

LD613 An Act to Amend the Maine Death with Dignity Act to Ensure Access to Qualified Patients.

I am writing to give my full support of LD613 An Act to Amend the Maine Death with Dignity Act to Ensure Access to Qualified Patients. However, it does not go far enough.

I sometimes feel those in power have no idea what it takes for someone who is dying to go through a maze of requirements in order to end their suffering. It boggles the mind that people do not have control over their own bodies while a handful of government officials do.

While I support this bill, it does not take into consideration a number of issues the sick and dying face. I ask that those who have the power to make decisions on my own body and those of others take the following into consideration when deciding how to make life a bit more simple in an over complicated world.

Please consider:

1. Clarifying 'physician' in the proposed bill. Today, physician, primary care practitioner, family nurse practitioner, and healthcare provider are used interchangeably and some may read 'physician' as their healthcare provider, only to find there's an issue when the process begins. I notice on my prescription bottles that my family nurse practitioners are noted as Dr.
2. The multiple visits requirement just to get approval doesn't take into consideration:
  - a. The person is ill and traveling multiple times may be difficult or impossible.
  - b. The person may not have a way to get to the doctors without imposing on someone or having to hire a taxi which would be very expensive. There may be volunteers in some areas but not all. Travel can be more difficult to impossible in rural areas – and Maine has plenty of rural.
  - c. The person may not have insurance or their insurance may not cover this type of visit or multiple visits, so the ability to apply may be cost prohibitive. Just the cost for a 15 minute visit to your healthcare provider is several hundred dollars.
  - d. I don't know what the cost of the pills are but it is an extra burden for some, plus getting to the pharmacy to pick it up. *Suggestion: Perhaps the approval physician could keep the medication on-site, so he can provide the bills when the patient is approved and also provide a non-complicated way for the patient to pay.. That would help greatly.*
  - e. Some people may find this way over their heads and without an advocate, may find it too difficult to deal with. Although my PCP made it all sound easy because she explained what she is allowed to do and what she is not, it is not for many if their PCP does not clarify why they can't be one of the approved physicians that make this critical decision or if you do not have a PCP. I had no idea until she told me she could not be part of the decision process because she is not a physician. I had no idea until we discussed it all – I was thinking I would have an advocate that knew me. Instead, my request will be considered by physicians who know nothing about me.
  - f. Getting in to see these 'qualified' physicians could take weeks or months. We all know how difficult it is to get appointments and with hospitals closing or dropping services, it is bound to get worse than it already is.
  - g. Is there a process for appealing a 'no' decision and if so, is it cost prohibitive or too much for a dying person to undertake?

This whole process is extremely stressful for someone who is dying and wondering if they are saying the wrong things. It will be impossible for some. Please consider writing this bill based on the ability of the dying to be able to fulfill their wish rather than hinder it. Think like the dying. This bill, although a step in the right direction, really does not 'ensure access' for many.

Thank you.

(Ms) Leslie G Poole

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LD 613

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