



## MEMORANDUM

To: Co-Chair Peter Courtney, Senate President  
Co-Chair Tina Kotek, Speaker of the House  
Members of the Joint Committee of the First Special Session of 2020

From: Courtni Dresser, Oregon Medical Association

Date: June 25, 2020

Re: Comments on SB 1606-1

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We thank you for the opportunity to provide input to SB 1606-1 amendment. We greatly appreciate Sen. Sara Gelser's important advocacy in ensuring patients with disabilities and their families have a strong voice to with respect to accessing health care services regardless of a disability.

In reviewing the testimony from advocates on OLIS, there is a recurring plea from people with disabilities and their families for the need to have support people in hospitals if they need hospital services. We believe like Sen. Gelser that Section 2 of this bill is very important. Patients with disabilities should have support with them while they are being treated in a hospital, especially to assist with a safe and effective communication process with caregivers about treatment plans and life sustaining care.

As in earlier versions of the bill, however, we continue to have concerns about Sections 5 and 7.

Section 5 contains a notification process to Disability Rights Oregon. We note that Sen. Gelser and disability advocates have worked to continue making changes to Section 5. We clearly support the concept that identified issues about discrimination should be reported to an agency that has the ability to investigate and work to resolve or improve those issues. We would very much appreciate more time to understand the role of DRO in existing statute and how it would play a role if a version of Section 5 becomes law. We would commit to work on that concept in

an interim environment rather than have to rush into something here today that has opened up a dialogue about lot of good questions that we simply do not have the time to adequately build consensus on.

Section 7 also continues to include language that is concerning about medical resources especially during this stressful and complex pandemic. Again, we believe that patients should not be discriminated against based on race, color, national origin, class, sex, sexual orientations, gender identity, age or disability. We believe it is the intention of the section to replicate federal guidance, however, it is unclear to our reviewers if the language does that. We do agree with you that Crisis Care Guidelines should not include discriminatory language. Current versions of the guidelines and supporting documentation are explicit and do not allow decisions to be made based on socio-economic status, race/ethnicity, gender identity, sexual orientation, national origin, immigration status, faith orientation, parental status, ability to pay, insurance coverage, or disability, nor based solely on age.

We believe that the OMA is a partner with Sen. Gesler in the spirit of this legislation. We do not want to see any chilling effect emerging from this special session about important and critical conversation about end of life care for all patients, not just patients with disabilities. Our members and other health care providers believe that is a significant risk with the current versions of Sections 5 and 7 and that the language has not had enough opportunity to be discussed, especially directly between DRO, other advocate groups for patients with disabilities and the health care provider community.

We believe given the opportunity to work with stakeholders we can find language that would achieve the goal but also learn from each other more about the issues that need to be addressed. We simply are stressing that we need more time and opportunity to hear directly from DRO and advocates so that all parties can have an understanding of each other's roles in ensuring that every patient is treated appropriately and fairly regardless of a disability.