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Versions are Considered Official***

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**Measure Description:**

Establishes Advance Directive Rules Adoption Committee for purpose of adopting by rule form of advance directive to be used in this state.

**Government Unit(s) Affected:**

Oregon Health Authority (OHA), Legislative Assembly, Long Term Care Ombudsman

**Local Government Mandate:**

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

**Analysis:**

**<REVISED TO REFLECT RE-CALCULATED ATTORNEY GENERAL EXPENSES>**

Senate Bill 1552 establishes the 13 member Advance Directive Rules Adoption Committee within the Oregon Health Authority (OHA). The committee is charged with developing rules relating to the form used by persons in this state to appoint a health care representative. Members of the committee must include a designee of the House, Senate, and Long Term Care Ombudsman, as well as representatives from health care, palliative care, elder law, estate planning and health law to be appointed by the Governor. Members of the committee are entitled to reimbursement of expenses. The committee is directed to adopt, by rule, the form of an advance directive; and to review, at least once every four years, the form in order to make necessary changes. The committee is required to submit a report to the legislature by December 1 of each even-numbered year. The report must include an approved advanced directive form, an assessment of that form, and recommended changes.

This fiscal assumes minimal impact on the Long Term Care Ombudsman and the Legislative Assembly for participation on the committee.

The fiscal impact to OHA is minimal. The Oregon Health Authority estimates the cost of supporting the Committee to be \$45,000 General Fund for the 2015-17 biennium, and \$28,172 General Fund for the 2017-19 biennium. These amounts include Attorney General fees, as well as meeting facilitation, and reimbursement expenses for members. Although OHA will use existing staff to support the committee, no General Fund resources are available to cover the expenses of the committee. Existing staff in this area are paid by dedicated federal funding or statutorily dedicated Other Funds. Therefore the time they dedicate to the committee must be charged to the General Fund. This fiscal assumes that the Oregon Health Authority can absorb these expenses within its existing budget.

Note that although the bill stipulates that claims for expenses of the committee shall be paid out of funds available to the Oregon Health Authority for this work, the bill does not appropriate funding for this purpose.