

D R A F T

SUMMARY

Establishes Advance Directive Rules Adoption Committee for purpose of adopting by rule form of advance directive to be used in this state. Repeals statute setting forth current form of advance directive.

Sets forth alternate form of advance directive that may be used in this state. Sunsets alternate form on January 1, 2020.

For purposes of advance directive law, changes terms “attorney-in-fact” and “alternative attorney-in-fact” to “health care representative” and “alternative health care representative.” Clarifies rights and privileges for alternative health care representative. Modifies means by which advance directive is executed.

Becomes operative January 1, 2017.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to health care; creating new provisions; amending ORS 97.953, 127.505, 127.510, 127.515, 127.525, 127.535, 127.545, 127.550, 127.649 and 127.658; repealing ORS 127.531; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

FORM OF AN ADVANCE DIRECTIVE

(Series Placement)

SECTION 1. Sections 2, 4, 5 and 6 of this 2016 Act are added to and made a part of ORS 127.505 to 127.660.

(Advance Directive Rules Adoption Committee)

1 **SECTION 2.** (1) **The Advance Directive Rules Adoption Committee**
2 **is established within the Oregon Health Authority.**

3 **(2) The committee consists of 13 members. One voting member shall**
4 **be the Long Term Care Ombudsman or the designee of the Long Term**
5 **Care Ombudsman. The other 12 members shall be appointed as follows:**

6 **(a) The President of the Senate shall appoint one nonvoting mem-**
7 **ber from among members of the Senate.**

8 **(b) The Speaker of the House of Representatives shall appoint one**
9 **nonvoting member from among members of the House of Represen-**
10 **tatives.**

11 **(c) The Governor shall appoint the following 10 voting members:**

12 **(A) One member who represents primary health care providers.**

13 **(B) One member who represents hospitals.**

14 **(C) One member who is a clinical ethicist affiliated with a hospital**
15 **or other health care facility located in this state, or affiliated with a**
16 **health care organization offering health care services in this state.**

17 **(D) Two members who are health care providers with expertise in**
18 **palliative or hospice care, one of whom is not employed by a hospital**
19 **or other health care facility, a health care organization or an insurer.**

20 **(E) One member who represents individuals with disabilities.**

21 **(F) One member who represents consumers of health care services.**

22 **(G) One member from among members proposed by the Oregon**
23 **State Bar who is an expert in elder law and who has expertise in ad-**
24 **vising individuals on how to execute an advance directive.**

25 **(H) One member from among members proposed by the Oregon**
26 **State Bar who is an expert in estate planning and who has expertise**
27 **in advising individuals on how to make end-of-life decisions.**

28 **(I) One member from among members proposed by the Oregon**
29 **State Bar who is an expert in health law and who has expertise in**
30 **advising individuals on how to make end-of-life health care decisions.**

31 **(3) The term of office of each member of the committee is four**

1 years, but a member serves at the pleasure of the appointing author-
2 ity. Before the expiration of the term of a member, the appointing
3 authority shall appoint a successor whose term begins on January 1
4 next following. A member is eligible for reappointment. If there is a
5 vacancy for any cause, the appointing authority shall make an ap-
6 pointment to become immediately effective for the unexpired term.

7 (4) A majority of the voting members of the committee constitutes
8 a quorum for the transaction of business.

9 (5) Official action by the committee requires the approval of a ma-
10 jority of the voting members of the committee.

11 (6) The committee shall elect one of its members to serve as
12 chairperson.

13 (7) The committee shall meet at times and places specified by the
14 call of the chairperson or of a majority of the voting members of the
15 committee, provided that the committee meets at least twice a year.

16 (8) The committee may adopt rules necessary for the operation of
17 the committee.

18 (9) On or before December 1 of each even-numbered year, the
19 committee shall submit a report in the manner provided in ORS 192.245
20 to the interim committees of the Legislative Assembly related to
21 health care and judiciary. The report must include the form of an ad-
22 vance directive adopted by the committee under section 4 of this 2016
23 Act, an assessment of the efficacy of using that form, any issue pre-
24 sented through use of that form and any potential change to that form
25 being considered by the committee.

26 (10) Members of the committee are not entitled to compensation,
27 but may be reimbursed for actual and necessary travel and other ex-
28 penses incurred by them in the performance of their official duties in
29 the manner and amounts provided for in ORS 292.495. Claims for ex-
30 penses shall be paid out of funds appropriated to the authority for
31 purposes of the committee.

1 **SECTION 3. Notwithstanding the term of office specified by section**
2 **2 of this 2016 Act, of the voting members first appointed by the Gov-**
3 **ernor to the Advance Directive Rules Adoption Committee:**

4 **(1) Three shall serve for a term ending January 1, 2019.**

5 **(2) Three shall serve for a term ending January 1, 2020.**

6 **(3) Four shall serve for a term ending January 1, 2021.**

7 **SECTION 4. (1) The Advance Directive Rules Adoption Committee**
8 **established under section 2 of this 2016 Act shall adopt by rule and,**
9 **at least once every four years, review and amend as necessary the**
10 **form of an advance directive to be used in this state. Except as oth-**
11 **erwise provided by ORS 127.505 to 127.660, the form of an advance di-**
12 **rective adopted pursuant to this section is the only valid form of an**
13 **advance directive in this state.**

14 **(2) At a minimum, the form of an advance directive adopted under**
15 **this section must contain the following elements:**

16 **(a) A statement on the purposes of the advance directive, including:**

17 **(A) A statement on the purpose of the principal appointing a health**
18 **care representative to make health care decisions for the principal if**
19 **the principal becomes incapable; and**

20 **(B) A statement on the purpose of the principal expressing the**
21 **principal's preferences, values and beliefs with respect to health care**
22 **necessary to preserve life.**

23 **(b) A statement that the advance directive must be signed and ei-**
24 **ther witnessed or notarized for the advance directive to be effective.**

25 **(c) A statement that the appointment of a health care represen-**
26 **tative or of an alternative health care representative must be accepted**
27 **by the health care representative or the alternative health care rep-**
28 **resentative to be effective.**

29 **(d) A statement that the advance directive, once executed, super-**
30 **sedes any previously executed advance directive.**

31 **(e) The name, birthdate, address and other contact information of**

1 **the principal.**

2 **(f) The name, address and other contact information of any health**
3 **care representative or any alternative health care representative ap-**
4 **pointed by the principal.**

5 **(g) A section providing the principal with an opportunity to state**
6 **the principal's values and beliefs with respect to health care decisions,**
7 **including the opportunity to describe the principal's wishes, by com-**
8 **pleting a checklist, by providing instruction through narrative or by**
9 **other means, regarding:**

10 **(A) When the principal wants all reasonably available health care**
11 **necessary to preserve life and recover;**

12 **(B) When the principal wants all reasonably available health care**
13 **necessary to treat chronic conditions;**

14 **(C) When the principal wants to specifically limit health care nec-**
15 **essary to preserve life and recover, including artificially administered**
16 **nutrition and hydration, cardiopulmonary resuscitation and transport**
17 **to a hospital; and**

18 **(D) When the principal desires comfort care instead of health care**
19 **necessary to preserve life and recover.**

20 **(h) A section where the principal and the witnesses or notary may**
21 **sign or accept by electronic verification the advance directive.**

22 **(i) A section where any health care representative or any alterna-**
23 **tive health care representative appointed by the principal may sign or**
24 **accept by electronic verification the advance directive.**

25 **(3) In adopting the form of an advance directive under this section,**
26 **the committee shall use plain language.**

27 **(4) In adopting the form of an advance directive under this section,**
28 **the committee shall use the components of the form for appointing a**
29 **health care representative or an alternative health care representative**
30 **set forth in section 5 of this 2016 Act.**

31 **(5) The Oregon Health Authority shall post the form of an advance**

1 directive adopted under this section on the website of the authority.

2
3 (Form for Appointing Health Care Representative
4 and Alternative Health Care Representative)
5

6 **SECTION 5.** A power of attorney appointing a health care repre-
7 sentative and an alternative health care representative must be writ-
8 ten in substantially the following form:
9

10 _____
11 This form may be used in the State of Oregon to choose a person
12 you would like to make health care decisions for you if you become
13 too sick to speak for yourself. The person is called a health care rep-
14 resentative. This form also allows you to express your values, beliefs
15 and preferences for health care.

16 • If you have completed a power of attorney appointing a health
17 care representative and an alternative health care representative in
18 the past, the directions in your new power of attorney will supersede
19 the directions of any older power of attorney.

20 • You must sign this form in order for it to be effective. You must
21 also have it witnessed by two witnesses or a notary.

22 **1. ABOUT ME.**

23 Name: _____ Date of Birth: _____

24 Telephone numbers: (H)_____ (W)_____ (C)_____

25 Current address: _____

26 E-mail: _____

27 **2. MY HEALTH CARE REPRESENTATIVE.**

28 I choose the following person as my health care representative to
29 make health care decisions for me if I can't speak for myself.

30 Name: _____ Relationship: _____

31 Telephone numbers: (H)_____ (W)_____ (C)_____

Current address: _____

1 E-mail: _____

2 I choose the following people to be my alternative health care rep-
3 resentatives if my first choice is not available to make health care
4 decisions for me or if I cancel the first health care representative's
5 appointment in writing.

6 First alternative health care representative:

7 Name: _____ Relationship: _____

8 Telephone numbers: (H)_____ (W)_____ (C)_____

9 Current address: _____

10 E-mail: _____

11 Second alternative health care representative:

12 Name: _____ Relationship: _____

13 Telephone numbers: (H)_____ (W)_____ (C)_____

14 Current address: _____

15 E-mail: _____

16 **3. ACCEPTANCE BY MY HEALTH CARE REPRESENTATIVE.**

17 I accept this appointment and agree to serve as health care repre-
18 sentative. I have read the accompanying instructions and understand
19 the duties, powers and restrictions of a health care representative.

20 Health care representative (signature): _____

21 Date _____

22 First alternative health care representative
23 (signature): _____

24 Date _____

25 Second alternative health care representative
26 (signature): _____

27 Date _____

28 **4. MY SIGNATURE.**

29 My signature: _____ Date: _____

30 **5. WITNESSES OR NOTARY.**

31 Witness declaration: I declare that the person completing this form

1 is personally known to me or has provided proof of identity, has signed
2 or acknowledges the person's signature on the document in my pres-
3 ence and appears to be not under duress. In addition, I declare that I
4 am not the health care representative or alternative health care rep-
5 resentative appointed in Part 2, and I am not the person's primary
6 health care provider.

7 Witness Name (print): _____

8 Signature: _____

9 Date: _____

10 Witness Name (print): _____

11 Signature: _____

12 Date: _____

13 NOTARY:

14 State of _____

15 County of _____

16 Signed or attested before me on _____, 2____, by
17 _____.

18 _____

19 Notary Public - State of Oregon

20 _____

21

22 (Temporary Form for Advance Directive)

23

24 **SECTION 6. (1) In lieu of the form of an advance directive adopted**
25 **by the Advance Directive Rules Adoption Committee under section 4**
26 **of this 2016 Act, on or before January 1, 2020, a principal may execute**
27 **an advance directive that is in a form that is substantially the same**
28 **as the form of an advance directive set forth in this section.**

29 **(2) Notwithstanding section 4 (1) of this 2016 Act, the form of an**
30 **advance directive set forth in this section is a valid form of an advance**
31 **directive in this state.**

1 (3) The form of an advance directive executed as described in sub-
2 section (1) of this section is as follows:

3 _____
4 This form may be used in the State of Oregon to choose a person
5 you would like to make health care decisions for you if you become
6 too sick to speak for yourself. The person is called a health care rep-
7 resentative. This form also allows you to express your values, beliefs
8 and preferences for health care.

9 • If you have completed an advance directive in the past, the di-
10 rections in your new advance directive will supersede the directions
11 of any older directives.

12 • You must sign this form in order for it to be effective. You must
13 also have it witnessed by two witnesses or a notary. If you appoint a
14 health care representative, that person also must sign.

15 **1. ABOUT ME.**

16 Name: _____ Date of Birth: _____

17 Telephone numbers: (H)_____ (W)_____ (C)_____

18 Current address: _____

19 E-mail: _____

20 **2. MY HEALTH CARE REPRESENTATIVE.**

21 I choose the following person as my health care representative to
22 make health care decisions for me if I can't speak for myself.

23 Name: _____ Relationship: _____

24 Telephone numbers: (H)_____ (W)_____ (C)_____

25 Current address: _____

26 E-mail: _____

27 I choose the following people to be my alternative health care rep-
28 resentatives if my first choice is not available to make health care
29 decisions for me or if I cancel the first health care representative's
30 appointment in writing.

31 First alternative health care representative:

1 Name: _____ Relationship: _____

2 Telephone numbers: (H)_____ (W)_____ (C)_____

3 Current address: _____

4 E-mail: _____

5 Second alternative health care representative:

6 Name: _____ Relationship: _____

7 Telephone numbers: (H)_____ (W)_____ (C)_____

8 Current address: _____

9 E-mail: _____

10 **3. ACCEPTANCE BY MY HEALTH CARE REPRESENTATIVE.**

11 I accept this appointment and agree to serve as health care repre-
12 sentative. I have read the accompanying instructions and understand
13 the duties, powers and restrictions of a health care representative.

14 Health care representative (signature): _____

15 Date _____

16 First alternative health care representative
17 (signature): _____

18 Date _____

19 Second alternative health care representative
20 (signature): _____

21 Date _____

22 **4. DIRECTIONS TO MY HEALTH CARE REPRESENTATIVE.**

23 If you wish to give directions to your health care representative
24 about your health care decisions, initial one of the following two
25 statements:

26 ___ My health care representative must follow my instructions un-
27 less my medical provider says my instructions are not consistent with
28 medical standards.

29 ___ My instructions are guidelines for my health care representative
30 to consider when making decisions about my care, but my health care
31 representative should use discretion as the health situation requires.

1 **5. DIRECTION REGARDING END OF LIFE CARE.**

2 **In filling out these directions, keep the following in mind:**

3 • **The term “as my physician recommends” means that you want**
4 **your physician to use life support if your physician believes it could**
5 **be helpful, and that you want your physician to discontinue life sup-**
6 **port if your physician believes it is not helping your health condition**
7 **or symptoms.**

8 • **The term “life support” means any medical treatment that**
9 **maintains life by sustaining, restoring or replacing a vital function.**

10 • **The term “tube feeding” means artificially administered food and**
11 **water.**

12 • **If you refuse tube feeding, you should understand that**
13 **malnutrition, dehydration and death will probably result.**

14 • **You will receive care for your comfort and cleanliness no matter**
15 **what choices you make.**

16 **A. Statement Regarding End of Life Care. You may initial the**
17 **statement below if you agree with it. If you initial the statement you**
18 **may, but do not have to, list one or more conditions for which you do**
19 **not want to receive life support.**

20 ___ **I do not want my life to be prolonged by life support. I also do**
21 **not want tube feeding as life support. I want my doctors to allow me**
22 **to die naturally if my doctor and another knowledgeable doctor con-**
23 **firm I am in any of the medical conditions listed below.**

24 **B. Additional Directions Regarding End of Life Care. Here are my**
25 **desires about my health care if my doctor and another knowledgeable**
26 **doctor confirm that I am in a medical condition described below:**

27 **a. Close to Death. If I am close to death and life support would only**
28 **postpone the moment of my death:**

29 **INITIAL ONE:**

30 ___ **I want to receive tube feeding.**

31 ___ **I want tube feeding only as my physician recommends.**

1 I DO NOT WANT tube feeding.

2 INITIAL ONE:

3 I want any other life support that may apply.

4 I want life support only as my physician recommends.

5 I want NO life support.

6 **b. Permanently Unconscious. If I am unconscious and it is very**
7 **unlikely that I will ever become conscious again:**

8 INITIAL ONE:

9 I want to receive tube feeding.

10 I want tube feeding only as my physician recommends.

11 I DO NOT WANT tube feeding.

12 INITIAL ONE:

13 I want any other life support that may apply.

14 I want life support only as my physician recommends.

15 I want NO life support.

16 **c. Advanced Progressive Illness. If I have a progressive illness that**
17 **will be fatal and is in an advanced stage, and I am consistently and**
18 **permanently unable to communicate by any means, swallow food and**
19 **water safely, care for myself and recognize my family and other peo-**
20 **ple, and it is very unlikely that my condition will substantially im-**
21 **prove:**

22 INITIAL ONE:

23 I want to receive tube feeding.

24 I want tube feeding only as my physician recommends.

25 I DO NOT WANT tube feeding.

26 INITIAL ONE:

27 I want any other life support that may apply.

28 I want life support only as my physician recommends.

29 I want NO life support.

30 **d. Extraordinary Suffering. If life support would not help my med-**
31 **ical condition and would make me suffer permanent and severe pain:**

1 INITIAL ONE:

2 ___ I want to receive tube feeding.

3 ___ I want tube feeding only as my physician recommends.

4 ___ I DO NOT WANT tube feeding.

5 INITIAL ONE:

6 ___ I want any other life support that may apply.

7 ___ I want life support only as my physician recommends.

8 ___ I want NO life support.

9 C. Additional Instruction. In the space provided below insert a de-
10 scription of what you want done, or attach instructions for what you
11 want done, if you are close to death, permanently unconscious or
12 suffering permanent and severe pain or if you have an advanced pro-
13 gressive illness.

14 6. MY SIGNATURE.

15 My signature: _____ Date: _____

16 7. WITNESSES OR NOTARY.

17 Witness declaration: I declare that the person completing this form
18 is personally known to me or has provided proof of identity, has signed
19 or acknowledges the person’s signature on the document in my pres-
20 ence and appears to be not under duress. In addition, I declare that I
21 am not the health care representative or alternative health care rep-
22 resentative appointed in Part 2, and I am not the person’s primary
23 health care provider.

24 Witness Name (print): _____

25 Signature: _____

26 Date: _____

27 Witness Name (print): _____.

28 Signature: _____

29 Date: _____

30 NOTARY:

31 State of _____

1 County of _____

2 Signed or attested before me on _____, 20____, by _____

3 _____
4 Notary Public - State of Oregon
5 _____

6
7 **APPOINTING HEALTH CARE REPRESENTATIVES**
8 **AND EXECUTING ADVANCE DIRECTIVES**
9

10 **SECTION 7.** ORS 127.510 is amended to read:

11 127.510. *[(1) A capable adult may designate in writing a competent adult*
12 *to serve as attorney-in-fact for health care. A capable adult may also designate*
13 *a competent adult to serve as alternative attorney-in-fact if the original*
14 *designee is unavailable, unable or unwilling to serve as attorney-in-fact at any*
15 *time after the power of attorney for health care is executed. The power of at-*
16 *torney for health care is effective when it is signed, witnessed and accepted*
17 *as required by ORS 127.505 to 127.660 and 127.995. The attorney-in-fact so*
18 *appointed shall make health care decisions on behalf of the principal if the*
19 *principal becomes incapable.]*

20 **(1)(a) A capable adult may use a power of attorney for health care**
21 **to appoint a competent adult to serve as the health care representative**
22 **for the capable adult. A health care representative appointed under**
23 **this paragraph shall make health care decisions for the principal if the**
24 **principal becomes incapable.**

25 **(b) A capable adult may use a power of attorney for health to ap-**
26 **point in writing one or more competent adults to serve as alternative**
27 **health care representatives for the capable adult. For purposes of ORS**
28 **127.505 to 127.660, an alternative health care representative has the**
29 **rights and privileges of a health care representative appointed under**
30 **paragraph (a) of this subsection, including the rights described in ORS**
31 **127.535. An alternative health care representative appointed under this**

1 **paragraph shall make health care decisions for the principal if:**

2 **(A) The principal becomes incapable; and**

3 **(B) The health care representative appointed under paragraph (a)**
4 **of this subsection is unable, unwilling or unavailable to make timely**
5 **health care decisions for the principal.**

6 **(c) For purposes of paragraph (b) of this subsection, the health care**
7 **representative appointed under paragraph (a) of this subsection is un-**
8 **available to make timely health care decisions for the principal if the**
9 **health care representative is not available to answer questions for the**
10 **health care provider in person, by telephone or by another means of**
11 **direct communication.**

12 **(d) The power of attorney for health care is effective when it is**
13 **signed, witnessed or notarized, and accepted as required by ORS 127.505**
14 **to 127.560.**

15 (2) A capable adult may execute a health care instruction. The **health**
16 **care** instruction [*shall be*] **is** effective when it is signed and witnessed **or**
17 **notarized** as required by ORS 127.505 to 127.660 [*and 127.995*].

18 (3) Unless the period of time that an advance directive is [*to be*] effective
19 is limited by the terms of the advance directive, the advance directive [*shall*
20 *continue*] **continues** in effect until:

21 (a) The principal dies; or

22 (b) The advance directive is revoked, suspended or superseded pursuant
23 to ORS 127.545.

24 (4) Notwithstanding subsection (3) of this section, if the principal is in-
25 capable at the expiration of the term of the advance directive, the advance
26 directive continues in effect until:

27 (a) The principal is no longer incapable;

28 (b) The principal dies; or

29 (c) The advance directive is revoked, suspended or superseded pursuant
30 to the provisions of ORS 127.545.

31 (5) A health care provider shall make a copy of an advance directive and

1 **a copy of** any other instrument **providing health care instructions** a part
2 of the principal's medical record when a copy of [*that*] **the advance direc-**
3 **tive or** instrument is provided to the principal's health care provider.

4 (6) Notwithstanding subsections (3)(a) and (4)(b) of this section, **an ad-**
5 **vance directive remains in effect with respect to** an anatomical gift, as
6 defined in ORS 97.953, [*made on an advance directive is effective*] **after the**
7 **principal dies.**

8 **SECTION 8.** ORS 127.515 is amended to read:

9 127.515. (1) An advance directive may be executed by a resident or non-
10 resident adult of this state in the manner provided by ORS 127.505 to
11 127.660. [*and 127.995.*]

12 [(2) *A power of attorney for health care must be in the form provided by*
13 *Part B of the advance directive form set forth in ORS 127.531, or must be in*
14 *the form provided by ORS 127.530 (1991 Edition).*]

15 [(3) *A health care instruction must be in the form provided by Part C of*
16 *the advance directive form set forth in ORS 127.531, or must be in the form*
17 *provided by ORS 127.610 (1991 Edition).*]

18 [(4) *An advance directive must reflect the date of the principal's signature.*
19 *To be valid, an advance directive must be witnessed by at least two adults as*
20 *follows:*]

21 [(a) *Each witness shall witness either the signing of the instrument by the*
22 *principal or the principal's acknowledgment of the signature of the principal.*]

23 [(b) *Each witness shall make the written declaration as set forth in the form*
24 *provided in ORS 127.531.*]

25 [(c) *One of the witnesses shall be a person who is not:*]

26 [(A) *A relative of the principal by blood, marriage or adoption;*]

27 [(B) *A person who at the time the advance directive is signed would be*
28 *entitled to any portion of the estate of the principal upon death under any will*
29 *or by operation of law; or*]

30 [(C) *An owner, operator or employee of a health care facility where the*
31 *principal is a patient or resident.*]

1 [(d) *The attorney-in-fact for health care or alternative attorney-in-fact may*
2 *not be a witness. The principal's attending physician at the time the advance*
3 *directive is signed may not be a witness.*]

4 [(e) *If the principal is a patient in a long term care facility at the time the*
5 *advance directive is executed, one of the witnesses must be an individual des-*
6 *ignated by the facility and having any qualifications that may be specified by*
7 *the Department of Human Services by rule.*]

8 **(2) An advance directive must reflect the date of the principal's**
9 **signature. To be valid, an advance directive must be:**

10 **(a) Witnessed and signed by at least two adults; or**

11 **(b) Notarized by a notary public.**

12 **(3) If an advance directive is validated under subsection (2)(a) of**
13 **this section, each witness must witness either the principal signing the**
14 **advance directive or the principal acknowledging the signature of the**
15 **principal on the advance directive.**

16 **(4) For an advance directive to be validated under subsection (2)(a)**
17 **of this section, the witnesses may not, on the date the advance direc-**
18 **tive is signed or acknowledged, be the principal's attending physician**
19 **or other health care provider who has primary responsibility for the**
20 **care and treatment of the principal.**

21 **(5) If an advance directive is validated under subsection (2)(a) of**
22 **this section, neither witness may be the health care representative**
23 **appointed under ORS 127.510 or an alternative health care represen-**
24 **tative appointed under ORS 127.510.**

25 **(6) If an advance directive is validated under subsection (2)(a) of**
26 **this section, and if the principal is a patient in a long term care fa-**
27 **ility at the time the advance directive is executed, one of the wit-**
28 **nesses must be an individual who is designated by the facility and**
29 **qualified as specified by the Department of Human Services by rule.**

30 [(5)] **(7) Notwithstanding [subsections (2) to (4)] subsection (2) of this**
31 **section, an advance directive that is executed by an adult who [at the time**

1 *of execution resided in another state,]* **resides in another state at the time**
2 **of execution and that is executed** in compliance with [*the formalities of*
3 *execution required by*] the laws of that state, the laws of the state where the
4 principal [*was*] **is** located at the time of execution or the laws of this
5 state[,] is validly executed for the purposes of ORS 127.505 to 127.660 [*and*
6 *127.995 and may be given effect in accordance with its provisions, subject to*
7 *the laws of this state*].

8

9

DEFINITIONS

10

11 **SECTION 9.** ORS 127.505 is amended to read:

12 127.505. As used in ORS 127.505 to 127.660 and 127.995:

13 (1) “Adult” means an individual who is 18 years of age or older, who has
14 been adjudicated an emancipated minor or who is married.

15 (2) “Advance directive” means a document that contains a health care
16 instruction or **a document that contains** a power of attorney for health
17 care.

18 (3) “Appointment” means a power of attorney for health care, letters of
19 guardianship or a court order appointing a health care representative.

20 (4)(a) “Artificially administered nutrition and hydration” means a medical
21 intervention to provide food and water by tube, mechanical device or other
22 medically assisted method.

23 (b) “Artificially administered nutrition and hydration” does not include
24 the usual and typical provision of nutrition and hydration, such as the pro-
25 vision of nutrition and hydration by cup, hand, bottle, drinking straw or
26 eating utensil.

27 (5) “Attending physician” means the physician who has primary respon-
28 sibility for the care and treatment of the principal.

29 [(6) “Attorney-in-fact” means an adult appointed to make health care deci-
30 sions for a principal under a power of attorney for health care, and includes
31 an alternative attorney-in-fact.]

1 [(7) *“Dementia” means a degenerative condition that causes progressive de-*
2 *terioration of intellectual functioning and other cognitive skills, including but*
3 *not limited to aphasia, apraxia, memory, agnosia and executive functioning,*
4 *that leads to a significant impairment in social or occupational function and*
5 *that represents a significant decline from a previous level of functioning. Di-*
6 *agnosis is by history and physical examination.*]

7 **(6) “Capable” means not incapable.**

8 [(8)] (7) “Health care” means diagnosis, treatment or care of disease, in-
9 jury and congenital or degenerative conditions, including the use, mainte-
10 nance, withdrawal or withholding of life-sustaining procedures and the use,
11 maintenance, withdrawal or withholding of artificially administered nutri-
12 tion and hydration.

13 [(9)] (8) “Health care decision” means consent, refusal of consent or
14 withholding or withdrawal of consent to health care, and includes decisions
15 relating to admission to or discharge from a health care facility.

16 [(10)] (9) “Health care facility” means a health care facility as defined in
17 ORS 442.015, a domiciliary care facility as defined in ORS 443.205, a resi-
18 dential facility as defined in ORS 443.400, an adult foster home as defined
19 in ORS 443.705 or a hospice program as defined in ORS 443.850.

20 [(11)] (10) “Health care instruction” or “instruction” means a document
21 executed by a principal to indicate the principal’s instructions regarding
22 health care decisions.

23 [(12)] (11) “Health care provider” means a person licensed, certified or
24 otherwise authorized or permitted by the law of this state to administer
25 health care in the ordinary course of business or practice of a profession,
26 and includes a health care facility.

27 [(13)] (12) “Health care representative” means:

28 [(a) *An attorney-in-fact;*]

29 **(a) A competent adult appointed to be a health care representative**
30 **or an alternative health care representative under ORS 127.510.**

31 (b) A person who has authority to make health care decisions for a prin-

1 cipal under the provisions of ORS 127.635 (2) or (3); or

2 (c) A guardian or other person, appointed by a court to make health care
3 decisions for a principal.

4 [(14)] **(13)** “Incapable” means that in the opinion of the court in a pro-
5 ceeding to appoint or confirm authority of a health care representative, or
6 in the opinion of the principal’s attending physician, a principal lacks the
7 ability to make and communicate health care decisions to health care pro-
8 viders, including communication through persons familiar with the
9 principal’s manner of communicating if those persons are available. [*Capa-
10 ble” means not incapable.*]

11 [(15)] **(14)** “Instrument” means an advance directive, acceptance, disqual-
12 ification, withdrawal, court order, court appointment or other document
13 governing health care decisions.

14 [(16)] *“Life support” means life-sustaining procedures.*

15 [(17)] **(15)(a)** “Life-sustaining procedure” means any medical procedure,
16 pharmaceutical, medical device or medical intervention that maintains life
17 by sustaining, restoring or supplanting a vital function.

18 **(b)** “Life-sustaining procedure” does not include routine care necessary
19 to sustain patient cleanliness and comfort.

20 [(18)] **(16)** “Medically confirmed” means the medical opinion of the at-
21 tending physician has been confirmed by a second physician who has exam-
22 ined the patient and who has clinical privileges or expertise with respect to
23 the condition to be confirmed.

24 [(19)] **(17)** “Permanently unconscious” means completely lacking an
25 awareness of self and external environment, with no reasonable possibility
26 of a return to a conscious state, and that condition has been medically con-
27 firmed by a neurological specialist who is an expert in the examination of
28 unresponsive individuals.

29 [(20)] **(18)** “Physician” means an individual licensed to practice medicine
30 by the Oregon Medical Board.

31 [(21)] **(19)** “Power of attorney for health care” means a [*power of attorney*

1 *document that authorizes an attorney-in-fact to make health care decisions for*
2 *the principal when the principal is incapable]* **document by which a capable**
3 **adult may appoint a health care representative and alternative health**
4 **care representatives.**

5 [(22)] (20) “Principal” means:

6 (a) An adult who has executed an advance directive;

7 (b) A person of any age who has a health care representative;

8 (c) A person for whom a health care representative is sought; or

9 (d) A person being evaluated for capability who will have a health care
10 representative if the person is determined to be incapable.

11 [(23)] (21) “Terminal condition” means a health condition in which death
12 is imminent irrespective of treatment, and where the application of life-
13 sustaining procedures or the artificial administration of nutrition and hy-
14 dration serves only to postpone the moment of death of the principal.

15 [(24) “Tube feeding” means artificially administered nutrition and hy-
16 dration.]

17

18 CONFORMING AMENDMENTS

19

20 **SECTION 10.** ORS 127.525 is amended to read:

21 127.525. For an appointment under a power of attorney for health care to
22 be effective, the [*attorney-in-fact*] **health care representative or the alter-**
23 **native health care representative** must accept the appointment in writing
24 **as described in ORS 127.510.** Subject to the right of the [*attorney-in-fact*]
25 **health care representative or an alternative health care representative**
26 to withdraw, the acceptance imposes a duty on the [*attorney-in-fact*] **health**
27 **care representative or an alternative health care representative** to
28 make health care decisions on behalf of the principal [*at such time as the*
29 *principal becomes incapable*] **as described in ORS 127.510.** Until the princi-
30 pal becomes incapable, the [*attorney-in-fact*] **health care representative or**
31 **an alternative health care representative** may withdraw by giving notice

1 to the principal. After the principal becomes incapable, the *[attorney-in-fact]*
2 **health care representative or an alternative health care representative**
3 may withdraw by giving notice to the health care provider.

4 **SECTION 11.** ORS 127.535 is amended to read:

5 127.535. (1) The health care representative has all the authority over the
6 principal's health care that the principal would have if not incapable, subject
7 to the limitations of the appointment and ORS 127.540 and 127.580. A health
8 care representative who is known to the health care provider to be available
9 to make health care decisions has priority over any person other than the
10 principal to act for the principal *[in all]* **with respect to** health care deci-
11 sions. A health care representative has authority to make a health care de-
12 cision for a principal only when the principal is incapable.

13 (2) A health care representative is not personally responsible for the cost
14 of health care provided to the principal solely because the health care rep-
15 resentative makes health care decisions for the principal.

16 (3) Except to the extent **that** the right is limited by the appointment or
17 *[any]* federal law **or regulation**, a health care representative for an incapa-
18 ble principal has the same right as the principal to receive information re-
19 garding the proposed health care, to receive and review medical records and
20 to consent to the disclosure of medical records. The right of the health care
21 representative to receive this information is not a waiver of any evidentiary
22 privilege or any right to assert confidentiality with respect to others.

23 (4) In making health care decisions, the health care representative has a
24 duty to act consistently with the desires of the principal as expressed in the
25 principal's advance directive, or as otherwise made known by the principal
26 to the health care representative at any time. If the principal's desires are
27 unknown, the health care representative has a duty to act in *[what]* **a**
28 **manner that** the health care representative in good faith believes to be **in**
29 the best interests of the principal.

30 (5) ORS 127.505 to 127.660 do not authorize a health care representative
31 or health care provider to withhold or withdraw life-sustaining procedures

1 or artificially administered nutrition and hydration in any situation if the
2 principal manifests an objection to the health care decision. If the principal
3 objects to such a health care decision, the health care provider shall proceed
4 as though the principal [*were*] **is** capable [*for the purposes of*] **with respect**
5 **to** the health care decision [*objected to*].

6 (6) An instrument that would be a valid advance directive except that the
7 instrument [*is not a form described in ORS 127.515, has*] **is** expired, is not
8 properly witnessed or otherwise fails to meet the formal requirements of ORS
9 127.505 to 127.660 shall constitute evidence of the patient's desires and in-
10 terests.

11 (7) A health care representative is a personal representative for the pur-
12 poses of ORS 192.553 to 192.581 and the federal Health Insurance Portability
13 and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164.

14 **SECTION 12.** ORS 127.545 is amended to read:

15 127.545. (1) An advance directive or a health care decision by a health
16 care representative may be revoked:

17 (a) If the advance directive or health care decision involves the decision
18 to withhold or withdraw life-sustaining procedures or artificially adminis-
19 tered nutrition and hydration, at any time and in any manner by which the
20 principal is able to communicate the intent to revoke; or

21 (b) At any time and in any manner by a capable principal.

22 (2) Revocation is effective upon communication by the principal to the
23 attending physician or health care provider, or to the health care represen-
24 tative. If the revocation is communicated to the health care representative,
25 and the principal is incapable and is under the care of a health care provider
26 known to the representative, the health care representative must promptly
27 inform the attending physician or health care provider of the revocation.

28 (3) Upon learning of the revocation, the health care provider or attending
29 physician shall cause the revocation to be made a part of the principal's
30 medical records.

31 (4) Execution of a valid power of attorney for health care revokes any

1 prior power of attorney for health care. Unless the health care instruction
2 provides otherwise, execution of a valid health care instruction revokes any
3 prior health care instruction.

4 (5) Unless the advance directive provides otherwise, the directions as to
5 health care decisions in a valid advance directive supersede:

6 (a) Any directions contained in a previous court appointment or advance
7 directive; and

8 (b) Any prior inconsistent expression of desires with respect to health
9 care decisions.

10 (6) Unless the power of attorney for health care provides otherwise, valid
11 appointment of [*an attorney-in-fact for health care*] **a health care represen-**
12 **tative or an alternative health care representative under ORS 127.510**
13 **supersedes:**

14 (a) Any power of a guardian or other person appointed by a court to make
15 health care decisions for the protected person; and

16 (b) Any other prior appointment or designation of a health care repre-
17 sentative.

18 (7) Unless the power of attorney for health care expressly provides oth-
19 erwise, a power of attorney for health care is suspended:

20 (a) If [*both the attorney-in-fact and the alternative attorney-in-fact*] **the**
21 **appointed health care representative and all appointed alternative**
22 **health care representatives** have withdrawn; or

23 (b) If the power of attorney names the principal's spouse as [*attorney-in-*
24 *fact*] **the health care representative or an alternative health care rep-**
25 **resentative**, a petition for dissolution or annulment of marriage is filed and
26 the principal does not reaffirm the appointment in writing after the filing
27 of the petition.

28 (8)(a) If the principal has both a valid health care instruction and a valid
29 power of attorney for health care, and if the directions reflected in those
30 documents are inconsistent, the document last executed governs to the extent
31 of the inconsistency.

1 (b) If the principal has both a valid health care instruction, or a valid
2 power of attorney for health care, and a declaration for mental health
3 treatment made in accordance with ORS 127.700 to 127.737, and if the di-
4 rections reflected in those documents are inconsistent, the directions con-
5 tained in the declaration for mental health treatment governs to the extent
6 of the inconsistency.

7 (9) Any reinstatement of an advance directive must be in writing.

8 **SECTION 13.** ORS 127.550 is amended to read:

9 127.550. (1) A health care decision made by an individual who is author-
10 ized to make the decision under ORS 127.505 to 127.660 and 127.995 is effec-
11 tive immediately and does not require judicial approval.

12 (2) A petition may be filed under ORS 127.505 to 127.660 and 127.995 for
13 any one or more of the following purposes:

14 (a) Determining whether a principal is incapable.

15 (b) Determining whether an appointment of the health care representative
16 or a health care instruction is valid or has been suspended, reinstated, re-
17 voked or terminated.

18 (c) Determining whether the acts or proposed acts of the health care
19 representative breach any duty of the representative and whether those acts
20 should be enjoined.

21 (d) Declaring that an individual is authorized to act as a health care
22 representative.

23 (e) Disqualifying the health care representative upon a determination of
24 the court that the health care representative has violated, failed to perform
25 or is unable to perform the duties under ORS 127.535 (4).

26 (f) Approving any health care decision that by law requires court ap-
27 proval.

28 (g) Determining whether the acts or proposed acts of the health care
29 representative are clearly inconsistent with the desires of the principal as
30 made known to the health care representative, or where the desires of the
31 principal are unknown or unclear, whether the acts or proposed acts of the

1 health care representative are clearly contrary to the best interests of the
2 principal.

3 (h) Declaring that a power of attorney for health care is revoked upon a
4 determination by the court that the [*attorney-in-fact*] **appointed health care**
5 **representative or any appointed alternative health care representative**
6 has made a health care decision for the principal that authorized anything
7 illegal. A suspension or revocation of a power of attorney under this para-
8 graph shall be in the discretion of the court.

9 (i) Considering any other matter that the court determines needs to be
10 decided for the protection of the principal.

11 (3) A petition may be filed by any of the following:

12 (a) The principal.

13 (b) The health care representative.

14 (c) The spouse, parent, sibling or adult child of the principal.

15 (d) An adult relative or adult friend of the principal who is familiar with
16 the desires of the principal.

17 (e) The guardian of the principal.

18 (f) The conservator of the principal.

19 (g) The attending physician or health care provider of the principal.

20 (4) A petition under this section shall be filed in the circuit court in the
21 county in which the principal resides or is located.

22 (5) Any of the determinations described in this section may be made by
23 the court as a part of a protective proceeding under ORS chapter 125 if a
24 guardian or temporary guardian has been appointed for the principal, or if
25 the petition seeks the appointment of a guardian or a temporary guardian
26 for the principal.

27 **SECTION 14.** ORS 127.649 is amended to read:

28 127.649. (1) Subject to the provisions of ORS 127.652 and 127.654, all
29 health care organizations shall maintain written policies and procedures,
30 applicable to all capable adults who are receiving health care by or through
31 the health care organization, that provide for:

1 (a) Delivering to those individuals the following information and materi-
2 als, in written form, without recommendation:

3 (A) Information on the rights of the individual under Oregon law to make
4 health care decisions, including the right to accept or refuse medical or
5 surgical treatment and the right to execute advance directives;

6 (B) Information on the policies of the health care organization with re-
7 spect to the implementation of the rights of the individual under Oregon law
8 to make health care decisions;

9 [(C) A copy of the advance directive set forth in ORS 127.531, along with
10 a disclaimer on the first line of the first page of each form in at least 16-point
11 boldfaced type stating “You do not have to fill out and sign this form.”; and]

12 (C) **Materials necessary to execute an advance directive; and**

13 (D) The name of a person who can provide additional information con-
14 cerning [*the forms for*] advance directives.

15 (b) Documenting in a prominent place in the individual’s medical record
16 whether the individual has executed an advance directive.

17 (c) Ensuring compliance by the health care organization with Oregon law
18 relating to advance directives.

19 (d) Educating the staff and the community on issues relating to advance
20 directives.

21 (2) A health care organization [*need not furnish a copy of an advance di-*
22 *rective to an individual*] **does not need to deliver materials described in**
23 **subsection (1)(a)(C) of this section** if the health care organization has
24 reason to believe that the individual [*has received a copy of an advance di-*
25 *rective in the form set forth in ORS 127.531 within*] **has received materials**
26 **described in subsection (1)(a)(C) of this section during** the preceding
27 12-month period or has previously executed an advance directive.

28 **SECTION 15.** ORS 97.953 is amended to read:

29 97.953. As used in ORS 97.951 to 97.982:

30 (1) “Adult” means an individual who is 18 years of age or older.

31 (2) “Agent” means [*an*]:

1 (a) *[Attorney-in-fact as that term is defined in ORS 127.505]* **A health care**
2 **representative or an alternative health care representative appointed**
3 **in a power of attorney for health care under ORS 127.510; or**

4 (b) **An** individual expressly authorized to make an anatomical gift on the
5 principal's behalf by any record signed by the principal.

6 (3) "Anatomical gift" means a donation of all or part of a human body to
7 take effect after the donor's death for the purpose of transplantation, ther-
8 apy, research or education.

9 (4) "Body part" means an organ, an eye or tissue of a human being. The
10 term does not include the whole body.

11 (5) "Decedent" means a deceased individual whose body or body part is
12 or may be the source of an anatomical gift, and includes a stillborn infant
13 or a fetus.

14 (6)(a) "Disinterested witness" means a witness other than:

15 (A) A spouse, child, parent, sibling, grandchild, grandparent or guardian
16 of the individual who makes, amends, revokes or refuses to make an ana-
17 tomical gift; or

18 (B) An adult who exhibited special care and concern for the individual.

19 (b) "Disinterested witness" does not include a person to whom an ana-
20 tomical gift could pass under ORS 97.969.

21 (7) "Document of gift" means a donor card or other record used to make
22 an anatomical gift. The term includes a statement, symbol or designation on
23 a driver license, identification card or donor registry.

24 (8) "Donor" means an individual whose body or body part is the subject
25 of an anatomical gift.

26 (9) "Donor registry" means a centralized database that contains records
27 of anatomical gifts and amendments to or revocations of anatomical gifts.

28 (10) "Driver license" means a license or permit issued under ORS 807.021,
29 807.040, 807.200, 807.280 or 807.730, regardless of whether conditions are at-
30 tached to the license or permit.

31 (11) "Eye bank" means an organization licensed, accredited or regulated

1 under federal or state law to engage in the recovery, screening, testing,
2 processing, storage or distribution of human eyes or portions of human eyes.

3 (12) “Guardian” means a person appointed by a court to make decisions
4 regarding the support, care, education, health or welfare of an individual.
5 “Guardian” does not include a guardian ad litem.

6 (13) “Hospital” means a facility licensed as a hospital under the law of
7 any state or a facility operated as a hospital by the United States, a state
8 or a subdivision of a state.

9 (14) “Identification card” means the card issued under ORS 807.021,
10 807.400 or 807.730, or a comparable provision of the motor vehicle laws of
11 another state.

12 (15) “Know” means to have actual knowledge.

13 (16) “Minor” means an individual who is under 18 years of age.

14 (17) “Organ procurement organization” means an organization designated
15 by the Secretary of the United States Department of Health and Human
16 Services as an organ procurement organization.

17 (18) “Parent” means a parent whose parental rights have not been termi-
18 nated.

19 (19) “Physician” means an individual authorized to practice medicine or
20 osteopathy under the law of any state.

21 (20) “Procurement organization” means an eye bank, organ procurement
22 organization or tissue bank.

23 (21) “Prospective donor” means an individual who is dead or near death
24 and has been determined by a procurement organization to have a body part
25 that could be medically suitable for transplantation, therapy, research or
26 education. The term does not include an individual who has made a refusal.

27 (22) “Reasonably available” means able to be contacted by a procurement
28 organization without undue effort and willing and able to act in a timely
29 manner consistent with existing medical criteria necessary for the making
30 of an anatomical gift.

31 (23) “Recipient” means an individual into whose body a decedent’s body

1 part has been or is intended to be transplanted.

2 (24) "Record" means information that is inscribed on a tangible medium
3 or that is stored in an electronic or other medium and is retrievable in
4 perceivable form.

5 (25) "Refusal" means a record that expressly states an intent to prohibit
6 other persons from making an anatomical gift of an individual's body or body
7 part.

8 (26) "Sign" means, with the present intent to authenticate or adopt a re-
9 cord:

10 (a) To execute or adopt a tangible symbol; or

11 (b) To attach to or logically associate with the record an electronic sym-
12 bol, sound or process.

13 (27) "State" means a state of the United States, the District of Columbia,
14 Puerto Rico, the United States Virgin Islands or any territory or insular
15 possession subject to the jurisdiction of the United States.

16 (28) "Technician" means an individual determined to be qualified to re-
17 move or process body parts by an appropriate organization that is licensed,
18 accredited or regulated under federal or state law. The term includes an
19 enucleator.

20 (29) "Tissue" means a portion of the human body other than an organ or
21 an eye. The term does not include blood unless the blood is donated for the
22 purpose of research or education.

23 (30) "Tissue bank" means a person that is licensed, accredited or regu-
24 lated under federal or state law to engage in the recovery, screening, testing,
25 processing, storage or distribution of tissue.

26 (31) "Transplant hospital" means a hospital that furnishes organ trans-
27 plants and other medical and surgical specialty services required for the care
28 of transplant patients.

29

30

REPEALS

31

1 **SECTION 16. ORS 127.531 is repealed.**

2 **SECTION 17. Section 6 of this 2016 Act is repealed on January 1,**
3 **2020.**

4
5 **SAVINGS CLAUSES AND APPLICABILITY**

6
7 **SECTION 18. ORS 127.658 is amended to read:**

8 127.658. (1) ORS 127.505 to 127.660 [*and 127.995*] **as enacted, the repeal**
9 **of any statute that is a part of ORS 127.505 to 127.660 and subsequent**
10 **amendments to the provisions of ORS 127.505 to 127.660** do not impair
11 or supersede any power of attorney for health care, directive to physicians
12 or health care instruction in effect [*before November 4, 1993*] **on or before**
13 **the operative date specified in section 22 of this 2016 Act.**

14 (2) [*Any*] **A power of attorney for health care** [*or*], directive to physicians
15 **or health care instruction** executed [*before November 4, 1993,*] **on or before**
16 **the operative date of this 2016 Act** shall be governed by the provisions of
17 ORS 127.505 to 127.660 [*and 127.995*], except that:

18 (a) The **power of attorney for health care**, directive to physicians [*or*
19 *power of attorney for health care shall be*] **or health care instruction is**
20 valid if it complies with **either:**

21 (A) The provisions of [*either*] ORS 127.505 to 127.660 [*and 127.995 or the*
22 *statutes in effect as of the date of execution*]; **or**

23 (B) **The provisions of ORS 127.505 to 127.660 or any other statute**
24 **governing the power of attorney for health care, directive to physi-**
25 **cians or health care instruction that was in effect on the date that the**
26 **power of attorney for health care, directive to physicians or health**
27 **care instruction was executed;**

28 (b) The terms in a directive to physicians in the form prescribed by
29 ORS 127.610 (1991 Edition) or **any predecessor statute of ORS 127.610 (1991**
30 **Edition)** have [*those*] **the** meanings given in ORS 127.605 (1991 Edition) or
31 **any predecessor statute of ORS 127.605 (1991 Edition) as the statute was**

1 in effect [*at the time of execution*] **on the date that the directive to phy-**
2 **sicians was executed;** and

3 (c) The terms in a power of attorney for health care in the form pre-
4 scribed by ORS 127.530 (1991 Edition) have [*those*] **the** meanings given in
5 ORS 127.505 **as that statute was** in effect [*at the time of execution*] **on the**
6 **date the power of attorney for health care was executed.**

7 [(3) *A health care organization, as defined in ORS 127.646, that on No-*
8 *vember 4, 1993, has printed materials with the information and forms which*
9 *were required by ORS 127.649, prior to November 4, 1993, may use such printed*
10 *materials until December 1, 1993.*]

11 **SECTION 19. The repeal of section 6 of this 2016 Act by section 17**
12 **of this 2016 Act does not impair or supersede any advance directive**
13 **executed in the form set forth in section 6 of this 2016 Act before**
14 **January 1, 2020.**

15 **SECTION 20. The amendments to ORS 127.510 by section 7 of this**
16 **2016 Act apply to designations made before, on or after the operative**
17 **date specified in section 22 of this 2016 Act.**

18 **SECTION 21. The amendments to ORS 127.515 by section 8 of this**
19 **2016 Act apply to advance directives executed on or after the operative**
20 **date specified in section 22 of this 2016 Act.**

21

22

OPERATIVE DATE

23

24 **SECTION 22. (1) Sections 1 to 6 of this 2016 Act, the amendments**
25 **to statutes by sections 7 to 15 and 18 of this 2016 Act and the repeal**
26 **of ORS 127.531 by section 16 of this 2016 Act become operative on**
27 **January 1, 2017.**

28 (2) **The Advance Directive Rules Adoption Committee and the**
29 **Oregon Health Authority may take any action before the operative**
30 **date specified in subsection (1) of this section that is necessary to en-**
31 **able the committee and the authority to exercise, on and after the**

1 **operative date specified in subsection (1) of this section, all the duties,**
2 **powers and functions conferred on the committee and authority by**
3 **sections 1 to 6 of this 2016 Act, the amendments to statutes by sections**
4 **7 to 15 and 18 of this 2016 Act and the repeal of ORS 127.531 by section**
5 **16 of this 2016 Act.**

6

7

UNIT CAPTIONS

8

9 **SECTION 23. The unit captions used in this 2016 Act are provided**
10 **only for the convenience of the reader and do not become part of the**
11 **statutory law of this state or express any legislative intent in the**
12 **enactment of this 2016 Act.**

13

14

EFFECTIVE DATE

15

16 **SECTION 24. This 2016 Act takes effect on the 91st day after the**
17 **date on which the 2016 regular session of the Seventy-eighth Legisla-**
18 **tive Assembly adjourns sine die.**

19
