

Dear Members of the House Judiciary Committee,

I'm submitting this testimony in strong support of The Lila Manfield Sapinsley Compassionate Care Act H7760.

It is difficult to avoid becoming emotional drafting this testimony which is understandable given how personal and painful this issue is. You will hear many heartfelt testimonies and those stories matter greatly. Still legislation in general must be grounded not only in emotion but in evidence about how it protects people, protects their safety and helps deliver justice.

A few years ago, my friend Melissa, a lifelong Rhode Islander, hard-working mother of three in her early forties who is deeply involved in her community, was diagnosed with stage four colon cancer. When we first heard the news, everyone's immediate reaction was: This is not fair. For more than four years I have watched her life become a series of treatments aimed at extending time and preserving the ability to enjoy the time she has left. A few months ago, as she's been running out of treatment options, she talked to me about Medical Aid in Dying. I had heard of it but neither of us knew much about the efforts to pass it here in Rhode Island.

Learning how the law works in states like Oregon, and most recently New York where it passed a few months ago and will go into law in August, changed my understanding. In practice, Medical Aid in Dying is rarely used. But its availability offers terminal patients an important measure of control in a situation where so much has been taken from them.

I learned that there are a lot of myths surrounding Medical Aid in Dying. This bill should not be confused with the current law in Canada. House bill 7760 is modeled after the long standing, successful law in Oregon and reflects decades of experience and safeguards. It requires strict eligibility criteria and clinical oversight. Physicians cannot casually prescribe it. This bill allows for an agreement between a terminal patient and their doctors. Family or friends do not make the decision for the patient.

Raised Catholic, I was taught that suicide is a sin. Over the last six months, I've immersed myself in this topic reading and talking to people who present a variety of perspectives. My thinking shifted. This is not about suicide. These are people who have been given a terminal prognosis and seek a peaceful, dignified option at the end of their life.

Research supports this. \*In New York while Medical Aid in Dying faced strong opposition from the Catholic Church, a 2025 poll of state residents revealed that 65% of Catholics backed the legislation despite the institutional opposition from the church.

Medical Aid in Dying gives terminal patients a choice that can bring comfort and preserve dignity. It can also spare loved ones the prolonged trauma of watching someone they cherish die slowly and painfully.

It's important to note that this bill is not a replacement for Hospice, recognizing the great programs we have in Rhode Island. Medical Aid in Dying can complement that type of care and would be available to a relatively small subset of patients. And for those who would be eligible, it can work in conjunction with Hospice.

Medical Aid in Dying is now legal in 13 states and Washington, DC. It is being considered in 15 others including Massachusetts. I urge you to please advance this bill to the House floor for a vote. Members of the Judiciary Committee, thank you for your attention.

Sincerely,  
Heather McNamara  
Barrington, Rhode Island

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\* According to a survey conducted by Parkside Group and Public Strategies in May 2025 aimed at registered voters in New York state.