

BILL NO: House Bill 403
TITLE: End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
COMMITTEE: Health & Government Operations
HEARING DATE: February 16, 2024
POSITION: FAVORABLE

House Bill 403 would provide terminally-ill Maryland residents with six months or less to live with the right to choose their end-of-life plan. As a daughter who watched her best friend and mother succumb to terminal brain cancer, and as a human being who does not believe that the government should play any role in such crucial matters of self-determination, I support this legislation.

Terminal illness robs both the terminally-ill individual and their family of the power they deserve to dictate their own lives. On December 19, 2019, my mother was diagnosed with terminal brain cancer. She died at home less than three months later, on March 14, 2020. While we were lucky that she succumbed to her illness right before COVID restrictions began, watching her decline day by day and week by week was intensely traumatic for both me and my father. By the end of her life she was confined to her bed, could not use the bathroom, and required care that I never expected to have to give the strongest, most vital woman I've ever met. While my father and I of course delivered that care with all the love and dedication that she gave the both of us during her far-too-few 73 years, I still have nightmares of her final days, her body a shell of what it was, needing to give her liquid antipsychotic medications hourly in order to stop her from screaming in pain.

In the early days of her final diagnosis, my father and I did talk with her about the options she could take, privately, to end her life, but she was understandably concerned about their illegality and the fact that she would have to take those steps alone. If there was one thing she wanted in her final months on this earth, it was to be with us as much as possible. I have no doubt in my mind that, were there a legal path such as that which this legislation would provide, she would have taken it.

No one should have to spend their last moments in agony like my mother did. These are the circumstances that medical aid in dying is designed for – it allows terminally ill individuals to decide how to spend their remaining days. When approaching death, when death is inevitable, some patients view the loss of autonomy as more frightening than the prospect of worsening physical pain. The loss of control over their bodies, their mental faculties, and of the ability to make decisions on how to spend their last days, can become a horror. **House Bill 403** is designed to meet this moment with compassion, enabling patients and providers, if they choose, to help extend compassionate care to a patient's final days. With numerous important safeguards built in to the process, it would provide an option for a terminally ill, capable, competent adult with a prognosis of six months or less to live, to request, legally receive from a physician, and voluntarily self-administer a prescription medication to hasten their death in a peaceful manner. This option of maintaining some self-determination and control over one's final days, of preserving one's dignity, is a great comfort, even if the patient winds up not taking the medication.

While I recognize that debate around this issue is passionate given that it forces us all to confront both our own mortality and that of the ones we hold most dear, it seems that we should look to the words of Representative Elijah E. Cummings, for whom this bill is named, for some important perspective. "It seems to me that the critical issue addressed by *The End of Life Options Act*," he states, "is the question of who has the right to choose." He goes on to say that "[a]s a just and compassionate society, we cannot value life in the abstract and deny to those who are about to die the self-determination that they deserve." For these reasons, I support **House Bill 403** and respectfully urge a favorable report.