

GERALD L. BRADY
STATE REPRESENTATIVE
4TH District



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Highlands Community Association Meeting
Wednesday, October 25th, 2017

Greetings, Highlands Community Association! I have an update on a few bills that will be heard when legislative session resumes in January. Please let me know your thoughts on each bill. If you need to reach my office, please contact Scott Eisenhart at 302-577-5246.

HB 160 – The End of Life Options Act

House Prime: Rep. Baumbach

Senate Prime: Sen. Henry

The Delaware End of Life Options Act provides an additional option which terminally ill adults nearing their death can decide to select, to lessen their pain and suffering. The bill clarifies the procedures necessary for making the request, including 1) the presentation of all end of life options which include comfort care, hospice care, and pain control, 2) a physician's evaluation, 3) medical confirmation by a second physician, 4) psychiatric/psychological counseling when indicated, 5) the passage of two waiting periods, and 6) the completion of a formally witnessed request for prescribed medication. The bill provides many safeguards to ensure the patient is making an informed decision, the right to rescind any request for medication, and immunity for persons participating in good faith compliance with the procedures. When the process is followed with its safeguards, the terminally ill patient is provided the right to receive medication to peacefully end the patient's life in a humane and dignified manner.

- This bill was released from the House Health & Human Development Committee on June 7th. The next step is for this bill to be heard by the entire House of Representatives.
- Please see the attached sheets from Rep. Baumbach further explaining HB 160.

HB 110 – The Marijuana Control Act

House Prime: Rep. Keeley

Senate Prime: Sen. Henry

The Delaware Marijuana Control Act regulates and taxes marijuana in the same manner as alcohol. It allows adults over the age of 21 to legally possess and consume under 1 ounce of marijuana for personal use. It does not permit people to grow their own marijuana.

- This bill was released from the House Revenue & Finance Committee on May 10th. The next step is for this bill to be heard by the entire House of Representatives.

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House Concurrent Resolution 52 – Creating the Adult Use Cannabis Task Force

This Resolution creates an Adult Use Cannabis Task Force to study issues surrounding the possible future legalization of non-medical, adult use cannabis in Delaware, including local authority and control, consumer safety and substance abuse prevention, packaging and labeling requirements, impaired driving and other criminal law concerns, and taxation, revenue, and banking issues and to submit a report to the Governor and General Assembly by January 31st, 2018.

- This resolution was passed by both the House of Representatives and the Senate on July 1st. The task force is currently underway. Please check the General Assembly's website at <https://legis.delaware.gov/> for when upcoming meetings will be.

Delaware's End of Life Options Act, HB 160

The Legislation Allows a terminally ill, mentally capable adult with a prognosis of six months or less to live the options to request, obtain, and take medication—should they choose—to die peacefully in their sleep if their suffering becomes unbearable.

The Legislation is modeled after the Oregon Death with Dignity Act, which has been in practice for 20 years without a single instance of abuse or coercion, due to its substantial (over a dozen) safeguards, which are strengthened in HB160.

Primary Sponsor: Rep Paul Baumbach

Additional Sponsors: Senators Margaret Rose Henry, Stephanie Hansen, David Sokola, and Rep Bryon Short

Details: <https://legis.delaware.gov/BillDetail/25707>

Status: The bill was voted out of the House Health Committee, and sits on the House Ready List

To Help: Sign up at <https://www.compassionandchoices.org/delaware/>

Polling information (over 70% support nationally) can be reviewed at <https://www.compassionandchoices.org/wp-content/uploads/2016/02/FS-Medical-Aid-in-Dying-Survey-Results-FINAL-8.7.17-Approved-for-Public-Distribution.pdf>

HB160 provides one additional option for Delaware residents who are at the end of their life. Existing options are sufficient for most terminally ill patients. However traditional options fail some, and some terminally ill patients want to direct the end of their life, rather than have fate or the medical community drive the process.

The Medical Society of Delaware has shared their objections, as many **doctors** prefer not to be involved in the medical aid in dying process. HB160 includes several safeguards for those doctors who do not wish to participate. Several medical

societies across the country have changed their position from opposition to neutral on medical aid in dying.

The Catholic Diocese of Wilmington has shared its opposition to the bill. 55% of survey respondents who attend **church** weekly support medical aid in dying. As HB160 is patient-centered, it provides full support for patients who do not wish to have this option to not use the option. HB160 is 100% patient-driven.

There are members of the **disability community** who have shared opposition to the bill. The areas of concern are generally based on one of two concerns. First, there is concern that it would be used to prematurely end the life of an adult child who has developmental disabilities (perhaps after the individual's parents have passed away). This concern is extremely important, and we have taken it very seriously. This is strictly prohibited, for the patient must be mentally capable (as HB160 is 100% patient-driven), so this concern is baseless.

The second concern raised is that the bill encourages those with disabilities to consider their lives to be without dignity. This is one reason that we have shifted the terminology from 'death with dignity' to 'medical aid in dying,' to be more accurate, and out of respect for those with disabilities who have raised this concern. Furthermore, one of the most important safeguards is that the patient must have a prognosis of death within six months, and additionally, there is a safeguard that explicitly states that age or disability is not a eligibility category.

We continue to solicit areas of concern regarding HB160, and have added an amendment with additional and strengthened safeguards.