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House Committee on Health Care
House Bill 4142

My name is Dena Swift, I am an End-of-Life Death Doula and owner of Crossroads End of Life Doula Services, LLC. As an end-of-life death doula I help manage the transition between life and death.

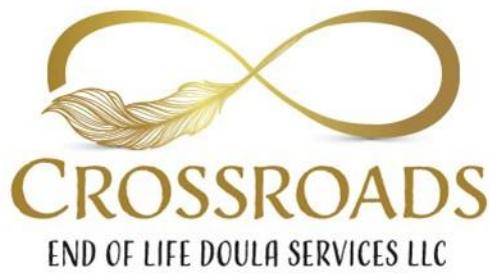
I first began serving our community here in the Willamette Valley in 2019 as a team Member of NODA, No One Dies Alone program at Salem Health.

During 2020 I continued my education through INELDA, the International End of Life Doula Association.

From there I continued my training through the NEDA, the National End-of-Life Doula Alliance.

I want to thank you for this opportunity today to provide my testimony in support of House Bill 4142 and to talk about a very important part of life that is often left out of the conversation, Death, and the use of Cannabis.

I work in conjunction with hospice and palliative care programs to provide non-medical companionship to the dying and their families to complement the clinical



support they receive from the time of initial diagnoses through bereavement.

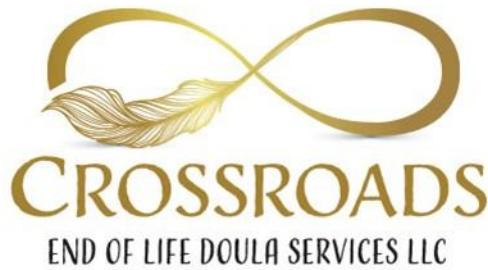
House Bill 4142 will bring hospice cannabis use out of the shadows, replacing the current informal and inconsistent practices with a clear, and regulated protocol.

This shift will empower patients and families to make informed care decisions, allowing for improved quality of life and an alternative to excessive sedation during end-of-life care.

The bill represents a significant step toward integrating cannabis into Oregon's healthcare system, ensuring that patients have access to compassionate and individualized care options in their final days.

As a witness to Death and the last days of a life this would be a gift that can help prevent and alleviate suffering, ensuring that our last days are as we would like them to be, giving our loved ones and ourselves the best chance of a good death.

Cannabis has shown potential benefits in end-of-life care, particularly for individuals facing terminal illnesses. It can help alleviate symptoms such as chronic pain, nausea, anxiety, and insomnia, which are common during this stage.



Additionally, cannabis may enhance the effectiveness of traditional medications, like opioids, by reducing the required dosage and minimizing side effects. This can contribute to improved comfort and quality of life for patients in their final days.

The current medical coding system for cannabis use, particularly under the ICD-10-CM codes, often categorizes cannabis-related conditions as substance use disorders, such as abuse or dependence.

This classification can inadvertently stigmatize patients who use cannabis for legitimate medical purposes.

Additionally, the lack of specific codes for medical cannabis use can lead to challenges in accurately documenting its therapeutic use, potentially resulting in biased treatment or insurance coverage issues.

These systemic gaps highlight the need for more nuanced coding practices that distinguish between medical and non-medical cannabis use to ensure equitable and non-discriminatory care for patients.

It has been my privilege to provide my testimony in support of House Bill 4142.

Thank you,
Dena Swift (She/Her)
EOL (End-of-Life) Death Doula