



## **SB193 with Dash-2 Amendment Supports Individual Health Care Treatment Choices**

Oregon's advanced care directive (ACD) statute badly is in need of reform in both the content of ACDs and how they are administered.

### Problem:

Under current law, the only valid ACD is a form detailed in statute. It is not user friendly, and it leaves no room for an ACD truly to reflect a person's wishes and values in relation to health care. Consequently, completion rates are low, and it too often impedes, rather than helps, health care professionals to make care decisions when a patient is unable to speak for her- or himself.

Clinicians, legal experts, and non-profit health policy groups involved in improving the quality of end-of-life care broadly agree that the ACD is ripe for reform. It's time to stop admiring the problem, and set in motion work toward a pragmatic solution.

### Proposed Pragmatic Solution:

Create a multidisciplinary, public process within the Oregon Health Authority to develop and promulgate model ACDs that allow for a person to give more personalized, values-based direction to health care providers, and sunset the statutory form.

### What the Dash-2 Does:

- Sunsets the statutory ACD form on January 1, 2018.
- Grandfathers all pre-existing ACDs.
- Requires the Oregon Health Authority to convene a Rules Advisory Committee made up of clinicians, patient advocates and legal experts, to assist OHA in development of model ACDs, which must be adopted by rule by July 1, 2017.
- Provides for an alternate "attorney-in-fact" for medical power of attorney, to provide an additional person upon whom a health care provider may rely for decisions.

In summary, the Dash-2 creates a long deadline to sunset the current, problematic ACD and to create replacements via a public, stakeholder-driven process. The Legislature would meet two more times before implementation, leaving ample opportunity to make adjustments, as needed.

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