Aging WITH Dignity®

Aging with Dignity Comments on FY27 Hospice and Wage Index and Payment Rate Update and Hospice Quality Reporting Program Requirements

Aging with Dignity, provider of America's most widely used advance care planning resources through our Five Wishes program, welcomes the opportunity to respond to the Centers for Medicare and Medicaid Services (CMS)' request for information (RFI) on the practice of assisted suicide in the United States. Aging with Dignity enthusiastically supports the directional intent of this RFI. The practice of physician-assisted suicide almost entirely lacks federal oversight and regulation, despite its targeting of vulnerable populations, specifically the elderly and individuals suffering from serious illness.

Given our 30 years of experience helping Americans of all races, ages, faiths, and backgrounds find peace at life's end, we recommend several adjustments to this RFI that we believe will better enable CMS to accomplish its intent.

Replace references to "medical aid in dying" (MAID) with references to "physician-assisted suicide" or "assisted suicide."

MAID is a deliberately ambiguous term. The pro-physician-assisted-suicide lobby has worked for decades to change the language surrounding terminology, in part due to the polling implications of using the term "suicide."[1] These organizations argue that the term "suicide" is stigmatizing, and they have lobbied to ensure all state statutes cite the cause of death in victims as the underlying condition (e.g. cancer, ALS, etc.) instead of suicide, which has significantly harmed the ability to source reliable data on the practice. It is our stance, and even of the founder of the American physician-assisted suicide movement, Derek Humphry, that euphemisms make for bad public policy.[2] Physician-assisted suicide precisely describes the action that happens when an individual ends his or her own life with the medical and prescriptive assistance of a physician, or some other practitioner, in the case of states where non-physicians are legally permitted to perform this action. MAID not only does not adequately describe what it claims to describe ("medical aid" could simply refer to the application of pain management protocols to a dying individual), but it is used to describe euthanasia, as well. Canada's MAID regime primarily provides euthanasia, as do those in the Netherlands and Belgium. MAID is widely used in these

[1] Patients Rights Council. ""Oregon plays word games with assisted suicide"." *Update 039: Volume 20, Number 5 (2006).*

[2] Childress, Sarah. *The "S"-Word: Suicide and the Right-to-Die Movement*. 13 November 2012. Web. Accessed: 1 June 2026. <https://www.pbs.org/wgbh/frontline/article/the-s-word-suicide-and-the-right-to-die-movement/>.

Washington, D.C. area office:
103 West Broad Street, Suite 602
Falls Church, VA 22046

Florida office:
3050 Highland Oaks Terrace, Suite 2
Tallahassee, FL 32301

AgingwithDignity.org
850.681.2010

contexts. Of note, the American Medical Association utilizes the term “physician-assisted suicide.”[3]

CMS should utilize proper, accurate terminology in its RFI.

We recommend that CMS include in its reporting requirements a provision requesting information on the hospice providers’ written or oral policies concerning the chain of custody for controlled lethal medications used to cause death.

While CMS does not regulate state physician-assisted suicide laws, information regarding the policies governing disposal of lethal medications would allow CMS to track the use of federal funds better. It also could allow for collaboration with the FDA to provide federal oversight into the almost entirely unregulated practice of physician-assisted suicide drug disbursement. Only the state of New York has statutory language concerning the disposal of these highly lethal drugs, and even this language is vague.

Request information on the billing for patients receiving physician-assisted suicide.

CMS rightly indicates in its RFI that the use of federal funds for physician-assisted suicide is illegal. CMS should request information from hospice and care providers that confirms they are utilizing state funds or other funding sources for the provision of physician-assisted suicide. Additionally, CMS should request information regarding all billing codes for patients that have died by physician-assisted suicide. Easy workarounds to the federal funding restrictions could include physicians billing a physician-assisted suicide consultation as “advance care planning.” Data around the billing and funding of patients who pursue physician-assisted suicide would significantly improve CMS’ oversight capabilities.

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[3] “Physician Assisted Suicide.” AMA, 2019. Accessed: 1 June 2026.< https://code-medical-ethics.ama-assn.org/ethics-opinions/physician-assisted-suicide>