



Death with Dignity Act

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

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

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 determinations 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

Death with Dignity is a policy currently adopted (as of January 8, 2024) by nine states (California, Colorado, Hawaii, Maine, New Jersey, New Mexico, Oregon, Vermont, and Washington) and the District of Columbia (Washington D.C.).

The Oregon Death with Dignity Act enacted on October 27, 1997, which allows terminally-ill adults 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.”

The Washington Death with Dignity Act, Initiative 1000 passed on November 4, 2008 and went into effect on March 5, 2009. This act allows terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians. These terminally ill adults must be Washington residents who have less than six months to live.

Montana does not currently have a statute safeguarding physician-assisted death. In 2009, Montana's Supreme Court decision ruled nothing in the state law prohibited a physician from honoring a terminally ill, mentally competent patient's request by prescribing medication to hasten the patient's death.

PacificSource administers Commercial and Medicare plans in multiple states; PacificSource Community Solutions Medicaid is exclusively administered in the State of Oregon. Each of these programs maintain different rules related to the payment for services which allows terminally-ill adult

members to end their lives through the voluntary self-administration of lethal medications prescribed by a physician.

Criteria

Commercial & Exchange products

PacificSource follows 42 USC 14402 which states federal funding cannot be used for services or medications received under these laws. This may pertain to some PS Exchange products being excluded from coverage.

For members who meet the criteria outlined in MCA 50-9-101 to 111, PacificSource will reimburse professional fees consistent with plan benefits, provider contracts, and applicable law.

For members who meet the criteria outlined in ORS 127.800 to 127.897, PacificSource will reimburse professional fees consistent with plan benefits, provider contracts, and applicable law.

For members who meet the criteria outlined in RCW 70.245, PacificSource will reimburse professional fees consistent with plan benefits, provider contracts, and applicable law.

Commercial Products

PacificSource members 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.
 - The Members 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.
- Due to cost and limited availability of oral barbiturates, their use has been replaced by drug mixtures, which must be compounded into a powder mixture by a pharmacist prior to dispensing. The drug mixtures include the following:
 - **DDMP2:** digoxin 50 mg, diazepam 1 gm, morphine 15 gm, and propranolol 2 gm
 - **D-DMP2:** As above, but digoxin is given separately, 30 minutes before the other medications.
 - **DDMA:** digoxin 100 mg, diazepam 1 gm, morphine 15 gm, amitriptyline 8 gm
 - **D-DMA:** As above, but digoxin is given separately, 30 minutes before the other medications
 - **DDMAPh:** digoxin 100 mg, diazepam 1 gm, morphine 15 gm, amitriptyline 8 g, phenobarbital 5 gm
 - **D-DMAPh:** As above, but digoxin is given separately, 30 minutes before the other medications
- 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

Effective January 1, 2020, the attending physician must file a medically confirmed certification of the imminence of the member's death with the member's medical record if any of the statutory waiting periods listed below are not completed. A copy of Attending Physician's Compliance Form ORS, 127.800 - ORS 127.897 must be mailed to the address listed on the form which is maintained by the State of Oregon.

- Members with fewer than 15 days to live are exempt from the 15-day waiting period between the first and second oral requests for medication.
- Members with fewer than 48 hours to live are exempt from the 48-hour waiting period between the patient's written request and the writing of the Death with Dignity Act (DWDA) prescription.

Medicaid

PacificSource Community Solution (PCS) follows Statement of Intent 2 of the OHP Prioritized List of Health Services for coverage of death with dignity.

Medicare

PacificSource Medicare follows 42 USC §14402 which states federal funding cannot be used for services or medications received under these laws and are excluded from coverage.

Definitions

Adult – an individual who is 18 years of age or older.

Terminal Disease - an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Related Policies

Compounded Medications

References

Shavelson., L., and Parrot., C. (January 12, 2021). American Clinicians Academy on Medical Aid in Dying. Available at: <https://www.acamaid.org/wp-content/uploads/2021/01/Adding-Phenobarbital-to-the-D-DMA-and-DDMA-Medication-Protocols-for-Medical-Aid-in-Dying-1-1.pdf>

Death with Dignity. *Resources*. [Accessed 3/22/2019, 2/27/2020, 01/11/2021, 01/24/2022, and 01/04/2024]. <https://deathwithdignity.org/resources/>

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Oregon Health Authority. *About the Death with Dignity Act*. [Accessed 8/18/2017, 04/03/2018, 03/22/2019, 02/02/2020, 01/11/2021, 01/14/2022, and 01/04/2024].

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

Oregon Health Authority. (Revised April 15, 2022). *Frequently Asked Questions about the Death with Dignity Act*.

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

Oregon Health Authority. *Oregon Death with Dignity Act 2020 Data Summary*.

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year23.pdf>

Oregon Revised Statutes (ORS): 127.800 through 127.995.

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

Washington State Department of Health. *Death with Dignity Act*. [Accessed 03/10/2021, 01/14/2021, and 01/04/2024].

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

Appendix

Policy Number:

Effective: 2/1/2021

Next review: 2/1/2025

Policy type: Enterprise

Author(s):

Depts.: Health Services, Pharmacy

Applicable regulation(s): 42 USC §14402, ORS 127.800 to127.897, Statement of Intent 2 of the OHP Prioritized List of Health Services, RCW 70.245, WAC 246-978-001 to 246-978-020, MCA 50-9-101 to 111.

Commercial Ops: 2/2024

Government Ops: 2/2024