

A-Engrossed Senate Bill 1003

Ordered by the Senate April 17
Including Senate Amendments dated April 17

Sponsored by COMMITTEE ON JUDICIARY

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. The statement includes a measure digest written in compliance with applicable readability standards.

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.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to death with dignity; creating new provisions; 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; and prescribing an effective date.

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

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

(a) "Attending practitioner" has the meaning given that term in ORS 127.800.

(b) "Consulting practitioner" has the meaning given that term in ORS 127.800.

(c) "Hospice program" has the meaning given that term in ORS 443.850.

(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 accordance with the Oregon Death With Dignity Act; and

(c) Whether the hospice program permits its staff, as a function of the staff's position with the hospice program, to act as an attending practitioner or consulting practitioner under the Oregon Death With Dignity Act.

(3) The notification described in this section must be provided to patients of the hospice program in writing before admission and posted on the hospice program's website.

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

(2) A health care facility, other than a hospice program as defined in ORS 443.850, shall have a process in place to, prior to or at the time of an individual's admission to the health care facility, disclose in writing to the individual the health care facility's current policy re-

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.

garding the ability of admitted patients to participate in the Oregon Death With Dignity Act.

SECTION 3. ORS 127.800 is amended to read:

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

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

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

(2) “Attending practitioner” means the practitioner who has primary responsibility for the care of the patient under the Oregon Death With Dignity Act.

(3) “Capable” means that in the opinion of a court or in the opinion of the patient’s [*attending physician*] **attending practitioner** [*or consulting physician*], psychiatrist or psychologist, a patient has the ability to make and communicate health care decisions to health care providers, including communication through persons familiar with the patient’s manner of communicating if those persons are available.

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

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

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

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

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

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

(a) His or her medical diagnosis;

(b) His or her prognosis;

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

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

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

[(8)] **(10) “Medically confirmed”** means the medical opinion of the [*attending physician*] **attending practitioner** has been confirmed by a consulting **practitioner**. [*physician who has examined the patient and the patient’s relevant medical records.*]

[(9)] **(11) “Patient”** means a person who is under the care of a [*physician*] **practitioner**.

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

(12) “Practitioner” means a physician licensed under ORS 677.100 to 677.228.

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

1 [(12)] (14) "Terminal disease" means *[an incurable and irreversible disease]* **a terminal illness**
 2 that has been medically confirmed and will, within reasonable medical judgment, produce death
 3 within six months.

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

5 127.805. *[\$2.01. Who may initiate a written request for medication.]* **Who may initiate a written**
 6 **request for medication.** (1) An adult who is capable and has been determined by the *[attending*
 7 *physician]* **attending practitioner** and *[consulting physician]* **consulting practitioner** to be suffer-
 8 ing from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a
 9 written request for medication for the purpose of ending his or her life in a humane and dignified
 10 manner in accordance with ORS 127.800 to 127.897.

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

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

14 127.810. *[\$2.02. Form of the written request.]* **Form of the written request.** (1) A valid request
 15 for medication under ORS 127.800 to 127.897 shall be in substantially the form described in ORS
 16 127.897, signed and dated by the patient and witnessed by at least two individuals who, in the
 17 presence of the patient, attest that to the best of their knowledge and belief the patient is capable,
 18 acting voluntarily, and is not being coerced to sign the request.

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

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

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

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

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

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

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

31 127.815. *[\$3.01. Attending physician responsibilities.]* **Attending practitioner responsibilities.** (1)
 32 The *[attending physician]* **attending practitioner** shall:

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

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

36 (A) His or her medical diagnosis;

37 (B) His or her prognosis;

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

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

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

42 (c) Refer the patient to a *[consulting physician]* **consulting practitioner** for medical confirma-
 43 tion of the diagnosis[, and for a determination that the patient is capable and acting voluntarily];

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

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

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

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

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

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

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

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

(B) With the patient's written consent[.];

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

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

(2) A pharmacist may dispense the medications prescribed by the attending practitioner to the patient, the attending practitioner or an expressly identified agent of the patient:

(a) If the attending practitioner delivers the written prescription personally or by mail to the pharmacist; or

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

[(2)] **(3)** Notwithstanding any other provision of law, the *[attending physician]* **attending practitioner** may sign the patient's report of death.

SECTION 7. ORS 127.820 is amended to read:

127.820. *[\$3.02. Consulting physician confirmation.]* **Confirmation of diagnosis.** (1) Before a patient is qualified under ORS 127.800 to 127.897, *[a consulting physician shall examine the patient and his or her relevant medical records and confirm, in writing, the attending physician's]* **the attending practitioner's** diagnosis that the patient is suffering from a terminal disease*[, and verify that the patient is capable, is acting voluntarily and has made an informed decision.]* **must be confirmed by a consulting practitioner.**

(2) The consulting practitioner's confirmation of the patient's diagnosis must be documented:

(a) In writing after the consulting practitioner has evaluated the patient and the patient's relevant medical records; or

(b) By reviewing and signing a hospice program's certification of the patient's terminal

1 **illness.**

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

3 127.825. [*§3.03. Counseling referral.*] **Counseling referral.** If in the opinion of the [*attending*
4 *physician*] **attending practitioner** or the [*consulting physician*] **consulting practitioner** a patient
5 may be suffering from a psychiatric or psychological disorder or depression causing impaired judg-
6 ment, either [*physician*] **practitioner** shall refer the patient for counseling. No medication to end
7 a patient's life in a humane and dignified manner shall be prescribed until the person performing the
8 counseling determines that the patient is not suffering from a psychiatric or psychological disorder
9 or depression causing impaired judgment.

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

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

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

17 127.835. [*§3.05. Family notification.*] **Family notification.** The [*attending physician*] **attending**
18 **practitioner** shall recommend that the patient notify the next of kin of his or her request for
19 medication pursuant to ORS 127.800 to 127.897. A patient who declines or is unable to notify next
20 of kin shall not 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.** (1) In order to receive
23 a prescription for medication to end his or her life in a humane and dignified manner, a qualified
24 patient shall have made an oral request and a written request, and reiterate the oral request to his
25 or her [*attending physician*] **attending practitioner** no less than [*15 days*] **seven days** after making
26 the initial oral request.

27 (2) Notwithstanding subsection (1) of this section, if the qualified patient's [*attending physician*]
28 **attending practitioner** has medically confirmed that the qualified patient will, within reasonable
29 medical judgment, die within [*15 days*] **seven days** after making the initial oral request under this
30 section, the qualified patient may reiterate the oral request to his or her [*attending physician*] **at-**
31 **tending practitioner** at any time after making the initial oral request.

32 (3) At the time the qualified patient makes his or her second oral request, the [*attending physi-*
33 *cian*] **attending practitioner** shall offer the patient an opportunity to rescind the request.

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

35 127.845. [*§3.07. Right to rescind request.*] **Right to rescind request.** A patient may rescind his
36 or her request at any time and in any manner without regard to his or her mental state. No pre-
37 scription for medication under ORS 127.800 to 127.897 may be written without the [*attending physi-*
38 *cian*] **attending practitioner** offering the qualified patient an opportunity to rescind the request.

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

40 127.850. [*§3.08. Waiting periods.*] **Waiting periods.** (1) No less than [*15 days*] **seven days** shall
41 elapse between the patient's initial oral request and the writing of a prescription under ORS 127.800
42 to 127.897. [*No less than 48 hours shall elapse between the patient's written request and the writing*
43 *of a prescription under ORS 127.800 to 127.897.*]

44 (2) Notwithstanding subsection (1) of this section, if the qualified patient's [*attending physician*]
45 **attending practitioner** has medically confirmed that the qualified patient will, within reasonable

1 medical judgment, die before the expiration [*of at least one*] of the waiting [*periods*] **period** described
 2 in subsection (1) of this section, the prescription for medication under ORS 127.800 to 127.897 may
 3 be written at any time following the later of the qualified patient's written request or second oral
 4 request under ORS 127.840.

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

6 127.855. [*§3.09. Medical record documentation requirements.*] **Medical record documentation**
 7 **requirements.** The following shall be documented or filed in the patient's medical record:

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

10 (2) All written requests by a patient for medication to end his or her life in a humane and dig-
 11 nified manner;

12 (3) The [*attending physician's*] **attending practitioner's** diagnosis and prognosis, determination
 13 that the patient is capable, acting voluntarily and has made an informed decision;

14 (4) The [*consulting physician's*] **consulting practitioner's confirmation of the patient's diag-**
 15 **nosis** [*and prognosis, and verification that the patient is capable, acting voluntarily and has made an*
 16 *informed decision*];

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

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

19 (7) The [*attending physician's*] **attending practitioner's** offer to the patient to rescind his or
 20 her request at the time of the patient's second oral request pursuant to ORS 127.840; and

21 (8) A note by the [*attending physician*] **attending practitioner** indicating that all requirements
 22 under ORS 127.800 to 127.897 have been met and indicating the steps taken to carry out the request,
 23 including a notation of the medication prescribed.

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

25 127.865. [*§3.11. Reporting requirements.*] **Reporting requirements.** (1)(a) The Oregon Health
 26 Authority shall annually review a sample of records maintained pursuant to ORS 127.800 to 127.897.

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

29 (2) The authority shall make rules to facilitate the collection of information regarding compli-
 30 ance with ORS 127.800 to 127.897. **The authority's rules adopted under this subsection must**
 31 **permit health care providers to file any required records electronically.** Except as otherwise
 32 required by law, the information collected shall not be a public record and may not be made avail-
 33 able for inspection by the public.

34 (3) The authority shall generate and make available to the public an annual statistical report
 35 of information collected under subsection (2) of this section.

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

37 127.880. [*§3.14. Construction of Act.*] **Construction of Act.** Nothing in ORS 127.800 to 127.897
 38 shall be construed to authorize a [*physician*] **practitioner** or any other person to end a patient's life
 39 by lethal injection, mercy killing or active euthanasia. Actions taken in accordance with ORS
 40 127.800 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or
 41 homicide, under the law.

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

43 127.885. [*§4.01. Immunities.*] **Immunities.** Except as provided in ORS 127.890:

44 (1) No person shall be subject to civil or criminal liability or professional disciplinary action for
 45 participating in good faith compliance with ORS 127.800 to 127.897. This includes being present

1 when a qualified patient takes the prescribed medication to end his or her life in a humane and
2 dignified manner.

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

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

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

17 (5)(a) Notwithstanding any other provision of law, a health care provider may prohibit another
18 health care provider from participating in ORS 127.800 to 127.897 on the premises of the prohibiting
19 **health care** provider if the prohibiting **health care** provider has notified the health care provider
20 of the prohibiting provider's policy regarding participating in ORS 127.800 to 127.897. Nothing in
21 this paragraph prevents a health care provider from providing health care services to a patient that
22 do not constitute participation in ORS 127.800 to 127.897.

23 (b) Notwithstanding the provisions of subsections (1) to (4) of this section, a health care provider
24 may subject another health care provider to the sanctions stated in this paragraph if the sanctioning
25 health care provider has notified the sanctioned provider prior to participation in ORS 127.800 to
26 127.897 that it prohibits participation in ORS 127.800 to 127.897:

27 (A) Loss of privileges, loss of membership or other sanction provided pursuant to the medical
28 staff bylaws, policies and procedures of the sanctioning health care provider if the sanctioned
29 **health care** provider is a member of the sanctioning **health care** provider's medical staff and par-
30 ticipates in ORS 127.800 to 127.897 while on the health care facility premises, as defined in ORS
31 442.015, of the sanctioning health care provider, but not including the private medical office of a
32 *[physician]* **practitioner** or other *[provider]* **private medical office not owned or operated by the**
33 **sanctioning health care provider;**

34 (B) Termination of lease or other property contract or other nonmonetary remedies provided by
35 lease contract, not including loss or restriction of medical staff privileges or exclusion from a pro-
36 vider panel, if the sanctioned **health care** provider participates in ORS 127.800 to 127.897 while on
37 the premises of the sanctioning health care provider or on property that is owned by or under the
38 direct control of the sanctioning health care provider; or

39 (C) Termination of contract or other nonmonetary remedies provided by contract if the sanc-
40 tioned **health care** provider participates in ORS 127.800 to 127.897 while acting in the course and
41 scope of the sanctioned **health care** provider's capacity as an employee or independent contractor
42 of the sanctioning health care provider. Nothing in this subparagraph shall be construed to prevent:

43 (i) A health care provider from participating in ORS 127.800 to 127.897 while acting outside the
44 course and scope of the **health care** provider's capacity as an employee or independent contractor;
45 or

(ii) A patient from contracting with his or her *[attending physician]* **attending practitioner or**
[and consulting physician] **consulting practitioner** to act outside the course and scope of the
[provider's] capacity **of the attending practitioner or consulting practitioner** as an employee or
independent contractor of the sanctioning health care provider.

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

(d) For purposes of this subsection:

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

(B) "Participate in ORS 127.800 to 127.897" means to perform the duties of an *[attending physi-
cian]* **attending practitioner** pursuant to ORS 127.815, the *[consulting physician]* **consulting prac-
titioner** function pursuant to ORS 127.820 or the counseling function pursuant to ORS 127.825.
"Participate in ORS 127.800 to 127.897" does not include:

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

(ii) Providing information about the Oregon Death with Dignity Act to a patient upon the re-
quest of the patient;

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

(iv) A patient contracting with his or her *[attending physician]* **attending practitioner or** *[and
consulting physician]* **consulting practitioner** to act outside of the course and scope of the
[provider's] capacity **of the attending practitioner or consulting practitioner** as an employee or
independent contractor of the sanctioning health care provider.

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

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

SECTION 18. ORS 127.897 is amended to read:

127.897. *[\$6.01. Form of the request.]* **Form of the request.** A request for a medication as au-
thorized by ORS 127.800 to 127.897 shall be in substantially the following form:

REQUEST FOR MEDICATION
TO END MY LIFE IN A HUMANE
AND DIGNIFIED MANNER

I, _____, am an adult of sound mind.

I am suffering from _____, which my *[attending physician]* **attending practitioner** has
determined is a terminal disease and which has been medically confirmed by a *[consulting
physician]* **consulting practitioner**.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care and pain control.

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

INITIAL ONE:

_____ I have informed my family of my decision and taken their opinions into consideration.

_____ I have decided not to inform my family of my decision.

_____ I have no family to inform of my decision.

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

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

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

Signed: _____

Dated: _____

DECLARATION OF WITNESSES

We declare that the person signing this request:

- (a) Is personally known to us or has provided proof of identity;
- (b) Signed this request in our presence;
- (c) Appears to be of sound mind and not under duress, fraud or undue influence;
- (d) Is not a patient for whom either of us is *[attending physician]* **an attending practitioner**.

_____ Witness 1/Date

_____ Witness 2/Date

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

SECTION 19. ORS 127.870 is amended to read:

127.870. [*§3.12. Effect on construction of wills, contracts and statutes.*] **Effect on construction of wills, contracts and statutes.** (1) No provision in a contract, will or other agreement, whether written or oral, to the extent the provision would affect whether a person may make or rescind a

request for medication to end his or her life in a humane and dignified manner, shall be valid.

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

SECTION 20. ORS 127.875 is amended to read:

127.875. [§3.13. Insurance or annuity policies.] **Insurance or annuity policies.** The sale, procurement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged for any policy shall not be conditioned upon or affected by the making or rescinding of a request, by a person, for medication to end his or her life in a humane and dignified manner. Neither shall a qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner have an effect upon a life, health, or accident insurance or annuity policy.

SECTION 21. ORS 127.890 is amended to read:

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

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

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

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

SECTION 22. ORS 127.895 is amended to read:

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

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

SECTION 24. The amendments to 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 by sections 3 to 22 of this 2025 Act apply to medication dispensed on or after January 1, 2026.

SECTION 25. (1) Sections 1 and 2 of this 2025 Act and the amendments to 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, 127.870, 127.875, 127.880, 127.885, 127.890, 127.895 and 127.897 by sections 3 to 14 and 16 to 22 of this 2025 Act become operative January 1, 2026.

(2) The amendments to ORS 127.865 by section 15 of this 2025 Act become operative January 1, 2028.

(3) The Oregon Health Authority may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary to enable the authority to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the authority by sections 1 and 2 of this 2025 Act and the amendments to 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

