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## QuickPoint! – “Right to Try” Is a Good First Step, Should Be Expanded

By Anna Mae Kersey

[Oregon House Bill 2300](#) gives terminally ill patients access to potentially life-saving drugs or investigational products not yet approved by the FDA that they might otherwise die waiting for.

While the necessity of such a bill is largely uncontroversial, and since last year more than 20 states have passed similar legislation, restrictions are included in Oregon’s law that severely limit the types of terminally ill patients who would be eligible for this kind of treatment.

As [passed unanimously](#) by both the House and the Senate, HB 2300 leaves out children with fatal illnesses and patients in the early stages of cancer or progressive neurodegenerative diseases like ALS, and instead holds them subject to the same restrictions as those seeking “Death with Dignity” or assisted suicide. These patients, who have the possibility of living long and fulfilling lives during which their illnesses might be contained, if not eliminated, are denied this prospect, along with the fundamental human right to care for themselves.

[HB 2300 is a good start](#) in the direction of increasing medical autonomy for the terminally ill in Oregon. However, in future legislative sessions the law needs to be expanded so that terminally ill patients seeking to exercise their “Right to Try” are not subject to the same constraints as those seeking the “Right to Die.”

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