BILL NO: House Bill 1328
TITLE: End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
COMMITTEE: Health & Government Operations
HEARING DATE: March 3, 2025
POSITION: **FAVORABLE**

House Bill 1328 would provide terminally-ill Maryland residents with six months or less to live with the right to choose their end-of-life plan. As a daughter who watched her best friend and mother succumb to terminal brain cancer, and as a Maryland resident who does not believe that the government should play any role in such crucial matters of self-determination, I strongly support this legislation.

Terminal illness robs both the terminally-ill individual and their loved ones of the power they deserve to dictate the course of their own lives. On December 19, 2019, my mother was diagnosed with terminal brain cancer. She died at home, less than three months later, on March 14, 2020. While we were lucky that she succumbed to her illness right before COVID restrictions began, watching her decline day by day and week by week was intensely traumatic for my father and me. By the end of her life, she was confined to her bed, could not use the bathroom, and required the type of care that I never expected to have to give to the strongest, most independent, vital woman I've ever known. While my father and I, of course, delivered that care with all the love and dedication that she gave the both of us during her far-too-few 73 years of life, I still have nightmares of her final days, her body a shell of what it was, requiring hourly doses of liquid anti-psychotic medications in order to stop her from screaming out. I'll never know whether her screams were from the physical pain of her illness or the emotional pain of watching us having to give her the type of care I know she never wanted to receive from us, because by then she had lost the ability to communicate with us. I also know that in the brief moments of silence after I administered those meds, in the middle of the night while my father was sleeping, I considered whether an "accidental" overdose of those medications would finally ease her pain, and mine.

In the early days of her final diagnosis, my father and I did talk with her about the options she could take, privately, to end her life, but she was understandably concerned about their illegality and the fact that she would have to take those steps alone. If there was one thing she wanted in her final months on this earth, it was to be with us as much as possible. I have no doubt in my mind that, were there a legal path such as that which this legislation would provide, she would have taken it. Personally, I would have welcomed the opportunity for her to take back some of the control that the cancer had taken from her, and to have avoided those final moments of her life that still haunt me.

No one should have to spend their last moments in agony like my mother did, or to witness it, like my father and I did, if there is a legal and compassionate choice to do otherwise. These are the circumstances that medical aid in dying is designed for – it allows the terminally ill individual to decide how to spend their remaining days. When approaching death, when death is truly 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. **House Bill 1328** is designed to meet this moment with compassion, enabling patients and providers, if they choose, to help extend compassionate care to patients in their 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. 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 ultimately decides not to take the medication.

While I recognize that debate around this issue is passionate given that it forces us all to confront both our own mortality and that of the ones we hold most dear, as well as our own personal spirituality and beliefs around faith, it seems that we should look to the words of Representative Elijah E. Cummings, for whom this bill is named, for some important perspective. "It seems to me that the critical issue addressed by ***The End of Life Options Act***," he states, "is the question of who has the right to choose." He goes on to say that "[as] a just and compassionate society, we cannot value life in the abstract and deny to those who are about to die the self-determination that they deserve." For these reasons, I strongly support **House Bill 1328** and respectfully urge a favorable report.