



DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

DATE: January 23, 2023

TO: Chair Prozanski, Vice-Chair Thatcher,
and Members of the Senate Judiciary committee

FROM: Kimberly McCullough, Legislative Director
Oregon Department of Justice

SUBJECT: HB 2279 Death with dignity residency

This testimony is presented in support of HB 2279.

Background

By ballot initiative in 1994, Oregon became the first state to authorize medical aid in dying. Three years later, this authorization was codified into statute. This legislation was an important first step to ensure access to medical aid in dying: it sought to afford terminally ill individuals the compassionate option to die peacefully and provide legal protection to the healthcare providers who practice this patient-driven medicine.

In Oregon's 25 years of experience since that law took effect, it has become apparent that many eligible patients are unable to use the law because of restrictive roadblocks. In 2020, the Oregon Legislature recognized this reality and amended the law to seek a better balance between safeguards intended to protect patients and access to medical aid in dying. The amended law gives doctors the ability to waive two mandatory minimum waiting periods if the terminally ill individual is not expected to live through those periods. However, that amendment did not address the statutory language that limits the use of medical aid practice to in-state residents.

Concept

HB 2279 will complement the good work that is already happening in Oregon to ensure medical aid in dying by removing the residency requirement. This residency requirement is a barrier for terminally ill individuals who live in a jurisdiction where this practice is not yet authorized, by forcing these dying individuals to endure the onerous, costly process of establishing residency in a new state to gain access this medical aid. Further, this restriction negatively affects many

terminally ill individuals who reside in jurisdictions that do authorize medical aid in dying, because many individuals seek their medical care outside of their state of residence. All qualified patients should be able to access medical aid in dying, irrespective of where they reside.

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