Dear Members of the Public Health Committee of the Connecticut General Assembly:

My name is Nora Niedzielski-Eichner and I live in Norwalk. I am speaking today in support of H.B. 5148, An Act Concerning Pregnant Patients Exercising Living Wills.

I am here today to speak both personally and professionally in support of this bill. I am in my third year at Yale Law School and am now the mother of a seven-month-old. I am testifying here in my personal capacity and do not purport to represent the views of Yale Law School, if any.

Last year, right around the same time that I found out I was pregnant, I also learned from one of my professors that Connecticut does not recognize advance directives written by pregnant women. I was shocked, angered, and just a little bit frightened. Shocked, because this is Connecticut, and I expect our state laws to be up-to-date, especially in an area as important as health care, and to treat women as equal citizens. Angered, because the current law denies pregnant women the right to make their own medical decisions, as everyone else in the state is allowed to do. And finally, frightened, because as tiny and remote as the chance was that I would end up in a coma and be kept on life support against my wishes, it had happened recently to a woman in Texas and I would never, ever want that to happen to me.

I first wrote an advanced directive when living in New York a number of years ago. My parents lived hundreds of miles away and I was living with someone I wasn't married to. I became aware that, were something terrible to happen, he wouldn't be able to make medical decisions for me, even though it would take my parents hours to get to the hospital. So I filled out an advanced directive and healthcare proxy and everybody felt more secure for having those papers signed, just in case.

Being able to sign those papers felt even more important to me last year. While the chances of anything happening to me were slim, at thirty-eight years old, I was a higher risk pregnancy. If something happened to temporarily incapacitate me, I wanted my daughter's father to be able to make medical decisions, as our fetus was a joint decision and a joint commitment. But if something truly awful happened to me, I did not want him to have to make the decision to end life support if it was clear that I could not survive. I wanted the dignity of being able to make that last choice for myself and the comfort for him of not having to be the one to make that final call. Connecticut, however, denied me the right to make my own final decision and the right to designate him as the one I wanted to make all of the other, less drastic decisions.

From a law student's perspective, moreover, Connecticut denied my rights in the most confusing way possible. The current law simply removes pregnant women from the category of people (everyone who is over eighteen and not pregnant) who can sign a living will and appoint a health care representative. My previously signed advance directive from New York was apparently nullified from the moment I become pregnant. The statute as written also seems to imply that any living will that I wrote while I was pregnant would be invalid even after I was no longer pregnant. There is no recourse, no appeals process, no alternative system, and no statements as to who then decides in the absence of a woman being able to make her own decision. Instead, decisions about my life support would have been made by the hospital—even though it would

have been against my wishes, against the wishes of my partner, and against the wishes of the rest of my family.

Moreover, pregnant women are removed from the group of people who can write a living will in a different section of law than the section containing the requirements for the living will. Many medical professionals, therefore, are completely unaware that living wills do not apply to pregnant women in Connecticut. I had to inform my midwives about the law, for instance, as they had a stack of brochures on advanced directives prominently displayed in their office. There is virtually no way that women who are not lawyers (and probably even female lawyers who are not involved in health care and women's rights) would be aware of this gap. The current statute, therefore, exposes women to the risk of a prolonged death that is entirely contrary to their beliefs and wishes without notice and without recourse.

From a constitutional and an ethical perspective, H.B. 5148 must be enacted. The current statute denied me the equal protection of the law for the period of my pregnancy, violating my constitutional right to refuse medical treatment and my constitutional right to make all decisions about my pregnancy before the fetus is viable. From an ethical perspective, it took one of the most important decisions anyone could have to make entirely out of my hands. My ethical beliefs about life, death, and suffering would no longer be the ones controlling what happened to my body if I was incapacitated. H.B. 5148 would restore equal rights to pregnant women and ensure that the very difficult ethical decisions around the end of life are appropriately made by the affected woman and her representatives.

I wish that I had been able to have the peace of mind that H.B. 5148 would have given me, my partner, and my family during my pregnancy. And as a woman, I demand that Connecticut stop treating me and the rest of the women of Connecticut like second class citizens. Pass H.B. 5148 so that pregnant women can control their most important health care decisions, just like everyone else.

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