Submitter: Thomas Ngo

On Behalf Of:

Committee: Senate Committee On Rules

Measure, Appointment or Topic: SB1003

Chair Jama and members of the Senate Rules Committee,

My name is Thomas Ngo and I live in Portland, where I was born and raised. I'm submitting written testimony in support of Senate Bill 1003. This bill is deeply personal to me because I've seen both the promise and the failure of Oregon's Death with Dignity law firsthand.

In 2020, my mother pursued Medical Aid in Dying care after being diagnosed with stage 4 cancer. I clearly remember the day of her transition. She was present, calm, and in control. Oregon's Death With Dignity law empowered her with a transition that was peaceful, dignified, and in line with her values.

Four years later, my dad's partner, Lisa, died from the same disease—but her experience could not have been more different. Despite being clear about her desire to pursue medical aid in dying, Lisa encountered systemic obstacles that made it impossible to access the law in time.

She was under the care of Providence, a Catholic-affiliated health system whose policies prohibited participation in medical aid in dying and barred providers from offering referrals. We had to seek care outside the system and pay out of pocket. Even with an expedited process, she died—confused, in pain, and in distress—one day before the pharmacy would be able to produce and deliver the medication. Her care was inhumane. We afford pets more humane treatment than we do with our human loved ones.

Lisa's experience was further complicated by language and cultural barriers. English was not her first language, and she came from a culture where patients are often hesitant to assert themselves to medical professionals.

Despite leaving my full-time job to advocate for her, these factors compounded the difficulty in navigating a system not designed for people like her—immigrants, non-native English speakers, and those unfamiliar with American medical bureaucracy. This is not how it should be—not in Oregon, and not under a law that was meant to offer choice and compassion.

As originally introduced, SB1003 is a critical update to a law that has otherwise served many families well. It would:

- Shorten waiting periods with appropriate medical safeguards

- Require transparency from healthcare systems about their participation in Death with Dignity so patients are not misled or left in the dark
- Expand access by allowing nurse practitioners and physician assistants to serve as prescribing and consulting providers. This last piece, I know is not in the current bill, and I urge that it is restored.

These reforms don't diminish protections—they ensure the law functions equitably for all Oregonians, regardless of language, income, geography, or religion. In Portland, we had options. But in rural areas, these barriers can be even more insurmountable. And for patients who faced the same challenges as Lisa, time is a luxury they don't have.

This bill is about restoring trust and agency to patients in their most vulnerable moments. It is about ensuring that religious doctrine does not supersede medical ethics or human dignity. And it is about recognizing that equity at the end of life means designing a system that works for people across race, class, culture, and geography.

I implore you and your colleagues advance SB1003 with the full set of access-expanding provisions, including restoring nurse practitioners and physician assistants to their rightful role in this compassionate model of care. This is especially important for rural Oregonians, where physicians may be few and far between, and for communities served primarily by non-physician practitioners.

Thank you for your leadership. I urge you to advance SB1003 and restore provisions that would allow NPs and PAs to be providers of Medical Aid in Dying, and I am available to speak further if that would be helpful.