

Advance Directive/LC 1062 Questions

Process:

- *Timeline for recommendations.* Committee is to submit report to Legislature by September 1, even-numbered years in which it finalizes recommendations (p 15, lines 6-13). Committee must meet at least 2x/year. (Page 24, lines 22-24). The form must be posted on OHA's website. (Page 15, lines 14-17). The form posted on the website must be the Section 2 form. So when can OHA post a new form and when does it go into effect? What does this do to Legislative oversight?
- *Alternative forms.* Is this form the only one for use in Oregon? (See deletion on Page 12, lines 16-19). Is there a way to make the intentions clear?
- *Supplemental documents.* Tell me more about the supplemental documents (user guide) that the Committee would like to produce. Do you need statutory authority to do that? Do you need increased funding?
- *Signed/signature/verbal acceptance.* What does the Committee recommend?
- *Emergency verbal acceptance,* see page 22, lines 5-13. The workgroup wanted the ability for the HCR to verbally accept appointment and to have that noted on the AD. What are your thoughts on capping that verbal acceptance?
- *Types of forms.* One idea the original work group had was that there might be three types of forms or users. There is a group of users who just want to appoint a HCR; a group of users who just want to have a values statement and no HCR; and a group of users who want both. Do the changes to definitions of "advance directive" and "form appointing a health care representative" preserve those three options? (See pages 16 & 19).
- *Governing statutes:* The workgroup struggled with which laws should apply to advance directives. Should it be the law that is in effect when the injury happens or when the form was executed? Since these are long-last forms, there could be decades between when an advance directive was executed and an injury giving rise to adjudication. The workgroup was also concerned with principals feeling as though they needed to re-do an advance directive in order to use a new form every few years. As such, the workgroup compromised and allowed a choice of laws. Did the committee discuss this change in depth? Can you tell me more of your thinking?
- *Medical Necessity.* In the workgroup, we spent time discussing whether the checklist should include language about requesting treatment in their AD that isn't medically advised. Did the Committee have discussion on that issue? (This may be better in the form section).

Form:

- "if you were not able to" (page 1, lines 16-17). Is the goal to share through the document if you are future unable to share, to have conversations in the present, or if you missed the opportunity in the past, or some combination? Suggestions include making the sentence "Share your values, beliefs, goals, and wishes for health care." If for future, then "if you become unable to express them yourself." If for conversations, "if you are unable to express them yourself."
- "It is best to complete this entire form." Page 2, line 3, may be impossible or difficult for some folks. Would this direction keep some people from completing the form?

- Should page 2, lines 13-15 regarding POLST be better directed towards the POLST website or to the person's health care provider?
- If sign includes e-signatures or other forms of acknowledgment, then should the instructions say that? (see page 2, line 27).
- Bottom of page 2, top of page 3 give examples of when the AD can be changed or modifies. It gives two different sets for changing the AD (one for removing life support or tube feeding and one for other changes or cancel). Perhaps line 4 could say "other changes" or something like that. And perhaps filling in the gaps so people don't have to try and read between the lines.
- Page 4, line 20 says the AD offers "guidance" while line 22 says "direct your care." This raises the question as to whether the AD is binding on the HCR or health care provider.
- 3A—My Health Care Decisions.
 - It uses both health care decisions and "wishes." Those feel like different standards.
 - How does the committee address the issue of present self/future self? For example, a person may look to the future and say "I don't want to live if I can't see my grandkids." But when a person has lost competence and doesn't recognize the grandkids, but is happy in their daily routine, they may indeed wish to live.
- Page 5, line 31, uses "likely never able to," but what about those with capacity is intermittent?
- Page 7, lines 13-17 should have some sort of way to distinguish its purpose.
- 3B-My Quality of Life. Same question about present/future self as with 3A.
- Page 8, lines 2-5. This may need to be revised.
- Page 8, lines 25-27. "This could help...make decisions about your health care..." This could be redundant.
- Page 9, 4D. Is this separate from a HIPAA authorization?

CN Recommendations:

- Page 1, lines 19-20. Consider splitting apart health care representative and "they must agree to act in this role."
- Bullets on page 2 (lines 1-9) don't match up with header on page 1, line 15. (This Advance Directive form allows you to:)"
- Page 2, lines 11-12 say "The Advance Directive form allows you to express your preference for health care." Then explains that it is used for appointing a HCR, then Page 2 lines 23-24 say, "This form also allows you to express your values and beliefs with respect to health care decisions and your preferences for health care." This seems a bit confusing and redundant. Perhaps pulling those paragraphs apart would help? First paragraph is this is not a POLST. Second paragraph is appointing a HCR. Third paragraph is preferences/values/beliefs.
- Page 2, lines 19-20 reference effective appointment of an HCR. This seems like it could be simplified.
- Page 5, line 20 and in other places uses "this would be after they talk to my health care providers..." Would it be easier to say "I would want my health care representative to decide for me after talking with my health care providers and taking into account the things that matter to me."
- Page 9, line 11, typo. ("on" should be "or.")

- *Consideration by Legislature.* Page 15, lines 11-13. Provide clarity that the Committee shall receive the report. Do you want a hearing on it? Some sort of action? If not, then no need to require them to consider.