

# House Bill 2279

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Oregon Health Authority)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Repeals residency requirement in Oregon Death with Dignity Act.  
Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to death with dignity; creating new provisions; amending ORS 127.800, 127.805 and 127.815;  
3 repealing ORS 127.860; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

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

6 127.800. §1.01. Definitions. The following words and phrases, whenever used in ORS 127.800 to  
7 127.897, have the following meanings:

8 (1) "Adult" means an individual who is 18 years of age or older.

9 (2) "Attending physician" means the physician who has primary responsibility for the care of the  
10 patient and treatment of the patient's terminal disease.

11 (3) "Capable" means that in the opinion of a court or in the opinion of the patient's attending  
12 physician or consulting physician, psychiatrist or psychologist, a patient has the ability to make and  
13 communicate health care decisions to health care providers, including communication through per-  
14 sons familiar with the patient's manner of communicating if those persons are available.

15 (4) "Consulting physician" means a physician who is qualified by specialty or experience to  
16 make a professional diagnosis and prognosis regarding the patient's disease.

17 (5) "Counseling" means one or more consultations as necessary between a state licensed psy-  
18 chiatrist or psychologist and a patient for the purpose of determining that the patient is capable and  
19 not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

20 (6) "Health care provider" means a person licensed, certified or otherwise authorized or per-  
21 mitted by the law of this state to administer health care or dispense medication in the ordinary  
22 course of business or practice of a profession, and includes a health care facility.

23 (7) "Informed decision" means a decision by a qualified patient, to request and obtain a pre-  
24 scription to end his or her life in a humane and dignified manner, that is based on an appreciation  
25 of the relevant facts and after being fully informed by the attending physician of:

26 (a) His or her medical diagnosis;

27 (b) His or her prognosis;

28 (c) The potential risks associated with taking the medication to be prescribed;

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

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

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.  
New sections are in **boldfaced** type.

1 (8) “Medically confirmed” means the medical opinion of the attending physician has been con-  
 2 firmed by a consulting physician who has examined the patient and the patient’s relevant medical  
 3 records.

4 (9) “Patient” means a person who is under the care of a physician.

5 (10) “Physician” means a doctor licensed to practice medicine under ORS 677.100 to 677.228.

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

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

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

12 127.805. §2.01. Who may initiate a written request for medication. (1) An adult who is capable[,  
 13 *is a resident of Oregon,*] and has been determined by the attending physician and consulting physi-  
 14 cian to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to  
 15 die, may make a written request for medication for the purpose of ending his or her life in a humane  
 16 and dignified manner in accordance with ORS 127.800 to 127.897.

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

19 **SECTION 3.** ORS 127.815 is amended to read:

20 127.815. §3.01. Attending physician responsibilities. (1) The attending physician shall:

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

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

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

25 (A) His or her medical diagnosis;

26 (B) His or her prognosis;

27 (C) The potential risks associated with taking the medication to be prescribed;

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

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

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

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

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

35 [*(g)*] (f) Counsel the patient about the importance of having another person present when the  
 36 patient takes the medication prescribed pursuant to ORS 127.800 to 127.897 and of not taking the  
 37 medication in a public place;

38 [*(h)*] (g) Inform the patient that he or she has an opportunity to rescind the request at any time  
 39 and in any manner, and offer the patient an opportunity to rescind at the time the patient makes  
 40 the patient’s second oral request pursuant to ORS 127.840;

41 [*(i)*] (h) Verify, immediately prior to writing the prescription for medication under ORS 127.800  
 42 to 127.897, that the patient is making an informed decision;

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

44 [*(k)*] (j) Ensure that all appropriate steps are carried out in accordance with ORS 127.800 to  
 45 127.897 prior to writing a prescription for medication to enable a qualified patient to end his or her

1 life in a humane and dignified manner; and

2 [(L)] (k)(A) Dispense medications directly, including ancillary medications intended to facilitate  
3 the desired effect to minimize the patient’s discomfort, provided the attending physician is registered  
4 as a dispensing physician with the Oregon Medical Board, has a current Drug Enforcement Admin-  
5 istration certificate and complies with any applicable administrative rule; or

6 (B) With the patient’s written consent:

7 (i) Contact a pharmacist and inform the pharmacist of the prescription; and

8 (ii) Deliver the written prescription personally or by mail to the pharmacist, who will dispense  
9 the medications to either the patient, the attending physician or an expressly identified agent of the  
10 patient.

11 (2) Notwithstanding any other provision of law, the attending physician may sign the patient’s  
12 report of death.

13 **SECTION 4. ORS 127.860 is repealed.**

14 **SECTION 5. ORS 127.800 to 127.897 shall be known as the Oregon Death with Dignity Act.**

15 **SECTION 6. This 2023 Act being necessary for the immediate preservation of the public  
16 peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect  
17 on its passage.**

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