

SUPPORT SB 1950 (HA 2): Deb's Law END OF LIFE OPTIONS FOR TERMINAL ADULT PATIENTS ACT

Senate Sponsors: Holmes, Fine, Villa, Castro, Johnson, Edly-Allen, Ellman

House Sponsors: Gabel, Welch, Cassidy, Canty, Benton, Gonzalez, Stava-Murray, Costa-Howard Morgan, Yang Rohr, Mah, Faver Diaz, Grasse Briel, Hirschauer, Jones, Ammons, Guzzardi,

The proposed legislation will allow a mentally capable, terminally ill adult with a prognosis of six months or less the option to obtain a prescription medication they may decide to take so they can die peacefully and end their suffering.

- Medical aid in dying is a trusted and time-tested medical practice that is part of the full spectrum of end-of-life care options, including hospice and palliative care.
- Medical aid in dying is authorized in 11 states and Washington, D.C. In the 26 years since the first medical aid-in-dying law went into effect in 1997 in Oregon, **there have been no substantiated cases of abuse or coercion.**

Criteria and Safeguards:

- + Qualified individuals must be able to self-administer (i.e., self-ingest) the medication.
- + Physicians must inform the requesting individual about all of their end-of-life care options, including comfort care, hospice, palliative care, and pain control.
- + No physician, health care provider or pharmacist is required to participate in the law.
- + The individual can withdraw their request for medication or change their mind after receiving the medication and decide not to take it.
- + An individual's providers may refer the person for a mental health evaluation to ensure the person's capacity to make an informed decision.
- + The law includes multiple protections to prevent coercion including strict eligibility requirements, two separate physician assessments, and mandatory counseling on all treatment options. The law makes it a felony to coerce someone to request the medication or to forge a request.
- + Life insurance payments cannot be denied to the families of those who use the law.
- + Healthcare providers who participate and comply with all aspects of the law are given civil and criminal immunity.
- + Healthcare providers must submit documentation of medical aid-in-dying deaths to the state health department, so it can compile an annual report for lawmakers and the public.
- + Death certificates list the terminal disease as the cause of death consistent with statutory language to provide accurate data and to prevent inappropriate suicide investigations.

71% of Illinois Voters Support Medical Aid in Dying.

Source: Impact Research conducted a live phone and text-to-web survey of 700 likely 2024 voters in Illinois from February 6–12, 2023.
bit.ly/ILImpactResearchPollMAID2023

Most Illinois Physicians Support Medical Aid in Dying.

Source: Medscape hosted this survey on its platform for 15 days in 2021.
bit.ly/WebMdlDocsMAIDpoll2023

Additional Regulatory Requirements:

- + Two verbal requests for the medication directly from the patient, with a 5-day waiting period between the first and second request.
- + A written request is also required from the individual requesting medical aid in dying.
- + Prescribing physicians must comply with medical-record documentation requirements.
- + Unused medication must be disposed of according to state and federal law.

Who is Deb?

Deb Robertson is a lifelong Illinois resident who is living with neuroendocrine carcinoma, an aggressive form of cancer. There is no cure for the disease.

Despite her diagnosis and the complications of her illness, Deb has been relentless in her determination to assure that terminally ill Illinoisans and their family members have access to a full range of end-of-life options, including medical aid in dying. Even though Deb knows that she will never be able to use medical aid in dying in Illinois, she is working to change the law.

Deb's advocacy has included testifying before the Illinois General Assembly, doing countless media interviews and encouraging others to share their stories with legislators and the public. She makes clear that no one should have to make the decision to move away to another state – away from family and friends – to reduce their pain and end their suffering.

Ensuring the full end-of-life options for all Illinois residents has become Deb's passion and mission. She believes that she has lived beyond her initial diagnosis so that she is here – at the moment – to make the case for those families who cannot speak out on this critical matter.

Deb believes that she – and anyone facing her diagnosis – should have the option to die peacefully and on their own terms, surrounded by those they love.

Others no longer with us who advocated for Medical Aid in Dying

Miguel Carrasquillo continued to advocate for a full range of end-of-life options for families in Illinois until his death, despite enduring excruciating and painful treatments to treat cancer that has spread to his liver, stomach, testicles, and other organs. Miguel continued to express his hope that no other Illinois resident facing a terminal diagnosis would be forced to endure such pain and instead would have the option of accessing medical aid in dying care.

Andrew Flack accessed medical aid in dying in California, unable to move back home to Illinois to bring his suffering from a terminal diagnosis to an end. Before his death, Andrew used his last months and weeks to continue to push for the passage of the end-of-life options legislation in Illinois. His mother Suzy continues to push for the legislation in Andrew's memory.

SUPPORTING ORGANIZATIONS

ACLU of Illinois

AIDS Foundation of Chicago

Compassion & Choices Action
Network Illinois

Final Options Illinois

Illinois NOW

National Association of Social
Workers (NASW) – IL Chapter

National Council of Jewish Women
(NCJW) – Chicago North Shore
Section

National Council of Jewish Women
(NCJW) – South Cook Section

Universalist Unitarians Advocacy
Network of Illinois (UUANI)