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Colorado Secretary of State

BEFORE COLORADO STATE TITLE SETTING BOARD

In re Ballot Title and Submission Clause for 2015-2016 Initiative #145 ("Medical Aid in Dying")

DR. MICHELLE STANFORD, Objector.

MOTION FOR REHEARING

Pursuant to C.R.S. § 1-40-107, Objector, Dr. Michelle Stanford, a registered elector of the State of Colorado, through her legal counsel, Lewis Roca Rothgerber Christie LLP, submits this Motion for Rehearing of the Title Board's April 20, 2016 decision to set a title for 2015-2016 Initiative #145 ("Initiative"), and states:

I. The Title and Submission Clause Do Not Fairly Express the True Meaning and Intent of the Proposed State Law.

The title is confusing and fails to adequately reflect the central features of the Initiative:

1) The single subject of the Initiative fails to correctly and properly identify the true intent and meaning of the Initiative, which is permitting a licensed physician to prescribe medication that a patient may take to commit suicide.

2) The title fails to reflect that the measure dictates that despite the fact that death will occur due to suicide, the cause of death on the death certificate be listed as something other than suicide. *See* Section 109 of the proposed measure.

3) The title fails to reflect that the measure mandates that committing suicide under the measure will not trigger suicide exceptions in life insurance contracts. *See* Section 115 of the proposed measure; *see also* Exhibit A, Death with Dignity FAQs, p. 5.

4) The title fails to reflect that the Colorado Department of Public Health and Environment will be required to promulgate rules and oversee compliance with the requirements of the measure and publish an annual report. *See* Section 111 of the proposed measure.

5) The title fails to reflect that a health care facility may choose to prohibit a physician that it employs or contracts with from writing a prescription for aid-in-dying medication for use on the health care facility's premises. *See* Section 118 of the proposed measure.

WHEREFORE, Objector respectfully requests that the Title Board set Initiative 145 for rehearing pursuant to C.R.S. § 1-40-107(1).

DATED: April 27, 2016.

s/Hermine Kallman
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FAQS

FAQs

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Some information on this page has been adapted from the FAQs by Oregon Department of Human Services, Washington State Department of Health, and Vermont Department of Health.

About Death with Dignity Organizations

WHAT IS THE DEATH WITH DIGNITY FAMILY OF ORGANIZATIONS?

Death with Dignity is an umbrella for the Death with Dignity National Center, which focuses on education, and Death with Dignity Political Fund, which focuses on political advocacy and lobbying.

- Learn more about us →

WHAT IS THE DEATH WITH DIGNITY NATIONAL CENTER AND WHAT DOES IT DO?

The National Center expands the freedom of all qualified terminally ill Americans to make their own end-of-life decisions, including how they die, by promoting Death with Dignity laws around the United States based on the groundbreaking Oregon model and by providing information, education, and support about Death with Dignity as an end-of-life option to patients, family members, legislators, advocates, healthcare and end-of-life care professionals, media, and the interested public.

WHAT IS THE DEATH WITH DIGNITY POLITICAL FUND AND WHAT DOES IT DO?

The Political Fun is a 501(c)4 nonprofit organization that acts as the political arm of the National Center. The Fund drafts Death with Dignity laws based on the Oregon model; campaigns, lobbies, and advocates for Death with Dignity legislation in the states that lack them; and defends Death with Dignity Acts against challenges. The Political Fund staff and volunteers authored, passed, and defended the Oregon law (1994/1997/2006); spearheaded the successful efforts to pass Death with Dignity statutes in Washington (2008), Vermont (2013), and California (2015); and led the Maine (2000), Hawaii (2002), and Massachusetts (2012) campaigns, which were all defeated by narrow margins.

HOW LONG HAVE DEATH WITH DIGNITY ORGANIZATIONS BEEN IN EXISTENCE?

The Death with Dignity family of organizations have been advancing physician-assisted dying policy reform for more than 20 years. The earliest predecessor organization, Oregon Right to Die, was established in 1993. In the current form, the Death with Dignity family of organization has been in existence since 2003.

EXHIBIT A

WHAT IS YOUR CHARITY EVALUATION RANKING?

Death with Dignity is a Better Business Bureau-accredited charity; we meet all of the BBB Wise Giving Alliance's Standards for Charity Accountability.

We do not meet Charity Navigator's criteria for evaluation. Charity Navigator only rates 501(c)(3) organizations with budgets over $1 million. The combined budget of our 501(c)(3) and 501(c)(4) organizations, the Death with Dignity National Center and Death with Dignity Political Fund, respectively, this year is $600,000.

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Death with Dignity as an End-of-Life Option

WHAT IS DEATH WITH DIGNITY?

Death with Dignity is an end-of-life option that allows a qualified person to legally request and obtain medications from their physician to end their life in a peaceful, humane, and dignified manner at a time and place of their choosing. Death with Dignity is governed by state legislation.

WHAT ARE SOME OTHER TERMS USED TO REFER TO DEATH WITH DIGNITY?

Death with Dignity is a term originating in the title of the Oregon statute governing the prescribing of life-ending medications to qualified terminally ill people; because our founders authored the Oregon law, our family of organizations bears its name and it's our preferred term for the practice. Other terms include physician-assisted death, physician-assisted dying, aid in dying, physician aid-in-dying, and medical aid-in-dying. Incorrect and inaccurate terms that opponents of Death with Dignity use include assisted suicide, physician-assisted suicide (PAS), and euthanasia.

- Learn more about terminology of assisted dying →

HOW CAN I GET DEATH WITH DIGNITY?

You can only get a prescription for life-ending medications in states with Death with Dignity laws. Currently only Oregon, Washington, and Vermont have physician-assisted dying statutes; the California statute, passed in October 2015, has yet to take effect. Physician-assisted dying is also legal in Montana, albeit not with a statute but with a state Supreme Court ruling.

To qualify under Death with Dignity laws, you must be an adult resident of a state where a Death with Dignity law is in effect (OR, WA, VT); mentally competent, i.e. capable of making and communicating your healthcare decisions; diagnosed with a terminal illness that will lead to death within six months, as confirmed by two physicians. The process entails two oral requests, one written request, waiting periods, and other requirements.

- Learn more about accessing Death with Dignity laws →

WHAT ARE THE RESIDENCY REQUIREMENTS FOR DEATH WITH DIGNITY?

You must provide adequate documentation to the attending physician to verify that you are a current resident of the state with a Death with Dignity statute. Factors demonstrating residency include, but are not limited to: a state-issued ID or driver license, a lease agreement or property ownership document showing that you rent or own property in the state, a state voter registration, or a recent state tax return. It is up to the attending physician to determine you have adequately established residency.

There is no length-of-residency requirement. You must simply be able to establish that you are currently a state resident.

HOW CAN I FIND A DOCTOR IN OREGON, WASHINGTON, OR VERMONT WHO WILL PRESCRIBE MEDICATIONS UNDER THE DEATH WITH DIGNITY LAW?

There are no lists of physicians who participate in Death with Dignity laws, for both confidentiality and safety reasons (participation in the law is strictly vountary).

You are more likely to find a participating physician in a non-faith-based hospital and in larger cities. End of Life Washington has compiled information about which activities each hospital in the state permits or restricts when a patient asks for assistance using the Act.

To find out if your doctor is willing to participate in the law, make an appointment with him or her to discuss your end-of-life goals and concerns, including the option available under Death with Dignity laws.

WHERE CAN I TAKE THE MEDICATION?

You can self-administer and ingest the medications at a place of your choosing, though the law advises your physician to ask you not to do so in a public place. Most people, about 90%, choose to take the medications at home; those who live in assisted-living or nursing home facilities tend to take them there.

If you take a dose prescribed under Death with Dignity laws outside the state where you obtained it, you will lose the legal protections afforded by the Death with Dignity law in question. For example, your death may be ruled a suicide under another state's law.

WHEN WILL I KNOW IT IS THE TIME TO TAKE THE MEDICATION?

No one can answer this question for you. People know when it's time, when they've detached from the day-to-day world, reached a point where their pain and suffering has robbed them of the quality of life they find essential, and they only want to be with the people they love. Typically, when people decide to take the lethal dose of medication, they and their families are expressing their love for each other and saying their goodbyes. It's a very emotional time, during which the love of family is the strongest and the most tender.

If you decide the time is not right, that's fine; it only means the Death with Dignity Act is working as intended. People derive comfort from simply knowing they have this option if they need it.

WHAT OPTIONS DO I HAVE IF MY STATE DOES NOT ALLOW DEATH WITH DIGNITY?

Every competent individual has a right to refuse medical therapies. You can voluntarily stop eating and drinking; you can also stop treatment or not start treatment at all. Hospice, palliative care, and palliative sedation are additional options you may have access to. Such measures can take anywhere from several days to several weeks to result in death and may include unanticipated and agonizing effects that often can only be palliated. Discuss your options with your physician.

- Learn more about alternatives to Death with Dignity →

WHAT HAPPENS WITH UNUSED MEDICATIONS?

One in three people who obtain medications under Death with Dignity laws choose not to use them. Anyone who chooses not to ingest a prescribed dose or anyone in possession of any portion of the unused dose must dispose of the dose in a legal manner as determined by the federal Drug Enforcement Agency. Physicians must report all prescriptions for lethal medications to their state's health department. In Oregon, pharmacists must be informed of the prescribed medication's ultimate use.

WHAT IS THE CURRENT STATE OF PHYSICIAN-ASSISTED DYING IN AMERICA?

The history of physician-assisted dying reaches back more than 100 years. The Death with Dignity movement itself started in earnest in the early 1990's. In the movement's first two decades, we defined the policy based on the Oregon model, defended it in legislatures and courts, and expanded it to additional states, including Washington, Vermont, and California. In our third decade we aim to accelerate the passage of Death with Dignity legislation around the US.

Today, our movement has more momentum than we've ever seen. While in the past, only two or three states at the time considered Death with Dignity bills, in the 2015 legislative session, no fewer than 24 states plus the District of Columbia, considered Death with Dignity. In all but one instance—California—bills failed. That's the way progress happens: victories beget more victories, and even our losses teach us the lessons we need to advance. Every step brings us closer to the day when a big majority of Americans will have what they are asking for: more freedom and control at the end of life.

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Death with Dignity legislation

WHAT IS DEATH WITH DIGNITY LEGISLATION?

Death with Dignity acts allow certain terminally ill adults to request and obtain a prescription for medication to end their lives in a peaceful manner. The acts outline the process of obtaining such medication as well as safeguards to protect both patients and physicians.

There is no state program for participation in Death with Dignity acts; people do not apply to state health departments. It is up to qualified patients and licensed physicians to implement the act on an individual, case-by-case basis.

Three states currently have Death with Dignity statutes in effect: Oregon since 1997, Washington since 2009 (the law was passed in 2008), and Vermont since 2013. The California End of Life Option Act, passed in 2015, has yet to take effect. In Montana, physician-assisted death is legal (since 2009) by the state Supreme Court ruling.

WHO CAN PARTICIPATE IN DEATH WITH DIGNITY LAWS?

Anyone who meets the eligibility criteria can access Death with Dignity laws. Participation in the law is strictly voluntary.

To qualify under Death with Dignity laws, you must be an adult resident of a state where a Death with Dignity law is in effect (OR, WA, VT; CA likely in 2016); mentally competent, i.e. capable of making and communicating your healthcare decisions; and diagnosed with a terminal illness that will lead to death within six months, as confirmed by two physicians. The process entails two oral requests, one written request, waiting periods, and other requirements.

- Learn more about accessing Death with Dignity laws →

CAN MY FAMILY MEMBER OR A PROXY REQUEST PARTICIPATION IN DEATH WITH DIGNITY ON MY BEHALF (FOR EXAMPLE, IF I AM IN A COMA OR SUFFER FROM ALZHEIMER'S DISEASE OR DEMENTIA)?

No. The law requires that you ask to participate voluntarily on your own behalf and meet all the eligibility criteria at the time of your request.

WHAT ARE THE RESIDENCY REQUIREMENTS FOR DEATH WITH DIGNITY?

You must provide adequate documentation to the attending physician to verify that you are a current resident of the state with a Death with Dignity statute. Factors demonstrating residency include, but are not limited to:

- a state-issued ID or driver license;
- a lease agreement or property ownership document showing that you rent or own property in the state;

- a state voter registration; or a recent state tax return.

It is up to the attending physician to determine you have adequately established residency.

There is no length-of-residency requirement. You must simply be able to establish that you are currently a state resident.

CAN I MOVE TO A DEATH WITH DIGNITY STATE IN ORDER TO PARTICIPATE IN THE LAW?

There is nothing in Death with Dignity statutes that prevents you from doing this (you must simply must be able to prove to the attending physician that you are currently a resident). However, relocating in and of itself, not to mention across state lines, is a challenge, particularly if you are terminally ill and if you are elderly (the median age of Death with Dignity participants is 72). No one should have to uproot to use Death with Dignity laws.

HOW DO DEATH WITH DIGNITY LAWS SAFEGUARD CONFIDENTIALITY?

Federal statutes, such as HIPAA protect confidentiality of patient records. While states with Death with Dignity laws do collect the names of patients in order to cross-check death certificates, the laws guarantee the confidentiality of all participating patients (as well as physicians) and this information is never released to to the public or media. The identity of participating physicians is coded, but the identity of individual patients is not recorded in any manner. In Oregon, approximately one year from the publication of annual reports, all source documentation is destroyed.

HOW DOES PARTICIPATION IN DEATH WITH DIGNITY IMPACT MY INSURANCE?

Death with Dignity statutes specify that participation under them is not suicide. Therefore, your decision to end your life under a Death with Dignity statute has no effect on your life, health, or accident insurance or annuity policy.

Death with Dignity acts do not specify who must pay for the services. Individual insurers determine whether the procedure is covered under their policies, just as they do with any other medical procedure. Federal funding, including Medicaid and Medicare, cannot be used for services rendered under these laws.

WHAT KIND OF PRESCRIPTION WILL I RECEIVE?

It is up to the physician to determine the prescription. To date, most patients have received a prescription for an oral dosage of a barbiturate (pentobarbital or secobarbital).

HOW MUCH DOES THE MEDICATION COST?

None of the Death with Dignity laws tell your physician exactly what prescription to give you, but all medications under these laws require the attending physician's prescription. Cost varies based on medication type and availability as well as the protocol used (additional medications must be consumed prior to the lethal medications at an extra cost). The following are only estimates as prices and availability change. The actual prescription depends on the physician and his/her assessment.

Pentobarbital in liquid form cost about $500 until about 2012, when the price rose to between $15,000 and $25,000. The price increase was caused by the European Union's ban on exports to the US because of the drug being used in capital punishment, a practice that is illegal and deemed deplorable there; many international pharmaceutical companies don't export the drug to the US for the same reason. Users then switched to the powdered form, which costs between $400 and $500. Pentobarbital's shortage also led to the use of a new drug cocktail developed in the Netherlands, which costs between $400 and $500.

The legal dose of secobarbital (brand name Seconal) costs $3,000 to $5,000.

Due to the increase in the cost of Seconal an alternate mixture of medication has been developed by physicians in Washington state. , is available to produce a lethal dose that is similar in results as Seconal. The cost of this alternate mixture of

phenobarbital, chloral hydrate, morphine sulfate, and ethanol is approximately $450 to $500. A compounding pharmacy will need to prepare the mixture.

WHAT ARE THE BENEFITS OF DEATH WITH DIGNITY LAWS FOR TERMINALLY ILL PEOPLE AND THEIR FAMILIES?

Death with Dignity legislation yields numerous direct and indirect benefits.

For the terminally ill, the greatest impact of Death with Dignity laws rests in *having the freedom to control their own ending.* Most people who obtain medications under these laws value being able to make their own decisions, including the where and when of their death; loss of autonomy is cited as the chief end-of-life concern.

The option to die a peaceful death at a time and place of their choosing also provides those who are terminally ill with *invaluable peace of mind*, which is especially important at the end of life (one in three people who obtain medications under Death with Dignity laws do not use them). Most people who are dying wish to die at home; while on the national level only about 20% of people die at home, 90% or more of people accessing the Oregon Death with Dignity Act do. The stringent safeguards in these laws also *protect patients* from possible abuse, coercion, and wrongful medical practice.

> *The relief from my terminally-ill patients and their families is palpable. I've helped families accept their family members' final wishes in the face of terrible illness. Aid in dying for terminal patients is an essential part of good, compassionate end of life care."*
> **—NICHOLAS GIDEONSE, MD**

Family members, too, derive peace of mind from being able to say goodbye to their loved ones and make peace with their dying rather than having to endure watching them die an often painful and agonizing death.

WHAT ARE THE BENEFITS OF DEATH WITH DIGNITY LAWS FOR PHYSICIANS?

For physicians, Death with Dignity laws codify and bring to light the common practice of giving life-ending medications to their patients. Death with Dignity legislation *protects physicians* by stipulating the steps they must follow and, provided they follow the law, by providing them with immunity from civil and criminal liability as well as professional disciplinary action.

WHERE DO PHYSICANS STAND ON DEATH WITH DIGNITY?

A 2014 Medscape survey found that 54% of medical doctors favor physician-assisted dying, up from 46% in 2010. Anecdotally, we also know that many physicians who support the end-of-life option are reluctant to declare so publicly for fear of repercussions in their workplace or medical community.

The American Medical Association opposes aid-in-dying laws. However, not only does the AMA represents a declining number of physicians (only about 1 in 3 doctors are AMA members), a 2011 survey of physicians conducted by Jackson & Coker found that 77% of physicians believe the AMA no longer reflects their views. In 2015, the California chapter of the AMA changed its position on physician-assisted dying from opposed to neutral, stating that they "believe it is up to the individual physician and their patient to decide voluntarily whether the End of Life Option Act is something in which they want to engage."

A number of medical associations have endorsed the Death with Dignity option, including the American Public Health Association, the American College of Legal Medicine, the American Medical Women's Association, the American Medical Student Association, and the Denver Medical Society.

For my patients who have used this law, I was honored that I could be with them every step of the way, ensuring that they were cared for, and that they had control of the final days of their lives. That's what death with dignity really means."

—NICHOLAS GIDEONSE, MD

DO DEATH WITH DIGNITY LAWS HAVE ANY BROADER, SOCIETAL EFFECTS?

Death with Dignity legislation leads to *improvements in end-of-life care*. In Oregon, the law has dramatically improved end-of-life care, particularly in pain management, hospice care, and support services for family members; Oregon consistently ranks as a top state in end-of-life care.

Reports show that up to 97% of people using Oregon's Death with Dignity law are on hospice at the time of death, as compared to 45% in the US overall, according to the National Hospice and Palliative Care Organization. Oregon has the best pain, palliative and hospice care in the nation because the law made physicians get better at diagnosing depression, pain management, and hospice referrals.

In addition, residents of states with Death with Dignity laws are better-versed in end-of-life care issues. A poll by National Journal and The Regence Foundation found residents in Oregon and Washington were more knowledgeable and supportive of a variety of end-of-life options, including hospice and palliative care, than most Americans. According to the same poll, support for Death with Dignity legislation has grown in both Oregon and Washington, and a 2012 poll found 80% of Oregonians support the Act.

Many healthy Oregonians and Washingtonians today discuss end-of-life issues with their doctors and increasingly demand active participation and decision making in their own end-of-life care. Oregon and Washington doctors, as a result, today work harder to prolong patients' lives and enhance quality of life, while respecting patients' final wishes when their suffering becomes intolerable. Because of the law's protections, most Oregonians know they won't face abandonment by their doctors when the suffering becomes unbearable and use of the law is requested.

The most significant impact of the death with dignity law in Oregon has been to improve the care for all dying patients, by increasing awareness among doctors, allowing an open and honest conversation, improving pain management and palliative care, and providing patients with a sense of control and peace of mind.

In the video below, end-of-life care experts in Oregon speak about the impacts of the Act:

The Oregon Death With Dignity Act experience

The experience in California has shown that the passage of a physician-assisted dying law, even before it takes effect, heightens the urgency of improving end-of-life care. Whereas conversations in the Golden State are only beginning, we are confident that the End of Life Option Act will ultimately lead to improvements in end-of-life care there.

These effects also occur in states without physician-assisted dying legislation where a campaign for passage took place, regardless of whether it succeeded. In Massachusetts, in 2012, media reported that interest in and preference for hospice rose in response to our campaign to get a bill passed in a ballot initiative.

HOW DO DEATH WITH DIGNITY LAWS PROTECT PATIENTS?

Death with Dignity laws contain a number of safeguards, protecting patients from abuse and coercion:

- Patients must meet stringent eligibility requirements, including being an adult, state resident, mentally competent, and having a terminal diagnosis with a 6-month prognosis.
- Only the patient him or herself can make the oral requests for medication, in person. It is impossible to stipulate the request in an advance directive, living will, or any other end-of-life care document.
- The patient must make two oral requests, at least 15 days apart.
- The written request must be witnessed by at least two people, who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request. One of the witnesses *cannot* be a relative of the patient by blood, marriage or adoption; anyone who would be entitled to any portion of the patient's estate; an owner, operator or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident or the patient's attending physician.
- The patient must be deemed capable to take (self-administer and ingest) the medication themselves, without assistance.
- The patient may rescind the request at any time.
- Two physicians, one of whom is the patient's attending physician, familiar with the patient's case, must confirm the diagnosis. Each physician must be licensed by the state to practice medicine and certified to prescribe medications.
- If either physician determines the patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, they must refer the patient for evaluation by a state licensed psychiatrist or psychologist to determine their mental competency. Medication cannot be prescribed until such evaluation determines the patient is mentally competent.

- The attending physician must mail or hand-deliver the prescription to the pharmacy.
- The patient must wait 48 hours from their written request to fill their prescription.
- The request process must be stopped stop immediately if there is any suspicion or evidence of coercion.
- The physicians must meet strict reporting requirements for each request.
- Anyone who falsifies a request, destroys a rescission of a request or who coerces or exerts undue influence on a patient to request medication under the law or to destroy a rescission of such a request commits a Class A felony. The law also does not limit liability for negligence or intentional misconduct, and criminal penalties also apply for conduct that is inconsistent with it.

Data and studies show these safeguards work as intended, protecting patients and preventing misuse. No evidence of coercion or abuse has been documented in the Oregon since 1998 and Washington since 2009, when these states' respective laws went into effect.

HOW MANY PEOPLE USE DEATH WITH DIGNITY LAWS?

In 2014, a total of 155 terminally-ill adult Oregonians received a prescription for medications under the provisions of the Oregon Death with Dignity Act, while 105 of them (67.7%) ingested the medications to die peacefully. This corresponds to 31 Death with Dignity Act deaths per 10,000 total deaths, or 0.31%.

Since 1998, the year in which the first person in Oregon took medication prescribed under the law, a total of 1,327 patients have received the prescription, of whom 859 (65%) ingested it and died. These figures continue to underscore not only that only a small number of people use the law but also that more than one third of those who received the medication took it, finding great comfort in merely knowing it was available to them. Oregon's Death with Dignity Act continues to work flawlessly and to provide ease of mind and relief to Oregonians facing the end of life.

In Washington, 176 individuals received medications in 2014, of whom 126 died after ingesting the medication, 17 died without having ingested the medication, and for the remaining 27 people who died ingestion status is unknown.

In all, roughly 1 in 3 people who receive medications under Death with Dignity laws decide not to use them.

WHO USES DEATH WITH DIGNITY LAWS?

People who access these laws tend to be well educated and have excellent health care, good insurance, access to hospice, and financial, emotional, and physical support. Most patients have cancer (69 percent in Oregon according to the latest report) or ALS (16 percent). Most people die at home and are enrolled in hospice care. Two out of three are aged 65 years or older; the median age at death is 72 years.

Excluding unknown cases, in 2014 all people using the Oregon law have some form of health care insurance, although the number of patients who had private insurance (40 percent) was lower in 2014 than in previous years (63 percent on average). The number of patients who had only Medicare or Medicaid insurance was higher than in previous years (60% compared to 36%).

As in previous years, the three most frequently mentioned end-of-life concerns were: loss of autonomy (91%), decreasing ability to participate in activities that made life enjoyable (87%), and loss of dignity (71%).

DO DEATH WITH DIGNITY LAWS OBLIGATE OR ENCOURAGE ANYONE TO USE THEM?

Participation in Death with Dignity laws is strictly voluntary, for both patients and physicians. No one is encouraged obligated to use them, they merely provide an option to those who wish to use it.

No one qualifies under Death with Dignity laws solely on the basis of age or disability. Many seniors and people with disabilities support Death with Dignity laws, not because they are disabled but because they are people.

Opponents of Death with Dignity laws like to allege that the mere existence of these laws encourages the elderly, people with disabilities, minorities, or poor, undereducated, uninsured and other marginalized persons to prematurely end their lives. Death with Dignity laws, however, provide a voluntary option to anyone who qualifies and wishes to voluntarily use it. No one is forced, obligated, or encouraged to use these laws; access to these laws by any one person does not preclude others from opting out.

DO PEOPLE MOVE TO STATES WITH DEATH WITH DIGNITY LAWS IN ORDER TO USE THEM?

Statistics about people moving to states with Death with Dignity laws in order to use those laws are not tracked; because only residency matters under Death with Dignity laws, annual reports released by the Oregon Department of Human Services and Washington State Department of Health do not contain information about how many individuals moved to the respective states in order to avail themselves of their Death with Dignity laws.

Anecdotally, there is evidence that people are forced to move from states without Death with Dignity laws to those that have these laws. It is our belief, and a reason for our work, that no one should have to move to use Death with Dignity as an end of life option.

CAN THE FEDERAL GOVERNMENT OVERTURN OREGON'S LAW?

The Bush administration in the early 2000s attempted to use the federal Controlled Substances Act to overturn the Oregon law, both through Congress and through the courts. However, since the CSA bans the use and trafficking of illegal drugs and regulates the use of legal narcotics for approved medical purposes, and the Oregon Death with Dignity Act specifies only the use of legal narcotics for physician-assisted dying because the Oregon law. In the United States, it is the states, not the federal government, that licenses physicians and determines what is and is not legitimate medical practice. In 2006, the US Supreme Court decided, in the case *Gonzales v. Oregon,* that the federal government overstepped his authority in seeking to punish doctors who prescribed drugs to help terminally ill patients end their lives. The Supreme Court said that the Oregon law supersedes federal authority to regulate physicians and that the Bush administration improperly attempted to use the CSA to prosecute Oregon physicians who assist in patient suicides.

Supporting Death with Dignity

HOW CAN I PROMOTE DEATH WITH DIGNITY IN MY COMMUNITY?

Anyone can be an advocate for Death with Dignity. From contacting your legislator to spreading the word on social media to sharing your story to volunteering, your voice matters.

Learn more about becoming a Death with Dignity advocate →

HOW CAN I FINANCIALLY SUPPORT DEATH WITH DIGNITY?

There are many ways you can contribute funds to promoting and passing Death with Dignity laws:

- Donate
- Match your donation
- Leave a legacy
- Give stock or mutual funds
- Shop on AmazonSmile

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CERTIFICATE OF SERVICE

I hereby certify that on April 27, 2016, a true and correct copy of this **MOTION FOR REHEARING** was served on proponents via email and U.S. Mail as follows:

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