



Testimony Opposing Oregon SB 891 March 6, 2023

Oregon SB 891, which would repeal the state residency requirement of the Oregon assisted suicide statute, allow non-physician providers to prescribe lethal drugs and slash current waiting periods for assisted suicide, should be rejected by Oregon legislators.

Residency Requirement

First, Oregon's legislature should respect the laws and procedures of other states and legislators who have determined that assisted suicide laws pose a danger to their own residents and reject removal of the residency requirement.

In March 2022, the Oregon Health Authority and the Oregon Medical Board voluntarily agreed to stop enforcing the residency requirement and asked the Legislature to remove it from the law. Oregonians may wonder why another state would decline to pass an assisted suicide law, which Oregon legislators have viewed as a benefit to its residents. Nevertheless, many view these laws as a danger to people with serious illnesses, chronic conditions and significant disabilities.

On October 9, 2019, the U.S. National Council on Disability (NCD) released the [findings of a federal examination](https://ncd.gov/sites/default/files/NCD_Assisted_Suicide_Report_508.pdf) (https://ncd.gov/sites/default/files/NCD_Assisted_Suicide_Report_508.pdf) of the country's assisted suicide laws and their effect on people with disabilities, finding the laws' safeguards are ineffective and oversight of abuses and mistakes is absent. Over the last two decades, every major [national disability organization](http://notdeadyet.org/disability-groups-opposed-to-assisted-suicide-laws) (<http://notdeadyet.org/disability-groups-opposed-to-assisted-suicide-laws>) that has taken a position on assisted suicide opposes it. Some of the reasons for opposing assisted suicide laws are:

- When assisted suicide is legal, it's the cheapest treatment available—an attractive option in our profit-driven healthcare system.
- Assisted suicide is a prescription for abuse: an heir or abusive caregiver can steer someone towards assisted suicide, witness the request, pick up the lethal dose, and in the end, even administer the drug—no witnesses are required at the death, so who would know?
- Many other pressures exist that can cause people with compromised health to consider hastening their death.

People with disabilities, whether our conditions are predicted to be terminal or not, are often viewed as tragic and worth-less. These societal messages too often lead to suicidal feelings, but these feelings deserve suicide prevention, not suicide assistance.

Non-Physician Providers and Reduced Waiting Periods

SB 891 both expands the types of medical providers who can perform duties under the law and reduces the waiting period between the request to die and the provision of lethal drugs.

The bill would allow non-physician providers to perform all functions currently limited to physicians. It's questionable whether a physician, who often has no relationship with the patient prior to the assisted suicide request, could accurately determine whether their diagnosis and prognosis are accurate or discern whether the decision to die is entirely voluntary and uncoerced. It should be at least equally questionable whether nurse practitioners and physician assistants can perform these functions, since their training requirements are not as extensive. In fact, Medicare does not allow them to certify terminal status for hospice purposes, so what could justify allowing them to certify terminal status for lethal drugs?

Equally concerning is the elimination of the 15 day waiting period (and another waiting period) in current law to only a 48 hour period between the written request and providing the lethal prescription. Research shows that depression is a common reaction to a terminal prognosis, especially at the early stages, yet is often undiagnosed. It takes longer than 48 hours for anti-depressants to work. Insufficient palliative care and in-home personal care services can also lead to despair, but it takes longer than 48 hours to put services in place. There is no excuse for abandoning people with advanced illnesses by hastening their deaths rather than addressing their needs. When this happens, it's not compassion, it's cruelty.

This bill should raise questions about the pressures being placed on people with advanced illnesses and about the quality of care offered. Assisted suicide is about hastening death, presumably for a dying person whom some might write off as not worth the effort. Should this bill be allowed to further push a hasty end that excuses a healthcare system or provider who may be failing the patient in their time of need?

Patients deserve quality palliative care and they deserve time to reflect and receive help to address the circumstances that may be pushing them to die by assisted suicide.

Please vote no on SB 891.

Not Dead Yet is a national disability rights organization: www.notdeadyet.org