Manner
  - The specific services being requested, including number of professional visits and the requested medications, including the strength and dose.

To date, most patients have received a prescription for an oral dosage of a barbiturate (pentobarbital or secobarbital). Beginning in 2015, compound medications have also been used.

Examples of compounded regimen used includes:

- phenobarbital/chloral hydrate/morphine sulfate
- Morphine sulfate, Propranolol (Inderal), Diazepam (Valium), Digoxin and a buffer suspension
- These requests will be reviewed by a PacificSource pharmacist with support from PacificSource Medical Directors.
- If all documentation is provided and the above policy requirements are met, the request for payment of voluntary self-administration of lethal medications and the associated professional services will be authorized.

#### **Oregon members (January 1, 2020):**

- Patients with less than 15 days to live are exempt from the 15-day waiting period between the first and second oral requests for medication
- Patients with less than 48 hours to live are exempt from the 48 hour waiting period between the patient's written request and the writing of the DWDA prescription
- The attending physician must file a medically confirmed certification of the imminence of the patient's death with the patient's medical record if any of the statutory waiting periods are not completed

#### **Medicare and Medicaid**

Federal funding cannot be used for services or medications received under these laws and are excluded from coverage

## References

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Death with dignity act. Accessed 3/22/2019, 2/27/2020

<https://www.deathwithdignity.org/faqs/>

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<https://www.deathwithdignity.org/learn/death-with-dignity-acts/>

Oregon Health Authority. Oregon Revised Statute. ORS Chapter 127: Death with Dignity Act. Accessed August 18, 2017, April 3, 2018, March 22, 2019, February 27, 2020

<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx>

Oregon Health Authority. Public Health. Death with Dignity Act. Accessed August 18, 2017, April 3, 2018, March 22, 2019, February 2, 2020

<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/index.aspx>

Oregon Health Authority. Public Health. Frequently Asked Questions. Accessed February 17, 2020

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/faqs.pdf>

Washington Department of health. Death with Dignity Act. Accessed 3/22/2019.

<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct>

## Appendix

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**Policy Number:** [Policy Number]

**Effective:** 3/1/2020

**Next review:** 3/1/2021

**Policy type:** Enterprise

**Depts:** Health Services, Pharmacy