

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** SB-1076

**Title:** AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.

**Vote Date:** 3/10/2023

**Vote Action:** Joint Favorable Substitute

**PH Date:** 2/27/2023

**File No.:**

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## **SPONSORS OF BILL:**

The Public Health Committee

## **REASONS FOR BILL:**

In Connecticut, where the first hospice facility in the US was introduced, proponents have proposed a bill that would provide the option for patients with terminal illness to choose to end their lives rather than experience an undignified death. While hospice and palliative care have great support and success in controlling pain, there are instances where the inability to control pain robs patients and their families of valuable time at end of life. Substitute language in this bill has added guardrails to help ensure that the terminally ill patient receives adequate clinical and behavioral advice to help them make such a final and profound decision. The substitute language also addresses non-compliance with the process and specifies penalties, and a requirement for 1 year of residency before being able to apply.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **State Representative Mark Anderson, 62<sup>nd</sup> District, CT General Assembly**

Rep. Anderson opposes the bill due to alleged deception by entering the underlying cause of death rather than the actual cause of death on the death certificate. Rep Anderson believes the bill promotes physician-assisted suicide, prohibited by the Hippocratic oath.

### **State Representative Holly Cheeseman, 37<sup>th</sup> District, CT General Assembly**

Rep. Cheeseman believes this bill promotes physician-assisted suicide and is garnering a great deal of attention in the Legislature when the focus should be on equity in health care, access to treatment for medical and behavioral disorders, and the exorbitant cost of medical care and its accompanying indebtedness. Rather than provide an option for assisted suicide, physicians should aggressively respond to the needs of patients at the end of life.

## **NATURE AND SOURCES OF SUPPORT:**

### **David McGuire, Executive Director, American Civil Liberties Union (ACLU of CT):**

Mr. McGuire believes the end-of-life decision is extremely personal and all patients should have the right to make their own decisions about how they spend the end of their lives. The ACLU of CT supports this bill because all people should have the liberty to make profound decisions when facing a terminal illness.

### **Luther Weeks, Chairman, Secular CT:**

Secular CT takes the position based on the US Constitution's statements around the separation of church and state, while advancing humanist views guided by science and reason. Mr. Weeks notes that in states where aid in dying is legal, half of the individuals choosing to apply for and receive the cocktail choose not to take it. Yet they gain the peace of mind that the option was available to them. Mr. Weeks pointed out that polls indicate 75% of the people in Connecticut favor having this option and he encouraged the Committee to vote the bill forward.

### **Kimberly Sandor, MSN, RN, FNP, Executive Director, CT Nurses Association:**

Ms. Sandor supports the bill because nurses have an ethical obligation to provide humane, comprehensive and compassionate care that respects the rights of patients but upholds the standards of the profession. She believes that the bill provides the patient's right to self-determination while providing adequate safeguards for all involved.

### **Susan Beris, MD, Bridgewater, CT:**

Dr. Beris spoke in support of the bill, relating her own personal struggle with cancer. While outliving original projections, more recent findings suggest she is on the decline. While Dr. Beris wonders whether she would have the courage to take the cocktail, she would like to know that it is available. Dr. Beris worries that the many safeguards that have been put in place and the time period specified, will make this option inaccessible to most. Dr. Beris believes there should be a streamlined process to die with dignity when death is imminent.

### **Kim Callinan, President and CEO, Compassion and Choices Action Network:**

Passing SB 1075, while improving end of life care, will not replace the need for medical aid in dying and she supports passage of this bill. For some patients, the best end-of-life care will not replace a patient's desire for bodily autonomy, and the best pain management will not always be successful. There are sufficient safeguards in place to provide a viable option for patients who wish to die with dignity.

### **Others Testifying in Support of the Bill:**

Rev. Jan Carlsson-Bull, Middletown, CT  
Lila Coddington, Middlebury, CT  
Dan Diaz, Brittany Maynard's Husband  
Sharon Gauthier, RN, MSN/MPH/CDP, PAFY Inc.  
Courtney Hall, Healthcare Social Worker  
David Hild, MD, Hematologist  
Roseanne Ventimiglia, MD

## **NATURE AND SOURCES OF OPPOSITION:**

### **Tracy Wodatch, President and CEO, CT Association for Healthcare at Home:**

The CT Association for Healthcare at Home is committed to the hospice philosophy cherishing life until its natural end. While many of its language suggestions have been incorporated into this year's version of the bill, we continue to have reservations and offer more suggestions to address weaknesses that remain in the bill.

### **Matthew Costello, Associate Professor of Psychology, University of Hartford:**

Mr. Costello opposes this bill as he believes it is an entry way to increasingly lax attitudes toward suicide. With suicides increasing throughout the country, Mr. Costello worries what the psychological impact of this bill will be on the general population. He believes the bill will send the message that suicide is a medically acceptable means of dealing with pain.

### **Deacon David Reynolds, Associate Director of Policy, CT Catholic Public Affairs Conference:**

Deacon Reynolds believes this bill is a misguided effort that may endanger the patient and create a health care environment that diminishes the value of a human life. The state should focus on improving end of life care. Suicide is a step backwards. Deacon Reynolds testified that physician assisted suicide is opposed by a majority of medical and disability associations.

### **Rebecca Henderson, MD, President/Executive Director, CTHPCO:**

Dr. Henderson has extensive experience in research focused on providing a meaning to life as one approaches death. She notes there are far too many issues which make assisted death unacceptable in a civilized society. Recognizing the disparities in access to healthcare, this will be an option available to only the well-heeled. Dr Henderson believes that making suicide available is a sign of a devolving, thoughtless and careless society.

### **Kathy Flaherty, Newington CT:**

As a disabled person, Ms. Flaherty does not believe the state should endorse the premature end of life via physician assisted suicide. Connecticut has the only comprehensive state suicide prevention plan that includes disabled people as a high-risk population. Many people believe that living with a disability is a fate worse than death and admire people with a disability who would want to die. Yet, they shake their head in confusion when disabled people demonstrate their wish to live. Ms. Flaherty challenged the allegation that coercion does not exist.

### **Theresa Bachuber, RN, BSN, MPH:**

Ms. Bachuber believes that this bill promotes assisted suicide. In a state where hospice has its origins, hospice and palliative care team members provide aid in dying for terminally ill patients and their families every day. Ms. Bachuber believes the mode of death proposed in this bill is abhorrent and should be opposed.

**Others in Opposition to This Bill:**

Steven Aden, J.D, Policy Counsel, Americans United for Life

Leora Levy, Republican National Committeewoman, CT

Anne Manusky, CT Republican Assembly

Monica McGovern, Progressives against MAS

Diane Meier, MD., Mt Sinai School of Medicine

Jessica Power, UConn Student

**Reported by: David Rackliffe**

**Date: March 19, 2023**