



TO: Senator Richard Roth, chair of the Senate Committee on Health
FR: Charmaine Manansala, Chief Advocacy Officer, Compassion & Choices Action Network
RE: Oppose SB 1196 (Blakespear)
DT: April 9, 2024

My name is Charmaine Manansala. I am the Chief Advocacy Officer at Compassion & Choices Action Network and Compassion & Choices. SB 1196 poses great concerns to the safety and accessibility of the underlying California End of Life Option Act; with respect and empathy, we oppose the bill.

We are the nation's oldest and largest national consumer-advocacy nonprofit organizations, working to improve and expand care options at life's end. We advocate for legislation to improve the quality of care for terminally ill patients and affirm their right to determine their own medical treatment options as they near the end of life. We have been working to authorize medical aid-in-dying laws for 30 years, starting with the 1994 Oregon Death with Dignity Act, and led the campaign to pass the 2015 California End of Life Option Act.

Our work in California also includes hundreds of hours of medical education, extensive public outreach campaigns, and a focus on overcoming health disparities in underserved communities. Research shows that three in four Californians (75%) support the End of Life Option Act as written, including a majority of every demographic group surveyed: Hispanic Californians (68%), Black Californians (70%), Asian Californians (76%), and white Californians (82%).¹

The California End of Life Option Act took effect on June 9, 2016. Under this law, terminally ill, mentally capable adults with 6 months or less to live can request and receive aid-in-dying medication from their doctor, which they can then decide to self-ingest to peacefully end their suffering. After reviewing data showing one-third of terminally ill individuals died suffering before they could complete the multi-step

¹ Views of the End of Life Option Act, by Race/Ethnicity and Help Wanted Income Level, California, 2019. Accessed at: <https://www.chcf.org/wp-content/uploads/2019/10/HelpWantedCaliforniansViewsSeriousIllness.pdf>



process of getting their medication,² we helped to pass the 2021 bill to provide more equitable access to medical aid in dying, SB380. Among other improvements, this bill reduced the law's waiting period between the mandatory two oral requests for aid-in-dying medication from 15 days to 48 hours. The latest report by the California Department of Public Health indicates that reducing this barrier safely increased access to the law exactly as intended.

Compassion & Choices Action Network's primary goal is to safeguard and uphold the existing medical aid-in-dying law, which must be re-authorized before it expires on January 1, 2031.

While we acknowledge the California End of Life Option Act could be improved to enhance access for terminally ill individuals who qualify under the existing law, it's imperative to approach any additional proposals with empathy toward people seeking access to the law, an awareness of the risks to vulnerable populations, an understanding of the practicalities of medicine, and an appreciation of the evidence and data.

Several provisions in SB 1196 pose significant risks to the current medical aid-in-dying law, potentially undermining its purpose and availability. Changing the eligibility criteria to individuals with "a grievous and irremediable medical condition" raises concerns. The criteria in the existing law, requiring terminal illness with a prognosis of six months or less to live, were carefully crafted to parallel the qualification standards for hospice care. These criteria are in place to ensure that people don't feel compelled to access medical aid in dying because they lack availability to adequate pain management and symptom relief. Maintaining this balance is crucial to safeguard the well-being of all Californians facing end-of-life care decisions.

Though we recognize SB 1196 intends to provide more options for people living with dementia, it's imperative to approach this issue carefully and with compassion. Dementia affects millions of people, and it's clear that we need to address how people living with dementia experience the end of their lives. However, expanding medical aid in dying is not a suitable solution. This is why we advocate for enhancing and normalizing dementia-specific advance care planning. This approach ensures that those

² Nguyen HQ, Gelman EJ, Bush TA, Lee JS, Kanter MH. Characterizing Kaiser Permanente Southern California's Experience With the California End of Life Option Act in the First Year of Implementation. *JAMA Intern Med.* 2018;178(3):417–421. doi:10.1001/jamainternmed.2017.7728



with dementia can fully exercise their existing legal rights and access better end-of-life care options while protecting vulnerable populations.

Additionally, in the recent dismissal of the *United Spinal, et al. v. State of California, et al.*, the most recent threat to overturn the law, the judge specifically noted that he dismissed the case because of the stringent safeguards in the existing California End of Life Option Act and the fact that the eligibility criteria were narrowly defined as only applying to terminal patients. The proposed legislation would fundamentally change the eligibility criteria for medical aid in dying, removing the safeguards that the court relied on in its dismissal. The court decision reinforces the concerns we have that led to our opposition. We anticipate an appeal or another suit to be filed and we will exercise continued vigilance to protect the law.

We will continue to deploy our resources against the opposition's vigorous efforts to overturn or invalidate medical aid-in-dying laws in California and other jurisdictions.

Thank you for your time and consideration.

A handwritten signature in black ink, appearing to read 'C. Manansala', written in a cursive style.

Charmaine Manansala
Chief Advocacy Officer, Compassion & Choices Action Network
cmansala@compassionandchoices.org
www.compassionandchoices.org

The Compassion & Choices family comprises two organizations: Compassion & Choices (the 501(c)(3)), whose focus is expanding access, public education and litigation; and Compassion & Choices Action Network (the 501(c)(4)), whose focus is legislative work at the federal and state levels.

Paid for by Compassion & Choices Action Network