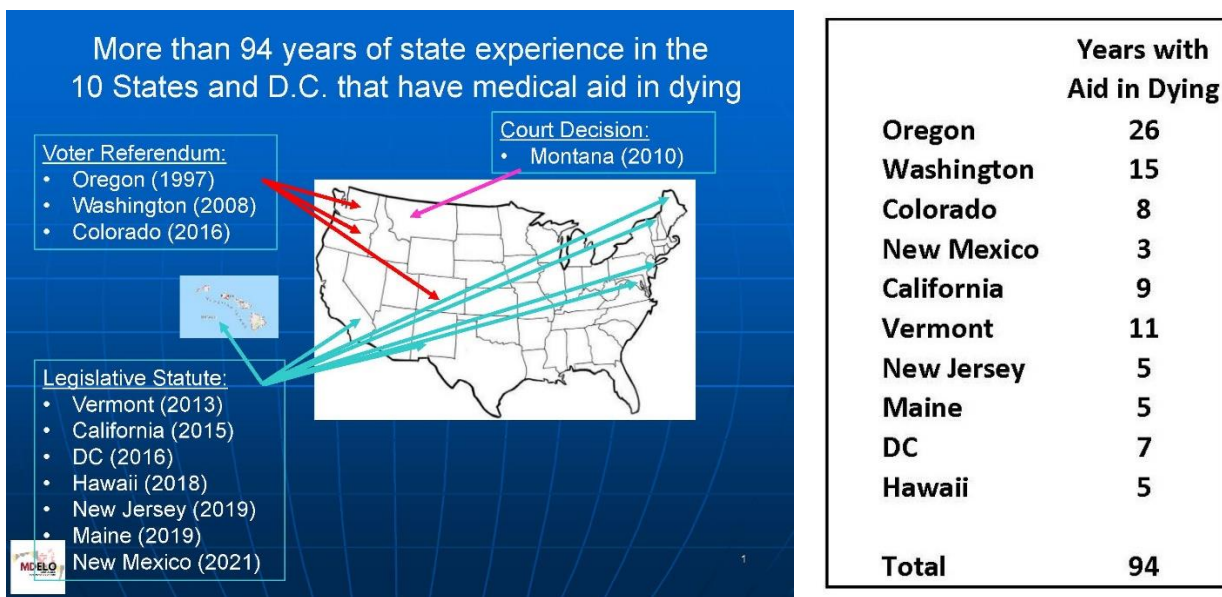


**Testimony of Michael Strauss, MD, MPH -- Favorable  
Regarding SB0443/HB0403-- The End-of-Life Option Act  
(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)  
February 2024**

I am Dr. Michael Strauss, a board-certified internist, and I strongly support this bill.

You already heard compelling reasons why you should support this bill. Now I want to caution you about likely misstatements or unrealistic hypothetical issues that opponents will describe. Because we now have **94 years of experience in the 10 states and District of Columbia** that have medical aid in dying, you need to understand what has not happened in these states.



- No cases of unused drugs being abused because patients do not fill their costly prescriptions until they are about to take them, and because the drug powders are now mixed together and realistically cannot be abused.
- No documented cases of patients being coerced into using aid in dying.
- No cases of a slippery slope in which one of these states amended its law to be more like Canada or European countries with expanded indications.
- No problem of attending physicians evaluating capacity. Credible studies from California and one published 2 weeks ago in Hawaii document that attending physicians are 100% accurate in assessing mental capacity of aid-in-dying patients, including any patients with psychiatric conditions.

- No problem of a failure to notify family because 95% of patients choose to notify family and every one of these patients has mental capacity and gets to choose whom to notify or not.
- No problem of a failure to require end of life in a specific controlled location. 95% of deaths happen in the home; 5% in nursing homes.
- It is misleading to say physicians oppose aid in dying. MedChi is neutral with 58% of its physicians supporting aid in dying. National polls show similar results.
- No increases in a state suicide rate beyond increases that have happened across all states.
- No credible cases of an insurance company denying medical coverage of a treatment because the patient has access to an aid-in-dying program.

So please, as you hear hypothetical claims later today, ask whether the identified concern has ever occurred in the 94 years of state experience with medical aid in dying laws.

## Aid in Dying Does NOT Increase the Suicide Rate

