Submitter:	Natalie Hval
On Behalf Of:	
Committee:	Senate Committee On Judiciary
Measure:	HB2279

Dear Chair Prozanski, Vice-Chair Thatcher and Members Manning, Biouin, and Linthicum of the Senate Committee On Judiciary,

Thank you for your time and public service.

I am writing on behalf of terminally ill patients (residents and out-of-state citizens both) who simply want the right to die a planned death while conscious and coherent. They are not in any way trying to convince anyone else to partake of this end of life care option. These are people who want to live (the opposite of suicidal) but who have run out of medical interventions.

Depending on locality, accessing medical aid in dying (MAID) can be an uphill battle for terminally ill patients already struggling with fatigue and pain management. They have 6 months (or less) within which to get their affairs in order. Even within our state, (with Death with Dignity laws intact) there are localities where the dominant health care systems (hospitals, clinics, assisted living facilities and hospice providers) choose not to participate as a tenet of policy. Individual physicians practicing within these institutions (regardless of their personal views) may be barred from providing medical aid in dying just at the time their established patients need them most.

Even within our metropolitan areas, non-participating physicians commonly refer terminally ill patients to participating doctors and have done so, without incident, for years. But for those who live in rural areas or out of state, it is logistically very difficult for patients who choose MAID to access the prescription. They must find participating providers (two are required) to review medical records, assess mental capacity, and agree on diagnosis and prognosis within a very limited time frame, while severely ill. Rules, procedures and timelines are followed and the appropriate paperwork is filed. In other words, while it is still difficult for those who reside in isolated areas, there are safeguards in place which have worked well for many years here in Oregon. In practice, with residency requirements lifted, the processes in place will be no different for out of state patients.

There is no "slippery slope" as has been insinuated, repeatedly, by those who seek to block access to this crucial end of life care. These are fellow citizens seeking a humane way to die given profound illness. Out of state patients need access to health care providers who take into account their dire circumstances while respecting their right to access MAID.

Some people choose medical aid in dying and some do not. Some get the prescription and do not use it. But having *that choice* gives them peace of mind. Will they die a planned death with loved ones in a non-institutional setting? Or will they be forced to die unconscious and dwindling for days as they and their family suffer through a prolonged passing? Medical aid in dying has given terminally ill people a degree of control in an otherwise uncontrollable situation and allowed a modicum of dignity during the dying process. These are issues of autonomy and quality of life.

Those who object do not in any way need to participate. Those who need the law need a voice in politics. Please vote in support of terminally ill patients, their families and HB 2279.

Again, thank you for your time and representation.