

**Statement on House Bill 190, Relating to Act 39: Patient Choice and Control at the  
End of Life**

**Melissa Stacy, Regional Advocacy Manager - NE, Compassion & Choices  
Senate Committee on Health and Welfare  
Tuesday, April 4, 2023 10:00 a.m.**

Chairwoman Lyons and members of the Committee on Health & Welfare,

My name is Melissa Stacy, and I am the Regional Advocacy Manager - NE at Compassion & Choices, the nation's oldest and largest consumer-based organization working to improve end-of-life care, expand options, and empower everyone to chart their end-of-life journey.

We advocate for legislation to improve the quality of care for terminally ill patients and affirm their right to determine their own medical treatment options as they near the end of life. I am submitting testimony in support of H.190, which would remove a major regulatory roadblock to accessing Act 39: Patient Choice and Control at the End of Life.

Vermont is a leader in the end of life movement. In 2013, Vermont was the first jurisdiction to authorize medical aid in dying through the legislative process. The law was amended in 2022, to find a better balance between safeguards intended to protect patients while ensuring terminally ill individuals have access to medical aid in dying. We have another opportunity to be a leader in the end-of-life movement with H.190, which your colleagues in the House passed by voice vote last month.

On August 25, 2022, Compassion & Choices was part of a team that filed a lawsuit on behalf of Lynda Bluestein, a terminally-ill Connecticut resident, and Diana Barnard, a Vermont physician specializing in hospice and palliative care who is an associate professor of family medicine at University of Vermont. Dr. Barnard is also testifying today. The suit alleges that the residency restriction violates the United States Constitution's guarantees of interstate travel and commerce. Earlier this month, the State of Vermont defendants settled the case, allowing Ms. Bluestein to access medical aid in dying in Vermont without establishing residency. The legislation before you would ensure that all terminally ill patients in Ms. Bluestein's position would have the same access to this important healthcare option in Vermont.

Additionally, in March of 2022, Compassion & Choices reached resolution in a similar case filed in Oregon, *Gideonse v. Brown*. The State of Oregon settled the *Gideonse* case, allowing the legislature to remove the existing residency requirement from the state's medical aid in dying law, rather than prolonging the process through

unnecessary litigation. This settlement has resulted in increased access to crucial end-of-life care, an extremely important option for the many non-Oregonians already receiving all of their other healthcare across state lines.

Compassion & Choices believes that medical aid in dying should be available to all qualified patients, regardless of their zip code. The process of establishing residency in a new state while terminally ill is an extremely burdensome and expensive process that no one should have to endure. Further, the residency restriction is out-of-step with nearly all other medical care provided in this country.

At present, the Vermont Patient Choice and Control at the End of Life Act contains statutory language that limits the use of the practice to in-state residents. However, firsthand experiences from doctors and patients, and decades of data, make it clear that the residency restriction within the Vermont Patient Choice and Control at the End of Life Act functions more as a barrier to access than as a safeguard.

We urge your support of this critical legislation. Thank you for taking the time to consider this issue and my testimony and I'm happy to entertain any questions.

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