## Senate Bill 221

Sponsored by Senators MONNES ANDERSON, KRUSE (Presession filed.)

## **SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.** 

Makes permanent provisions allowing health care representative to consent to hospitalization of principal for treatment of behavior caused by dementia.

## A BILL FOR AN ACT

2 Relating to dementia; amending ORS 127.535; and repealing section 4, chapter 381, Oregon Laws 2009.

## Be It Enacted by the People of the State of Oregon:

5 <u>SECTION 1.</u> ORS 127.535, as amended by section 3, chapter 381, Oregon Laws 2009, is amended 6 to read:

127.535. (1) The health care representative has all the authority over the principal's health care that the principal would have if not incapable, subject to the limitations of the appointment and ORS 127.540 and 127.580. A health care representative who is known to the health care provider to be available to make health care decisions has priority over any person other than the principal to act for the principal in all health care decisions. A health care representative has authority to make a health care decision for a principal only when the principal is incapable.

- (2) A health care representative is not personally responsible for the cost of health care provided to the principal solely because the health care representative makes health care decisions for the principal.
- (3) Except to the extent the right is limited by the appointment or any federal law, a health care representative for an incapable principal has the same right as the principal to receive information regarding the proposed health care, to receive and review medical records and to consent to the disclosure of medical records. The right of the health care representative to receive this information is not a waiver of any evidentiary privilege or any right to assert confidentiality with respect to others.
- (4) In making health care decisions, the health care representative has a duty to act consistently with the desires of the principal as expressed in the principal's advance directive, or as otherwise made known by the principal to the health care representative at any time. If the principal's desires are unknown, the health care representative has a duty to act in what the health care representative in good faith believes to be the best interests of the principal.
- (5) ORS 127.505 to 127.660 do not authorize a health care representative or health care provider to withhold or withdraw life-sustaining procedures or artificially administered nutrition and hydration in any situation if the principal manifests an objection to the health care decision. If the principal objects to such a health care decision, the health care provider shall proceed as though the principal were capable for the purposes of the health care decision objected to.

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(6) Notwith	standing ORS 127.540, a health care representative has authority to consent
to hospitalization of the principal for a period not to exceed 18 days for treatment of behavior	
caused by dementia.	
[ <i>(6)</i> ] <b>(7)</b> An	instrument that would be a valid advance directive except that the instrument is
not a form described in ORS 127.515, has expired, is not properly witnessed or otherwise fails to	
meet the formal	requirements of ORS 127.505 to 127.660 shall constitute evidence of the patient's

[(7)] (8) A health care representative is a personal representative for the purposes of ORS 192.518 to 192.529 and the federal Health Insurance Portability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164.

SECTION 2. Section 4, chapter 381, Oregon Laws 2009, is repealed.

 desires and interests.