

April 27, 2022

The Honorable Mike Quigley  
Chair  
Committee on Appropriations  
Subcommittee on Financial Services and  
General Government  
2000 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Steve Womack  
Ranking Member  
Committee on Appropriations  
Subcommittee on Financial Services and  
General Government  
1036 Longworth House Office Building  
Washington, D.C. 20515

Dear Chairman Quigley and Ranking Member Womack,

We write to support including language in the Financial Services and General Government Appropriations Act for Fiscal Year 2023 to repeal the “Death with Dignity Act of 2016” (Act 21-577) in the District of Columbia (D.C.). This law allows an adult who has been diagnosed as terminally ill (defined as having less than six months to live) to receive a prescription for medication to end his or her life.

By authorizing doctors to violate the Hippocratic Oath of “do no harm,” physician assisted suicide undermines a key safeguard that ensures each patient receives the best medical care when they need it most. This law puts our nation’s most vulnerable—people who are elderly, disabled, or fighting mental illness— at risk. In fact, in October 2019, the National Council on Disability, an independent federal agency which makes policy recommendations to enhance the lives of all Americans with disabilities, released a report entitled, “The Danger of Assisted Suicide Laws.” It states, “Legalizing assisted suicide means that some people who say they want to die will receive suicide intervention, while others will receive suicide assistance. The difference between these two groups of people will be their health or disability status, leading to a two-tiered system that results in death to the socially devalued group.”

The law presents a serious risk to vulnerable patients, including those who may have more than six months to live. First, the law’s definition of “terminal illness” may include diseases, such as diabetes or human immunodeficiency virus, which can be considered “terminal” if left untreated. Individuals who, with treatment, could live many more years, are legally eligible to kill themselves under Act 21-577. Second, there is no requirement in the law to screen for mental illness before dispensing lethal medication. Third, there is always the possibility of an error in prognosis; for even the most experienced doctors, it is extremely difficult to establish a six-month life expectancy. The bottom line is that, especially for individuals unable to pay for health

care out of pocket, Act 21-577 puts D.C. residents at risk when they are facing a new diagnosis, suffering from a chronic illness, facing a disability, or struggling with mental illness.

In addition, by making lethal medication legally available to patients with little accountability, the law creates a greater danger of murder and coercion. There are no precautions required to track how the medication is used after it leaves the pharmacy. There is no requirement in the law for a medical attendant to be present at the time of ingestion in event of medical complications or if a patient changes his or her mind. It is not even possible to track this data after an individual has passed away. Compliance with the law's limited safeguards is difficult to monitor because it directs the physician to list the cause of death as the underlying condition without reference to their death by assisted suicide, and the reporting requirements in the law are not subject to the Freedom of Information Act.

A two-tiered system of healthcare that discriminates against the most vulnerable must never be allowed to exist in the United States of America. The inclusion of language repealing Act 21-577 in the FY2023 Financial Services and General Government Appropriations Act would send a clear message that physician assisted suicide is a threat to health care access in D.C. and throughout the nation and would help protect individuals with disabilities from dangerous discrimination.

Thank you for your consideration of this request.

Sincerely,



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Brad R. Wenstrup, D.P.M.  
Member of Congress



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Thomas Massie  
Member of Congress



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Brian Babin, D.D.S.  
Member of Congress



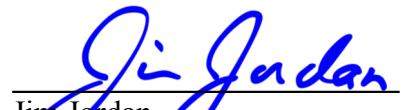
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Glenn Grothman  
Member of Congress



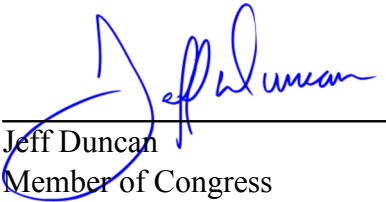
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Barry Loudermilk  
Member of Congress



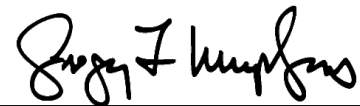
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Jim Jordan  
Member of Congress



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Jeff Duncan  
Member of Congress



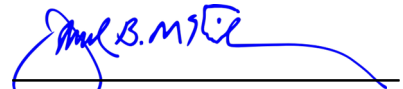
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Gregory F. Murphy, M.D.  
Member of Congress



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Bob Good  
Member of Congress



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David B. McKinley, P.E.  
Member of Congress



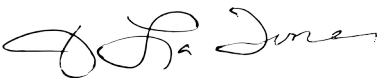
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Andy Biggs  
Member of Congress



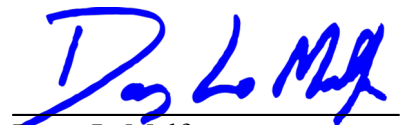
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Vicky Hartzler  
Member of Congress



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Doug LaMalfa  
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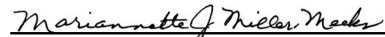
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Randy Feenstra  
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Robert E. Latta  
Member of Congress



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Mariannette Miller-Meeks,  
M.D.  
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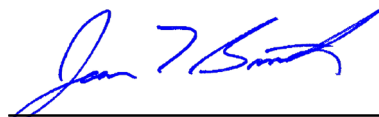
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Mike Gallagher  
Member of Congress



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Steve Chabot  
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Jason Smith  
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Russ Fulcher  
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Diana Harshbarger  
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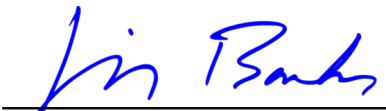
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Lauren Boebert  
Member of Congress



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Ted Budd  
Member of Congress



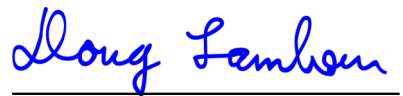
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Dan Bishop  
Member of Congress



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Neal P. Dunn, M.D.  
Member of Congress



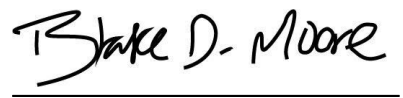
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Doug Lamborn  
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Debbie Lesko  
Member of Congress



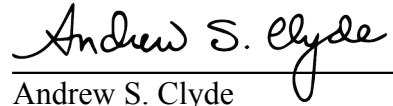
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Member of Congress



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Louie Gohmert  
Member of Congress



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Andrew S. Clyde  
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Ronny L. Jackson, M.D.  
Member of Congress



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Alex X. Mooney  
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Madison Cawthorn  
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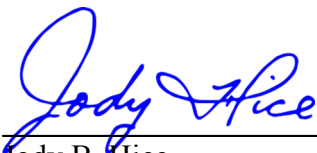
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Joe Wilson  
Member of Congress



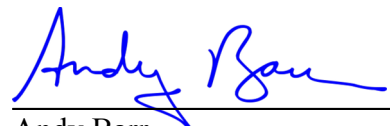
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Ralph Norman  
Member of Congress



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Jody B. Hice  
Member of Congress



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Andy Barr  
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