compassion & choices

MAGAZINE

SPRING 2025

THE COURAGE TO ADVOCATE

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allows a Compassion & Choices volunteer to provide an advance care planning session to a continuing care/retirement community.

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Care and Choice at the End of Life

compassion & choices
MAGAZINE
Spring 2025
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Quick Guide to Our QR Codes

You'll find QR codes (these squares) throughout this magazine. They offer a simple way to access online content without needing to type lengthy web addresses. To use a QR code, simply open your smartphone's camera and aim it at the square. A notification will appear; tap it to be directed to the website. For added clarity, each QR code has its corresponding website address printed and highlighted next to it.

Compassion & Choices improves care, expands options and empowers everyone to chart their own end-of-life journey. Learn more at **CAndC.org**

The Compassion & Choices family comprises two organizations: Compassion & Choices (the 501(c)(3) arm), whose focus is expanding access, public education and litigation; and Compassion & Choices Action Network (the 501(c)(4)), whose focus is legislative work at the federal and state levels.

The Courage to Advocate

This issue of *Compassion & Choices Magazine* introduces you to some of the powerful voices shaping the future of end-of-life care. On our cover, we feature advocates from across the nation, each contributing to a growing movement for end-of-life rights. Follow Lynda Bluestein on her journey of self-determination as captured in an intimate documentary. Read how Deltra James has turned a cancer diagnosis into an inspiring call for everyone to be empowered to plan their own care. And learn from Marie Cooper's resolute efforts in West Virginia to ensure patient directives are honored. Through the lens of personal advocacy and updates on our national programs and latest legislative victories across the country, you'll see how people just like you are driving meaningful change in end-of-life care and options. What unites these remarkable women, whether they're challenging outdated laws, demanding that medical directives be honored or bravely sharing their stories, is their unwavering advocacy for patient autonomy. At Compassion & Choices, we believe that everyone deserves the tools and support to follow the path that's right for them. That's why we're proud to offer a range of resources that empower people to make informed, values-based decisions about their care.

These stories also highlight the vital work of our legal advocacy program, which has grown significantly in recent years. We're thrilled to share that we've restructured and rebranded this work into our End of Life Justice Center, with clearly defined projects and initiatives that make it easier than ever to understand your rights, and to reach out to us when those rights are at risk. If you or someone you know is facing barriers to end-of-life care or struggling to have their wishes respected, we encourage you to connect with us. You can read more about this exciting development on page 8. ©

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In the Media

Nilsa Centeno at a Compassion & Choices rally next to a poster of her son Miguel Carrasquillo.

Radio Bilingüe

"Medical Aid in Dying in Illinois"

Nilsa Centeno, mother of the late medical aid-in-dying advocate Miguel Carrasquillo, spoke live on Radio Bilingüe's *Línea Abierta* about the painful death of her son, Miguel, a Chicago-based chef from Puerto Rico, who died at age 35 from brain cancer in 2016.

The Washington Post

"Hospitality at the end of life: Owners open their homes to terminally ill"

After Vermont lifted its residency rule for medical aid in dying, Suzanne, a former hospice chaplain, began hosting terminally ill guests at her peaceful retreat center. *The Washington Post* writes that she's part of a growing network providing supportive, home-like spaces for people seeking dignity and compassion at the end of life.

CBS News

"An inside look at 'medical aid in dying'"

In this two-part *CBS Evening News* story, viewers witness Barbara Goodfriend's deeply personal choice to utilize medical aid in dying in New Jersey after being diagnosed with ALS (also known as Lou Gehrig's disease). "I wish I had more time to live, but I don't want more time as a patient," Goodfriend said. "I hope that something will get done, something will be accomplished, so that others can have the privilege that I'm having."

Former President Jimmy Carter

ABC News

"Former President Jimmy Carter lived to 100 with hospice care. Why it may help some live longer"

Jimmy Carter's nearly two-year hospice journey highlights how end-of-life care can offer more than comfort — it can extend life and mean more time to do the things you love. *ABC News* reports that studies show patients with conditions like cancer or heart failure lived longer in hospice. Experts credit symptom management, emotional support and fewer aggressive interventions for these unexpected outcomes.

Montana Becomes a Battleground for End-of-life Options — Again

As Montana lawmakers considered rolling back end-of-life options, advocates across the country show us why MAID is worth fighting for.

The fight to protect end-of-life options reached a critical moment in Montana this spring when lawmakers considered legislation that would have stripped terminally ill Montanans of their right to seek medical aid in dying — and criminalize the physicians who support them.

Senate Bill 136, which passed through the Senate and a House committee, threatened to overturn the 2009 Baxter v. Montana decision, which affirmed that physicians could prescribe aid-in-dying medication without facing jail time. On April 9, the Montana House of Representatives voted to reject SB 136 by a bipartisan vote of 43 to 57. Fifteen Republicans joined all 42 Democrats in opposing the bill, preventing it from moving forward. Still, this marked the closest this legislature has come to revoking medical aid-in-dying access since the Baxter decision and is a reminder that progress is made when people show up and fight for it. The bill failed thanks to the coordinated efforts of Compassion & Choices and our Montana volunteers, with additional dedicated advocates and active Republican support endorsing the effort to stop the bill.

A committee hearing in March drew passionate opposition from across the state, with advocates and supportive lawmakers from both sides of the aisle warning that SB 136 would cause needless suffering for patients already facing the most sensitive and challenging moments of their lives.

Among those who testified was Dr. Colette Kirchhoff, a board-certified family and palliative care physician from Bozeman.

"It is imperative that all those who care for dying patients understand the differences in the religious and spiritual beliefs, suffering and values of others — regardless of our own beliefs — and do our best to honor those few patients who are suffering unimaginably and request MAID. The thought that SB 136 … would determine we are committing homicide, when we are supporting a competent, rational decision of another to manage their own end of life, is disheartening."

She was joined by a record 35 advocates, storytellers and volunteers, including Republican Rep. Julie Darling, who sponsored a separate bill, HB 637, to codify medical aid in dying into law in Montana. Among the voices in opposition were Roberta King and Leslie Mutchler, daughters of Bob Baxter, the plaintiff in the case, brought by Compassion & Choices, that first established MAID in 2009. Roberta King said, "As Montanans, we know how to take care of ourselves without government interference. We trust our doctors to give us the best possible medical advice."

From left to right: Andrew Flack, Deltra James, Nilsa Centeno

SB 136 reminds supporters that the journey toward end-of-life options is rarely linear. Progress, when it comes, is hard-earned, fueled by people who choose to act.

Andrew Flack was one of those people. In California, Andrew faced a terminal colorectal cancer diagnosis at the age of 29. Andrew used his voice to educate and connect, launching a blog and podcast to help others navigate their end-of-life choices. He chose to utilize California's End of Life Option Act, allowing him to die peacefully in 2022, at the age of 34. His mother, Suzy Flack, residing in his home state of Illinois, supported his decision and has since become a vocal advocate for medical aid in dying legislation. "Andrew died peacefully because of the option of medical aid in dying in California, where he lived. I'm comforted by that. I also wish he could have had that option here in Illinois."

In Illinois, Nilsa Centeno shares her son Miguel's story. Diagnosed with brain cancer, Miguel endured unrelenting pain in his final weeks. The lack of legal access to medical aid in dying caused immense suffering not only for him, but for his entire family. Nine years have passed since Miguel's death and Nilsa continues to work to ensure no other parent has to watch their child suffer. "And even though pain of his loss devours me daily, not a single day passes without me continuing to carry out his last wish: to urge legislators to pass laws to give terminally ill people the option he did not have."

Connecticut advocate Deltra James was only 33 when she found a lump in her breast and was soon diagnosed with metastatic cancer. In facing her own diagnosis, she became aware of the anxiety surrounding death experienced in the cancer community. Determined to help, she trained as a death doula and now works with fellow patients to bring honesty and clarity to end-of-life conversations. She advocates for medical aid in dying in Connecticut, saying, "Having the option of medical aid in dying would give me a lot of peace of mind."

And in Maryland and Delaware, Diane Kraus became a powerful voice in the movement before her death in March 2025. A longtime resident of Millsboro and retired occupational therapist, Diane spent 35 years helping others, including 23 years in homecare and hospice. Before her death, she spoke out publicly in support of medical aid in dying legislation in Maryland, attending countless lobbying events and becoming one of the most visible advocates for MAID in Maryland.

Their stories, like so many others, are a powerful reminder: Change comes from people willing to share their experiences and call for end-of-life autonomy. While legislative battles may ebb and flow, the energy and commitment of dedicated advocates remains constant.

Taking Action After a Patient Directive is Denied in West Virginia

Marie Cooper's advance directive was disregarded by hospital staff when they intubated her against her wishes. Now she's working with Compassion & Choices to try to prevent the same thing from happening to someone else.

From left to right: Sherry, Marie, and Linda Cooper

Marie Cooper wants a natural death — no medical interventions to stop the dying process once it begins. She has never shied away from discussing this with her daughters, Sherry and Linda.

"Mom believes when it's her time to go, there should be no interference by man," Sherry said. "That's between her and God. And she is adamant about that."

In the fall of 2023, 80-year-old Marie was in good health, active and independent. When she started experiencing stomach issues later in the year, however, her primary care physician recommended an endoscopy to look for cancer cells.

In addition to her beliefs about natural death, Marie did not want to experience the physical repercussions of traumatic resuscitation or intubation. Her advance care documents reflected her wishes, including do-not-resuscitate (DNR) and do-not-intubate (DNI) orders. In January 2024, Marie updated her advance directive and filed it with the West Virginia e-Directive Registry and the national registry.

Marie's endoscopy was scheduled for February 27, 2024.

As her mother's medical power of attorney, Sherry accompanied Marie to each of her pre-op appointments, confirming that hospital staff had Marie's advance directive and DNR/DNI on file. The morning of the scheduled endoscopy, Sherry did the same with the intake staff at J.W. Ruby Hospital in Morgantown. The plan was for Sherry and Linda to wait while Marie had the scope done, go to lunch and do a little shopping before heading home that afternoon.

The procedure went smoothly. But when Sherry went to the recovery room to see Marie, she noticed her mother was having difficulty breathing, and a glance at the monitor revealed her rapidly changing blood pressure and heart rate. Sherry left Marie to get help, expecting the familiar non-invasive nebulizer and BiPap treatments she had used in the past.

A nurse announced they were admitting Marie and sent Sherry to the waiting room.

"I remember my girls coming in and kissing me and telling me goodbye," Marie told Compassion & Choices. "And I told them I love them. But I was ready. I couldn't lie to them, I was ready. And they knew that."

Nearly seven hours passed.

When Sherry was finally allowed into the ICU to see her mother, she found Marie intubated, sedated, covered in tubes and tied to the bed. None of the doctors could answer her questions about why Marie had been intubated despite her DNI.

Over the next 10 days, Marie developed pneumonia, then septic shock, before she eventually recovered enough to be discharged.

Marie's life since returning home is dramatically different. Since the intubation, she suffers from burning pain in her throat and mouth. She experiences severe tremors that require medication. She has frequent nightmares about the hospital stay, and her daughter and granddaughters often wake to her screaming in the night. She feels her religious beliefs have been violated and says she now fears the hospital and doctors, no longer trusting that they have her best interests in mind.

"Before, I could cook anything, bake anything. I could clean my house. Go on camping trips, dance at my granddaughter's wedding," Marie said. "I can't do that now, and that really bothers me."

What happened to Marie is all too common, an example of the repercussions when patients are denied medical autonomy. When a New York Times article detailing Marie's experience was published in August 2024, it garnered nearly 2,000 comments within days, nearly all of them expressing sympathy with Marie and her family and describing similar experiences of friends and family members attempting to have their end-of-life wishes respected by hospitals and care facilities.

Veronica Darling, director of litigation at the End of Life Justice Center at Compassion & Choices, emphasized that hospitals need to respect advance directives in all medical interactions, not simply life-threatening ones.

"Marie and her family did the difficult and important work of sitting down to understand what Marie wanted and documented her wishes, only to have that disregarded by medical staff," Darling said. "I recommend asking your healthcare providers what additional information the facility needs to be sure your advance directive is honored, regardless of the situation."

Marie and her daughters are working with Compassion Legal to explore her options to ensure this doesn't happen to another family going forward.

"The experience of working with Compassion Legal has been a relief to us — a relief in the sense that someone hears us," Sherry says. "Compassion & Choices, I hope, can make a difference. I hope they can bring enough public awareness that this stops."

Despite all that she's been through, Marie is animated by the same hope: that her story can effect change.

"I wouldn't be suffering here like I am now if they'd have just left me alone. That's all I asked," she said. "And I'm going to fight as hard as I can fight. I really am." ©

Introducing … Compassion Legal: The End of Life Justice Center at Compassion & Choices

Advocates for your rights to quality care at the end of life.

What does end-of-life freedom look like? It means having the power to decide what treatments you want and don't and how you want to live and die. It is medical practice and healthcare that honors your values, preserves your dignity and reflects your unique needs. Too often, our healthcare system and governments deny the inevitability of death or fail to honor your fundamental right to make informed decisions throughout life and at the end of it.

The End of Life Justice Center, or Compassion Legal for short, is the new name and structure for the legal powerhouse within Compassion & Choices behind the fight for autonomy, dignity and justice at life's end. Compassion Legal is the frontline legal defense for patient-directed care, demanding systems that respect personal choice, informed decision-making and access to the full range of end-of-life options.

The Center's expert staff attorneys and wide-reaching network of firms and attorney partners — the Compassion Legal Network — take on powerful institutions and interests to ensure that your rights are not just recognized, but enforced. Right now, they are engaged in 19 active cases and 54 cases being monitored for potential impact. From medical aid in dying to advance care directives, Compassion Legal fights to make sure that *your chart reflects your choices* — that your care follows your plan and you make your end-of-life journey with clarity, confidence and control.

To learn more, visit the End of Life Justice Center online at: **CandC.org/CompassionLegal**

Lynda Bluestein's Advocacy Takes Center Stage in *Other Side*

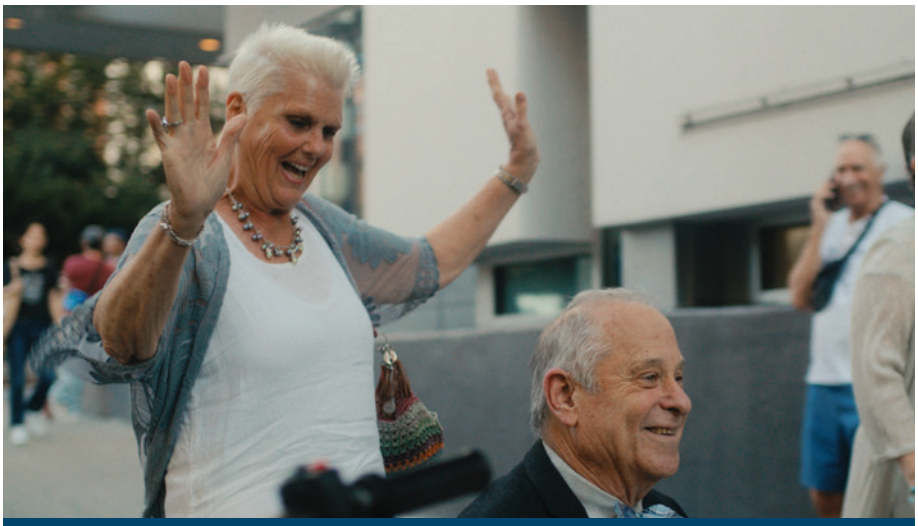
This eye-opening documentary follows a remarkable woman's end-of-life journey.

Lynda Bluestein, a Compassion & Choices volunteer and end-of-life options advocate, tells us in *Other Side*, a documentary about her final days, "I don't want to live this way because it's not really living, it's suffering every day."

After 10 years of trying to get a medical aid-in-dying law in Connecticut, Lynda and Compassion & Choices sued the state of Vermont, which at that time restricted its access to medical aid in dying to residents only.

The federal lawsuit, *Bluestein v. Scott*, challenged the constitutionality of the residency requirement in Vermont's medical aid-in-dying law in August of 2022. Dr. Diana Barnard, a hospice and palliative care physician and associate professor of family medicine at the University of Vermont, was also a plaintiff in the suit. She was restricted from providing her qualifying out-of-state patients with the end-of-life care option.

Vermont settled the lawsuit and the legislature subsequently removed the residency requirement from the law altogether. Now all qualified terminally ill adults are able to access medical aid in dying in Vermont regardless of their



Left: film poster for Other Side
Above: Lynda and her husband, Paul

residency status. Lynda's dual legislative and legal advocacy are proof that self-determination and engaging with others through Compassion & Choices can make end-of-life medicine and healthcare better for all.

Filmmakers Carter Oakley and Heather Hogan were drawn to Lynda's story because they both had personal experiences with death. These experiences inspired them to create art that could change how people view death and dying.

Oakley and Hogan directed *Other Side*, a documentary that features Lynda, her husband, Paul Bluestein, and their children, Jake and Amy. The documentary received a standing ovation at the South by Southwest (SXSW) film festival in Austin, Texas, in March 2025.

In 2020, Hogan trained as a death doula — a professional guide and source of support for dying people, their caregivers and loved ones. She wanted to spark people's curiosity, she said, "because curiosity acts as both a shield and a sword. You can get close to uncomfortable things."

"We live in a death-denying culture," Hogan told *The Austin Chronicle*, "and I'm not sure what we get out of denying it, because we lose the access to live our lives fully when we deny the fact that it ends."

> ***"My gratitude and my pride is much greater than my sadness ... It was almost just like sitting in there and being in awe and getting that last lesson.***
>
> – Jake, Lynda's son

Although some might resent the constant presence of a film crew during the final days of a family member's life, Lynda's son, Jake, appreciated the opportunity to spend precious time with her. "My gratitude and my pride is much greater than my sadness," he said.

Above: Lynda and Paul Bluestein

"It was almost just like sitting in there and being in awe and getting that last lesson."

Lynda's story reinforces the need for adults to have an advance directive. Advance directives are legal documents that provide instructions for medical care and only go into effect if you cannot communicate your own wishes. The two most common advance directives for healthcare are the living will and the durable power of attorney. Lynda's advance directive was instrumental in her ability to get the treatment she wanted at the end of life.

Lynda died peacefully in Vermont on January 4, 2024, surrounded by her loved ones. Her last words were "I'm so happy I don't have to do this (suffer) anymore." ©

For more information about screenings of *Other Side* around the country, visit **CandC.org/other-side**

Star in Your Own Short Film: Your Video Advance Directive

A powerful way to make your healthcare wishes known is by recording a short video on your phone. It's personal, direct and hard to misinterpret. It doesn't have to be perfect; just be yourself.

Here's how to do it:

1. **Use your phone's camera (or ask someone to record you).**
2. **State the date clearly at the beginning.**
3. **Speak from the heart and cover these five key things:**
   - **What gives your life meaning**
   - **What quality of life means to you**
   - **The treatments/interventions you do not want**
   - **The kind of care you do want**
   - **Who your healthcare proxy is**
5. **Save the video, and share it with your proxy, family and healthcare team.**

Not tech-savvy? Ask a trusted friend or loved one to help record, save and distribute it.

Compassion Legal: The End of Life Justice Center at Compassion & Choices

Advocates for your rights to quality care at the end of life.

The End of Life Justice Center's work is structured in three high-impact law projects:

Patient Rights & Freedoms Justice Project

Your Decisions, Honored and Fulfilled

Ensuring that fully informed patients are the decision-makers in their own end-of-life care; that your decisions and plans are implemented.

End-of-Life Options Access Project

Your Options, Protected and Expanded

Medical Aid In Dying Initiative — Expanding and protecting access to medical aid in dying within healthcare practice as part of fully informed, patient-directed care.

End-of-Life Options Protection Initiative — Protecting and expanding access to existing end-of-life options and rights (VSED, treatment withdrawal, terminal sedation).

Healthcare Improvement & Accountability Project

Your Care, Transformed and Secured

Ensuring fully informed, patient-directed care is the prevailing practice of end-of-life medicine and healthcare; you have access to all end-of-life care and options through your health systems and care providers.

To see the full docket of cases in each project go to: **CandC.org/docket**

Need Legal Help?

Everyone deserves the best healthcare possible as the end of life nears. However, when something goes wrong, legal representation can be necessary.

call compassion

LEGAL HELPLINE

800.247.7421

Easily accessible expert legal assistance and referral to help you get the care you want, need and deserve.

Call us or fill out our online intake form by scanning the QR code.

Disclaimer: *By law, you're not a client until both parties sign a formal representation agreement. If you're currently represented by an attorney, we will need your attorney's express permission before speaking with you. Compassion Legal doesn't provide estate planning legal services. Contact your state bar association for estate planning attorneys.*

National Programs Update

Federal Actions Threaten End-of-Life Care and Options

The Washington, D.C., Death with Dignity Act under attack

Compassion & Choices is defending Washington, D.C.'s medical aid-in-dying law from ongoing threats. New leadership in the U.S. Senate and an administration open to rolling back the district's autonomy have emboldened efforts to repeal the law.

We strongly oppose the efforts to repeal the law through the federal appropriations process and attempts to terminate Washington's home rule through the Bringing Oversight to Washington and Safety to Every Resident (BOWSER) Act.

We pursue this mission with allies in Congress, including Rep. Brittany Pettersen (D-CO), who will reintroduce the Patient Access to End of Life Care Act this year. The bill would exempt current and future states where medical aid in dying is authorized from the Assisted Suicide Funding Restriction Act, which currently bars federal funding or assistance for medical aid in dying — limiting access to this end-of-life option.

Continued federal policy efforts underway

We are collaborating with Sen. Richard Blumenthal (D-CT) and Rep. Nanette Barragán (D-CA) to reintroduce the Compassionate Care Act, which promotes advance care planning and addresses Medicare coverage limitations for hospice care.

Compassion & Choices is monitoring executive orders, legal challenges to those orders, and cuts to the federal workforce and funding — particularly at the Centers for Medicare and Medicaid Services (CMS), where hospice and long-term care services could be affected.

A Biden-era federal regulation improved long-term care staffing ratios in nursing homes, requiring a registered nurse on-site 24/7 and at least 3.48 hours of nursing care per resident each day. On April 7, 2025, a federal judge in Texas struck down this rule, stating that CMS exceeded its authority and that only Congress can set such staffing requirements. The new administration is unlikely to challenge the ruling. Nursing home residents at the end of life are likely to face staffing shortages and inadequate care as a result.

Meanwhile, the Drug Enforcement Administration (DEA) has proposed a new rule restricting telehealth access. If finalized, the rule would create barriers to accessing necessary medications for palliative care and hospice patients. We have urged the DEA to work with Congress to advance a safe, permanent pathway for practitioners to continue providing telehealth care to all patients.

Essential Conversations: Making Dementia Planning Routine in Clinical Settings

Compassion & Choices and the American Society on Aging (ASA) have partnered to launch the Essential Conversations project, a national initiative designed to improve dementia-specific advance care planning and empower individuals, families and communities to prepare for the future.

The project aims to normalize conversations about dementia and provide community organizations with effective tools to support individuals navigating cognitive decline. At the heart of the initiative was the Dementia Values and Priorities Tool, an interactive, online resource developed by Compassion & Choices that helps individuals plan for how they would like to be cared for if they receive a dementia diagnosis. The tool is a step-by-step guide to document preferences and is designed to be easily added to an existing advance directive.

To bring the tool into community settings, the Essential Conversations project partnered with five organizations across the country. Each organization was selected for its commitment to aging and dementia-related work and received a small grant, training and resources to support local outreach and education efforts.

Attendees of the ASA conference who visited the Compassion & Choices booth posted about what matters most to them at the end of life

The Essential Conversations project culminated at the ASA On Aging 2025 conference in April. A special lunch-and-learn session of 200 attendees from organizations across the country featured presentations from each of the five partners. The session provided insight into how the tool had been integrated into local programs and offered strategies for attendees interested in adopting similar approaches in their own organizations. This is just the beginning of our ongoing partnership with ASA to elevate dementia planning on the national stage.

Visit the Compassion & Choices YouTube channel to watch the Essential Conversations partners in action in their communities: **YouTube.com/@CompassionChoices**

Milwaukee County DHHS — The Dementia Care Specialist Program at the Milwaukee County DHHS supports individuals with dementia and their families via consultations with their team of Dementia Care Specialists.

Montana DPHHS - Legal Services Developer Program — The Legal Services Developer Program strives to address the justice gap in Montana by offering pro bono legal services to underrepresented and underserved communities, including older adults, enrolled tribal members and adults with disabilities.

Avocare Health Services — Avocare Health Services is a Hispanic and African American women-owned and -operated home health, chronic care management, behavioral management and virtual care delivery system whose mission is to ensure the delivery of integrated care to the underserved African American and Hispanic senior community in the greater Detroit metropolitan area.

Mississippi Dementia Advance Planning Project — The North Mississippi Rural Legal Services Elder Law Project provides free civil legal services to the older adults of Northern Mississippi.

Lifespan of Greater Rochester, Inc. — Lifespan helps older adults and caregivers take on the challenges and opportunities of longer life. Lifespan is a trusted source of unbiased information, guidance and services for older adults and caregivers, as well as training and education for allied professionals and the community.

Engagement by Our Essential Conversations Partners

780+
copies

of the Dementia Values and Priorities Tool distributed

27+
events

450+
attendees

including community-based presentations, webinars and lunches

300+
individualized consultations

provided for community members and their caregivers

Audience members and the panel from the Journey Home event in Powder Springs, Georgia.

Faith Inspires Action at the Journey Home

Last month, Compassion & Choices partnered with Linked UP Church in Powder Springs, Georgia, to host the Journey Home — a free, daylong event designed to help people navigate end-of-life experiences with confidence. Over 260 attendees heard from hospice professionals, financial planners and other experts about the essentials of end-of-life planning.

Reflecting on the day, Zeena Regis, director of priority populations at Compassion & Choices, shared, "The Journey Home planted seeds and sparked powerful conversations about how we can prepare ourselves and our loved ones."

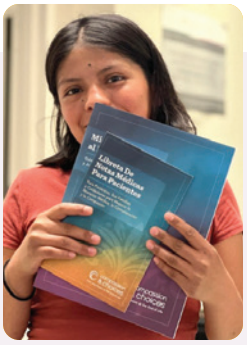
If you want to help your faith community prepare for the end of life by partnering with Compassion & Choices, visit **CompassionAndChoices.org/Faith**

Outreach and Connection by Our Community Engagement Team

Throughout the first quarter of 2025, our Latino Program empowered communities with vital end-of-life planning resources.

9
partner collaborations

117
end-of-life education events



14,717
Latino community members reached

Protecting Patient Autonomy in a Changing Healthcare Landscape

Across the nation, hospital mergers that restrict access to healthcare options pose a threat to patient choice. These mergers can be detrimental to individuals and families seeking end-of-life options. They can limit the ability to access medical aid in dying, turn off a pacemaker or defibrillator, and remove life-sustaining treatments to allow a natural death. That's why in Oregon, Compassion & Choices and partner organizations are fighting back — to keep control in your hands, not those of for-profit corporations and religious institutions.

This year, Compassion & Choices joined a coalition of nonprofits to file an amicus brief with the Ninth Circuit Court of Appeals in support of dismissing a lawsuit challenging the state's Health Care Market Oversight (HCMO) program. Established in 2021, HCMO reviews healthcare mergers, acquisitions and affiliations to ensure they promote equitable, accessible and high-quality care for all Oregonians. Compassion & Choices remains committed to the steady, essential work of protecting patient-centered care for everyone, regardless of where they live.

Dr. Carlos Hernández Torres

Latino Communities Address Disparities and Plan Ahead

This spring, Compassion & Choices and the Latinx Task Force hosted an educational series aimed at equipping Latino communities to plan for the end-of-life.

The first webinar explored disparities in accessing palliative and hospice care. Expert panelists, including Dr. Carlos Hernández Torres of Compassion & Choices' Latino Leadership Council, addressed how cultural and language barriers affect care and shared strategies to advance equity. The second session focused on financial preparation, including making wills and estate planning.

Community members and families left feeling more confident in making informed decisions and advocating for each other. Events like this provide vital information to communities across the nation and change the landscape of patient-directed care.

M.A.I.D. in the U.S.A.

Medical aid-in-dying advocacy in the states.

Legislative actions can change quickly; this information is accurate at time of printing. See **CandC.org/in-your-state** for the most up to date information on progress.

CALIFORNIA

Our team has been working on the ground to educate new legislators on how the End of Life Option Act is working as intended. We worked closely with Senator Catherine Blakespear to introduce SB 403 which seeks to remove the sunset in the law. Joined by advocates, our team has done lobby visits and organized participation in the hearings. On April 24, 2025, SB 403 passed out of Senate Health Committee by a vote of 9-2. On April 29, 2025, SB 403 passed out of the Senate Judiciary Committee by a vote of 10-1. We will continue to work on removing the sunset so Californians can be secure in their ability to access the law in the future.

DELAWARE

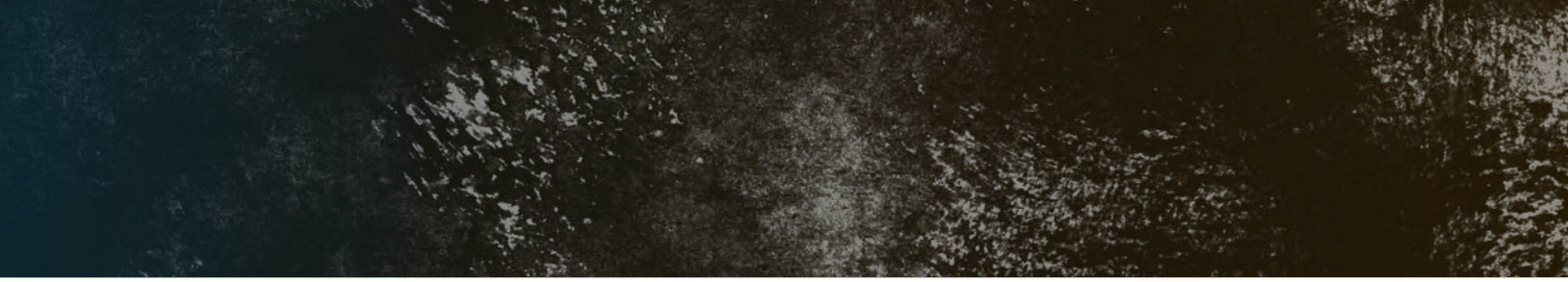
For the second time in less than one year, the Delaware General Assembly passed the Ron Silverio/Heather Block Delaware End-of-Life Options Act after the Senate approved the bill on April 17. At the time of publishing, Team Delaware awaits HB 140's official remittance to Governor Matt Meyer, who committed to signing the bill into law following its September veto, stating, "I stand with those who support medical autonomy and the right to die with dignity and, if elected, will make this law." In a statement to WBOC-TV on April 18, his office confirmed he will sign it once received.

FLORIDA

Our Florida team continues to build momentum on the ground thanks to volunteers and strong partnerships. This year, as a result of the advocacy of the Florida Death with Dignity group, the End-of-Life Options Act was introduced in the state legislature — a powerful step forward in expanding compassionate end-of-life care. Volunteers have been giving presentations in their local communities, sparking conversations around end-of-life planning. The team also participated in the American Society on Aging conference in Orlando, where they connected with local nonprofits and professionals in end-of-life care. They remain committed to growing this movement statewide.

ILLINOIS

Years of laying the groundwork in Illinois paid off this spring with the introduction in January of the End-of-Life Options for Terminally Ill Patients Act followed by the first-ever Senate Executive Committee hearing on medical aid in dying, which was attended by over 70 advocates. In April, an amendment was filed in the Senate which officially changed the bill's short name to "Deb's Law" in honor of C&C LGBTQ+ Leadership Council member Deb Robertson. Working closely with coalition partners including ACLU of Illinois, the team has picked up 19



co-sponsors and is building momentum in the Senate and House.

MARYLAND

Advocates for the Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass End-of-Life Option Act testified before the Health and Government Operations Committee on March 3. The following day, more than 80 advocates attended a press conference in Annapolis and participated in 37 meetings in Senate offices. The bill secured enough votes to pass out of committee but was four votes short on the Senate floor, so the Senate president chose not to advance the bill. The next opportunity to reintroduce the bill will be 2027. Meanwhile, the Maryland team will launch a statewide education and outreach campaign to continue building momentum.

MASSACHUSETTS

Companion bills have been filed in both the Senate and House. The bills were assigned to the Joint Committee on Public Health. Recently an art display of seven photos of advocates was displayed at the State House. The pieces included each advocate's dying wish, highlighting who they are at their core — everyday people who want the option of medical aid in dying. In March, we hosted a press conference and mini lobby day at the State House to announce the filing of the bills and to call for action. Following the event, a group of advocates delivered informational materials to all legislative offices, urging the passage of the bill this session. It must have worked, because the Committee held a public hearing April 2. This is the earliest the committee has ever scheduled the bill. The team is focused on adding official bill sponsors and raising the profile of the bill in the State House and in the public eye.

MINNESOTA

On April 1, the Minnesota End-of-Life Options Act (HF 2998) was officially reintroduced for 2025. Just two days later, Gina Schneider, Minnesota campaign and advocacy manager for Compassion & Choices Action Network, joined chief bill sponsor and author Rep. Mike Freiberg in a press conference alongside advocates Tom Albin, a Minnesotan living with ALS who wants the option of medical aid in dying, and Becki Sinks, a Minnesotan who tragically lost her husband to suicide during his terminal illness. Together, they made a powerful case for passing the bill in 2025, emphasizing the urgent need for compassionate end-of-life care in the state.

MONTANA

On April 9, Compassion & Choices Action Network defeated SB 136, a bill to criminalize Montana physicians who prescribe medical aid in dying to their terminally ill patients, in a bipartisan House floor vote of 43 to 57. Team Montana organized a formidable group of advocates in defense of end-of-life rights in the state, including people with terminal illnesses, caretakers, legislators, attorneys, faith leaders and a robust

coalition of the state's medical community. Additionally, ACLU of Montana, Big Sky 55+, Bozeman Health, Hestia Advantage and Montana Hospital Association all testified against SB 136 in committee hearings in the House and Senate.

NEW YORK

For the first time in history, the NYS Assembly passed the New York Medical Aid in Dying Act (A136/S138) by an 81-67 vote. The bill moved swiftly through three committees with large margins of support on its way to the floor. Compassion & Choices' campaign of over ten years, with a dramatic increase in resources this year, now squarely focuses on the Senate. More volunteers have consistently shown up to make calls, send messages and walk the halls of the Capitol, including our biggest lobby day to date on May 6, making for a powerful message to lawmakers. In March, the New York State Psychiatric Association (NYSPA) approved a resolution supporting New York's Medical Aid in Dying Act.

Advance End-of-Life Options in Your Community

These pages provide the groundwork and inspiration to get involved with Compassion & Choices and build on the decades of progress we've realized together.

Advocate

- ❍ Research and vote for supportive lawmakers
- ❍ Attend town hall meetings and meet-and-greets
- ❍ Call and email legislators
- ❍ Participate in lobby days and public hearings

Engage

- ❍ Ask your faith or community leaders to get involved with you
- ❍ Host and attend community events
- ❍ Network with local members of your community and get the word out about the importance of end-of-life care and options
- ❍ Talk to your healthcare providers about end-of-life care and options

Join

- ❍ Sign up to volunteer
- ❍ Join a local Compassion & Choices action team to meet like-minded advocates and unite for end-of-life issues in your state
- ❍ Start an action team if one doesn't already exist
- ❍ Become an action team leader in your community

Lead

- ❍ Lead an action team in your community to advance medical aid in dying and end-of-life planning
- ❍ If you are a member of the African American, Asian American, Native Hawaiian and Pacific Islander, Latino or LGBTQ+ communities, consider joining one of our Compassion & Choices Leadership Councils!
- ❍ If you are a faith leader or healthcare professional, we have an advisory council for you too!

Sign up to volunteer at CandC.org/Volunteer

Celebrate the Life You've Led: *Give an Estate Gift*

Giving a gift to Compassion & Choices in your estate planning provides the resources we need to change end-of-life healthcare for all.

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Need Legal Help?

Everyone deserves the best healthcare possible as the end of life nears. However, when something goes wrong, legal representation can be necessary.

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