



MEMORANDUM

To: Sen. Floyd Prozanski Chair, Senate Judiciary Committee
Sen. Kim Thatcher, Vice Chair, Senate Judiciary Committee
Members of the Senate Judiciary Committee

From: Courtni Dresser, Vice President of Government Relations

Date: March 4, 2025

Re: OMA Comments on SB 1003

The Oregon Medical Association (OMA) engages in advocacy, policy, and community for over 7,000 physicians, physician associates, and medical and PA students in Oregon so they can remain focused on patient care.

The OMA is in opposition to SB 1003, which introduces concerning changes to Oregon’s Death with Dignity Act. While we recognize the complexities of Medical Aid in Dying (MAiD), this bill presents several issues that undermine patient safety, clarity, and the integrity of physician-led care.

Changing the Responsible Clinician from “Attending Physician” to “Provider”

The bill proposes replacing “attending physician” with “provider,” a term that is overly broad and includes institutions and facilities, not just individual clinicians. Physicians undergo the most extensive and supervised medical training to diagnose, assess patient capacity, and evaluate mental health conditions before prescribing life-ending medication. Oregon’s Death with Dignity Act and MAiD must use the highest levels of training for those making these critical determinations.

Confusing and Potentially Dangerous Language

Certain provisions in SB 1003 suggest that medications intended to shorten the dying process could be administered *to* the patient rather than *by* the patient, creating ambiguity and raising concerns about unintended movement toward euthanasia. For example, Section 1(2)(a) states:

“A hospice program shall publicly disclose its current policy regarding the Oregon Death With Dignity Act, including whether a patient receiving services from the hospice program may elect to end the patient’s life...”

This language implies that the hospice program, rather than the patient, plays a role in making the decision, which is inconsistent with the original intent of the law.

Reducing the Waiting Period from 15 Days to 48 Hours

SB 1003 reduces the waiting period between an oral request and the dispensing of medication from 15 days to 48 hours. However, a process already exists for waivers when a patient is within two weeks of death. Rather than making such a drastic reduction, the waiver process should be streamlined while preserving the necessary time for assessment and informed decision-making.

Changing “Terminal Disease” to “Terminal Illness”

The bill revises the definition of “terminal disease” to “terminal illness,” making it duplicative and unnecessarily broad. The current language—“an incurable and irreversible disease that will, within reasonable medical judgment, produce death within six months”—is clear and precise. The proposed change adds confusion without adding value.

Weakening Safeguards for Patient Capacity and Informed Consent

SB 1003 removes critical language requiring verification that a patient is *capable, acting voluntarily, and making an informed decision*. This verification is essential to ensure that vulnerable patients are not coerced or make decisions without full understanding. Removing this safeguard weakens patient protections and undermines the integrity of the process.

Additional Concerns with Reporting and Disclosures

SB 1003 introduces new disclosure requirements, including mandating that hospice programs publish their MAiD policies on their websites. This could raise safety and ethical concerns, including potential targeting of facilities and privacy issues for patients and

providers. Additionally, electronic submission of records to a state database introduces data security risks.

SB 1003 introduces significant risks by broadening the scope of participation, weakening safeguards, and reducing critical waiting periods. While improvements to streamline existing processes may be warranted, these changes should not come at the expense of patient safety, informed decision-making, and the integrity of the Death With Dignity Act. The OMA urges you to oppose SB 1003 to ensure that Oregon's end-of-life care remains ethical, transparent, and patient-centered.