

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

April 9, 2015

3:04 p.m.

**MEMBERS PRESENT**

Representative Paul Seaton, Chair  
Representative Liz Vazquez, Vice Chair  
Representative Neal Foster  
Representative Louise Stutes  
Representative David Talerico  
Representative Geran Tarr  
Representative Adam Wool

**MEMBERS ABSENT**

All members present

**OTHER LEGISLATORS PRESENT**

Representative Dan Ortiz

**COMMITTEE CALENDAR**

HOUSE BILL NO. 99

"An Act relating to the voluntary termination of life by terminally ill individuals; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 99

SHORT TITLE: VOLUNTARY TERMINATION OF LIFE

SPONSOR(S): REPRESENTATIVE(S) DRUMMOND

02/09/15	(H)	READ THE FIRST TIME - REFERRALS
02/09/15	(H)	HSS, JUD
04/09/15	(H)	HSS AT 3:00 PM CAPITOL 106

**WITNESS REGISTER**

REPRESENTATIVE HARRIET DRUMMOND  
Alaska State Legislature

Anchorage, Alaska

**POSITION STATEMENT:** Presented HB 99 as prime sponsor of the bill.

KRISTEN KRANENDONK, Staff  
Representative Harriet Drummond  
Alaska State Legislature  
Anchorage, Alaska

**POSITION STATEMENT:** Explained HB 99 for the prime sponsor of the bill, Representative Drummond.

TERRY BANNISTER, Attorney  
Legislative Legal Counsel  
Legislative Legal and Research Services  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during discussion of HB 99.

PETER REAGAN, M.D., National Medical Director  
End-of-Life Consultation  
Compassion & Choices  
Denver, Colorado

**POSITION STATEMENT:** Testified in support of HB 99.

KAREN DECHMAN BOND, President  
Midtown Community Council  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

PETER BANGS  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

KELLY BEHEN  
Homer, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

SUSAN ARTHUR  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

RALPH FENNER  
Sitka, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

NANCY CLONAN  
Sterling, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

J. R. MEYERS  
Alaska Constitution Party  
Soldotna, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

LANCE ROBERTS  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

JIM BECK  
Wasilla, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

RICHARD ASHER, M.D.  
Dillingham, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

GEORGE STEWART  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

PATRICIA COLL FREEMAN  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

JANET MCCOY  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

MARY LANZA, M.D.  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

CYNTHIA KIMBLEY  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

CHRISTOPHER KURKA, Executive Director  
Alaska Right to Life  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 99.

RON JOHNSON  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

MONTE JORDAN

Fairbanks, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

MARGARET DORE, President

Choice is an Illusion

Seattle, Washington

**POSITION STATEMENT:** Testified during discussion of HB 99.

ANDREW LESSIG

Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

MARLENE EDENSHAW

Hydaburg, Alaska

**POSITION STATEMENT:** Testified in support of HB 99.

#### **ACTION NARRATIVE**

[3:04:05 PM](#)

**CHAIR PAUL SEATON** called the House Health and Social Services Standing Committee meeting to order at 3:04 p.m. Representatives Seaton, Talerico, Vazquez, Tarr, and Wool were present at the call to order. Representatives Stutes and Foster arrived as the meeting was in progress. Also in attendance was Representative Ortiz.

#### **HB 99-VOLUNTARY TERMINATION OF LIFE**

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CHAIR SEATON announced that the only order of business would be HOUSE BILL NO. 99, "An Act relating to the voluntary termination of life by terminally ill individuals; and providing for an effective date."

[3:05:14 PM](#)

REPRESENTATIVE HARRIET DRUMMOND, Alaska State Legislature, paraphrased from the sponsor statement [original punctuation provided], which read:

House Bill 99 allows terminally ill patients to ease their suffering and hasten an inevitable and certain death. This bill preserves dignity and a person's

right to live, and die, on their own terms according to they own desires and beliefs.

Oregon enacted the first "death with dignity" law in 1994 through a citizens approved ballot initiative. The Supreme Court upheld the law in 2006. Washington followed with another ballot vote in 2008. Vermont passed the first death with dignity law passed by a state legislature. Similar legislation has now sprung up in twenty-five other states.

Death is a natural part of life. Providing dignity, control and peace of mind during a patient's final days with family and loved ones places a much greater focus on a person's life than on the often painful and agonizing process of dying. This bill specifically requires the request process to stop immediately if there is any evidence of coercion. The laws further require the two physicians who work regularly and closely with terminally ill patients to be involved throughout the request process. These two qualified and independent diagnoses ensure against coercion.

This bill allows patients to have important end-of-life discussions with the doctors they already know and trust. Without this discussion, well-meaning doctors are faced with prescribing painful procedures even when the patient does not want them and there is little or no hope for success. People in these conditions have already lost their health and often much, much more. This bill at least lets them control the last and most important decision they have left.

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KRISTEN KRANENDONK, Staff, Representative Harriet Drummond, Alaska State Legislature, briefly reviewed the sectional analysis of the proposed bill, which read: [Included in members' packets]

Section 1: Page 1: Lines 4-7 Amends AS 11.41.115 (defenses to murder) to allow an affirmative defense for acting under 13.55.

Section 2: Page 1: Lines 8-10 Adds a new subsection to AS 11.41.120 (manslaughter) to establish an

affirmative defense to a prosecution for manslaughter for performing any action allowed in AS 13.55.

Section 3: Pages 1-14: Lines 11-24 Adds a new chapter AS 13.55, which provides the process in which terminally ill individuals may request medication to terminate their life.

Sec. 13.55.010: Describes which individuals may terminate their life under the new chapter. Lists the criteria for being a qualified individual. Includes state residency, being an adult, being capable, having a terminal disease, and having voluntarily expressed the wish to die. States that age or disability is not sufficient by itself to qualify.

Sec. 13.55.020: Authorizes a qualified individual's attending physician to dispense or write a prescription for the necessary medication if the physician complies with the chapter. Authorizes a pharmacist to dispense the prescribed medication to the qualified individual, the attending physician, or an agent of the qualified individual.

Sec. 13.55.030: Requires a qualified individual to make an oral request and a written request to their attending physician to receive the necessary medication. Requires the qualified individual to repeat the oral request 15 days after the initial request. Provides alternative request methods for qualified individuals who are not able to speak or not able to sign the request.

CHAIR SEATON asked for clarification that Section 13.55.020 was permissive, and not a requirement, for a physician.

MS. KRANENDONK expressed her agreement and noted that a later section clearly stated that medical professionals were not under any obligation to provide these prescriptions. She moved on to explain the next sections of the proposed bill:

Sec. 13.55.040: Directs the attending physician to offer the qualified individual the opportunity to rescind the initial oral request and the written request when the qualified individual makes the second oral request. Allows a qualified individual to rescind a request at any time. Prohibits an attending

physician from dispensing or prescribing medication unless the physician offers the qualified individual an opportunity to rescind the request.

Sec. 13.55.050: Sets up the requirements for the written request. Prohibits the attending physician from being a witness. Requires the witnesses to attest that the qualified individual is capable, acting voluntarily, and not under undue influence to sign. Sets limits on who may be witness.

Sec. 13.55.060: Lays out a form for the written request to be signed by the qualified individual.

Sec. 13.55.070: Lays out the duties of the attending physician. Includes determining whether the individual has a terminal disease, is capable, and has made the medication request voluntarily. Also includes providing certain listed information to the individual about the medical diagnosis and prognosis, the risks and probable result of taking the medication, and feasible alternatives. Requires the physician to refer the individual to a consulting physician to confirm the diagnosis and to determine that the individual is capable and acting voluntarily. Requires the physician to refer the individual for counseling if appropriate under Sec. 13.55.090. Lists other duties of the attending physician. Allows the attending physician to sign the death certificate.

Sec. 13.55.080: Before an individual can qualify under the chapter, it requires a consulting physician to examine the individual and confirm the attending physician's diagnosis of a terminal disease, and to verify that the individual is capable, acting voluntarily, and has made an informed decision.

Sec. 13.55.090: Requires the attending or consulting physician to refer the individual for counseling and prohibits the dispensing or prescribing of the necessary medicine until the counselor determines that the individual is not suffering from depression causing impaired judgment.

Sec. 13.55.100: Prohibits the attending physician from dispensing or prescribing medication unless the qualified individual has made an informed decision.

Sec. 13.55.110: Prohibits the attending physician from denying the medication request because the individual declines or cannot notify next of kin.

Sec. 13.55.120: Requires certain waiting periods before medication can be dispensed or prescribed.

Sec. 13.55.130: Requires that the medical record of the qualified individual contains the items listed in the section before the individual receives the medication.

Sec. 13.55.140: Invalidates will or contractual terms that require, prohibit, impose conditions on, or otherwise addresses whether an individual may make or rescind a request under this chapter.

Sec. 13.55.150: Provides a person with immunity from civil and criminal liability or professional disciplinary action for participating in good faith compliance with the chapter. States that a medication request by an individual or an attending physician providing medication in good faith compliance with this chapter may not provide the sole basis for the appointment of a guardian or conservator.

Sec. 13.55.160: States that a health care provider has no duty to participate.

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MS. KRANENDONK continued with her explanations:

Sec. 13.55.170: Under certain conditions allows a health care provider to prohibit another health care provider from participating in this chapter.

Sec. 13.55.180: Establishes the crime of abuse for certain activities. Makes the crime a class A felony.

Sec. 13.55.190: States that the chapter does not limit liability for civil damages resulting from a person's negligent conduct or intentional misconduct.

Sec. 13.55.200: Allows a governmental entity to file a claim against an individual's estate to recover

expenses incurred by the entity resulting from the individual's termination of life under this chapter.

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MS. KRANENDONK moved on with her explanation of the next sections:

Sec. 13.55.210: Directs the Department of Health and Social Services to review a sample of the records maintained under the chapter every year. Requires a health care provider to file a record of dispensing medication under this chapter with the department. Directs the department to adopt regulations to facilitate the collection of information about compliance with the chapter. Makes the information confidential but requires the department to provide the public an annual statistical report about the information collected.

Sec. 13.55.220: Prohibits construing the chapter to authorize or require health care contrary to applicable generally accepted health care standards. Prohibits construing the chapter as authorizing the ending of life by certain methods, including lethal injection. Establishes that an action allowed by this chapter is an affirmative defense to certain crimes, including murder, manslaughter, and euthanasia.

Sec. 13.55.230: Prohibits a person from conditioning the sale, procurement, issuance, rate, delivery, or another aspect of a life, health, or accident insurance or annuity policy, on the making or rescission of a request for medication under the chapter.

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MS. KRANENDONK explained the following sections:

Sec. 13.55.240: States that a request for medication under this chapter is not an advance health care directive under AS 13.52 and that AS 13.52 (Health Care Decision Act) does not apply to an activity allowed by the chapter.

Sec. 13.55.900: Defines the terms used in the new chapter.

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MS. KRANENDONK explained the remainder of the bill, which included:

Section 4: Page 14: Lines 25-29 Indicates that the chapter applies to contracts, wills, and life, health, or accident insurance or annuity policies delivered or issued for delivery on or after the effective date.

Section 5: Pages 14-15: Lines 30-3 Allows the Department of Health and Social Services to adopt regulations for the new chapter.

Section 6: Page 15: Line 4 Makes the regulation authority given under Bill Section 5 take effect immediately.

Section 7: Page 15: Line 5 Makes the Act (except Bill Section 5) effective January 1, 2016.

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REPRESENTATIVE STUTES asked how many states had already passed this or similar legislation.

REPRESENTATIVE DRUMMOND replied that there were about six states.

MS. KRANENDONK relayed that currently Oregon, Washington, and Vermont had legislation in place, and that Montana and New Mexico had provisions in law to allow certain types, which she defined as "modified legislation to this." She reported that it was moving in various parts in 25 other states.

REPRESENTATIVE STUTES clarified that there were currently only five states with actual "laws on the books that relate to this."

REPRESENTATIVE WOOL asked how many people had used this legislation.

MS. KRANENDONK replied that, although there was not data from all five states, there was 20 years of data from Oregon, which indicated that 1,173 residents had requested the medication,

with 752 individuals having used the prescriptions to end their lives. She clarified that this did not include the prescriptions through 2014.

REPRESENTATIVE WOOL relayed that this was fewer than 40 per year. He asked whether 18 years was the age limitation, and pointed out that, although this was the age for a legal adult, a person could not buy cigarettes or alcohol, but could order this prescription. He asked whether this was a contradiction.

REPRESENTATIVE DRUMMOND replied that the age of 18 allowed a person to vote or to serve in the military. She shared that there had been a lot of comments about this application to other illnesses, and she acknowledged that there was still work to be done on the proposed bill.

REPRESENTATIVE WOOL asked for clarification that individuals had to be deemed terminally ill by two physicians.

REPRESENTATIVE DRUMMOND expressed her agreement, noting that the time frame definition was for death within 6 months as well as medicine was able to predict. She opined that about 70 percent of the people requesting these prescriptions have various types of cancer, and have "been through every conceivable kind of treatment, and it's failed, and they know they're going to die." She pointed out that often the pain was unbearable, and she offered her belief that many people did not want to end their lives in the fog of deep pain medication. She shared that, although she had not been through this personally, she had read that having the control to use this prescription allowed people to focus on a new joy in living, with less concern for pain and other issues.

REPRESENTATIVE FOSTER asked whether it was possible for a person to shop around until they found two doctors who agreed to this.

MS. KRANENDONK explained that the primary physician determined whether the medication could be prescribed, whereas a second doctor only had to confirm the diagnosis for a terminal disease with less than six months to live. As the bill was currently written, if a second doctor did not agree with the diagnosis, the process would be ended.

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TERRY BANNISTER, Attorney, Legislative Legal Counsel, Legislative Legal Services, offered her belief that the proposed

bill could be clarified, as it did not state what would happen should doctors disagree. She suggested that this could be addressed in another bill version.

REPRESENTATIVE TALERICO directed attention to page 11, line 11, and referenced the criminal penalties for the crime of abuse of the life termination process. He stated that AS 11.41.100 defined murder in the first degree, which included the crime of murder with the intent to cause the death of a person, or compel or induce any person to commit suicide through duress or deception. He asked whether the proposed bill was in conflict with the statute.

CHAIR SEATON asked whether Representative Talerico was referencing page 11, line 20, of the proposed bill, which defined abuse of life termination as a class A felony. He questioned whether this created any conflict.

MS. BANNISTER, in response, acknowledged that, although she was not an expert on criminal matters, Sections 1 and 2 of the proposed bill addressed actual homicides when death had been achieved, whereas this penalty addressed "someone who attempts to affect the person's choice of dying," and did not require that the person had died. She noted that any penalty could be selected.

REPRESENTATIVE TALERICO asked that this be flagged for later consideration.

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CHAIR SEATON shared that he had received many e-mails requesting that proposed HB 99 not be scheduled. He offered an anecdote about his family, and how these issues had affected them. He offered his belief that this proposed bill considered whether people had the right to make these decisions for themselves, or whether the state should make these decisions. He stated his belief that people should be in control of their lives and be able to make decisions for themselves. He suggested that this proposed decision for whether people make their own final decisions should be discussed. He declared that it was an interesting dilemma, and he invited thoughtful testimony from the committee and the public.

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REPRESENTATIVE STUTES offered a personal anecdote about a terminally ill person who was not prepared to die.

CHAIR SEATON said that they wanted to ensure that this decision was made by the individual, and not by others. He clarified that he was not the sponsor of HB 99.

[Chair Seaton opened public testimony]

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PETER REAGAN, M.D., National Medical Director, End-of-Life Consultation, Compassion & Choices, shared that he had spent a lot of time in Alaska, and that he had retired as a family practice doctor in Oregon, with extensive experience with terminally ill patients and the Oregon Death with Dignity law. He noted that, in 1998, he had written the first prescription under this law. He offered his belief that the history in Oregon, Vermont, and Washington had shown that patient safeguards had worked as intended, and there had not been any substantiated case of abuse or coercion during this time. He addressed the slippery slope argument of the right to die becoming a duty to die or another social harm, and stated that this had not happened. He declared that doctors wanted the best outcomes for their patients, and there was not any conflicting motivation in these situations. He declared that doctors advocated for what their patients wanted. He reported that, after more than 1,500 prescriptions, there had not been any instances for when the law had been inappropriately applied, and there had not been any circumstances which had necessitated comment or discipline. He emphasized that Oregon had a culture of care focused on autonomy, self-determination, and increased communication between doctors and the individuals they served, as well as between dying patients and their families and friends. He said that the law provided a useful framework to aid with this decision making. He stated that proposed HB 99 contained the core patient safeguards of the Oregon Death with Dignity law, which would provide Alaskans with true patient autonomy, as well as the opportunity for more open and honest communication between dying Alaskans and their care givers. He clarified that this proposed bill was all about patient self-determination, pointing out that it was not legal in Oregon for anyone except the person who was dying to request or administer the medication. That meant that the control was with the patient from beginning to end. As these deaths were legal, they were witnessed and experienced by loved ones and caregivers and were not clandestine or mysterious. He reported that only two

per thousand patients have used the law since its beginning, about 900 people, with most of these being people with end stage cancer or end stage ALS. He shared that he had been deeply moved by the gratitude and relief expressed by patients and family members when they were allowed to have this choice of death with dignity. He explained about doctor shopping, noting that if one doctor did not agree that a patient qualified, then that ended the process, unless another doctor more familiar with the case discussed it with the first doctor. He declared that all the doctors were working to obey both the spirit and the wording of the law. He addressed the age of 18, pointing out that this was the age of consent for medical procedures. He reported that only a very small number of people under 21 years of age were using this law, noting that he had only written one prescription for anyone under 30 years of age.

CHAIR SEATON asked whether he had reviewed proposed HB 99, and if there were any other parts of the proposed bill that needed clarification.

DR. REAGAN replied that the proposed Alaska bill was very similar to the Oregon law. He explained that the Oregon bill clarified that if there were any concern for a mental health issue clouding the patient's judgement, then the person was required to have a psychiatric or psychological evaluation. He acknowledged that someone could be unhappy with their situation, but, as long as they were "thinking straight" and were clear in their understanding of the request, the proposed Alaska law had the same protections as the Oregon law.

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KAREN DECHMAN BOND, President, Midtown Community Council, reported that the community council had passed a resolution unanimously supporting proposed HB 99. She offered a personal anecdote, and shared that she had not understood that terminal illness meant pain day after day. She offered a plea that the committee make this available to Alaskans, as it was very Alaskan for people to have power over the way they can die.

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PETER BANGS, paraphrased from a prepared statement, which read:

My name is Peter Bangs and I would like to first disclose that I am a state employee, but I am taking leave today to share my personal opinions in support

of House Bill 99. I would like to briefly describe two contrasting experiences that have helped shaped my beliefs on this issue. Several years ago, my wife's grandmother, Helen, was severely injured in an accident. Her doctors told us in no uncertain terms that she was dying from her injuries, but that it could take a few weeks. Unfortunately, they were not able to keep her comfortable. Helen had always been a remarkably strong and tough woman, but she was in so much pain and suffering that she kept telling her care givers that it was time and that she begged them to let her go. In an effort to speed up the process, she refused to eat, drink, or take her medications. In contrast, my wife and I recently lost two dogs - one to cancer and another to liver disease. For each of them, we made the decision to put them to sleep after exhausting treatment options and when they were no longer comfortable. As much as we hated to let them go, I am grateful that we had the option to end to their needless suffering. When it comes to people, I don't understand why we can't provide our loved ones with the same freedom to die with dignity and compassion as we do for our companion animals. This is an issue about allowing people to make their own decisions according to their own desires and beliefs. To put this issue in perspective, consider that Alaska allows 19 year old kids to decide whether to use tobacco, even though tobacco products cause cancer and premature deaths for hundreds of thousands of people in the US each year. One of the main reasons that tobacco - and now marijuana - is legal is because Alaskans value the right to make their own decisions, even if you or I don't agree with their choices. That is exactly what HB 99 is all about - empowering terminally ill people with the right to die on their own terms according to their own desires and beliefs - not yours or mine. Thank you.

[3:50:42 PM](#)

KELLY BEHEN emphasized that this was a very important conversation to have, declaring that every person had the right to die with dignity and as painlessly as possible, when suffering a terminal illness. She offered a personal anecdote about the death of her fiancé. She expressed her desire that people have control over "the last and most important decision they do have in their life."

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SUSAN ARTHUR declared that this had been very important to her for many years, and she offered an anecdote about the death of her mother. She stated that her mother's death had been denied "by others who were not related, not emotionally involved, nor had ever felt such total anguish and helplessness." She declared that there was not any moral justification for prolonging misery on a fellow human being. She pointed out that "this humane bill has many built in safety measures so it cannot be misused." She said that it would be a comfort to Alaskans who existed in pain and suffering to at least know they have the choice to end it.

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RALPH FENNER asked that the proposed bill be passed, stating that choice was the key. He offered an anecdote of his wife's suffering and slow death from colon cancer. Even though her family and her doctor wanted to help her with her suffering, the law would not allow it. He emphasized that "we need to open our eyes in this state and do all we can to prevent such a horrendous occurrence."

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NANCY CLONAN read excerpts from a suicide note from her husband, declaring that, if the proposed bill were passed, no one would ever have to go through this again. She read:

If you are reading this, I am dead. I did not come by this decision lightly. I didn't plan on getting melanoma or brain cancer. These are horrendous things I have no control over, but how I choose to live and die I do have control over. Euthanasia, in Greek, meaning good death ... I believe in this because society does not. I could not discuss this you. I wanted to protect you from all aspects of my death. I do not believe that for me there is dignity in long suffering and debilitating death. To know you would see the suffering, pain and anguish I would have gone through were not the memories I want for you to have of me, nor do I want to suffer from them physically with no possibility of recovery. My death is not fear based, it is my choice. I think society is archaic to put its values on something so personal. Let society

live like this and I believe the majority would choose to let people decide for themselves. I get enraged to hear other people tell me what I should do, ask if I am doing enough, or worse, tell me that is not what they would do. For a country that prides itself on individuality it is amazingly overbearing in its views of death and dying. I believe in life with dignity and dying and the dying, me and millions like me, should have dignity in the way we see fit, not what politicians and family members who are not in the fray want, but what those suffering want, and what I want. This is not a suicide. It is no momentary hopelessness with terminal illness. Cancer killed me, I did not kill me. I helped myself live with dignity and a purpose I have not felt in a long while, and I have helped myself die with a measure of control I've not had in four years in an unending battle with a disease that is robbing me of the things that I love.

MS. CLONAN continued to read:

I want what I have worked so hard to build with you to be what I leave with you. Me at my best. I love you very much and would never want to leave you with a legacy of shame. This is a choice for me in my last days to go on my terms. People can hold my hand and feel bad, but they cannot know what it feels like to have had cancer inside eating away at you, and you're being able to physically feel it chew away your body and eating your brain like a parasite eating its host alive. I did not expect others to understand but I expected others at a minimum to respect me as a human. I deserve that. I am kind and only wanted kindness back.

MS. CLONAN stated that the reality of losing her husband 30 years early to cancer was horrible, and it had forced him to use the last of his own strength to die alone. She stressed that the proposed bill could keep others from dying alone, protect families from this trauma, and offer an opportunity to extend quality time for the terminally ill without the threat of legal consequences.

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J. R. MEYERS, Alaska Constitution Party, stated that the party supported the right of life, as this was a paramount duty of

government to support. He stated that medical professionals were licensed by the state, and that the medical community had an historical position for not "doing active harm." The proposed bill would make medical professionals the potential agents for termination of life, which, he declared, would reverse centuries of precedent. He offered the belief that this would lead to degradation in the value of life. He stated that this was different from "do not resuscitate" and from "declining extraordinary medical interventions with informed consent." He noted that this also was different from the way we treat our pets, as many laws made this differentiation between humans and animals. He testified against the proposed bill, stating that it was "an affront against human life."

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LANCE ROBERTS said that he was representing himself and he expressed his concern for the proposed bill. He reported that he had sent out a local message when he first learned of the proposed bill. He shared a response to his message, stating that, decades ago, a person had wanted to commit suicide because he had been determined to be terminally ill, but his family had talked him out of it and he had lived an additional 20 years. He declared that it was necessary to remember that science and doctors were not perfect, and that people could get better. He stated that it was important not to accept infallibility, even with two doctors. He also pointed out that Alaska had the highest suicide rate in the nation, and that a lot of people were actively working to stop this. He declared that the proposed bill was "telling people that suicide is okay. You're telling them it's an acceptable alternative at some point in time." He asked that the proposed bill not be passed out of committee.

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JIM BECK stated his adamant opposition to the proposed bill. He reported that the American Medical Association and 24 states had also rejected this. He acknowledged that the personal stories were very compelling, and he did not intend to minimize those experiences. He expressed his hope that the Alaska State Legislature would see that its duty was much broader, to all of society, and that this bill should be rejected. He offered his belief that "handing medical professionals the right to end life is a recipe for disaster and nothing that our state should be involved with." He offered an example that medical professionals already devalue or undervalue the lives of people

with disabilities, and suggested that this same attitude toward the quality of life would be extended to terminally ill people. He said that this was a very dangerous mix that could undoubtedly result in an incorrect and unfortunately very irreversible outcome. He asked if doctors would rally around someone who expressed the desire to die and use the best practices and palliative care to ensure the last days were the best. He stated that the proposed bill could end some people's lives without their consent through mistakes and abuse. Assisted suicide proponents confused bureaucracy with safeguards. He stated that doctor shopping was common in Oregon, and that Compassion & Choices would offer referrals for assistance. He said that assisted suicide was a deadly mix with our profit driven health care system, and, as it was the cheapest treatment, it would save money for insurance companies. He suggested that financial and emotional pressures could also make people choose death, and he offered his personal opinion, as a person with a disability, that he keenly felt the burden. He asked how hard people would work to ensure that people received best practice palliative care. He declared that it was ludicrous to believe that there had never been coercion in the Oregon experience. He stated that the Oregon experience lacked data and transparency. He declared that the proposed bill was unnecessary as everyone already had the right to refuse treatment, and could receive palliative care which included pain relief and sedation. He urged that the committee reject the proposed bill.

4:10:00 PM

RICHARD ASHER, M.D., reported that he was a family physician, and that he had been practicing in Alaska since 1982. He expressed his agreement that taking care of patients at the end of life was challenging, and that patients in Rural Alaska were in control of life as much as their mental ability allowed. He stated that physicians worked with the patients and their families to provide terminal care and to prepare for death. He suggested that the proposed bill would change the doctor, family, patient relationship as it could cause dissension in the family. He stated that the Hippocratic Oath was not mentioned in the proposed bill, or why a healer should go in opposition to this historical pledge for not taking life. He stated that it took skill to provide superb, end of life care. He opined that the proposed bill was dangerous as it gives a physician too much power. He stated that he did not keep patients alive against their will, as it was their right to refuse treatment, and that he worked with hospice and palliative care physicians to give

better care in Rural Alaska, stating that it was more compassionate to give care, than to assist suicide. He asked how it could be determined whether someone was coerced, as it was cloaked in a shroud of secrecy, which made it difficult to ascertain any abuses. He pointed out that Alaska already had a huge suicide rate, and they had worked hard telling people to live and have hope. The proposed bill sent the wrong message to depressed suicidal youth and adults. He asked that the committee not pass the proposed bill. He stated that it was, instead, necessary to become better at palliative, hospice, and compassionate care.

[4:13:47 PM](#)

GEORGE STEWART stated that he was a retired physician and had practiced intensive care medicine in Anchorage for 34 years. He spoke in opposition to proposed HB 99, stating that it was not about giving patients the right to die, but it was giving physicians the right to kill. He stated that suicide was tragic, but not illegal. He opined that the proposed bill was dangerous for physicians, referencing the Hippocratic Oath, and stated that it destroyed the trust, which was the foundation in a doctor-patient relationship. He declared that it takes really great skill to provide superb end-of-life care. He said that the proposed bill was dangerous for families, as they don't have to be informed. He offered his belief that it will open doors for elder abuse by self-centered care providers or greedy relatives. He said the right to die for elders will be dangerous for patients as it will become a duty to die. He reported that drugs used for end of life did not work 20 percent of the time. He said that often patients live longer than the guesstimate of six months. He said that physician assisted suicide was dangerous for society, as statistics showed that doctors would only get a second opinion from a doctor who they knew would agree, and that, while under physician assisted suicide laws, they were immune from malpractice. He asked for the origin of the proposed bill.

[4:17:54 PM](#)

PATRICIA COLL FREEMAN stated her opposition to the proposed bill. She said that a measure of quality in society was with the treatment of family members who were dependent, defenseless, and disenfranchised, which included people who were seriously ill. She reported that, in 2001, the Alaska Supreme Court had unanimously ruled that there was not a state constitutional right for doctor prescribed suicide, writing that the

"terminally ill are the class of persons who need protection from family, social, and economic pressures and who are often particularly vulnerable to such pressures because of chronic pain, depression, and the effects of medication." She stated that these serious ill persons deserved real compassion and better access to health care, and not death. She opined that the proposed bill would limit health care choices. She said that in Oregon, doctor prescribed suicide had limited access to health care, as the state health plan would not provide certain pain relieving and lifesaving medications, which included recommended but costly cancer treatments. She offered an anecdote of an Oregon cancer patient who was informed that her chemotherapy treatment would not be covered but a doctor prescribed suicide would be covered. She declared that the choice to die would become the duty to die, and that advocates for those with disabilities opposed the proposed bill. She asked that the committee oppose the proposed bill.

[4:21:12 PM](#)

JANET MCCOY stated that she was opposed to HB 99. She relayed that there was no way to protect the vulnerable and mentally ill once this passed. She reported that, although supporters of doctor prescribed suicide had long maintained that it was necessary for those suffering from intractable pain, there was no documented case in Oregon for its use because of untreatable pain. She referenced a study of reasons cited for prescribed suicide, and noted that pain or fear of pain was the least offered reason. She stated that nearly all terminally ill patients who desired death were suffering from treatable mental disorders, yet only 6.7 percent were referred for a psychiatric evaluation. She noted that many non-terminally ill patients had received the prescription. She said that a network of doctor prescribed "death proponents" ensured that patients received legal prescription even when the family doctor knew that the desire for death was transient and could be alleviated with proper care and concern. She noted that there were cases when family pressure was placed on patients. She declared that human worth did not diminish as we weaken or age, or if we live with a disability. She asked that the committee oppose HB 99.

[4:23:50 PM](#)

MARY LANZA, M.D., stated that she was in opposition of HB 99. She reported that she had been a physician for 27 years, practicing in Alaska for 21 years, as a board certified anesthesiologist with training in pain management. She stated

that her research had found many falsehoods propagated by those seeking physician assisted suicide, stating that pain was not the driving cause, but was, instead, psychological distress, including depression, hopelessness, and a fear of loss of control. She stated that suicide was not rational. She shared a statement that a person wanting to commit suicide would lead the medical community to take the appropriate steps for treatment. She said that her role as a physician was to alleviate suffering, but that was "distinct from apportioning death, even upon request." Autonomy alone can never be a substitute for moral reason, and that implication was dangerous to society. If interest in legalizing euthanasia was tied to any trend in history, it was to the rise of individualistic strains of thought that glorified personal choice. She stated that no one was obligated to use extraordinary or heroic means to stay alive, but to use ordinary and reasonable measures to treat disease and sickness. She said that the recent actions were a perverse incentive for insurance carriers to promote the option of physician assisted suicide over lifesaving care. She said that the focus of concern should be those individuals most likely to be abused by physician assisted suicide, including the poor, the poorly educated, and the disabled, as well as those who could not speak for themselves. She suggested a re-doubling of efforts in the education of patients, family members, and loved ones, as well as physicians, to promote better end-of-life care.

[4:29:36 PM](#)

CYNTHIA KIMBLEY shared an anecdote about her father, and his recent loss of independence due to a terminal illness. He was suffering from anxiety, as this was not the quality of life he had always experienced. She pointed out that he had a health care directive, which was allowed by law, and that he had several times expressed to family members his desire for a death with dignity law in Alaska. She pointed out that the Oregon law was clear that the ability to choose was the patient's, and that the patient must administer the medication themselves. She asked who had the right to decide for someone else that they had to remain alive, solely for our emotional well-being. She stated her support for her father's choice of death with dignity, pointing out that this was only specific to terminal patients and their ability to choose quality and quantity of life.

[4:33:05 PM](#)

CHRISTOPHER KURKA, Executive Director, Alaska Right to Life, said that suicide did not dignify, it was surrender and despair, and it was not the answer for pain. He said that this was a sad state of affairs to come to as a culture. He directed attention to euthanasia in Europe. He encouraged the committee to vote no on HB 99.

[4:36:52 PM](#)

RON JOHNSON stated that he was in favor of the proposed bill, pointing out that it was important to have this discussion. He noted that a similar law in Oregon had not been abused. He pointed out that 85 percent of Canadian health care professionals supported similar legislation. He shared that he is in a wheelchair, and he offered his belief that not having proposed HB 99 was the discrimination against the disabled. He stated that he was moved by the testimony of those with loved ones who were suffering interminably in the last stages of life, and how they had desired a means to help them. He noted that he had not heard any personal encounters from those in opposition to the proposed bill.

[4:39:15 PM](#)

MONTE JORDAN stated that she was in support of proposed HB 99. She paraphrased from a letter that she had submitted: [Included in members' packets]

I am writing in support of HB 99 by Rep. Drummond. I believe it is referred to by many as the "the right to die bill" although I personally consider it the "death with dignity" bill. My fervent belief is that every person has a right to die with dignity when suffering a terminal illness and as painlessly as his/her medical provider and family can arrange. This conviction is the result of my experiences with the end of life. As a hospice volunteer I have watched people progress towards their death. No doubt, many would not want to end their lives sooner. All are given significant doses of pain relieving medication, some to the degree that they are not aware of the family or friends that may be at their bedside. Others may welcome the choice of when and how the end of their life would take place. The choice to be conscious of their surrounding and the ability to say goodbye. My Father died a painful cancer death in 1965 two days before his 52nd birthday and on my 22nd

birthday. Of course, he was deeply medicated that last night that I sat in his hospital room therefore oblivious to my presence. Perhaps he would have chosen a different end, I don't know but the operative word is "choice". We have many protections for our right to choose how to live our lives, to be free to make choices yet such freedoms are denied when dying. As has been pointed out by many, our pets and other animals are allowed more privilege than us. Four months ago I was able to ask the kind veterinarian to put my 16 year old cat down when his kidneys gave out rather than try to keep him alive for an unknown but likely short period of time. I wish for, ask for the same option - to be "put down" at my request when my body is giving out. Please bring this bill up for a hearing so all views can be discussed. You may wish to review this site: [deathwithdignity.org](http://deathwithdignity.org)

[4:42:14 PM](#)

MARGARET DORE, President, Choice is an Illusion, paraphrased from a prepared statement which she had submitted to the committee: [included in members' packets]

I am a lawyer in Washington State where assisted suicide is legal. Our law is similar to a law in Oregon. The proposed bill to legalize assisted suicide in Alaska is similar to both laws. Problems with legalization include the following: 1. the proposed bill legalizes assisted suicide for persons with a "terminal disease," which is defined as having less than six months to live. In Oregon, which uses the same definition, young adults with chronic conditions such as diabetes are "eligible" for assisted suicide. Such persons can have years, even decades, to live. Consider also, Jeanette Hall, who was adamant that she would do assisted suicide, but was convinced to be treated instead. Today, nearly 15 years later, she is "thrilled to be alive." 2. In Oregon, that state's Medicaid Plan steers people to suicide through coverage incentives. 3. Legalization is a recipe for elder abuse. Your bill, like Washington's law, allows one of two witnesses on the lethal dose request to be an heir who will benefit from the patient's death. Once the lethal dose is issued by the pharmacy, there is no oversight. Even if the patient struggled, who would know? 4. In Oregon, other conventional "violent"

suicides have increased significantly with the legalization of physician-assisted suicide. In Oregon, conventional suicides are a \$41 million problem due to hospitalization costs, etc. Legalization, regardless, sends the wrong message to young people that suicide is an acceptable solution to life's problems. Alaska already has highest suicide rate in the nation. Washington's mistake. Tell your legislators to say "NO" to assisted suicide.

[4:47:12 PM](#)

ANDREW LESSIG stated that he was in support of the proposed bill. He shared that he had reviewed these laws while currently attending law school. He acknowledged that Alaska did have the highest rate of suicide in the nation, and if viewed by age demographics, the highest rate of suicide was by people over the age of 70, who understood their health and their future prospects and took it upon themselves. He stated that a death with dignity law would help to lower this suicide rate, as it would allow them to end their lives on their terms, and remove the stigma. He directed attention to the suicide rates in Oregon and Washington. He suggested that, should this fail in the legislature, it should be put on the ballot. He pointed out that a similar measure in the State of Washington had received more than 58 percent support, even more popular than marijuana on the same ballot, and that he supported the proposed bill.

[4:49:54 PM](#)

MARLENE EDENSHAW stated that she was in full support of HB 99. She stated that she did not want to be medicated and left to die, that she wanted to be able to die when she wanted.

[4:51:45 PM](#)

REPRESENTATIVE DRUMMOND shared the story that had inspired her to bring this legislation forward. She relayed that a young, newly married woman from California had been recently diagnosed with brain cancer and had to move to Oregon to take advantage of the death with dignity laws. She thought about the help this legislation would bring to so many Alaskans who would otherwise have to move away from their friends in Alaska to have any control over the last days and weeks of their lives. She shared that she had learned a lot in the brief time that she had been researching this issue, and what transpires with death with dignity bills.

CHAIR SEATON noted that some things needed to be clarified in the proposed bill.

REPRESENTATIVE WOOL asked, after listening to the testimony, if she shared any of the concerns with the non-supporters of the bill, for example, what was the definition of terminal. He asked if she shared any concerns for misuses or had she thought about these concerns.

REPRESENTATIVE DRUMMOND relayed that she would research whether the patient was to take the medication themselves, or have the doctor administer it, and determine if this needed to be added to the proposed bill. She offered her belief that the majority of the bill was modelled on the Oregon law, where it did not appear there had been any coercion or misuse. She stated that she would work on the issues, and look into palliative care and end of life care in Alaska.

[4:55:28 PM](#)

REPRESENTATIVE VAZQUEZ offered her belief that there were several loopholes in the proposed bill, suggesting that there was not any professional supervision after the prescription was written. She opined that there were fewer safeguards in this situation than when signing off on a will.

REPRESENTATIVE DRUMMOND said that she would look at these.

REPRESENTATIVE TARR thanked the testifiers for sharing their emotional stories.

[HB 99 was held over]

[4:57:55 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:58 p.m.