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Care and Choice at the End of Life

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Statement on Senate Bill 1003, Relating to the Oregon Death with Dignity Act
Kevin Díaz, Interim President and CEO, Compassion & Choices
Senate Judiciary Committee
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My name is Kevin Díaz, and I have been an Oregon resident for over 35 years. I am honored to serve as the Interim President and CEO of Compassion & Choices and the Compassion & Choices Action Network, the nation's oldest and largest organization dedicated to improving end-of-life care, expanding options, and empowering individuals to make informed decisions about their own journey.

We advocate for policies that ensure terminally ill patients receive high-quality care and have the right to determine their own medical treatment as they approach the end of life.

Oregon's Leadership in End-of-Life Care

Oregon has been a national leader in this space since voters first authorized medical aid in dying through a ballot initiative in 1994. Despite facing multiple legal challenges, the law was implemented in 1997—co-authored by our President Emerita and Senior Advisor, Barbara Coombs Lee.

Now, with nearly three decades of experience, Oregon's approach has set the standard for all subsequent legislation. The evidence is clear: medical aid-in-dying laws provide a compassionate option for terminally ill individuals while maintaining strong safeguards and legal protections for healthcare providers who choose to participate.

Today, I write in support of SB 1003, which seeks to modernize the Oregon Death with Dignity Act to improve patient access while preserving its essential safeguards. I also offer amendments to ensure these updates maintain the integrity and intent of the original law.

Key Improvements in SB 1003

Expanding Access to Qualified Providers

SB 1003 would allow Physician Assistants (PAs) and Nurse Practitioners (NPs) to serve as attending and consulting providers. This is a necessary step, as these Advanced

Practice Registered Nurses and PAs frequently provide ongoing care to terminally ill individuals. By broadening the pool of qualified providers, the bill helps address the disparity in access—particularly for patients in rural areas, where finding a participating physician can be challenging.

Reducing Burdensome Waiting Periods

Currently, many terminally ill patients struggle to complete the multi-step process required under the Oregon Death with Dignity Act. Even without the mandated waiting period, it often takes weeks or months to navigate. Rather than serving as a safeguard, this waiting period has become an unnecessary barrier, forcing some individuals to suffer while they wait for access to medical aid in dying—if they survive long enough to complete the process at all.

SB 1003 proposes reducing the waiting period between oral requests to 48 hours and adjusting the waiting period for written requests to 48 hours from the initial oral request. Nothing in the proposed bill would reduce the requirement that a patient is capable of making an informed decision.

Four other authorized jurisdictions have already taken similar steps to reduce waiting periods, recognizing the undue burden they place on patients. In 2021, New Mexico passed its medical aid-in-dying law with a 48-hour waiting period and a waiver for patients unlikely to survive even that long. Oregon should join New Mexico, California, Colorado, Washington, and Hawaii in modernizing its law to prevent needless suffering.

Concerns with Proposed Changes in SB 1003

While SB 1003 makes many necessary improvements, we strongly recommend against two proposed changes:

1. Changing “Attending Provider” to “Prescribing Provider”

Medical aid in dying is about more than just writing a prescription—it is a process of patient-centered care. The term “attending provider” better reflects the provider’s role in guiding patients through all available end-of-life options, ensuring they receive comprehensive support.

Nearly all other authorized jurisdictions use the term “attending,” reinforcing the importance of this role. We support changing “physician” to “provider” to reflect the broader eligibility of medical professionals, but we urge the retention of “attending provider” rather than shifting to “prescribing provider.”

Limiting the clinician’s role to merely writing a prescription would restrict the comprehensive end-of-life care available to patients—contradicting both the original intent and long-standing success of the law. This approach undermines the very principles that have guided and upheld the law for decades.

2. Altering the Definition of “Terminal Disease”

SB 1003 proposes removing the phrase “an incurable and irreversible disease” from the definition of “terminal disease.” This language is crucial. It ensures medical aid in dying remains strictly available to individuals facing an illness that cannot be cured or reversed and that, within reasonable medical judgment, will result in death within six months.

The concept of terminality should always relate to the natural progression of disease—not a patient’s personal treatment decisions. By maintaining the explicit language of “incurable and irreversible,” we help ensure clarity in eligibility and prevent misinterpretation of the law. Perhaps more importantly, keeping the original language guards against creating a loophole that has the potential to swallow the rule.

Conclusion

With the recommended amendments, SB 1003 will strike the right balance—preserving strong safeguards while ensuring that eligible individuals can access medical aid in dying without unnecessary barriers. These updates will honor the original intent of the Oregon Death with Dignity Act and ensure it continues to serve Oregonians with compassion and integrity.

We appreciate your leadership in advancing thoughtful policy improvements and welcome the opportunity to collaborate further. Thank you for your time and consideration.

The Compassion & Choices family comprises two organizations: Compassion & Choices (the 501(c)(3)), whose focus is expanding access, public education and litigation; and Compassion & Choices Action Network (the 501(c)(4)), whose focus is legislative work at the federal and state levels.

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