



January 25, 2024

Health Finance and Policy Committee
Minnesota State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, MN 55155

Dear Chair Liebling and Members of the Committee,

Minnesota Family Council represents tens of thousands of families across the state, and together with True North Legal, we **urge you to oppose H.F. 1930**, the so-called “End-of-Life Option Act.”

Renowned nationally for excellence in healthcare, Minnesota innovates in providing patients with the highest quality of care. Our access to top providers and practices ought to make us champions of care for our most vulnerable communities rather than promoting death in policy. Rather than prioritizing policies of proper treatment and management of pain or death through varied merciful options listed below, H.F. 1930 legalizes assisted suicide with few safeguards.

Policy Analysis

As written, H.F. 1930 does not require a physician to prescribe the lethal drugs.¹ Neither a physician nor a witness is required to be present when the individual seeking assisted suicide self-administers the lethal drugs; moreover, the individual requesting the drugs does not need to be a Minnesota resident. States that have previously legalized healthcare provider assisted suicide typically require requesting patients to be residents of the state.² H.F. 1930’s failure to include such a requirement opens Minnesota to suicide tourism. These aspects of the policy expose how there could be close to no relationship between the prescribing provider and the individual requesting the lethal drugs.

Although a mental health professional’s evaluation of the patient’s mental state may be procured, it is also not a requirement according to the proposed policy. Additionally, there is no requirement for notification to family or friends that an individual is seeking assisted suicide.

As proposed, the policy requires no waiting period and allows nurse practitioners to prescribe lethal drugs, although Medicare prohibits them from qualifying patients for hospice, which is similarly based on a six-month prognosis.³ Further, under current law, Minnesotans already have the right to a legally binding end-of-life directive, such as power of attorney and other medical decision-making directives, and the right to access hospice and palliative care. These opportunities for self-directed care already exist in Minnesota under current law. If these rights were better understood and executed, assisted

¹HF 1930 DE1-1.

²See, e.g., WASH. REV. CODE §70.245.020 (“An adult patient who is competent, **is a resident of Washington state**, and has been determined by the attending qualified medical provider to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication that the patient may self-administer to end the patient’s life in a humane and dignified manner in accordance with this chapter) (emphasis added).

³CMS Manual System. (2018, September 14). Pub 100-02 Medicare Benefit Policy.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R246BP.pdf>.



suicide would likely not be a consideration by many. Again, with our wealth of resources, we should be prioritizing innovative policy solutions of care.

Cultural Impacts

Recklessly ignoring common-sense safeguards, the proposed policy abandons the very reason healthcare exists—to do no harm in the assistance of individuals seeking care or the relief of pain. The impacts on suicidality in Canada since assisted suicide’s legalization are well-recorded. The *BBC* reports that since its legalization in 2016 until 2021, assisted suicide grew exponentially, from just over 1000 people seeking assisted suicide in the first year to 10,064 people seeking it in 2021.⁴ A physician who has “overseen” assisted suicide for “hundreds” of people in Canada since its legalization expressed her concern to the *BBC*: “Making death too ready a solution disadvantages the most vulnerable people, and actually lets society off the hook,” Dr Li said. ‘I don’t think death should be society’s solution for its own failures.’” Dr. Li makes a point worth noting— policy proposals such as H.F. 1930 shape cultural thinking on which patients are suited to live versus which patients are better off eliminated from society. Healthcare is costly, and when healthcare professionals must make the judgment call on prescription of assisted suicide, economic considerations will play a role.

As evidenced in neighboring Canada, where assisted suicide is legal, the first people to bear the impacts of rationed healthcare will be those who are already vulnerable, such as folks with disabilities, the elderly, and historically marginalized communities, including people of minority groups and homeless individuals. The cultural impacts of assisted suicide legalization are realized rapidly. In May 2023, *National Post* reported the results of a poll conducted by Research Co. in which 28% of survey respondents stated their approval that people should be able to seek assisted suicide simply because they are homeless.⁵ According to the respondents, an “irremediable medical condition” would not be a variable in that scenario. In addition, 27% of survey respondents stated that poverty is sufficient reason to seek assisted suicide. Again, no medical condition was listed as a variable in that scenario. There is significant reason to be concerned that legalization of assisted suicide is linked directly to devaluation of vulnerable communities.

Minnesota’s public policy should explore ways to create better resources for vulnerable populations rather than simply sending people home with lethal pills to die alone. Because every human life is created in the image of God, life is sacred and has the right to be protected at all stages. Every human life is worthy of dignity and respect. We are particularly responsible for protecting the life and dignity of the most vulnerable in our society— people with disabilities, elderly people, and folks from historically marginalized communities.

Surely, Minnesota can do better than H.F. 1930. We urge you to oppose this bill.

Sincerely,

Rebecca Delahunt
Acting Director of Public Policy
Minnesota Family Council

Renee K. Carlson
General Counsel
True North Legal

⁴Honderich, H. (2023, January 14). *Who can die? Canada wrestles with euthanasia for the mentally ill*. BBC News. <https://www.bbc.com/news/world-us-canada-64004329>.

⁵Hopper, T. (2023, May 16). *One third of Canadians fine with assisted suicide for homelessness ...* National Post. <https://nationalpost.com/news/canada/canada-maid-assisted-suicide-homeless>.