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Legislative District 12A

Howard County

Health and Government Operations
Committee

Subcommittees

Government Operations and
Health Facilities

Public Health and Minority
Health Disparities



**THE MARYLAND HOUSE OF
DELEGATES**

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Feb 16, 2024

SUPPORT

HB 403 - End-of-Life Option Act

(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

Dear Chairs Pena-Melnyk and Clippinger, Vice-Chairs Cullison and Bartlett, and Members of the Health and Government Operations and Judiciary Committees,

HB403 asks what role, if any should the State, any institution, or any individual have in the decision a person facing imminent death have in either preventing or coercing said individual in making their final end-of-life decisions, and answers "none". **HB403** recognizes the intimacy of the final journey and frees people who experience their final steps on that journey as unbearable the legal option to request pharmacological assistance in dying if they so choose.

As a doctor, daughter, legislator, and care giver and supporter of friends and family members as they fought to live, and as they died, I highly value life and dignity. I support and respect a patient's right, given adequate capacity, to exercise personal control over their healthcare decisions throughout life. Like the overwhelming number of my constituents, I believe this bill provides compassion and autonomy to those facing imminent death. It encourages honest discussion for the patient and their loved ones about their fears, hopes, wishes, and regrets, when the situation presents the opportunity for consideration and consider a range of decisions around treatment, care, support, and transitioning. These discussions take on a different tone and urgency when death is a reality rather than as an abstraction.

Importantly, for many this legislation, if passed, removes potential guilt or shame, on both the part of the dying and those who the dying will leave behind, because of perceptions that they are disappointing one another by failing to win the battle, or not fighting hard enough, or being either too willing or too unwilling to say goodbye.

HB403 would allow *terminally ill* patients in Maryland who qualify under strict criteria the option to choose medical aid-in-dying. A qualifying patient who requests medical aid in dying must do so multiple times over no less than a two-week period for reconsideration and give informed consent only after being told of the implications, process, rights, and alternative resources and supports in their dying journey. The process requires they be evaluated by at least two physicians, and a third if a psychiatric evaluation is indicated, to move forward. The patient may withdrawal their request to participate in medical-aid-in-dying at any time and if the patient request the prescriptions and receives the medications to be self-administered, they are under no obligation to take them. Unused medication must be safely disposed of.

HB403 does not compel and is rooted in choice. No patient, family member, or health provider is required to give it consideration or to participate if it is the patient's choice.

I am proud to be the lead sponsor and urge a favorable report on HB403.

A handwritten signature in black ink, appearing to read 'Terri Hill'.