

REVENUE: No revenue impact

FISCAL: No fiscal impact

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<b>Action:</b>	Do Pass as Amended and Be Printed Engrossed
<b>Vote:</b>	7 - 0 - 1
<b>Yeas:</b>	Cannon, Doherty, Hoyle, Parrish, Weidner, Greenlick, Thompson
<b>Nays:</b>	0
<b>Exc.:</b>	Kennemer
<b>Prepared By:</b>	Sandy Thiele-Cirka, Administrator
<b>Meeting Dates:</b>	5/18, 5/23, 5/27

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**WHAT THE MEASURE DOES:** Allows hospitals to appoint health care provider who has received training in health care ethics, and a multidisciplinary ethics committee to participate in making informed consent decisions. Allows person appointed by hospital to give informed consent under specified conditions. Requires hospitals to comply with known patient wishes. Prohibits appointed person to make health care decisions regarding: (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. Specifies that if appointed person is attending physician; hospital must appoint another health care provider for second opinion. Declares emergency, effective on passage

**ISSUES DISCUSSED:**

- Provisions of measure
- Act of last resort
- Frequency of addressing health care issues with unbefriended patients
- Issues relating to delay in care for patients
- Potential conflict of interest for physicians that are appointed
- Current process used by hospitals
- Additional policy framework necessary
- Concerns relating to delay of care to patient
- Concerns associated with developmental disabled population
- Proposed amendments

**EFFECT OF COMMITTEE AMENDMENT:** Specifies that if appointed person is attending physician, hospital must appoint another health care provider for second opinion.

**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 or unbefriended patient that has no known written directive, relative or friend.

Senate Bill 579-B creates a process for hospitals to follow when an incapacitated or unbefriended patient needs medical care and has no known directive, relative or friend.