OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

June 24, 2020
Special Session #1

Joint Committee on the First Special Session
900 Court St. NE
Salem, Oregon 97301

Re: Opposition to Sections 5 and 7 in SB 1606

Chair Courtney, Chair Kotek, and members of the Committee:

We appreciate the spirit of the SB 1606 — striving to make sure end-of-life decisions are made thoughtfully and are not made "for" people with disabilities. But we have serious concerns about Sections 5 and 7 in the bill.

Section 5 – Reporting to the "system"

The goal in this section seems to be ensuring that providers and surrogates do not withdraw care inappropriately but the language is too broad. As written, it would require a provider to report ANY CIRCUMSTANCE where care was withheld, even if care is withheld in accordance with a patient's previously stated wishes and is clinically appropriate.

It is also unclear precisely who must be notified. The "system" is not clearly defined and requiring this additional, and vague, notification at a time of crisis could delay care and would be unduly burdensome.

Section 7 – Adding age and disability as a protected class

Age is a core tenant of triage in disaster situations. The bill, as drafted, would prohibit **any** action "to limit or restrict in any manner the allocation of medical resources." This would hinder the ability of hospitals to ethically allocate resources in a crisis. Importantly, the language may have the unintended result that elderly individuals or individuals with disabilities would not have their stated preferences for end of life care honored if those preferences included the withdrawal of care. Language to acknowledge the honoring of properly-executed POLST documentation would need to be included in any final legislation.

None of the triage guidelines we know of include race, ethnicity, or disability as a consideration. And they shouldn't. But they do consider end-of-life status. In a situation where there is a critical shortage of resources, patients, for example, with a terminal diagnosis may not receive the same care as those without.

End-of-life decisions are difficult and complex, for families, supporters and health care providers. Ethics committees in hospitals and health systems spend hours struggling to develop protocols that are fair and compassionate. The COVID-19 crisis has shown all of us that

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hospitals, emergency rooms and intensive care units can be overwhelmed and policies must be in place to allocate limited resources.

Please, do not put hospitals and providers in an untenable position by rushing this bill into law. If the bill moves forward, we request that Sections 5 and 7 be removed so there is time for a thoughtful discussion of these critically difficult issues.