

## SENATE AMENDMENTS TO SENATE BILL 579

By COMMITTEE ON HEALTH CARE, HUMAN SERVICES AND RURAL HEALTH  
POLICY

April 27

1 On page 1 of the printed bill, delete lines 4 through 31.

2 On page 2, delete lines 1 through 9 and insert:

3 **“SECTION 1. (1) As used in this section:**

4 **“(a) ‘Health care instruction’ means a document executed by a patient to indicate the**  
5 **patient’s instructions regarding health care decisions, including an advance directive or**  
6 **power of attorney for health care executed under ORS 127.505 to 127.660.**

7 **“(b) ‘Health care provider’ means a person licensed, certified or otherwise authorized by**  
8 **the law of this state to administer health care in the ordinary course of business or practice**  
9 **of a profession.**

10 **“(c) ‘Hospital’ has the meaning given that term in ORS 442.015.**

11 **“(d) ‘Mental health treatment’ means convulsive treatment, treatment of mental illness**  
12 **with psychoactive medication, psychosurgery, admission to and retention in a health care**  
13 **facility for care or treatment of mental illness, and related outpatient services.**

14 **“(2)(a) A hospital may appoint a health care provider who has received training in health**  
15 **care ethics, including identification and management of conflicts of interest and acting in the**  
16 **best interest of the patient, to give informed consent to medically necessary health care**  
17 **services on behalf of a patient admitted to the hospital in accordance with subsection (3) of**  
18 **this section.**

19 **“(b) A hospital may appoint a multidisciplinary committee with ethics as a core compo-**  
20 **nent of the duties of the committee, or a hospital ethics committee, to participate in making**  
21 **decisions about giving informed consent to medically necessary health care services on be-**  
22 **half of a patient admitted to the hospital in accordance with subsection (3) of this section.**

23 **“(3) A person appointed by a hospital under subsection (2) of this section may give in-**  
24 **formed consent to medically necessary health care services on behalf of and in the best in-**  
25 **terest of a patient admitted to the hospital if:**

26 **“(a) In the medical opinion of the attending physician, the patient lacks the ability to**  
27 **make and communicate health care decisions to health care providers;**

28 **“(b) The hospital has performed a reasonable search, in accordance with the hospital’s**  
29 **policy for locating relatives and friends of a patient, for a health care representative ap-**  
30 **pointed under ORS 127.505 to 127.660 or an adult relative or adult friend of the patient who**  
31 **is capable of making health care decisions for the patient, including contacting social service**  
32 **agencies of the Oregon Health Authority or the Department of Human Services if the hos-**  
33 **pital has reason to believe that the patient has a case manager with the authority or the**  
34 **department, and has been unable to locate any person who is capable of making health care**  
35 **decisions for the patient; and**

1       “(c) The hospital has performed a reasonable search for and is unable to locate any  
2 health care instruction executed by the patient.

3       “(4) Notwithstanding subsection (3) of this section, if a patient’s wishes regarding health  
4 care services were made known during a period when the patient was capable of making and  
5 communicating health care decisions, the hospital and the person appointed under subsection  
6 (2) of this section shall comply with those wishes.

7       “(5) A person appointed under subsection (2) of this section may not consent on a  
8 patient’s behalf to:

9       “(a) Mental health treatment;

10       “(b) Sterilization;

11       “(c) Abortion;

12       “(d) Except as provided in ORS 127.635 (3), the withholding or withdrawal of life-  
13 sustaining procedures as defined in ORS 127.505; or

14       “(e) Except as provided in ORS 127.580 (2), the withholding or withdrawal of artificially  
15 administered nutrition and hydration, as defined in ORS 127.505, other than  
16 hyperalimentation, necessary to sustain life.

17       “(6) If the person appointed under subsection (2) of this section knows the patient’s re-  
18 ligious preference, the person shall make reasonable efforts to confer with a member of the  
19 clergy of the patient’s religious tradition before giving informed consent to health care ser-  
20 vices on behalf of the patient.

21       “(7) A person appointed under subsection (2) of this section is not a health care repre-  
22 sentative as defined in ORS 127.505.”.

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