

**Congress of the United States**  
**Washington, DC 20515**

March 28, 2017

The Honorable Tom Graves  
Chairman  
Subcommittee on Financial Services and Government  
U.S. House of Representatives Committee on Appropriations  
2000 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Graves,


We write to support including language in the Financial Services and General Government Appropriations Act for Fiscal Year 2018 to nullify the “The Death with Dignity Act of 2016” (Act 21-577), which recently became law 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 live) to receive a prescription for medication to end his or her life. D.C. now joins six states that have enacted such laws.

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. Under this new law, assisted suicide could become the cheapest option for certain medical conditions. If D.C. residents are not able to pay for health care out of pocket, they may find their options severely limited when facing a new diagnosis, suffering from a chronic illness, facing a disability, or struggling with mental illness.

Additionally, the D.C. Death with Dignity Act, as written, has insufficient safeguards. The definition of “terminal illness,” for example, is too broad; many diseases, such as diabetes or HIV, can be considered “terminal” if left untreated. Further, there is a possibility for error in prognosis; for even the most experienced doctors, it is extremely difficult to establish a six-month life expectancy. Additionally, there is no requirement in the law to screen for mental illness, no requirement for a medical attendant to be present at the time of ingestion in event of medical complications, and no precautions are required to ensure the lethal medication is used as intended after it leaves the pharmacy. Last, compliance with the bill’s limited safeguards is difficult to track 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 bill are not subject to the Freedom of Information Act.

This law puts our nation’s most vulnerable—people who are elderly, disabled, or fighting mental illness— at risk. The inclusion of language nullifying Act 21-577 in the FY2018 Financial Services and General Government Appropriations Act would send a clear message that Congress does not support the spread of physician assisted suicide legalization laws throughout the country. Thank you for your consideration of this request.

Sincerely,



Brad R. Wenstrup, DPM  
Member of Congress




Warren Davidson  
Member of Congress



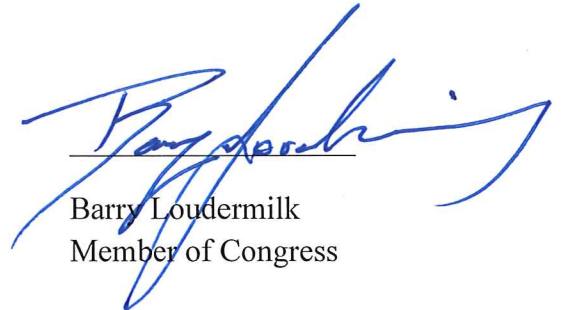
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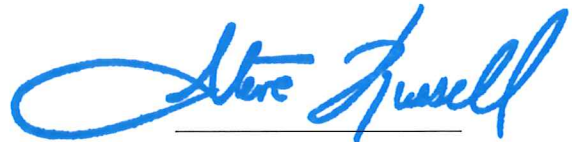
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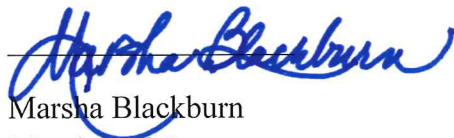
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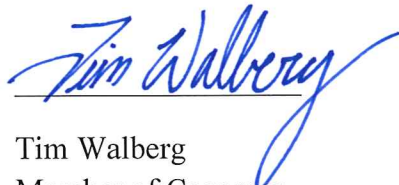
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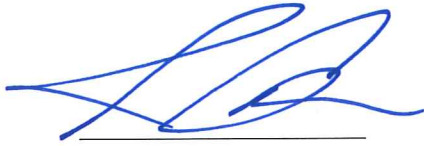
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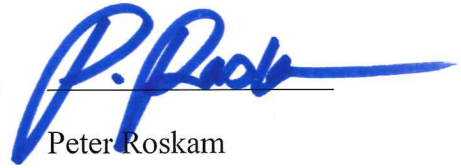
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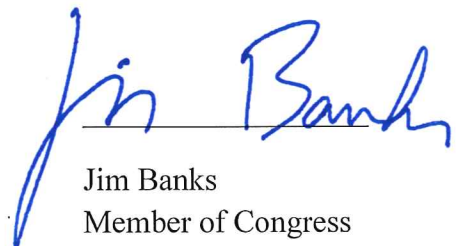
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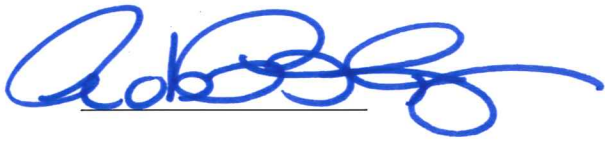
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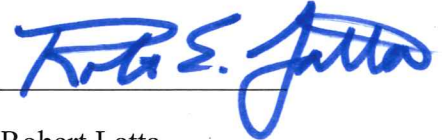
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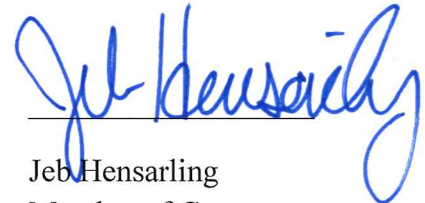
Mike Gallagher  
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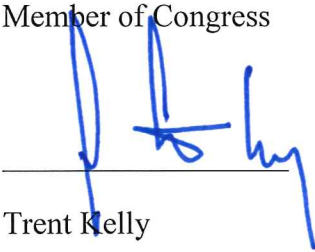
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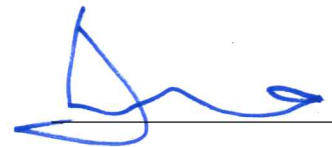
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