

# **ANNUAL REPORT**

# LAST YEAR IN CONTEXT

Every year, we celebrate our wins, we bemoan our losses, and we get up to fight another round. This year is no different, even though the nature of the fight is changing.



A black ink signature of Dr. Peg Sandeen, consisting of stylized, flowing letters.

**Dr. Peg Sandeen**  
Chief Executive Officer

**In the last year, five laws passed that expanded access to Death with Dignity across the country**—six, if you count Nevada before the governor’s arrogant and misguided veto.

**We celebrate the end of residency requirements in Oregon and Vermont. But significant barriers still exist for most Americans, even in states where laws exist.** In some states, there aren’t enough clinical care providers; in others, hospitals with religious affiliations prevent patients from accessing information about end-of-life options.

This past year, our organization adopted a new mission statement: to improve end-of-life care by expanding options for those who are dying and confronting injustices in the health care system. We did it with little fanfare, so that we could focus our effort on the work to advance it.

We tracked every single legislative movement this past year, providing immediate and clear guidance about new bill introductions and **taking every opportunity to advocate for Death with Dignity** as a policy that improves end-of-life care, giving terminally ill Americans the right to die on their own terms.

**We invested over \$85,000 in grants to organizations in our movement.** Organizations like Florida Death with Dignity, which advanced legislation in the state farther than ever before; End of Life Options New Mexico, which mobilized volunteers to reach patients in rural areas; and the American Clinicians Academy on Medical Aid in Dying, which works to educate clinicians and provide resources to support access to medical aid in dying.

After several years of hard work to improve our digital communications infrastructure, we’re also making big strides forward in our advocacy. **We mobilized a coalition and collected over 10,000 public comments to successfully challenge a proposed DEA rule that would have made it harder for terminally ill patients to receive the medical care they need.**

And in New York, where we’ve been campaigning for eight years, **we piloted a new strategy to break through what’s blocking us in the legislature**—inviting legislators to share their stories and bringing them into the center of our advocacy strategy.

With unwavering dedication, we will continue to advocate until every American can choose to die how they live, with love and with dignity.

Thanks to generous and dedicated supporters like you, our movement continues to grow. Death with Dignity is committed to this fight, and to strengthening our relationships with our allies as we face wins, losses, and everything in between—together.



# OUR IMPACT

For 25 years, Death with Dignity has been a national leader in end-of-life advocacy and policy reform.

**Our Mission** is to improve end-of-life care by expanding options for those who are dying and confronting injustices in the health care system.

**Our Work** ensures that people with terminal illness can decide for themselves what a good death means in accordance with their values and beliefs, and that should include having an option for Death with Dignity. We won't stop until that is a reality in every part of the country.

120,000+

People learned about the profoundly positive impact that the option of aid in dying has on those who are terminally ill, through personal stories told by our supporters

46,000+

People relied on our resources to understand and access aid in dying in the U.S.

30,000+

People took action with us to promote and defend aid-in-dying laws in the U.S.

1,100+

Patients came to our social work team for support related to end-of-life care

9

Statewide grassroots organizations received funding through our grantmaking program

◀ Dr. Heidi Henson, a fierce advocate for medical aid in dying, who died in 2022 from ALS.



# EXPANDING THE MAP

We are approaching the 30th anniversary of the Oregon Death with Dignity Act. While every American now legally has aid-in-dying access thanks to Oregon and Vermont, **persistent barriers require ongoing efforts to pass, defend, and promote such laws nationwide.**

This year, in addition to the 16 states that introduced aid-in-dying legislation, 6 states introduced amendments to expand existing laws so more patients, both in their states and across the country, can better access Death with Dignity. And a record-breaking 5 of those have already been passed, opening up access to laws and reducing unnecessary suffering for patients with terminal illness.

**WA** — Washington’s legislature was the first in 2023 to have a bill signed into law with SB 5179, which expanded the types of medical providers who can serve as attending and consulting providers for medical aid in dying, and allows aid-in-dying medications to be delivered by mail.

**OR** — After a stressful legislative session that included a Republican walkout, Oregon’s legislature finally passed HB 2279 to officially eliminate the residency requirement in its landmark Death with Dignity Act.

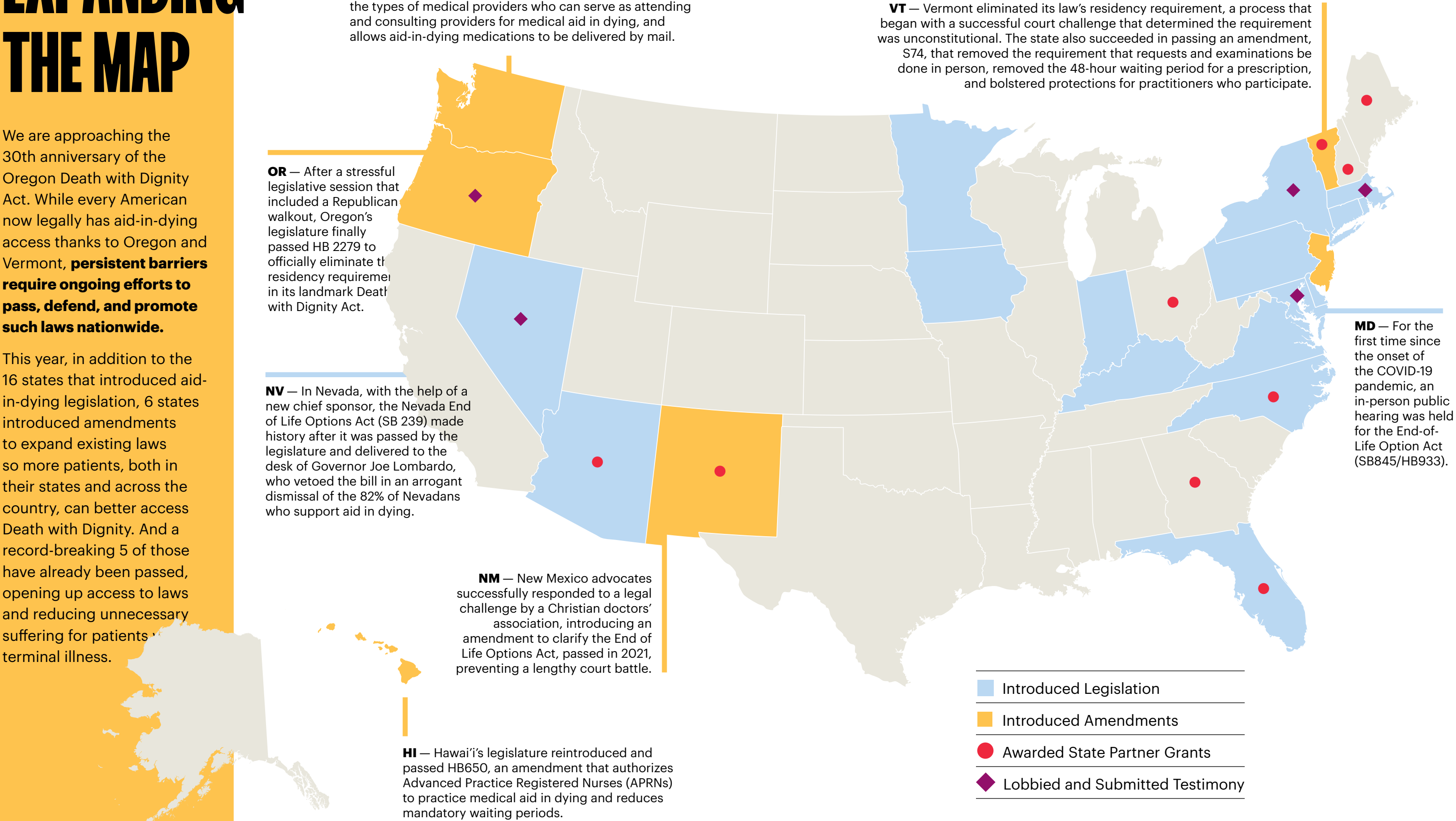
**NV** — In Nevada, with the help of a new chief sponsor, the Nevada End of Life Options Act (SB 239) made history after it was passed by the legislature and delivered to the desk of Governor Joe Lombardo, who vetoed the bill in an arrogant dismissal of the 82% of Nevadans who support aid in dying.

**NM** — New Mexico advocates successfully responded to a legal challenge by a Christian doctors’ association, introducing an amendment to clarify the End of Life Options Act, passed in 2021, preventing a lengthy court battle.

**HI** — Hawai’i’s legislature reintroduced and passed HB650, an amendment that authorizes Advanced Practice Registered Nurses (APRNs) to practice medical aid in dying and reduces mandatory waiting periods.

**VT** — Vermont eliminated its law’s residency requirement, a process that began with a successful court challenge that determined the requirement was unconstitutional. The state also succeeded in passing an amendment, S74, that removed the requirement that requests and examinations be done in person, removed the 48-hour waiting period for a prescription, and bolstered protections for practitioners who participate.

**MD** — For the first time since the onset of the COVID-19 pandemic, an in-person public hearing was held for the End-of-Life Option Act (SB845/HB933).



# FEATURED CAMPAIGN

A RARE AND IMPORTANT OPPORTUNITY TO INFLUENCE FEDERAL  
RULEMAKING ON BEHALF OF OUR SUPPORTERS



Ben Hoffman, Dr. Robin Plumer, and Ali Almuratdha deliver public comments

On March 20, 2023, Death with Dignity launched a rapid-response public comments campaign—in partnership with the Completed Life Initiative (CLI) and the American Clinicians Academy on Medical Aid in Dying (ACAMAID)—targeting a proposal from the Drug Enforcement Administration (DEA).

The proposed rule would prevent doctors from prescribing controlled substances via telemedicine, unless they have conducted an in-person evaluation. This would significantly harm terminally ill patients by restricting access to routine end-of-life care and medicines that can ease pain.

In less than two weeks, **we generated nearly 10,000 public comments, and our**

**efforts directly contributed to the agency reconsidering its proposal.**

When we contacted the DEA to ensure that they would be appropriately considered, we didn't get a clear answer. So, to ensure that our concerns couldn't be ignored, **we traveled to the DEA headquarters in Virginia to hand-deliver each and every comment.** Along with representatives from CLI and ACAMAID, including Dr. Robin Plumer, we answered thoughtful questions from a DEA representative.

Six weeks later, **the DEA publicly announced a six-month extension of the current rules, acknowledging the quality and quantity of public comments in response to the proposal.**

# FEATURED STORY



## LIZ AND BEV

**“I’d like Liz to feed me some mocha chip ice cream,” Bev says, as Liz giggles right next to her and looks over in adoration. “That’s the last taste I want, and with Death with Dignity, I can make those decisions.”**

**If we could bring everyone into conversations like this, Death with Dignity laws would be a reality nationwide.** Liz and Bev’s story is not all laughs, but it is such a beautiful balance between the difficulty of talking about Bev’s terminal illness and the ability to focus on the levity and joy she would be afforded with the option to choose medical aid in dying.

Our storytelling program exists because of moments like this that so vividly bring to life what Death with Dignity advocates for—choices, autonomy, and the ability to focus on living (and loving) during the final weeks of life.

Over the last year, we have strategically focused our storytelling efforts on elevating lived experiences through videos and reels that capture levity, empathy, and love to raise awareness and invite new supporters in. And our efforts have paid off.

What has been really remarkable is how many non-followers engaged with our videos and reels this past year. On Instagram alone, there were 33,158 total plays featuring 10 storytellers. Of those plays, 91% were by non-followers, meaning over 30,000 views were by people new to our movement.

**The undeniable power of the positive moments that Death with Dignity laws provide for folks like Bev and Liz is evident, and as a movement, it is our duty to uplift them.**



# 2023 NATIONAL CLINICIANS CONFERENCE ON MEDICAL AID IN DYING

FOSTERING COLLABORATION BETWEEN CLINICIANS AND ADVOCATES



Terri Laws, PhD, Tracey Bush, MSW, LCSW, Dr. Lonny Shavelson, and Peg Sandeen, PhD, MSW

On February 17–18, 2023, Death with Dignity and the American Clinicians Academy on Medical Aid in Dying co-hosted the National Clinicians Conference on Medical Aid in Dying (NCCMAID) in Portland, Oregon.

**Over 450 medical professionals and advocates gathered—more than twice as many people as the last NCCMAID conference in 2020.** Clinicians and advocates rarely have the opportunity to come together to learn about medical aid in dying. This was particularly evident this year, given the two-year postponement of the conference due to the pandemic. Over the course of those two years, the progress within the medical aid-in-dying movement was largely acknowledged through virtual channels, leaving many longing to connect in person.

The NCCMAID conference was the perfect opportunity to celebrate our progress. Participants were eager to recognize New Mexico’s passage of the Elizabeth Whitefield End-of-Life Options Act, which went into effect in 2021. Clinicians shared the efficacy and advancement of MAID medication. Social workers and bereaved spouses of MAID participants shared the benefits of grief support after aid in dying.

Medical aid in dying as a legal end-of-life option is still relatively new to the United States. **Success for the aid-in-dying movement depends on bringing people out of isolation and into collaboration.** NCCMAID is quickly becoming one of the best examples of clinicians and advocates working together to accomplish this shared goal.

# OUR VISION FOR 2023–2024

WE MUST CONTINUE TO ADVOCATE FOR AID-IN-DYING LAWS UNTIL THEY EXIST IN EVERY STATE AND ARE ACCESSIBLE TO EVERY PERSON.



TO MAKE THIS VISION A REALITY, WE’RE FOCUSING ON TWO KEY AREAS IN THE COMING YEAR:

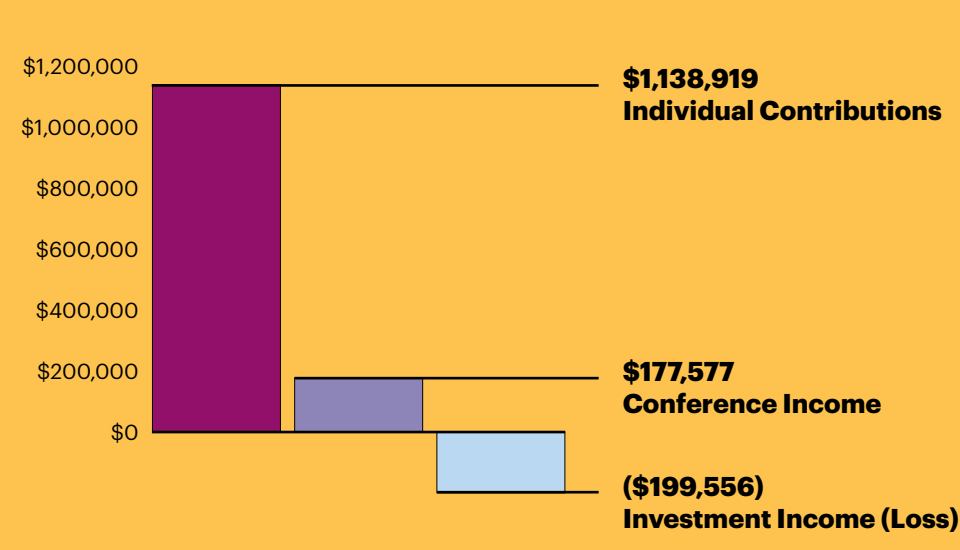
1. **Advocating in all 50 states** — The path to passing Death with Dignity laws in state legislatures can be long and winding, but our advocacy must be persistent and courageous. Any state could come into play with the right factors, and we must monitor all states to reach those who need us—no matter where they live.
2. **Embracing bold advocacy** — In a crowded and noisy policy landscape, we have to take every opportunity we can to advocate for individuals with terminal illness by launching new, creative campaigns.

For as long as we’ve existed, our opponents’ lies and tactics have never changed, while we constantly adapt and advance our cause no matter the obstacles.

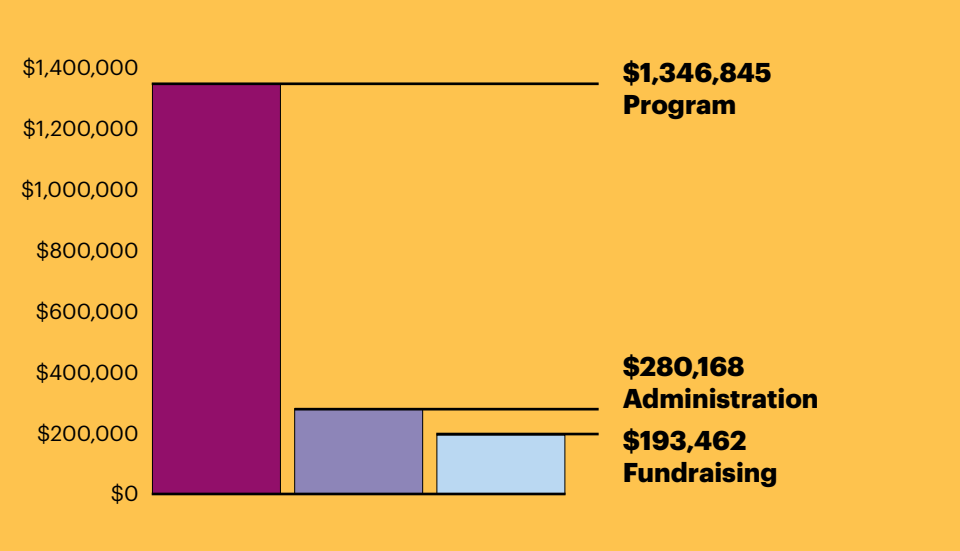
# 2022–2023 FINANCIALS

Last year, like most of the nonprofit sector, we experienced a decline in revenue and significant losses in our investments—the impact of an economic downturn and volatile markets. These challenges were mitigated by careful planning in the previous year, to ensure no cuts to critical programs despite revenue shortfalls. **Like all nonprofit organizations that rely 100 percent on individual contributions, we look carefully at the challenges on the horizon to ensure we’re prepared for the future.**

## INCOME



## EXPENSES



74% OF EXPENSES WENT DIRECTLY TO CAMPAIGNS AND PROGRAMS

## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

Assets	2023	2022
Cash and cash equivalents	\$ 1,151,979	\$ 1,588,034
Prepaid expenses and other assets	4,588	7,693
Investments	3,237,571	3,437,586
Property and equipment, net	-	1,683
Total assets	4,500,189	5,034,996
Liabilities and net assets		
Liabilities:		
Accounts payable and accrued expenses	175,969	111,905
Refundable advance	104,664	-
Total liabilities	280,633	111,905
Net assets		
Net assets without donor restrictions:		
Undesignated	1,750,834	2 ,367,524
Board designated	2,408,007	2,555,567
Total net assets without donor restrictions	4 ,158,841	4,923,091
Net assets with donor restrictions	60,715	-
Total net assets	4,219,556	4,923,091
Total liabilities and net assets	4,500,189	5,034,996

## CONSOLIDATED STATEMENTS OF ACTIVITIES

	2023			2022		
Revenue and Support	Without donor restrictions	With donor restrictions	Total	Without donor restrictions	With donor restrictions	Total
Contributions and grants	\$ 1,138,919	\$ -	\$ 1,138,919	\$ 2,253,994	\$ 6,000	\$ 2,259,994
Donated assets and services	-	-	-	30,420	-	30,420
Investment income, net	(199,556)	-	(199,556)	87,656	-	87,656
Conference income	-	177,577	177,577	-	7,194	7,194
Net assets released from restrictions:						
Satisfaction of purpose restrictions	116,862	(116,862)	-	138,258	(138,258)	-
Total revenue and support	1,056,225	60,715	1,116,940	2,510,328	(125,064)	2,385,264
Expenses						
Program services:	1,346,845	-	1,346,845	1,338,737	-	1,338,737
Management and general	280,168	-	280,168	174,267	-	174,267
Fundraising	193,462	-	193,462	153,289	-	153,289
Total expenses	1,820,475	-	1,820,475	1,666,293	-	1,666,293
Change in net assets	(764,250)	60,715	(703,535)	844,035	(125,064)	718,971
Net Assets						
Beginning of year	4,923,091	125,064	4,923,091	4,079,056	125,064	4,204,120
End of year	4,158,841	60,715	4,219,556	4,923,091	-	4,923,091





# STRONGER TOGETHER

Death with Dignity volunteer Emily Kim

**If you envision a future in which every individual can choose to die how they live, with love and dignity, please join this vital cause.**

**Advocate** — Join us in promoting and defending laws that expand end-of-life care and access to aid in dying.

**Volunteer** — Dedicate your service to helping individuals seeking information about end-of-life care and support.

**Share Your Story** — Share your personal experience with end-of-life care to help others understand the profoundly positive impact of aid-in-dying laws.

# THANK YOU FOR YOUR SUPPORT

**To our committed supporters we extend our profound appreciation. Your dedication to Death with Dignity drives our mission forward, empowering individuals in their end-of-life experiences. Your support makes a difference and inspires us to reach even further.**

**There are many ways to give and support our movement.**

## **Donate**

Make a contribution to our work and join thousands of supporters across the country who have powered our advocacy for 25 years. Your contribution, large or small, fuels our advocacy. It empowers choices for those facing terminal illnesses, helping create a future where everyone has the right to medical aid in dying.

## **Leave a Legacy**

Your legacy gift can shape a future where end-of-life choices thrive. Whether through bequests, trusts, insurance, or retirement plans, these options provide lasting support for our mission.

- **Bequest by Will or Trust:** Include Death with Dignity in your will or living trust, specifying the amount or percentage you'd like to contribute.
- **Retirement Accounts:** Designate Death with Dignity as a beneficiary of your retirement account, such as an IRA or 401(k).
- **Life Insurance:** Name Death with Dignity as a life insurance policy beneficiary.
- **Charitable Trusts:** Set up a charitable remainder trust that provides income to beneficiaries and the remainder to Death with Dignity.
- **Gift Annuity:** Establish a charitable gift annuity that provides you with fixed payments for life and supports Death with Dignity afterward.

We're here to simplify the process, aligning your wishes seamlessly with our mission. Your foresight and generosity will leave an indelible mark, offering hope, choice, and comfort to countless individuals and their families.

*For more ways to get involved, email Development Director Gris Reyes at [greyes@deathwithdignity.org](mailto:greyes@deathwithdignity.org) or call 312-702-2216.*



**“”  
THE ABILITY TO  
PLAN ONE’S  
OWN DEATH IS A  
GIFT TO ONE’S  
SELF, AS WELL AS  
TO LOVED ONES.  
THERE IS NO PAIN,  
AND NOTHING  
LEFT UNSAID.**

**—BEV BACCELLI**

**DEATH WITH DIGNITY**

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