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Howard County

Health and Government Operations Committee

**Subcommittees**
Government Operations and Health Facilities
Public Health and Minority Health Disparities

**THE MARYLAND HOUSE OF DELEGATES**

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SUPPORT

**HB 1328 - End-of-Life Option Act**
**(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)**

Mar 03, 2025

Dear Chairs Pena-Melnyk, Chair Clippinger, Vice-Chair Cullison, Vice-Chair Bartlett, and Committee Members,

**HB1328** would give mentally capable, terminally ill adults the option of medical aid in dying. The legislation asks what input should the State, any institution, or uninvited individuals have in the final end-of-life decisions a mentally competent person facing imminent death makes, and answers "none." **H1328** recognizes the singularly private nature of life's final journey and frees people who experience the final steps on that journey as unbearable the legal option to request prescribed pharmacological assistance in dying.

Terminal illness can be defined as a medical condition characterized by lack of cure, irreversible decline, and expected survival of months or less.[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC3870193/

While a cornucopia of pharmaceutical and naturopathic agents, traditional, complementary and alternative medicine modalities, and emotional, psychological, and somatic therapies make end-of-life care, including hospice and palliation, increasingly useful in addressing the complex needs of terminally ill patients, there remain people for whom active dying is associated with unbearable suffering or for whom autonomy over, and certainty as to, the time and place of their death is profoundly important. **HB1328** is for them.

**HB1328** creates a medical-legal structure under which an adult patient with decision-making capacity and a terminal prognosis of six months or less, after meeting specific qualifying criteria, may request, the physician may prescribe and a pharmacist may dispense, a life-ending medication for self-administration (see Figure 1). In 1997, Oregon became the first U.S. jurisdiction to legalize the practice. Twelve years later, in 2009, Washington and Montana followed. Currently 10 states and the District of Columbia allow medical aid in dying.

**HB1328** would allow *terminally ill* patients who qualify under strict criteria the option to choose medical -aid-in-dying. To protect potentially vulnerable individuals, there are minimum age, diagnosis, prognosis, and mental and emotional capacity requirements. A minimum of three requests for aid in dying must be made over no less than two weeks. A minimum of two physicians must independently determine patients are able to exercise agency, fully aware of their circumstances and options, not under coercion, and able to self-administer the full dose of medication. The patient may withdrawal their request to participate in medical-aid-in-dying at any time and if the patient request the prescriptions and receives the medications to be self-administered, they are under no obligation to take them. Unused medication must be safely disposed of. No patient, family member, or health provider is required to give medical aid in dying consideration nor to participate or support the patient's choice.

**HB1328** makes room for individuals to determine and act as they deem appropriate and consistent with their personal values and priorities. By removing the shadow of illegality, the legislation lessens potential guilt or shame, on the part of both the dying and those whom the dying will leave behind, because of perceptions that they are disappointing one another by failing to win the battle, or not fighting hard enough, or being either too willing or too unwilling to say goodbye.

**HB1328** does not compel and is rooted in choice. I am proud to be the lead sponsor and urge a favorable report.