For the attention of the:

Joint Interim Committee on the First Special Session of 2020

June 23, 2020

Delivered by electronic mail to:
J1ss.exhibits@oregonlegislature.gov

## **Testimony in Opposition to Draft LC 52**

Dear Co-Chair Senators and Representatives, and members of the joint interim committee:

I write to express my concern that LC52, as written, may lead to unfortunate and perhaps unintended negative outcomes for persons with certain disabilities who receive or may want to receive information and counseling about medical care planning, patient advocacy and end-of-life options in Oregon. The proposed bill may interfere with physician-patient communication and relationships and unnecessarily limit a person's ability to make an informed choice about the range of options available for medical treatment.

I respectfully ask that you do not pass LC 52 and that, instead, the issues and concerns that brought forward the need for a considered response to reports of individual abuses of well-established advance care-planning practices can be discussed among a variety of interested stakeholders before potential legislation may be introduced in a future session.

My particular concerns include:

- ▶ Page 3, line 1: in addition to information about advance directives, care planning for persons with disabilities might reasonably include information about the appointment of a health care representative and alternates, POLST discussion and counseling, and information about health care advocates available for persons with disabilities under Oregon Administrative Rules.
- ➤ Page 3, line 15: the definition of support person could include an appointed health care advocate.
- ➤ Page 3, line 19: having 3 designated support persons per patient may lead to inconsistencies in helping a patient to communicate his/her care preferences and treatment wishes.

- ➤ Page 4, section 4: I suggest that confidentiality of a patient's discussions with a physician should be the default arrangement, with the option for a patient to ask for the presence of a supporter, rather than the other way around.
- ➤ Page 5, line 7: violations of patient care rights are always worrisome and serious. Revoking or suspending a hospital's license could be an overly-strong response in some instances given the thousands or tens of thousands of community members that go to some hospitals for care. I hope that more discussion with stakeholders will lead to appropriate penalties.
- ➤ Page 7, section 5: delays in receiving requested and documented end-of-life care may lead to unnecessary pain and suffering for a patient.

Thank you for your kind consideration and for the work you are all undertaking to make difficult decisions in these uncertain times.

## Christian Hale,

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