HOUSE COMMITTEE ON JUDICIARY SUBCOMMITTEE ON CIVIL LAW AND JUDICIAL ADMINISTRATION

May 18, 1993 Hearing Room H-177 1:00 p.m. Tapes 112 - 114

MEMBERS PRESENT: Rep. Tom Brian, Chair Rep. Ken Baker Rep. Jim Edmunson Rep. Tom Mason

VISITING MEMBER: Rep. Hayden

STAFF PRESENT: Carole Souvenir, Committee Counsel Sarah May, Committee Clerk

MEASURES CONSIDERED: SB 286 - Establishes Oregon Health Care Decisions Act

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These minutes contain materials which paraphrase and/or summarize statements made during this session. Only text enclosed in quotation marks report a speaker's exact words. For complete contents of the proceedings, please refer to the tapes. [--- Unable To Translate Graphic ---]

TAPE 112, SIDE A

004 CHAIR BRIAN: Calls the meeting to order at 1:25 p.m.

WORK SESSION ON SB 286

(SB 286 Establishes Oregon Health Care Decisions Act. EXHIBITS A-F)

Witnesses: Sen. Bob Shoemaker, District 3 Tina Kitchin, Physician with DD Services Bob Castagna, Oregon Catholic Conference

047 CAROLE SOUVENIR, COMMITTEE COUNSEL: Summarizes and discusses hand engrossed SB 286-A amendments, and Rep. Edmunson's amendments. (EXHIBITS D & E)

055 REP. BAKER: Discusses pg. 1, line 5, regarding repealing Section 127.580. That should be deleted on line 24, "validly reported" is

redundant, suggests deleting "valid".

064 CAROLE SOUVENIR, COMMITTEE COUNSEL: No changes on pg. 1 or 2.
065 REP. BAKER: On pg. 2, lines 7-9 regarding "withdrawal and withholding", has similar language on pg. 21, line 11. If "instituted, maintained,

withheld, or withdrawn", I would suggest that same language be added in Pg. 2 on lines 8-10 in appropriate places. Same language would also be

consistent on pg. 12, line 31 on pg. 2, line 23 do we define

"attorney-in-fact"?

095 CAROLE SOUVENIR, COMMITTEE COUNSEL: Yes, in Section 3, on pg. 3 and pg. 1. Pg. 3, deleted language starting on line 6 and all of line 7. By

deleting that the committee needs to be consistent throughout the entire bill. They delineate between those when referring to life sustaining

procedure or when it is artificial nutrition and hydration. On pg. 3,

line 13, language concerning how to define permanently unconscious?

Cites a conversation with Miles Edwards.

125 CHAIR BRIAN: The reference to complete loss of higher brain centers, it that clear enough?

129 CAROLE SOUVENIR, COMMITTEE COUNSEL: A physician would know what a higher brain center is.

136 REP. MASON: We need to talk about someone who is essentially brain dead. Permanently unconscious should mean the loss of all brain

function.

152 CHAIR BRIAN: Dr. Edwards indicated that it was physiologically noticeable of the extent of change.

157 REP. MASON: States a need for a tight definition.

171 CAROLE SOUVENIR, COMMITTEE COUNSEL: On pg. 3, line 23-26 the way it is drafted it would include children and not simply adults.

180 CHAIR BRIAN: Uncomfortable with leaving an age in.

191 REP. BAKER: Asks about "power of attorney" on pg. 3, line 43.

196 CAROLE SOUVENIR, COMMITTEE COUNSEL: On pg. 3, line 17 may want to change quotation marks on line 17 to after "power of attorney".

202 REP. BAKER: On line 43, talk about power of attorney for a health care?

209 REP. BAKER: Would prefer language on pg. 3, line 43 to say "power of attorney for health care".

214 CAROLE SOUVENIR, COMMITTEE COUNSEL: On pg. 4, line 10 refers to how long an advanced directive should remain in effect? Under proposed bill the principal has ability to designate a term for the effectiveness of

the advanced directive. If the principal doesn't designate a length of

time, then would be effective until the conditions are met on lines

15-17 of bill.

228 REP. MASON: Wants a definite limit on length of time.

231 REP. EDMUNSON: Don't like the idea of suspension and reinstatement. Needs to be a certainty to remain in effect until it is revoked. To be

reinstated it needs to be re-executed. 245 REP. BAKER: Would prefer to leave pg. 4, line 10 like it is.

249 REP. MASON: Eventually there will be a data base, and someone will file advanced directives without principals knowledge. Don't want advanced

directives to be legal forever.

268 REP. BAKER: Hospitals should have good admission policies with updated files.

274 REP. MASON: Afraid that advanced directive will follow a patient.

280 REP. EDMUNSON: It will follow the attorney-in-fact. In favor of putting outside limit on it of 7 years, which is leaving the law as it

is.

298 CAROLE SOUVENIR, COMMITTEE COUNSEL: Do you want to delete "suspended" on lines 12, and 17? On pg. 4, line 34 we deleted "substantially" on

line 34, 36, 37, 38, and 44.

316 REP. BAKER: On pg. 4, line 32 why do we need language if on following page 5, line 17-22 have same concepts? Iy may be that pg. 4, lines

32-33 are redundant.

328 REP. EDMUNSON: It is not the same because it is not withstanding Subsections 2 and 4. The reference to a "nonresident" is in Subsection 1 which is broader.

333 REP. BAKER: Can it be stated by resident or nonresident in Section 1?

334 CAROLE SOUVENIR, COMMITTEE COUNSEL: Section 5 deals exclusively with nonresidents.

335 REP. EDMUNSON: Nonresidents don't have to use the form that is required for a resident.

338 CAROLE SOUVENIR, COMMITTEE COUNSEL: On pg. 5, line 31 there was an addition by Joan Stembridge. This addition allows a health care

representatives who have been appointed and happen to work at the hospitals (but were appointed before the principal was admitted to the hospital) currently that representative would be excluded if the principal was admitted to the health care facility that they worked for. This bill allows that they could continue as their health care representative even if they worked at the health care facility that the principal was admitted to. On pg. 6, lines 14 and 17 delete "substantially", line 16 insert sentence regarding translation of the form into other languages.

375 REP. EDMUNSON: Is everyone comfortable on pg. 6, line 6-11 which deals with the attorney-in-fact, they withdraw and rescind a withdrawal and give notice? If the principal is incapable, then should a person who believes that the principal was withdrawn as their power of attorney, could that person somehow come in and become the agent for someone who wasn't in their presence of mind that this person had their authority?

401 REP. BAKER: The decision of the withdrawal should take place when the principal is capable.

412 REP. EDMUNSON: Wants to make the bill so that they are either the principal or not and can't keep changing their mind.

429 CAROLE SOUVENIR, COMMITTEE COUNSEL: If a person wanted to change their mind about withdrawing, the principal would have to execute another power of attorney or advanced directive?

434 REP. EDMUNSON: That is one alternative. I would be the most comfortable if the concept of withdrawing and then reinstating wasn't included.

455 REP. BAKER: What is the effect of the withdrawal of the attorney-in-fact? Does that negate the entire document?

458 REP. EDMUNSON: Unless you have named alternatives.

459 REP. BAKER: Is a directive a unilateral document or is it a contract between two parties that can be voided by either party? What happens if the attorney-in-fact dies and there is no other alternative? Is there a provision for someone else to stand in the breach?

479 REP. EDMUNSON: If a second attorney-in-fact hasn't been appointed, then the refusal of the attorney-in-fact to serve renders that document

inoperable.

486 REP. BAKER: Then you proceed as though there is no directive.

TAPE 113, SIDE A

030 REP. BAKER: The court can use the other intentions of the principal if known.

032 REP. EDMUNSON: Who makes the decision, who operates the advanced directive, and should it be someone who has been withdrawn from an

advanced directive?

037 REP. BAKER: You want to delete lines 6-8 and first word in line 9 on page 6.

041 REP. EDMUNSON: Lines 9,10,11, and the last sentence on of line 11 are the most troublesome.

045 REP. MASON: Once you are not an advanced directive anymore, then you shouldn't be able to be one again.

052 CHAIR BRIAN: If a health care provider is aware that the document exists, and the attorney in fact withdraws making the document of no

further value, wouldn't the doctor make some realization that the

principal has expressed, at one time that they have their preferences?

You could eliminate this language so that there isn't an in-and-out

problem but still have the existence of the document mean something to

the physician.

062 REP. EDMUNSON: There isn't much leeway in the health care instructions, the attorney-in-fact doesn't have a lot of discretion. Usually

instructions are specific regarding things like tube feeding if

representative has been given discretion, then you couldn't assign that position to someone else.

073 CHAIR BRIAN: So by deleting lines 6-11, on pg. 6 would mean that if an attorney-in-fact withdraws and then changes mind, they would be

re-executed?

075 REP. BAKER: Section 1 takes care of withdrawal and provisions.

078 CHAIR BRIAN: Delete Subsection 2, lines 6-11 on pg. 6. On pg. 7, line 22 deals with the duration of the advanced directive.

088 CAROLE SOUVENIR, COMMITTEE COUNSEL: On pg. 8, lines 40-41 by

preferance of the committee it was left. On pg. 9, line 11, 24 and 39 it was

changed to make the sentence positive.

099 REP. HAYDEN: Is the committee moving to include "progressive illness" under what used to be "terminal illness"?

114 REP. BAKER: It is the end of the progressive stage, that were are citing in the bill.

117 REP. HAYDEN: If it said "end stage" to all of what Baker referred to, it would fit in.

120 REP. BAKER: On pg. 9, line 32 it would then say "to have a progressive end stage illness"?

122 REP. HAYDEN: Just "end stage", because this is between progressive and terminal illness.

124 REP. BAKER: Haven't we defined it as "consistently and permanently unable"?

126 REP. EDMUNSON: How does that differ from "close to death" and why do we have this in there? Once an illness progresses to death, this isn't

needed.

141 REP. MASON: What is the difference between an end stage progressive illness and a terminal illness?

142 REP. HAYDEN: Needs to be moved away from early suicide circumstances.

146 REP. BAKER: What would be the problem if we deleted lines 32-35, on pg. 9?

150 SEN. BOB SHOEMAKER, DISTRICT 3: This is the Alzheimer amendment, and is requested by seniors and people who have to live with the illness that

might take 30 years to run it's course. This is a very important

provision for the families of Alzheimer patients.

171 CHAIR BRIAN: When a person is consistently and permanently unable to communicate, is there any indication of how close they are to death?

175 SEN. SHOEMAKER: No.

176 CHAIR BRIAN: Can they be permanently unable to communicate, swallow food, etc., and live a year?

178 SEN. SHOEMAKER: Yes. 179 REP. MASON: Does this progressive vision apply when there is no directive to apply?

183 SEN. SHOEMAKER: No, we deliberately left it out.

185 REP. MASON: Wouldn't want to encourage a situation like the Atkins case.

194 CHAIR BRIAN: Referring to the Atkins case, she wouldn't have qualified yet, she was still communicating.

198 SEN. SHOEMAKER: Janet Atkins might not have gone to Dr. Kavourkian, she might have put up with it, if there had been a form like this.

201 REP. EDMUNSON: How do we distinguish between Section 1 and 3? Close death sounds like a time, and progressive illness is an illness, is the difference time? Does having two provisions, confuse the difference, or can we merge into one category that will adequately cover both.

223 SEN. SHOEMAKER: Close to death deals with power of attorney and what the directive now has to deal with which is a terminal illness. A

progressive illness isn't a technical illness, and the death may not be close.

235 REP. BAKER: You may be catatonic, but still have still have higher brain function.

238 REP. EDMUNSON: Are we just talking about Alzheimer's?

240 SEN. SHOEMAKER: Not just Alzheimer's.

243 REP. EDMUNSON: I don't want to confuse people when they are looking at the difference of progressive or terminal illness.

255 REP. EDMUNSON: Are there any conditions other than Alzheimer's that fit the definition of progressive illness?

265 REP. BAKER: How do we distinguish what is essentially mentally ill and catatonic, would they fit this definition?

269 REP. MASON: Would catatonic person fit this definition?

282 TINA KITCHIN, PHYSICIAN FOR DEVELOPMENTAL DISABILITY SERVICES: "Close to death" and "progressive illness" are very different things. There

are other diseases besides Alzheimer's which will have a progressive

neurological deteriorating. Muscular diseases are in a different

category because they don't deal with the brain. Most people in

catatonia can't swallow.

300 REP. EDMUNSON: Is catatonia progressive?

301 KITCHIN: People with a chronic mental illness tend to go in and out, instead of a progressively deteriorating disease.

303 REP. EDMUNSON: Would adding a descriptive word make a difference?

306 SEN. SHOEMAKER: That would be fine if used "such as". Alzheimer's is usually coupled with related disorders.

322 REP. HAYDEN: We are not dealing with brain dead. We are making a dramatic change in the law. We are making a subjective judgement on the quality of life. Are they going to receive food and water, under

current law they will.

369 REP. MASON: Where are we going with this? This bill will keep coming back, later with more amendments, and greater concern.

421 BOB CASTAGNA, OREGON CATHOLIC CONFERENCE: Our concerns are that progressive illness was undefined, and in the draft it was defined.

There might ethically and legally be a case that life support is

withdrawn from a person with less advanced Alzheimer's, but an

individual judgement would need to be made. Need more definitive

language on time period or progressiveness of disease.

453 CHAIR BRIAN: Do you have any suggestion language change?

455 CASTAGNA: Liked Hayden's reference to "end stage", a definition maybe needs to be added? 462 CHAIR BRIAN: You mentioned "advanced"?

TAPE 112, SIDE B

009 CASTAGNA: That is what the drafter had in the section-by-section analysis, that advanced Alzheimer's is what is intended. But in both

the Senate and House there has been reference to a number of diseases.

013 REP. EDMUNSON: Would "advanced" address this issue?

026 CASTAGNA: This needs more specificity. Possibly would be better to say specifically what Alzheimer's is.

028 CHAIR BRIAN: If said "advanced progressive illness", then in line 32 it refers to clearer language.

035 REP. HAYDEN: The ability of the individual to remove the presumption of what they want regardless of what the legislature passes. Under any

scenario a person will still be able to say what they do or do not want?

041 CASTAGNA: A patient has ability in advance to indicate what medical services they want.

043 REP. HAYDEN: Under any progressive illness, you can reject whatever you want?

048 CHAIR BRIAN: If a person had a progressive illness that will

eventually be fatal, in lines 32-35, a definition can be drawn to definel the last stages of life. 062 CAROLE SOUVENIR, COMMITTEE COUNSEL: On pg. 10, lines 1-2 regarding suffering or whether it should read "permanent and severe pain"? Should there also be a qualifier that life support would not help a medical

condition?

068 CHAIR BRIAN: What would be the underlining language?

069 CAROLE SOUVENIR, COMMITTEE COUNSEL: "Life support causes pain".

070 REP. BAKER: Would prefer "extraordinary suffering".

074 REP. HAYDEN: "Life support" means that if it was received, the person will live longer. It's not a cure.

094 CASTAGNA: A critical amendment is going from "suffering" to "pain". We support the amendment.

101 CHAIR BRIAN: Have we defined life "support"?

104 CAROLE SOUVENIR, COMMITTEE COUNSEL: It is defined in the form.

105 REP. BAKER: It's defined on pg. 3, lines 3-4. If changed the heading to "extraordinary pain". 116 CHAIR BRIAN: "Life support causes pain" sounds like a statement.

119 REP. BAKER: "Extraordinary suffering" works because it define both words.

132 CHAIR BRIAN: If we say "extraordinary suffering", they will understand.

138 REP. HAYDEN: If we link those with "and", it have to meet both criteria.

146 CAROLE SOUVENIR, COMMITTEE COUNSEL: On pg. 11, line 26 an additional sentence was added to the acceptance language of health care

representative.

158 REP. BAKER: On pg. 12, lines 24-25 do we define cited specific language?

185 SEN. SHOEMAKER: Under proposed form, probably wouldn't need to fall into the last phrase, but under current form you could because it only

delegates authority.

197 REP. EDMUNSON: What if had more than one known expression? How is it resolved?

210 SEN. SHOEMAKER: Every other known expression should be taken into account.

212 REP. BAKER: Then it would be going to court for guardianship. So why do we need this language if we are going to conflict?

215 SEN. SHOEMAKER: Purpose is to avoid going to court.

222 REP. EDMUNSON: If the desires of the principal are not clear, "any other known expression", the advanced directive is to be reviewed. Do

you want the health care representative to take in other people's

expressions or not?

233 SEN. SHOEMAKER: Intent of bill is to have the health care representative rely on the directive if the directive is clear.

239 REP. BAKER: Why not a simpler retreat to the presumption?

241 SEN. SHOEMAKER: That may be contrary to what the principal wants. What if under current form, delegate authority, but don't indicate what

wishes are. Most principal's wishes are to not continue life support.

252 CHAIR BRIAN: As written, there is a health care representative who shall review any other known expressions of the principal. It depends

on how much you want to delegate to the health care representative.

259 SEN. SHOEMAKER: If there is doubt about that among the group of people involved, can file a petition with the court.

263 CHAIR BRIAN: Is there a difference if you say "any other known expression known to the representative"?

266 REP. EDMUNSON: Words can't adequately express the conflict that will occur when this is established.

285 CHAIR BRIAN: Cites lines 16-22 with amendments.

302 REP. EDMUNSON: If statement is made to health care representative, it's not hearsay. If it came from family member that would weigh heavily in

making a decision.

312 CHAIR BRIAN: If eliminate lines 22-25, in lines 16-22 you basically have existing law.

319 REP. MASON: The close family members may be worst people to express the desires of the principal.

322 REP. EDMUNSON: Someone has to make the decision, don't want the health care representative to feel bound by what the family seems to remember. But they should use their best judgement to evaluate a statement.

331 CHAIR BRIAN: Don't you think lines 16-22 cover it?

332 SEN. SHOEMAKER: Lines 22-25 are more restrictive.

343 CHAIR BRIAN: Lines 22-25 gives the representative primacy which is more than current law does now.

348 REP. EDMUNSON: You would like health care representative to have some flexibility. Would feel better if took out lines at the end and left

flexibility in there.

364 SEN. SHOEMAKER: Leave it up to good faith of health care representative.

372 CHAIR BRIAN: If inserted a period at end of line 18, and then delete line 19 except for "if the". Reads new wording.

391 CHAIR BRIAN: If delete line 19 "or as otherwise made known", that gives the power to override the advanced directive.

399 REP. EDMUNSON: How about "otherwise make known by the principal to the health care representative"? Most of these people will be brought to

the hospital conscious, so there should be ample opportunity to discuss end of life decisions.

418 CHAIR BRIAN: So leave line 19 and add "by the principal" after "known"?

421 REP. EDMUNSON: That makes it very clear whose opinion they are relying on.

429 REP. BAKER: What about line 24?

431 REP. EDMUNSON: I don't think it's needed.

442 CHAIR BRIAN: Subsection 4, line 19 after "known", insert "by the principal". On line 22, beginning with "before" delete all of lines

22-25.

TAPE 113, SIDE B

016 CAROLE SOUVENIR, COMMITTEE COUNSEL: On pg. 13, suggestion is to delete Section 11. So we would need to restore the old standard of when you

could withhold or withdraw a life sustaining procedure. If that's what

the committee wants to do we need to make it consistent with ORS 127 .580 and if they want to include the Alzheimer's amendment, there should be a provision.

025 CHAIR BRIAN: So we eliminated Section 11, and we reinstated the presumption, but modified the list conditions.

030 CAROLE SOUVENIR, COMMITTEE COUNSEL: Discusses distinction on line 4. Did not include artificial nutrition and hydration under life sustaining procedures. Lines 12-13 would make it clear that a

health care

representative is not authorized to make a health care decision

regarding withholding or withdrawing artificial nutrition and hydration except as provided under ORS 127.580.

042 SEN. SHOEMAKER: What does that do to an advance directive that differs from ORS 127.580?

046 CAROLE SOUVENIR, COMMITTEE COUNSEL: Under the -8 amendments, cites pg. 1, line 24 which clarifies the advance directive.

058 REP. EDMUNSON: Is this to substitute Section 11?

059 CAROLE SOUVENIR, COMMITTEE COUNSEL: Explains making the changes consistent with ORS 127.580 and the -8 amendments. On pg. 14, line 27

should have a "," inserted after "positioning". In Section 12, line 33

explains the suspension circumstances.

084 CHAIR BRIAN: The presumption for life can only go one way, so that a person can't be incapable and then try to withdraw a suspension which

would cause the withdrawal of artificial nutrition and hydration.

090 REP. EDMUNSON: Asks for a comparison of Section 12 to pg. 12 lines 30-35 concerning the principle manifest and objection to the health care decision. Do those cover the same ground?

098 CAROLE SOUVENIR, COMMITTEE COUNSEL: Yes, but maybe we should on line 31, delete "user maintained" because that would go both ways then.

110 REP. EDMUNSON: Do they cover the same ground? It sounds like the principal can object if there is a decision by a health care

representative to withdraw a life sustaining procedure. Discusses

responsibilities of the care provider (physician). In Section 12, is

the refusal the same as a suspension? How do they differ?

129 CAROLE SOUVENIR, COMMITTEE COUNSEL: If they manifest an objection to that particular health care decision, then the health care provider will comply with what the objection is. But lines 33-38, would be a

suspension that would be in effect until the principal is able to

communicate the intent to reinstate.

139 REP. EDMUNSON: Line 33, discusses the principal's ability to communicate.

146 SEN. SHOEMAKER: Discusses the principal's execution of an advance directive, but panics and wants to be saved, then realizes that

didn't

want to be saved. This will allow for the "panic" factor. At this

point the principal is no longer capable of executing an advanced

directive, but wants to put it back in effect.

159 REP. EDMUNSON: On pg. 12, lines 30-35 seems to cover that "panic" factor.

179 SEN. SHOEMAKER: Section 12, deals with both the suspension of an advanced directive or a decision under the directive. It allows the

directive to be reinstated.

185 REP. MASON: Discusses the whole concept of the patient's panicking. There is an incredible chance of abuse with this provision.

198 CHAIR BRIAN: Are you concerned that they could again change their mind?

206 SEN. SHOEMAKER: This is what older people have indicated that they are afraid they will do. 214 REP. HAYDEN: Discusses an example of this absolute principle that can't be changed.

228 CHAIR BRIAN: But this language says that it may be suspended at any time and in any manner by which the principal is able to communicate the intent to suspend or revoke.

236 REP. HAYDEN: Wants examples of applications of the procedures concerning struggling.

244 REP. EDMUNSON: This involves the withdrawal, withholding, or refusal to decline them. Discusses the fail safe clause when a person objects.

Discusses reinstatement without regard to their mental condition.

262 REP. BAKER: You would allow the suspension but not the reinstatement?

263 REP. EDMUNSON: If they can manifest an objection, then we should honor that.

267 SEN. SHOEMAKER: But if in that same mental state, they manifest the other, why should you not honor that?

273 REP. EDMUNSON: If they have the capacity to understand the difference, then they have the capacity to execute a document.

275 SEN. SHOEMAKER: But is that a time to present a person in intensive care with a document? We are trying to avoid the irreversible directive because of panic.

277 REP. EDMUNSON: If we go through a revocation and reinstatement, we don't accomplish anything other than to have the original document

remain valid throughout with the opportunity to suspend it upon objection. Why do we have to get into the revocation, reinstatement, suspension, if we provide that the document remains valid unless there is a formal withdrawal?

299 SEN. SHOEMAKER: We were trying to avoid the irreversible revocation done in a moment of panic. But under Section 9, Subsection (5), as long as the document and the appointment remain effective, you can suspend proceeding under it.

312 REP. MASON: We like that the health care representative can give directions orally, but that the principal can't say anything orally.

321 REP. EDMUNSON: No, this consensus is that the desires of the principal that are expressed directly to the health care representative are the only expressions that will be considered. That is consistent with the panic section.

331 REP. MASON: The panic language is basically assisting suicide.

338 REP. EDMUNSON: If the decision is to proceed with death by withholding or withdrawing, and the principal manifests an objection, then stop.

Nothing will happen then until another decision is made.

375 REP. MASON: Does the principal have to communicate to the health care representative his/her desire to proceed?

384 REP. BAKER: There is a difference between the revocation of the directive as opposed to an objection to the health care decision.

386 REP. MASON: What happens then?

394 REP. EDMUNSON: Nothing happens until another decision is made by the health care representative.

419 REP. MASON: How many decisions does the health care representative get to make?

420 REP. EDMUNSON: Until they die.

423 REP. MASON: How does the principal get out of this bind?

426 REP. EDMUNSON: Then get to issue of revocation, you can revoke it.

429 REP. MASON: How do you revoke it?

433 CHAIR BRIAN: Cites language on pg. 14, line 39.

460 REP. EDMUNSON: The distinction that needs to be drawn from Section 9 deals with revoking the document that throws the directive away.

TAPE 114, SIDE A

017 CHAIR BRIAN: The intent of this wasn't a one way proposition. And you cannot reinstate without filing out a new form.

022 REP. MASON: Unless a principal can prove they are capable, they can't do anything.

028 CASTAGNA: In 1989, oral revocation was an important part of that framework. It may or may not be a panic situation, but the reality of

the situation. If they were looked at as a statement of intent, instead of a binding legal document. The standard of revocation has to be

clear.

045 REP. EDMUNSON: What about reinstatement?

046 CASTAGNA: How are the medical staff going to keep track of the status of the document? Is it existing, is it suspended, is it revoked, etc?

054 CHAIR BRIAN: Our initial work session was to make it a one way proposition, but people can give an example of a two way situation that makes sense.

057 REP. EDMUNSON: I would like to make the reenactment of a decision simpler. But it shouldn't depend who is on shift.

064 CHAIR BRIAN: So a reinstatement would have to be in writing?

068 CAROLE SOUVENIR, COMMITTEE COUNSEL: Section 12, pg. 15, line 32, "suspended" is used again concerning the withdrawal issue.

071 REP. EDMUNSON: When we continue on this bill, I want to pursue the Section 9 act that needs to be dealt with in immediacy. Can't ask other people at that level to make those decisions. Section 9, and revocation is a good idea. But we have created a new suspension, and that is

unclear. Would favor getting rid of "suspension".

088 CHAIR BRIAN: Intent was that suspension would be while additional medical implementation was taking place.

091 REP. EDMUNSON: You don't revoke the document if objecting.

097 REP. MASON: How will this transfer into foreign languages? How will they communicate?

140 CHAIR BRIAN: Adjourns the meeting at 3:28 p.m.

Submitted by: Reviewed by:

Sarah May Anne May Committee Clerk
Committee Coordinator

EXHIBIT LOG:

A - Proposed Amendments to SB 286 - Committee Counsel - 3 pages B - Proposed Amendments to SB 286 - Committee Counsel - 1 page C - Proposed Amendments to SB 286 - Committee Counsel - 1 page D - Proposed Amendments to SB 286 - Committee Counsel - 23 pages E - Proposed Amendments to SB 286 - Committee Counsel - 23 pages F - Testimony on SB 286 - Nancy Doty - 5 pages G - Testimony on SB 286 - Ted Falk - 5 pages