STATE SENATOR
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Sponsor Testimony
Presented by: Senator Charleta B. Tavares
Senate Bill 249
Health, Human Services and Medicaid Committee
April 17, 2018

Good afternoon Chairman Burke, and members of the Health, Human Services and Medicaid Committee. Thank you for the opportunity to present Senate Bill 249 which will permit an adult who has the capacity to make medical decisions and is in a terminal condition to request and self-administer a prescription for an aid-in-dying drug, if certain conditions exist and a series of safeguards are met.

Before I delve into the specifics of this piece of legislation, I want to make two things very clear. First, this bill does not and will not force any physician, pharmacist or patient to engage in a practice that may conflict with his or her religious and/or moral beliefs. Similar to how a

patient may choose to forgo or accept medication and treatment, this bill provides individuals that are medically confirmed to die within 6 months further autonomy and choice in their medical decisions.

Secondly, physician-aid-in-dying (PAD) is not suicide and this bill does not support or promote suicide. **Referring to physician-aid-in-dying as physician-assisted suicide is inaccurate, inappropriate and disrespectful.** The American Association of Suicidality has officially recognized that physician-aid-in-dying is not the same as suicide. They state that there are many factors which create a distinction between the two phenomena including, intention, absence of physical self-violence, a personal view of self-preservation versus self-destruction and the physician's assessment that the patient's choice is not distorted by mental illness. Unlike most cases of suicide, the person receiving physician-aid-in-dying does not typically die alone and in despair, but most frequently, where they wish, at home with the comfort of his or her family. As someone who has both been a lifelong advocate for suicide prevention and has seen the effects of

suicide within my own family, I strongly urge the members of this committee to remember that fact. In Oregon, where this law has been in place for over 20 years, 90% of the people using this law are enrolled in hospice and enrolled in hospice and Oregon is a recognized leader in palliative care in the nation.

This legislation implements distinct guidelines and safeguards to ensure the integrity of the PAD treatment option. In order for an individual to access this option the patient:

- Must be diagnosed with a terminal condition;
- Make two oral requests and one written request dated and signed in the presence of two unrelated adults; and
- Be informed of all available treatment options.

The patient must request the medication free from any coercion or undue influence. If the physician suspects that the patient may not be able to make his or her own health care decisions, the patient must be referred for psychological evaluation.

There are also two waiting periods within the bill, one after the initial verbal request and one after the receipt of the written request by the attending physician. The patient must self-administer the medication and ***has the option to opt out of the treatment at any time***. Even if the patient has the medication in hand, they may opt not to take it.

Across the nation similar laws in Washington, Colorado, California, Vermont and Washington D.C. have led to better health outcomes, with Oregon leading the charge in more patient-centered hospice care and end of life options. Other states considering this piece of legislation include Maine, Massachusetts, Missouri, New Jersey and New York, with Hawaii being the most recent state to adopt this legislation.

Not only are more states considering this legislation, but there is consensus amongst the general public who agree that PAD should be a medical option. According to a national poll conducted by LifeWay Research in 2016, two thirds of Americans (67%) agree that: "When a person is facing a painful terminal disease, it is morally acceptable to

ask for a physician's aid in taking his or her own life." The majority support contained most faith groups, including Christians (59%), Catholics (70%), Protestants (53%) and those of other religions (70%). Based on a Medscape Poll conducted in 2014 which surveyed 17,000 U.S. doctors, physicians agreed by a 23-percent margin (54% vs. 31%) with the following statement: "I believe terminal illnesses such as metastatic cancers or degenerative neurological diseases rob a human of his/her dignity. Provided that there is no shred of doubt that the disease is incurable and terminal, I would support a patient's decision to end their life, and I would also wish the same option was available in my case should the need arise."

Additionally a myriad of healthcare and nonprofit organizations have given their endorsements of Death with Dignity legislation, including the American Public Health Association, the American Medical Women's Association, the American College of

Legal Medicine, the American Medical Student Association and the American Civil Liberties Union.

Chairman Burke and members of the Committee, I appreciate your attention to this important issue and I respectfully request your favorable consideration and passage Senate Bill 249. Thank you and I am happy to respond to questions from the committee.