

Paying Grateful Tribute to JJ Hanson

JJ and Kris Hanson help introduce legislation on Capitol Hill in Washington, D.C., Sept. 27, 2017.

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A WARNING

from the California Experience

 by **Tim Rosales** | Political Director, Patients' Rights Action Fund


On January 24th, the California State Assembly convened a Select Committee Hearing on the so-called "End of Life Option Act," otherwise known as California's assisted suicide law. The Committee is comprised largely of supporters (most were co-authors of the bill) of the End of Life Options Act. Both the composition of the Legislature's Select Committee and the End of Life Options hearing agenda suggested a lack of interest in presenting a variety of viewpoints on this important issue. Notably for those watching around the country, the hearing demonstrated a policy shift away from regulation toward expansion of the law.

In California, a Select Committee hearing generally provides an opportunity to bring together diverse stakeholders and have a substantive discussion of the issue, implementation and challenges of a particular policy or law. Instead, this hearing was nothing more than a pep rally for assisted suicide and its expansion.

Alarming absent from this hearing was the missing, uncollected or incomplete Department of Health data showing the reason for individuals requesting the drugs (loss of autonomy, etc.), whether a physician was present when the drugs were ingested, and if a patient's family was aware that they made this choice. These were concerns raised when the original bill was passed and still remain concerns not only in California, but across the country.

Brazenly, during the hearing, assisted suicide bill co-author and hearing panelist Senator Bill Monning (D-Carmel) commented, "The data shows most of the people accessing [the End of Life Option Act] in the early stages of implementation have been white, some have suggested anecdotally, highly educated, good self-advocates... Any thoughts on how we can better engage those serving underserved populations? Maybe non-English speaking populations?"

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Most of the hearing testimony focus was singularly on greater physician participation and patient access specific to assisted suicide, not on full access to palliative/hospice or quality healthcare. This is the new world of healthcare in California since the law was passed.

This hearing neglected the even greater need for training, access, and equipping of physicians and hospitals to provide palliative and specialized healthcare for patients with serious illness or near the end-of-life. One notable exception is Dr. Neil Wenger, a UCLA palliative care specialist, who testified that a doctor or health plan should not be participating in providing lethal drugs under the law unless they are first offering a full range and complement of palliative care options for their patients. In other words, the End of Life Option Act (assisted suicide) should never be the only option, or the first option, when patients are discussing end-of-life care with their physicians. Like the rest of the nation, California providers have insufficient training and lack the workforce for high quality end-of-life care.

Unfortunately, the hearing demonstrated that assisted suicide proponents have little interest in other options like palliative and hospice care – instead, they focused on how to more efficiently deliver assisted suicide.

During the hearing, panelists argued that the legal waiting period defined in the law is too lengthy and cumbersome. When AB2x15, the bill to legalize assisted suicide, was originally presented, authors and proponents argued that the 15+ day waiting period and six-month timeline served as patient "safeguards."

Now these same End of Life Option Act advocates, after less than two years, argue that these time periods are insufficient. This serves as foreshadowing for other states currently considering assisted suicide. Proponents of assisted suicide encouraged a shortening of the 15-day

waiting period prior to receiving the lethal drug. Additionally, there was discussion of allowing patients with a prognosis of 16 months or less to access assisted suicide. These changes are specifically concerning to disability advocates because it will expand assisted suicide to illnesses and disabilities that are not traditionally viewed as "terminal," as well as further opening the door to coercion.

What was apparent is that the purpose of the hearing is how to undo what little safeguards came with the original – a very different bill of goods that was sold to Legislators when this bill passed. While we are certain that assisted suicide proponents intended this hearing to advance their cause, it clearly was a bold red flag to legislators and stakeholders in states considering assisted suicide about what's to come if they pass a similar law.

#canthurtsteel : Good-bye, J.J.

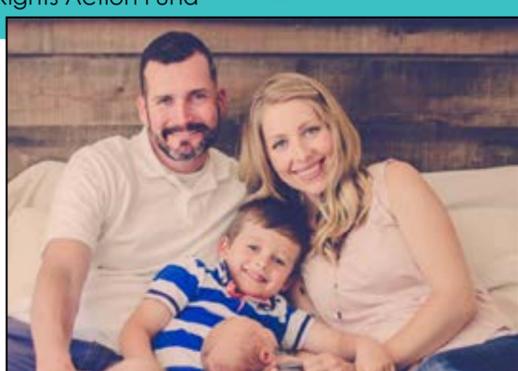
 by **Matt Valliere** | Executive Director, Patients' Rights Action Fund

It is with a heavy heart that we announce that JJ Hanson, the Patients' Rights Action Fund President, passed away on Saturday, December 30th following a long, brave battle with brain cancer. JJ was surrounded by his loving family, wife Kris, and their two young children.

As President of the Patients' Rights Action Fund (PRAF), he led a national coordinated movement to promote measures that protect patients' civil rights, to weaken the breadth and effectiveness of pro-assisted suicide laws and rulings, to work toward repeal of the same, and to oppose efforts to make suicide a legal medical treatment option.

Prior to his diagnosis with glioblastoma brain cancer and term with PRAF, JJ served as a Marine Corps Infantry officer deploying to Ah Ramadi, Iraq, and then served as staff for two New York State governors. After public service, in May of 2014, while working for a real estate operations and investment firm in Tampa, Florida, JJ was diagnosed with terminal brain cancer and given a prognosis of four months to live.

Having read that assisted suicide bills all contain a false "safeguard," restricting eligibility to those with a prognosis of six months or less to live, JJ took action because he knew that some people with terminal illnesses like him might throw away good years, even decades of their lives. Doctors' prognoses are often wrong, as they were with his. For most of the three years he lived past the original four-month prognosis, JJ not only battled cancer, but the threat of a dangerous public policy that puts a great many of risk of deadly harm through mistakes, coercion, and abuse. He traveled the



JJ, Kris, James and Lucas Hanson, Summer of 2017.

country explaining the dangers inherent in assisted suicide laws.

JJ's prognosis and life serve as an example to one of the many problems with assisted suicide laws. His original story is documented in the video, *JJ Hanson Man of Steel*.

JJ, you have been a great friend and inspiration to me and to many. Thank you for your courage in the face of mortality, for fighting for the vulnerable, though weak physically and emotionally at times yourself, and giving us all an example of living life to its fullest. Thank you for sharing your story with the world to give others hope and encouragement. We shall carry on your mission, my friend, and do our best to honor your legacy, because "everyday is a gift, and you can't let that go." #canthurtsteel. Rest in peace.

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Early 2018 Victories in defeating Assisted Suicide Bills

There are active bills in 17 states across the country in 2018 to legalize assisted suicide, but bills in **Connecticut, Indiana, Massachusetts, Nebraska, New Hampshire, Utah** and **Wisconsin** are already considered dead by vote or inaction. In addition, a petition campaign to place legalization on the Maine ballot later this year failed when petitioners filed the wrong papers.

In a positive development, **Utah** passed a law to create new manslaughter crimes for assisting a suicide. The law awaits the signature of the Governor.



Learn more about the **National Alliance Against Legalizing Assisted Suicide** at allianceagainstaassistedsuicide.org

"The mission of the Alliance is to protect patients, the elderly, people with disabilities, and others at significant risk of harms from assisted suicide laws."



Defend the Rights of Patients. Because Suicide is not Medical Care.

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