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## **Ohio End of Life Options Applauds New Bill to Allow Medical Aid in Dying for Terminally Ill Ohioans**

(COLUMBUS – April 23, 2026) [Ohio End of Life Options](#) today joined Rep. Eric Synenberg, D-Beachwood, at the Statehouse to celebrate the introduction of the Ohio Medical Aid in Dying Act, which would allow terminally ill Ohioans the right to die peacefully when they choose, bringing the state in line with a growing national movement for end-of-life freedom.

Recent legislation in other states means that more than 108 million Americans live in states where medical aid in dying (MAID) is legal. Passage of the Medical Aid in Dying Act will add Ohio's nearly 12 million residents to that number.

“We know the safeguards built into the U.S. model of MAID work, and we’ve been fighting to make it available to Ohioans,” said Lisa Vigil Schattinger, executive director of Ohio End of Life Options and a registered nurse. “For years, polling has shown consistently that most Americans support the right of terminally ill adults to decide upon a peaceful death, choosing when, where and with whom it happens.”

They were joined by a bipartisan group of Ohioans supporting MAID, some facing terminal illnesses and some whose loved ones wanted this option at the end of their life. Among them were Jim O’Neil, Northwest Ohio resident advocating for compassionate end-of-life options in memory of his wife, Addie; Michael Oser, Attorney at Law, Columbus-area resident living with cancer; and Mary Jane Elam, MD, a retired family physician.

Rep. Eric Synenberg emphasized his long-term commitment to advancing the issue. “Unlike in 2018, when the sponsor was term-limited, I am in my first term, and this will continue to be a priority for me. As legislators, it is our responsibility to continue to move this conversation forward because Ohioans deserve to have this choice,” he said.

The Ohio bill rests on the same four pillars that underlie MAID in the 14 states, along with the District of Columbia, where MAID is legal. In order to ask a physician for a prescription the adult patient must:

- Be diagnosed by two physicians as having a terminal condition and being within six months of death.
- Be able to make his or her own healthcare decisions.
- Be acting voluntarily.
- Be capable of self-administering the medication.

Those safeguards are consistent across all U.S. MAID laws, and are the reason end-of-life autonomy has been practiced in the U.S. effectively for nearly 30 years, starting with Oregon's seminal Death With Dignity Act in 1997.

A recent [Pew Research Center survey](#) showed that 63% of Americans have no moral objection to MAID.

Schattinger became a full-time advocate for MAID in 2014 after her family surrounded her stepfather, who had terminal cancer, with love as he died peacefully after taking MAID medications. "We were all heartbroken that Grandpa Jack was dying, but no one wanted him to suffer any longer," Schattinger said. "Oregon's law allowed us to honor him and start processing our grief as a family, while he was still with us. Our time with him at the end was incredibly meaningful."

Choosing MAID doesn't mean people don't also receive hospice or palliative care; it is a compassionate means of giving a terminally ill person additional control if that's important to them. Data show that [about 90%](#) of MAID patients also are enrolled in hospice, and 90% have health insurance.

HB XXX includes additional safeguards beyond the four pillars:

- Healthcare providers are not required to participate in MAID.
- The patient must make two oral requests, separated by a 5-day waiting period, as well as one written request which must be witnessed by two people, one of whom cannot be an heir or family member.
- If either physician is concerned that the patient's decision-making is impaired, a mental-health assessment must be performed.
- Physicians must give patients information about all options for treatment and end-of-life care, including palliative care and hospice.
- A patient can rescind a MAID request at any time.

Along with the clear opt-out provision for medical professionals and hospital systems, the bill provides criminal penalties for fraud or coercion of a patient. Euthanasia, mercy killing and lethal injection are all expressly prohibited.

Only terminally ill people whose deaths are imminent could be approved for MAID. Disabilities, mental illness, dementia and serious or chronic conditions alone would not qualify someone for MAID.

“People who choose MAID are at the end of their lives and want it to end on their own terms,” Schattinger said. “They value living out their final days without fearing the process of dying, comforted by the knowledge that they can die peacefully at home with their loved ones. ”

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