



**Testimony of Sara Elkins, Northeast Campaign Organizer, Compassion & Choices
SUPPORT FOR H5219 - Rhode Island's Lila Manfield Sapinsley Compassionate Care Act
February 11, 2025**

Time: 4:00pm.

Good evening Chair Craven and members of the House Judiciary committee,

My name is Sara Elkins, and I am the Northeast Regional Campaign Organizer for Compassion & Choices. We advocate for legislation to improve the quality of care for terminally ill patients and affirm their right to determine their own medical treatment options as they near the end of their life.

I write in support of House Bill 5219: the Lila Manfield Sapinsley Compassionate Care Act. If passed, H.5219 would give terminally ill, mentally capable adults, with a prognosis of six months or less to live, the option to request, obtain and take medication, should they choose, to die peacefully in their sleep if their suffering becomes unbearable.

In February 2023, a [Susquehanna poll](#) showed that 76% of voters in the north east support medical aid in dying, regardless of age, education, gender identity, political affiliation, or religion. I offer this testimony to honor the powerful stories of those terminally ill Rhode Island residents who want this option to die peacefully at life's inevitable end.

The growing support for [medical aid in dying](#) can be attributed, in part, to the fact that it is a compassionate and time-tested, end-of-life care option, of which we now have nearly 30 years of data, since the law was first enacted in Oregon, and years of experience, from the laws passed in the 10 other authorized jurisdictions since Oregon.

Up to 38% of people who go through the process and obtain the prescription may never take it. This group consists of people who die without using the medication, whether from illness, another cause of death, or an unreported reason. In any case, we hear from terminally ill people that they derive peace of mind simply from knowing they have the option if their suffering becomes too great.¹ However, the law has a palliative effect in that patients derive peace of mind simply from knowing they would have the option if their suffering became too great. Less than 1% of the people who die in each jurisdiction use the law each year.² Terminally ill individuals do not have the luxury of endless deliberations; they need the relief that this law affords them right now. Not a single additional person will die if you authorize medical aid in

¹ *Medical Aid-in-Dying Data Across Authorized States, 2025*. Compassion & Choices. Available from: <https://compassionandchoices.org/resource/medical-aid-in-dying-utilization-report/>.

² According to the Center for Disease Control, in 2019 in jurisdictions that authorized medical aid in dying, 427,296 people died in total. In 2019, authorized jurisdictions report 1,027 people died after being provided with a prescription for medical aid in dying—less than 0.002% of all total deaths in 2019. Center for Disease Control, *Deaths: Final Data for 2019*, July 26, 2021. Available from: https://stacks.cdc.gov/view/cdc/106058/cdc_106058_DS1.pdf

dying, but far fewer will suffer.

You will hear or read testimony from patients and surviving family members about the importance of ensuring that every mentally capable, terminally ill adult has the option of ending their suffering, as the legislation before you upon passage would allow.

House Bill 5219 is good legislation. We can trust it to provide peace of mind to people who are dying, and to their loved ones, and we can trust it to protect vulnerable people. I trust healthcare providers to judiciously and compassionately practice medical aid in dying within the safe framework established here, and for supporters across the state. I ask you to think about that testimony that you hear and read today, and that you share those stories with your colleagues, and with your friends, and I urge you to act now, because for many people in Rhode Island it is already too late.

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