



Legislative Testimony
765 Asylum Avenue, First Floor
Hartford, CT 06105
860-523-9146
www.acluct.org

**Written Testimony Supporting
House Bill 5417, An Act Concerning End-of-Life Care**

Senator Gerratana, Senator Somers, Representative Steinberg, and distinguished members of the Public Health Committee:

My name is Kaley Lentini, and I am legislative counsel for the American Civil Liberties Union of Connecticut (ACLU-CT). I am submitting this testimony in support of House Bill 5417, An Act Concerning End-of-Life Care.

Decisions about end of life care are deeply personal. Each terminally ill person should have the right make their own decisions about how to spend their final days and how to face death. This right to individual autonomy when making end of life decisions includes the decision to seek physician-assisted aid in dying, as well as the decision to continue living. The ACLU-CT supports this bill, because we believe all people should have the liberty to make personal, intimate decisions not just about how to live but also about how to die. We further believe this bill includes appropriate safeguards to ensure that any decision to seek aid in dying is fully informed, voluntarily, and not used to further discrimination against people living with disabilities.

Connecticut voters overwhelmingly favor supporting a terminally ill patient's choice for aid-in-dying. A 2015 Quinnipiac poll found that 63 percent of Connecticut voters are in favor of allowing doctors to legally prescribe lethal drugs to help terminally ill patients end their own lives. All party, age, and gender groups support the idea of terminally ill patients having this right.

Currently, six states (California, Colorado, Montana, Oregon, Vermont, and Washington) and Washington, D.C. allow terminally ill residents to make their own determination at the end of their lives about how much suffering to endure and when to hasten a peaceful

death. Those states honor, until the very end of life, the self-determination that is so valued in America's culture and Constitution. Other states are considering similar legislation this year. Both the New Jersey and Hawaii legislatures passed similar legislation out of committee last week.

We understand that some people will not even contemplate the choice offered by aid in dying because their religious beliefs or moral understanding do not permit it. No one—no doctor, hospital, institution, or individual—can be compelled to participate in another person's choice of aid in dying, and this bill protects them. But no person should be able to deny that choice to another. They must not presume to dictate an agonizing death for another human being.

We further recognize the importance of ensuring that each person's decision about end of life care is made voluntarily, not based on misinformation, pressure from others, or discriminatory misconceptions about people with disabilities. We support the rights of people living with disabilities, including their right to live full lives and to make their own decisions about their bodies and lives. This bill includes essential safeguards that we believe would help to ensure that aid in dying is only one of many options for patients facing the end of life and that it is not used to discriminate against people living with disabilities.

This bill includes safeguards to help to ensure that the decision to seek aid in dying will be voluntary and permitted only for patients who are mentally competent and terminally ill, with a prognosis of no more than six months of life remaining. Patients must make two written requests, with a 15-day waiting period between them, for a prescription for aid in dying. Witnesses are required for those requests, and doctors must keep detailed records of the entire process. The bill mandates a second doctor's opinion and provides for counseling and multiple opportunities to withdraw the request.

The ACLU-CT supports this bill and the multiple safeguards it contains. We encourage the committee to support House Bill 5417.