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*Testimony of Representative Michele Meyer presenting*

**LD 613, An Act to Amend the Maine Death with Dignity Act to Ensure  
Access by Qualified Patients**

*Before the Joint Standing Committee on Health and Human Services*

Senator Ingwersen, esteemed members of the Health and Human Services Committee, I am Representative Michele Meyer, serving the people of southern Maine's District 150, all of Eliot and parts of Kittery and South Berwick. Thank you for the opportunity to introduce **LD 613, An Act to Amend the Maine Death with Dignity Act to Ensure Access by Qualified Patients**.

I proudly co-sponsored the Maine Death with Dignity Act in 2019 during the 129<sup>th</sup> Maine Legislature. The Act provides qualified terminally ill patients with the option to receive life-ending medication in order to have control over their dying circumstances. The medication shortens the dying process and gives decisionally competent, qualified patients the agency and self-direction they wish to have as they face their imminent death.

A choice that recognizes and respects individual autonomy in the face of terminal illness.

After five years of successful implementation, Maine's Death with Dignity Act has provided 218 dying Mainers with the control they wanted at the end of their lives.

Since 2019, nine qualified people have died during the administrative waiting period because their bodies declined too rapidly. These people met the requirements to receive the medication. But because the Act mandates a 17-day wait even if a person is fully qualified, their physician could not prescribe for them.

It is very important to understand that before the waiting period begins, patients and physicians typically have several meetings about qualifying while the patient's disease progresses. Patients come to the decision after weeks, months, and possibly even years of illness and decline. But the official qualification clock doesn't start ticking until the patient has met the following requirements:

1. That they are an adult resident of Maine.
2. That they have a terminal disease with a six-month prognosis, clinically confirmed by two physicians (the same criteria for hospice enrollment).
3. That they have the capacity to make informed decisions.
4. That they are still physically capable of self-administration.

It's only when these criteria are met that the waiting period begins.

Imagine you are a qualified terminally ill patient who wishes to receive the medication. But you must wait 17 more days to receive it. Your condition takes a turn for the worse, quickly deteriorating, you are suffering, your pain is intractable, you are weak and losing motor function - and your physician says, "I'm sorry. I cannot write the prescription for another 8 days".

Now, imagine you are that patient's physician. Your patient is qualified for the medication, but by law, you must wait for the mandated period to end before prescribing. Your patient takes a sudden turn, and in your clinical experience, you know they have entered that phase where death is imminently approaching. Your patient is suffering as the waiting period becomes a cruel and unnecessary obstacle rendering your patient a passive victim to a brutal disease process, stripping them of their dignity and a peaceful passing.

It is precisely for this scenario that I have introduced LD 613. In every other clinical setting, physicians have a full range of tools and clinical experience to guide the decisions they make for the best possible care they can give.

It's only in this instance that the law has unwittingly tied the physicians' hands. That was not anticipated in 2019, nor was it ever intended that qualified patients be unable to access the Maine Death with Dignity Act simply because they run out of time.

The nine patients we know of, and the unknown handful of others who never start the formal process because they already know they don't have enough time, all die without the support they seek. The waiting period denies them the peaceful dignity of the choice they freely made.

And their physicians, whose hands we have tied, cannot exercise their best clinical judgement to prescribe when it is very clear their patient will not be able to negotiate the 17-day waiting period.

LD 613 corrects this problem. If a qualified patient's deteriorating condition is such that their physician determines it is in the best interest of their patient not to endure the waiting period, they may waive any portion or all of those 17 days to ensure their patient has the access they seek for aid in dying.

In this instance, this amendment will require that the waiver of the waiting period be documented in the qualified patient's medical record, along with all the other required documentation.

That's it. It's that simple.

If we say no to this amendment, we are essentially asking qualified dying patients to adjust their schedules, to not fail so fast.

We would be saying physicians cannot act in the best interest of their qualified dying patient.

This is simple.

This is necessary.

This is straightforward, and it corrects a rare situation that should never have existed in the first place.

LD 613 simply makes it possible for a physician to use their clinical expertise in the highest interest of their qualified patient.

You may hear opposing testimony today. You may hear people allege that this is the beginning of the slippery slope people alleged would happen five years ago in front of this very committee.

218 people over five years is not a slippery slope. If you add nine more qualified patients over those five years, that doesn't create a slippery slope either. The fact is, there is no slippery slope. Aid in dying is a part of palliative medicine available here in Maine, and it meets the needs of those who qualify.

All of us know for certain that death is the inevitable conclusion to our lives. Few dwell on the manner in which we might die – indeed, most envision long lives, reaching goals we set for ourselves, enjoying a rich diversity of choices. We chart our own course through this life with self-directed freedom, and if we are honest, when we allow ourselves to think about our own mortality, we hope - we expect - that we will draw our last breath peacefully and painlessly, sometime long into the future.

But some of us will not know the gift of a long healthy life. Some of us will face the grim knowledge of precisely how we will die. Some will face the reality of untreatable disease and know the agony of progressive debilitating fatal illness. It is for those Mainers that we passed The Maine Death with Dignity five years ago and for those Mainers that we amend it today.

What you will hear today are the stories of physicians and family members who need LD 613 to pass. Some of their stories are heart-wrenching. All of them are important to every dying Mainer who recognizes their death is imminent and wishes to avoid the unbearable suffering and loss of autonomy by choosing the option for serene and dignified death.

I hope you will listen with an open mind and heart and that you will join me, Senators Ingwersen and Moore, and Representative Zager in support of LD 613.