

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

COMMITTEE: **Health and Government Operations**, The Honorable Joseline Peña-Melnyk, Chair
Judiciary, The Honorable Luke Clippinger, Chair

HEARING DATE: Monday, March 3, 2025

POSITION: **FAVORABLE**

My name is Sara Case. I speak on behalf of myself and more than 280 other seniors, residents of Collington Lifecare Community, a CCRC in Prince George's County (plus more than 50 other Marylanders, staff, friends and family, and visitors who signed our petition). We, who are closer to the end of our lives than the beginning, believe that each of us should have the right to make our own decisions when it comes to our final days in accordance with our own situations and our own faith and values.

The End of Life Option Act will permit a physician to prescribe lethal meds to a mentally competent, terminally ill patient who wishes to forgo their final days of suffering and have a peaceful passing. **This provides an option for those who wish they could live, who are not suicidal, but know that treatments have failed and that they are dying and they are ready.**

A request for such meds is **patient-initiated** and includes both oral and witnessed written requests. Both an attending and a consulting doctor are involved. The Act includes **multiple safeguards**, mandating that the patient be informed of all available options for treatment, palliative care, hospice, and pain management, and that there be at least one private meeting of the patient and doctor to be sure that the patient's request is purely voluntary and not coerced in any way. Participation of everyone involved – patient, doctors, pharmacists – is purely voluntary. Patients can change their minds at any time.

Data from other states shows that roughly two-thirds of those who initiate the process do not end up taking the meds – some die before they complete the process, others become too ill to be able to self-administer the meds by the time they get the prescription. Others just wanted the meds on hand in case their pain became uncontrollable and it never reached that point – but the peace of mind that it brings them to know that they could take if needed is a gift. Unused meds are disposed of as required by law (as are all the meds in the sickroom including morphine and other opioids).

Voluntarily stopping eating and drinking is legal but takes days and the end is uncertain. There is indeed dignity and peace in being able to name the day and potentially say one's goodbyes and pass on surrounded by loved ones, if that is what one wishes.

Many of us want Medical Aid in Dying to be an available option for ourselves. Others of us don't know if we'd ever use the option, while others of us know for a certainty that Medical Aid in Dying would never be an option that we would choose. **But all of us know that each of us should have the right to make that decision for ourselves.**

For these reasons we support HB1328 and ask for a favorable report.

For further information or copies of our petition, please contact me at caseabc@duck.com. Thank you.