Senate Rules Committee
SB 1003
Monday, June 2, 2025
Sharolyn Smith, Oregon Right to Life

Chair Jama, Vice-Chair Bonham, and Members of the Committee,

I am writing on behalf of Oregon Right to Life to address the amendments adopted by the Senate Judiciary Committee, underscore the concerning assisted suicide trends from recent reports, and express strong opposition to Senate Bill 1003 (SB 1003).

After amendments, this bill would still expand Oregon's Death With Dignity Act in radical ways:

- Expanding the language from "consulting physician" and "prescribing physician" to "consulting practitioner" and "prescribing practitioner."
    - While the amendments define "physician" and "practitioner" as synonymous, this change allows for future adjustment, shielded from the public eye, to permit physician assistants and nurse practitioners to make these life-ending determinations.
    - Current statute requires the physician in charge of their patient's terminal disease be involved in their qualifying for assisted suicide. This bill strips that patient-provider relationship, only requiring approval from a practitioner under the Death with Dignity Act.
- Reducing the 15-day waiting period to only 7 days between the request for and receiving the lethal drugs, with exceptions that would facilitate the lethal drugs within 48 hours.
- Requiring health care centers to promote the accessibility of assisted suicide prior to admission to their facility. It does not hold consideration in conscience protections for facility employees.
- Redefining terminal disease from "incurable and irreversible disease" to "terminal illness"

For context, in 1997, Oregon became the first state in the nation to legally promote suicide rather than improving the medical and assistance programs existing in the state. When voters initially approved this so-called "Death with Dignity Act," they did so being promised "safeguards," including but not limited to residency requirements, patient-provider relationships, waiting periods, and physician oversight. Yet, over time, these limited protections have been continually stripped away.

OREGON RIGHT TO LIFE

BECAUSE EVERYONE DESERVES AN ADVOCATE

Oregon's assisted suicide use continues to increase, and psychiatric evaluation remains radically low, with 3 of the 607 patients receiving psychiatric referrals in 2024. Possibly more disturbing is the incredible 29% of patients who were prescribed lethal drugs in 2024, yet we cannot confirm or deny that they took the prescription, meaning there are likely lethal drug cocktails scattered in medicine cabinets across Oregon. Even further, some of the illnesses reported by OHA as reasons why patients were approved for assisted suicide include benign tumors, diabetes, arthritis, and even anorexia.

According to Oregon Health Authority, the primary reasons patients seek assisted suicide are not because the patient is in pain, or even because they are concerned about future pain, but because of a decline in ability, autonomy, or feeling like a burden on their loved ones.

Once again, this issue is deeply personal to me. My dad, according to the Death With Dignity Act is the perfect patient to steer toward assisted suicide. He is disabled, has a history of medical complexities, lived with chronic pain for over 20 years, and recently received a terminal diagnosis of Frontotemporal Dementia. Assisted suicide has already been brought up. I've spent my life in doctors' offices, watching his independence slowly slip away—and with it, his mental health. He's battled depression and suicidal ideation for as long as I have known him. I've worked tirelessly to affirm his worth and remind him that his life still matters. I cannot trust a medical system that would so easily undermine that message.

Instead of creating a system that affirms the value of his existence, the value of human life, and seeking true solutions, this bill makes it even easier for a broken health care system to suggest that these patients shouldn't exist. My dad – and every patient like him – is valuable and deserves a true solution-minded medical team, no matter his diagnosis or level of ability.

Oregon has worked hard to create better mental health programs, build resource awareness, and prevent suicide. Why is it different for those who are disabled, medically complex, or approaching the end of their life? It's discrimination and a not-so-subtle message that these lives are not worth living.

We cannot continue the message that some people's lives are worth less because of a medical diagnosis or a decline in their ability. Instead of expanding assisted suicide, we should focus on real support — better palliative care, mental health resources, and a system that values every life.

I urge you to reject SB 1003.