



June 2, 2025

Oregon Senate Committee on Rules
900 Court Street, NE
Salem, OR 97301

RE: SB 1003

Chair Jama, Members of the Committee:

Kaiser Permanente is a non-profit, fully integrated health care system that exists to provide high-quality, affordable health care services to improve the health of our members and the communities we serve.

Thank you for the opportunity to provide feedback in response to A-Engrossed Senate Bill 1003. We are concerned that the bill as currently drafted may create confusion and KP would like to offer some suggested amendments to the bill to clarify intent and eliminate ambiguity that could lead to compliance challenges.

First, we encourage you to amend the bill to appropriately tailor the program notice requirements. As currently drafted, Section 2 of the bill would require health care facilities, which are defined to include hospitals, clinics, and nursing homes, to provide notification of the program prior to any admission to the facility. We are concerned this notification requirement is overly broad and would apply to many individuals who are not reasonably likely to be eligible for the Death with Dignity program. This dilutes the message, contributes to notification overwhelm, and may cause undue stress for patients admitted for routine procedures.

We recommend amending the bill to limit the notification requirement to hospice program admissions. Further, we hope you will permit the notification to be provided electronically, in hard copy, or by posting on the hospice program's website, as Senator Prozanski's testimony suggests. This will ensure the notice requirements are appropriately tailored and flexible to meet the needs of patients.

Next, we appreciate efforts to make the program more accessible to those who choose to pursue it, including by adding in Section 7 a pathway to obtain a consulting practitioner's confirmation of the patient's diagnosis by leveraging a hospice program's certification of the patient's terminal illness (CTI). However, we are concerned that this language, as drafted, could be interpreted to make the CTI pathway effectively unavailable to hospice programs that must comply with certain Medicare and Medicaid requirements. To address this issue, we recommend amending this subsection to clarify



that a consulting practitioner may be a separate practitioner from the practitioner that signed the hospice program's certification of the patient's terminal illness.

We welcome the opportunity to work with you and the bill sponsors to ensure the bill language accomplishes its intent, and we are happy to offer more specific language suggestions if helpful.

Sincerely,

Anna Scott, RN
Manager, Life Care Planning