Expands health care providers authorized to prescribe medication to include physician assistants and nurse practitioners. Repeals residency requirement. Modifies permissible methods of delivering prescription to pharmacist. Reduces certain waiting periods. Authorizes electronic filing of certain reports.

Honorable Chair Prozanski, Vice Chair Thatcher, and Honorable Members of the Senate Judiciary committee:

I am testifying in opposition to this SB 891.
I am a Board-Certified psychiatrist and have been practicing in Oregon for nearly 23 years and have thirty-five years of experience in the field of psychiatry altogether and this is the third country where I have practiced psychiatry. Currently my psychiatric practice extends from Eastern Oregon to Douglas County. Part of my work I have been taking care of nearly 160 patients who have various psychiatric and neurological conditions, and many are elderly, those with various forms of brain injuries and residing in care homes and we provide the end of life care for many of them in these homes.

I am opposed to Senate Bill 891 because of 4 reasons:

1. Diminished Capacity for informed consent is easier said than done. There is serious challenges in capacity evaluation and obtaining informed consent in the terminal phase of life. At this stage in life the people are confused, with fluctuating consciousness, many cannot comprehend instructions or communicate due to language and speech limitation, have severe cognitive problems. They have a high likelihood of undiagnosed depression, dementia, fear, pain, fatigue, worry. In addition, without a detailed psychological evaluation it is hard to evaluate if there have been any personality traits that predispose the person to suicide risk.
   I testified that telemedicine evaluation is not a substitution for detailed evaluation of capacity as many I serve can not identify me in the screen but when I am there in person can recognize me as they are able to see me in three dimension and use other senses to compensate for the challenges due to their brain changes. Doing a zoom capacity evaluation is not a substitute especially when such important decision has to be made.
2. Capacity evaluation is not part of the training of all medical professionals, Physician Assistant or Nurse Practitioners. The capacity evaluation requires training and expertise by the evaluator. Most evaluations are commonly referred to as "Applebaum's criteria" and requires all four aspects of capacity must be met including understanding, expression of clear choice, appreciation of the facts and how it relates to themselves, reasoning ability to compare options and infer consequences.
   Just because the patient makes a stable choice and repeats within 48 hours is not by itself an indication of capacity to give informed consent. One can be verbal and express a choice, " I don't want to live", but may still fail to meet the other standard of capacity evaluation.

3. Waiting Period: The reduction of the waiting period to 48 hours is a concern as patients can be in a state of delirium or confusion state and not much can change except fluctuation of the cognitive status while making the request. It is unclear why there is a hurry to write the prescription if the natural death is likely to occur sooner than 48 hours waiting time. This raises many concerns- Oregon death with dignity act report shows only 1.2% of those who requested were referred to psychiatric consultation in 2020 despite the mean duration of the patient physician relationship of 8 weeks. This has been an unregulated practice with only around 2.2% of Oregon physicians practicing death with dignity. I was concerned as there appears to be zero accountability, oversight and no complaints so far as the law does not include any oversight or regulation and the records are destroyed after one year and the death certificate describes death as from natural causes and no way one can go back and review.
4. In September 2021, using public record request for death with dignity act data update obtained from Oregon Medical Board, in 21 years there were 26 referrals from OHA or Department of Human services from 2000 to September 2021. No formal disciplinary actions were taken against the physician licenses. It made me conclude that this is an unregulated practice as there is no peer review, and it is unclear how medical board or any other specialty board will regulate this practice if the scope of practice is expanded to include Nurse Practitioners and Physician assistants.
5. Residency Requirement removal: This is a concern as it should not lead to families moving frail, potentially cognitively impaired persons across the state line and have someone testify they know the person and obtain prescriptions to die or hasten death. Having a witness testify is not a substitute to having good therapeutic relationship with the patient and the attending physician do a detailed capacity evaluation to ensure there is no misuse of this law especially if family members start to bring persons to our state only to use the death with dignity law and lead to death tourism in Oregon. Now someone can write the prescription even after only one visit and without any therapeutic relationship with the patient!
6. There is serious conflict of interest. Often Adult persons with disability services does redetermination and can find the person not eligible and this can pose serious financial burden to stay in the long term care facility and without getting paid the family members if available have to bear the financial burden. The long term care home operator is not paid and that poses serious financial conflict of interest if they are placed in the situation to be the witnesses to the patient asking for death medications.

As a Physician I feel it is my ethical duty to oppose this and speak up. It is for these reasons I ask you to oppose SB 891.

Satya Chandragiri MD