Thank you for the opportunity to offer testimony today on House Bill 190.

As a lobbyist who witnessed the 13-years of discussion on physician-assisted suicide, and the numerous votes in both the House and Senate, I want to point out that assisted suicide was, and remains, a matter of contention. There continue to be legitimate and serious concerns. Members of this body were as deeply divided as your counterparts in the states neighboring Vermont.

Over the years-long debate, both sides agreed that safeguards needed to be in place to protect the vulnerable, and the requirement for a patient to be a Vermont resident was uncontested.

To be clear, Vermont Right to Life opposed the underlying concept behind assisted suicide and opposes the move to remove the residency requirement as there are still no safeguards that protect vulnerable patients from coercion.

Proponents of the law continue to claim that all is working well here in Vermont, yet I include in today's testimony the words of Dr. Diana Barnard in her presentation during the UVM Medical Center Grand Rounds on February, 28, 2020.

On page 14 of her transcribed presentation, Dr. Barnard stated: "In the early days we were using rapidly acting barbiturates which were lovely! Secobarbital, Pentobarbital, very quick acting….put you in a coma, cause respiratory depression and death….very peacefully and very quickly. Those medications are no longer available in the United States due to terrible things like the medicine being used for executions."

(Further evidence that Dr. Barnard is correct can be found on page 18 of the Oregon Report that states that Secobarbital has been unavailable for use in assisted suicide since 2019, and Pentobarbital since 2015.)

Dr. Barnard goes on to in her presentation to discuss a drug protocol that was developed called DDMP2 - which is a combination of dig (digoxin), morphine and propranolol, "so you are seeing a combination of medications sort of designed to affect different parts of our body that are keeping us awake – designed to help you go to sleep, be in a coma and then end your life through respiratory depression or cardiac death."

Dr. Barnard then went on to discuss ongoing experimentation with the drug combinations in California and on page 15 of her presentation to UVM Grand Rounds, discusses rectal use of the drugs, though she herself at that point had not used that developing procedure. In her closing remarks she mentions side effects such as prolonged dying and regurgitation of the medications.

Vermont is mentioned in a recent UK Daily Mail (click here). The article discusses the fact that Oregon is offering terminally ill people from out-of-state a deadly cocktail of drugs at Dr. Gideonse's assisted suicide clinic. Vermont is mentioned as likely becoming the next in line to establish such a clinic.

If H. 190 is to move forward, I offer the following concerns:

- Due to the experimental nature of the drugs currently being administered, what liability could the state of Vermont incur should the drugs fail to the end the life of the patient? According to the

Oregon Report (page 18) the time of death ranged from three minutes to 68 hours. The data, however, is only available when a health care provider is present (165 out of 278 cases). Also, Table 4, page 18, bullet 6, clearly states that "patients who regain consciousness after ingestion are not considered DWDA deaths, and are not included in the other columns in this table."

Questions:

- Will the patient seeking the lethal dose from a Vermont doctor simply find a willing prescriber online?
- Will patients from out of state have to come to Vermont to fill out the paperwork?

It is clear from the data that a number of patients will procure the lethal dose but never actually use the prescription.

- What if the patient takes the lethal dose back to their home state, but doesn't use the drugs, what then becomes of the prescription? What if the drugs fall into the wrong hands? There is no possible way to enforce any safeguards if drugs from Vermont are taken in another state.

An example of things going bizarrely wrong happened in the State of Colorado and can be found in a report by the Journal of Emergency Medical Services (11/2022)

- If the drugs are taken and death occurs in Vermont, what happens with the body?

I spoke with a retired funeral director about H. 190 and he raised his concern that patients who come to Vermont to apply for and ingest the lethal dose can then simply leave their remains for the State of Vermont to dispose of. This funeral home director has had to deal with abandoned bodies in the past and outlined the search for relatives and the costs that were subsequently absorbed by the state. Perhaps people from other states ought to be required to have a plan for shipping their body back to their home state?

In closing, VRLC fully expects to return to this and other Committees of the House and Senate in the future as a witness to the further erosion of safeguards. The erosion of safeguards was predicted in 2013 and the question is: will that erosion continue until, much like Canada, the lethal combination of drugs are available to anyone, of any age or circumstance, who requests them?

Thank you for allowing me, on behalf of the Vermont Right to Life Committee, and to become part of the historical record as Vermont continues down the slippery slope that began with legalizing assisted suicide.