



TESTIMONY TO THE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

HB0933: End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

POSITION: Support

BY: Nancy Soreng, President

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The League of Women Voters Maryland supports **House Bill 933: End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)**. The League believes state laws should grant the option for a terminally ill person to request medical assistance from a relevant, licensed physician to end one's life. It also believes that such legislation should include safeguards against abuse for the dying and/or medical personnel.

Per the New England Journal of Medicine:¹ "In **patient-centered care**, an individual's specific health needs and desired health outcomes are the driving force behind all healthcare decisions...Patients are partners with their healthcare providers, and providers treat patients not only from a clinical perspective, but also from an emotional, mental, [and] spiritual [one]."

Patient-centered care is a true collaboration between patient and medical provider.

Patient goals are respected, and care is designed and delivered according to their needs and priorities. When seen through a patient-centered-care lens, relief of suffering- whether physical, mental, or emotional- can be seen as a crucial treatment goal.

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. Compassionate care, designed to meet their needs, can suddenly seem out of reach.

House Bill 933 is designed to enable 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.

¹ <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559>

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.

At present, **ten states** (Oregon, Washington, Montana, Vermont, California, Colorado, Hawaii, New Jersey, Maine, New Mexico) **and the District of Columbia have passed legislation legalizing medical aid in dying.** Oregon's Death with Dignity Act was enacted in 1997.

Marylanders support aid-in-dying legislation. Per the January 2022 Gonzales Maryland Poll: ² "Among Maryland voters, 69% believe that a mentally sound adult with an incurable, terminal illness, who has only six months or less to live, should have the legal option of medical aid in dying..."

This will likely increase, as the aging population is growing quickly. The Department of Aging estimates that by 2040 there will be 1.79 million Marylanders over the age of 60.

Maryland has a long history of considering, but not passing, death-with-dignity legislation. Attempts were made in **1995** (HB 933), **1996** (HB 474), **2015** (HB 1021 and SB 676), **2016** (HB 404 and SB 418), and **2017** (HB 370). In **2019** (HB 399) the "End-of-Life Option Act" passed in the House, but (SB 311) failed to pass in the Senate. The **2020** re-introduced bills (HB 643 and SB 701) also failed to advance.

After multiple attempts over 28 years, and with broad popular support, it is now time to pass this important legislation. The League of Women Voters Maryland and its 1,500+ members urge the committee to give a favorable report to House Bill 933.

² https://compassionandchoices.org/docs/default-source/maryland/compassion-and-choices-maryland-poll-january-2022.pdf?sfvrsn=c94a1d03_1