

Vermont Written Testimony, Kim Callinan
[S.74](#) Improving the Patient Choice at the End of Life Act
House Human Services Committee
March 31, 2022

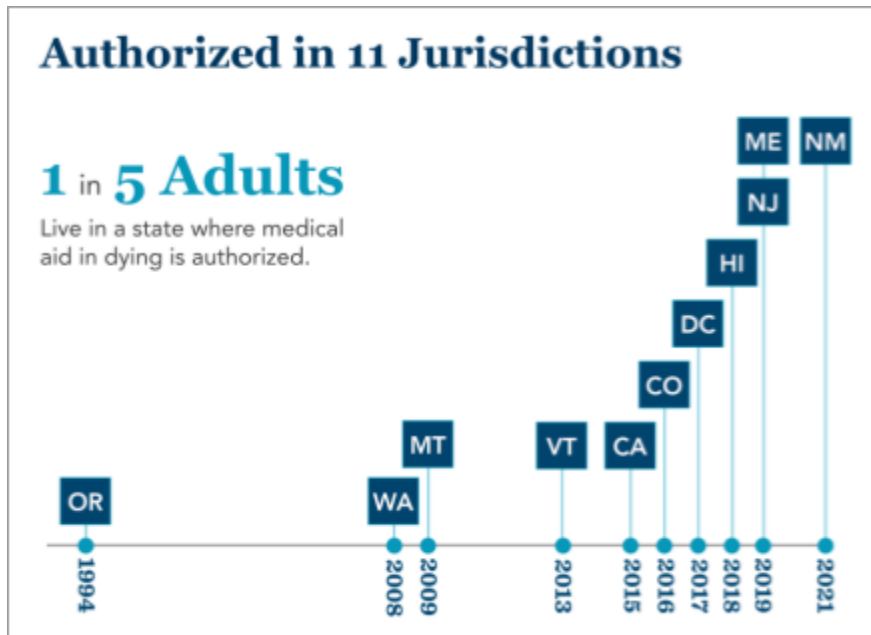
Introduction

Good morning, Chairwoman and Members of the Committee.

My name is Kim Callinan. I am the President and CEO of Compassion & Choices, the nation's oldest and largest national nonprofit organization working to improve care, expand options and empower everyone to chart their own end-of-life journey. I am here today on behalf of our Vermont supporters and terminally ill residents. Thank you for considering improvements to the Patient Choice at the End of Life Act ([S.74](#)). On behalf of our Vermont supporters, thank you for considering these minor amendments to the Patient Choice and Control at the End of Life Act.

The Growing Movement

Today, more than one in five people, 22%, live in a jurisdiction where medical aid in dying is authorized either through statute, ballot measure or court decision. Oregon ([1994, ballot initiative](#)), Washington ([2008, ballot initiative](#)), and Montana ([2009, state Supreme Court decision](#)) were the first states to authorize the medical practice. After Vermont passed its law, six states and Washington, DC, followed: California ([2015, legislation](#)), Colorado ([2016, ballot initiative](#)), Hawaii ([2018, legislation](#)), New Jersey (2019, legislation), Maine ([2019, legislation](#)), and New Mexico (2021, legislation).



The growing support for medical aid in dying is attributable, in part, to the fact that it is a compassionate and time-tested end-of-life care option. We now have close to 25 years of experience since the law was first enacted in Oregon, nearly a decade of experience in Vermont and years more of experience across the other authorized jurisdictions. None of the dire predictions that opponents raised have come to fruition. A few facts:

- There has never been a single substantiated case of misuse or abuse of the laws.
- A 2015 report from the Journal of the American Academy of Psychiatry and Law noted there is “no evidence to support the fear that assisted suicide [medical aid in dying] disproportionately affects vulnerable populations.”¹
- [Disability Rights Oregon](#) (DRO) former Executive Director Bob Joondeph confirmed in a letter written on Feb. 14, 2019 that: “DRO has never to my knowledge received a complaint that a person with disabilities was coerced or being coerced to make use of the Act.” The evidence confirms that medical aid-in-dying laws protect patients while offering a much-needed compassionate option.

How Many People Use the Law

In addition to Vermont’s report,² public health departments in eight other authorized jurisdictions have issued reports regarding the utilization of medical aid-in-dying laws: [Oregon](#),³ [Washington](#),⁴ [California](#),⁵ [Colorado](#),⁶ [Hawaii](#),⁷ the [District of Columbia](#),⁸ [Maine](#),⁹ and [New Jersey](#).¹⁰ Vermont’s data parallels that of the other jurisdictions, which cumulatively shows:

¹ Gopal, AA. 2015. Physician-Assisted Suicide: Considering the Evidence, Existential Distress, and an Emerging Role for Psychiatry. Journal of the American Academy of Psychiatry and the Law. Vol 43(2): 183-190. Available from <http://jaapl.org/content/43/2/183>.

² Vermont Patient Choice at the End of Life Data Report (2022) Available from:

<https://legislature.vermont.gov/assets/Legislative-Reports/2022-Patient-Choice-Legislative-Report.Final.pdf>

³ Oregon Death with Dignity Act Annual Report (2020) Available from:

<https://oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>

⁴ Washington Death with Dignity Act Annual Report (2019) Available from:

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2018.pdf>

⁵ California End of Life Option Act Annual Report (2020) Available from:

<https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CDPHEndofLifeOptionActReport2019%20Final%20ADA.pdf>

⁶ Colorado End of Life Options Act Annual Report (2020) Available from:

<https://drive.google.com/open?id=1-gPiQos0ezHQrL6nMI1FZL8J3ODNkwRV>

⁷ Hawaii Our Care, Our Act Annual Report (2020) Available from:

<https://health.hawaii.gov/opppd/files/2020/01/OPPPD-Our-Care-Our-Choice-Act-Annual-Report-2019-1.pdf>

⁸ District of Columbia Death with Dignity Act Annual Report (2018) Available from:

https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DWD%20Report%202018%20Final%20%20208-2-2019.pdf

⁹ Maine Patient Directed Care at End of Life Annual Report (2020) Available from:

<https://maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Death-with-Dignity-Legislative-Report-050420.pdf>

¹⁰ New Jersey Medical Aid in Dying for the Terminally Ill Act (2020) Available from:

https://nj.gov/health/advancedirective/documents/maid/2019_MAID_DataSummary.pdf

» Far fewer than 1% of the people who die in each state will decide to use the law each year. This amounts to 5,171 people cumulatively across all years and all authorized states.¹¹ In Vermont, based on the [report published by the Vermont Department of Health](#), 116 people in 8 years have accessed the law.

State	OR	WA	VT	CA	CO	DC	HI	NJ	ME
Data Period	1997 - 2020	2009 - 2019	2013 - 2021	2016 - 2020	2017 - 2020	2017 - 2018	2019 - 2020	2019 - 2020	2019 - 2020
MAID Deaths	1,905	1,435	116	1,662	508	2	47	45	1

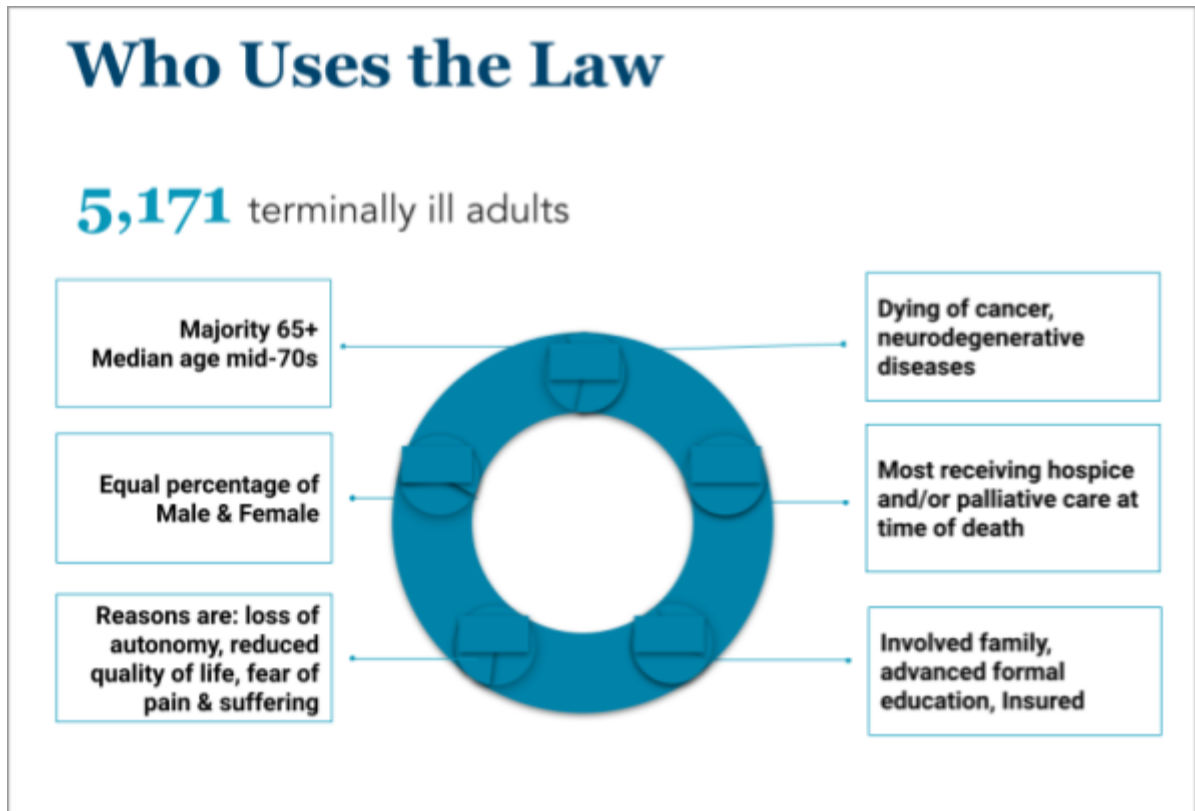
- » One-third of people who go through the process and obtain the prescription never take it. This is certainly true in Vermont — of the 29 confirmed deaths between June 1, 2019 and June 30, 2021:
- Close to two third of the patients (59%) used the aid-in-dying prescription
 - One third (34%) — as is the case with the other authorized jurisdictions — died from their underlying disease

Who Uses the Law

Across the authorized states:

- » The majority of people who use the law are older than 65 years of age; equally male and female.
- » The vast majority of terminally ill people who use medical aid in dying — more than 86% — received hospice services at the time of their deaths.
- » Nearly 90% of people who use medical aid in dying are able to die at home, which according to various studies is where most Americans would prefer to die.
- » The reasons terminally ill people are choosing medical aid in dying include loss of autonomy, reduced quality of life, and fear of pain and suffering.

¹¹ Colorado data reflects all deaths identified among individuals prescribed aid-in-dying medication, whether or not they used this medication. As a result, this cumulative number may be slightly lower when taking this into account.



The Patient's Choice at End of Life Act: What Would Be Different

The changes in Vermont are simple legislative fixes that align Vermont with the best practices in the other authorized jurisdictions:

- Telehealth Vermont's current law is the only statute among the 10 authorized jurisdictions that specifically requires requests be made in the physical presence of the provider. Telehealth is routinely used across most of the other authorized jurisdictions. The laws work as intended, with none of the problems opponents predicted.
- Reduce the 17 day timeline to 15 days: Vermont has one of the longest overall timelines for getting a prescription out of all the authorized states at 17 days compared to 15-days in most other states. Furthermore, Oregon, New Mexico and California have all recently reduced their timeframe to 48 hours and/or given doctors the ability to waive the timeframe if a patient is going to imminently die. In the first year of implementation of the Oregon law, 20% of patients-- that's 75 people--were given exemptions to the waiting period;¹² this is an astounding demonstration of just how many patients are unnecessarily dying -- deprived of a law that is supposed to bring compassion -- as a result of this provision.

¹² Oregon Health Authority, Oregon Death with Dignity Act: 2020 Data Summary, February 2021. Available from: <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year23.pdf>

- Extending Immunities All states, with the exception of Maine, extend immunities to any person involved in the process from pharmacists to nurses to family members.

Closing

We are NOT recommending expanding the eligibility criteria or removing the core safeguards necessary to protect patients. We are simply requesting minor legislative changes, all of which are already in practice in other authorized states, to better achieve the original intention of the bill.

Thank you for your willingness to consider improvements that will extend the benefits of the law to more eligible Vermont residents while ensuring vulnerable populations are protected.