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## Legislative Impact Statement

To: Representative Carol Hagan McEntee, Chair House Judiciary Committee  
From: Elisabeth Hubbard, Executive Secretary  
Re: 26 HOUSE 7760 AN ACT RELATING TO HEALTH AND SAFETY -- LILA MANFIELD SAPINSLEY  
COMPASSIONATE CARE ACT

Thursday, April 30, 2026

The Governor's Commission on Disabilities' Legislation Committee has developed a Legislative Impact Statement on the bill listed below. The Commission would be pleased to present testimony to the committee. Please contact me (462-0110) if testimony is desired or for additional information.

### **The Commission finds this bill beneficial**

This bill would provide, in very specific, limited circumstances, for a person with a terminal diagnosis to request medically assisted death (MAID). The bill aims to promote autonomy for those facing imminent death to determine how and when they pass.

The Legislation Committee of the Governor's Commission on Disabilities has voted to support this bill. As advocates for the disabled, we promote the autonomy of individuals and their right to make decisions they believe are best for themselves. Our support of this bill is a departure from some in the disability community who fear it can be abused. There is a legitimate fear that MAID laws will be used to encourage people with disabilities, who are often seen as a burden on society and historically been subject to eugenics policies. We have seen these arguments properly raised in response to laws in other states and nations.

The Committee found that the protections included in this bill would address many of the concerns raised by opponents of other, broader laws. Firstly, the bill only applies to people who have an "terminal condition", which is defined as an incurable and irreversible disease which would, within reasonable medical judgement, result in death within 6 months or less". It also requires a procedure involving multiple requests, and a determination of the competency of the patient, and that the physician provides information about the full range of treatment options for the patient's diagnosis. The bill also requires that the doctor offer to the patient a referral for a second opinion, and to consult the patient's primary care physician if the patient consents. This ensures that the patient has received all necessary information about their

condition and had the opportunity for the physician consult with their primary care provider who presumably has the best knowledge of their condition, history and circumstances. In light of these protections, we believe that it is important to preserve the right to autonomy and support this particular bill.

The Committee asserts that policies regarding people with disabilities should be about promoting the autonomy of people with disabilities, not protection. We abandoned institutions and sheltered workshops that were created with the intent of keeping people with disabilities safe. We chose instead to allow people with disabilities the same rights and opportunities to live in the community as everyone else. This is made possible by programs and funding that promote independence. Independent Living Centers educate people about living with a disability, resources that are available and maximizing independence. Long Term Services and Supports (LTSS) can pay for someone to receive care at home instead of in a hospital or facility or provide durable medical equipment that improves a person's independence. The GCD's Livable Home Modification Program helps pay for modifications they need because of their disability. This enables people to avoid living in an institution and instead at home where their life expectancy and quality of life is better.<sup>1</sup> Investing in these policies as well as increasing public awareness about them ensures that a person has meaningful options that can maximize their quality of life.

These supports however, are threatened by new policies that would restrict the rights of people with disabilities to live in the community. *Texas v. Kennedy*, a lawsuit seeking to limit Section 504 of the Rehabilitation Act and the *Olmstead v. Curtis* decision seeks to limit states' obligations to provide services in the community instead of institutions.<sup>2</sup> Recent comments by the Secretary Kennedy indicated that his department seeks to end payments to family members who provide personal care attendant services.

We must also examine the bill in the context of our country's health insurance system. For people with low income, the fear of expenses may be a determining factor in their choice. The National Council on Disability cites this as one of the main concerns of people who have used Oregon's law.<sup>3</sup> While the bill requires that a physician inform the patient of treatment that could cure or at least alleviate the condition, the cost may be too high for the patient. Health insurance ultimately makes the determination of what options are available to the patient, not the patient or doctor themselves. Those who have no insurance face higher financial burdens. The annual cost of health care expenditures for uninsured cancer survivors in a 2018-2019 was \$5,657 for people age 18-64 and \$16,584 for people over the age of 65.<sup>4</sup> (Note this is the

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<sup>1</sup> <https://showme.missouri.edu/2022/mu-study-finds-health-benefits-of-aging-in-place-at-tigerplace/>

<sup>2</sup> <https://dredf.org/texas-and-eight-other-states-renew-attack-on-section-504-and-the-right-of-disabled-people-to-live-in-their-communities/>

<sup>3</sup> <https://www.ncd.gov/report/the-danger-of-assisted-suicide-laws/>

<sup>4</sup> <https://www.fightcancer.org/policy-resources/costs-cancer-among-uninsured-people-0>

annual costs for people who have completed cancer treatment, not the cost of the cancer treatment itself.)

There are also inequities in health care that must be acknowledged. The 2020 RI Legislative Commission on Health Advocacy and Equity found that people who are Hispanic are more than twice as likely not to seek medical care because of cost.<sup>5</sup> It also found that people with disabilities were almost three times as likely to not seek medical care because of cost.<sup>6</sup> People who are Black continue to have the highest mortality rate from cancer. Cancer screening is lower among Black, Hispanic, Asian, and AIAN populations compared to their White counterparts.<sup>7</sup> In addition, a study found that Black and Hispanic cancer patients received fewer opiates and at a lower dose than white patients.<sup>8</sup>

The only method to ensure that this bill does not negatively affect populations with less access to health care is to address that problem. Doing so will also ensure many other health care disparities, such as maternal health care outcomes and pediatric asthma rates are also addressed. We must also protect the services and supports that enable people with disabilities to maximize their independence and preserve their quality of life. If the options to MAID are available, we can be confident people are not choosing to utilize MAID out of desperation.

If you choose to pass this bill, please also support legislation that provides access to medical care for all and funds community-based supports. We cannot have dignity in death unless we can ensure there is also dignity in life.

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<sup>5</sup><https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/reports/2020CommissionForHealthAdvocacyAndEquityLegislative.pdf>

<sup>6</sup> Id

<sup>7</sup> <https://www.kff.org/racial-equity-and-health-policy/racial-disparities-in-cancer-outcomes-screening-and-treatment/>

<sup>8</sup> <https://www.cancer.gov/news-events/cancer-currents-blog/2023/disparities-opioids-cancer-pain-end-of-life>