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Chair

Health and Government  
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## The Maryland House of Delegates

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### HB 0933 End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

#### Testimony of Delegate Joseline A. Peña-Melnyk (FAVORABLE)

Madam Vice Chair, Chair Clippinger, Vice Chair Moon, and members of the Health & Government Operations and Judiciary Committees: I am pleased to present this important bill, House Bill (HB) 933, the End-of-Life Option Act, also known as The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act.

Vulnerable Marylanders deserve the right to bodily autonomy. HB 933 provides terminally ill Maryland residents with six months or less to live the right to choose their end-of-life path. With the passing of this bill, they will have the option to obtain prescription medication that they could choose to take if their suffering becomes intolerable, so they can die peacefully and on their terms. This is called medical aid in dying.

Terminal illness robs these individuals of power over their lives. It robbed my stepsister of that power. She died on January 12th, 2020, at 49 years old. She had cancer and was in so much pain in her final days. That time was horrendous for her and our family. No one should have to spend their last moments in agony. 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.

This is not the first time this committee has seen this bill – we have been trying to pass this bill for Marylanders for the past eight years. In those eight years, countless Marylanders have died unnecessarily painful deaths against their wishes. Now is the time to pass this bill. Now is the time for compassion and the support of bodily autonomy.

**This is what Marylanders want.** A record high of 71% of registered Maryland voters support having the option of medical aid in dying for Marylanders. That number becomes 74% once registered Maryland voters learn that 10 states and Washington D.C. already have it. That's three quarters of Maryland voters. We rarely agree that strongly on something.

This support persists regardless of political affiliation, race, or gender—82% of individuals who are pro-choice support medical aid in dying. Which makes sense; ultimately this is about allowing individuals the freedom to make the best choice for themselves. 49% of pro-life individuals and 58% of Catholics also support having the choice of medical aid in dying in Maryland.

Over half of Maryland State Medical Society physicians support medical aid in dying. Our newly elected Governor Wes Moore also supports it. With all this support, now is the time to pass this bill.

**Medical aid in dying is safe.** This bill does not legalize lethal injection, mercy killing, or euthanasia. The individual must be mentally competent, and they make the choice to request medications. They must self-administer the medication.

We have the benefit of learning from the 11 jurisdictions that have come before us. This includes our neighbor, Washington D.C. One in five American residents already has access to compassionate end of life options. Individuals in Oregon have had this available for 20 years. There are 14 other states that are debating similar end of life legislation this session.

Based on what we have learned from these other jurisdictions, we have put safeguards in this bill to protect the individual making the request and their providers. Those safeguards include:

- Only the individual may request medicine to end their life. They must be over 18, a Maryland resident, and have the capacity to make a medical decision.
- The individual must make the request 3 times: once orally, once in writing with two witnesses (one of which cannot be a relative of the individual and may not benefit from the individual's death), and the last request is again oral, at least 15 days after the initial oral request and 48 hours after the written request. At least once, the individual must be alone with the attending physician when the request for medicine to end their life is made.
  - There are criminal penalties for individuals who falsify a written request or coerce an individual with the intent of ending the individual's life.
- Two physicians - an attending and a consulting physician - must certify that the individual has the capacity to make a medical decision and that their prognosis for the individual is that death is likely within 6 months.
- The prescription may only be self-administered by the individual.
- Death from the self-administered medication which was prescribed shall be deemed death from natural causes, as a result of the specified terminal illness.

At the end of the day, **no one is being forced to do anything.** No one has to make this election part of their end-of-life planning. If they want to let nature take its course, they have that right. However, we do not have the right to tell someone else they must die in pain.

If someone chooses to pursue medical aid in dying but then changes their mind, that individual may withdraw their request at any time, and they do not have to use the prescribed medicine. Any unused medicine must be disposed of in a lawful manner.

**This is also voluntary for the healthcare provider.** However, if their patient makes the request and the provider is not participating, the provider shall expeditiously transfer medical records on request. A health care facility may prohibit an associated health care provider from participating in this process under certain circumstances.

As you can tell, we have worked endlessly over the past eight years to make sure this bill is written appropriately to provide terminally-ill Marylanders the ability to make decisions about their end-of-life care and to protect them from coercion.

My stepsister was full of life. She was a Home Health aide, mother, daughter, and sister. She was generous and saw the good in everyone. She loved her family unconditionally. This is how she wanted to be remembered, for the good she brought to the world, not her pain. Medical aid in dying allows those that come after her to do just that.

We've waited long enough. Now is the time. I respectfully ask for a favorable report on HB0933.