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Health and Government Operations Committee
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Judiciary Committee
100 Taylor House Office Building
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Thursday, February 27, 2025

HB1328 – End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

Position: **FAVORABLE**

Chair Pena-Melynk, Vice Chair Cullison, Chair Clippinger, Vice Chair Bartlett and Esteemed Members of the Health and Government Operations Committee and Judiciary Committee:

My name is Ronnie L. Taylor, and I serve as the Advocacy, Policy & Partnerships Director at FreeState Justice, a Maryland-based civil rights organization dedicated to advancing equity for LGBTQIA+ communities through legal services, policy advocacy, and public education.

I submit this testimony in strong support of **HB1328** – The End-of-Life Option Act because it upholds personal autonomy, dignity, and the fundamental right to make decisions about one's own medical care. This bill is particularly critical for marginalized populations, including LGBTQIA+ individuals, who have historically faced systemic healthcare disparities and medical discrimination, particularly in end-of-life care.

HB1328 is a compassionate, justice-centered measure designed to provide Marylanders with the ability to make informed end-of-life decisions. It allows terminally ill individuals who are mentally capable and have six months or less to live to request medical aid in dying.

LGBTQIA+ individuals, particularly transgender people, often experience medical mistrust due to discrimination, inadequate care, and historical mistreatment by healthcare systems. Studies show that 56% of LGBTQIA+ patients report discrimination in healthcare settings, while one in three transgender people has been denied medical care due to bias. These disparities

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result in reduced access to quality palliative care, limited medical decision-making power, and greater end-of-life suffering.

For LGBTQIA+ elders and those living with HIV/AIDS, this legislation is particularly relevant. During the height of the HIV/AIDS crisis in the 1980s and 1990s, many LGBTQIA+ individuals faced untreated pain, lack of agency in medical decisions, and forced institutionalization, often with no legal recognition of their partners' or chosen families' rights **HB1328** safeguards autonomy and ensures that terminally ill patients—regardless of sexual orientation, gender identity, or HIV status—can die with dignity.

HB1328 Provides Safe, Legal, and Voluntary Access to End-of-Life Care:

1. Strict Eligibility Requirements

- Only adults with a terminal diagnosis (six months or less to live) may request aid in dying.
- Patients must make multiple requests, both oral and written, with waiting periods in between.
- Two physicians must confirm the diagnosis and prognosis, ensuring the patient is mentally competent to make this decision.

2. Protects Against Coercion and Abuse

- The bill explicitly prohibits coercion, undue influence, and third-party requests.
- Healthcare providers are required to discuss palliative and hospice care alternatives with patients.
- A mental health evaluation is mandated if there is any concern regarding decision-making capacity.

3. Preserves Religious and Provider Autonomy

- Healthcare professionals and institutions are not required to participate.
- Participation is voluntary, ensuring respect for both individual and institutional beliefs.

4. End-of-Life Care is a Social Justice Issue

- Racial, economic, and gender disparities in healthcare mean that marginalized communities often receive substandard palliative and pain management care.
- LGBTQIA+ individuals are more likely to be estranged from biological families, making autonomy over medical decisions essential.
- Maryland's End-of-Life Option Act will provide a safeguard against suffering, allowing individuals to die on their own terms, surrounded by chosen family and in a manner consistent with their values.

As a Black transgender woman and advocate for LGBTQIA+ rights, I have witnessed firsthand the challenges faced by our community in accessing affirming healthcare. I have heard from countless LGBTQIA+ elders who fear dying alone, in pain, or without their chosen family by their side due to restrictive policies.

In the 1990s, many LGBTQIA+ individuals dying from AIDS-related complications were denied dignified care, with their partners barred from hospital rooms and medical decisions left to estranged relatives. This bill would have ensured that those patients could make informed, autonomous choices about their end-of-life care—free from unnecessary suffering or institutional discrimination.

We urge the committee to issue a **favorable report** for **HB1328** because:

- It affirms the rights of terminally ill patients to make their own medical decisions.
- It provides critical protections for historically marginalized communities, including LGBTQIA+ individuals, people living with HIV/AIDS, and people of color.
- It ensures that end-of-life care in Maryland is compassionate, patient-centered, and rooted in justice.

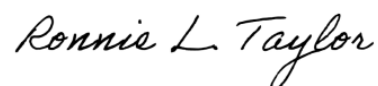
Maryland has an opportunity to follow the example of states like Oregon, California, and Washington, D.C., which have successfully implemented similar laws without abuse or harm.

As the Honorable Elijah E. Cummings said, “At the end of life, an individual’s right to self-determination about one of the most personal decisions that anyone could make supersedes the moral sensibilities of others.”

For these reasons, I respectfully urge a **favorable report on HB1328**.

Thank you for your time and consideration.

Best,



Ronnie L. Taylor

Sources:

1. [The History of the Death with Dignity Movement: 1990s to Now](#)
2. [Oregon Death with Dignity Act: 2023 Data Summary](#)
3. [A Decade of Studying Drivers of Disparities in End-of-Life care for Black Americans: Using the NIMHD Framework for Health Disparities Research to Map the Path Ahead - PMC](#)