

Statement in support, House Bill 2279,
Relating to the removing of residency restrictions, Oregon Death with Dignity Act
Hearing of the Senate Judiciary Committee Wednesday, April 19th, 2023 | 1:00pm

Hon. Chair Prozanski and Members of the Committee:

Thank you for accepting this summary of my in-person testimony today, which also has the addition of one major point, clearly indicated, that I was unable to include in our shortened two-minute allotment.

I speak to this issue as a physician, with years of experience practicing and teaching end of life care, including the profoundly meaningful, patient centered care that is Medical Aid in Dying (MAID), under Oregon's pioneering Death With Dignity Act. I am also the Plaintiff in *Gideonse v Brown*, the lawsuit in federal court that challenged the constitutionality of the residency restriction contained in Oregon's Death with Dignity Act. On March 28, 2022, our legal team and the State of Oregon defendants reached a settlement in the case. I deeply appreciate that the Attorney General, Oregon Health Authority, Oregon Medical Board, and the Multnomah County District Attorney were willing to swiftly resolve the lawsuit, and give the legislature an opportunity to act.

This legislation is necessary for the following four reasons:

1. The restriction is no longer useful.

When Oregon pioneered Medical Aid in Dying, we were unique. After more than 25 years of successful implementation, many jurisdictions have followed our example, and some 25% of the US population lives where MAID is codified. Standards of care are known and accepted. The trend, here (exemption for shortened waiting period) and elsewhere, is for decreased barriers to accessing MAID.

2. The restriction prevents me from offering my patients the possible best care.

When I respond to a trauma in John Day, I do not check a patient's ID for residency. Like many Portland and OHSU physicians, a substantial number of my patients are Washington residents. I have had to deny such patients desired end of life care options, based on this likely unconstitutional restriction on my practice, and on their care options, in the face of terminal illness and suffering.

3. (The point unable to be made during in-person testimony) Without this legislation, there is not clearly a uniform standard of care across Oregon.

Right now, only one DA is party to the settlement. Physicians, based on the needs of our many patients, are often very legal risk averse. With the residency requirement still in law, would a different DA enforce this restriction?

4. Non-resident use of MAID under a revised Death With Dignity Act will remain rare, while deeply beneficial to those that access it.

In the year since the settlement, I have fielded inquiries from dozens of patients, but even though interstate travel for medical care is both common and protected, only two have actually come to Oregon to access MAID. Given the health and functional status of such terminally ill patients, and the other safeguards (waiting period, etc.) this is not surprising. Nonetheless, those two patients were tremendously relieved to have their suffering addressed in a way inaccessible to them in their state of residency.

Additionally, other jurisdictions are likely, as Vermont has already done, to again follow Oregon's lead in removing this restriction from their practice.

I urge your support of this legislation. Thank you again, Chair Prozanski and members of the Committee, for your consideration.

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(identification only, no institutional endorsement given or implied)

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