

REVENUE: No revenue impact

FISCAL: No fiscal impact

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	4 - 0 - 1
Yeas:	Kruse, Morrisette, Morse, Monnes Anderson
Nays:	0
Exc.:	Bates
Prepared By:	Robert Shook, Administrator
Meeting Dates:	4/16

WHAT THE MEASURE DOES: Adds authorization of short-term hospitalization for treatment of dementia to actions that health care representative may make on behalf of person executing advance health care directive. Clarifies that dementia is not classified as mental illness.

ISSUES DISCUSSED:

- Medical power of attorney vs. healthcare representative
- Court commitment process not designed for those suffering from dementia
- Definition of dementia and the diagnostic definition of dementia
- Moral dilemmas surrounding end-of-life care

EFFECT OF COMMITTEE AMENDMENT: Clarifies that dementia and behavior-caused dementia are not classified as mental illness.

BACKGROUND: The Alzheimer's Association predicts a 33 percent increase in the number of Oregonians with dementia between 2000 and 2010, a 58 percent increase between 2000 and 2020, and a 93 percent increase between 2000 and 2025. Age is the biggest risk factor for dementia, and the "Baby Boomers" begin reaching age 65 in a few years. Between 40 percent and 90 percent of people with dementia develop significant behavioral disturbance at some point during their journey with this illness.

Dementia is the progressive deterioration of intellectual functioning and other cognitive skills that leads to a significant impairment in social or occupational function and that represents a significant decline from a previous level of functioning. It can cause a person to act in ways that are dangerous to themselves or to others. Short-term hospitalization for psychiatric treatment may decrease or eliminate these behaviors. Most psychiatric hospitalizations for those with dementia and behavior disturbance last less than 14 days. The goal of the hospitalization is to help improve quality of life, decrease anxiety, and agitation, and usually results in people being safe to live in their communities.

One component of an advance directive is to appoint a health care representative (HCR) that is responsible for making decisions on the patient's behalf, and who follows the patient's desires as stated in the advance directive document. The HCR may decide about short-term hospitalization for behavior caused by dementia. Senate Bill 16-A adds short-term authorization to the actions that HCR may make on behalf of the patient.

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This summary has not been adopted or officially endorsed by action of the committee.