Good Afternoon. My name is Kathleen Oganovic.

I am speaking today in **support of The End-of-Life Options Act**.

I am speaking from my personal experience as the primary caregiver of my mother who died two years ago.

My mother had been living independently until she was 95 years old. Even though she had been slowly losing weight she was eating regular meals prepared by herself while she was still living independently. One evening she collapsed as she was getting ready for bed. We did not know about her fall until the next morning when my husband and I found her unconscious on the floor of her senior co-operative unit.

The doctor who cared for her at the hospital diagnosed her as needing hospice care and recommended we place her in a senior care facility. With a hospice care diagnosis, she did not qualify for Assisted Living and was admitted to the Long-term Care Unit.

The doctor told us to request a “soft meal diet.” Soon we found that this meant that she was served lumps of ground up food at mealtimes that did not taste anything like the real thing. She went from about 110 pounds down to 88 pounds within a few months.

When we requested physical therapy, we were told that the facility would not provide “rehabilitation” unless she was in the Transitional Care Unit where she would no longer be eligible for hospice care. The original Medicare provided hospice care nurse and the original facility social worker assigned to my mother did not help us get the care that she required.

We eventually hired a new hospice nurse and my mother’s care was assigned to a more experienced facility social worker, but my mother was confined to bed or a wheelchair for the extend of her time in this highly recommended senior care facility.

Prior to her fall, she was living a reasonably independent life. She had stopped driving five years earlier. I was buying and delivering her groceries. She took pride in her appearance. I drove her to her weekly hair salon appointments and doctor appointments. She walked the halls in her building to stay fit and played card games with her neighbors regularly.

After she was confined to a bed or a wheelchair 24/7 and after she was kept within the limits of her room for lengthy periods of time due to three COVID scares, she came to believe that she no longer possessed any real quality of life. She didn’t want to see visitors in her declining state. Everything that she valued was no longer available to her. She was not strong enough to return to her home. Her beautiful clothing no longer fit and had to be totally replaced. Her adult diaper needed to be changed frequently. But often she had to sit in her own filth far too long because staffing shortages made it impossible to secure nurse to change her as quickly as she required. She became increasingly agitated. Even though this senior facility had a long-term good reputation, the pandemic and the increasing lack of adequate staffing made for a miserable experience for my mother.

We were told that she was too weak to move to a different location and we were concerned that the next senior care facility that we could possibly be able to find might not be any better. After she had spent nine months suffering increasing distress, we luckily secured an open room in a hospice house for the last two weeks of her life where she received superior care.

I am 70 years old, and I am part of the baby boom generation. I do not want to suffer like my mother for the last months of my life. I recently watched a Frontline episode called ***Living Old***which first aired in **2006**. This is a paraphrase of what I learned from the program:

Almost twenty years ago with 35 million elderly people in America, “the old, old” — those over 85 — were considered the fastest growing segment of the U.S. population. While medical advances have enabled an unprecedented number of Americans to **live longer and healthier lives, this new longevity has also had unintended consequences.**

For millions of Americans**, living longer also means serious chronic illness and a protracted physical decline that can require an immense amount of care, often for years and sometimes even decades.** Yet just as the need for care is rising, the number of available caregivers is dwindling.

With families more dispersed than ever and an overburdened healthcare system, many experts fear that we are on the threshold of a major crisis in care.

I want to have the ability to choose **medical aid in dying** when and if I have a hospice care diagnosis like my mother. Passage of the **End-of-Life Options Act** will allow me and other citizens to legally have the **option** to request, obtain and take medication to die peacefully in our sleep when our end-of-life suffering becomes unbearable.