

**REVENUE:** No revenue impact

**FISCAL:** No fiscal impact

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**Action:** Do Pass as Amended and Be Printed Engrossed

**Vote:** 5 - 0 - 0

**Yeas:** Bates, Kruse, Morse, Shields, Monnes Anderson

**Nays:** 0

**Exc.:** 0

**Prepared By:** Brian Niebuurt, Administrator

**Meeting Dates:** 2/14, 4/4, 4/18, 4/20

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**WHAT THE MEASURE DOES:** Allows hospitals to appoint a health care provider who has received training in health care ethics, including identification and management of conflicts of interest and acting in the best interest of the patient, to give informed consent to medically necessary health services. Allows hospitals to appoint a multidisciplinary committee to participate in making informed consent decisions. Allows person appointed by a hospital to give informed consent if: (a) the patient lacks the ability to make and communicate health care decisions to health care providers; (b) the hospital has performed a reasonable search for, and has not been able to locate, relatives, friends, health care representatives or case workers; and (c) the hospital has performed a reasonable search for, and has not been able to locate, health care instructions. Requires hospitals to comply with known patient wishes. Prohibits a person appointed to make health care decisions from consenting to: (a) mental health treatment; (b) sterilization; (c) abortion; (d) life-sustaining treatment unless otherwise authorized; or, (e) withholding or withdrawing artificially administered nutrition and hydration unless otherwise authorized. Requires persons appointed to make health care decisions to make reasonable efforts to confer with a member of the clergy of the patient's religious tradition if the patient's religious preference is known. Declares emergency, effective on passage

**ISSUES DISCUSSED:**

- Impact of bill on minor children
- Potential liability issues
- Impact on people with developmental disabilities
- Possible alternatives that could achieve the same goal

**EFFECT OF COMMITTEE AMENDMENT:** Replaces measure.

**BACKGROUND:** Current Oregon law establishes procedures for health care decisions in emergency and end-of-life situations. The law also allows a person to make their health care wishes known in case of a medical emergency by issuing an advance directive, power of attorney for health care or Physician Orders for Life-Sustaining Treatment (POLST) form. Currently, there is no established process for making health care decisions in cases where there is an incapacitated patient that has no known written directive, relative or friend.

Senate Bill 579-A creates a process for hospitals to follow when an incapacitated patient needs medical care and has no known directive, relative or friend. The bill allows hospitals to appoint a health care provider to make medically necessary health care decisions for these patients after the hospital has performed a reasonable search for, and been unable to locate, any relatives, friends, health care representatives or health care instructions. Senate Bill 579-A prohibits the provider from making any decisions relating to mental health, sterilization, abortion, life-sustaining treatment, and withholding or withdrawing artificially administered nutrition and hydration.

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