January 25, 2024

WRITTEN TESTIMONY ON HF 1930

Dear Members of the Minnesota House Health Finance and Policy Committee,

Thank you for the opportunity to provide testimony on HF 1930: **"End of Life Option Established for Terminally Ill Adults."**

Citizens' Council for Health Freedom is a national organization that exists to protect patient and doctor freedom. While supporters of the bill may attempt to make the case that this bill will advance freedom, we reject that claim and assert it will lead to:

- Compulsion and coercion for medical doctors, advanced practice registered nurses, and health care facilities
- Reduction in the standard of care for patients
- Degradation of the patient-doctor relationship
- Compelled speech rather than protection of freedom of speech
- Corruption of the practice of medicine
- Pressure on patients to end their lives if they feel they have become a burden.

HF 1930 does not protect the freedom of patients and doctors and, thus, we oppose the bill. Patients deserve to be treated with respect, dignity, and care at all stages of their life. In fact, the mission of medicine has its foundation within the Hippocratic Oath, in which physicians promise:

> *"I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death."*

There is nothing compassionate or caring about actively assisting a patient in ending their own life nor is it compassionate to compel doctors, nurses, and pharmacists to support a patients' interest or attempt to commit suicide. **Minnesota funds 12 suicide prevention grantees**, and five 988 Suicide and Crisis Lifeline Centers. The legislature spends millions of dollars to try to prevent suicide and help those who are suffering because it recognizes that these people need help and that the act of taking one's life is bad, not good.

A terminal illness or having two practitioners sign off on a form does not suddenly change this reality. As the old adage goes: "Two wrongs do not make a right." This bill is moving to create two classes of suicide: good suicide and bad suicide — and forcing practitioners to tacitly participate. We disagree.

SPECIFIC CONCERNS WITH BILL REFERENCES. This bill creates many additional problems and dilemmas for patients, practitioners, and health care facilities.

1. **Misleading:** Words matter. Calling it "medical aid in dying" does not change what the bill actually allows: assisted suicide. Lines **17.1-17.7** attempt to construct a false narrative that mischaracterizes and misleads. For example, **17.5-17.7** states:

   "Actions taken in accordance with this chapter do not, for any purpose, constitute suicide, assisted suicide, euthanasia, mercy killing, homicide, murder, manslaughter, elder abuse or neglect, or any other civil or criminal violation under the law."

   If the doctor did not 'assist,' could patients end their lives this way? No. A vote for this bill is a vote to mischaracterize the intentional assistance in a patient's suicide.

2. **What's Next?** Deliberately leaving out "lethal ingestion" from the list in **Sec. 14 (a)** opens the door to future changes. What kind of rationale will stand up in later years to stop lethal injection or mercy killing? See how the **Netherlands and Canada** advanced assisted suicide far beyond terminal illness…or even patient consent.

3. **Violation of Free Speech and Freedom of Conscience:** This bill is forced speech in violation of a practitioner's right to speak truthfully in accordance with their own beliefs and medical judgement. Potentially in violation of their conscience, lines **9.31-10.2** require practitioners to tell their patients of all: "available options, the alternatives, and the foreseeable risks and benefits."

   If a practitioner finds assisted suicide to be morally reprehensible, or does not wish to speak about the so-called "benefits" of assisted suicide to their patients, and fails to give their patient "all available options" will they be in violation of this section and subject to discipline?

4. **Not a Standard of Care:** HF 1930 attempts to legally change the "medical standard of care" to include compliance with all the requirements of this new bill, which includes assisted suicide. This means that if a doctor or nurse practitioner does not provide information on assisted suicide (a.k.a. "medical aid in dying medication"), they would no longer be compliant with this new medical "standard of care." This will make it difficult for practitioners to choose what they believe is right and what they know is best for the care of their patients. Could threats against their license be used to enforce compliance among practitioners?

5. **No Real "Protections":** The subdivision on **"Conflict" (11.30)** subjects state agencies, practitioners, and patients within Minnesota to whatever federal agencies decide now or in the future to attach as a Medicare/Medicaid condition of participation. So, any and all supposed protections in this bill could be removed in an instant, without the say of Minnesotans or state legislators. *What if a federal agency decides that all practitioners and all facilities must participate in or assist with suicides?*

6. **Violates the Mission of Medicine:** Additionally, this section legislates the practice of medicine and practice of nursing by requiring physicians and advanced practice registered nurses to provide assisted suicide as an option to their patients, even if they oppose it or do not believe this is in the best interest of the patient.

7. **Imposing Unethical Restraints:** The bill would also severely limit the rights of a private health care facility to provide real medical care for their patients. It does not allow a health care facility, hospital, or clinic to support and value the life of each patient by providing care and treatment to their patients instead of suicide options. Instead, they must allow practitioners (who also may be forced) to present assisted suicide as a viable option to their patients. Furthermore, **line 11.16** requires them to not just present suicide as an option, but they must also provide information on how to access suicide "resources."

   Equally important, **Section 8** (page 12) ties the hands of practitioners and health care facilities. It prevents a facility that wishes to support and care for their patients through natural death from choosing and keeping practitioners who also share in this conviction. For example, **Section 7, Subd. 1** (page 11) only allows a business to limit their practitioners from providing the lethal ingestion prescription while performing their duties for the facility. A health center with moral or religious views against assisted suicide would have no way of preventing a practitioner who worked there from sharing "medical aid in dying" as an option and referring them to their own "outside practice" that is "off facility premises" where the practitioner can help the patient commit suicide.

8. **Legalized Falsification:** Finally, **Section 12** (page 15) directs practitioners to lie. The bill codifies falsification of death records, a current **misdemeanor**. Practitioners are required to attribute the cause of death of a patient who commits suicide under the provisions of this bill as **NOT** a suicide or homicide, but as the individual's underlying illness. But the truth is the truth no matter how this bill is written. This individual will not have died from an illness; they will have died from ingesting the lethal drugs provided by the practitioner. No practitioner should be forced to falsify records.

Thus, Citizens' Council for Health Freedom strongly urges the House Health Finance and Policy Committee and the Minnesota Legislature to **vote "NO" on HF 1930** and instead encourage compassionate care and comfort to patients nearing the end of life.

Thank you,

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President and Cofounder