

# DRAFT

## SUMMARY

Digest: The Act makes changes to the Oregon Death With Dignity Act. (Flesch Readability Score: 72.6).

Modifies provisions relating to the Oregon Death with Dignity Act.

### A BILL FOR AN ACT

Relating to death with dignity; creating new provisions; and amending ORS 127.800, 127.805, 127.810, 127.815, 127.820, 127.825, 127.830, 127.835, 127.840, 127.845, 127.850, 127.855, 127.865, 127.870, 127.875, 127.880, 127.885, 127.890, 127.895 and 127.897.

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

#### **SECTION 1. (1) As used in this section:**

**(a) “Consulting provider” has the meaning given that term in ORS 127.800.**

**(b) “Hospice program” has the meaning given that term in ORS 443.850.**

**(c) “Prescribing provider” has the meaning given that term in ORS 127.800.**

**(2) A hospice program shall publicly disclose its current policy regarding the Oregon Death With Dignity Act, including:**

**(a) Whether a patient receiving services from the hospice program may elect to end the patient’s life as provided under the Oregon Death With Dignity Act;**

**(b) Whether hospice program staff may be present at the time the patient intends to ingest medication to end the patient’s life in ac-**

1 **cordance with the Oregon Death With Dignity Act; and**

2 **(c) Whether the hospice program permits its staff, as a function of**  
3 **the staff's position with the hospice program, to act as a prescribing**  
4 **provider or consulting provider under the Oregon Death With Dignity**  
5 **Act.**

6 **(3) The notification described in this section must be provided to**  
7 **patients of the hospice program upon admission and posted on the**  
8 **hospice program's website.**

9 **SECTION 2. (1) As used in this section, "health care facility" means**  
10 **a facility that provides health care services directly to patients, in-**  
11 **cluding but not limited to a hospital, clinic or nursing home.**

12 **(2) A health care facility, other than a hospice program as defined**  
13 **in ORS 443.850, shall publicly disclose its current policy regarding a**  
14 **patient exercising the patient's rights under the Oregon Death With**  
15 **Dignity Act. The disclosure must be posted on the health care**  
16 **facility's website.**

17 **SECTION 3. ORS 127.800 is amended to read:**

18 **127.800. [*§1.01 Definitions.*] Definitions. The following words and phrases,**  
19 **whenever used in ORS 127.800 to 127.897, have the following meanings:**

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

21 **[(2) "*Attending physician*" means the physician who has primary responsi-**  
22 **bility for the care of the patient and treatment of the patient's terminal**  
23 **disease.]**

24 **[(3)] (2) "Capable" means that in the opinion of a court or in the opinion**  
25 **of the patient's [*attending physician*] **prescribing provider** [*or consulting***  
26 ***physician*], psychiatrist or psychologist, a patient has the ability to make and**  
27 **communicate health care decisions to health care providers, including com-**  
28 **munication through persons familiar with the patient's manner of communi-**  
29 **cating if those persons are available.**

30 **[(4)] (3) [*Consulting physician*] "**Consulting provider**" means a [*physi-***  
31 ***cian*] **provider** who is qualified by specialty or experience to make a profes-**

1 sional diagnosis and prognosis regarding the patient’s disease.

2 [(5)] (4) “Counseling” means one or more consultations as necessary be-  
3 tween a [*state licensed*] psychiatrist or **licensed** psychologist and a patient  
4 for the purpose of determining that the patient is capable and not suffering  
5 from a psychiatric or psychological disorder or depression causing impaired  
6 judgment.

7 [(6)] (5) “Health care provider” means a person licensed, certified or oth-  
8 erwise authorized or permitted by the law of this state to administer health  
9 care or dispense medication in the ordinary course of business or practice  
10 of a profession, and includes a health care facility.

11 (6) “Hospice care” means hospice services, as defined in ORS 443.850.

12 (7) “Hospice program” has the meaning given that term in ORS  
13 443.850.

14 [(7)] (8) “Informed decision” means a decision by a qualified patient, to  
15 request and obtain a prescription to end his or her life in a humane and  
16 dignified manner, that is based on an appreciation of the relevant facts and  
17 after being fully informed by the [*attending physician*] **prescribing provider**  
18 of:

19 (a) His or her medical diagnosis;

20 (b) His or her prognosis;

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

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

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

26 [(8)] (9) “Medically confirmed” means the medical opinion of the [*attend-*  
27 *ing physician*] **prescribing provider** has been confirmed by a consulting  
28 **provider**. [*physician who has examined the patient and the patient’s relevant*  
29 *medical records.*]

30 [(9)] (10) “Patient” means a person who is under the care of a  
31 [*physician*] **provider**.

1 [(10) “Physician” means a doctor licensed to practice medicine under ORS  
2 677.100 to 677.228.]

3 (11) “Prescribing provider” means the provider who has primary  
4 responsibility for the care of the patient under the Death With Dignity  
5 Act.

6 (12) “Provider” means:

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

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

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

10 [(11)] (13) “Qualified patient” means a capable adult who has satisfied the  
11 requirements of ORS 127.800 to 127.897 in order to obtain a prescription for  
12 medication to end his or her life in a humane and dignified manner.

13 [(12)] (14) “Terminal disease” means [*an incurable and irreversible*  
14 *disease*] a **terminal illness** that has been medically confirmed and will,  
15 within reasonable medical judgment, produce death within six months.

16 **SECTION 4.** ORS 127.805 is amended to read:

17 127.805. [§2.01. Who may initiate a written request for medication.] **Who**  
18 **may initiate a written request for medication.** (1) An adult who is ca-  
19 pable and has been determined by the [*attending physician*] **prescribing**  
20 **provider** and consulting [*physician*] **provider** to be suffering from a terminal  
21 disease, and who has voluntarily expressed his or her wish to die, may make  
22 a written request for medication for the purpose of ending his or her life in  
23 a humane and dignified manner in accordance with ORS 127.800 to 127.897.

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

26 **SECTION 5.** ORS 127.810 is amended to read:

27 127.810. [§2.02. Form of the written request.] **Form of the written re-**  
28 **quest.** (1) A valid request for medication under ORS 127.800 to 127.897 shall  
29 be in substantially the form described in ORS 127.897, signed and dated by  
30 the patient and witnessed by at least two individuals who, in the presence  
31 of the patient, attest that to the best of their knowledge and belief the pa-

1   tient is capable, acting voluntarily, and is not being coerced to sign the re-  
2   quest.

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

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

5       (b) A person who at the time the request is signed would be entitled to  
6   any portion of the estate of the qualified patient upon death under any will  
7   or by operation of law.[: or]

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

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

12      [(4) *If the patient is a patient in a long term care facility at the time the*  
13   *written request is made, one of the witnesses shall be an individual designated*  
14   *by the facility and having the qualifications specified by the Department of*  
15   *Human Services by rule.*]

16      **SECTION 6.** ORS 127.815 is amended to read:

17      127.815. [§3.01. Attending physician responsibilities.] **Prescribing provider**  
18   responsibilities. (1) The [*attending physician*] **prescribing provider** shall:

19      (a) Make the initial determination of whether a patient has a terminal  
20   disease[,] **and shall make the determination of whether a patient** is  
21   capable[,] and has made the request voluntarily;

22      (b) To ensure that the patient is making an informed decision, inform the  
23   patient of:

24      (A) His or her medical diagnosis;

25      (B) His or her prognosis;

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

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,  
30   hospice care and pain control;

31      (c) Refer the patient to a consulting [*physician*] **provider** for medical

1 confirmation of the diagnosis[, *and for a determination that the patient is*  
2 *capable and acting voluntarily*];

3 (d) Refer the patient for counseling if appropriate pursuant to ORS  
4 127.825;

5 (e) Recommend that the patient notify next of kin;

6 (f) Counsel the patient about the importance of having another person  
7 present when the patient takes the medication prescribed pursuant to ORS  
8 127.800 to 127.897 and of not taking the medication in a public place;

9 (g) Inform the patient that he or she has an opportunity to rescind the  
10 request at any time and in any manner, and offer the patient an opportunity  
11 to rescind at the time the patient makes the patient's second oral request  
12 pursuant to ORS 127.840;

13 (h) Verify, immediately prior to writing the prescription for medication  
14 under ORS 127.800 to 127.897, that the patient is making an informed deci-  
15 sion;

16 (i) Fulfill the medical record documentation requirements of ORS 127.855;

17 (j) Ensure that all appropriate steps are carried out in accordance with  
18 ORS 127.800 to 127.897 prior to writing a prescription for medication to en-  
19 able a qualified patient to end his or her life in a humane and dignified  
20 manner; and

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

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

28 [(i)] contact a pharmacist [*and*], inform the pharmacist of the  
29 prescription[:] and **deliver the prescription to the pharmacist in person,**  
30 **by mail, by facsimile or electronically.**

31 [(ii)] *Deliver the written prescription personally or by mail to the*

1 *pharmacist, who will dispense the medications to either the patient, the at-*  
2 *tending physician or an expressly identified agent of the patient.]*

3 **(2) A pharmacist may dispense the medications prescribed by the**  
4 **prescribing provider to either the patient, the prescribing provider or**  
5 **an expressly identified agent of the patient:**

6 **(a) If the prescribing provider delivers the written prescription**  
7 **personally or by mail to the pharmacist; or**

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

12 [(2)] **(3) Notwithstanding any other provision of law, the [attending phy-**  
13 **sician] prescribing provider may sign the patient's report of death.**

14 **SECTION 7.** ORS 127.820 is amended to read:

15 127.820. [§3.02. Consulting physician confirmation.] **Confirmation of di-**  
16 **agnosis.** Before a patient is qualified under ORS 127.800 to 127.897, [*a con-*  
17 *sulting physician shall examine the patient and his or her relevant medical*  
18 *records and confirm, in writing,*] the attending [*physician's*] **provider's** diag-  
19 nosis that the patient is suffering from a terminal disease[, *and verify that*  
20 *the patient is capable, is acting voluntarily and has made an informed deci-*  
21 *sion.*] **must be confirmed by a consulting provider. The consulting**  
22 **provider's confirmation of the patient's diagnosis must be docu-**  
23 **mented:**

24 **(1) In writing after the consulting provider has evaluated the pa-**  
25 **tient and the patient's relevant medical records; or**

26 **(2) By reviewing and signing a hospice program's certification of**  
27 **the patient's terminal illness.**

28 **SECTION 8.** ORS 127.825 is amended to read:

29 127.825. [§3.03. Counseling referral.] **Counseling referral.** If in the opin-  
30 ion of the [*attending physician*] **prescribing provider** or the consulting  
31 [*physician*] **provider** a patient may be suffering from a psychiatric or psy-

1 chological disorder or depression causing impaired judgment, either [*physi-*  
2 *cian*] **provider** shall refer the patient for counseling. No medication to end  
3 a patient's life in a humane and dignified manner shall be prescribed until  
4 the person performing the counseling determines that the patient is not suf-  
5 fering from a psychiatric or psychological disorder or depression causing  
6 impaired judgment.

7 **SECTION 9.** ORS 127.830 is amended to read:

8 127.830. [*§3.04. Informed decision.*] **Informed decision.** No person shall  
9 receive a prescription for medication to end his or her life in a humane and  
10 dignified manner unless he or she has made an informed decision as defined  
11 in ORS 127.800 [(7)] **(8)**. Immediately prior to writing a prescription for  
12 medication under ORS 127.800 to 127.897, the [*attending physician*] **pre-**  
13 **scribing provider** shall verify that the patient is making an informed deci-  
14 sion.

15 **SECTION 10.** ORS 127.835 is amended to read:

16 127.835. [*§3.05. Family notification.*] **Family notification.** The [*attending*  
17 *physician*] **prescribing provider** shall recommend that the patient notify the  
18 next of kin of his or her request for medication pursuant to ORS 127.800 to  
19 127.897. A patient who declines or is unable to notify next of kin shall not  
20 have his or her request denied for that reason.

21 **SECTION 11.** ORS 127.840 is amended to read:

22 127.840. [*§3.06. Written and oral requests.*] **Written and oral requests.**  
23 (1) In order to receive a prescription for medication to end his or her life in  
24 a humane and dignified manner, a qualified patient shall have made an oral  
25 request and a written request, and reiterate the oral request to his or her  
26 [*attending physician*] **prescribing provider** no less than [*15 days*] **48 hours**  
27 after making the initial oral request.

28 (2) Notwithstanding subsection (1) of this section, if the qualified  
29 patient's [*attending physician*] **prescribing provider** has medically confirmed  
30 that the qualified patient will, within reasonable medical judgment, die  
31 within [*15 days*] **48 hours** after making the initial oral request under this



1 section, the qualified patient may reiterate the oral request to his or her  
2 *[attending physician]* **prescribing provider** at any time after making the in-  
3 itial oral request.

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

7 **SECTION 12.** ORS 127.845 is amended to read:

8 127.845. [*§3.07. Right to rescind request.*] **Right to rescind request.** A  
9 patient may rescind his or her request at any time and in any manner  
10 without regard to his or her mental state. No prescription for medication  
11 under ORS 127.800 to 127.897 may be written without the *[attending*  
12 *physician]* **prescribing provider** offering the qualified patient an opportu-  
13 nity to rescind the request.

14 **SECTION 13.** ORS 127.850 is amended to read:

15 127.850. [*§3.08. Waiting periods.*] **Waiting periods.** (1) No less than [*15*  
16 *days*] **48 hours** shall elapse between the patient's initial oral request and the  
17 writing of a prescription under ORS 127.800 to 127.897. [*No less than 48 hours*  
18 *shall elapse between the patient's written request and the writing of a pre-*  
19 *scription under ORS 127.800 to 127.897.*]

20 (2) Notwithstanding subsection (1) of this section, if the qualified  
21 patient's *[attending physician]* **prescribing provider** has medically confirmed  
22 that the qualified patient will, within reasonable medical judgment, die be-  
23 fore the expiration [*of at least one*] of the waiting [*periods*] **period** described  
24 in subsection (1) of this section, the prescription for medication under ORS  
25 127.800 to 127.897 may be written at any time following the later of the  
26 qualified patient's written request or second oral request under ORS 127.840.

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

28 127.855. [*§3.09. Medical record documentation requirements.*] **Medical re-**  
29 **cord documentation requirements.** The following shall be documented or  
30 filed in the patient's medical record:

31 (1) All oral requests by a patient for medication to end his or her life in

1 a humane and dignified manner;

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

4 (3) The [*attending physician's*] **prescribing provider's** diagnosis and  
5 prognosis, determination that the patient is capable, acting voluntarily and  
6 has made an informed decision;

7 (4) The consulting [*physician's*] **provider's confirmation of the**  
8 **patient's** diagnosis [*and prognosis, and verification that the patient is capa-*  
9 *ble, acting voluntarily and has made an informed decision*];

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

12 (6) Any medically confirmed certification of the imminence of the  
13 patient's death;

14 (7) The [*attending physician's*] **prescribing provider's** offer to the patient  
15 to rescind his or her request at the time of the patient's second oral request  
16 pursuant to ORS 127.840; and

17 (8) A note by the [*attending physician*] **prescribing provider** indicating  
18 that all requirements under ORS 127.800 to 127.897 have been met and indi-  
19 cating the steps taken to carry out the request, including a notation of the  
20 medication prescribed.

21 **SECTION 15.** ORS 127.865 is amended to read:

22 127.865. [*§3.11. Reporting requirements.*] **Reporting requirements.** (1)(a)  
23 The Oregon Health Authority shall annually review a sample of records  
24 maintained pursuant to ORS 127.800 to 127.897.

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

28 (2) The authority shall make rules to facilitate the collection of informa-  
29 tion regarding compliance with ORS 127.800 to 127.897. **The authority's**  
30 **rules adopted under this subsection must permit health care providers**  
31 **to file any required records electronically.** Except as otherwise required

1 by law, the information collected shall not be a public record and may not  
2 be made available for inspection by the public.

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

6 **SECTION 16.** ORS 127.880 is amended to read:

7 127.880. [§3.14. Construction of Act.] **Construction of Act.** Nothing in  
8 ORS 127.800 to 127.897 shall be construed to authorize a [*physician*] **provider**  
9 or any other person to end a patient's life by lethal injection, mercy killing  
10 or active euthanasia. Actions taken in accordance with ORS 127.800 to  
11 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy  
12 killing or homicide, under the law.

13 **SECTION 17.** ORS 127.885 is amended to read:

14 127.885. [§4.01. Immunities.] **Immunities.** Except as provided in ORS  
15 127.890:

16 (1) No person shall be subject to civil or criminal liability or professional  
17 disciplinary action for participating in good faith compliance with ORS  
18 127.800 to 127.897. This includes being present when a qualified patient takes  
19 the prescribed medication to end his or her life in a humane and dignified  
20 manner.

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

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

30 (4) No health care provider shall be under any duty, whether by contract,  
31 by statute or by any other legal requirement to participate in the provision

1 to a qualified patient of medication to end his or her life in a humane and  
2 dignified manner. If a health care provider is unable or unwilling to carry  
3 out a patient's request under ORS 127.800 to 127.897, and the patient trans-  
4 fers his or her care to a new health care provider, the prior health care  
5 provider shall transfer, upon request, a copy of the patient's relevant medical  
6 records to the new health care provider.

7 (5)(a) Notwithstanding any other provision of law, a health care provider  
8 may prohibit another health care provider from participating in ORS 127.800  
9 to 127.897 on the premises of the prohibiting **health care** provider if the  
10 prohibiting **health care** provider has notified the health care provider of the  
11 prohibiting provider's policy regarding participating in ORS 127.800 to  
12 127.897. Nothing in this paragraph prevents a health care provider from  
13 providing health care services to a patient that do not constitute partic-  
14 ipation in ORS 127.800 to 127.897.

15 (b) Notwithstanding the provisions of subsections (1) to (4) of this section,  
16 a health care provider may subject another health care provider to the  
17 sanctions stated in this paragraph if the sanctioning health care provider  
18 has notified the sanctioned provider prior to participation in ORS 127.800 to  
19 127.897 that it prohibits participation in ORS 127.800 to 127.897:

20 (A) Loss of privileges, loss of membership or other sanction provided  
21 pursuant to the medical staff bylaws, policies and procedures of the sanc-  
22 tioning health care provider if the sanctioned **health care** provider is a  
23 member of the sanctioning **health care** provider's medical staff and partic-  
24 ipates in ORS 127.800 to 127.897 while on the health care facility premises,  
25 as defined in ORS 442.015, of the sanctioning health care provider, but not  
26 including the private medical office of a [*physician*] **provider** or other [*pro-*  
27 *vider*] **private medical office not owned or operated by the sanctioning**  
28 **health care provider;**

29 (B) Termination of lease or other property contract or other nonmonetary  
30 remedies provided by lease contract, not including loss or restriction of  
31 medical staff privileges or exclusion from a provider panel, if the sanctioned

1 **health care** provider participates in ORS 127.800 to 127.897 while on the  
2 premises of the sanctioning health care provider or on property that is owned  
3 by or under the direct control of the sanctioning health care provider; or

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

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

13 (ii) A patient from contracting with his or her [*attending physician*] **pre-**  
14 **scribing provider or** and consulting [*physician*] **provider** to act outside the  
15 course and scope of the **prescribing provider or consulting** provider's ca-  
16 pacity as an employee or independent contractor of the sanctioning health  
17 care provider.

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

22 (d) For purposes of this subsection:

23 (A) "Notify" means a separate statement in writing to the health care  
24 provider specifically informing the health care provider prior to the **health**  
25 **care** provider's participation in ORS 127.800 to 127.897 of the sanctioning  
26 health care provider's policy about participation in activities covered by ORS  
27 127.800 to 127.897.

28 (B) "Participate in ORS 127.800 to 127.897" means to perform the duties  
29 of an [*attending physician*] **prescribing provider** pursuant to ORS 127.815,  
30 the consulting [*physician*] **provider** function pursuant to ORS 127.820 or the  
31 counseling function pursuant to ORS 127.825. "Participate in ORS 127.800 to

1 127.897” does not include:

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

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

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

8 (iv) A patient contracting with his or her [*attending physician*] **pre-**  
9 **scribing provider** and consulting [*physician*] **provider** to act outside of the  
10 course and scope of the **prescribing provider or consulting** provider’s ca-  
11 pacity as an employee or independent contractor of the sanctioning health  
12 care provider.

13 (6) Suspension or termination of staff membership or privileges under  
14 subsection (5) of this section is not reportable under ORS 441.820. Action  
15 taken pursuant to ORS 127.810, 127.815, 127.820 or 127.825 shall not be the  
16 sole basis for a report of unprofessional or dishonorable conduct under ORS  
17 677.415 (3), (4), (5) or (6).

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

21 **SECTION 18.** ORS 127.897 is amended to read:

22 127.897. [*§6.01. Form of the request.*] **Form of the request.** A request for  
23 a medication as authorized by ORS 127.800 to 127.897 shall be in substan-  
24 tially the following form:

25 \_\_\_\_\_  
26 **REQUEST FOR MEDICATION**  
27 **TO END MY LIFE IN A HUMANE**  
28 **AND DIGNIFIED MANNER**

29  
30 I, \_\_\_\_\_, am an adult of sound mind.  
31 I am suffering from \_\_\_\_\_, which my [*attending physician*] **pre-**

1 **scribing provider** has determined is a terminal disease and which has been  
2 medically confirmed by a consulting [*physician*] **provider**.

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

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

9

10 INITIAL ONE:

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

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

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

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

16 I understand the full import of this request and I expect to die when I  
17 take the medication to be prescribed. I further understand that although  
18 most deaths occur within three hours, my death may take longer and my  
19 [*physician*] **provider** has counseled me about this possibility.

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

22

23 Signed: \_\_\_\_\_

24

25 Dated: \_\_\_\_\_

26

27

#### DECLARATION OF WITNESSES

28

29 We declare that the person signing this request:

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

31 (b) Signed this request in our presence;

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

3 (d) Is not a patient for whom either of us is [*attending physician*] **pre-**  
4 **scribing provider.**

5  
6 \_\_\_\_\_ Witness 1/Date

7  
8 \_\_\_\_\_ Witness 2/Date

9  
10 NOTE: One witness shall not be a relative (by blood, marriage or  
11 adoption) of the person signing this request[,] **and** shall not be entitled to  
12 any portion of the person’s estate upon death [*and shall not own, operate or*  
13 *be employed at a health care facility where the person is a patient or*  
14 *resident*]. If the patient is an inpatient at a health care facility, one of the  
15 witnesses [*shall*] **may** be an individual designated by the facility.

16 \_\_\_\_\_  
17 **SECTION 19.** ORS 127.870 is amended to read:

18 127.870. [*§3.12. Effect on construction of wills, contracts and statutes.*] **Ef-**  
19 **fect on construction of wills, contracts and statutes.** (1) No provision  
20 in a contract, will or other agreement, whether written or oral, to the extent  
21 the provision would affect whether a person may make or rescind a request  
22 for medication to end his or her life in a humane and dignified manner, shall  
23 be valid.

24 (2) No obligation owing under any currently existing contract shall be  
25 conditioned or affected by the making or rescinding of a request, by a person,  
26 for medication to end his or her life in a humane and dignified manner.

27 **SECTION 20.** ORS 127.875 is amended to read:

28 127.875. [*§3.13. Insurance or annuity policies.*] **Insurance or annuity**  
29 **policies.** The sale, procurement, or issuance of any life, health, or accident  
30 insurance or annuity policy or the rate charged for any policy shall not be  
31 conditioned upon or affected by the making or rescinding of a request, by a



1 person, for medication to end his or her life in a humane and dignified  
2 manner. Neither shall a qualified patient's act of ingesting medication to end  
3 his or her life in a humane and dignified manner have an effect upon a life,  
4 health, or accident insurance or annuity policy.

5 **SECTION 21.** ORS 127.890 is amended to read:

6 127.890. [*§4.02. Liabilities.*] **Liabilities.** (1) A person who without author-  
7 ization of the patient willfully alters or forges a request for medication or  
8 conceals or destroys a rescission of that request with the intent or effect of  
9 causing the patient's death shall be guilty of a Class A felony.

10 (2) A person who coerces or exerts undue influence on a patient to request  
11 medication for the purpose of ending the patient's life, or to destroy a  
12 rescission of such a request, shall be guilty of a Class A felony.

13 (3) Nothing in ORS 127.800 to 127.897 limits further liability for civil  
14 damages resulting from other negligent conduct or intentional misconduct  
15 by any person.

16 (4) The penalties in ORS 127.800 to 127.897 do not preclude criminal pen-  
17 alties applicable under other law for conduct which is inconsistent with the  
18 provisions of ORS 127.800 to 127.897.

19 **SECTION 22.** ORS 127.895 is amended to read:

20 127.895. [*§5.01. Severability.*] **Severability.** Any section of ORS 127.800 to  
21 127.897 being held invalid as to any person or circumstance shall not affect  
22 the application of any other section of ORS 127.800 to 127.897 which can be  
23 given full effect without the invalid section or application.

24 **SECTION 23.** **The section captions used in this 2025 Act are provided**  
25 **only for the convenience of the reader and do not become part of the**  
26 **statutory law of this state or express any legislative intent in the**  
27 **enactment of this 2025 Act.**

28 **SECTION 24.** **The amendments to ORS 127.800, 127.805, 127.810,**  
29 **127.815, 127.820, 127.825, 127.830, 127.835, 127.840, 127.845, 127.850, 127.855,**  
30 **127.865, 127.870, 127.875, 127.880, 127.885, 127.890, 127.895 and 127.897 by**  
31 **sections 3 to 22 of this 2025 Act apply to medication dispensed on or**

1 **after the effective date of this 2025 Act.**

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