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Written testimony
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March 18, 2019

HB- 5898 AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS

Good Afternoon Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit and members of the Public Health Committee. Thank you for the opportunity to express my support for House Bill 5898-An Act Concerning Aid in Dying for Terminally Ill Patients.

This legislation seeks to allow a physician to dispense or prescribe medication at the request of a mentally competent patient that has a terminal illness so that such person may self-administer to bring about his or her death.

Today, I am testifying not only as the State Comptroller but as a resident of Connecticut, a son, grandson, father, spouse, former state Healthcare Advocate and a former director of an AIDS service organization.

Like many of you, I have kept watch at the bedside of loved ones. Death comes for us in many ways. While the end of our life may be similar to others with the same terminal diagnosis, the nuance of our death; the peace or rage we experience is as unique as we are as individuals. I am here to support this legislation because I want this choice for myself.

Whether or not I exercise my choice would be decided among me, my family and my physician. Within the context of your discussion about this important topic with the people of Connecticut, and as a framework for your deliberation, I hope that we can agree that no one party can impose their beliefs or decisions on another. Careful construction of this law would protect each individual's ability to make this personal choice.

An individual with a terminal illness should be under no pressure to choose to end their life. Physicians, likewise, should be under no pressure to participate. There are a number of protections in this legislation to ensure the safety and comfort of not only patients, when faced with a grave diagnosis, but also their families and physicians. The safeguards include defining who are qualified patients and the process for obtaining aid in dying medication, as well as ensuring that a healthcare provider may voluntarily choose to participate. To get a sense of how the legislation would perform here, one only

needs to look to the experience in the state of Oregon which has a population size slightly larger than Connecticut.

According to the Oregon Health Authority (OHA) 249 people received prescriptions for lethal doses of medications in 2018 and a total of 2,217 prescriptions have been written since the act was enacted in 1997. The OHA provided the following patient characteristics in its 2018 statistical report:

- 62.5% had cancer
- 14.9% had a neurological disease
- 9.5% had heart/circulatory disease
- Median age at death was 74
- 87.5% died at home
- 90.5% were enrolled in hospice care

These patients were people who wanted their end of life to be the same as a life well lived. These patients had a choice. I hope I do too.

I urge your support and thank you for your consideration of this important issue.