

# D R A F T

## SUMMARY

Modifies provisions relating to Oregon Death with Dignity Act. 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.

## A BILL FOR AN ACT

1  
2 Relating to death with dignity; creating new provisions; amending ORS  
3 127.800, 127.805, 127.810, 127.815, 127.820, 127.825, 127.830, 127.835, 127.840,  
4 127.845, 127.850, 127.855, 127.865, 127.880, 127.885 and 127.897; and repeal-  
5 ing ORS 127.860.

## 6 **Be It Enacted by the People of the State of Oregon:**

7 **SECTION 1.** ORS 127.800 is amended to read:

8 127.800. §1.01. Definitions. The following words and phrases, whenever  
9 used in ORS 127.800 to 127.897, have the following meanings:

10 (1) “Adult” means an individual who is 18 years of age or older.

11 (2) “Attending [*physician*] **provider**” means the [*physician*] **provider** who  
12 has primary responsibility for the care of the patient and treatment of the  
13 patient’s terminal disease.

14 (3) “Capable” means that in the opinion of a court or in the opinion of  
15 the patient’s attending [*physician*] **provider** or consulting [*physician*] **pro-**  
16 **vider**, psychiatrist or psychologist, a patient has the ability to make and  
17 communicate health care decisions to health care providers, including com-  
18 munication through persons familiar with the patient’s manner of communi-  
19 cating if those persons are available.

1 (4) “Consulting [*physician*] **provider**” means a [*physician*] **provider** who  
2 is qualified by specialty or experience to make a professional diagnosis and  
3 prognosis regarding the patient’s disease.

4 (5) “Counseling” means one or more consultations as necessary between  
5 a [*state licensed*] psychiatrist or **licensed** psychologist and a patient for the  
6 purpose of determining that the patient is capable and not suffering from a  
7 psychiatric or psychological disorder or depression causing impaired judg-  
8 ment.

9 (6) “Health care provider” means a person licensed, certified or otherwise  
10 authorized or permitted by the law of this state to administer health care  
11 or dispense medication in the ordinary course of business or practice of a  
12 profession, and includes a health care facility.

13 (7) “Informed decision” means a decision by a qualified patient, to request  
14 and obtain a prescription to end his or her life in a humane and dignified  
15 manner, that is based on an appreciation of the relevant facts and after being  
16 fully informed by the attending [*physician*] **provider** of:

17 (a) His or her medical diagnosis;

18 (b) His or her prognosis;

19 (c) The potential risks associated with taking the medication to be pre-  
20 scribed;

21 (d) The probable result of taking the medication to be prescribed; and

22 (e) The feasible alternatives, including, but not limited to, comfort care,  
23 hospice care and pain control.

24 (8) “Medically confirmed” means the medical opinion of the attending  
25 [*physician*] **provider** has been confirmed by a consulting [*physician*] **provider**  
26 who has [*examined*] **evaluated** the patient and the patient’s relevant medical  
27 records.

28 (9) “Patient” means a person who is under the care of a [*physician*] **pro-**  
29 **vider**.

30 [(10) “Physician” means a doctor licensed to practice medicine under ORS  
31 677.100 to 677.228.]

1 (10) “**Provider**” means:

2 (a) **A physician licensed under ORS 677.100 to 677.228;**

3 (b) **A physician assistant licensed under ORS 677.505 to 677.525; and**

4 (c) **A nurse practitioner licensed under ORS 678.375 to 678.390.**

5 (11) “Qualified patient” means a capable adult who [*is a resident of*  
6 *Oregon and*] has satisfied the requirements of ORS 127.800 to 127.897 in order  
7 to obtain a prescription for medication to end his or her life in a humane  
8 and dignified manner.

9 (12) “Terminal disease” means an incurable and irreversible disease that  
10 has been medically confirmed and will, within reasonable medical judgment,  
11 produce death within six months.

12 **SECTION 2.** ORS 127.805 is amended to read:

13 127.805. §2.01. Who may initiate a written request for medication. (1) An  
14 adult who is capable[, *is a resident of Oregon,*] and has been determined by  
15 the attending [*physician*] **provider** and consulting [*physician*] **provider** to  
16 be suffering from a terminal disease, and who has voluntarily expressed his  
17 or her wish to die, may make a written request for medication for the pur-  
18 pose of ending his or her life in a humane and dignified manner in accord-  
19 ance with ORS 127.800 to 127.897.

20 (2) No person shall qualify under the provisions of ORS 127.800 to 127.897  
21 solely because of age or disability.

22 **SECTION 3.** ORS 127.810 is amended to read:

23 127.810. §2.02. Form of the written request. (1) A valid request for  
24 medication under ORS 127.800 to 127.897 shall be in substantially the form  
25 described in ORS 127.897, signed and dated by the patient and witnessed by  
26 at least two individuals who, in the presence of the patient, attest that to  
27 the best of their knowledge and belief the patient is capable, acting volun-  
28 tarily, and is not being coerced to sign the request.

29 (2) One of the witnesses shall be a person who is not:

30 (a) A relative of the patient by blood, marriage or adoption; **or**

31 (b) A person who at the time the request is signed would be entitled to

1 any portion of the estate of the qualified patient upon death under any will  
2 or by operation of law. [; or]

3 [(c) An owner, operator or employee of a health care facility where the  
4 qualified patient is receiving medical treatment or is a resident.]

5 (3) The patient's attending [*physician*] **provider** at the time the request  
6 is signed shall not be a witness.

7 (4) If the patient is a patient in a long term care facility at the time the  
8 written request is made, one of the witnesses shall be an individual desig-  
9 nated by the facility and having the qualifications specified by the Depart-  
10 ment of Human Services by rule.

11 **SECTION 4.** ORS 127.815 is amended to read:

12 127.815. §3.01. Attending [*physician*] **provider** responsibilities. (1) The at-  
13 tending [*physician*] **provider** shall:

14 (a) Make the initial determination of whether a patient has a terminal  
15 disease, is capable, and has made the request voluntarily;

16 [(b) Request that the patient demonstrate Oregon residency pursuant to  
17 ORS 127.860;]

18 [(c)] (b) To ensure that the patient is making an informed decision, inform  
19 the patient of:

20 (A) His or her medical diagnosis;

21 (B) His or her prognosis;

22 (C) The potential risks associated with taking the medication to be pre-  
23 scribed;

24 (D) The probable result of taking the medication to be prescribed; and

25 (E) The feasible alternatives, including, but not limited to, comfort care,  
26 hospice care and pain control;

27 [(d)] (c) Refer the patient to a consulting [*physician*] **provider** for medical  
28 confirmation of the diagnosis, and for a determination that the patient is  
29 capable and acting voluntarily;

30 [(e)] (d) Refer the patient for counseling if appropriate pursuant to ORS  
31 127.825;

1 [(f)] (e) Recommend that the patient notify next of kin;

2 [(g)] (f) Counsel the patient about the importance of having another per-  
3 son present when the patient takes the medication prescribed pursuant to  
4 ORS 127.800 to 127.897 and of not taking the medication in a public place;

5 [(h)] (g) Inform the patient that he or she has an opportunity to rescind  
6 the request at any time and in any manner, and offer the patient an oppor-  
7 tunity to rescind at the time the patient makes the patient's second oral re-  
8 quest pursuant to ORS 127.840;

9 [(i)] (h) Verify, immediately prior to writing the prescription for  
10 medication under ORS 127.800 to 127.897, that the patient is making an in-  
11 formed decision;

12 [(j)] (i) Fulfill the medical record documentation requirements of ORS  
13 127.855;

14 [(k)] (j) Ensure that all appropriate steps are carried out in accordance  
15 with ORS 127.800 to 127.897 prior to writing a prescription for medication  
16 to enable a qualified patient to end his or her life in a humane and dignified  
17 manner; and

18 [(L)(A)] (k)(A) Dispense medications directly, including ancillary  
19 medications intended to facilitate the desired effect to minimize the patient's  
20 discomfort, provided the attending [*physician*] **provider** is registered as a  
21 dispensing physician, **as defined in ORS 677.010**, with the Oregon Medical  
22 Board, has a current Drug Enforcement Administration certificate and com-  
23 plies with any applicable administrative rule; or

24 (B) With the patient's written consent, [:]

25 [(i)] contact a pharmacist [*and*], inform the pharmacist of the  
26 prescription[,] and **deliver the prescription to the pharmacist in person,**  
27 **by mail, by facsimile or electronically.**

28 [(ii) *Deliver the written prescription personally or by mail to the*  
29 *pharmacist, who will dispense the medications to either the patient, the at-*  
30 *tending physician or an expressly identified agent of the patient.*]

31 (2) **A pharmacist may dispense the medications prescribed by the**

1 **attending provider to either the patient, the attending provider or an**  
2 **expressly identified agent of the patient:**

3 (a) **If the attending provider delivers the written prescription per-**  
4 **sonally or by mail to the pharmacist; or**

5 (b) **If the attending provider causes the written prescription to be**  
6 **delivered by facsimile or electronically, after the pharmacist confirms**  
7 **the prescription with the attending provider verbally in person or by**  
8 **telephone or other two-way electronic communication device.**

9 [(2)] (3) Notwithstanding any other provision of law, the attending [*phy-*  
10 *sician*] **provider** may sign the patient's report of death.

11 **SECTION 5.** ORS 127.820 is amended to read:

12 127.820. §3.02. Consulting [*physician*] **provider** confirmation. Before a pa-  
13 tient is qualified under ORS 127.800 to 127.897, a consulting [*physician*]  
14 **provider** shall [*examine*] **evaluate** the patient and his or her relevant med-  
15 ical records and confirm, in writing, the attending [*physician's*] **provider's**  
16 diagnosis that the patient is suffering from a terminal disease, and verify  
17 that the patient is capable, is acting voluntarily and has made an informed  
18 decision.

19 **SECTION 6.** ORS 127.825 is amended to read:

20 127.825. §3.03. Counseling referral. If in the opinion of the attending  
21 [*physician*] **provider** or the consulting [*physician*] **provider** a patient may  
22 be suffering from a psychiatric or psychological disorder or depression  
23 causing impaired judgment, either [*physician*] **provider** shall refer the pa-  
24 tient for counseling. No medication to end a patient's life in a humane and  
25 dignified manner shall be prescribed until the person performing the coun-  
26 seling determines that the patient is not suffering from a psychiatric or  
27 psychological disorder or depression causing impaired judgment.

28 **SECTION 7.** ORS 127.830 is amended to read:

29 127.830. §3.04. Informed decision. No person shall receive a prescription  
30 for medication to end his or her life in a humane and dignified manner un-  
31 less he or she has made an informed decision as defined in ORS 127.800 (7).

1 Immediately prior to writing a prescription for medication under ORS 127.800  
2 to 127.897, the attending [*physician*] **provider** shall verify that the patient  
3 is making an informed decision.

4 **SECTION 8.** ORS 127.835 is amended to read:

5 127.835. §3.05. Family notification. The attending [*physician*] **provider**  
6 shall recommend that the patient notify the next of kin of his or her request  
7 for medication pursuant to ORS 127.800 to 127.897. A patient who declines  
8 or is unable to notify next of kin shall not have his or her request denied  
9 for that reason.

10 **SECTION 9.** ORS 127.840 is amended to read:

11 127.840. §3.06. Written and oral requests. (1) In order to receive a pre-  
12 scription for medication to end his or her life in a humane and dignified  
13 manner, a qualified patient shall have made an oral request and a written  
14 request, and reiterate the oral request to his or her attending [*physician*]  
15 **provider** no less than [*15 days*] **48 hours** after making the initial oral re-  
16 quest.

17 (2) Notwithstanding subsection (1) of this section, if the qualified  
18 patient's attending [*physician*] **provider** has medically confirmed that the  
19 qualified patient will, within reasonable medical judgment, die within [*15*  
20 *days*] **48 hours** after making the initial oral request under this section, the  
21 qualified patient may reiterate the oral request to his or her attending  
22 [*physician*] **provider** at any time after making the initial oral request.

23 (3) At the time the qualified patient makes his or her second oral request,  
24 the attending [*physician*] **provider** shall offer the patient an opportunity to  
25 rescind the request.

26 **SECTION 10.** ORS 127.845 is amended to read:

27 127.845. §3.07. Right to rescind request. A patient may rescind his or her  
28 request at any time and in any manner without regard to his or her mental  
29 state. No prescription for medication under ORS 127.800 to 127.897 may be  
30 written without the attending [*physician*] **provider** offering the qualified  
31 patient an opportunity to rescind the request.

1 **SECTION 11.** ORS 127.850 is amended to read:

2 127.850. §3.08. Waiting [periods] period. (1) No less than [15 days] **48**  
3 **hours** shall elapse between the patient's initial oral request and the writing  
4 of a prescription under ORS 127.800 to 127.897. [*No less than 48 hours shall*  
5 *elapse between the patient's written request and the writing of a prescription*  
6 *under ORS 127.800 to 127.897.*]

7 (2) Notwithstanding subsection (1) of this section, if the qualified  
8 patient's attending [*physician*] **provider** has medically confirmed that the  
9 qualified patient will, within reasonable medical judgment, die before the  
10 expiration [*of at least one*] of the waiting [*periods*] **period** described in sub-  
11 section (1) of this section, the prescription for medication under ORS 127.800  
12 to 127.897 may be written at any time following the later of the qualified  
13 patient's written request or second oral request under ORS 127.840.

14 **SECTION 12.** ORS 127.855 is amended to read:

15 127.855. §3.09. Medical record documentation requirements. The following  
16 shall be documented or filed in the patient's medical record:

17 (1) All oral requests by a patient for medication to end his or her life in  
18 a humane and dignified manner;

19 (2) All written requests by a patient for medication to end his or her life  
20 in a humane and dignified manner;

21 (3) The attending [*physician's*] **provider's** diagnosis and prognosis, deter-  
22 mination that the patient is capable, acting voluntarily and has made an  
23 informed decision;

24 (4) The consulting [*physician's*] **provider's** diagnosis and prognosis, and  
25 verification that the patient is capable, acting voluntarily and has made an  
26 informed decision;

27 (5) A report of the outcome and determinations made during counseling,  
28 if performed;

29 (6) Any medically confirmed certification of the imminence of the  
30 patient's death;

31 (7) The attending [*physician's*] **provider's** offer to the patient to rescind



1 his or her request at the time of the patient's second oral request pursuant  
2 to ORS 127.840; and

3 (8) A note by the attending [*physician*] **provider** indicating that all re-  
4 quirements under ORS 127.800 to 127.897 have been met and indicating the  
5 steps taken to carry out the request, including a notation of the medication  
6 prescribed.

7 **SECTION 13.** ORS 127.865 is amended to read:

8 127.865. §3.11. Reporting requirements. (1)(a) The Oregon Health Author-  
9 ity shall annually review a sample of records maintained pursuant to ORS  
10 127.800 to 127.897.

11 (b) The authority shall require any health care provider upon dispensing  
12 medication pursuant to ORS 127.800 to 127.897 to file a copy of the dispens-  
13 ing record with the authority.

14 (2) The authority shall make rules to facilitate the collection of informa-  
15 tion regarding compliance with ORS 127.800 to 127.897. **The authority's**  
16 **rules adopted under this subsection must permit health care providers**  
17 **to file any required records electronically.** Except as otherwise required  
18 by law, the information collected shall not be a public record and may not  
19 be made available for inspection by the public.

20 (3) The authority shall generate and make available to the public an an-  
21 nual statistical report of information collected under subsection (2) of this  
22 section.

23 **SECTION 14.** ORS 127.880 is amended to read:

24 127.880. §3.14. Construction of Act. Nothing in ORS 127.800 to 127.897  
25 shall be construed to authorize a [*physician*] **provider** or any other person  
26 to end a patient's life by lethal injection, mercy killing or active euthanasia.  
27 Actions taken in accordance with ORS 127.800 to 127.897 shall not, for any  
28 purpose, constitute suicide, assisted suicide, mercy killing or homicide, under  
29 the law.

30 **SECTION 15.** ORS 127.885 is amended to read:

31 127.885. §4.01. Immunities. Except as provided in ORS 127.890:

1 (1) No person shall be subject to civil or criminal liability or professional  
2 disciplinary action for participating in good faith compliance with ORS  
3 127.800 to 127.897. This includes being present when a qualified patient takes  
4 the prescribed medication to end his or her life in a humane and dignified  
5 manner.

6 (2) No professional organization or association, or health care provider,  
7 may subject a person to censure, discipline, suspension, loss of license, loss  
8 of privileges, loss of membership or other penalty for participating or refus-  
9 ing to participate in good faith compliance with ORS 127.800 to 127.897.

10 (3) No request by a patient for or provision by an attending [*physician*]  
11 **provider** of medication in good faith compliance with the provisions of ORS  
12 127.800 to 127.897 shall constitute neglect for any purpose of law or provide  
13 the sole basis for the appointment of a guardian or conservator.

14 (4) No health care provider shall be under any duty, whether by contract,  
15 by statute or by any other legal requirement to participate in the provision  
16 to a qualified patient of medication to end his or her life in a humane and  
17 dignified manner. If a health care provider is unable or unwilling to carry  
18 out a patient's request under ORS 127.800 to 127.897, and the patient trans-  
19 fers his or her care to a new health care provider, the prior health care  
20 provider shall transfer, upon request, a copy of the patient's relevant medical  
21 records to the new health care provider.

22 (5)(a) Notwithstanding any other provision of law, a health care provider  
23 may prohibit another health care provider from participating in ORS 127.800  
24 to 127.897 on the premises of the prohibiting **health care** provider if the  
25 prohibiting **health care** provider has notified the health care provider of the  
26 prohibiting **health care** provider's policy regarding participating in ORS  
27 127.800 to 127.897. Nothing in this paragraph prevents a health care provider  
28 from providing health care services to a patient that do not constitute par-  
29 ticipation in ORS 127.800 to 127.897.

30 (b) Notwithstanding the provisions of subsections (1) to (4) of this section,  
31 a health care provider may subject another health care provider to the

1 sanctions stated in this paragraph if the sanctioning health care provider  
2 has notified the sanctioned **health care** provider prior to participation in  
3 ORS 127.800 to 127.897 that it prohibits participation in ORS 127.800 to  
4 127.897:

5 (A) Loss of privileges, loss of membership or other sanction provided  
6 pursuant to the medical staff bylaws, policies and procedures of the sanc-  
7 tioning health care provider if the sanctioned **health care** provider is a  
8 member of the sanctioning **health care** provider's medical staff and partic-  
9 ipates in ORS 127.800 to 127.897 while on the health care facility premises,  
10 as defined in ORS 442.015, of the sanctioning health care provider, but not  
11 including the private medical office of a [*physician or other*] provider **or**  
12 **other private medical office not owned or operated by the sanctioning**  
13 **health care provider**;

14 (B) Termination of lease or other property contract or other nonmonetary  
15 remedies provided by lease contract, not including loss or restriction of  
16 medical staff privileges or exclusion from a provider panel, if the sanctioned  
17 **health care** provider participates in ORS 127.800 to 127.897 while on the  
18 premises of the sanctioning health care provider or on property that is owned  
19 by or under the direct control of the sanctioning health care provider; or

20 (C) Termination of contract or other nonmonetary remedies provided by  
21 contract if the sanctioned **health care** provider participates in ORS 127.800  
22 to 127.897 while acting in the course and scope of the sanctioned **health care**  
23 provider's capacity as an employee or independent contractor of the sanc-  
24 tioning health care provider. Nothing in this subparagraph shall be con-  
25 strued to prevent:

26 (i) A health care provider from participating in ORS 127.800 to 127.897  
27 while acting outside the course and scope of the **health care** provider's ca-  
28 pacity as an employee or independent contractor; or

29 (ii) A patient from contracting with his or her attending [*physician and*]  
30 **provider or** consulting [*physician*] **provider** to act outside the course and  
31 scope of the **attending provider or consulting** provider's capacity as an

1 employee or independent contractor of the sanctioning health care provider.

2 (c) A health care provider that imposes sanctions pursuant to paragraph  
3 (b) of this subsection must follow all due process and other procedures the  
4 sanctioning health care provider may have that are related to the imposition  
5 of sanctions on another health care provider.

6 (d) For purposes of this subsection:

7 (A) “Notify” means a separate statement in writing to the health care  
8 provider specifically informing the health care provider prior to the **health**  
9 **care** provider’s participation in ORS 127.800 to 127.897 of the sanctioning  
10 health care provider’s policy about participation in activities covered by ORS  
11 127.800 to 127.897.

12 (B) “Participate in ORS 127.800 to 127.897” means to perform the duties  
13 of an attending [*physician*] **provider** pursuant to ORS 127.815, the consulting  
14 [*physician*] **provider** function pursuant to ORS 127.820 or the counseling  
15 function pursuant to ORS 127.825. “Participate in ORS 127.800 to 127.897”  
16 does not include:

17 (i) Making an initial determination that a patient has a terminal disease  
18 and informing the patient of the medical prognosis;

19 (ii) Providing information about the Oregon Death with Dignity Act to  
20 a patient upon the request of the patient;

21 (iii) Providing a patient, upon the request of the patient, with a referral  
22 to another [*physician*] **provider**; or

23 (iv) A patient contracting with his or her attending [*physician and*] **pro-**  
24 **vider or** consulting [*physician*] **provider** to act outside of the course and  
25 scope of the **attending provider or consulting** provider’s capacity as an  
26 employee or independent contractor of the sanctioning health care provider.

27 (6) Suspension or termination of staff membership or privileges under  
28 subsection (5) of this section is not reportable under ORS 441.820. Action  
29 taken pursuant to ORS 127.810, 127.815, 127.820 or 127.825 shall not be the  
30 sole basis for a report of unprofessional or dishonorable conduct under ORS  
31 677.415 (3), (4), (5) or (6).

1 (7) No provision of ORS 127.800 to 127.897 shall be construed to allow a  
2 lower standard of care for patients in the community where the patient is  
3 treated or a similar community.

4 **SECTION 16.** ORS 127.897 is amended to read:

5 127.897. §6.01. Form of the request. A request for a medication as author-  
6 ized by ORS 127.800 to 127.897 shall be in substantially the following form:

---

7  
8 **REQUEST FOR MEDICATION**  
9 **TO END MY LIFE IN A HUMANE**  
10 **AND DIGNIFIED MANNER**

11  
12 I, \_\_\_\_\_, am an adult of sound mind.

13 I am suffering from \_\_\_\_\_, which my attending [*physician*] **pro-**  
14 **vider** has determined is a terminal disease and which has been medically  
15 confirmed by a consulting [*physician*] **provider**.

16 I have been fully informed of my diagnosis, prognosis, the nature of  
17 medication to be prescribed and potential associated risks, the expected re-  
18 sult, and the feasible alternatives, including comfort care, hospice care and  
19 pain control.

20 I request that my attending [*physician*] **provider** prescribe medication  
21 that will end my life in a humane and dignified manner.

22  
23 **INITIAL ONE:**

24 \_\_\_\_\_ I have informed my family of my decision and taken their opin-  
25 ions into consideration.

26 \_\_\_\_\_ I have decided not to inform my family of my decision.

27 \_\_\_\_\_ I have no family to inform of my decision.

28 I understand that I have the right to rescind this request at any time.

29 I understand the full import of this request and I expect to die when I  
30 take the medication to be prescribed. I further understand that although  
31 most deaths occur within three hours, my death may take longer and my

1 *[physician]* **provider** has counseled me about this possibility.

2 I make this request voluntarily and without reservation, and I accept full  
3 moral responsibility for my actions.

4

5 Signed: \_\_\_\_\_

6

7 Dated: \_\_\_\_\_

8

9 **DECLARATION OF WITNESSES**

10

11 We declare that the person signing this request:

12 (a) Is personally known to us or has provided proof of identity;

13 (b) Signed this request in our presence;

14 (c) Appears to be of sound mind and not under duress, fraud or undue  
15 influence;

16 (d) Is not a patient for whom either of us is attending *[physician]* **pro-**  
17 **vider.**

18

19 \_\_\_\_\_ Witness 1/Date

20

21 \_\_\_\_\_ Witness 2/Date

22

23 NOTE: One witness shall not be a relative (by blood, marriage or  
24 adoption) of the person signing this request[,] **and** shall not be entitled to  
25 any portion of the person's estate upon death [*and shall not own, operate or*  
26 *be employed at a health care facility where the person is a patient or*  
27 *resident*]. If the patient is an inpatient at a health care facility, one of the  
28 witnesses shall be an individual designated by the facility.

29

30 **SECTION 17. ORS 127.860 is repealed.**

31 **SECTION 18. ORS 127.800 to 127.897 shall be known and may be cited**

1 as the Oregon Death with Dignity Act.

2 **SECTION 19.** The amendments to ORS 127.800, 127.805, 127.810,  
3 127.815, 127.820, 127.825, 127.830, 127.835, 127.840, 127.845, 127.850, 127.855,  
4 127.865, 127.880, 127.885 and 127.897 by sections 1 to 16 of this 2023 Act  
5 and the repeal of ORS 127.860 by section 17 of this 2023 Act apply to  
6 medication dispensed on or after the effective date of this 2023 Act.

7

---