



Testimony of Death with Dignity National Center

Bill: Oregon SB 1003

Organization: Death with Dignity National Center

Submitted by: Geoff Sugerman, National Political Director

Position: SUPPORT

Chair Prozanski, Vice Chair Thatcher, and members of the Senate Judiciary Committee:

The Death with Dignity National Center writes today in support of SB 1003 to make changes to the Oregon Death with Dignity Act passed by voters in 1994 and approved a second time in 1997. Since then, nine other states have adopted some form of the Oregon law.

While this law has worked flawlessly over the years to provide terminally ill patients within six months of death the right to end their life on their own terms, over the years we have seen states, including Oregon, make modest changes to the law to better serve the dying patients who seek to use the law.

SB 1003 makes several revisions to the law that do not change the four underlying cornerstones a patient must meet to qualify for the law:

- A diagnosis that the patient is within six months of death, the same standard used to qualify for hospice care.
- A finding that the patient is capable of making their own health care decisions.
- The patient is acting voluntarily and is free from coercion, fraud, or abuse,
- The patient must self-administer the medication.

Sections 1 and 2 of SB 1003 require hospice organizations and health care providers to disclose in advance whether they or their organizations will allow for medical aid in dying (MAID) on their premises or permit their health care workers to participate at the level allowed by law to help qualify patients who seek to use the Death with Dignity Act.

This modification will clearly help patients as they are making decisions on where to go to receive care, either from a physician, hospital system, or hospice facility. For those patients who may choose MAID, knowing in advance whether or not a facility they may use allows for MAID will prevent them from having to change providers at what is likely a very difficult time.

This amendment does not change the very clear opt-out provisions that allow any medical professional or facility to choose not to participate. It merely requires them to provide patients with clear and current information on MAID.

In addition, in Section 3(11), SB 1003 expands the pool of prescribing providers to include a licensed physician assistant or nurse practitioner to assist the patient in meeting the safeguards and qualifications that allow them to receive a prescription.

This is especially important for those Oregonians living in rural areas who may not have access to the kinds of specialists that typically treat terminal illnesses and are forced to travel extreme distances to receive specialized care. Once the patient has received the six-month diagnosis, nurse practitioners and physician assistants are wholly capable of assisting patients through the process.

The duties that currently are required of physicians, such as fully informed consent and information about all forms of end-of-life care, are not changed under this provision, ensuring that patients have full access to all end-of-life options, including hospice and palliative care.

Another change in Section 11(2) allows for the prescription—upon written consent of the patient—to be transmitted to the pharmacists in the same fashion as other prescriptions, allowing the use of electronic or fax submissions of the prescription.

Again, rather than requiring the dying patient to travel to a pharmacist that may be hours away to deliver a prescription, this change allows the prescription to be handled in the same way as the patients' pain medication or other needed medications.

Overall, SB 1003 provides for several avenues to better serve patients who seek MAID without compromising the safety and safeguards that ensure only qualified patients are allowed to participate in utilizing the Oregon Death with Dignity Act.

Thank you.

About Death with Dignity

Death with Dignity was at the forefront of the passage of the first Death with Dignity law in the country: Oregon's in 1994. Since then, Death with Dignity has continued highlighting the importance of ensuring everyone has the right to options in the face of terminal, painful death sentences, including cancer. Currently, Death with Dignity laws exist in 10 jurisdictions, including California, New Jersey, New Mexico, Colorado, and Washington, D.C.