

SENATE AMENDMENTS TO SENATE BILL 1003

By COMMITTEE ON JUDICIARY

April 17

- 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 ORS 127.800.**
- 6 **“(b) ‘Consulting practitioner’ has the meaning given that term in ORS 127.800.**
- 7 **“(c) ‘Hospice program’ has the meaning given that term in ORS 443.850.**
- 8 **“(2) A hospice program shall publicly disclose its current policy regarding the Oregon**
- 9 **Death With Dignity Act, including:**
- 10 **“(a) Whether a patient receiving services from the hospice program may elect to end the**
- 11 **patient’s life as provided under the Oregon Death With Dignity Act;**
- 12 **“(b) Whether hospice program staff may be present at the time the patient intends to**
- 13 **ingest medication to end the patient’s life in accordance with the Oregon Death With Dignity**
- 14 **Act; and**
- 15 **“(c) Whether the hospice program permits its staff, as a function of the staff’s position**
- 16 **with the hospice program, to act as an attending practitioner or consulting practitioner un-**
- 17 **der the Oregon Death With Dignity Act.**
- 18 **“(3) The notification described in this section must be provided to patients of the hospice**
- 19 **program in writing before admission and posted on the hospice program’s website.**
- 20 **“SECTION 2. (1) As used in this section, ‘health care facility’ means a facility that pro-**
- 21 **vides health care services directly to patients, including but not limited to a hospital, clinic**
- 22 **or nursing home.**
- 23 **“(2) A health care facility, other than a hospice program as defined in ORS 443.850, shall**
- 24 **have a process in place to, prior to or at the time of an individual’s admission to the health**
- 25 **care facility, disclose in writing to the individual the health care facility’s current policy re-**
- 26 **garding the ability of admitted patients to participate in the Oregon Death With Dignity Act.**
- 27 **“SECTION 3. ORS 127.800 is amended to read:**
- 28 **“127.800. [*§1.01 Definitions.*] **Definitions.** The following words and phrases, whenever used in**
- 29 **ORS 127.800 to 127.897, have the following meanings:**
- 30 **“(1) ‘Adult’ means an individual who is 18 years of age or older.**
- 31 **“[(2) ‘Attending physician’ means the physician who has primary responsibility for the care of the**
- 32 **patient and treatment of the patient’s terminal disease.]**
- 33 **“(2) ‘Attending practitioner’ means the practitioner who has primary responsibility for**
- 34 **the care of the patient under the Oregon Death With Dignity Act.**
- 35 **“(3) ‘Capable’ means that in the opinion of a court or in the opinion of the patient’s [*attending***

1 *physician* **attending practitioner** [*or consulting physician*], psychiatrist or psychologist, a patient
2 has the ability to make and communicate health care decisions to health care providers, including
3 communication through persons familiar with the patient's manner of communicating if those per-
4 sons are available.

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

8 “(5) ‘Counseling’ means one or more consultations as necessary between a [*state*] licensed psy-
9 chiatrist or **licensed** psychologist and a patient for the purpose of determining that the patient is
10 capable and not suffering from a psychiatric or psychological disorder or depression causing im-
11 paired judgment.

12 “(6) ‘Health care provider’ means a person licensed, certified or otherwise authorized or per-
13 mitted by the law of this state to administer health care or dispense medication in the ordinary
14 course of business or practice of a profession, and includes a health care facility.

15 “(7) ‘**Hospice care**’ means **hospice services, as defined in ORS 443.850.**

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

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

21 “(a) His or her medical diagnosis;

22 “(b) His or her prognosis;

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

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

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

27 “[8] (10) ‘Medically confirmed’ means the medical opinion of the [*attending physician*] **attend-**
28 **ing practitioner** has been confirmed by a consulting **practitioner**. [*physician who has examined the*
29 *patient and the patient's relevant medical records.*]

30 “[9] (11) ‘Patient’ means a person who is under the care of a [*physician*] **practitioner**.

31 “[10] ‘Physician’ means a doctor licensed to practice medicine under ORS 677.100 to 677.228.]

32 “(12) ‘**Practitioner**’ means a **physician licensed under ORS 677.100 to 677.228.**

33 “[11] (13) ‘Qualified patient’ means a capable adult who has satisfied the requirements of ORS
34 127.800 to 127.897 in order to obtain a prescription for medication to end his or her life in a humane
35 and dignified manner.

36 “[12] (14) ‘Terminal disease’ means [*an incurable and irreversible disease*] a **terminal illness**
37 that has been medically confirmed and will, within reasonable medical judgment, produce death
38 within six months.

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

40 “127.805. [*§2.01. Who may initiate a written request for medication.*] **Who may initiate a written**
41 **request for medication.** (1) An adult who is capable and has been determined by the [*attending*
42 *physician*] **attending practitioner** and [*consulting physician*] **consulting practitioner** to be suffer-
43 ing from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a
44 written request for medication for the purpose of ending his or her life in a humane and dignified
45 manner in accordance with ORS 127.800 to 127.897.

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

3 “**SECTION 5.** ORS 127.810 is amended to read:

4 “127.810. [*§2.02. Form of the written request.*] **Form of the written request.** (1) A valid request
5 for medication under ORS 127.800 to 127.897 shall be in substantially the form described in ORS
6 127.897, signed and dated by the patient and witnessed by at least two individuals who, in the
7 presence of the patient, attest that to the best of their knowledge and belief the patient is capable,
8 acting voluntarily, and is not being coerced to sign the request.

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

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

11 “(b) A person who at the time the request is signed would be entitled to any portion of the es-
12 tate of the qualified patient upon death under any will or by operation of law.[: or]

13 “[*(c) An owner, operator or employee of a health care facility where the qualified patient is re-*
14 *ceiving medical treatment or is a resident.*]

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

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

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

21 “127.815. [*§3.01. Attending physician responsibilities.*] **Attending practitioner responsibilities.**

22 (1) The [*attending physician*] **attending practitioner** shall:

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

25 “(b) To ensure that the patient is making an informed decision, inform the 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 prescribed;

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

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

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

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

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

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

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

42 “(h) Verify, immediately prior to writing the prescription for medication under ORS 127.800 to
43 127.897, that the patient is making an informed decision;

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

45 “(j) Ensure that all appropriate steps are carried out in accordance with ORS 127.800 to 127.897

1 prior to writing a prescription for medication to enable a qualified patient to end his or her life in
2 a humane and dignified manner; and

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

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

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

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

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

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

18 “**(b) If the attending practitioner causes the written prescription to be delivered by fac-**
19 **simile or electronically, after the pharmacist confirms the prescription with the attending**
20 **practitioner verbally in person or by telephone or other two-way electronic communication**
21 **device.**

22 “[*(2)*] **(3) Notwithstanding any other provision of law, the [*attending physician*] attending prac-**
23 **titioner may sign the patient’s report of death.**

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

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

31 “**(2) The consulting practitioner’s confirmation of the patient’s diagnosis must be docu-**
32 **mented:**

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

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

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

38 “127.825. [*§3.03. Counseling referral.*] **Counseling referral.** If in the opinion of the [*attending*
39 *physician*] **attending practitioner** or the [*consulting physician*] **consulting practitioner** a patient
40 may be suffering from a psychiatric or psychological disorder or depression causing impaired judg-
41 ment, either [*physician*] **practitioner** shall refer the patient for counseling. No medication to end
42 a patient’s life in a humane and dignified manner shall be prescribed until the person performing the
43 counseling determines that the patient is not suffering from a psychiatric or psychological disorder
44 or depression causing impaired judgment.

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

1 “127.830. [§3.04. Informed decision.] **Informed decision.** No person shall receive a prescription
2 for medication to end his or her life in a humane and dignified manner unless he or she has made
3 an informed decision as defined in ORS 127.800 [(7)] **(9)**. Immediately prior to writing a prescription
4 for medication under ORS 127.800 to 127.897, the [*attending physician*] **attending practitioner** shall
5 verify that the patient is making an informed decision.

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

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

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

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

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

22 “(3) At the time the qualified patient makes his or her second oral request, the [*attending phy-*
23 *sician*] **attending practitioner** shall offer the patient an opportunity to rescind the request.

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

25 “127.845. [§3.07. Right to rescind request.] **Right to rescind request.** A patient may rescind his
26 or her request at any time and in any manner without regard to his or her mental state. No pre-
27 scription for medication under ORS 127.800 to 127.897 may be written without the [*attending physi-*
28 *cian*] **attending practitioner** offering the qualified patient an opportunity to rescind the request.

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

30 “127.850. [§3.08. Waiting periods.] **Waiting periods.** (1) No less than [*15 days*] **seven days** shall
31 elapse between the patient’s initial oral request and the writing of a prescription under ORS 127.800
32 to 127.897. [*No less than 48 hours shall elapse between the patient’s written request and the writing*
33 *of a prescription under ORS 127.800 to 127.897.*]

34 “(2) Notwithstanding subsection (1) of this section, if the qualified patient’s [*attending*
35 *physician*] **attending practitioner** has medically confirmed that the qualified patient will, within
36 reasonable medical judgment, die before the expiration [*of at least one*] of the waiting [*periods*] **pe-**
37 **riod** described in subsection (1) of this section, the prescription for medication under ORS 127.800
38 to 127.897 may be written at any time following the later of the qualified patient’s written request
39 or second oral request under ORS 127.840.

40 “**SECTION 14.** ORS 127.855 is amended to read:

41 “127.855. [§3.09. Medical record documentation requirements.] **Medical record documentation**
42 **requirements.** The following shall be documented or filed in the patient’s medical record:

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

45 “(2) All written requests by a patient for medication to end his or her life in a humane and

1 dignified manner;

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

4 “(4) The [*consulting physician’s*] **consulting practitioner’s confirmation of the patient’s** di-
5 agnosis [*and prognosis, and verification that the patient is capable, acting voluntarily and has made*
6 *an informed decision*];

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

8 “(6) Any medically confirmed certification of the imminence of the patient’s death;

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

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

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

15 “127.865. [*§3.11. Reporting requirements.*] **Reporting requirements.** (1)(a) The Oregon Health
16 Authority shall annually review a sample of records maintained pursuant to ORS 127.800 to 127.897.

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

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

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

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

27 “127.880. [*§3.14. Construction of Act.*] **Construction of Act.** Nothing in ORS 127.800 to 127.897
28 shall be construed to authorize a [*physician*] **practitioner** or any other person to end a patient’s life
29 by lethal injection, mercy killing or active euthanasia. Actions taken in accordance with ORS
30 127.800 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or
31 homicide, under the law.

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

33 “127.885. [*§4.01. Immunities.*] **Immunities.** Except as provided in ORS 127.890:

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

38 “(2) No professional organization or association, or health care provider, may subject a person
39 to censure, discipline, suspension, loss of license, loss of privileges, loss of membership or other
40 penalty for participating or refusing to participate in good faith compliance with ORS 127.800 to
41 127.897.

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

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

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

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

17 “(A) Loss of privileges, loss of membership or other sanction provided pursuant to the medical
18 staff bylaws, policies and procedures of the sanctioning health care provider if the sanctioned
19 **health care** provider is a member of the sanctioning **health care** provider’s medical staff and par-
20 ticipates in ORS 127.800 to 127.897 while on the health care facility premises, as defined in ORS
21 442.015, of the sanctioning health care provider, but not including the private medical office of a
22 [*physician*] **practitioner** or other [*provider*] **private medical office not owned or operated by the**
23 **sanctioning health care provider;**

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

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

33 “(i) A health care provider from participating in ORS 127.800 to 127.897 while acting outside the
34 course and scope of the **health care** provider’s capacity as an employee or independent contractor;
35 or

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

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

43 “(d) For purposes of this subsection:

44 “(A) ‘Notify’ means a separate statement in writing to the health care provider specifically in-
45 forming the health care provider prior to the **health care** provider’s participation in ORS 127.800

1 to 127.897 of the sanctioning health care provider’s policy about participation in activities covered
2 by ORS 127.800 to 127.897.

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

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

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

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

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

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

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

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

24 “127.897. [*§6.01. Form of the request.*] **Form of the request.** A request for a medication as au-
25 thorized by ORS 127.800 to 127.897 shall be in substantially the following form:

26 “ _____

27
28 REQUEST FOR MEDICATION
29 TO END MY LIFE IN A HUMANE
30 AND DIGNIFIED MANNER
31

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

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

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

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

41
42 INITIAL ONE:

43 _____ I have informed my family of my decision and taken their opinions into consider-
44 ation.

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

1 _____ I have no family to inform of my decision.

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

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

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

8
9 Signed: _____

10
11 Dated: _____

12
13 **DECLARATION OF WITNESSES**

14
15 We declare that the person signing this request:

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

17 (b) Signed this request in our presence;

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

19 (d) Is not a patient for whom either of us is [*attending physician*] **an attending practitioner**.

20
21 _____ Witness 1/Date

22
23 _____ Witness 2/Date

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

30 " _____

31
32 "**SECTION 19.** ORS 127.870 is amended to read:

33 "127.870. [§3.12. *Effect on construction of wills, contracts and statutes.*] **Effect on construction**
34 **of wills, contracts and statutes.** (1) No provision in a contract, will or other agreement, whether
35 written or oral, to the extent the provision would affect whether a person may make or rescind a
36 request for medication to end his or her life in a humane and dignified manner, shall be valid.

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

40 "**SECTION 20.** ORS 127.875 is amended to read:

41 "127.875. [§3.13. *Insurance or annuity policies.*] **Insurance or annuity policies.** The sale, pro-
42 curement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged
43 for any policy shall not be conditioned upon or affected by the making or rescinding of a request,
44 by a person, for medication to end his or her life in a humane and dignified manner. Neither shall
45 a qualified patient's act of ingesting medication to end his or her life in a humane and dignified

1 manner have an effect upon a life, health, or accident insurance or annuity policy.

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

3 “127.890. [§4.02. Liabilities.] **Liabilities.** (1) A person who without authorization of the patient
4 willfully alters or forges a request for medication or conceals or destroys a rescission of that request
5 with the intent or effect of causing the patient’s death shall be guilty of a Class A felony.

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

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

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

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

14 “127.895. [§5.01. Severability.] **Severability.** Any section of ORS 127.800 to 127.897 being held
15 invalid as to any person or circumstance shall not affect the application of any other section of ORS
16 127.800 to 127.897 which can be given full effect without the invalid section or application.

17 “**SECTION 23.** **The section captions used in this 2025 Act are provided only for the con-**
18 **venience of the reader and do not become part of the statutory law of this state or express**
19 **any legislative intent in the enactment of this 2025 Act.**

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

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

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

30 “(3) **The Oregon Health Authority may take any action before the operative dates speci-**
31 **fied in subsections (1) and (2) of this section that is necessary to enable the authority to**
32 **exercise, on and after the operative dates specified in subsections (1) and (2) of this section,**
33 **all of the duties, functions and powers conferred on the authority by sections 1 and 2 of this**
34 **2025 Act and the amendments to ORS 127.800, 127.805, 127.810, 127.815, 127.820, 127.825,**
35 **127.830, 127.835, 127.840, 127.845, 127.850, 127.855, 127.865, 127.870, 127.875, 127.880, 127.885,**
36 **127.890, 127.895 and 127.897 by sections 3 to 22 of this 2025 Act.**

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