

BELLEVUE NETWORK ON AGING

MINUTES

March 5, 2026. 8:30am - noon

MEMBERS' PRESENT: Bhavana Pahwa, Anne Rittenhouse, Eleanor Lee, Shilpa Mehta, Elaine White, Guang-an Wu, Beth Hanley, Roxi Wilson, Hannah Kimball, John DePalma, Julie Hart, Madhu Kachru, Andrea Kline, Suresh Velagapudi, Kari Marino,

MEMBERS ABSENT: Kan Liang, Chelcy Flores,

STAFF PRESENT: Dan Lassiter -Community Services Supervisor
Christy Stangland-Bellevue Human Services

GUESTS: Alex Tsimmerman,

PRESENTER(S): Bob Free - End of Life Washington

RECORDING SECRETARY: Daniel Lassiter, Bellevue Parks & Community Services

WELCOME AND ROLL CALL: The meeting was called to order by co- chair Elaine White

APPROVAL OF MINUTES: Minutes approved for February 2026 were approved.

PUBLIC COMMENTS: Alex Tsimmerman- Complained about the City of Bellevue government concerning livability according to income.

Presentation: End of Life Washington – Bob Free

End of Life Washington presentation on Advance Planning and End of Life Choices.

For those of you not familiar with End of Life Washington, we are a donor-funded nonprofit primarily fueled by volunteers.

We provide education and free resources through presentations like this one, as well as dozens of online resources, and through consultations and partnerships with various healthcare and deathcare organizations. End of Life WA was the first

organization in the nation to create a directive dealing with limiting food and water for advanced dementia patients.

We also provide one-to-one support for individuals evaluating their end-of-life options, including Medical Aid in Dying and Voluntarily Stopping Eating and Drinking. We have over 80 volunteers (referred to as VCAs or Volunteer Client Advisors) who provide support across the state. Our team of phone volunteers makes sure that people who call End of Life WA during business hours can access support over the phone.

EOLWA Services are divided into the categories of Education & Resources, Support of Volunteer Client Advisors (VCA) and Advocacy concerning Public Policy.

EOLWA is also deeply engaged in advocacy and public policy. We played the leading role in passing the Death with Dignity Law in Washington State in 2008 and in the passage of **SB 5179/HB 1281** in March of 2023. This bill made important updates to the original law, ensuring better access to the law. The new law went into effect in July 2023.

Advance directives- what they are, how to complete them, how to talk about them. We'll review what decisions you can make and documents you want to have in place to know that your wishes will be **honored** if you can't **communicate** for yourself.

People aren't always comfortable talking about death, or much less planning for it. It's hard to have conversations about your death with people who care about you because it means you will be leaving them.

This presentation makes it easier to navigate conversations about death with everyone in your life and involved in your care.

A great way to begin thinking about and talking about end of life is to fill out a values worksheet. You can find this document on the End-of-Life Washington website online at many other organizations focused on end of life, or possibly from your care provider.

A values worksheet can help you and those you've chosen to care for you to understand what your values are related to how you want to live and be cared for

as you age, or if you begin experiencing symptoms of physical or mental illness. It's not about a specific disease or specific symptoms, but rather about how you value your health and welfare in general.

The worksheet is an excellent way to illustrate how you value your quality of life and desire for care. And when you talk about those values with others, it's a good way to see where there may be disagreement with your support team. It allows you to take the time to explain your values and choices, why they are important to you and reduce the fear and anxiety others might feel in supporting your wishes.

The worksheet asks you to rate, from very important to not important, quality of life issues like the following:

- Being able to perform tasks on your own.
- Being able to relate to family and friends.
- It also covers direct questions, like if you want to live in a care facility, and under what circumstances you would prefer hospice at home vs a hospital.

It's important choosing your support team and figure out your values and wishes. Your support team consists of medical providers, caregivers, healthcare agents, and people you trust who will be there to support you if you become seriously ill or injured.

They will become the facilitators and resources who can help honor your choices about how you want to spend your final days. You need to make sure that once YOU understand what your values are, they can and will support your decisions. Some end-of-life options cannot be supported by certain hospitals and care facilities.

The most important person on your support team is your **Health Care Agent**. This is the person who will speak for you and make decisions on your behalf in the event of a health care crisis or diminished capacity, where you cannot

communicate for yourself.

Your Health Care agent can be a family member, a close friend, a loved one, or a trusted advisor, or your chosen family. Some people choose professionals or people in their lives they trust for their proven judgment or calm demeanor. The important thing is to choose the person most suited in your life who can honor your health care directives, ask questions, and make decisions close to the choices you believe you will make for yourself, even if they themselves make different choices.

To formalize this person to act on your behalf, you'll want to create a Durable Power of Attorney for Health Care or a DPOA for HC. In this document, you can also designate a secondary agent if your primary agent is not available. To make this a legal document, your DPOA for HC can either be signed by two witnesses or a notary in the state of Washington. You don't need to have an attorney to create one.

To make sure your Healthcare Agent can be reached in the event of an accident or healthcare crisis, you will want to store this person's name as your Emergency Contact on your mobile phone and have this person identified with all your healthcare providers.

To help your Health Care Agent and all your care providers understand your end-of-life wishes, you'll want to complete a Health Care Directive. This is a document that allows you to put down in writing **the types of** decisions you would want made if you are in a life-threatening situation and can't communicate for yourself. Different than the values worksheet, which is more about quality-of-life decisions and your values, the health care directive allows you to walk through scenarios where extreme life-saving measures could be taken by hospital or emergency medical professionals, and you can choose what kind of treatment you want, depending on the severity of your health crisis. This could be cardiopulmonary resuscitation, hospitalization, intensive care, surgery, artificial ventilation, tube feeding, etc.

Your Health Care Agent will use this as a guide to make decisions for you if you cannot communicate with yourself. Emergency personnel will talk to your DPOA for HC about your Health Care Directive, but rarely will they take the time to read through it. This is why, again, it is important to have honest conversations about your wishes with your healthcare agent.

If there are scenarios you don't see addressed in the directive, you can include an addendum or a personal statement to explain your values and what your wishes would be related to specific healthcare scenarios.

If you feel confident that you understand all the scenarios in a healthcare directive, you can fill it out on your own. Some people find it helpful to fill it out

with their medical providers to make sure they understand each decision they are making.

Many insurance plans and Medicare will cover advance planning conversations during your annual wellness visit, so you can ask your primary care provider if that is included.

After choosing a Health Care Agent and creating a Health Care Directive, you have then completed an Advance Directive. This is the term for the combined set of your Designated Power of Attorney for Healthcare and your Health Care Directive. An Advance Directive is also referred to as a Living Will. Which is different than a Last Will and Testament which relates to your assets and belongings.

All adults should create an Advance Directive, since as we all know accidents and illness do not discriminate by age.

At End-of-Life Washington, we have combined both a Health Care Directive and a Durable Power of Attorney for Health Care into one convenient document. We found it helpful to have everything in one place. You can access this on the End-of-Life Washington website.

There are several other Advance Directive options, like the one at Washington Law Help. You can find these online as well.

Once you've completed your Advance Directive, it becomes a valid document when you sign it in the presence of two witnesses and/or a notary in Washington State. If you plan to travel with your AD, we recommend that you have it notarized, as some states only recognize notarization to make these documents legally binding.

Your two witnesses cannot be related to you by blood or marriage, or have a claim to your estate, or be one of your doctors, health care providers, or caretakers

You'll want to share copies of your Advance Directive with those around you who are responsible for your care, most especially your Health Care Agent, and all healthcare facilities you are associated with, so they can put it in your file. Copies are as valid as the original.

For travel, you'll want to bring a copy with you in your suitcase but just know that not all states will honor a directive from another, so you might want to check if this is something you are concerned about.

The most recent copy of your Advance Directive is the one that health care providers will use, so it's best to only have one Advance Directive and keep it updated.

Canceling (revoking) your directive: If you revoke a directive, make sure you notify your health care decision-maker, family, and providers. If possible, retrieve and destroy copies of your revoked directive, or tell those who have revoked copies to destroy them. Keep one copy of your revoked advance directive in your records with the word "REVOKED" written across the front. This could help if someone needs to rely on a new directive. The most recently dated directive will be honored over any older directive.

With the rise of dementia and Alzheimer's patients, End of Life Washington has seen an increase in requests from clients about healthcare directives specifically related to memory loss. People want the opportunity to think through the specifics of what kind of care they would want as their disease progresses.

To help address this, End of Life Washington created an advance directive that specifically addresses concerns about cognitive impairment. It allows you to give instructions to your Healthcare Agent or your support team before you lose any mental capacity or capability. To be clear, this means that when you have full mental capacity, you can give direction as to what you want when, and if you lose mental capacity.

This document is the **Advance Directive for Living With Dementia**. This directive allows you to give specific guidance to your Health Care Agent on how to deal with the issues related specifically to memory loss and loss of independence – like where you want to live and how you want to be cared for when you can no longer remember how to care for yourself. This directive is kept updated by the Northwest Justice Project and a working group.

Another advance directive is called **Advance Directive for Voluntary Stopping of Eating and Drinking**. It was created by the Northwest Justice Project & National VSED Advance Directive Committee. This directive allows you to express your end-of-life wishes about receiving food or drink from care providers. Like with any other advanced directive, completing a VSED Directive does not guarantee that it will be followed. The laws around advance directives change over time and vary

from state to state. Also, your caregivers or family members might be resistant to the idea of not giving you food and drink. The best way to ensure your wishes will be honored is to talk with your medical team, your care facility, your caregivers, and your family members about your VSED Directive. You can find more information about this directive online.

End-of-life issues around Dementia and Alzheimer's are complicated. They require careful discussion, consideration, and review with care providers and your support team. End of Life Washington can be a good source of information and clarification about these directives.

To complement your Advance Directives – if you are seriously ill, living with a disease, or over a certain age, and do not want life-sustaining measures taken to keep you alive -- there is a document called a POLST form. This stands for Portable Order for Life-Sustaining Treatment.

This is a medical order signed by your provider that tells medical providers/EMTs/etc., in an emergency, what kinds of life-sustaining treatment you do or do not want if you are unable to make decisions for yourself. To be clear, a POLST form should also be completed if you want all life-sustaining treatments to be tried.

To help better explain how all these forms work together, this illustration can help.

- All adults should have an Advance Directive which includes Health Care Directives and a Designated Power of Attorney for Healthcare. You are never too young or too old to be in a tragic car accident or **develop a serious illness** and need someone to speak for you and honor your wishes.
- And when you have a serious illness or are very elderly and do or do not want specific emergency measures taken, a POLST form can be completed with your provider, which is a medical order that tells emergency healthcare professionals exactly what to do during a medical crisis.

With these two complementing each other, treatment wishes should be honored, especially when there is an ongoing conversation happening between you and/or your Healthcare Agent.

If you need 1:1 support with advanced directives, you can contact Known Wishes. A link to their website will be included in our follow-up email.

Help people understand that they always have a choice: accept curative treatment options, mild or extreme, that could extend their life OR choose to refuse/stop treatment and accept palliative and hospice care only.

Palliative and Hospice Services have several things in common but differ in important aspects – relating to when someone may choose to stop curative treatment and how they are paid for.

Transition to the topic of choosing when you die (MAiD and VSED) and dying on your terms

Along with having the choice to stop or refuse treatment, you also have the option to choose the timing of your death, enabling you to die on your own terms.

People make this choice for many reasons: they feel that their quality of life has diminished or feel their lives are complete. These are not options that would be considered by everyone. We all have different cultural, spiritual, and philosophical beliefs about life and death.

In Washington State, Medical Aid in Dying was made legal through the Death with Dignity Act that was passed in 2008. A law like this is available in 14 other states.

An individual who wants to use the Death with Dignity Act needs to be 18 years of age or older, a resident of Washington State, capable of self-administering the medication, have decision-making capacity, and have two medical providers who will support the order. The NP or PA can only be one of the two providers; the other one must be a medical doctor.

Those who are terminally ill with less than 6 months to live have the option to use Medical Aid in Dying in Washington. Medical Aid in Dying or MAiD **allows someone terminally ill to** die by using medication to have control over the date and time. People make this choice for many reasons, including reducing anxiety or ending current or future pain or suffering

89% of EOWLA's budget comes from individual donations, so if you are interested in supporting what we do, you can donate to ensure that no one who needs our services is turned away, and we can continue to advocate for the right to allow people to die on their terms.

All the resources that have been presented can be found on the End-of-Life Washington website. Each can be accessed and downloaded or, again, simply call or email the office and they can be emailed to you.

Human Services Needs Update – Christy Stangland

6.4 million appointed for general funding for Human Services grants.

1.3 million specifically targeted on housing.

Older adult funding is typically combined with disability needs so difficult to report out on just older adults. BNOA was encouraged to let agencies working in Bellevue serving older adults in the approved funding categories apply for funding through the Human Services Commission. Applications close April 4, 2026.

COMMITTEE REPORTS: Members were asked to read the committee reports before the meeting for discussion and due to time restraints were skipped this month.

Advocacy: Bhavana sent out the current senate and house bills that affect older adults. See minutes for details. Several members attended the Senior Lobby Day in February and had little report to do.

Housing & Transportation: No meeting was held in February. Anne reminded members of the tour set up with EERC, with the new transit system April 14th 9a - 3p. All seats have been reserved for this tour and a report forthcoming.

Outreach: No meeting was held in February. Volunteers will table at the Overlake Resource Fair and need new BNOA Resource Books.

Ad hoc committees:

Celebration Committee has decided on Tuesday October 13th for the event. A large room has been reserved at city hall from 4p – 6p.

Older Adult Recreation Plan for Bellevue: The team will bring questions for BNOA to answer as they serve as the first focus group for this project. The group will be asked to answer questions and provide feedback for possible further questions needing to be asked.

NEW BUSINESS:

The Bellevue Police Scam presentation by officer Ruby Daly, has been updated to occur on March 30th, North Bellevue Community Center, at 1:30. Helpers will need to be there 45 minutes early to help set chairs and snacks.

The volunteer background checks were again discussed and packets handed out to those in attendance. There is not an online version so members must pick them up, fill them out and respond to the background check company that reaches out to them. Dan will again bring the packets to the next meeting.

The meeting was adjourned at 10:30a

Next meeting is April 2, 2026. Presenters: BNOA as Focus Group for Older Adult Recreation Plan. Also visited by Assistant to congresswoman Susan DelBene.