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**California Department of  
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**EDMUND G. BROWN JR.**  
*Governor*

February 4, 2009

AFL 08-44

**TO:** All Facilities

**SUBJECT:** End-Of-Life Care

**AUTHORITY:** Assembly Bill (AB) 2747 (Berg/Levine, Chapter 683, Statutes of 2008)

This letter notifies you of legislation that took effect on January 1, 2009. AB 2747 added Health and Safety Code section 442, et seq., which provides guidance on instructions for end-of-life care options.

AB 2747 defines a health care provider as an attending physician and surgeon. It also means a nurse practitioner or physician assistant practicing in accordance with standardized procedures or protocols developed and approved by the supervising physician and surgeon and the nurse practitioner or physician assistant.

When a health care provider makes a diagnosis that a patient has a terminal illness, the health care provider shall, upon the patient's request, provide the patient with comprehensive information and counseling regarding legal end-of-life care options pursuant to this section.

Upon request of the patient, the healthcare provider must provide the patient with comprehensive information and counseling regarding legal end-of-life care options. The comprehensive information must include, but is not limited to:

- Hospice care at home or in a health care setting
- A prognosis with and without the continuation of disease-targeted treatment;
- The patient's right to refuse or have withdrawn life sustaining treatment.
- The patient's right to continue to pursue disease-targeted treatment, with or without concurrent palliative care.
- The patient's right to comprehensive pain and symptom management at the end-of-life, including, but not limited to, adequate pain medication, treatment of nausea, palliative chemotherapy, and relief of shortness of breath and fatigue, and other clinical treatments useful when a patient is actively dying.
- The patient's right to give individual health care instruction pursuant to Section 4670 of the Probate Code, which provides the means by which a patient may provide written health care instruction, such as an advance health care directive, and the patient's right to appoint a legally recognized health care decisionmaker.

If the provider prefers not to comply with the preceding requirements, the provider must, both 1) refer or transfer the patient to an alternative health care provider who must provide the requested information and 2) provide the patient with information on procedures to transfer to another health care provider that shall provide the requested information.

Under the bill language, the information described above may be provided in writing, but this is not required. Counseling may include, but not be limited to, discussions about the outcomes for the patient and his or her family, based on the interest of the patient.

The information in this All Facilities Letter is a brief summary of AB 2747 and facilities should refer to the full text to ensure compliance. The California Department of Public Health's failure to expressly notify facilities of legislative changes does not relieve facilities of their responsibility for following all laws and for being aware of all legislative

changes.

If you have questions regarding this issue, please contact your local district office.

Sincerely,

**Original Signed by Kathleen Billingsley, R.N.**

Kathleen Billingsley, R.N.

Deputy Director

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