

March 29, 2021

Dear Representative:

On behalf of Arkansas Right to Life and the National Right to Life Committee and the network of members across Arkansas and the United States, **we write to urge you to vote AGAINST HB1685, a bill to amend the Arkansas Healthcare Decisions Act, and HB1686, a bill to amend the Arkansas Physician Order for Life-Sustaining Treatment Act.**

We will publish votes on this legislation in our 93rd Arkansas General Assembly Pro-Life Report as legislation that we opposed because **it is our strong belief that this legislation could lead to euthanasia, even though it may not be the intent.** These bills certainly weaken Arkansas' existing good laws regarding end-of-life decisions.

HB1685 weakens Arkansas' provision on the administration of foods and fluids. Under current law, strong protections are afforded to someone, who while able to do so, created an advance directive and indicated a preference for nutrition and hydration.

Under HB1685, a healthcare decision-maker can end up circumventing the clear directive from a patient in regards to nutrition and hydration. Page 5 lines 6-11 read: "(2) Is inconsistent with the principal's advance directive for nutrition and hydration and the individual who is authorized to make healthcare decisions for the principal provides evidence that the supervising healthcare provider or ethics board corroborates that the **deviation from the express terms of nutrition and hydration in the advance directive is in the principal's best interest or otherwise avoids prolongation of death.**"

HB1686 would make dramatic changes to laws surrounding advance directives. The legislation strikes Arkansas code that states "**A physician order for life-sustaining treatment form is not intended to replace an advance directive.**" Unlike an advance directive, which is the general expression of the patient's wishes to guide health care decisions in the future, a POLST gives easy to read directions that are immediately applicable to the patient, whether the patient is presently capable or incapable of making health care decisions. While an advance directive is effective indefinitely, a POLST is intended to be reviewed periodically and rewritten whenever the patient's condition undergoes a substantial change and all changes are documented.

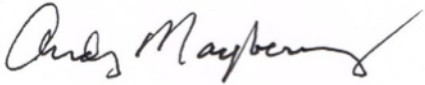
Under HB1686, in the case of a patient who is currently incapable of making health care decisions, a surrogate is legally allowed to execute a POLST to violate the treatment preferences the patient herself or himself set forth, WHILE COMPETANT, in the advance directive. Additionally, this legislation does not seek to use an existing advance directive to help ensure the POLST reflects a patient's wishes, but **actually disregards the patient's wishes and replaces those wishes with ones deemed to be "in the best interest of the patient."**

A POLST form should be seen as a supplement to, not a replacement for, an advance directive, because: 1) an advance directive can be more comprehensive, complex, and nuanced and 2) an advance directive can contemplate different levels of treatment for different potential conditions. In contrast, a POLST form is designed to apply only to the patient's current condition and is most appropriate in providing a standardized, at-a-glance easily comprehensible summary of the most salient directions applicable, especially in an emergent situation, **in accordance with the patient's advance directive if a person has one.**

Additionally, HB1686 dramatically expands the number of people who are able to create POLST forms. Permitting people with far less training and experience than a physician can expand the risk that patients and surrogates are not given all relevant information needed when making treatment decisions for themselves or loved ones.

For these reasons, **Arkansas Right to Life and the National Right to Life Committee urge you to vote no on HB1685 and HB1686 to protect patient autonomy in health care decisions and prevent unintended consequences of involuntary euthanasia.**

Sincerely,



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