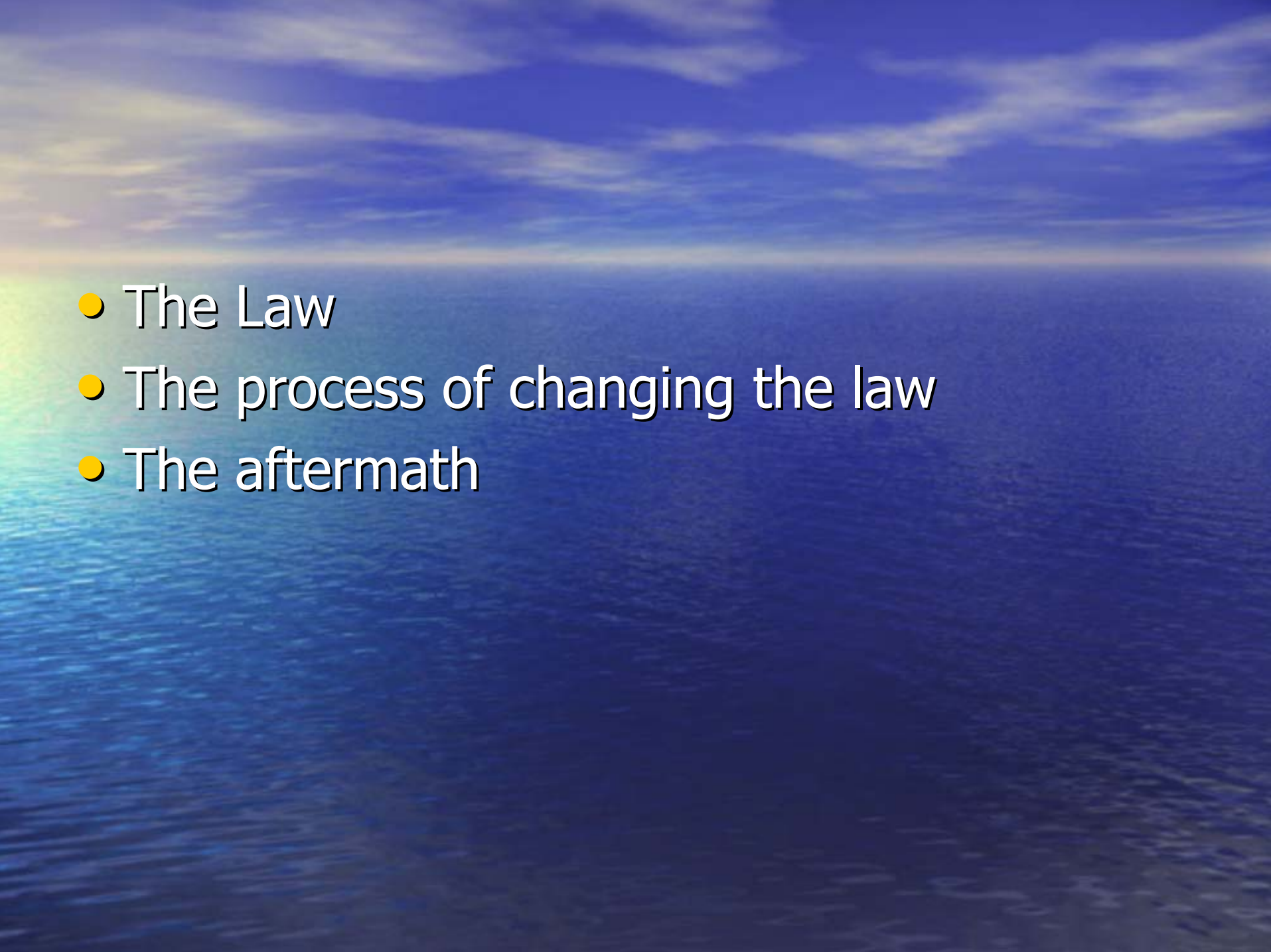


# Changing the Law in California

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- The Law
  - The process of changing the law
  - The aftermath



# The Law

# AB 2328

- Consistent with the Common Rule (45 CFR §46) and other federal and state laws and regulations pertaining to human subject protection

- The law separates Emergency Room environment from Non-emergency Room environment (AD research)
- Criteria for use of a surrogate:
  - Research studies relating to **cognitive impairment, lack of capacity, or serious or life-threatening diseases**
  - **Protocol** specific.
  - Must be requested through the IRB.
  - IRB application must include a protocol specific plan for decision – making capacity assessment (DMC).
  - If subject expresses **dissent or resistance**, excluded from study.

# Determining the Decision Making Capacity of the Subject

- Attempt to obtain informed consent from the subject.
- No gold standard
- Protocol specific plan for assessment should include understanding, expression of a reasoned choice, nature of research, consequences of participation, alternatives to participation (MacArthur Competency Tool, Dan Marson interpretation)

- Usually involves reiterating a simplified version of the consent and protocol specific questions.
- **Assessment of the DMC of the surrogate** is only used when there is reason to believe surrogate has impaired DMC.

# When the subject lacks DMC

- **Inform the subject** of the investigator's intent to use a surrogate
- **Document** discussion in research file



# Hierarchy of potential surrogates

- Person's agent named in an advance healthcare directive
- Conservator or guardian with authority to make health care decisions
- Spouse
- Domestic partner
- Adult son or daughter
- Custodial parent
- Adult brother or sister
- Adult grandchild
- Available adult relative with the closest degree of kinship

# Disagreement

- No surrogate consent may be utilized if there is a disagreement whether to consent among members of the highest available priority class.

# Responsibilities of the Investigator

- The surrogate must:
  - Have **reasonable knowledge** of the subject
  - Be **familiar with the subject's level of impairment**
  - Be **willing to serve** as substitute decision maker
  - **Understand** the risks, potential benefits, procedures and alternatives to the research participation.
  - Make decisions based on the **subject's known preferences** or surrogate's judgment of what subject's preference would be

# Self Certification Form

- Surrogate must be advised that **if a higher-ranking surrogate is identified at anytime**, defer to his/her decision regarding participation in research
- If potential surrogate identifies a person at a higher rank, **the investigator is responsible to contact such individual** to determine if they want to serve as surrogate

# Reconsenting Subjects

- Criteria which would normally trigger reconsenting a subject apply (SAEs, change in protocol)
- Change of surrogate
- Subject regains cognitive function



# The Process

*Did we have any idea of what we were getting ourselves into?*

- Not a clue!
- First step: **Educate ourselves**

# Our education

- Talk to a local legislator to assess legislative interest.
- We needed a sponsor.
- Contact UCSD IRB to learn their interpretation of the current law.



# In search of a sponsor

- Alzheimer's Association – California Council – Public Policy arm
  - Not interested at this time
- UC Office of the President (UCOP)– moving a mountain
- UCOP agrees to sponsor legislation – 5 months after initial contact (Late summer 2001)
- Alzheimer's Association with a nudge from national – gives us their support

# Finding support in the research community

- California AD researchers contacted through 10 state ARCC's.
- Ethics committee formed
- Informational meeting with experts: Jason Karlawish and Dan Marson
- Outcome: *Guarded support, fear of bringing attention to a major problem!*

# Time to spread the net

- Researchers in other areas of cognitive impairment contacted
  - Stroke, Parkinson's disease, MS, Huntington's disease, head trauma, and HIV.
- Sample letters of support sent out
- ARCC's formed the backbone of the process

# Support from family service groups and affected individuals

- Alzheimer's Association
- Family Caregiver Alliance
- Support groups contacted
- Sample letters sent out

# Identification of potential opposition

- Mental health groups
- Civil rights groups
- *After the bill was introduced, they came forward.*

# Legislative Timeline-The Assembly

- UCOP drafts language of the bill
- AB 2328 introduced to the CA Assembly – February 21, 2002 by San Diego Assemblyman Howard Wayne
- Assigned to two committees: Health and Judiciary-Hearings in April and May
- Amendments taken
- The floor of the Assembly-May

# The Senate

- Assigned to two committees: Health and Human Services & Judiciary
- Health and Human Services – June
- Amendments taken
- Judiciary chair decided not to hear bill
- Floor of the Senate
- Floor of the Assembly

# The final weeks

- The Bill is chaptered
- Sent to the Governor
- Signed September 11, 2002
- Bill would become law January 1, 2003



# In the interim

- UCLA halts research involving human subjects who cannot consent for themselves
- UCSF is reprimanded for inappropriate consenting processes
- UC Davis VA halts human subject research
- March 2002 – Newsweek has on its cover – ‘a human crouching in a cage’



# The Aftermath

# Implementation of the Law

- Committee formed to draft the Guidelines
- Finalized and sent to all UC IRBs
- Local policy formulated specific to each campus

# Issues which have arisen

- Site issues
  - UCSF: IRB wants outside MDs to determine capacity to consent
  - Stanford VA: wants 2 VA MDs, not involved in the protocol, to determine capacity

# Issues (continued)

- Opposition

- Major opponent: new bill introduced AB 1371 Feb 2003
- Attempts to change many features of our bill, including requiring primary care MD to determine capacity
- UCOP legislative analysts meet with sponsor of AB 1371 to draft amendments

# *What we learned*

- We were lucky
- The most unlikely issues will be raised as points of discussion
- **It is possible to change the law! The process really does work!**

# The future

- Impact of the legislation is still being felt
- Presentation at GSA in November
- Manuscript describing the process, pitfalls, etc.

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