

**ALASKA STATE LEGISLATURE
HOUSE JUDICIARY STANDING COMMITTEE**

April 13, 2018

6:16 p.m.

MEMBERS PRESENT

Representative Matt Claman, Chair
Representative Jonathan Kreiss-Tomkins, Vice Chair
Representative Louise Stutes
Representative Gabrielle LeDoux
Representative David Eastman
Representative Chuck Kopp

MEMBERS ABSENT

Representative Lora Reinbold
Representative Charisse Millett (alternate)
Representative Tiffany Zulkosky (alternate)

COMMITTEE CALENDAR

CS FOR SENATE JOINT RESOLUTION NO. 4 (RES)
Urging the United States Congress to pass legislation providing for the exemption of legally acquired walrus, mammoth, and mastodon ivory from laws that ban the sale, use, and possession of ivory.

- HEARD & HELD

HOUSE JOINT RESOLUTION NO. 38
Relating to certain conveyances to the Alaska Railroad Corporation under the Alaska Railroad Transfer Act of 1982.

- MOVED HJR 38 OUT OF COMMITTEE

SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 54
"An Act providing an end-of-life option for terminally ill individuals; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SJR 4

SHORT TITLE: AK LEGALLY ACQUIRED IVORY USE EXEMPTION

SPONSOR (s) : SENATOR (s) OLSON

02/01/17 (S) READ THE FIRST TIME - REFERRALS
02/01/17 (S) CRA, RES
03/28/17 (S) CRA AT 3:30 PM BELTZ 105 (TSBldg)
03/28/17 (S) Heard & Held
03/28/17 (S) MINUTE(CRA)
04/04/17 (S) CRA AT 3:30 PM BELTZ 105 (TSBldg)
04/04/17 (S) Moved SJR 4 Out of Committee
04/04/17 (S) MINUTE(CRA)
04/05/17 (S) CRA RPT 4DP
04/05/17 (S) DP: BISHOP, GARDNER, MACKINNON, STEDMAN
01/29/18 (S) RES AT 3:30 PM BUTROVICH 205
01/29/18 (S) Moved CSSJR 4(RES) Out of Committee
01/29/18 (S) MINUTE(RES)
01/31/18 (S) RES RPT CS 6DP NEW TITLE
01/31/18 (S) DP: GIESSEL, WIELECHOWSKI, COGHILL, VON
IMHOF, STEDMAN, MEYER
02/16/18 (S) TRANSMITTED TO (H)
02/16/18 (S) VERSION: CSSJR 4(RES)
02/19/18 (H) READ THE FIRST TIME - REFERRALS
02/19/18 (H) CRA, JUD
04/03/18 (H) CRA AT 8:00 AM BARNES 124
04/03/18 (H) Heard & Held
04/03/18 (H) MINUTE(CRA)
04/05/18 (H) CRA RPT 5DP 1NR
04/05/18 (H) DP: DRUMMOND, LINCOLN, TALERICO,
PARISH, ZULKOSKY
04/05/18 (H) NR: RAUSCHER
04/05/18 (H) CRA AT 8:00 AM BARNES 124
04/05/18 (H) Moved CSSJR 4(RES) Out of Committee
04/05/18 (H) MINUTE(CRA)
04/13/18 (H) JUD AT 1:00 PM GRUENBERG 120

BILL: HJR 38

SHORT TITLE: AK RAILROAD TRANSFER ACT; CONVEYANCES

SPONSOR (s) : REPRESENTATIVE (s) KOPP

02/21/18 (H) READ THE FIRST TIME - REFERRALS
02/21/18 (H) STA, JUD
02/27/18 (H) STA AT 3:15 PM GRUENBERG 120
02/27/18 (H) Heard & Held
02/27/18 (H) MINUTE(STA)
03/01/18 (H) STA AT 3:15 PM GRUENBERG 120
03/01/18 (H) Heard & Held
03/01/18 (H) MINUTE(STA)
03/08/18 (H) STA AT 3:15 PM GRUENBERG 120

03/08/18 (H) Moved HJR 38 Out of Committee
 03/08/18 (H) MINUTE(STA)
 03/09/18 (H) STA RPT 1DP 4NR
 03/09/18 (H) DP: BIRCH
 03/09/18 (H) NR: LEDOUX, WOOL, JOHNSON, KREISS-
 TOMKINS
 04/06/18 (H) JUD AT 1:00 PM GRUENBERG 120
 04/06/18 (H) Heard & Held
 04/06/18 (H) MINUTE(JUD)
 04/13/18 (H) JUD AT 1:00 PM GRUENBERG 120

BILL: HB 54

SHORT TITLE: TERMINALLY ILL: ENDING LIFE OPTION

SPONSOR(s): REPRESENTATIVE(s) DRUMMOND

01/18/17 (H) READ THE FIRST TIME - REFERRALS
 01/18/17 (H) HSS, JUD
 03/14/17 (H) HSS AT 3:00 PM CAPITOL 106
 03/14/17 (H) <Bill Hearing Canceled>
 03/27/17 (H) SPONSOR SUBSTITUTE INTRODUCED
 03/27/17 (H) READ THE FIRST TIME - REFERRALS
 03/27/17 (H) HSS, JUD
 03/28/17 (H) HSS AT 3:00 PM CAPITOL 106
 03/28/17 (H) Heard & Held
 03/28/17 (H) MINUTE(HSS)
 04/06/17 (H) HSS AT 3:00 PM CAPITOL 106
 04/06/17 (H) Heard & Held
 04/06/17 (H) MINUTE(HSS)
 01/30/18 (H) HSS AT 3:00 PM CAPITOL 106
 01/30/18 (H) Moved CSSH B 54(HSS) Out of Committee
 01/30/18 (H) MINUTE(HSS)
 02/02/18 (H) HSS RPT CS(HSS) 3DP 2DNP 2NR
 02/02/18 (H) DP: JOHNSTON, TARR, SPOHNHOLZ
 02/02/18 (H) DNP: SULLIVAN-LEONARD, EASTMAN
 02/02/18 (H) NR: EDGMON, KITO
 04/13/18 (H) JUD AT 1:00 PM GRUENBERG 120

WITNESS REGISTER

JIM PUCKETT, Staff
 Representative Donald Olson
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: During the hearing of SJR 4, presented the sponsor statement and sectional analysis.

REPRESENTATIVE HARRIET DRUMMOND

Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: During the hearing of HB 54, presented the legislation as prime sponsor.

ELLA SALTONSTALL, Volunteer
(Audio difficulties.)

POSITION STATEMENT: During the hearing of HB 54, testified.

MARGARET DORE, Attorney
President, Choice is an Illusion
Unknown City, Washington

POSITION STATEMENT: During the hearing of HB 54, offered opposition to the legislation.

MARY MCDOWELL
Juneau, Alaska

POSITION STATEMENT: During the hearing of HB 54, offered strong support for the legislation.

ASHLEY CARDENAS, Director
Policy and Programs
Compassion and Choices
Las Vegas, Nevada

POSITION STATEMENT: During the hearing of HB 54, offered support for the legislation.

DAVID GRUBE, M.D.
Compassion and Choices
Corvallis, Oregon

POSITION STATEMENT: During the hearing of HB 54, testified in support of the legislation.

JEANNE ANDERSON, M.D.
Anchorage, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in opposition of the legislation.

RICHARD ASHER, M.D.
Dillingham, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in opposition of the legislation.

LAURINDA MARCELLO
Sitka, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in support of this legislation.

LUKE LIU, M.D.

Anchorage, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in opposition to the legislation.

SUSAN SCHRADER

Juneau, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in support of the legislation.

CHERYL BOWIE

Anchorage, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in opposition to the legislation.

JOEL HANSON

Sitka, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in support of the legislation.

WILLIAM KENYON

Cordova, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in support.

MAUREEN MOORE

Juneau, Alaska

POSITION STATEMENT: During the hearing of HB 54, testified in support of the legislation.

ACTION NARRATIVE

[6:16:25 PM](#)

CHAIR MATT CLAMAN called the House Judiciary Standing Committee meeting to order at 6:16 p.m. Representatives Claman, Kopp, Stutes, LeDoux, and Kreiss-Tomkins were present at the call to order. Representatives Eastman arrived as the meeting was in progress.

SJR 4-AK LEGALLY ACQUIRED IVORY USE EXEMPTION

[6:16:58 PM](#)

CHAIR CLAMAN announced that the first/next/final/only order of business would be CS FOR SENATE JOINT RESOLUTION NO. 4(RES),

Urging the United States Congress to pass legislation providing for the exemption of legally acquired walrus, mammoth, and mastodon ivory from laws that ban the sale, use, and possession of ivory.

[6:17:38 PM](#)

JIM PUCKETT, Staff, Representative Donald Olson, Alaska State Legislature, explained that the need for SJR 4 came to the sponsor's attention after many of his constituents contacted him with letters, e-mails, conversations, and petitions. Senator Olson, he offered, represents the northern and western regions of Alaska with an unemployment rate of 10-21 percent. (Audio difficulties) provide sorely needed income. Anything that diminishes the ability to have that income can lead to potentially devastating consequences. He remarked that the passage of SJR 4 will demonstrate support for local Alaska artists who are using byproducts of subsistence or fossilized ivory, creating beautiful art, and selling their creations for income. In order to curtail the poaching of African elephant ivory, six Lower-48 states banned either all ivory or some ivory, and in addition to elephant ivory other states may pass their own legislation banning Alaskan ivory. As of December 2017, 16 states have similar legislation in process, and the consequences for those actions economically hurts the disadvantaged regions in Alaska that subsist and use ivory products. The ban on ivory in these Lower-48 states is a severe deterrent to those people who wish to buy Alaskan ivory. It is critical to understand that the Marine Mammal Protection Act of 1972 (MMPA) specifically recognized the rights of Alaska Natives to subsist on marine mammals and to use the byproducts of that subsistence. He offered that non-Natives can legally own, work with, and sell fossilized ivory. Alaska needs its federal delegation to provide for the exemption of legally obtained Alaskan ivory from current and future prohibitive legislation by the Lower-48 states and, he pointed out, ivory artists and craftsmen have already lost some of their customer base and will continue to lose more in those states. These statutes do not distinguish between African ivory and legally acquired Alaskan ivory; thereby hindering the ability of those Alaskans who have legally obtained their ivory and they can possess, trade, or sell, the ivory. Alaskans and residents of other states who are simply traveling through the states with bans could face harsh penalties for possessing their ivory. This resolution communicates that the MMPA protects the rights of Alaska Natives in the harvesting of walrus ivory and producing a variety of items as an important source for income in rural economics.

This resolution also communicates that Alaska Natives produce beautiful and useful fossilized ivory, mammoth ivory, and mastodon ivory, and that residents of certain states may be subject to criminal charges for buying, owning, and returning home with items made with legally acquired ivory in Alaska. Lastly, this resolution urges the United State Congress to pass legislation exempting legally acquired walrus, mammoth, and mastodon ivory from current and future state laws banning or restricting the sale, use, and/or possession of ivory, he explained.

[6:22:47 PM](#)

REPRESENTATIVE EASTMAN asked whether this resolution asks the United States Congress to pass a law that will invalidate state laws banning ivory, or any laws that do not distinguish [between the ivory].

MR. PUCKETT responded that United States Senator Dan Sullivan introduced S-1965 [115th Congress, 1st Session] which addresses the section of the Marine Mammal Protection Act (MMPA) giving permission to Alaska Natives to harvest ivory. (Audio difficulties) Alaska ivory and he offered to produce that section from S-1965.

[6:24:05 PM](#)

REPRESENTATIVE EASTMAN asked whether the intent is to separate African elephant ivory, for example, from "the rest of the ivory." In the event that is the case, he asked whether the location that the ivory was obtained would be obvious to the consumer.

MR. PUCKETT answered that (audio difficulties) different when it is raw or fossilized, but it has been worked with and turned into a piece of art or handles on dinnerware, and so forth. He said that a person would have to "get some professional help" in order to distinguish the type of ivory, and to the lay-consumer, they would have to trust that the merchant is dealing with legal ivory. (Audio difficulties) made that distinction between Alaskan ivory and ivory from an endangered species, most of whom are located in Africa.

[6:25:24 PM](#)

REPRESENTATIVE EASTMAN suggested an amendment adding narwhal ivory to this list of exemptions that separates elephant ivory from all other types of ivory.

MR. PUCKETT replied that he was unsure how this resolution, which is requesting an exemption for Alaskan ivory, would be connected with the elephant ivory to which Representative Eastman referenced.

[6:26:11 PM](#)

CHAIR CLAMAN opened public testimony on SJR 4. After ascertaining no one wished to testify, closed public testimony on SJR 4.

REPRESENTATIVE EASTMAN advised that he would like to speak with the sponsor and possibly come forward with an amendment regarding the subject of his question.

[SJR 4 was held over.]

HJR 38-AK RAILROAD TRANSFER ACT; CONVEYANCES

[6:28:00 PM](#)

CHAIR CLAMAN announced that the next order of business would be HOUSE JOINT RESOLUTION NO. 38, Relating to certain conveyances to the Alaska Railroad Corporation under the Alaska Railroad Transfer Act of 1982.

[6:28:45 PM](#)

REPRESENTATIVE KOPP commented that this is an important issue and it is his belief that the United State Congress understood the difference between a fee interest and an easement when it passed the Alaska Railroad Transfer Act. Wherein the adjudication process laid out was for contingent Native Land Claims and not for the settled homestead patents. This resolution narrowly deals with the transfer of rights as it affects the homestead patent properties, he said.

[6:29:30 PM](#)

REPRESENTATIVE STUTES moved to report HJR 38, labeled 30-LS1351\J out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HRJ 38 passed out of the House Judiciary Standing Committee.

HB 54-TERMINALLY ILL: ENDING LIFE OPTION

6:29:54 PM

CHAIR CLAMAN announced that the final only order of business would be HOUSE BILL NO. 54, "An Act relating to the voluntary termination of life by terminally ill individuals; and providing for an effective date."

6:30:36 PM

REPRESENTATIVE HARRIET DRUMMOND, Alaska State Legislature, acknowledged that the subject matter within HB 54 is not an easy subject for most people. Death is a difficult topic because it is raw and emotional, and no one wants to lose a loved one or think about leaving their family behind. No one likes to talk about (audio difficulties) painful and the legislature needs to change that situation. This legislation allows terminally ill patients to ease their pain and suffering by allowing doctors to prescribe medication to offer aid in dying, it allows an Alaskan the right to live and die on their own terms according to their own desires and beliefs. Death is a natural part of life, and this bill gives people dignity and peace of mind during their final days with family and loved ones. It places a much greater focus on a person's life than on the often painful and agonizing process of dying, she offered.

6:32:09 PM

REPRESENTATIVE DRUMMOND acknowledged that she had introduced this legislation several years ago because Brittney Maynard was a newlywed, age 29, living in California, she was happy and bright and looking forward to a long and successful life. Shortly after Ms. Maynard was married, she was diagnosed with a brain cancer known to be swift and painful, it could not be repaired, healed, or taken care of by chemotherapy. The State of California did not have a medical Aid in Dying law in place at the time so she decided to take herself and her new husband to Oregon to take advantage of the state's Death with Dignity law. Ms. Minard's widower and her parents then proceeded to work with California's legislators until the law was passed last year. Representative Drummond said that she thought about Alaskans in similar situations, isolated far from the rest of the United States, and she could not imagine someone enduring a fragile medical condition at the end of their life and not being able to

take advantage of this choice if that was their desire. A desire to die at home with family and friends close by, and not be required to pick up everything and move to an unfamiliar location thousands of miles away from their home in order to have some control over the last days of their lives, she said.

6:34:20 PM

REPRESENTATIVE DRUMMOND reiterated that this is the second time she has introduced this legislation and many people have strong opinions about this bill. She noted that during public testimony, family members will testify as to how they had to deal with things, and "I hope and pray none of you will ever have to deal with." She advised that she has been told that she is evil for introducing this bill, she is going to hell, she is a Nazi, and told she is playing God. Terminally ill patients are hooked up to countless machines that prolong death for weeks, there are machines that can breathe, eat, urinate for people, and CPR is administered on sick patient's (audio difficulties) swollen, bleeding, airways. (Audio difficulties) be able to help people. Representative Drummond stated the following:

I have been told that by introducing this legislation I am promoting suicide. I resent that and I'm going to get ahead of this game. My son was a sensitive, caring, athletic 17-year old the day he took his own life. Steven was my oldest child, he loved biking and snowboarding. He biked to Denali when he was just an 8th grader. I have spent years going over every minute of the days leading up to his death. I have agonized over every decision, every word I said wondering if there's anything I could have done to prevent it. There isn't a day that goes by when I don't think about how old he would be now or what he might be doing if he was alive today. Suicide is a tragedy, an irrational self-destructive act that should be prevented at all costs. We don't get to pick and choose which deaths we want to be suicide. Does a patient who decides to quit chemotherapy or stop undergoing lifesaving dialysis after years of slow deterioration count as suicide? Does a Marine who is under attack and jumps on a bomb to save his fellow soldiers count as a suicide? Does a Jehovah Witness who refuses a blood transfusion because of her religious beliefs count as a suicide? Suicide is a

healthy person who could live, but wants to die. Aid in Dying is about a sick person who wants to live, but is dying.

[6:36:42 PM](#)

REPRESENTATIVE DRUMMOND explained that this legislation allows patients to have important end-of-life discussions with doctors that 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 hope for success. People in these conditions have often lost their health and oftentimes much more. This bill, at least, gives a patient control for the last and most important decision they have left. Seven states and Washington D.C. have all legalized Death with Dignity and those states have seen a dramatic decrease in suicide attempts by the terminally ill, she explained. Alaskans should be not forced to make a choice between living out the rest of their life in misery with a terminal illness or taking their own life in a brutal and inhumane manner. She urged the committee's support in the passage of this bill to give an end-of-life choice to the person it will affect most.

[6:38:50 PM](#)

CHAIR CLAMAN opened public testimony on HB 54.

[6:39:26 PM](#)

ELLA SALTONSTALL, Volunteer, (Audio difficulties) and is fired up to lead this cause. She explained that she is testifying to advocate for those (audio difficulties), and she would like that to be a possibility for terminally ill Alaskans. (Audio difficulties) she offered that it is so people will not suffer, and their reply is "Well, of course they shouldn't suffer and this is about (audio difficulties)." (Audio difficulties.)

[6:43:21 PM](#)

MARGARET DORE, Attorney, President, Choice is an Illusion, advised that the State of Washington passed the Death with Dignity Act into law, and she warned the committee to not make Washington's mistake. She noted that she is the President of Choice is an Illusion which is opposed to assisted suicide in euthanasia. She said that she prepared an analysis to the bill and she had other handouts for the committee. One of the first

things to understand is that the discussion is not talking about people who are necessarily dying anytime soon, the law has a broad reach as currently written. For example, (audio difficulties) because the criteria is six-months to live and that is determined by (audio difficulties). As far as not causing suicide, she said she has had three health (audio difficulties) one of them told her later that she had saved his life, these are traditional suicide. The other issue is (audio difficulties). Aid in Dying is a traditional term for euthanasia and she first saw the term being used in a State of Iowa law review. She advised that there has been push back in other states, this year in the State of Utah (audio difficulties).

[6:47:11 PM](#)

MARY MCDOWELL advised that sometimes what is far less manageable than the physical pain that a terminally ill person suffers is their fear and anguish. She said that it is not just about death itself, but about the process of dying and what that might entail. For some people, some of that fear and anguish can be relieved by just knowing that they have the option to make their own decision to not endure any additional hours or days of suffering if and when they reach the point where they are ready and want it to end. One of the most compelling arguments for her in favor of this legislation is the fact that in states with similar laws in place, a large percentage of the terminally ill people who choose to obtain the prescription for life ending medication ultimately end up choosing to not use the medication. The beauty of that for both those who ultimately choose to use the medication and those who do not, is that throughout their dying process they have the peace of mind of knowing that the option is available if and when their suffering becomes unbearable. These people are then able to stop spending so much of their precious remaining time in dread and worry about some of the "what if's" and instead they can savor whatever quality of life they might otherwise enjoy in their final weeks and days. Alaskans highly value individual rights and self-determination, yet the state laws currently deny mentally competent adults who are already in the midst of the dying process, the right to avail themselves, if they so choose, of a liberty they would have had if they resided in a number of other states and the right to have some control over the timing and manner in which their impending death would ultimately occur. She noted that from everything she has read about the track record of Death with Dignity laws in states that have it in place, there is just simply no evidence of the sorts of abuses

that some who oppose this legislation put forth as reasons to deny this right to the terminally ill. Furthermore, she stated, this bill puts a lot of carefully designed provisions and safeguards in place to provide both rights and protections to the terminally ill, and some of those are so burdensome that it would actually keep people, especially in rural Alaska where medical providers are limited, from availing themselves of this potential law. She understands that having so many level of protections in place is meant to alleviate any concerns about potential shortcutting or abuse of the process, she said. To the extent possible, she remarked that she believes Alaska's state laws should ensure that Alaskans are able to live with the self-determination they hold so dear and retain as much peace of mind as possible until their final breath is drawn. In the event HB 54 becomes law, no terminally ill person will be forced to use its provisions if that is their desire, but not passing this bill is denying an Alaskan access to this option for those who desperately want it, appears to be inhuman and un-Alaskan.

[6:50:22 PM](#)

ASHLEY CARDENAS, Director, Policy and Programs, Compassion and Choices, advised that Compassion and Choices is the nation's oldest and largest non-profit working to improve care and expand choices at the end of life. She related that she is testifying for Compassion and Choices to lift the voices of the more than 1,200 Alaskan supporters across the state, and to express strong support for lawmakers to authorize medical Aid in Dying. This legislation is modeled after the State of Oregon's Death with Dignity Act, which has been tested and proven safe for more than 20 years. Although, she commented, opponents may try to use scare tactics and make the same dire predictions raised in the State of Oregon and in every state since, to deter this legislation. The facts demonstrate that for more than 40 years of combined practice in the authorized states, the laws do work as intended as there has not been one single substantiated instance of abuse. To that point, she said, she would address some inaccurate claims that have been heard and will likely be heard later in today's testimony. First, she said, there is a fundamental difference between the act of committing suicide, which is often the tragic result of an unrecognized or untreated mental health disease such as depression or addiction, and a rational well-considered decision to advance the time of death in the setting of terminal illness and unrelenting suffering. There is absolutely no evidence that authorizing medical Aid in Dying increases the suicide rates in any state, she advised, and that suicide rates encompass ready access to firearms, the rural

geography, and limited access to mental health services. Studies have shown that the vast majority of those misdiagnosis are either the result of missed diagnosis or under diagnosis. She pointed out that rarely is a terminal diagnosis delivered, let alone confirmed by multiple physicians, when the patient is not in fact terminally ill. Furthermore, physicians are typically optimistic in their estimate of a patient's survival and generally over-estimate the amount of time a patient is likely to live. In fact, she offered, one study showed that physicians tend to over-estimate by at least five times. Additionally, she advised, studies have shown that there is no evidence of a heightened risk for patients in vulnerable groups, and insurance companies have no financial incentive to pressure terminally patients to accelerate their deaths because there is no potential cost savings. Decisions about death belong to the dying, she said, and this policy allows them to have open conversations with their doctors, their loved ones, and their faith leaders, about their needs at the end of their life. The decision to utilize medical Aid in Dying is only one end of life option, and for those who are strongly opposed need not opt for the medical aid. Except, for those people who do face unbearable suffering at end of their life, this option gives them the courage and the hope that allows them to live fully as long as possible, and to die peacefully when death is imminent, she pointed out.

[6:54:02 PM](#)

DAVID GRUBE, M.D., Compassion and Choices, advised that he was raised in Fairbanks and graduated from Lathrup High School, and he has practiced in a small town in Oregon from 1977-2012. During 15 of those years, Oregon's Death with Dignity Act was in force, which is similar to HB 54, and he had a number of terminally ill, dying and suffering patients who asked him to support their choice at their end of life. Contrary to a previous testifier, who is not a clinician and is not at the bedsides of dying patients, Aid in Dying is a deliberate and careful act. Doctors do not allow patients to use this process because they are diabetic or because they just want to die. In fact, he pointed out, when reviewing the State of Oregon's data and experience, 95 percent of Aid in Dying patients are in Hospice and are receiving Hospice's excellent quality of care. He stated that he knows for a fact that Aid in Dying is a palliative opportunity in and of itself because when people have an opportunity to talk to their doctor about all of their end of life choices, it is palliative and they suffer less. Dr. Grube pointed out that more people have not died since Death with

Dignity was passed in the State of Oregon, and all of the people who used Aid in Dying were about to die and fewer people have suffered. He related that he hopes that is true for those terminally ill and suffering Alaskans, they can write their own final chapter and be allowed to not suffer.

[6:56:48 PM](#)

JEANNE ANDERSON, M.D., advised that she is a medical oncologist who has taken care of cancer patients for almost 30 years, and she is strongly against HB 54. She stated that doctors cannot prognostic and predict that someone has less than six months to live. Statistics offer an approximate average of survivals as to how long patients might live, those statistics are data based on historical treatment protocols and are notoriously inaccurate. For example, she said, David White had stage 4 bladder cancer in 2014, and if he asked her to participate in this end-of-life program, at that point she would have had to predict that he had less than six months to live. Mr. White chose to go on a clinical trial and he has been alive for three years without evidence of his cancer. Another patient, Donald Dunkleburger, had a (audio difficulties) lymphoma in 2015, he did not respond to any of his chemotherapy treatments, he flew to Seattle for a bone marrow transplant and the experts there advised that he could not have the transplant because he would not respond. Mr. Dunkleburger returned home, any oncologist would have predicted that he had less than six months to live, he chose to go home and not undergo further treatments, and two years later he is still alive with a normal quality of life without active lymphoma. Those are examples to show that doctors cannot prognosticate, she advised, and for this is a group of people being targeted, doctors have no clue how long they will live. When someone is imminently dying with days to weeks, or hours to days, to live it is then easy to determine which is when doctors need to relieve their suffering. She offered her belief that people make an excellent point that suffering needs to be relieved and that there are many ways in which to relieve suffering. In the event there is existential suffering, patients need help for that, but they do not need to take some treatment that ends their life before they have had the opportunity to close ends with family members, and so forth. There are palliative care teams (audio difficulties) services within the community that can support people going through the difficult process. There is an unintended consequence of financial (audio difficulties).

[6:59:33 PM](#)

RICHARD ASHER, M.D., advised that he has lived in Dillingham for over 30 years and he cares for people in rural villages. His desire, he said, is (audio difficulties) assisted suicide will not be passed. Physicians and practitioners are better trained in relieving pain and comforting suffering patients with Hospice and palliative care in rural communities. Care is provided to patients in terminal situations and currently pain is much better relieved than in the past. Dangers are involved when physicians walk away from the traditional (audio difficulties) causing harm to a patient (audio difficulties). Physicians and nurses can (audio difficulties) as they face death and care for them in tough situations. On the other hand, he said, (audio difficulties) think is going to happen (audio difficulties). Alaska has a high suicide rate, and a person who is depressed or ill (audio difficulties) dealing with life's difficulties. He urged the committee to (audio difficulties) this bill because physicians and other health care providers will be harmed by assisting patients in this endeavor.

[7:01:14 PM](#)

LAURINDA MARCELLO urged the committee to advance and eventually pass HB 54. She advised that the summer after she graduated from high school, her family changed completely because her father, a middle-aged college chemistry professor, was unexpectantly diagnosed with terminal cancer and scans had located tumors throughout the critical areas of his body. Her father opted for palliative comfort care and he died just three weeks after his initial diagnosis. During that short period of time much happened to diminish his quality of life which included a serious infection, being medevacked to Seattle, and losing his independence. Although her father was able to return to Sitka, he carried the emotional burden of not being able to return to his own home due to his health. During her father's final several days, he faced the type of pain that not even the maximum allowable dosage of morphine could erase. The (audio difficulties) progression of (audio difficulties) precluded her father from actually seeing a Death with Dignity law in Alaska. This proposed law contains a reasonable waiting period in order to avoid misuse; however, she said, she takes comfort in knowing that other terminally ill Alaskans could be helped by HB 54. Oftentimes, terminally ill people have months to contemplate and plan for their death, and unfortunately that extra time often comes with a prolonged period of agony. She related that it is her greatest hope that the legislature will offer its terminally ill residents the option to die with the assistance of

medication, and she asked the committee to support the passage of HB 54.

[7:02:52 PM](#)

LUKE LIU, M.D., advised that he is an interventional pain physician and he is opposed to HB 54 because this legislation permits assisted suicide and euthanasia for terminally ill patients. He offered that he shares Dr. Anderson's testimony, her respect for the expectancy of life, and her progressive optimism over advancing community medical care. In his experience as an anesthesiologist and interventional pain physician, he pointed out that he has encountered numerous cases wherein medical teams were wrong in their assessment of the survival duration for a patient. Doctors are not right all of the time, he stressed. In the event the justice system (audio difficulties) innocent until proven guilty and erroneously imprison the wrongly accused. How much more detrimental, he asked, are the consequences when a terminally ill person is wrongfully diagnosed with a limited survival duration. He offered that he does not think anyone, including medical doctors, should be given such power to definitively limit another person's life expectancy. Within his practice, he remarked, (audio difficulties) patients. Particularly patients with cancer pain wherein many of these modalities involve non-opioid therapeutic options. He pointed out that the constant advances in matters of terminal illnesses offer more alternative treatment options, other than morphine drips and morphine infusions. Currently, terminally ill patients are enrolled in Hospice, and its very mission is to ease their suffering and possibly hasten an inevitable and certain death. He asked why the state needs something outside of the defined confines of the well established medical specialty of Hospice to introduce some (audio difficulties) negative social certainties when the nation and the state are currently in an opioid epidemic. He stressed that he is opposed to giving medical providers (audio difficulties); therefore, he is opposed to HB 54.

[7:05:31 PM](#)

SUSAN SCHRADER advised that she has lived in Juneau for almost 30 years, offered her full support for HB 54, and encouraged the committee's support for the legislation. She related that she is unsure as to what she could say that would change the minds of those who are opposed to giving (audio difficulties).

[7:07:17 PM](#)

CHERYL BOWIE advised that she opposes HB 54, and the testimony using completely different geographic areas as a way to show how a policy would have permanent impacts on a rural state versus a different state with multiple options for healthcare, transportation, and funding. She said, "We do pride ourselves" on striving to achieve self-determination, but oftentimes "we limit what our choices are." She remarked that she has personal and professional experience wherein she has suffered multiple and painful medical conditions the majority of her life. She offered that, "I have also worked for two medical directors, one for the federal government and one for a highly regulated environment working in the oil field industry." She said she is a "previous liver disease fellow," and completed a two semester practicum at Indian Health Service Continuing Education in the 1990s. She related that she values life and before legalizing something when this state is facing massive unemployment, huge amounts of depression, drug abuse, suicide, and limited options, this bill carries the wrong message. As much as she has not enjoyed the "things I've had to endure in my own medical history," (audio difficulties) she has learned lessons in her life as someone suffering with multiple health conditions, and she was in severe pain before she started using a (audio difficulties).

7:09:57 PM

JOEL HANSON urged the committee to support the Death with Dignity legislation. Similar to many people in their late 60s, he has some personal knowledge and experience with end-of-life issues. He offered that his father died almost 30 years ago from cancer, and all of his family spent time helping him through a prolonged and difficult period of deteriorating health at home. His father eventually died hooked up to a morphine pump, which he needed in order to keep his pain in check during his last few months. Fifteen years ago, his mother died of cancer, in pain, and at home with her children at her bedside. He noted that he listened to a recording of the hearing in the House Health and Social Services Standing Committee on 1/30/18. He telephonically thanked the supporters of this bill during that hearing, and he now offered his thanks again for their efforts. These end-of-life issues are not easy to deal with, "but deal with them we must, both personally and as a society." He remarked to those who opposed this legislation in January and to those in opposition today, it is the epidemic of cruelty for a person to force agony on another person simply due to their religious or ethical belief in the sanctity of life. In the

event this is "your position" as it was for the only two objectors at the January hearing, (audio difficulties) is in effect condemning someone else to suffer pain in order to "avoid subjecting yourself to nothing more than a measure of doctrinal or ethical distress ... Call it whatever you want, but don't call your position a commitment of your devotion to a compassionate God or a higher moral sense. No. Call it what it is, a commitment to prolonging human anguish. I have my own confession, if I find myself near my own life's end, in the same kind of shape my parents were before their death, I have a backup plan. It won't be the most dignified solution, but absent a legally sanctioned pharmaceutical alternative, it will be better than suffering and possibly causing those around me to suffer. I know what that's like." He related his hope that those representatives who are still undecided on Death with Dignity, will give some thought to the fact that at least a few elderly and seriously unwell Alaskans choose to take their own lives every year (audio difficulties).

[7:12:29 PM](#)

WILLIAM KENYON advised that he is age 76, he is a resident of Cordova, and one and one-half years ago he was diagnosed with idiopathic pulmonary fibrosis, which is a terminal diagnosis. There is no cure for this condition, he related, he will slowly lose his ability to breathe, and near the end of his life he will be restricted to bed care. A friend of his lived in the State of Oregon, and she died of terminal cancer. Using the Oregon law, she went through the process of being approved for medical Aid in Dying. Even though his friend never used that help, her explanation to him was that every day and every moment she was not helpless because she had a valid choice for her future, and that fact gave her a great degree of peace. As time wore on, through the pain and discomfort she would put off the decision for the next day, and she continued to live for another day. Even though he has not yet reached the last weeks or months of his life, he stated that he agrees with his friend and with a clear mind, he would like the right to choose when it is time for him to leave this world.

[7:14:00 PM](#)

MAUREEN MOORE, advised that she lives in Juneau (audio difficulties) seriously makes plans for the end and she would rather (audio difficulties) state that she loves, surrounded by the people she cares about at the end of her life. (Audio difficulties) Hospice trainer for (audio difficulties) and she

would certainly like to have that choice at the end of her day and not leave her family with (audio difficulties) of suffering that do not easily disappear. (Audio difficulties) mine are valuable and she asked the committee to please support this legislation and move it to the floor of the House of Representatives this year.

[7:16:11 PM](#)

CHAIR CLAMAN, after ascertaining no one wished to testify, closed public testimony on HB 54.

[HB 54 was held over.]

[7:17:00 PM](#)

ADJOURNMENT - RECESSED

There being no further business before the committee, the House Judiciary Standing Committee meeting was adjourned at 7:17 p.m.