

Requested by SENATE COMMITTEE ON JUDICIARY

**PROPOSED AMENDMENTS TO
SENATE BILL 1003**

1 On page 1 of the printed bill, line 2, delete “and”.

2 In line 4, before the period insert “; and prescribing an effective date”.

3 Delete lines 6 through 30 and delete pages 2 through 10 and insert:

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

5 **“(a) ‘Attending practitioner’ has the meaning given that term in**
6 **ORS 127.800.**

7 **“(b) ‘Consulting practitioner’ has the meaning given that term in**
8 **ORS 127.800.**

9 **“(c) ‘Hospice program’ has the meaning given that term in ORS**
10 **443.850.**

11 **“(2) A hospice program shall publicly disclose its current policy re-**
12 **garding the Oregon Death With Dignity Act, including:**

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

16 **“(b) Whether hospice program staff may be present at the time the**
17 **patient intends to ingest medication to end the patient’s life in ac-**
18 **cordance with the Oregon Death With Dignity Act; and**

19 **“(c) Whether the hospice program permits its staff, as a function**
20 **of the staff’s position with the hospice program, to act as an attending**
21 **practitioner or consulting practitioner under the Oregon Death With**

1 **Dignity Act.**

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

5 “**SECTION 2.** (1) As used in this section, ‘health care facility’ means
6 a facility that provides health care services directly to patients, in-
7 cluding but not limited to a hospital, clinic or nursing home.

8 “(2) A health care facility, other than a hospice program as defined
9 in ORS 443.850, shall have a process in place to, prior to or at the time
10 of an individual’s admission to the health care facility, disclose in
11 writing to the individual the health care facility’s current policy re-
12 garding the ability of admitted patients to participate in the Oregon
13 Death With Dignity Act.

14 “**SECTION 3.** ORS 127.800 is amended to read:

15 “127.800. [*§1.01 Definitions.*] **Definitions.** The following words and
16 phrases, whenever used in ORS 127.800 to 127.897, have the following
17 meanings:

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

19 “[*(2) ‘Attending physician’ means the physician who has primary responsi-*
20 *bility for the care of the patient and treatment of the patient’s terminal*
21 *disease.*]

22 “(2) ‘Attending practitioner’ means the practitioner who has pri-
23 mary responsibility for the care of the patient under the Oregon Death
24 With Dignity Act.

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

1 “(4) [*Consulting physician*] **‘Consulting practitioner’** means a [*physi-*
2 *cian*] **practitioner** who is qualified by specialty or experience to make a
3 professional diagnosis and 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) **‘Hospice care’ means hospice services, as defined in ORS**
14 **443.850.**

15 “(8) **‘Hospice program’ has the meaning given that term in ORS**
16 **443.850.**

17 “[7)] (9) ‘Informed decision’ means a decision by a qualified patient, to
18 request and obtain a prescription to end his or her life in a humane and
19 dignified manner, that is based on an appreciation of the relevant facts and
20 after being fully informed by the [*attending physician*] **attending practi-**
21 **tioner** of:

22 “(a) His or her medical diagnosis;

23 “(b) His or her prognosis;

24 “(c) The potential risks associated with taking the medication to be pre-
25 scribed;

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

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

29 “[8)] (10) ‘Medically confirmed’ means the medical opinion of the [*at-*
30 *tending physician*] **attending practitioner** has been confirmed by a consult-

ing **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.

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

“SECTION 4. ORS 127.805 is amended to read:

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

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

“SECTION 5. ORS 127.810 is amended to read:

“127.810. [*§2.02. Form of the written request.*] **Form of the written request.** (1) A valid request for medication under ORS 127.800 to 127.897 shall be in substantially the form described in ORS 127.897, signed and dated by the patient and witnessed by at least two individuals who, in the presence

1 of the patient, attest that to the best of their knowledge and belief the pa-
2 tient is capable, acting voluntarily, and is not being coerced to sign the re-
3 quest.

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

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

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

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

11 “(3) The patient’s [*attending physician*] **attending practitioner** at the
12 time the request is signed shall not be a witness.

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

17 **“SECTION 6.** ORS 127.815 is amended to read:

18 “127.815. [*§3.01. Attending physician responsibilities.*] **Attending practi-**
19 **tioner responsibilities.** (1) The [*attending physician*] **attending practi-**
20 **tioner** shall:

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

24 “(b) To ensure that the patient is making an informed decision, inform the
25 patient 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 pre-
29 scribed;

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

1 “(E) The feasible alternatives, including, but not limited to, comfort care,
2 hospice care and pain control;

3 “(c) Refer the patient to a [*consulting physician*] **consulting practitioner**
4 for medical confirmation of the diagnosis[, *and for a determination that the*
5 *patient is capable and acting voluntarily*];

6 “(d) Refer the patient for counseling if appropriate pursuant to ORS
7 127.825;

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

9 “(f) Counsel the patient about the importance of having another person
10 present when the patient takes the medication prescribed pursuant to ORS
11 127.800 to 127.897 and of not taking the medication in a public place;

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

16 “(h) Verify, immediately prior to writing the prescription for medication
17 under ORS 127.800 to 127.897, that the patient is making an informed deci-
18 sion;

19 “(i) Fulfill the medical record documentation requirements of ORS
20 127.855;

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

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

1 “(B) With the patient’s written consent[:]

2 “[*i*] contact a pharmacist [*and*], inform the pharmacist of the
3 prescription[,] and **deliver the prescription to the pharmacist in person,**
4 **by mail, by facsimile or electronically.**

5 “[*ii*] *Deliver the written prescription personally or by mail to the*
6 *pharmacist, who will dispense the medications to either the patient, the at-*
7 *tending physician or an expressly identified agent of the patient.*]

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

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

13 “(b) **If the attending practitioner causes the written prescription to**
14 **be delivered by facsimile or electronically, after the pharmacist con-**
15 **firms the prescription with the attending practitioner verbally in per-**
16 **son or by telephone or other two-way electronic communication**
17 **device.**

18 “[*(2)*] (3) Notwithstanding any other provision of law, the [*attending*
19 *physician*] **attending practitioner** may sign the patient’s report of death.

20 “**SECTION 7.** ORS 127.820 is amended to read:

21 “127.820. [*§3.02. Consulting physician confirmation.*] **Confirmation of di-**
22 **agnosis.** (1) Before a patient is qualified under ORS 127.800 to 127.897, [*a*
23 *consulting physician shall examine the patient and his or her relevant medical*
24 *records and confirm, in writing, the attending physician’s*] **the attending**
25 **practitioner’s** diagnosis that the patient is suffering from a terminal
26 disease[, *and verify that the patient is capable, is acting voluntarily and has*
27 *made an informed decision.*] **must be confirmed by a consulting practi-**
28 **tioner.**

29 “(2) **The consulting practitioner’s confirmation of the patient’s di-**
30 **agnosis must be documented:**

1 “(a) In writing after the consulting practitioner has evaluated the
2 patient and the patient’s relevant medical records; or

3 “(b) By reviewing and signing a hospice program’s certification of
4 the patient’s terminal illness.

5 “**SECTION 8.** ORS 127.825 is amended to read:

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

15 “**SECTION 9.** ORS 127.830 is amended to read:

16 “127.830. [§3.04. Informed decision.] **Informed decision.** No person shall
17 receive a prescription for medication to end his or her life in a humane and
18 dignified manner unless he or she has made an informed decision as defined
19 in ORS 127.800 [(7)] **(9)**. Immediately prior to writing a prescription for
20 medication under ORS 127.800 to 127.897, the [*attending physician*] **attending**
21 **practitioner** shall verify that the patient is making an informed decision.

22 “**SECTION 10.** ORS 127.835 is amended to read:

23 “127.835. [§3.05. Family notification.] **Family notification.** The [*attending*
24 *physician*] **attending practitioner** shall recommend that the patient notify
25 the next of kin of his or her request for medication pursuant to ORS 127.800
26 to 127.897. A patient who declines or is unable to notify next of kin shall
27 not have his or her request denied for that reason.

28 “**SECTION 11.** ORS 127.840 is amended to read:

29 “127.840. [§3.06. Written and oral requests.] **Written and oral requests.**

30 (1) In order to receive a prescription for medication to end his or her life in

1 a humane and dignified manner, a qualified patient shall have made an oral
2 request and a written request, and reiterate the oral request to his or her
3 *[attending physician]* **attending practitioner** no less than *[15 days]* **seven**
4 **days** after making the initial oral request.

5 “(2) Notwithstanding subsection (1) of this section, if the qualified
6 patient’s *[attending physician]* **attending practitioner** has medically con-
7 firmed that the qualified patient will, within reasonable medical judgment,
8 die within *[15 days]* **seven days** after making the initial oral request under
9 this section, the qualified patient may reiterate the oral request to his or
10 her *[attending physician]* **attending practitioner** at any time after making
11 the initial oral request.

12 “(3) At the time the qualified patient makes his or her second oral re-
13 quest, the *[attending physician]* **attending practitioner** shall offer the pa-
14 tient an opportunity to rescind the request.

15 **“SECTION 12.** ORS 127.845 is amended to read:

16 “127.845. [§3.07. Right to rescind request.] **Right to rescind request.** A
17 patient may rescind his or her request at any time and in any manner
18 without regard to his or her mental state. No prescription for medication
19 under ORS 127.800 to 127.897 may be written without the *[attending*
20 *physician]* **attending practitioner** offering the qualified patient an oppor-
21 tunity to rescind the request.

22 **“SECTION 13.** ORS 127.850 is amended to read:

23 “127.850. [§3.08. Waiting periods.] **Waiting periods.** (1) No less than *[15*
24 *days]* **seven days** shall elapse between the patient’s initial oral request and
25 the writing of a prescription under ORS 127.800 to 127.897. *[No less than 48*
26 *hours shall elapse between the patient’s written request and the writing of a*
27 *prescription under ORS 127.800 to 127.897.]*

28 “(2) Notwithstanding subsection (1) of this section, if the qualified
29 patient’s *[attending physician]* **attending practitioner** has medically con-
30 firmed that the qualified patient will, within reasonable medical judgment,

1 die before the expiration [*of at least one*] of the waiting [*periods*] **period** de-
2 scribed in subsection (1) of this section, the prescription for medication un-
3 der ORS 127.800 to 127.897 may be written at any time following the later
4 of the qualified patient's written request or second oral request under ORS
5 127.840.

6 **"SECTION 14.** ORS 127.855 is amended to read:

7 "127.855. [*§3.09. Medical record documentation requirements.*] **Medical re-**
8 **cord documentation requirements.** The following shall be documented or
9 filed in the patient's medical record:

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

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

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

17 "(4) The [*consulting physician's*] **consulting practitioner's confirmation**
18 **of the patient's** diagnosis [*and prognosis, and verification that the patient*
19 *is capable, acting voluntarily and has made an informed decision*];

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

22 "(6) Any medically confirmed certification of the imminence of the
23 patient's death;

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

27 "(8) A note by the [*attending physician*] **attending practitioner** indicat-
28 ing that all requirements under ORS 127.800 to 127.897 have been met and
29 indicating the steps taken to carry out the request, including a notation of
30 the medication prescribed.

1 **“SECTION 15.** ORS 127.865 is amended to read:

2 “127.865. [§3.11. Reporting requirements.] **Reporting requirements.** (1)(a)

3 The Oregon Health Authority shall annually review a sample of records
4 maintained pursuant to ORS 127.800 to 127.897.

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

8 “(2) The authority shall make rules to facilitate the collection of infor-
9 mation regarding compliance with ORS 127.800 to 127.897. **The authority’s**
10 **rules adopted under this subsection must permit health care providers**
11 **to file any required records electronically.** Except as otherwise required
12 by law, the information collected shall not be a public record and may not
13 be made available for inspection by the public.

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

17 **“SECTION 16.** ORS 127.880 is amended to read:

18 “127.880. [§3.14. Construction of Act.] **Construction of Act.** Nothing in
19 ORS 127.800 to 127.897 shall be construed to authorize a [*physician*] **practi-**
20 **tioner** or any other person to end a patient’s life by lethal injection, mercy
21 killing or active euthanasia. Actions taken in accordance with ORS 127.800
22 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide,
23 mercy killing or homicide, under the law.

24 **“SECTION 17.** ORS 127.885 is amended to read:

25 “127.885. [§4.01. Immunities.] **Immunities.** Except as provided in ORS
26 127.890:

27 “(1) No person shall be subject to civil or criminal liability or profes-
28 sional disciplinary action for participating in good faith compliance with
29 ORS 127.800 to 127.897. This includes being present when a qualified patient
30 takes the prescribed medication to end his or her life in a humane and dig-

1 nified manner.

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

6 “(3) No request by a patient for or provision by an [*attending physician*]
7 **attending practitioner** of medication in good faith compliance with the
8 provisions of ORS 127.800 to 127.897 shall constitute neglect for any purpose
9 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,
12 by statute or by any other legal requirement to participate in the provision
13 to a qualified patient of medication to end his or her life in a humane and
14 dignified manner. If a health care provider is unable or unwilling to carry
15 out a patient’s request under ORS 127.800 to 127.897, and the patient trans-
16 fers his or her care to a new health care provider, the prior health care
17 provider shall transfer, upon request, a copy of the patient’s relevant medical
18 records to the new health care provider.

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

27 “(b) Notwithstanding the provisions of subsections (1) to (4) of this sec-
28 tion, a health care provider may subject another health care provider to the
29 sanctions stated in this paragraph if the sanctioning health care provider
30 has notified the sanctioned provider prior to participation in ORS 127.800 to

1 127.897 that it prohibits participation in ORS 127.800 to 127.897:

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

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

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

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

27 “(ii) A patient from contracting with his or her [*attending physician*] **at-**
28 **tending practitioner or** [*and consulting physician*] **consulting practitioner**
29 to act outside the course and scope of the [*provider’s*] capacity **of the at-**
30 **tending practitioner or consulting practitioner** as an employee or inde-

pendent 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 informing 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 physician*] **attending practitioner** pursuant to ORS 127.815, the [*consulting physician*] **consulting practitioner** 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 patient of the medical prognosis;

“(ii) Providing information about the Oregon Death with Dignity Act to a patient upon the request 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 section 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

1 sole basis for a report of unprofessional or dishonorable conduct under ORS
2 677.415 (3), (4), (5) or (6).

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

6 “**SECTION 18.** ORS 127.897 is amended to read:

7 “127.897. [*§6.01. Form of the request.*] **Form of the request.** A request for
8 a medication as authorized by ORS 127.800 to 127.897 shall be in substan-
9 tially the following form:

10 “

11 REQUEST FOR MEDICATION
12 TO END MY LIFE IN A HUMANE
13 AND DIGNIFIED MANNER
14

15 I, _____, am an adult of sound mind.

16 I am suffering from _____, which my [*attending physician*] **at-**
17 **tending practitioner** has determined is a terminal disease and which has
18 been medically confirmed by a [*consulting physician*] **consulting practi-**
19 **tioner.**

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

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

26
27 INITIAL ONE:

28 _____ I have informed my family of my decision and taken their opin-
29 ions into consideration.

30 _____ 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*

1 be employed at a health care facility where the person is a patient or
2 resident]. If the patient is an inpatient at a health care facility, one of the
3 witnesses [shall] **may** be an individual designated by the facility.

4 “

5 **“SECTION 19.** ORS 127.870 is amended to read:

6 “127.870. [§3.12. Effect on construction of wills, contracts and statutes.]

7 **Effect on construction of wills, contracts and statutes.** (1) No provision
8 in a contract, will or other agreement, whether written or oral, to the extent
9 the provision would affect whether a person may make or rescind a request
10 for medication to end his or her life in a humane and dignified manner, shall
11 be valid.

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

15 **“SECTION 20.** ORS 127.875 is amended to read:

16 “127.875. [§3.13. Insurance or annuity policies.] **Insurance or annuity**
17 **policies.** The sale, procurement, or issuance of any life, health, or accident
18 insurance or annuity policy or the rate charged for any policy shall not be
19 conditioned upon or affected by the making or rescinding of a request, by a
20 person, for medication to end his or her life in a humane and dignified
21 manner. Neither shall a qualified patient’s act of ingesting medication to end
22 his or her life in a humane and dignified manner have an effect upon a life,
23 health, or accident insurance or annuity policy.

24 **“SECTION 21.** ORS 127.890 is amended to read:

25 “127.890. [§4.02. Liabilities.] **Liabilities.** (1) A person who without au-
26 thorization of the patient willfully alters or forges a request for medication
27 or conceals or destroys a rescission of that request with the intent or effect
28 of causing the patient’s death shall be guilty of a Class A felony.

29 “(2) A person who coerces or exerts undue influence on a patient to re-
30 quest medication for the purpose of ending the patient’s life, or to destroy

1 a rescission of such a request, shall be guilty of a Class A felony.

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

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

8 **“SECTION 22.** ORS 127.895 is amended to read:

9 “127.895. [*\$5.01. Severability.*] **Severability.** Any section of ORS 127.800
10 to 127.897 being held invalid as to any person or circumstance shall not af-
11 fect the application of any other section of ORS 127.800 to 127.897 which can
12 be given full effect without the invalid section or application.

13 **“SECTION 23.** The section captions used in this 2025 Act are pro-
14 vided only for the convenience of the reader and do not become part
15 of the statutory law of this state or express any legislative intent in
16 the enactment of this 2025 Act.

17 **“SECTION 24.** The amendments to ORS 127.800, 127.805, 127.810,
18 127.815, 127.820, 127.825, 127.830, 127.835, 127.840, 127.845, 127.850, 127.855,
19 127.865, 127.870, 127.875, 127.880, 127.885, 127.890, 127.895 and 127.897 by
20 sections 3 to 22 of this 2025 Act apply to medication dispensed on or
21 after January 1, 2026.

22 **“SECTION 25.** (1) Sections 1 and 2 of this 2025 Act and the amend-
23 ments to ORS 127.800, 127.805, 127.810, 127.815, 127.820, 127.825, 127.830,
24 127.835, 127.840, 127.845, 127.850, 127.855, 127.870, 127.875, 127.880, 127.885,
25 127.890, 127.895 and 127.897 by sections 3 to 14 and 16 to 22 of this 2025
26 Act become operative January 1, 2026.

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

29 **“(3)** The Oregon Health Authority may take any action before the
30 operative dates specified in subsections (1) and (2) of this section that

1 is necessary to enable the authority to exercise, on and after the op-
2 erative dates specified in subsections (1) and (2) of this section, all of
3 the duties, functions and powers conferred on the authority by
4 sections 1 and 2 of this 2025 Act and the amendments to ORS 127.800,
5 127.805, 127.810, 127.815, 127.820, 127.825, 127.830, 127.835, 127.840, 127.845,
6 127.850, 127.855, 127.865, 127.870, 127.875, 127.880, 127.885, 127.890, 127.895
7 and 127.897 by sections 3 to 22 of this 2025 Act.

8 **“SECTION 26.** This 2025 Act takes effect on the 91st day after the
9 date on which the 2025 regular session of the Eighty-third Legislative
10 Assembly adjourns sine die.”.

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