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Advance directives bill provides voice in end-of-life choices

HB 4135 updates the form people use to stipulate their health care wishes in advance, should they become incapacitated

SALEM – The Senate passed a bill today that gives Oregonians a clear voice in how they want their end-of-life decisions to be handled.

[House Bill 4135](#) – which passed the Senate today – updates the form that people use to make their wishes for care treatment known and name individuals they entrust with those decisions, should they become unable to make those decisions for themselves.

“This bill provides a thoughtful process to update Oregon’s 25-year-old advance directive form, with stakeholder engagement and legislative approval,” said Sen. Floyd Prozanski, D-Eugene, who carried the bill on the Senate floor. “It protects a person’s personal wishes when they are unable to speak for themselves. A properly created and updated advance directive form can be especially helpful in safeguarding the wishes of those entering their ending stages of their lives, as well as those suffering from Alzheimer’s and related dementia.”

The bill creates a 13-member Advance Directive Adoption Committee to revise sections of the advance directive form that relate to values, beliefs and health care treatment options of the person. It includes both opportunity for a narrative description of the person’s values, beliefs and health care wishes, as well as a checklist.

“Oregon has been a leader in the creation of advance directives,” AARP Oregon State Director Jerry Cohen testified in support of the bill. “Oregon’s legislation like many other states needs updating to better address the individual’s values and reduce confusion as to which type of directive is most appropriate.”

Oregon adopted the nation's first advance directive legislation in 1993. An advance directive is a legal document that provides an opportunity to appoint a representative to make health care decisions for another, should that person become incapacitated. It also allows a person to provide directions and preferences on receiving life-sustaining treatments when one or more of the following conditions exists:

- Close to death or permanently unconscious;
- Progressive fatal illness and inability to communicate, swallow food or water safely, care for one's self and recognize family members; and
- Medical conditions in which life support would not help the condition and would make the person suffer permanent and severe pain.

The advance directive does not apply when a person still can make his or her own health care decisions. The current advance directive form has not been modified in any way since 1993.

"Physicians say it's often difficult to interpret the will of the patient, based on the current form," Prozanski said. "This bill, in fact, strengthens the individual's ability to have their wishes honored in the difficult situations where they are unable to speak for themselves. It's a basic matter of compassion and honoring people's wishes. The advance directive form gives people a tool to have their wishes honored."

Under the bill, sections of the advance directive form relating to appointment of the health care representative, alternates, acceptance and witnessing remain in statute and may not be modified by the committee. Each time the form is updated, the committee must submit the adopted form to a Legislative committee relating to judiciary in either chamber. The form must be approved by the Legislature during an odd-year legislative session. No form updates will be adopted without the Legislature's approval and being signed by the governor.

"In my time working as a nurse, it has become clear to me that Oregonians need to consider end-of-life decisions more proactively," said Phil Guidotti, a nurse from Central Point who testified in favor of the bill. "The vast majority of my nurse and physician colleagues agree that patients and families would be better served by thinking through their end-of-life decisions in advance. ... My colleagues and I take every step possible to follow the wishes of the patient, and when those wishes are not able to be communicated, we follow the wishes of the family member, health care representative or power of attorney."

The bill now goes to Gov. Kate Brown for her signature.

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