

June 2, 2025

The Honorable Kayse Jama
Chair, Senate Committee on Rules
900 State St., NE
Salem, OR 97301

Re: SB 1003A – Modifies provisions of Death With Dignity Act

Dear Senator Jama and members of the committee,

On behalf of Providence Health & Services, we appreciate the opportunity to express our concerns regarding the proposed –4 amendment in Senate Bill 1003A. Guided by our mission and values, we maintain a profound respect for the sanctity of life and a commitment to compassionate care for those who are dying and vulnerable.

Providence is a progressive health care system that strives to offer compassionate, high quality and state-of-the-art care for our patients in many settings. Section 2 (1) of the amendment requires a “health care facility” to have a process in place to disclose in writing the facility’s policy regarding the ability to participate in the Oregon Death With Dignity Act. As defined in the amendment, this would include “hospital, clinic or nursing home.”

This expanded definition of health care facility is overly broad, irrelevant for most patients, and would be administratively burdensome. It would include, for instance, a pediatric clinic providing a well-child visit, an ENT clinic caring for someone with a sore throat, or an expecting mother admitted to deliver a baby. Highlighting the Oregon Death With Dignity Act at every admission will cause anxiety and may lead to avoidance of care. Providence recommends narrowing the patient notification language to provide a relevant policy upon request or if the patient asks about the ability access services pursuant to Oregon’s Death With Dignity Act.

Providence is committed to providing exceptional, whole person care, including comprehensive palliative services for patients at the end of life. We are concerned regarding the efforts of national advocacy groups to further expand access to Oregon’s Death With Dignity Act. Specifically, we are apprehensive about SB 1003A, particularly the –4 amendment, which reduces the waiting period between a patient’s initial oral request and the issuance of a prescription from 15 days to just 7 days. We understand that our patients facing end-of-life challenges have intricate physical, social, emotional, and spiritual needs. To meet these needs, we offer a wide range of services, emphasizing palliative care while respecting the natural process of dying. Shortening the time available to address a person’s emotional and spiritual concerns may inadvertently cause harm.

We appreciate the opportunity to provide comment.

Sincerely,

Kevin Dirksen

Kevin Dirksen
Center for Health Care Ethics
Providence Health & Services - Oregon Region