

**Written Testimony of Jaspreet Chowdhary, Senior Legislative Council,
Compassion & Choices and Compassion & Choices Action Network
Regarding HB 1328, In Support of the Maryland End of Life Option Act (The
Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
Maryland House Health and Government Operations and Judiciary Committees
February 27, 2025**

Introduction

My name is Jaspreet Chowdhary. I am a Maryland resident. I grew up in Silver Spring in the Sikh community and attended Goucher College. I am now raising my children with my spouse in Rockville, Maryland.

I am also the Senior Legislative Counsel at Compassion & Choices and the Compassion & Choices Action Network. We are the nation's oldest and largest national consumer-advocacy nonprofit organization, working to improve care and expand options at life's end. We advocate for legislation to improve the quality of care for terminally ill patients and affirm their right to determine their own medical treatment options as they near the end of life.

On behalf of hundreds of thousands of Maryland residents and supporters nationwide, the Compassion & Choices Action Network supports HB 1328, the Maryland End of Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act).

What is Medical Aid in Dying?

Medical aid in dying refers to a practice in which a mentally capable, terminally ill adult may request from their medical provider a prescription for a medication that they can self-ingest to die peacefully if their suffering becomes unbearable. Today, more than one in five people have access to this end-of-life care option.

Ten states (Oregon, Washington, Vermont, California, Colorado, Hawaii, New Jersey, Maine, Montana, and New Mexico), and the District of Columbia have authorized the compassionate option. Seven of these jurisdictions have authorized this end-of-life care option since 2015. The laws include several safeguards, the most significant being that the dying person controls the process from beginning to end and must be able to self-administer the medication. Additionally, two healthcare providers must confirm that the person is mentally competent, has a prognosis of six months or less to live, and is not being coerced. Over a dozen other regulations further govern the process. These safeguards are in addition to the education, training, and oversight required for any medical procedure.

Medical aid in dying is entirely optional -- for both the provider and the patient. Nobody is forced to participate, and the availability of the option brings people comfort during the very worst, the very last part of the dying process.

The Growing Movement

Public opinion polling from a variety of sources, both nationally and at the state level, demonstrates that the American public consistently supports medical aid in dying.

In Maryland, more than seven out of 10 voters (72%) support medical aid in dying, including majorities across the geographic, political, racial, and political spectrums, according to a 2024 poll conducted by Gonzales Research & Media Services.¹ The support in Maryland mirrors the support at the national level.

In addition, voters are eight times “more likely” (51%) than “less likely” (6%) to vote for a candidate that sponsors or supports medical aid-in-dying legislation, according to a national survey conducted in 2021.²

A 2023 nationwide poll by Susquehanna Polling & Research reported that nearly eight out of 10 of U.S. residents (79%) who self-identify as having a disability agree that “medical aid in dying (MAID) should be legal for terminally ill, mentally capable adults who chose to self-ingest medication to die peacefully.”³ A 2021 nationwide poll by Susquehanna Polling & Research reported that 68% of voters support medical aid in dying as an end-of-life care option. Additionally, when respondents were asked if they want the option of medical aid in dying personally for themselves, 67% said yes.⁴ Gallup’s 2020 Values and Beliefs poll shows that a majority of respondents have consistently favored medical aid in dying since Gallup first asked about it in 1996.⁵ (2018)⁶

¹ Poll conducted from December 27, 2024-January 4, 2025. . A total of 811 registered voters in Maryland were queried by telephone interviews, including both landline and cell phone numbers. Accessed at: <https://drive.google.com/file/d/1pQFIVbSiOIVMHJqLdEIY9OgwuxmAxlFt/view?usp=sharing>

² Nationwide Poll Shows Strong Support for Advance Care-Dementia Planning, Medical Aid in Dying. USA SURVEY OVERVIEW, NOV. 24, 2021. Accessed at:

susquehannapolling.com/wp-content/uploads/2023/06/PollMemo-CandC-SPR-Nov-24-21.pdf

³ USA/National Public Opinion Survey of 1,004 respondents - Cross Tabulation Report, February 2023. Accessed at: <https://bit.ly/SPRNatDisabilityPoll2023>

⁴ *Nationwide Poll Shows Strong Support for Advance Care-Dementia Planning, Medical Aid in Dying*, Susquehanna Polling & Research, Omnibus Survey (2021). Available from:

https://compassionandchoices.org/docs/default-source/default-document-library/usa-omnibus-cross-tabulation-report-final-november-2021-2.pdf?sfvrsn=74705b4b_1

⁵ Prevalence of Living Wills in U.S. Up Slightly. Jones, Jeffrey (2020) Gallup. Available from:

<https://news.gallup.com/poll/312209/prevalence-living-wills-slightly.aspx>

⁶ Brenan, Megan, Americans' Strong Support for Euthanasia Persists, May 31, 2018. Available from:

https://news.gallup.com/poll/235145/americans-strong-support-euthanasia-persists.aspx?g_source=link_NEWSV9&

Support for Medical Aid in Dying is Also Strong Within the Medical Community

Among U.S. physicians, support for medical aid in dying is also strong. A 2020 Medscape poll of 5,130 U.S. physicians from 30 specialties demonstrated a significant increase in support for medical aid in dying from 2010.⁷ A 2021 Gynecologic Oncology survey showed 69% of respondents believed that medical aid in dying should be legalized, a 15 point increase from 2020, when 55% of oncologists believed it should be legalized.⁸ A 2022 study of Colorado physicians noted “those who have participated in [medical aid in dying] largely report the experience to be emotionally fulfilling and professionally rewarding,” despite barriers to offering the end-of-life care option.⁹ And 55% of physicians surveyed endorse the idea of medical aid in dying, agreeing that “Physician-assisted death should be allowed for terminally ill patients.”¹⁰

Additionally, a 2022 survey of nurses demonstrated that most nurses would care for a patient contemplating medical aid in dying (86%).¹¹ There is growing recognition within the medical profession that patients want, need, and deserve this compassionate option at the end of life, and this growing recognition is burgeoning into collaboration. As more jurisdictions authorize medical aid in dying, the medical community is coming together, and providers are sharing their experiences and fine-tuning their collaborative efforts to serve dying patients better.

A Solid Body of Evidence

When crafting medical aid-in-dying legislation, lawmakers no longer need to worry about hypothetical scenarios or anecdotal concerns. We have almost 30 years of data since Oregon first implemented its law in 1997 and years of experience from the ten other authorized jurisdictions, including annual statistical reports from nine jurisdictions. None of the dire predictions that opponents raised have come to fruition. The evidence confirms that medical aid-in-dying laws protect patients while offering a much-needed

[g_medium=NEWSFEED&g_campaign=item &g_content=Americans%27%2520Strong%2520Support%2520for%2520Euthanasia%2520Persists](https://compassionandchoices.org/docs/default-source/fact-sheets/medscape-ethics-report-2020-life-death-and-pain.pdf)

⁷ Medscape Ethics Report 2020: Life, Death, and Pain, (2020). Available from:

<https://compassionandchoices.org/docs/default-source/fact-sheets/medscape-ethics-report-2020-life-death-and-pain.pdf>

⁸ Polling on Medical Aid in Dying (2022). Available from:

<https://compassionandchoices.org/resource/polling-medical-aid-dying>

⁹ Campbell EG, Kini V, Ressalam J, Mosley BS, Bolcic-Jankovic D, Lum HD, Kessler ER, DeCamp M. *Physicians' Attitudes and Experiences with Medical Aid in Dying in Colorado: a "Hidden Population" Survey*. J Gen Intern Med. 2022 Oct;37(13):3310-3317. doi: 10.1007/s11606-021-07300-8. Epub 2022 Jan 11. PMID: 35018562; PMCID: PMC8751472.

¹⁰ Medscape Ethics Report 2020: Life, Death, and Pain, (2020). Available from:

<https://compassionandchoices.org/docs/default-source/fact-sheets/medscape-ethics-report-2020-life-death-and-pain.pdf>

¹¹ Polling on Medical Aid in Dying (2022). Available from:

<https://compassionandchoices.org/resource/polling-medical-aid-dying>

option to dispel the concerns of opponents.”¹² Public health departments in nine authorized jurisdictions have issued reports regarding the use of medical aid-in-dying laws: Oregon,¹³ Washington,¹⁴ Vermont,¹⁵ California,¹⁶ Colorado,¹⁷ Hawai‘i,¹⁸ the District of Columbia,¹⁹ Maine²⁰ and New Jersey.²¹ Compassion & Choices has compiled annual report data from the authorized jurisdictions that collect data.²² More detailed reports can be provided upon request. Key Highlights include:

- » In the past almost 30 years, starting with Oregon and across all jurisdictions that report data, just 10,211 people have ingested a prescription to end their suffering.²³
- » Less than 1% of the people who die in each jurisdiction use the law each year.²⁴
- » Only 62% (or just under 2/3) of people with prescriptions ingest the medication and die. Up to 38% of people who go through the process and obtain the prescription may never take it. This group consists of people who die from their

¹² *A History of the Law of Assisted Dying in the United States*. SMU Law Review, A. Meisel, (2019) Available from: <https://scholar.smu.edu/cgi/viewcontent.cgi?article=4837&context=smulr>

¹³ *Oregon Death with Dignity Act Annual Reports* (1998-2023) Available from: <https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/ar-index.aspx>

¹⁴ *Washington Death with Dignity Data* (2009-2022). Available from: <https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct/DeathwithDignityData>

¹⁵ *Vermont Report Concerning Patient Choice at the End of Life*. (2018-2022) Available from: <https://www.healthvermont.gov/systems/end-of-life-decisions/patient-choice-and-control-end-life>.

¹⁶ *California End of Life Option Act Annual Report* (2016-2023) Available from: <https://www.cdph.ca.gov/Programs/CHSI/Pages/End-of-Life-Option-Act.aspx>

¹⁷ *Colorado End of Life Options Act Annual Report* (2017-2023) Available from: <https://www.colorado.gov/pacific/cdphe/medical-aid-dying>

¹⁸ *Hawai‘i Our Care, Our Choice Act Annual Report* (2019-2023) Available from: <https://health.hawaii.gov/opppd/ococ/>

¹⁹ *District of Columbia Death with Dignity Act Annual Report*. (2017-2022) Available from: <https://dchealth.dc.gov/publication/death-dignity-annual-reports>

²⁰ *Maine Patient Directed Care at End Of Life Annual Report*. (2019-2023) Available from: <https://www.maine.gov/dhhs/data-reports/reports>

²¹ *New Jersey Medical Aid in Dying for the Terminally Ill Act Data Summary* (2019-2023) Available from: <https://nj.gov/health/advancedirective/maid/>

²² *Medical Aid-in-Dying Data Across Authorized States, 2025*. Compassion & Choices. Available from: <https://compassionandchoices.org/resource/medical-aid-in-dying-utilization-report/>.

²³ *Id.*

²⁴ According to the Center for Disease Control, in 2021 in jurisdictions that authorized medical aid in dying, 622,035 people died in total. In 2021, authorized jurisdictions report 1,216 people died after being provided with a prescription for medical aid in dying – less than 0.002% of total deaths in 2021. Murphy, S., Kochanek, K., et al. (2024). (rep.). *Deaths: Final Data for 2021*. National Vital Statistics Report, 73(8). <https://www.cdc.gov/nchs//data/nvsr/nvsr72/nvsr72-10.pdf>.

underlying illness, another cause of death or an unreported cause of death. In any case, they derive peace of mind simply from knowing they have the option if their suffering becomes too great.²⁵

- » The majority of terminally ill people who use medical aid in dying (88%) were enrolled in hospice or palliative care at the time of their death, according to annual reports for which hospice data is available.²⁶
- » There is nearly equal use of medical aid in dying among men and women. There is currently no data on use of medical aid in dying by nonbinary or gender-nonconforming people. However, New Jersey included a category for nonbinary people in its 2023 report.²⁷
- » Terminal cancer accounts for the vast majority of qualifying diagnoses (68.5%), with neurodegenerative diseases such as ALS or Huntington's disease following as the second-leading diagnosis. In recent years, some jurisdictions are seeing growing numbers of patients with cardiovascular diseases seeking medical aid in dying.²⁸
- » Over 77% of people who use medical aid in dying are able to die at home,²⁹ which is where most Americans would prefer to die, according to various studies.

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For Some, Comfort Care and Pain Management Is Not Enough To Relieve Suffering

The vast majority of individuals who use medical aid in dying are also receiving hospice and palliative care, but they still want the option of medical aid in dying for a variety of reasons.³¹ In other words, good hospice services and palliative care do not eliminate the need for medical aid in dying as an end-of-life care option. Breakthrough pain — severe pain that occurs even when a patient is already medicated — remains a nightmare experience for too many. In the National Breakthrough Pain Study, among respondents

²⁵ *Medical Aid-in-Dying Data Across Authorized States, 2025*. Compassion & Choices. Available from: <https://compassionandchoices.org/resource/medical-aid-in-dying-utilization-report/>

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Views and Experiences with End-of-Life Medical Care in the U.S.* (2017). Hamel, Wu, and Brodie. Kaiser Family Foundation. Available from:

<https://www.kff.org/report-section/views-and-experiences-with-end-of-life-medical-care-in-the-us-findings>

³¹ By compiling the data from each authorized jurisdiction's annual reports and aggregating that over all years, we arrived at these numbers. Medical Aid-in-Dying Utilization Report (2025) Available from:

<https://compassionandchoices.org/resource/medical-aid-in-dying-utilization-report/>

who had cancer (at all stages), 83.3% reported breakthrough pain. For those cancer patients who experienced breakthrough pain, only 24.1% reported that using some form of pain management worked every time.³²

What we hear directly from terminally ill individuals is that people decide to use the law for multiple reasons all at once: pain and other symptoms such as breathlessness and nausea, loss of autonomy, and loss of dignity. It is not any one reason, but rather the totality of what happens to one's body at the very end of life. For some people, the side effects of treatments such as chemotherapy or pain medication (sedation, relentless nausea, crushing fatigue, obstructed bowels, to name a few), are just as bad as the agonizing symptoms of the disease. Others want the option of medical aid in dying because they want to try that one last, long-shot treatment with the peace of mind of knowing that if it results in unbearable suffering, they have an option to die peacefully.

Only the dying person can determine how much pain and suffering is too much. This law puts the decision in the hands of the dying person, in consultation with their doctor and loved ones, as it should be for such deeply personal healthcare decisions.

In Conclusion

Many people are advocating for the rights and well-being of marginalized communities, and I understand the concerns posed about medical aid in dying. My own activism was born from helping elders in my Sikh community navigate a complex healthcare system where they were often dismissed due to limited English proficiency.

The one thing I know for sure is that you DO NOT protect vulnerable populations by limiting access to healthcare options. We all deserve access to the full breadth of legal end-of-life options including the right to choose curative or life-extending interventions, or to forgo treatments and opt for hospice care or medical aid in dying. HB 1328 is about expanding options, not dictating choice. Death is not partisan and support for the end of life experience of our choosing should have universal support.

This option is NOT taken lightly and the many safeguards in place ensure that the decision hasn't been made in haste. Not a single additional person will die if this legislation is enacted, but fewer will suffer.

³² *Impact of breakthrough pain on community-dwelling cancer patients: results from the National Breakthrough Pain Study.* Katz, N.P, Gajria, K.L, Shillington, A.C., et. al. (2016). *Postgraduate Medicine*, 129(1), 32-39. Available from: <https://pubmed.ncbi.nlm.nih.gov/27846789/>

Maryland can realize these benefits for terminally ill people and their families right now by joining the growing number of jurisdictions that authorize this end-of-life option.

The debate quite simply comes down to who decides and who is in a better position to determine the care a patient receives at the end of life: the terminally ill patient in consultation with their provider and loved ones or the government.

I urge you to review the evidence, experience, data, and strong public support for this end-of-life care option to guide your policymaking. Thank you again, Chair and Members of the Committee, for your leadership on this important issue.

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P.S. I encourage you to review the following two resources on medical aid in dying:

- [Policy Book](#)
 - This resource provides up-to-date, data-driven insights on medical aid in dying and addresses the most common questions, concerns, and hypothetical scenarios.
- [Medical Aid-in-Dying Utilization Report](#)
 - A compilation of the reports from authorized jurisdictions that report data on medical aid in dying utilization in the United States.

The Compassion & Choices family comprises two organizations: Compassion & Choices (the 501(c)(3)), whose focus is expanding access, public education and litigation; and Compassion & Choices Action Network (the 501(c)(4)), whose focus is legislative work at the federal and state levels.

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