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**Written Testimony  
Comptroller Kevin Lembo  
March 20, 2018**

**Concerning**

**H.B. 5417: AN ACT CONCERNING END-OF-LIFE CARE**

Good afternoon, Sen. Gerratana, Rep. Steinberg, Sen. Somers, Rep. Srinivasan and Members of the Public Health Committee:

Thank you for an opportunity to express my support for House Bill 5417, An Act Concerning End-of-Life Care.

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

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

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

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

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

voluntarily choose to participate. To get a sense of how the legislation would perform here, one only needs to look to the experience in the state of Oregon, which has a population size slightly larger than Connecticut.

Oregon enacted its Death with Dignity Act (DWDA) in 1997 and, according to the Oregon Health Authority, a total of 1,967 people have had DWDA prescriptions written since that time. Of those people, 1,275 patients have died from ingesting medications prescribed since the law was passed over 20 years ago. Of the 143 people who died from ingesting the prescribed medications in 2017 (including 14 who received the prescriptions in prior years), characteristics of those patients were similar to those in previous years:

- 76.9% had cancer
- 7.0% had ALS (amyotrophic lateral sclerosis)
- 6.3% had heart/circulatory disease.
- Over 90 percent were enrolled in hospice care and died at home.

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

I urge your support and thank the Committee for raising this bill.