



March 3, 2021

The Honorable Floyd Prozanski, Chair
Senate Committee on Judiciary & Ballot Measure 110 Implementation
Oregon State Capitol
Salem, OR 97310

Chair Prozanski and members of the committee,

For the record, my name is Dr. Susan Tolle and I am the Director of the OHSU Center for Ethics. OHSU operates the Oregon POLST Registry under contract with the Oregon Health Authority.

POLST stands for Portable Orders for Life-Sustaining Treatment and is for people with advanced illness or frailty. The Oregon POLST Registry was created in 2009 and was designed to serve the need for immediate access to POLST medical orders making them accessible to Emergency Medical Services (EMS) personnel when they are called to the scene of an emergency in the field (away from the hospital). These medical orders instruct EMS about the level of treatment to provide. Without specific orders to the contrary, EMS will provide cardiopulmonary resuscitation (CPR) and other emergency measures if the person's heart has stopped beating and they are not breathing.

Most Oregonians prefer to remain where they live as they near the end of their lives. Oregon's POLST program is a model for the country with a majority of Oregonians who die each year holding POLST orders at the time of their death. POLST forms are signed by health care professionals following a conversation with the patient or their surrogate, recording their goals for treatment as medical orders. Having a POLST is voluntary, and POLST is for Oregonians who are nearing the end of their life and want orders to guide treatment if a crisis occurred today. The Oregon POLST Registry serves as a backup system if POLST orders cannot be found by EMS at the scene, with emergency access through the Emergency Communications Center.

Advance directives are different than a POLST because they are not medical orders. Advance directives are available for use by anyone 18 and older. Advance directives can be completed by people who are healthy but want to share their desires for treatments if they develop health problems in the future. Advance directives are a useful tool in informing medical decisions in the hospital or in a long-term care facility once the patient's medical condition has been evaluated. Advance directives cannot be used by EMS providers in the field.

Let me use myself as an example. I have an advance directive and I would NOT want EMS to act on it in a crisis—I would want everything done to see if I could get better. If I do not recover in the hospital, I would want my advance directive and the person I have appointed to be consulted. Thus, because advance directives do not provide immediately actionable medical orders, EMS cannot honor advance directives (and we would not want them to do so).

We appreciate that this bill does not place advance directives in the Oregon POLST Registry which is designed to serve the immediate needs of EMS. As you consider the creation of a separate advance directive registry, I encourage you to look first at the experiences of other states with advance directive registries. The state of Washington legislatively created an advance directive registry in 2009 and because of minimal use of the registry, revoked its funding in 2011. California has invested in a state authorized advance directive registry. Records from the California Secretary of State confirm that Californians filed less than 1000 advance directive forms in each year in 2018, 2019 and 2020.

Considering the potential significant costs of developing an advance directive registry, there may be a more effective way to achieve the goal of having advance directives available when needed without investing in a free-standing advance directive registry. Often a patient's health care team works with a patient to fill out and then record in the patient's health record an advance directive. Patients can also provide a copy of their advanced directive to the health system in which they receive care at any time.

As health system records are becoming increasingly electronic, their records will be accessible both within and outside of the health system. The Office of the Coordinator for Health IT (ONC) has shared their goal of requiring electronic record systems to have interoperability in sharing advance directive documents. As this technology improves, it is likely to achieve the goal we all share of assuring patient wishes on their advance directive can be found and honored using a design that effectively integrates into health care system work flow (and thus will be used).

Thank you for the opportunity to share some information about the Oregon POLST Registry, the differences between an advance directive and a POLST, and to encourage careful consideration about what the best path is to leveraging existing technology advances in electronic health records to achieve our shared goals.

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