

**PROPOSED AMENDMENTS TO
HOUSE BILL 3100**

1 On page 1 of the printed bill, delete lines 13 through 28 and delete pages
2 2 through 76 and insert:

3
4 **“FINDINGS**

5
6 **“SECTION 1. The Legislative Assembly of the State of Oregon finds**
7 **and declares that:**

8 **“(1) Each resident of this state is entitled to the basic public health**
9 **services that are necessary to preserve life and health;**

10 **“(2) A framework for public health services provided by the gov-**
11 **ernment is necessary for applying the foundational capabilities and**
12 **implementing the foundational programs by which the state or a local**
13 **government may assess, protect or improve the health of the residents**
14 **of this state; and**

15 **“(3) The purpose of sections 9 to 24 of this 2015 Act is to provide the**
16 **framework described in subsection (2) of this section.**

17
18 **“DEFINITIONS**

19
20 **“SECTION 2. As used in sections 9 to 24 of this 2015 Act:**

21 **“(1) ‘Foundational capability’ means the knowledge, skill or ability**
22 **that is necessary to carry out a public health activity.**

1 **“(2) ‘Foundational program’ means a public health program that is**
2 **necessary to assess, protect or improve the health of the residents of**
3 **this state.**

4 **“(3) ‘Governing body of a local public health authority’ means:**

5 **“(a) A board described in ORS 431.410 or 431.414 (2) or established**
6 **under ORS 431.412 or 431.414 (3); or**

7 **“(b) An intergovernmental entity created by an agreement pursuant**
8 **to ORS 190.010 (5) for the purpose of providing public health services.**

9 **“(4) ‘Local health department’ means the agency established by the**
10 **local public health authority that is responsible for administering**
11 **public health programs and public health activities within the local**
12 **public health authority’s jurisdiction.**

13 **“(5) ‘Local health officer’ means:**

14 **“(a) A local public health administrator appointed under ORS**
15 **431.418; or**

16 **“(b) If the local public health administrator appointed under ORS**
17 **431.418 is not a physician licensed by the Oregon Medical Board, the**
18 **physician who is employed by or who enters a contract with a local**
19 **public health administrator under ORS 431.418.**

20 **“(6) ‘Local public health administrator’ means an individual ap-**
21 **pointed under ORS 431.418 to supervise the public health programs and**
22 **public health activities of a local health department.**

23 **“(7) ‘Local public health authority’ means:**

24 **“(a) A county;**

25 **“(b) A health district formed under ORS 431.414;**

26 **“(c) An intergovernmental entity that provides public health ser-**
27 **vices pursuant to an agreement entered into under ORS 190.010 (5).**

28
29 **“DUTIES OF THE OREGON HEALTH AUTHORITY**
30

1 **“SECTION 3.** ORS 431.110 is amended to read:

2 “431.110. [*Subject to ORS 417.300 and 417.305,*] The Oregon Health Au-
3 thority shall:

4 “(1) Have direct supervision of all matters relating to the preservation
5 of life and health of the people of [*the*] **this** state.

6 “[(2) *Keep the vital statistics and other health related statistics of the*
7 *state.*]

8 “(2) **Ensure the statewide and local application of the foundational**
9 **capabilities established under section 9 of this 2015 Act and described**
10 **in sections 10, 11, 12, 13, 14, 15 and 16 of this 2015 Act.**

11 “(3) **At the state level of governance, administer the foundational**
12 **programs established under section 17 of this 2015 Act and described**
13 **in sections 18, 19, 20 and 21 of this 2015 Act.**

14 “(4) **At the local level of governance, oversee and provide support**
15 **for the implementation of the foundational programs established un-**
16 **der section 17 of this 2015 Act and described in sections 18, 19, 20 and**
17 **21 of this 2015 Act.**

18 “[(3)] (5) [*Make*] **Conduct** sanitary surveys **about** and investigations [*and*
19 *inquiries respecting*] **on** the causes and prevention of diseases[, *especially of*
20 *epidemics*].

21 “[(4)] (6) Investigate, conduct hearings and issue findings in connection
22 with annexations proposed by cities as provided in ORS 222.840 to 222.915
23 **and 431.705 to 431.760.**

24 “[(5)] (7) Have full power in the control of all communicable diseases.

25 “[(6)] (8) Have **the** authority to send a representative of the authority to
26 any part of the state [*when deemed necessary*].

27 “[(7)] (9) From time to time, publish and distribute to the public [*in such*
28 *form as the authority determines, such information as in its judgment may be*
29 *useful in carrying on the work or purposes for which the authority was es-*
30 *tablished*] **information related to the functions and duties of the au-**

1 **thority.**

2 **“SECTION 4. (1) For the purpose of fulfilling its duties under ORS**
3 **431.110 (2), (3) and (4), the Oregon Health Authority shall:**

4 **“(a) Adopt and update as necessary a statewide public health mod-**
5 **ernization assessment;**

6 **“(b) In consideration of the statewide public health modernization**
7 **assessment, develop and modify as necessary a statewide community**
8 **health improvement plan;**

9 **“(c) Implement the statewide community health improvement plan;**

10 **“(d) Subject to the provisions of ORS 431.380, develop and modify**
11 **as necessary plans for the distribution of funds to local public health**
12 **authorities;**

13 **“(e) Implement plans for the distribution of funds to local public**
14 **health authorities;**

15 **“(f) Coordinate state and local administration of the foundational**
16 **programs established under section 17 of this 2015 Act;**

17 **“(g) Approve local plans for applying the foundational capabilities**
18 **established under section 9 of this 2015 Act and implementing the**
19 **foundational programs established under section 17 of this 2015 Act as**
20 **required by ORS 431.385;**

21 **“(h) Monitor the progress of local public health authorities in**
22 **meeting statewide public health goals, including applying the founda-**
23 **tional capabilities established under section 9 of this 2015 Act and im-**
24 **plementing the foundational programs established under section 17 of**
25 **this 2015 Act;**

26 **“(i) Use incentives adopted under ORS 431.380 to encourage the ef-**
27 **fective and equitable provision of public health services by local public**
28 **health authorities;**

29 **“(j) Seek funding, including in the form of federal grants, for**
30 **sections 9 to 24 of this 2015 Act; and**

1 “(k) Coordinate and collaborate with federal agencies in imple-
2 menting sections 9 to 24 of this 2015 Act.

3 “(2) The Oregon Health Authority shall solicit input from the Con-
4 ference of Local Health Officials and local public health authorities in:

5 “(a) Establishing the foundational capabilities under section 9 of
6 this 2015 Act and the foundational programs under section 17 of this
7 2015 Act;

8 “(b) Adopting and updating a statewide public health modernization
9 assessment under subsection (1)(a) of this section;

10 “(c) Developing and modifying a statewide community health im-
11 provement plan under subsection (1)(b) of this section; and

12 “(d) Developing and modifying plans for the distribution of funds
13 under subsection (1)(d) of this section.

14
15 **“OREGON PUBLIC HEALTH ADVISORY BOARD**

16
17 **“SECTION 5.** ORS 431.195 is amended to read:

18 “431.195. *[(1) There is established the Oregon Public Health Advisory*
19 *Board to serve as an advisory body to the Oregon Health Authority.]*

20 “*[(2) The members of the board shall be residents of this state and shall*
21 *be appointed by the Governor. The board shall consist of 15 members at least*
22 *one-half of whom shall be public members broadly representing the state as a*
23 *whole and the others to include representatives of local government and public*
24 *and private health providers.]*

25 “*[(3) The board shall:]*

26 “*[(a) Advise the authority on policy matters related to public health pro-*
27 *grams.]*

28 “*[(b) Provide a review of statewide public health issues and make recom-*
29 *mendations to the authority.]*

30 “*[(c) Participate in public health policy development.]*

1 “[(4) Members shall be appointed for four-year terms. No person shall serve
2 more than two consecutive terms.]

3 “[(5) The board shall meet at least quarterly.]

4 “[(6) Members of the board shall be entitled to compensation and expenses
5 as provided in ORS 292.495.]

6 “[(7) Vacancies on the board shall be filled by appointments of the Governor
7 for the unexpired term.]

8 **“(1)(a) The Oregon Public Health Advisory Board is established,
9 consisting of:**

10 **“(A) Thirteen members appointed by the Governor as specified in
11 paragraph (b) of this subsection;**

12 **“(B) The Public Health Director or the Public Health Director’s
13 designee;**

14 **“(C) If the Public Health Director is not the State Health Officer,
15 the State Health Officer or a physician licensed under ORS chapter 677
16 acting as the State Health Officer’s designee;**

17 **“(D) If the Public Health Director is the State Health Officer, a
18 representative from the Oregon Health Authority who is familiar with
19 public health programs and public health activities in this state; and**

20 **“(E) A designee of the Oregon Health Policy Board.**

21 **“(b) The Governor shall appoint the following individuals to the
22 board:**

23 **“(A) A state employee who has technical expertise in the field of
24 public health;**

25 **“(B) A local public health administrator who supervises public
26 health programs and public health activities in Benton, Clackamas,
27 Deschutes, Jackson, Lane, Marion, Multnomah or Washington
28 County;**

29 **“(C) A local public health administrator who supervises public
30 health programs and public health activities in Coos, Douglas,**

1 **Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County;**

2 **“(D) A local public health administrator who supervises public**
3 **health programs and public health activities in Clatsop, Columbia,**
4 **Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or**
5 **Wasco County;**

6 **“(E) A local public health administrator who supervises public**
7 **health programs and public health activities in Baker, Gilliam, Grant,**
8 **Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler**
9 **County;**

10 **“(F) A local health officer who is not a local public health admin-**
11 **istrator;**

12 **“(G) An individual who represents the Conference of Local Health**
13 **Officials created under ORS 431.330;**

14 **“(H) An individual who represents coordinated care organizations;**

15 **“(I) An individual who represents health care organizations that are**
16 **not coordinated care organizations;**

17 **“(J) An individual who represents individuals who provide public**
18 **health services directly to the public;**

19 **“(K) An expert in the field of public health who has a background**
20 **in academia;**

21 **“(L) An expert in population health metrics; and**

22 **“(M) An at-large member.**

23 **“(2)(a) The term of office for a board member appointed under this**
24 **section is four years, but a member serves at the pleasure of the**
25 **Governor. Before the expiration of the term of a member, the Gover-**
26 **nor shall appoint a successor whose term begins on January 1 next**
27 **following. A member is eligible for reappointment. If there is a va-**
28 **cancy for any cause, the Governor shall make an appointment to be-**
29 **come immediately effective for the unexpired term.**

30 **“(b) Members of the board described in subsection (1)(a)(B) to (E)**

1 of this section are nonvoting ex officio members of the board.

2 “(3) A majority of the voting members of the board constitutes a
3 quorum for the transaction of business.

4 “(4) Official action by the board requires the approval of a majority
5 of the voting members of the board.

6 “(5) The board shall elect one of its voting members to serve as
7 chairperson.

8 “(6) The board shall meet at times and places specified by the call
9 of the chairperson or of a majority of the voting members of the
10 board.

11 “(7) The board may adopt rules necessary for the operation of the
12 board.

13 “(8) The board may establish committees and subcommittees nec-
14 essary for the operation of the board.

15 “(9) Voting members of the board are entitled to compensation and
16 expenses as provided in ORS 292.495.

17 **“SECTION 6. The term of membership for a person who is a mem-
18 ber of the Oregon Public Health Advisory Board immediately before
19 the operative date specified in section 114 of this 2015 Act expires on
20 the operative date specified in section 114 of this 2015 Act. A member
21 whose term expires under this section is eligible for reappointment.
22 Of the members first appointed to the board on or after the operative
23 date specified in section 114 of this 2015 Act:**

24 **“(1) Four shall serve for terms ending January 1, 2017.**

25 **“(2) Three shall serve for terms ending January 1, 2018.**

26 **“(3) Three shall serve for terms ending January 1, 2019.**

27 **“(4) Three shall serve for terms ending January 1, 2020.**

28 **“SECTION 7. The Oregon Public Health Advisory Board shall:**

29 **“(1) Make recommendations to the Oregon Health Policy Board on
30 the development of statewide public health policies and goals;**

1 **“(2) Make recommendations to the Oregon Health Policy Board on**
2 **how other statewide priorities, such as the provision of early learning**
3 **services and the delivery of health care services, affect and are af-**
4 **ected by statewide public health policies and goals;**

5 **“(3) Make recommendations to the Oregon Health Policy Board on**
6 **the establishment of the foundational capabilities under section 9 of**
7 **this 2015 Act, the foundational programs under section 17 of this 2015**
8 **Act and any other public health program or activity under section 22**
9 **of this 2015 Act;**

10 **“(4) Make recommendations to the Oregon Health Policy Board on**
11 **the adoption and updating of the statewide public health moderniza-**
12 **tion assessment under section 4 of this 2015 Act;**

13 **“(5) Make recommendations to the Oregon Health Policy Board on**
14 **the development of and any modification to the statewide community**
15 **health improvement plan developed under section 4 of this 2015 Act;**

16 **“(6) Make recommendations to the Oregon Health Policy Board on**
17 **the development of and any modification to plans developed under**
18 **section 4 of this 2015 Act for the distribution of funds to local public**
19 **health authorities;**

20 **“(7) Make recommendations to the Oregon Health Policy Board on**
21 **the use of incentives by the Oregon Health Authority under ORS**
22 **431.380 to encourage the effective and equitable provision of public**
23 **health services by local public health authorities;**

24 **“(8) Provide support to local public health authorities in developing**
25 **local plans to apply the foundational capabilities established under**
26 **section 9 of this 2015 Act and implement the foundational programs**
27 **established under section 17 of this 2015 Act as required by ORS 431.385;**

28 **“(9) Monitor the progress of local public health authorities in**
29 **meeting statewide public health goals, including employing the foun-**
30 **dational capabilities established under section 9 of this 2015 Act and**

1 **implementing the foundational programs established under section 17**
2 **of this 2015 Act;**

3 **“(10) Assist the Oregon Health Authority in seeking funding, in-**
4 **cluding in the form of federal grants, for sections 9 to 24 of this 2015**
5 **Act; and**

6 **“(11) Assist the Oregon Health Authority in coordinating and col-**
7 **laborating with federal agencies.**

8

9 **“OREGON HEALTH POLICY BOARD**

10

11 **“SECTION 8. In addition to the duties described in ORS 413.011, the**
12 **Oregon Health Policy Board shall:**

13 **“(1) Be the policy-making and oversight body for the Oregon Health**
14 **Authority with respect to the application of the foundational capabil-**
15 **ities established under section 9 of this 2015 Act and the implementa-**
16 **tion of the foundational programs established under section 17 of this**
17 **2015 Act; and**

18 **“(2) Provide advice to the Oregon Health Authority based on the**
19 **recommendations made by the Oregon Public Health Advisory Board**
20 **under section 7 of this 2015 Act.**

21

22 **“FOUNDATIONAL CAPABILITIES AND PROGRAMS**

23

24 **“SECTION 9. (1) The Oregon Health Authority, in consideration of**
25 **the advice provided by the Oregon Health Policy Board under section**
26 **8 of this 2015 Act, shall establish by rule the foundational capabilities**
27 **necessary to protect and improve the health of the residents of this**
28 **state and to achieve effective and equitable health outcomes for the**
29 **residents of this state.**

30 **“(2) At a minimum, the authority shall establish the following**

1 **foundational capabilities:**

2 **“(a) Assessment and epidemiology, as described in section 10 of this**
3 **2015 Act;**

4 **“(b) Emergency preparedness and response, as described in section**
5 **11 of this 2015 Act;**

6 **“(c) Communications as described in section 12 of this 2015 Act;**

7 **“(d) Policy and planning as described in section 13 of this 2015 Act;**

8 **“(e) Leadership and organizational competencies, as described in**
9 **section 14 of this 2015 Act;**

10 **“(f) Health equity and cultural responsiveness, as described in sec-**
11 **tion 15 of this 2015 Act; and**

12 **“(g) Community partnership development, as described in section**
13 **16 of this 2015 Act.**

14 **“SECTION 10. (1) For the purpose of establishing the foundational**
15 **capabilities under section 9 of this 2015 Act, assessment and**
16 **epidemiology include, but are not limited to, the knowledge, skills and**
17 **abilities necessary to:**

18 **“(a) Identify and respond to disease outbreaks and epidemics;**

19 **“(b) Analyze and respond to information related to disease out-**
20 **breaks and epidemics;**

21 **“(c) Conduct and assess surveys about health behaviors and prac-**
22 **tices;**

23 **“(d) Collect and maintain vital records and statistics;**

24 **“(e) Process data from a variety of sources, including vital records,**
25 **health records, hospital data, insurance data and indicators of com-**
26 **munity or environmental health;**

27 **“(f) Analyze key indicators of a community’s health;**

28 **“(g) Analyze data related to the causes and burdens of disease, in-**
29 **jury, disability and death;**

30 **“(h) Prioritize and respond to requests for data processed and ana-**

1 lyzed as described in this section and communicate the response in a
2 manner that is accurate, statistically valid and usable by the re-
3 quester;

4 “(i) Identify how disease, injury, disability and death dispro-
5 tionately affect certain populations, including populations specific to
6 sex, race, ethnicity and socioeconomic status;

7 “(j) Conduct a public health modernization assessment and identify
8 priorities arising from that assessment, as required by ORS 431.416 or
9 section 4 of this 2015 Act; and

10 “(k) Use relevant data to implement, monitor, evaluate and modify
11 the statewide community health improvement plan under section 4 of
12 this 2015 Act or a local community health improvement plan under
13 ORS 431.416.

14 “(2) For purposes of this section, the Oregon Health Authority may
15 adopt rules differentiating between the knowledge, skills and abilities
16 that are necessary for state governance and that are necessary for
17 local governance.

18 **“SECTION 11. (1) For the purpose of establishing the foundational**
19 **capabilities under section 9 of this 2015 Act, emergency preparedness**
20 **and response include, but are not limited to, the knowledge, skills and**
21 **abilities necessary to:**

22 “(a) Develop, exercise, improve and maintain preparedness and re-
23 sponse plans in the event that either a natural or man-made disaster
24 or an emergency occurs;

25 “(b) Communicate and coordinate with health care providers,
26 emergency service providers and other agencies and organizations that
27 respond to disasters and emergencies;

28 “(c) Activate emergency response personnel during a disaster or
29 emergency, and recognize if public health has a primary, secondary
30 or ancillary role in response activities;

1 “(d) Use communications systems effectively and efficiently during
2 a disaster or emergency;

3 “(e) Maintain and execute a plan providing for continuity of oper-
4 ations during a disaster or emergency, including a plan for accessing
5 resources necessary to recover from or respond to a disaster or emer-
6 gency;

7 “(f) Issue and enforce emergency health orders;

8 “(g) Be notified of and respond to potential disasters and emergen-
9 cies; and

10 “(h) Address the needs of vulnerable populations during a disaster
11 or emergency.

12 “(2) For purposes of this section, the Oregon Health Authority may
13 adopt rules differentiating between the knowledge, skills and abilities
14 that are necessary for state governance and that are necessary for
15 local governance.

16 “SECTION 12. (1) For the purpose of establishing the foundational
17 capabilities under section 9 of this 2015 Act, communications include,
18 but are not limited to, the knowledge, skills and abilities necessary to:

19 “(a) Engage in two-way communications with the public through
20 the use of a variety of accessible methods of communication;

21 “(b) Effectively use mass media and social media to transmit com-
22 munications to and receive communications from the public;

23 “(c) Communicate with specific populations in a manner that is
24 culturally and linguistically appropriate;

25 “(d) Develop and implement educational programs and preventive
26 strategies; and

27 “(e) During a disease outbreak or other disaster or emergency,
28 provide accurate, timely and understandable information, recommen-
29 dations and instructions to the public.

30 “(2) For purposes of this section, the Oregon Health Authority may

1 adopt rules differentiating between the knowledge, skills and abilities
2 that are necessary for state governance and that are necessary for
3 local governance.

4 **“SECTION 13. (1) For the purpose of establishing the foundational**
5 **capabilities under section 9 of this 2015 Act, policy and planning in-**
6 **clude, but are not limited to, the knowledge, skills and abilities nec-**
7 **essary to:**

8 **“(a) Enable the Oregon Health Authority and local public health**
9 **authorities to serve as a primary and expert resource for using science**
10 **and evidence-based best practices to inform the development and im-**
11 **plementation of public health policies;**

12 **“(b) Provide guidance and coordinate planning for the purpose of**
13 **developing, adopting and implementing public health policies;**

14 **“(c) Develop public health policy options necessary to protect and**
15 **improve the health of the public and specific adversely impacted pop-**
16 **ulations;**

17 **“(d) Understand and use the principles of public health law to im-**
18 **prove and protect the health of the public;**

19 **“(e) Analyze and disseminate findings on the intended and unin-**
20 **tended impacts of public health policies; and**

21 **“(f) Implement, monitor, evaluate and modify the statewide com-**
22 **munity health improvement plan under section 4 of this 2015 Act or a**
23 **local community health improvement plan under ORS 431.416.**

24 **“(2) For purposes of this section, the Oregon Health Authority may**
25 **adopt rules differentiating between the knowledge, skills and abilities**
26 **that are necessary for state governance and that are necessary for**
27 **local governance.**

28 **“SECTION 14. (1) For the purpose of establishing the foundational**
29 **capabilities under section 9 of this 2015 Act, leadership and organiza-**
30 **tional competencies include, but are not limited to, the knowledge,**

1 **skills and abilities necessary to:**

2 **“(a) Define the strategic direction necessary to achieve public**
3 **health goals and align and lead stakeholders in achieving those goals;**

4 **“(b) Use the principles of public health law, including relevant**
5 **agency rules and the constitutional guarantee of due process, in**
6 **planning, implementing and enforcing public health initiatives;**

7 **“(c) Promote and monitor organizational objectives while sustaining**
8 **a culture of quality of service;**

9 **“(d) Maintain a competent workforce necessary to ensure the ef-**
10 **fective and equitable provision of public health services;**

11 **“(e) Provide continuing education and other training opportunities**
12 **necessary to maintain a competent workforce;**

13 **“(f) Develop partnerships with institutions of higher education**
14 **necessary to maintain a competent workforce;**

15 **“(g) To the extent practicable, ensure that local public health ad-**
16 **ministrators, local health officers and individuals who work in the**
17 **field of public health reflect the demographics of the community being**
18 **served and the changing demographics of this state;**

19 **“(h) Implement and maintain the technology needed to support**
20 **public health operations while simultaneously protecting personally**
21 **identifiable information and other confidential health information; and**

22 **“(i) Use accounting and business best practices in budgeting,**
23 **tracking finances, billing, auditing, securing grants and other sources**
24 **of funding and distributing moneys to governmental and nongovern-**
25 **mental partners.**

26 **“(2) For purposes of this section, the Oregon Health Authority may**
27 **adopt rules differentiating between the knowledge, skills and abilities**
28 **that are necessary for state governance and that are necessary for**
29 **local governance.**

30 **“SECTION 15. (1) For the purpose of establishing the foundational**

1 capabilities under section 9 of this 2015 Act, health equity and cultural
2 responsiveness include, but are not limited to, the knowledge, skills
3 and abilities necessary to:

4 “(a) Support public health policies that promote health equity;

5 “(b) Implement processes within public health programs that create
6 health equity;

7 “(c) Recognize and address health inequities that are specific to
8 certain populations, including populations specific to sex, race,
9 ethnicity and socioeconomic status;

10 “(d) Communicate with the public and stakeholders in a transpar-
11 ent and inclusive manner;

12 “(e) When appropriate, provide the public and stakeholders with
13 access to the data and findings described in section 10 of this 2015 Act;
14 and

15 “(f) Engage diverse populations in community health planning.

16 “(2) For purposes of this section, the Oregon Health Authority may
17 adopt rules differentiating between the knowledge, skills and abilities
18 that are necessary for state governance and that are necessary for
19 local governance.

20 **“SECTION 16.** (1) For the purpose of establishing the foundational
21 capabilities under section 9 of this 2015 Act, community partnership
22 development includes, but is not limited to, the knowledge, skills and
23 abilities necessary to:

24 “(a) Convene and sustain relationships with traditional and non-
25 traditional governmental partners and stakeholders and traditional
26 and nontraditional nongovernmental partners and stakeholders;

27 “(b) Foster and support community involvement and partnerships
28 in developing, adopting and implementing public health policies;

29 “(c) Engage members of the community in implementing, monitor-
30 ing, evaluating and modifying the statewide community health im-

1 **provement plan under section 4 of this 2015 Act or local community**
2 **health improvement plan under ORS 431.416; and**

3 **“(d) Develop, strengthen and expand connections across disciplines,**
4 **such as education and health care, and with members of the commu-**
5 **nity who work in those disciplines.**

6 **“(2) For purposes of this section, the Oregon Health Authority may**
7 **adopt rules differentiating between the knowledge, skills and abilities**
8 **that are necessary for state governance and that are necessary for**
9 **local governance.**

10 **“SECTION 17. (1) The Oregon Health Authority, in consideration**
11 **of any advice provided by the Oregon Health Policy Board under sec-**
12 **tion 8 of this 2015 Act, shall establish by rule the foundational pro-**
13 **grams through which the authority and local public health authorities**
14 **administer public health services in this state.**

15 **“(2) At a minimum, the authority shall establish the following**
16 **foundational programs:**

17 **“(a) Communicable disease control programs, as described in sec-**
18 **tion 18 of this 2015 Act;**

19 **“(b) Environmental public health programs, as described in section**
20 **19 of this 2015 Act;**

21 **“(c) Prevention of injury and disease and promotion of health pro-**
22 **grams, as described in section 20 of this 2015 Act; and**

23 **“(d) Clinical preventive services, as described in section 21 of this**
24 **2015 Act.**

25 **“SECTION 18. Communicable disease control programs established**
26 **under section 9 of this 2015 Act must identify, prevent and control in-**
27 **fectious diseases that pose a threat to the health of the public and**
28 **must include, but are not limited to:**

29 **“(1) Recognizing, identifying and responding to communicable dis-**
30 **ease outbreaks;**

1 **“(2) Maintaining a list of communicable diseases;**

2 **“(3) Conducting, receiving and analyzing laboratory results and**
3 **physician reports related to communicable diseases;**

4 **“(4) Providing the support necessary for individuals to recognize**
5 **communicable diseases and other illnesses of public health impor-**
6 **tance; and**

7 **“(5) Conducting community-based programs for the purpose of pre-**
8 **venting communicable diseases.**

9 **“SECTION 19. Environmental public health programs established**
10 **under section 9 of this 2015 Act must protect the public from illness,**
11 **injury, disability and death caused by exposure to physical, chemical**
12 **or biological factors in the environment and must include, but are not**
13 **limited to:**

14 **“(1) Testing and analysis for purposes related to environmental**
15 **health;**

16 **“(2) Preventing and investigating environmental health hazards,**
17 **including radioactive materials, animal bites and vector-borne dis-**
18 **eases;**

19 **“(3) Inspecting and educating the operators of:**

20 **“(a) Restaurants and other food service establishments;**

21 **“(b) Recreation sites, lodges and swimming pools;**

22 **“(c) Septic systems;**

23 **“(d) Potable water systems;**

24 **“(e) Radiological equipment; and**

25 **“(f) Hospitals and other health care facilities; and**

26 **“(4) Promoting land use planning and sustainable development ac-**
27 **tivities that create positive health outcomes.**

28 **“SECTION 20. (1) Prevention of injury and disease and promotion**
29 **of health programs established under section 9 of this 2015 Act must**
30 **include, but are not limited to:**

- 1 “(a) Prevention and control of tobacco use;
- 2 “(b) Improving nutrition;
- 3 “(c) Improving oral health;
- 4 “(d) Improving prenatal, natal and postnatal care, maternal health
- 5 and the health of children;
- 6 “(e) Incentivizing increased physical activity; and
- 7 “(f) Decreasing the occurrence and impacts of both unintentional
- 8 and intentional injuries, such as motor vehicle accidents and suicide.

9 “(2) Prevention of injury and disease and promotion of health pro-

10 grams must be based on emerging, evidence-based best practices de-

11 signed to improve health outcomes for all populations.

12 “SECTION 21. Clinical preventive services established under section

13 9 of this 2015 Act must provide for the assessment of public access to:

- 14 “(1) Immunizations;
- 15 “(2) Prenatal care;
- 16 “(3) Screening for preventable cancers and other diseases;
- 17 “(4) Screening for sexually transmitted infections;
- 18 “(5) Cost-effective preventive care; and
- 19 “(6) Laboratory services.

20 “SECTION 22. In addition to the foundational programs established

21 under section 17 of this 2015 Act, the Oregon Health Authority may

22 establish by rule other public health programs, or by rule or order

23 other public health activities, that address specific public health

24 problems or needs. Programs and activities may be established under

25 this section for the purpose of enhancing or expanding a foundational

26 program or for the purpose of addressing a need not addressed by a

27 foundational program. Additional programs and activities may be es-

28 tablished under this section in consideration of any advice provided

29 by the Oregon Public Health Advisory Board or upon the authority’s

30 own initiative.

1 “[(e) *Environmental health services.*]

2 “(1) Subject to the availability of funds paid pursuant to ORS
3 431.380, each local public health authority shall:

4 “(a) Administer and enforce sections 9 to 24 of this 2015 Act and any
5 other public health law of this state;

6 “(b) Adopt and update as necessary a local public health modern-
7 ization assessment;

8 “(c) In consideration of the local public health modernization as-
9 sessment, adopt, implement, monitor, evaluate and modify as neces-
10 sary a local community health improvement plan that includes:

11 “(A) A plan for applying the foundational capabilities established
12 under section 9 of this 2015 Act and implementing the foundational
13 programs established under section 17 of this 2015 Act as required by
14 ORS 431.385; and

15 “(B) Any other local public health program or activity that the local
16 public health authority considers necessary to protect the public
17 health and safety;

18 “(d) Coordinate with coordinated care organizations as defined in
19 ORS 414.025 and Early Learning Hubs as defined in ORS 417.827;

20 “(e) Impose civil penalties adopted under ORS 431.415 (1)(c) and en-
21 force the ordinances and rules adopted under ORS 431.415 (1)(b); and

22 “(f) Perform any other duty imposed on local public health author-
23 ities by law.

24 “(2) A local public health authority may adopt, implement, monitor,
25 evaluate and modify a local community health improvement plan de-
26 scribed in subsection (1)(c) of this section:

27 “(a) As an individual county, even if the local public health au-
28 thority is composed of two or more counties pursuant to ORS 431.414;

29 “(b) Jointly with any other county pursuant to an agreement be-
30 tween the counties, for any individual program or activity; or

1 “(c) As a health district, if the local public health authority is
2 composed of two or more counties pursuant to ORS 431.414.

3 “(3) A local public health authority may contract with a person to
4 perform a public health service or activity, or to perform all public
5 health services and activities, that the local public health authority is
6 required to perform under sections 9 to 24 of this 2015 Act or under
7 any other public health law of this state, except that the person with
8 whom the local public health authority contracts may not perform any
9 function, duty or power of the local public health authority related to
10 governance.

11 “SECTION 26. ORS 431.415 is amended to read:

12 “431.415. [(1) *The district or county board of health is the policymaking*
13 *body of the county or district in implementing the duties of local departments*
14 *of health under ORS 431.416.*]

15 “(1) Subject to the availability of funds paid pursuant to ORS
16 431.380, each governing body of a local public health authority shall:

17 “(a) In collaboration with the local public health administrator ap-
18 pointed under ORS 431.418, develop public health policies and goals for
19 the local public health authority;

20 “(b) Adopt ordinances and rules necessary for the local public
21 health authority to administer sections 9 to 24 of this 2015 Act and any
22 other public health law of this state;

23 “(c) Adopt civil penalties for violations of ordinances and rules
24 adopted under paragraph (b) of this subsection, provided that any civil
25 penalty adopted under this paragraph is for an amount that does not
26 exceed \$1,000 per violation per day;

27 “(d) Review and make recommendations on the local community
28 health improvement plan adopted under ORS 431.416; and

29 “(e) Monitor the progress of the local public health authority in
30 meeting statewide and local public health goals, including progress in

1 **applying the foundational capabilities established under section 9 of**
2 **this 2015 Act and implementing the foundational programs established**
3 **under section 17 of this 2015 Act.**

4 “(2) [*The district or county board of health*] **The governing body of a**
5 **local public health authority** shall adopt **ordinances and** rules necessary
6 to carry out [*its policies*] **the duties of the local public health authority**
7 under subsection (1) of this section. [*The county or district board of health*
8 *shall adopt no*] **The governing body of a local public health authority**
9 **may not adopt an ordinance or rule or policy** [*which*] **that** is inconsistent
10 with or less strict than [*any public health law or rule of the Oregon Health*
11 *Authority.*] **a provision of sections 9 to 24 of this 2015 Act or any other**
12 **public health law of this state, or that is inconsistent with or less**
13 **strict than a rule adopted under sections 9 to 24 of this 2015 Act or any**
14 **other public health law of this state.**

15 “(3) [*With the permission of the county governing body, a county board may,*
16 *and with the permission of the governing bodies of the counties involved, a*
17 *district board may,*] **The governing body of a local public health au-**
18 **thority may** adopt schedules of fees for public health services **that are**
19 reasonably calculated [*not*] to **not** exceed the cost of the services performed.
20 The **local** health department shall charge fees in accordance with [*such*] **the**
21 schedule or schedules adopted.

22 “**SECTION 27.** ORS 431.385 is amended to read:

23 “431.385. [(1) *The local public health authority shall submit a local plan*
24 *to the Oregon Health Authority for performing services pursuant to ORS*
25 *431.375 to 431.385 and 431.416. The local plan shall be updated periodically*
26 *on a date established by the Oregon Health Authority by rule or on a date*
27 *mutually agreeable to the authority and the local public health authority.*]

28 “[*(2) If the local public health authority decides not to submit a local plan*
29 *under the provisions of ORS 431.375 to 431.385 and 431.416, the authority shall*
30 *become the local public health authority for that county or health district.*]

1 “[(3) *The authority shall review and approve or disapprove each local plan.*
2 *Variances to the local public health plan must be approved by the authority.*
3 *In consultation with the Conference of Local Health Officials, the authority*
4 *shall establish the elements of a local plan and an appeals process whereby a*
5 *local public health authority may obtain a hearing if its local plan is disap-*
6 *proved.*]

7 “[(4) *The Oregon Health Authority may adopt uniform timelines and re-*
8 *quirements for the submission of local plans by local public health authorities*
9 *and local mental health authorities and the submission of community health*
10 *improvement plans by coordinated care organizations to the extent that the*
11 *requirements for local plans and community health improvement plans*
12 *overlap.*]

13 **“(1) Each local public health authority shall submit a local plan for**
14 **applying the foundational capabilities established under section 9 of**
15 **this 2015 Act and implementing the foundational programs established**
16 **under section 17 of this 2015 Act to the Oregon Health Authority in a**
17 **form and manner prescribed by the authority.**

18 **“(2) The Oregon Health Authority may make suggestions to a local**
19 **public health authority on modifying a plan submitted under this sec-**
20 **tion. Suggestions must be based on emerging best practices for the**
21 **effective application and implementation of public health programs**
22 **and activities. A local public health authority may request technical**
23 **assistance from the Oregon Health Authority on implementing the**
24 **suggestions.**

25 **“(3) To the extent that the requirements for the plans overlap, the**
26 **Oregon Health Authority may adopt uniform timelines and require-**
27 **ments for the submission of:**

28 **“(a) Plans under this section;**

29 **“(b) Local plans submitted by local mental health authorities; and**

30 **“(c) Community health improvement plans submitted by coordi-**

1 nated care organizations.

2
3 **“FUNDING OF LOCAL PUBLIC HEALTH AUTHORITIES**

4
5 **“SECTION 28.** ORS 431.380 is amended to read:

6 *“431.380. [(1) From funds available to the Oregon Health Authority for local*
7 *public health purposes, regardless of the source, the authority shall provide*
8 *payments to the local public health authority on a per capita or other equitable*
9 *formula basis to be used for public health services. Funding formulas shall*
10 *be determined by the authority with the concurrence of the Conference of Local*
11 *Health Officials.]*

12 **“(1) From moneys available to the Oregon Health Authority in the**
13 **Local Public Health Authority Distributions Fund for the purpose of**
14 **funding the foundational capabilities established under section 9 of**
15 **this 2015 Act and the foundational programs established under section**
16 **17 of this 2015 Act, the Oregon Health Authority shall make payments**
17 **to local public health authorities under this section. The Oregon**
18 **Health Authority shall each biennium adopt by rule a formula that**
19 **provides for the equitable distribution of moneys. As a part of the**
20 **formula, the Oregon Health Authority shall:**

21 **“(a) Establish a baseline amount to be invested in local public**
22 **health activities and services by the state;**

23 **“(b) Establish a percentage of moneys available to the Oregon**
24 **Health Authority for the purpose of funding the foundational capabil-**
25 **ities established under section 9 of this 2015 Act and the foundational**
26 **programs established under section 17 of this 2015 Act, and all other**
27 **moneys available to the Oregon Health Authority for administering**
28 **public health programs and public health activities in this state, that**
29 **is necessary for each local public health authority to fulfill its duties**
30 **under sections 9 to 24 of this 2015 Act and the other public health laws**

1 of this state.

2 “(c) Establish a method for awarding matching funds to a local
3 public health authority that invests in local public health activities
4 and services above the baseline amount established by the Oregon
5 Health Authority for that local public health authority; and

6 “(d) Provide for the use of incentives as described in subsection (5)
7 of this section.

8 “(2) With respect to counties that have established joint public health
9 services [*with another county, either by agreement or the formation of a dis-*
10 *trict board of health*] **under ORS 431.414, [distribution of funds] payments**
11 made [*available*] under the provisions of this section [*shall*] **must** be prorated
12 to [*such*] **the** counties as provided by agreement or [*under*] **as provided by**
13 ORS 431.510.

14 “(3) The formula adopted under subsection (1) of this section must
15 be submitted to the Legislative Fiscal Office no later than June 30 of
16 each even-numbered year.

17 “(4) In establishing a baseline amount for the purpose of awarding
18 matching funds under subsection (1)(c) of this section, the Oregon
19 Health Authority shall consider the population of each local public
20 health authority and the ability of each local public health authority
21 to invest in local public health activities and services.

22 “(5) The Oregon Health Authority shall adopt by rule incentives to
23 encourage the effective and equitable provision of public health ser-
24 vices by local public health authorities.

25 “(6) Nothing in this section prohibits the Oregon Health Authority
26 from distributing funds to a local public health authority through a
27 competitive contract or grant process or on the basis of need.

28 “SECTION 29. If the Oregon Health Authority fails to distribute an
29 amount of moneys to a local public health authority equal to the per-
30 centage established under ORS 431.380 (1)(b), a local public health au-

1 **thority may request to transfer responsibility for fulfilling the local**
2 **public health authority’s duties under sections 9 to 24 of this 2015 Act**
3 **and the other public health laws of this state to the Oregon Health**
4 **Authority. If a local public health authority requests to transfer re-**
5 **sponsibilities under this section, the moneys available to the local**
6 **public health authority under ORS 431.380 revert to the Oregon Health**
7 **Authority. A request to transfer made under this section must be**
8 **made in the form and manner prescribed by the Oregon Health Au-**
9 **thority and takes effect 180 days after the Oregon Health Authority**
10 **receives the request.**

11 **“SECTION 30. (1) The Local Public Health Authority Distributions**
12 **Fund is established separate and distinct from the General Fund.**

13 **“(2) The fund shall consist of:**

14 **“(a) Moneys appropriated to the Oregon Health Authority for the**
15 **purpose of making payments as described in ORS 431.380; and**

16 **“(b) All other moneys made available to the Oregon Health Au-**
17 **thority, through federal grants or otherwise, for the purpose of mak-**
18 **ing payments as described in ORS 431.380.**

19 **“(3) Moneys in the fund are continuously appropriated to the**
20 **Oregon Health Authority for the purpose of making payments as de-**
21 **scribed in ORS 431.380.**

22

23 **“CONFERENCE OF LOCAL HEALTH OFFICIALS**

24

25 **“SECTION 31. ORS 431.340 is amended to read:**

26 **“431.340. The Conference of Local Health Officials may submit to the**
27 **Oregon Health Authority [*such*] recommendations on [*the rules and stan-***
28 ***dards specified in ORS 431.345 and 431.350.*]:**

29 **“(1) The establishment of the foundational capabilities under sec-**
30 **tion 9 of this 2015 Act, the foundational programs under section 17 of**

1 **this 2015 Act and any other public health program or activity under**
2 **section 22 of this 2015 Act;**

3 **“(2) The adoption and updating of the statewide public health**
4 **modernization assessment under section 4 of this 2015 Act;**

5 **“(3) The development of and any modification to the statewide**
6 **community health improvement plan under section 4 of this 2015 Act;**
7 **and**

8 **“(4) The adoption of rules under ORS 431.350.**

9

10 **“AMENDMENTS TO UPDATE REFERENCES AND TERMINOLOGY**

11

12 **“SECTION 32.** ORS 431.120 is amended to read:

13 **“431.120. In addition to the duties described in section 4 of this 2015**
14 **Act, the Oregon Health Authority shall:**

15 **“[(1) Enforce state health policies and rules.]**

16 **“[(2) Give any instructions that may be necessary, and forward them to the**
17 **various local public health administrators throughout the state.]**

18 **“(1) Enforce the laws, rules and policies of this state related to**
19 **health.**

20 **“[(3)] (2) Routinely conduct epidemiological investigations for each case**
21 **of sudden infant death syndrome, including[, but not limited to,] the iden-**
22 **tification of risk factors such as birth weight, maternal age, prenatal care,**
23 **history of apnea and socioeconomic characteristics. The authority may con-**
24 **duct the investigations through local health departments only upon adoption**
25 **by rule of a uniform epidemiological data collection method.**

26 **“[(4)] (3) Adopt rules related to loans and grants awarded under ORS**
27 **285B.560 to 285B.599 or 541.700 to 541.855 for the improvement of drinking**
28 **water systems for the purpose of maintaining compliance with applicable**
29 **state and federal drinking water quality standards. In adopting rules under**
30 **this subsection, the authority shall coordinate the authority’s rulemaking**

1 process with the Water Resources Department and the Oregon Business De-
2 velopment Department [*in order*] to ensure that rules adopted under this
3 subsection are consistent with rules adopted under ORS 285B.563 and 541.845.

4 “[5] (4) Control health care capital expenditures by administering the
5 state certificate of need program [*pursuant to*] **under** ORS 442.325 to 442.344.

6 **“SECTION 33.** ORS 431.150 is amended to read:

7 “431.150. [(1) *The local public health administrators are charged with the*
8 *strict and thorough enforcement of the public health laws of this state in their*
9 *districts, under the supervision and direction of the Oregon Health Authority.*
10 *They shall make an immediate report to the authority of any violation of such*
11 *laws coming to their notice by observation, or upon the complaint of any per-*
12 *son, or otherwise.*]

13 “[2) *The authority is charged with the thorough and efficient execution of*
14 *the public health laws of this state in every part of the state, and with super-*
15 *visory powers over all local public health administrators, to the end that all*
16 *the requirements are complied with.*]

17 **“(1) The Oregon Health Authority shall enforce sections 9 to 24 of**
18 **this 2015 Act and any other public health law of this state. The Di-**
19 **rector of the Oregon Health Authority shall supervise local public**
20 **health administrators in the execution of their duties under subsection**
21 **(2) of this section.**

22 **“(2) A local public health administrator shall administer and en-**
23 **force sections 9 to 24 of this 2015 Act and any other public health law**
24 **of this state within the local public health authority supervised by the**
25 **local public health administrator. If a local public health administra-**
26 **tor has knowledge of a violation of sections 9 to 24 of this 2015 Act or**
27 **any other public health law of this state, or of a violation of any rule**
28 **adopted under sections 9 to 24 of this 2015 Act or adopted under any**
29 **other public health law of this state, the local public health adminis-**
30 **trator shall report the violation to the Oregon Health Authority in a**

1 **form and manner prescribed by the authority.**

2 “(3) The **Oregon Health Authority or a local public health adminis-**
3 **trator** may investigate cases of irregularity or [*violation of law*] **violations**
4 **of laws or rules necessary for the authority or local public health ad-**
5 **ministrator to execute their duties under subsections (1) and (2) of this**
6 **section.** [*All*] **A local public health [administrators] administrator** shall aid
7 the authority, upon request, in [*such investigation*] **conducting investi-**
8 **gations initiated by the authority.**

9 “(4) When [*any case of*] **a violation of [the] a public health [laws of this**
10 **state] law or rule** is reported to [*any*] **a district attorney or official acting**
11 in [*said*] **the capacity[, such] of a district attorney, the district attorney**
12 **or official** shall [*forthwith*] initiate and promptly [*follow up*] **commence** the
13 necessary proceedings against the **party or parties** responsible for the al-
14 leged [*violations of law*] **violation.**

15 “(5) Upon request of the authority, the Attorney General shall [*likewise*]
16 assist **the authority** in the enforcement of [*the public health laws of this*
17 *state*] **laws and rules under this section.**

18 “**SECTION 34.** ORS 431.157 is amended to read:

19 “431.157. [*Pursuant to ORS 448.100 (1) and 446.425 (1), the county is de-*
20 *legated the authority*] **A local public health administrator has the same**
21 **powers** granted to the [*Director of the*] Oregon Health Authority [*in*] **under**
22 **ORS 431.155.**

23 “**SECTION 35.** ORS 431.170 is amended to read:

24 “431.170. (1) The Director of the Oregon Health Authority shall take di-
25 rect charge of the functions that are necessary to preserve the public health
26 in [*any county or district*] **a local public health authority** whenever [*any*
27 *county or district official*] **a local public health administrator** fails [*or re-*
28 *fuses*] to administer or enforce [*the public health laws or rules that the di-*
29 *rector or board is charged to enforce.*] **sections 9 to 24 of this 2015 Act and**
30 **any other public health law or rule of this state as described in ORS**

1 **431.150.**

2 “(2) The director may [*call to the aid of the director such*] **request** as-
3 sistance as [*is*] necessary [*for the enforcement of such statutes and rules*] **to**
4 **fulfill the director’s duties under subsection (1) of this section**, the ex-
5 pense of which shall be borne by the [*county or district making the use of this*
6 *procedure necessary,*] **local public health authority over which the di-**
7 **rector took charge**, to be paid out of the [*respective county or district*]
8 treasury **of the local public health authority** upon **receipt of** vouchers
9 properly certified by the director, **except that payment is not required if**
10 **the local public health authority requests a transfer under section 29**
11 **of this 2015 Act.**

12 **“SECTION 36.** ORS 431.180, as amended by section 49, chapter 45, Oregon
13 Laws 2014, is amended to read:

14 “431.180. (1) Nothing in [*the public health laws*] **sections 9 to 24 of this**
15 **2015 Act or any other public health law of this state** shall be construed
16 [*to empower or authorize*] **as authorizing** the Oregon Health Authority or
17 its representatives, or any [*county or district board of health*] **local public**
18 **health authority** or its representatives, to interfere in any manner with
19 [*the*] **an** individual’s right to select the physician, physician assistant or
20 nurse practitioner of the [*choice of the individual*] **individual’s choice** or
21 **the individual’s choice of** mode of treatment [*of the choice of the*
22 *individual*], nor [*interfere*] **as interfering** with the practice of [*any*] **a** person
23 whose religion treats or administers [*to people who are*] sick or suffering
24 **people** by purely spiritual means. [*However, sanitary laws and rules must be*
25 *complied with.*]

26 **“(2) This section does not apply to the laws of this state imposing**
27 **sanitary requirements or rules adopted under the laws of this state**
28 **imposing sanitary requirements.**

29 **“SECTION 37.** ORS 431.330 is amended to read:

30 “431.330. (1) The Conference of Local Health Officials is created. The

1 conference shall consist of [*all local health officers and public health admin-*
2 *istrators, appointed pursuant to ORS 431.418 and such*] **each local public**
3 **health administrator and local health officer in this state and** other
4 local health personnel as [*may be included*] **provided** by the rules of the
5 conference.

6 “(2) The conference [*of Local Health Officials*] shall select one of its
7 members as chairperson, another as vice chairperson and another as secre-
8 tary [*with such*], **each having the** powers and duties necessary to [*the per-*
9 *formance of the functions of such offices as the conference shall determine*]
10 **perform the duties of their respective offices as determined by the**
11 **commission.** The chairperson, after consultation with the Director of the
12 Oregon Health Authority, shall appoint from **among** the conference [*mem-*
13 *bership*] **members** an executive committee. The **chairperson and the** exec-
14 utive committee [*with the chairperson*] shall advise the director in the
15 administration of ORS 431.330 to 431.350.

16 **“SECTION 38.** ORS 431.335 is amended to read:

17 “431.335. (1) The Conference of Local Health Officials shall meet at least
18 annually at a place, day and hour determined by the executive committee and
19 the Director of the Oregon Health Authority. The conference may meet spe-
20 cially at [*such other times as the director or*] **at any other time that** the
21 executive committee **or the director** considers necessary.

22 “(2) The director shall [*cause*] **give** at least 10 days’ notice of each meet-
23 ing date to [*be given to*] the **conference** members. The chairperson or an
24 authorized representative of the chairperson shall preside at all meetings of
25 the conference.

26 “(3) Each conference member shall receive from the [*local board which*]
27 **local public health authority** the conference member represents [*from*],
28 **subject to** funds available under ORS 431.510, the actual and necessary
29 travel and other expenses incurred by the conference member [*in attendance*
30 *at*] **for** no more than two meetings of the conference per year. Additionally,

1 subject to applicable law regulating travel and other expenses for state offi-
2 cers, a **local public health administrator or** local health official who is a
3 member of the executive committee of the conference or who is the chair-
4 person **of the conference** shall receive from [*funds available to*] the Oregon
5 Health Authority[,] **the** actual and necessary travel and other expenses for
6 [*attendance at*] no more than six meetings [*per year*] of the executive com-
7 mittee **per year that are** called by the authority.

8 **“SECTION 39.** ORS 431.412 is amended to read:

9 “431.412. (1) The governing body of [*any*] **a** county shall establish a county
10 board of health[,] when authorized to do so by a majority of **the** electors of
11 the county at any general or special election[,] and may, if [*such authori-*
12 *zation is made*] **authorized as provided in this subsection**, establish a
13 public health advisory board as provided in subsection (5) of this section.

14 “(2) [*The*] **A** county board of health **established under this section** shall
15 consist of:

16 “(a) One member of the county governing body selected by the **county**
17 **governing** body.

18 “(b) One member of a common school district board having jurisdiction
19 over the entire county or of the education service district board **that has**
20 **jurisdiction over the county**, who resides in the county and is selected by
21 **the common school district board or** the education service district board,
22 or the designee of that member.

23 “(c) One physician who has been licensed to practice medicine in this
24 state by the Oregon Medical Board.

25 “(d) One dentist who has been licensed to practice dentistry in this state
26 by the Oregon Board of Dentistry.

27 “(e) Three other members.

28 “(3) The members referred to in subsection (2)(c) to (e) of this section
29 shall be appointed by the members serving under subsection (2)(a) and (b)
30 of this section. The term of office of [*each of such appointed*] members **ap-**

1 **pointed under this subsection** shall be four years, **with** terms [*to expire*
2 *annually*] **expiring** on February 1[.], **except that** the first appointments
3 **made under this subsection** shall be for terms of one, two, three or four
4 years, as designated by the appointing members of the board.

5 “(4) Whenever a county board of health is created under this section,
6 [*such*] **the** board shall be in lieu of the board provided for in ORS 431.410.

7 “(5) The governing body of the county may, as provided in subsection (1)
8 of this section, appoint a public health advisory board for terms of four
9 years, [*the*] **with** terms [*to expire annually*] **expiring** on February 1[.], **ex-**
10 **cept that** the first appointments **made under this subsection** shall be for
11 terms of one, two, three or four years, as designated by the governing body.
12 The advisory board shall meet regularly to advise the county board of health
13 on matters of public health. The advisory board shall consist of:

14 “(a) Persons licensed by this state as health care practitioners.

15 “(b) Persons who are well informed on public health matters.

16 “**SECTION 40.** ORS 431.414 is amended to read:

17 “431.414. (1) Two or more contiguous counties may combine for the pur-
18 pose of forming a **health** district [*health unit*] when the governing body of
19 each of the counties concerned adopt resolutions signifying their intention
20 to [*do so*] **form the health district**.

21 “(2) The governing bodies of the counties forming the **health** district may
22 meet together, elect a chairperson and transact business as a district board
23 of health whenever a majority of the members of the governing bodies from
24 each of the participating counties are present at [*any*] **a** meeting.

25 “(3) In lieu of the procedure **described** in subsection (2) of this section,
26 the governing bodies of the counties forming the **health** district may, by a
27 two-thirds vote of the members from each participating county, establish and,
28 except as provided in paragraph (f) of this subsection, appoint a district
29 board of health [*which shall consist of*] **consisting of the following mem-**
30 **bers:**

1 “(a) One member from each participating county governing body selected
2 by *[such]* **the county governing body to which the member belongs.**

3 “(b) One member from a school administrative unit within the **health**
4 district.

5 “(c) One member from the administrative staff of a city within the **health**
6 district.

7 “(d) Two physicians who have been licensed to practice medicine in this
8 state by the Oregon Medical Board and who are residents of the **health**
9 district.

10 “(e) One dentist who has been licensed to practice dentistry in this state
11 by the Oregon Board of Dentistry and who is a resident of the **health** dis-
12 trict.

13 “(f) One person who is a resident of the **health** district and who is to be
14 appointed by the members serving under paragraphs (a) to (c) of this sub-
15 section.

16 “(4) The term of office of the members referred to in subsection (3)(a) to
17 (f) of this section shall be four years, *[the]* **with** terms *[to expire annually]*
18 **expiring** on February 1[.], **except that** the first appointments **made under**
19 **this subsection** shall be for terms of one, two, three or four years, as *[may*
20 *be]* designated by a two-thirds vote of the members from each participating
21 county.

22 “(5) Whenever a district board of health is created under this section,
23 *[such]* **the** board shall be in lieu of the board provided for in ORS 431.410
24 or 431.412.

25 “(6) The governing bodies of the counties *[making up]* **comprising** the
26 **health** district may appoint a public health advisory board for terms of four
27 years, *[the]* **with** terms *[to expire annually]* **expiring** on February 1[.], **except**
28 **that** the first appointments **made under this subsection** shall be for terms
29 of one, two, three or four years, as designated by the governing *[body]*
30 **bodies**. The advisory board shall meet regularly to advise the district board

1 of health on matters of public health. The advisory board shall consist of:

2 “(a) Persons licensed by this state as health care practitioners.

3 “(b) Persons who are well informed on public health matters.

4 “**SECTION 41.** ORS 431.418 is amended to read:

5 “431.418. (1) Each [*district board of health*] **local public health authority**
6 shall appoint a qualified **local** public health administrator to supervise the
7 activities of the [*district in accordance with law. Each county governing body*
8 *in a county that has created a county board of health under ORS 431.412 shall*
9 *appoint a qualified public health administrator to supervise the activities of*
10 *the county health department in accordance with law.*] **local public health**
11 **authority.** In making [*such*] **an** appointment **under this subsection**, the
12 [*district or county board of health*] **local public health authority** shall
13 consider standards for selection of **local public health** administrators pre-
14 scribed by the Oregon Health Authority.

15 “(2) When the **local** public health administrator is a physician licensed
16 by the Oregon Medical Board, the **local public health** administrator shall
17 serve as **the local** health officer for the [*district or county board of health*]
18 **local public health authority.** When the **local** public health administrator
19 is not a physician licensed by the Oregon Medical Board, the **local public**
20 **health** administrator [*will*] **shall** employ or otherwise contract for services
21 with a **local** health officer who [*shall be a licensed physician and who will*
22 *perform those*] **is a physician licensed by the Oregon Medical Board to**
23 **perform the** specific medical responsibilities requiring the services of a
24 physician [*and shall be*]. **A physician employed or whose services are**
25 **contracted for under this subsection is** responsible to the **local** public
26 health administrator for the medical and paramedical aspects of the **public**
27 health programs **administered by the local public health administrator.**

28 “(3) The **local** public health administrator shall:

29 “(a) Serve as the executive secretary of the [*district or county health*
30 *board*] **local public health authority**, act as the administrator of the [*dis-*

1 *trict or county]* **local** health department and supervise the officers and em-
2 ployees appointed under paragraph (b) of this subsection.

3 “(b) Appoint [*with*], **subject to** the approval of the [*health board*] **local**
4 **public health authority**, administrators, medical officers, public health
5 nurses, environmental health specialists and such [*other*] employees [*as are*]
6 necessary to carry out the duties [*and responsibilities of the office.*] **of the**
7 **local public health administrator under sections 9 to 24 of this 2015**
8 **Act and any other public health law of this state.**

9 “(c) Provide the [*board*] **local public health authority** at appropriate
10 intervals information concerning the activities of the [*county*] **local** health
11 department and submit an annual budget for the approval of the [*county*]
12 *governing body except that, in the case of the district public health adminis-*
13 *trator, the budget shall be submitted to the governing bodies of the partic-*
14 *ipating counties for approval.]* **governing body of the county or, for a**
15 **health district formed under ORS 431.414, the governing bodies of the**
16 **counties that formed the health district.**

17 “(d) Act as the agent of the Oregon Health Authority in enforcing state
18 public health laws and rules of the authority, including such sanitary in-
19 spection of hospitals and related institutions as may be requested by the
20 authority.

21 “(e) Perform [*such*] **any** other [*duties as may be*] **duty** required by law.

22 “(4) [*The*] **A local** public health administrator shall serve until removed
23 by the appointing [*board. The*] **local public health authority. A local**
24 public health administrator [*shall engage in no occupation which*] **may not**
25 **engage in an occupation that** conflicts with **the local public health**
26 **administrator’s** official duties and shall devote sufficient time to [*duties as*]
27 *public health administrator as may be necessary to fulfill*] **fulfilling** the re-
28 quirements of subsection (3) of this section. However, if the [*board of*]
29 *health*] **governing body of a local public health authority** is not
30 [*created*] **established** under ORS 431.412[, *it*] **or 431.414 (3), the local public**

1 **health authority** may, with the approval of the Director of the Oregon
2 Health Authority, require [*less than full-time service of*] the **local** public
3 health administrator **to work less than full-time**.

4 “(5) [*The*] **A local** public health administrator shall receive a salary fixed
5 by the appointing board and shall be reimbursed for actual and necessary
6 expenses incurred in the performance of duties.

7 “**SECTION 42.** ORS 431.440 is amended to read:

8 “431.440. [*All district and county public health administrators shall*
9 *possess*] **A local public health administrator has** the powers of constables
10 or other peace officers in [*all*] matters pertaining to the public health.

11 “**SECTION 43.** ORS 431.510 is amended to read:

12 “431.510. (1) The governing body of [*the*] **a county** shall provide adequate
13 quarters and facilities for the office and [*health work of the county board of*
14 *health*] **operations of a local public health authority described in ORS**
15 **431.410 or established under ORS 431.412** and shall appropriate sufficient
16 [*funds*] **moneys** for the administration of the [*board*] **local public health**
17 **authority** and the operation of the **local** health department **administered**
18 **by the local public health authority**.

19 “(2) [*Where*] **If a health** district [*board*] is established under ORS 431.414,
20 the governing body of each participating county shall appropriate annually
21 [*a sum which shall be*] **moneys** specifically designated for the [*operation of*
22 *the board of health and the district department of health.*] **administration**
23 **of a local public health authority described in ORS 431.414 (2) or es-**
24 **tablished under ORS 431.414 (3) and the operation of the local health**
25 **department administered by the local public health authority**.

26 “**SECTION 44.** ORS 431.520 is amended to read:

27 “431.520. Public records, as defined in ORS 192.005, of [*district and county*
28 *departments of health*] **local health departments** and community mental
29 health clinics may be destroyed or otherwise disposed of in accordance with
30 rules prescribed by the State Archivist[. *However, no records shall*], **except**

1 **that public records may not** be required to be maintained for more than
2 seven years from the date of the last entry for purposes of preserving evi-
3 dence for *[any]* **an** action, suit or proceeding.

4 **“SECTION 45.** ORS 431.550 is amended to read:

5 “431.550. Nothing in ORS *[431.412, 431.418]* **431.405 to 431.510** and this
6 section shall be construed to limit the authority of the Oregon Health Au-
7 thority to require facts and statistics from local public health administrators
8 *[under its general supervisory power over all]* **on** matters relating to the
9 preservation of life and health of the people of *[the]* **this** state.

10 **“SECTION 46.** ORS 431.990 is amended to read:

11 “431.990. Unless otherwise specifically provided by *[any other statute]*
12 **law**, failure to obey *[any rules relating to public health of the Oregon Health*
13 *Authority]* **sections 9 to 24 of this 2015 Act or rules adopted under**
14 **sections 9 to 24 of this 2015 Act** or failure to obey *[any]* **a** lawful written
15 order relating to public health issued by the Director of the Oregon Health
16 Authority or *[any district or county]* **a local** public health administrator is
17 a Class A misdemeanor.

18

19 **“CONFORMING AMENDMENTS**

20

21 **“SECTION 47.** ORS 30.302, as amended by section 2, chapter 45, Oregon
22 Laws 2014, is amended to read:

23 “30.302. (1) As used in this section, ‘retired provider’ means any person:

24 “(a) Who holds a degree of Doctor of Medicine, Doctor of Osteopathy or
25 Doctor of Podiatric Medicine, or who has met the minimum educational re-
26 quirements for licensure to practice naturopathic medicine or as a physician
27 assistant under ORS 677.505 to 677.525 or a nurse practitioner under ORS
28 678.375 to 678.390;

29 “(b) Who has been licensed and is currently retired in accordance with
30 the provisions of ORS chapter 677, 678 or 685;

1 “(c) Who is registered with the Oregon Medical Board as a retired
2 emeritus physician or who complies with the requirements of the Oregon
3 Medical Board as a retired physician assistant, the Oregon State Board of
4 Nursing as a retired nurse practitioner or the Oregon Board of Naturopathic
5 Medicine as a retired naturopath;

6 “(d) Who registers with the [county] **local** health officer [*in the county*]
7 **of the local public health authority, as defined in section 2 of this 2015**
8 **Act**, in which the physician, physician assistant, nurse practitioner or
9 naturopath practices; and

10 “(e) Who provides medical care as a volunteer without compensation
11 solely through referrals from the [county] **local** health officer specified in
12 paragraph (d) of this subsection.

13 “(2) Any retired provider who treats patients pursuant to this section
14 shall be considered to be an agent of a public body for the purposes of ORS
15 30.260 to 30.300.

16 **“SECTION 48.** ORS 109.610 is amended to read:

17 “109.610. (1) Notwithstanding any other provision of law, a minor who
18 may have come into contact with any venereal disease, including HIV, may
19 give consent to the furnishing of hospital, medical or surgical care related
20 to the diagnosis or treatment of such disease, if the disease or condition is
21 one which is required by law or regulation adopted pursuant to law to be
22 reported to [*the local or state health officer or board*] **a state or local health**
23 **agency or officer**. Such consent shall not be subject to disaffirmance be-
24 cause of minority.

25 “(2) The consent of the parent, parents, or legal guardian of such minor
26 shall not be necessary to authorize such hospital, medical or surgical care
27 and without having given consent the parent, parents, or legal guardian shall
28 not be liable for payment for any such care rendered.

29 **“SECTION 49.** ORS 124.050, as amended by section 5, chapter 352, Oregon
30 Laws 2013, and section 9, chapter 104, Oregon Laws 2014, is amended to read:

1 “124.050. As used in ORS 124.050 to 124.095:

2 “(1) ‘Abuse’ means one or more of the following:

3 “(a) Any physical injury to an elderly person caused by other than acci-
4 dental means, or which appears to be at variance with the explanation given
5 of the injury.

6 “(b) Neglect.

7 “(c) Abandonment, including desertion or willful forsaking of an elderly
8 person or the withdrawal or neglect of duties and obligations owed an el-
9 derly person by a caretaker or other person.

10 “(d) Willful infliction of physical pain or injury upon an elderly person.

11 “(e) An act that constitutes a crime under ORS 163.375, 163.405, 163.411,
12 163.415, 163.425, 163.427, 163.465, 163.467 or 163.525.

13 “(f) Verbal abuse.

14 “(g) Financial exploitation.

15 “(h) Sexual abuse.

16 “(i) Involuntary seclusion of an elderly person for the convenience of a
17 caregiver or to discipline the person.

18 “(j) A wrongful use of a physical or chemical restraint of an elderly per-
19 son, excluding an act of restraint prescribed by a physician licensed under
20 ORS chapter 677 and any treatment activities that are consistent with an
21 approved treatment plan or in connection with a court order.

22 “(2) ‘Elderly person’ means any person 65 years of age or older who is not
23 subject to the provisions of ORS 441.640 to 441.665.

24 “(3) ‘Facility’ means:

25 “(a) A long term care facility as that term is defined in ORS 442.015.

26 “(b) A residential facility as that term is defined in ORS 443.400, includ-
27 ing but not limited to an assisted living facility.

28 “(c) An adult foster home as that term is defined in ORS 443.705.

29 “(4) ‘Financial exploitation’ means:

30 “(a) Wrongfully taking the assets, funds or property belonging to or in-

1 tended for the use of an elderly person or a person with a disability.

2 “(b) Alarming an elderly person or a person with a disability by convey-
3 ing a threat to wrongfully take or appropriate money or property of the
4 person if the person would reasonably believe that the threat conveyed would
5 be carried out.

6 “(c) Misappropriating, misusing or transferring without authorization any
7 money from any account held jointly or singly by an elderly person or a
8 person with a disability.

9 “(d) Failing to use the income or assets of an elderly person or a person
10 with a disability effectively for the support and maintenance of the person.

11 “(5) ‘Intimidation’ means compelling or deterring conduct by threat.

12 “(6) ‘Law enforcement agency’ means:

13 “(a) Any city or municipal police department.

14 “(b) Any county sheriff’s office.

15 “(c) The Oregon State Police.

16 “(d) Any district attorney.

17 “(e) A police department established by a university under ORS 352.383
18 or 353.125.

19 “(7) ‘Neglect’ means failure to provide basic care or services that are
20 necessary to maintain the health or safety of an elderly person.

21 “(8) ‘Person with a disability’ means a person described in:

22 “(a) ORS 410.040 (7); or

23 “(b) ORS 410.715.

24 “(9) ‘Public or private official’ means:

25 “(a) Physician or physician assistant licensed under ORS chapter 677,
26 naturopathic physician or chiropractor, including any intern or resident.

27 “(b) Licensed practical nurse, registered nurse, nurse practitioner, nurse’s
28 aide, home health aide or employee of an in-home health service.

29 “(c) Employee of the Department of Human Services or community de-
30 velopmental disabilities program.

1 “(d) Employee of the Oregon Health Authority, [*county*] **local** health de-
2 partment or community mental health program.

3 “(e) Peace officer.

4 “(f) Member of the clergy.

5 “(g) Regulated social worker.

6 “(h) Physical, speech or occupational therapist.

7 “(i) Senior center employee.

8 “(j) Information and referral or outreach worker.

9 “(k) Licensed professional counselor or licensed marriage and family
10 therapist.

11 “(L) Member of the Legislative Assembly.

12 “(m) Firefighter or emergency medical services provider.

13 “(n) Psychologist.

14 “(o) Provider of adult foster care or an employee of the provider.

15 “(p) Audiologist.

16 “(q) Speech-language pathologist.

17 “(r) Attorney.

18 “(s) Dentist.

19 “(t) Optometrist.

20 “(u) Chiropractor.

21 “(10) ‘Services’ includes but is not limited to the provision of food,
22 clothing, medicine, housing, medical services, assistance with bathing or
23 personal hygiene or any other service essential to the well-being of an el-
24 derly person.

25 “(11)(a) ‘Sexual abuse’ means:

26 “(A) Sexual contact with an elderly person who does not consent or is
27 considered incapable of consenting to a sexual act under ORS 163.315;

28 “(B) Verbal or physical harassment of a sexual nature, including but not
29 limited to severe or pervasive exposure to sexually explicit material or lan-
30 guage;

1 “(C) Sexual exploitation;

2 “(D) Any sexual contact between an employee of a facility or paid
3 caregiver and an elderly person served by the facility or caregiver; or

4 “(E) Any sexual contact that is achieved through force, trickery, threat
5 or coercion.

6 “(b) ‘Sexual abuse’ does not mean consensual sexual contact between an
7 elderly person and a paid caregiver.

8 “(12) ‘Sexual contact’ has the meaning given that term in ORS 163.305.

9 “(13) ‘Verbal abuse’ means to threaten significant physical or emotional
10 harm to an elderly person or a person with a disability through the use of:

11 “(a) Derogatory or inappropriate names, insults, verbal assaults, profanity
12 or ridicule; or

13 “(b) Harassment, coercion, threats, intimidation, humiliation, mental cru-
14 elty or inappropriate sexual comments.

15 **“SECTION 50.** ORS 146.065 is amended to read:

16 “146.065. (1) In each county there shall be a medical examiner for the
17 purpose of investigating and certifying the cause and manner of deaths re-
18 quiring investigation.

19 “(2) Each district medical examiner shall be appointed by the State Med-
20 ical Examiner with approval of the appropriate board or boards of commis-
21 sioners and may be discharged by the State Medical Examiner without such
22 approval.

23 “(3) If the position of district medical examiner is vacant, the [*county*]
24 **local** health officer shall temporarily act as medical examiner in cooperation
25 with the State Medical Examiner until the vacancy is filled.

26 “(4) If the positions of district medical examiner and [*county*] **local** health
27 officer are both vacant, the district attorney shall temporarily act as medical
28 examiner in cooperation with the State Medical Examiner until the vacancy
29 is filled.

30 “(5) Two or more counties, with the approval of the State Medical Ex-

1 aminer Advisory Board and commissioners of each county, may form a dis-
2 trict medical examiner's office instead of an office for each such county.

3 “(6) When a county or district has a population of 200,000 or more per-
4 sons, the State Medical Examiner may, with the approval of the State Med-
5 ical Examiner Advisory Board, appoint a Deputy State Medical Examiner for
6 that county or district.

7 “(7) The compensation of the Deputy State Medical Examiner shall be
8 paid by the state from funds available for such purpose.

9 “(8) The services of the Deputy State Medical Examiner may be con-
10 tracted by the Department of State Police. These contracts may be termi-
11 nated by either party at any time by written notice to the other party to the
12 agreement and, upon termination, the appointment of such Deputy State
13 Medical Examiner is terminated.

14 **“SECTION 51.** ORS 146.075 is amended to read:

15 “146.075. (1) The district medical examiner shall serve as the administra-
16 tor of the district medical examiner's office. Subject to applicable provisions
17 of a county personnel policy or civil service law, the district medical exam-
18 iner may employ such other personnel as the district medical examiner deems
19 necessary to operate the office.

20 “(2) All expenses of equipping, maintaining and operating the district
21 medical examiner's office, including the compensation of the district medical
22 examiner and assistant district medical examiners, shall be paid by the
23 county or counties of the district from funds budgeted for such purpose.

24 “(3) When a district medical examiner also serves as [county] **local** health
25 officer, the county shall separately budget the compensation and expenses to
26 be paid for medical examiner's duties.

27 “(4) All expenses of death investigations shall be paid from county funds
28 budgeted for such purpose except that, in counties under 200,000 population
29 upon the approval of the State Medical Examiner, one-half of the costs of
30 autopsies ordered under ORS 146.117 shall be paid annually by the state from

1 funds for such purpose. If funds available for this payment are insufficient
2 to meet one-half of these costs, even proportional payments to the counties
3 shall be made.

4 “(5) Expenses of burial or other disposition of an unclaimed body shall
5 be paid by the county where the death occurs, as provided by ORS 146.100
6 (2), in the manner provided by ORS 146.121 (4).

7 “(6) Each district office shall maintain copies of the:

8 “(a) Reports of death investigation by the medical examiner;

9 “(b) Autopsy reports;

10 “(c) Laboratory analysis reports; and

11 “(d) Inventories of money or property of the deceased taken into custody
12 during the investigation.

13 “(7) Reports and inventories maintained by the district office shall be
14 available for inspection as provided by ORS 146.035 (5).

15 “(8) Copies of reports of death investigations by medical examiners and
16 autopsy reports shall be forwarded to the State Medical Examiner’s office.

17 “(9) Each district office shall maintain current records of:

18 “(a) All assistant district medical examiners appointed.

19 “(b) Appointments of each deputy medical examiner appointed for the
20 county or district.

21 “(c) The name, address and director of each licensed funeral home located
22 within the county or district.

23 “(10) Each district office shall immediately in writing notify the State
24 Medical Examiner’s office of all appointments and resignations of their
25 medical examiners.

26 **“SECTION 52.** ORS 169.040 is amended to read:

27 “169.040. (1) The county court or board of county commissioners of each
28 county is the inspector of the local correctional facilities in the county. The
29 court or board shall visit local correctional facilities operated by the county
30 at least once in each regular term and may visit local correctional facilities

1 within the county that are not operated by the county. When the court or
2 board visits a local correctional facility, it shall examine fully into the local
3 correctional facility, including, but not limited to, the cleanliness of the fa-
4 cility and the health and discipline of the persons confined. If it appears to
5 the court or board that any provisions of law have been violated or neg-
6 lected, it shall immediately give notice of the violation or neglect to the
7 district attorney of the district.

8 “(2) The [county] **local** health officer or the representative of the
9 [county] **local** health officer may conduct health and sanitation inspections
10 of local correctional facilities on a semiannual basis. If the [county] **local**
11 health officer determines that the facility is in an insanitary condition or
12 unfit for habitation for health reasons, the officer may notify the appropriate
13 local governmental agency in writing of the required health and sanitation
14 conditions or practices necessary to ensure the health and sanitation of the
15 facility. If the local governmental agency does not comply with the required
16 health and sanitation conditions or practices within an appropriate length
17 of time, the [county] **local** health officer may recommend the suspension of
18 the operation of the local correctional facility to the [county board of
19 health] **local public health authority, as defined in section 2 of this 2015**
20 **Act**. If after a hearing the [county board of health] **local public health au-**
21 **thority** finds that the local correctional facility is in an insanitary or
22 unhealthful condition, it may suspend the operation of the facility until such
23 time as the local correctional facility complies with the recommended health
24 and sanitation conditions and practices.

25 **“SECTION 53.** ORS 179.505 is amended to read:

26 “179.505. (1) As used in this section:

27 “(a) ‘Disclosure’ means the release of, transfer of, provision of access to
28 or divulgence in any other manner of information outside the health care
29 services provider holding the information.

30 “(b) ‘Health care services provider’ means:

1 “(A) Medical personnel or other staff employed by or under contract with
2 a public provider to provide health care or maintain written accounts of
3 health care provided to individuals; or

4 “(B) Units, programs or services designated, operated or maintained by a
5 public provider to provide health care or maintain written accounts of health
6 care provided to individuals.

7 “(c) ‘Individually identifiable health information’ means any health in-
8 formation that is:

9 “(A) Created or received by a health care services provider; and

10 “(B) Identifiable to an individual, including demographic information that
11 identifies the individual, or for which there is a reasonable basis to believe
12 the information can be used to identify an individual, and that relates to:

13 “(i) The past, present or future physical or mental health or condition of
14 an individual;

15 “(ii) The provision of health care to an individual; or

16 “(iii) The past, present or future payment for the provision of health care
17 to an individual.

18 “(d) ‘Personal representative’ includes but is not limited to:

19 “(A) A person appointed as a guardian under ORS 125.305, 419B.372,
20 419C.481 or 419C.555 with authority to make medical and health care deci-
21 sions;

22 “(B) A person appointed as a health care representative under ORS
23 127.505 to 127.660 or a representative under ORS 127.700 to 127.737 to make
24 health care decisions or mental health treatment decisions; and

25 “(C) A person appointed as a personal representative under ORS chapter
26 113.

27 “(e) ‘Psychotherapy notes’ means notes recorded in any medium:

28 “(A) By a mental health professional, in the performance of the official
29 duties of the mental health professional;

30 “(B) Documenting or analyzing the contents of conversation during a

1 counseling session; and
2 “(C) That are maintained separately from the rest of the individual’s re-
3 cord.
4 “(f) ‘Psychotherapy notes’ does not mean notes documenting:
5 “(A) Medication prescription and monitoring;
6 “(B) Counseling session start and stop times;
7 “(C) Modalities and frequencies of treatment furnished;
8 “(D) Results of clinical tests; or
9 “(E) Any summary of the following items:
10 “(i) Diagnosis;
11 “(ii) Functional status;
12 “(iii) Treatment plan;
13 “(iv) Symptoms;
14 “(v) Prognosis; or
15 “(vi) Progress to date.
16 “(g) ‘Public provider’ means:
17 “(A) The Blue Mountain Recovery Center and the Oregon State Hospital
18 campuses;
19 “(B) Department of Corrections institutions as defined in ORS 421.005;
20 “(C) A contractor of the Department of Corrections or the Oregon Health
21 Authority that provides health care to individuals residing in a state insti-
22 tution operated by the agencies;
23 “(D) A community mental health program or community developmental
24 disabilities program as described in ORS 430.610 to 430.695 and the public
25 and private entities with which it contracts to provide mental health or de-
26 velopmental disabilities programs or services;
27 “(E) A program or service provided under ORS 431.250[, 431.375 to
28 431.385] or 431.416 **or sections 9 to 24 of this 2015 Act**;
29 “(F) A program or service established or maintained under ORS 430.630
30 or 430.664;

1 “(G) A program or facility providing an organized full-day or part-day
2 program of treatment that is licensed, approved, established, maintained or
3 operated by or contracted with the Oregon Health Authority for alcoholism,
4 drug addiction or mental or emotional disturbance;

5 “(H) A program or service providing treatment by appointment that is
6 licensed, approved, established, maintained or operated by or contracted with
7 the authority for alcoholism, drug addiction or mental or emotional disturb-
8 ance; or

9 “(I) The impaired health professional program established under ORS
10 676.190.

11 “(h) ‘Written account’ means records containing only individually iden-
12 tifiable health information.

13 “(2) Except as provided in subsections (3), (4), (6), (7), (8), (9), (11), (12),
14 (14), (15), (16) and (17) of this section or unless otherwise permitted or re-
15 quired by state or federal law or by order of the court, written accounts of
16 the individuals served by any health care services provider maintained in or
17 by the health care services provider by the officers or employees thereof who
18 are authorized to maintain written accounts within the official scope of their
19 duties are not subject to access and may not be disclosed. This subsection
20 applies to written accounts maintained in or by facilities of the Department
21 of Corrections only to the extent that the written accounts concern the
22 medical, dental or psychiatric treatment as patients of those under the ju-
23 risdiction of the Department of Corrections.

24 “(3) If the individual or a personal representative of the individual pro-
25 vides an authorization, the content of any written account referred to in
26 subsection (2) of this section must be disclosed accordingly, if the authori-
27 zation is in writing and is signed and dated by the individual or the personal
28 representative of the individual and sets forth with specificity the following:

29 “(a) Name of the health care services provider authorized to make the
30 disclosure, except when the authorization is provided by recipients of or ap-

1 plicants for public assistance or medical assistance, as defined in ORS
2 414.025, to a governmental entity for purposes of determining eligibility for
3 benefits or investigating for fraud;

4 “(b) Name or title of the persons or organizations to which the informa-
5 tion is to be disclosed or that information may be disclosed to the public;

6 “(c) Name of the individual;

7 “(d) Extent or nature of the information to be disclosed; and

8 “(e) Statement that the authorization is subject to revocation at any time
9 except to the extent that action has been taken in reliance thereon, and a
10 specification of the date, event or condition upon which it expires without
11 express revocation. However, a revocation of an authorization is not valid
12 with respect to inspection or records necessary to validate expenditures by
13 or on behalf of governmental entities.

14 “(4) The content of any written account referred to in subsection (2) of
15 this section may be disclosed without an authorization:

16 “(a) To any person to the extent necessary to meet a medical emergency.

17 “(b) At the discretion of the responsible officer of the health care services
18 provider, which in the case of any Oregon Health Authority facility or
19 community mental health program is the Director of the Oregon Health Au-
20 thority, to persons engaged in scientific research, program evaluation, peer
21 review and fiscal audits. However, individual identities may not be disclosed
22 to such persons, except when the disclosure is essential to the research,
23 evaluation, review or audit and is consistent with state and federal law.

24 “(c) To governmental agencies when necessary to secure compensation for
25 services rendered in the treatment of the individual.

26 “(5) When an individual’s identity is disclosed under subsection (4) of this
27 section, a health care services provider shall prepare, and include in the
28 permanent records of the health care services provider, a written statement
29 indicating the reasons for the disclosure, the written accounts disclosed and
30 the recipients of the disclosure.

1 “(6) The content of any written account referred to in subsection (2) of
2 this section and held by a health care services provider currently engaged
3 in the treatment of an individual may be disclosed to officers or employees
4 of that provider, its agents or cooperating health care services providers who
5 are currently acting within the official scope of their duties to evaluate
6 treatment programs, to diagnose or treat or to assist in diagnosing or treat-
7 ing an individual when the written account is to be used in the course of
8 diagnosing or treating the individual. Nothing in this subsection prevents
9 the transfer of written accounts referred to in subsection (2) of this section
10 among health care services providers, the Department of Corrections, the
11 Oregon Health Authority or a local correctional facility when the transfer
12 is necessary or beneficial to the treatment of an individual.

13 “(7) When an action, suit, claim, arbitration or proceeding is brought
14 under ORS 34.105 to 34.240 or 34.310 to 34.730 and involves a claim of con-
15 stitutionally inadequate medical care, diagnosis or treatment, or is brought
16 under ORS 30.260 to 30.300 and involves the Department of Corrections or
17 an institution operated by the department, nothing in this section prohibits
18 the disclosure of any written account referred to in subsection (2) of this
19 section to the Department of Justice, Oregon Department of Administrative
20 Services, or their agents, upon request, or the subsequent disclosure to a
21 court, administrative hearings officer, arbitrator or other administrative de-
22 cision maker.

23 “(8)(a) When an action, suit, claim, arbitration or proceeding involves the
24 Oregon Health Authority or an institution operated by the authority, noth-
25 ing in this section prohibits the disclosure of any written account referred
26 to in subsection (2) of this section to the Department of Justice, Oregon
27 Department of Administrative Services, or their agents.

28 “(b) Disclosure of information in an action, suit, claim, nonlabor arbi-
29 tration or proceeding is limited by the relevancy restrictions of ORS 40.010
30 to 40.585, 183.710 to 183.725, 183.745 and 183.750 and ORS chapter 183. Only

1 written accounts of a plaintiff, claimant or petitioner shall be disclosed un-
2 der this paragraph.

3 “(c) Disclosure of information as part of a labor arbitration or proceeding
4 to support a personnel action taken against staff is limited to written ac-
5 counts directly relating to alleged action or inaction by staff for which the
6 personnel action was imposed.

7 “(9)(a) The copy of any written account referred to in subsection (2) of
8 this section, upon written request of the individual or a personal represen-
9 tative of the individual, shall be disclosed to the individual or the personal
10 representative of the individual within a reasonable time not to exceed five
11 working days. The individual or the personal representative of the individual
12 shall have the right to timely access to any written accounts.

13 “(b) If the disclosure of psychiatric or psychological information con-
14 tained in the written account would constitute an immediate and grave det-
15 riment to the treatment of the individual, disclosure may be denied, if
16 medically contraindicated by the treating physician or a licensed health care
17 professional in the written account of the individual.

18 “(c) The Department of Corrections may withhold psychiatric or psycho-
19 logical information if:

20 “(A) The information relates to an individual other than the individual
21 seeking it.

22 “(B) Disclosure of the information would constitute a danger to another
23 individual.

24 “(C) Disclosure of the information would compromise the privacy of a
25 confidential source.

26 “(d) However, a written statement of the denial under paragraph (c) of
27 this subsection and the reasons therefor must be entered in the written ac-
28 count.

29 “(10) A health care services provider may require a person requesting
30 disclosure of the contents of a written account under this section to reim-

1 burse the provider for the reasonable costs incurred in searching files, ab-
2 stracting if requested and copying if requested. However, an individual or a
3 personal representative of the individual may not be denied access to written
4 accounts concerning the individual because of inability to pay.

5 “(11) A written account referred to in subsection (2) of this section may
6 not be used to initiate or substantiate any criminal, civil, administrative,
7 legislative or other proceedings conducted by federal, state or local authori-
8 ties against the individual or to conduct any investigations of the individual.
9 If the individual, as a party to an action, suit or other judicial proceeding,
10 voluntarily produces evidence regarding an issue to which a written account
11 referred to in subsection (2) of this section would be relevant, the contents
12 of that written account may be disclosed for use in the proceeding.

13 “(12) Information obtained in the course of diagnosis, evaluation or
14 treatment of an individual that, in the professional judgment of the health
15 care services provider, indicates a clear and immediate danger to others or
16 to society may be reported to the appropriate authority. A decision not to
17 disclose information under this subsection does not subject the provider to
18 any civil liability. Nothing in this subsection may be construed to alter the
19 provisions of ORS 146.750, 146.760, 419B.010, 419B.015, 419B.020, 419B.025,
20 419B.030, 419B.035, 419B.040 and 419B.045.

21 “(13) The prohibitions of this section apply to written accounts concern-
22 ing any individual who has been treated by any health care services provider
23 irrespective of whether or when the individual ceases to receive treatment.

24 “(14) Persons other than the individual or the personal representative of
25 the individual who are granted access under this section to the contents of
26 a written account referred to in subsection (2) of this section may not dis-
27 close the contents of the written account to any other person except in ac-
28 cordance with the provisions of this section.

29 “(15) Nothing in this section prevents the Department of Human Services
30 or the Oregon Health Authority from disclosing the contents of written ac-

1 counts in its possession to individuals or agencies with whom children in its
2 custody are placed.

3 “(16) The system described in ORS 192.517 (1) shall have access to records,
4 as defined in ORS 192.515, as provided in ORS 192.517.

5 “(17)(a) Except as provided in paragraph (b) of this subsection, a health
6 care services provider must obtain an authorization from an individual or a
7 personal representative of the individual to disclose psychotherapy notes.

8 “(b) A health care services provider may use or disclose psychotherapy
9 notes without obtaining an authorization from the individual or a personal
10 representative of the individual to carry out the following treatment, pay-
11 ment and health care operations:

12 “(A) Use by the originator of the psychotherapy notes for treatment;

13 “(B) Disclosure by the health care services provider for its own training
14 program in which students, trainees or practitioners in mental health learn
15 under supervision to practice or improve their skills in group, joint, family
16 or individual counseling; or

17 “(C) Disclosure by the health care services provider to defend itself in a
18 legal action or other proceeding brought by the individual or a personal
19 representative of the individual.

20 “(c) An authorization for the disclosure of psychotherapy notes may not
21 be combined with an authorization for a disclosure of any other individually
22 identifiable health information, but may be combined with another authori-
23 zation for a disclosure of psychotherapy notes.

24 **“SECTION 54.** ORS 222.850 is amended to read:

25 “222.850. As used in ORS 222.840 to 222.915, unless the context requires
26 otherwise:

27 “(1) ‘Affected territory’ means an area within the urban growth boundary
28 of a city and which is otherwise eligible for annexation to that city and in
29 which there exists an actual or alleged danger to public health.

30 “(2) ‘Authority’ means the Oregon Health Authority.

1 “(3) ‘City council’ means the legislative body of a city.

2 “(4) ‘Commission’ means the Environmental Quality Commission.

3 “(5) ‘Danger to public health’ means a condition which is conducive to the
4 propagation of communicable or contagious disease-producing organisms and
5 which presents a reasonably clear possibility that the public generally is
6 being exposed to disease-caused physical suffering or illness, including a
7 condition such as:

8 “(a) Impure or inadequate domestic water.

9 “(b) Inadequate installations for the disposal or treatment of sewage,
10 garbage or other contaminated or putrefying waste.

11 “(c) Inadequate improvements for drainage of surface water and other
12 fluid substances.

13 “(6) ‘Director’ means the Director of the Oregon Health Authority.

14 “(7) ‘District’ means any one of the following:

15 “(a) A metropolitan service district formed under ORS chapter 268.

16 “(b) A county service district formed under ORS chapter 451.

17 “(c) A sanitary district formed under ORS 450.005 to 450.245.

18 “(d) A sanitary authority, water authority or joint water and sanitary
19 authority formed under ORS 450.600 to 450.989.

20 “(e) A domestic water supply district formed under ORS chapter 264.

21 “(8) **‘Local board of health’ means a local public health authority,**
22 **as defined in section 2 of this 2015 Act.**

23 **“SECTION 55.** ORS 401.657 is amended to read:

24 “401.657. (1) The Oregon Health Authority may designate all or part of a
25 health care facility or other location as an emergency health care center. If
26 the Governor declares a state of emergency under ORS 401.165, or proclaims
27 a state of public health emergency under ORS 433.441, emergency health care
28 centers may be used for:

29 “(a) Evaluation and referral of individuals affected by the emergency;

30 “(b) Provision of health care services; and

1 “(c) Preparation of patients for transportation.

2 “(2) The Oregon Health Authority may enter into cooperative agreements
3 with [*local public health authorities that allow local public health*
4 *authorities*] **a local public health authority, as defined in section 2 of**
5 **this 2015 Act, that allow the local public health authority** to designate
6 emergency health care centers under this section.

7 “(3) An emergency health care center designated under this section must
8 have an emergency operations plan and a credentialing plan that governs the
9 use of emergency health care providers registered under ORS 401.654 and
10 other health care providers who volunteer to perform health care services
11 at the center under ORS 401.651 to 401.670. The emergency operations plan
12 and credentialing plan must comply with rules governing those plans adopted
13 by the Oregon Health Authority.

14 **“SECTION 56.** ORS 403.115 is amended to read:

15 “403.115. (1) The primary emergency telephone number within the state
16 is 9-1-1, but a public or private safety agency shall maintain both a separate
17 10-digit secondary emergency number for use by the telephone company op-
18 erator and a separate 10-digit nonemergency number.

19 “(2) Every public and private safety agency in this state shall establish
20 or participate in a 9-1-1 emergency reporting system.

21 “(3) An emergency telephone number other than 9-1-1 may not be pub-
22 lished on the top three-quarters of the emergency listing page of a telephone
23 book. However, an alternative nonemergency telephone number for a 9-1-1
24 jurisdiction may be printed on the top three-quarters of the emergency listing
25 page of a telephone book. The publisher may use the remainder of the page
26 to list the Oregon Poison Center, Federal Bureau of Investigation, a desig-
27 nated mental health crises service and United States Coast Guard, where
28 applicable. If there is more than one mental health crises service in a juris-
29 diction, the [*county*] **local** health department shall decide which mental
30 health crises service the publisher may list by using the criteria of a 24-hour

1 staffed service, nonprofit organization and non-9-1-1 participating agency.
2 The publisher shall refer to the community services section for other num-
3 bers.

4 “(4) The 9-1-1 emergency reporting system must include at a minimum:

5 “(a) A primary public safety answering point that is automatically ac-
6 cessible anywhere in the 9-1-1 jurisdiction service area by calling 9-1-1;

7 “(b) Central dispatch of public and private safety services in the 9-1-1
8 service area or relay or transfer of 9-1-1 calls to an appropriate public or
9 private safety agency; and

10 “(c) Two 9-1-1 circuits from each central office to each primary public
11 safety answering point.

12 “(5) In addition to the requirements set forth in subsection (4) of this
13 section, enhanced 9-1-1 telephone service must provide:

14 “(a) Two call-taker stations and staffing for at least one of the stations
15 at all times;

16 “(b) Automatic display of the incoming telephone number and address in
17 the designated public safety answering point at the time of receiving an in-
18 coming 9-1-1 call;

19 “(c) A network developed to transport address and telephone number in-
20 formation to the designated public safety answering point automatically
21 when a call is placed to 9-1-1; and

22 “(d) Emergency telephone service in which one or fewer calls in 100 at-
23 tempts receive a busy signal on the first attempt during the average busiest
24 hour. A public safety answering point may not have fewer than two 9-1-1
25 circuits.

26 **“SECTION 57.** ORS 411.435 is amended to read:

27 “411.435. The Oregon Health Authority and the Department of Human
28 Services shall endeavor to develop agreements with local governments to
29 facilitate the enrollment of medical assistance program clients. Subject to
30 the availability of funds therefor, the agreement shall be structured to allow

1 flexibility by the state and local governments and may allow any of the fol-
2 lowing options for enrolling clients in medical assistance programs:

3 “(1) Initial processing may be done at the [county] **local** health depart-
4 ment by employees of the [county] **local health department**, with eligibility
5 determination completed at the local office of the Department of Human
6 Services or by the authority;

7 “(2) Initial processing and eligibility determination may be done at the
8 [county] **local** health department by employees of the local health depart-
9 ment; or

10 “(3) Application forms may be made available at the [county] **local** health
11 department with initial processing and eligibility determination done at the
12 local office of the Department of Human Services or by the authority.

13 **“SECTION 58.** ORS 414.150 is amended to read:

14 “414.150. It is the purpose of ORS 414.150 to 414.153 to take advantage of
15 opportunities to:

16 “(1) Enhance the state and local public health partnership;

17 “(2) Improve the access to care and health status of women and children;
18 and

19 “(3) Strengthen public health programs and services at the [county health
20 department] **local** level.

21 **“SECTION 59.** ORS 414.152 is amended to read:

22 “414.152. To capitalize on the successful public health programs provided
23 by [county] **local** health departments and the sizable investment by state and
24 local governments in the public health system, state agencies shall encourage
25 agreements that allow [county] **local** health departments and other publicly
26 supported programs to continue to be the providers of those prevention and
27 health promotion services now available, plus other maternal and child
28 health services such as prenatal outreach and care, child health services and
29 family planning services to women and children who become eligible for
30 poverty level medical assistance program benefits pursuant to ORS 414.153.

1 **“SECTION 60.** ORS 414.153 is amended to read:

2 “414.153. In order to make advantageous use of the system of public health
3 care and services available through [county] **local** health departments and
4 other publicly supported programs and to insure access to public health care
5 and services through contract under ORS chapter 414, the state shall:

6 “(1) Unless cause can be shown why such an agreement is not feasible,
7 require and approve agreements between coordinated care organizations and
8 publicly funded providers for authorization of payment for point of contact
9 services in the following categories:

10 “(a) Immunizations;

11 “(b) Sexually transmitted diseases; and

12 “(c) Other communicable diseases;

13 “(2) Allow enrollees in coordinated care organizations to receive from
14 fee-for-service providers:

15 “(a) Family planning services;

16 “(b) Human immunodeficiency virus and acquired immune deficiency
17 syndrome prevention services; and

18 “(c) Maternity case management if the Oregon Health Authority deter-
19 mines that a coordinated care organization cannot adequately provide the
20 services;

21 “(3) Encourage and approve agreements between coordinated care organ-
22 izations and publicly funded providers for authorization of and payment for
23 services in the following categories:

24 “(a) Maternity case management;

25 “(b) Well-child care;

26 “(c) Prenatal care;

27 “(d) School-based clinics;

28 “(e) Health care and services for children provided through schools and
29 Head Start programs; and

30 “(f) Screening services to provide early detection of health care problems

1 among low income women and children, migrant workers and other special
2 population groups; and

3 “(4) Recognize the responsibility of counties under ORS 430.620 to operate
4 community mental health programs by requiring a written agreement be-
5 tween each coordinated care organization and the local mental health au-
6 thority in the area served by the coordinated care organization, unless cause
7 can be shown why such an agreement is not feasible under criteria estab-
8 lished by the Oregon Health Authority. The written agreements:

9 “(a) May not limit the ability of coordinated care organizations to con-
10 tract with other public or private providers for mental health or chemical
11 dependency services;

12 “(b) Must include agreed upon outcomes; and

13 “(c) Must describe the authorization and payments necessary to maintain
14 the mental health safety net system and to maintain the efficient and effec-
15 tive management of the following responsibilities of local mental health au-
16 thorities, with respect to the service needs of members of the coordinated
17 care organization:

18 “(A) Management of children and adults at risk of entering or who are
19 transitioning from the Oregon State Hospital or from residential care;

20 “(B) Care coordination of residential services and supports for adults and
21 children;

22 “(C) Management of the mental health crisis system;

23 “(D) Management of community-based specialized services including but
24 not limited to supported employment and education, early psychosis pro-
25 grams, assertive community treatment or other types of intensive case man-
26 agement programs and home-based services for children; and

27 “(E) Management of specialized services to reduce recidivism of individ-
28 uals with mental illness in the criminal justice system.

29 **“SECTION 61.** ORS 417.827 is amended to read:

30 “417.827. (1) As used in this section:

1 “(a) ‘Early Learning Hub’ means any entity designated by regional part-
2 ners to coordinate early learning services, as determined by rules adopted
3 by the Early Learning Council.

4 “(b) ‘Regional partners’ includes counties, cities, school districts, educa-
5 tion service districts, community colleges, public universities, private edu-
6 cational institutions, faith-based organizations, nonprofit service providers
7 and tribes.

8 “(2) The Early Learning Council shall implement and oversee a system
9 that coordinates the delivery of early learning services to the communities
10 of this state through the direction of Early Learning Hubs. The system may
11 not include more than 16 Early Learning Hubs.

12 “(3) The system implemented and overseen by the council must ensure
13 that:

14 “(a) Providers of early learning services are accountable for outcomes;

15 “(b) Services are provided in a cost-efficient manner; and

16 “(c) The services provided, and the means by which those services are
17 provided, are focused on the outcomes of the services.

18 “(4) The Early Learning Council shall develop and implement a process
19 for requesting proposals from entities to become Early Learning Hubs. Pro-
20 posals submitted under this subsection must comply with criteria and re-
21 quirements adopted by the council by rule, including:

22 “(a) The entity will be able to coordinate the provision of early learning
23 services to the community that will be served by the entity. An entity may
24 meet the requirement of this paragraph by submitting evidence that local
25 stakeholders, including but not limited to service providers, parents, com-
26 munity members, county governments, local governments and school dis-
27 tricts, have participated in the development of the proposal and will
28 maintain a meaningful role in the Early Learning Hub.

29 “(b) The services coordinated by the entity will be in alignment with the
30 services provided by the public schools of the community that will be served

1 by the entity.

2 “(c) The entity will be in alignment with, and make advantageous use of,
3 the system of public health care and services available through [county] **local**
4 health departments and other publicly supported programs delivered through,
5 or in partnership with, counties and coordinated care organizations.

6 “(d) The entity will be able to integrate efforts among education provid-
7 ers, providers of health care, providers of human services and providers of
8 other programs and services in the community.

9 “(e) The entity will use coordinated and transparent budgeting.

10 “(f) The entity will operate in a fiscally sound manner.

11 “(g) The entity must have a governing body or community advisory body
12 that:

13 “(A) Has the authority to initiate audits, recommend the terms of a con-
14 tract and provide reports to the public and to the Early Learning Council
15 on the outcomes of the provision of early learning services to the community
16 served by the entity.

17 “(B) Has members selected through a transparent process and includes
18 both public and private entities, locally based parents and service recipients,
19 human social service providers, child care providers, health care providers
20 and representatives of local governments from the service area.

21 “(h) The entity will collaborate on documentation related to coordinated
22 services with public and private entities that are identified by the Early
23 Learning Council as providers of services that advance the early learning
24 of children.

25 “(i) The entity will serve a community that is based on the population
26 and service needs of the community and will demonstrate the ability to im-
27 prove results for at-risk children, including the ability to identify, evaluate
28 and implement coordinated strategies to ensure that a child is ready to suc-
29 ceed in school.

30 “(j) The entity will be able to raise and leverage significant funds from

1 public and private sources and to secure in-kind support to support early
2 learning services coordinated by the entity and operate in a fiscally sound
3 manner.

4 “(k) The entity meets any other qualifications established by the Early
5 Learning Council.

6 “(5) The Early Learning Council may adopt by rule requirements that are
7 in addition to the requirements described in subsections (3) and (4) of this
8 section that an entity must meet to qualify as an Early Learning Hub. When
9 developing the additional requirements, the council must use a statewide
10 public process of community engagement that is consistent with the re-
11 quirements of the federal Head Start Act.

12 “(6) When determining whether to designate an entity as an Early
13 Learning Hub, the Early Learning Council shall balance the following fac-
14 tors:

15 “(a) The entity’s ability to engage the community and be involved in the
16 community.

17 “(b) The entity’s ability to produce outcomes that benefit children.

18 “(c) The entity’s resourcefulness.

19 “(d) The entity’s use, or proposed use, of evidence-based practices.

20 “(7) The Early Learning Council may alter the lines of the territory
21 served by an Early Learning Hub only to ensure that all children of this
22 state are served by an Early Learning Hub.

23 “(8) An entity designated as part of an Early Learning Hub may not use
24 more than 15 percent of the moneys received by the entity from the Early
25 Learning Council to pay administrative costs of the entity.

26 “(9) The Department of Human Services or the Oregon Health Authority
27 may not transfer any authority for determining eligibility for a state or
28 federal program to an Early Learning Hub.

29 **“SECTION 62.** ORS 418.325 is amended to read:

30 “418.325. (1) A child-caring agency shall safeguard the health of each ward

1 or other dependent or delinquent child in its care by providing for medical
2 examinations of each child by a qualified physician at the following inter-
3 vals:

4 “(a) Three examinations during the first year of the child’s life;

5 “(b) One examination during the second year of the child’s life;

6 “(c) One examination at the age of four;

7 “(d) One examination at the age of six;

8 “(e) One examination at the age of nine; and

9 “(f) One examination at the age of 14.

10 “(2) If an examination under subsection (1) of this section has not oc-
11 curred within six months prior to the transfer for adoption of the custody
12 of a child by a child-caring agency to the prospective adoptive parents of
13 such child, a child-caring agency shall provide for a medical examination of
14 such child within six months prior to such transfer.

15 “(3) Any testing that occurs at intervals other than those specified in
16 subsections (1) and (2) of this section shall not be considered to be in lieu
17 of the required examinations. However, nothing in subsections (1) and (2) of
18 this section is intended to limit more frequent examinations that are dictated
19 by the general state of the child’s health or by any particular condition.

20 “(4) Within 90 days of obtaining guardianship over a child under six years
21 of age, a child-caring agency shall provide for such child to be:

22 “(a) Inoculated as determined appropriate by the [*county public*] **local**
23 health department; and

24 “(b) Tested for:

25 “(A) Phenylketonuria pursuant to ORS 433.285;

26 “(B) Visual and aural acuity consistent with the child’s age;

27 “(C) Sickle-cell anemia;

28 “(D) Effects of rubella, if any;

29 “(E) Effects of parental venereal disease, if any; and

30 “(F) The hereditary or congenital effects of parental use of drugs or con-

1 trolled substances.

2 “(5) Within six months prior to the transfer for adoption of the custody
3 of a child by a child-caring agency to the prospective adoptive parents of
4 such child, the child-caring agency shall provide for such child to have a
5 complete physical examination by a physician, including but not limited to
6 inspection for evidence of child abuse in accordance with rules of the De-
7 partment of Human Services, and be tested for visual and aural acuity con-
8 sistent with the child’s age.

9 “(6) A child-caring agency shall record the results of tests provided a
10 child pursuant to subsections (1) to (5) of this section in the child’s health
11 record. The child’s health record shall be kept as a part of the agency’s total
12 records of that child. The child’s health record shall be made available to
13 both natural parents and to both prospective foster or adoptive parents of
14 that child. A qualified member of a child-caring agency under the supervision
15 of a qualified physician shall explain to adoptive parents the medical factors
16 possible as a result of a child’s birth history, hereditary or congenital de-
17 fects, or disease or disability experience.

18 “(7) This section does not apply to a private residential boarding school
19 as defined in ORS 418.205 (5)(a).

20 “**SECTION 63.** ORS 418.747 is amended to read:

21 “418.747. (1) The district attorney in each county shall be responsible for
22 developing county multidisciplinary child abuse teams to consist of but not
23 be limited to law enforcement personnel, Department of Human Services
24 child protective service workers, school officials, [county] **local** health de-
25 partment personnel, county mental health department personnel who have
26 experience with children and family mental health issues, child abuse inter-
27 vention center workers, if available, and juvenile department representatives,
28 as well as others specially trained in child abuse, child sexual abuse and rape
29 of children investigation.

30 “(2) The teams shall develop a written protocol for immediate investi-

1 gation of and notification procedures for child abuse cases and for inter-
2 viewing child abuse victims. Each team also shall develop written
3 agreements signed by member agencies that are represented on the team that
4 specify:

5 “(a) The role of each agency;

6 “(b) Procedures to be followed to assess risks to the child;

7 “(c) Guidelines for timely communication between member agencies;

8 “(d) Guidelines for completion of responsibilities by member agencies;

9 “(e) That upon clear disclosure that the alleged child abuse occurred in
10 a child care facility as defined in ORS 329A.250, immediate notification of
11 parents or guardians of children attending the child care facility is required
12 regarding any abuse allegation and pending investigation; and

13 “(f) Criteria and procedures to be followed when removal of the child is
14 necessary for the child’s safety.

15 “(3) Each team member and the personnel conducting child abuse inves-
16 tigation and interviews of child abuse victims shall be trained in risk as-
17 sessment, dynamics of child abuse, child sexual abuse and rape of children
18 and legally sound and age appropriate interview and investigatory tech-
19 niques.

20 “(4) All investigations of child abuse and interviews of child abuse vic-
21 tims shall be carried out by appropriate personnel using the protocols and
22 procedures called for in this section. If trained personnel are not available
23 in a timely fashion and, in the judgment of a law enforcement officer or child
24 protective services worker, there is reasonable cause to believe a delay in
25 investigation or interview of the child abuse victim could place the child in
26 jeopardy of physical harm, the investigation may proceed without full par-
27 ticipation of all personnel. This authority applies only for as long as rea-
28 sonable danger to the child exists. A law enforcement officer or child
29 protective services worker shall make a reasonable effort to find and provide
30 a trained investigator or interviewer.

1 “(5) To ensure the protection and safe placement of a child, the Depart-
2 ment of Human Services may request that team members obtain criminal
3 history information on any person who is part of the household where the
4 department may place or has placed a child who is in the department’s cus-
5 tody. All information obtained by the team members and the department in
6 the exercise of their duties is confidential and may be disclosed only when
7 necessary to ensure the safe placement of a child.

8 “(6) Each team shall classify, assess and review cases under investigation.

9 “(7)(a) Each team shall develop and implement procedures for evaluating
10 and reporting compliance of member agencies with the protocols and proce-
11 dures required under this section. Each team shall submit to the adminis-
12 trator of the Child Abuse Multidisciplinary Intervention Program copies of
13 the protocols and procedures required under this section and the results of
14 the evaluation as requested.

15 “(b) The administrator may:

16 “(A) Consider the evaluation results when making eligibility determi-
17 nations under ORS 418.746 (3);

18 “(B) If requested by the Advisory Council on Child Abuse Assessment, ask
19 a team to revise the protocols and procedures being used by the team based
20 on the evaluation results; or

21 “(C) Ask a team to evaluate the team’s compliance with the protocols and
22 procedures in a particular case.

23 “(c) The information and records compiled under this subsection are ex-
24 empt from ORS 192.410 to 192.505.

25 “(8) Each team shall develop policies that provide for an independent re-
26 view of investigation procedures of sensitive cases after completion of court
27 actions on particular cases. The policies shall include independent citizen
28 input. Parents of child abuse victims shall be notified of the review proce-
29 dure.

30 “(9) Each team shall designate at least one physician, physician assistant

1 or nurse practitioner who has been trained to conduct child abuse medical
2 assessments, as defined in ORS 418.782, and who is, or who may designate
3 another physician, physician assistant or nurse practitioner who is, regularly
4 available to conduct the medical assessment described in ORS 419B.023.

5 “(10) If photographs are taken pursuant to ORS 419B.028, and if the team
6 meets to discuss the case, the photographs shall be made available to each
7 member of the team at the first meeting regarding the child’s case following
8 the taking of the photographs.

9 “(11) No later than September 1, 2008, each team shall submit to the De-
10 partment of Justice a written summary identifying the designated medical
11 professional described in subsection (9) of this section. After that date, this
12 information shall be included in each regular report to the Department of
13 Justice.

14 “(12) If, after reasonable effort, the team is not able to identify a desig-
15 nated medical professional described in subsection (9) of this section, the
16 team shall develop a written plan outlining the necessary steps, recruitment
17 and training needed to make such a medical professional available to the
18 children of the county. The team shall also develop a written strategy to
19 ensure that each child in the county who is a suspected victim of child abuse
20 will receive a medical assessment in compliance with ORS 419B.023. This
21 strategy, and the estimated fiscal impact of any necessary recruitment and
22 training, shall be submitted to the Department of Justice no later than Sep-
23 tember 1, 2008. This information shall be included in each regular report to
24 the Department of Justice for each reporting period in which a team is not
25 able to identify a designated medical professional described in subsection (9)
26 of this section.

27 **“SECTION 64.** ORS 418.785 is amended to read:

28 “418.785. (1) Each county multidisciplinary child abuse team shall estab-
29 lish a child fatality review team to conduct child fatality reviews. The pur-
30 pose of the review process is to help prevent severe and fatal child abuse and

1 neglect by:

2 “(a) Identifying local and state issues related to preventable child
3 fatalities; and

4 “(b) Promoting implementation of recommendations at the county level.

5 “(2) In establishing the review process and carrying out reviews, the child
6 fatality review team shall be assisted by the county medical examiner or
7 [county] **local** health officer as well as other professionals who are specially
8 trained in areas relevant to the purpose of the team.

9 “(3) The categories of fatalities reviewed by the child fatality review team
10 include:

11 “(a) Child fatalities in which child abuse or neglect may have occurred
12 at any time prior to death or may have been a factor in the fatality;

13 “(b) Any category established by the county multidisciplinary child abuse
14 team;

15 “(c) All child fatalities where the child is less than 18 years of age and
16 there is an autopsy performed by the medical examiner; and

17 “(d) Any specific cases recommended for local review by the statewide
18 interdisciplinary team established under ORS 418.748.

19 “(4) A child fatality review team shall develop a written protocol for re-
20 view of child fatalities. The protocol shall be designed to facilitate commu-
21 nication and the exchange of information between persons who perform
22 autopsies and those professionals and agencies concerned with the pre-
23 vention, investigation and treatment of child abuse and neglect.

24 “(5) Within the guidelines, and in a format, established by the statewide
25 interdisciplinary team established under ORS 418.748, the child fatality re-
26 view team shall provide the statewide interdisciplinary team with informa-
27 tion regarding the categories of child fatalities described under subsection
28 (3) of this section.

29 “(6) Upon the conclusion of a criminal case involving a child fatality, or
30 upon the conclusion of a direct appeal if one is taken, the district attorney

1 may submit a letter to the Governor and the Director of Human Services
2 outlining recommendations for the systemic improvement of child abuse in-
3 vestigations.

4 **“SECTION 65.** ORS 419B.005 is amended to read:

5 “419B.005. As used in ORS 419B.005 to 419B.050, unless the context re-
6 quires otherwise:

7 “(1)(a) ‘Abuse’ means:

8 “(A) Any assault, as defined in ORS chapter 163, of a child and any
9 physical injury to a child which has been caused by other than accidental
10 means, including any injury which appears to be at variance with the ex-
11 planation given of the injury.

12 “(B) Any mental injury to a child, which shall include only observable
13 and substantial impairment of the child’s mental or psychological ability to
14 function caused by cruelty to the child, with due regard to the culture of the
15 child.

16 “(C) Rape of a child, which includes but is not limited to rape, sodomy,
17 unlawful sexual penetration and incest, as those acts are described in ORS
18 chapter 163.

19 “(D) Sexual abuse, as described in ORS chapter 163.

20 “(E) Sexual exploitation, including but not limited to:

21 “(i) Contributing to the sexual delinquency of a minor, as defined in ORS
22 chapter 163, and any other conduct which allows, employs, authorizes, per-
23 mits, induces or encourages a child to engage in the performing for people
24 to observe or the photographing, filming, tape recording or other exhibition
25 which, in whole or in part, depicts sexual conduct or contact, as defined in
26 ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving
27 a child or rape of a child, but not including any conduct which is part of
28 any investigation conducted pursuant to ORS 419B.020 or which is designed
29 to serve educational or other legitimate purposes; and

30 “(ii) Allowing, permitting, encouraging or hiring a child to engage in

1 prostitution as described in ORS 167.007 or a commercial sex act as defined
2 in ORS 163.266, to purchase sex with a minor as described in ORS 163.413
3 or to patronize a prostitute as described in ORS 167.008.

4 “(F) Negligent treatment or maltreatment of a child, including but not
5 limited to the failure to provide adequate food, clothing, shelter or medical
6 care that is likely to endanger the health or welfare of the child.

7 “(G) Threatened harm to a child, which means subjecting a child to a
8 substantial risk of harm to the child’s health or welfare.

9 “(H) Buying or selling a person under 18 years of age as described in ORS
10 163.537.

11 “(I) Permitting a person under 18 years of age to enter or remain in or
12 upon premises where methamphetamines are being manufactured.

13 “(J) Unlawful exposure to a controlled substance, as defined in ORS
14 475.005, that subjects a child to a substantial risk of harm to the child’s
15 health or safety.

16 “(b) ‘Abuse’ does not include reasonable discipline unless the discipline
17 results in one of the conditions described in paragraph (a) of this subsection.

18 “(2) ‘Child’ means an unmarried person who is under 18 years of age.

19 “(3) ‘Higher education institution’ means:

20 “(a) A community college as defined in ORS 341.005;

21 “(b) A public university listed in ORS 352.002;

22 “(c) The Oregon Health and Science University; and

23 “(d) A private institution of higher education located in Oregon.

24 “(4) ‘Law enforcement agency’ means:

25 “(a) A city or municipal police department.

26 “(b) A county sheriff’s office.

27 “(c) The Oregon State Police.

28 “(d) A police department established by a university under ORS 352.383
29 or 353.125.

30 “(e) A county juvenile department.

- 1 “(5) ‘Public or private official’ means:
- 2 “(a) Physician or physician assistant licensed under ORS chapter 677 or
3 naturopathic physician, including any intern or resident.
- 4 “(b) Dentist.
- 5 “(c) School employee, including an employee of a higher education insti-
6 tution.
- 7 “(d) Licensed practical nurse, registered nurse, nurse practitioner, nurse’s
8 aide, home health aide or employee of an in-home health service.
- 9 “(e) Employee of the Department of Human Services, Oregon Health Au-
10 thority, Early Learning Division, Youth Development Division, Office of
11 Child Care, the Oregon Youth Authority, a [county] **local** health department,
12 a community mental health program, a community developmental disabilities
13 program, a county juvenile department, a licensed child-caring agency or an
14 alcohol and drug treatment program.
- 15 “(f) Peace officer.
- 16 “(g) Psychologist.
- 17 “(h) Member of the clergy.
- 18 “(i) Regulated social worker.
- 19 “(j) Optometrist.
- 20 “(k) Chiropractor.
- 21 “(L) Certified provider of foster care, or an employee thereof.
- 22 “(m) Attorney.
- 23 “(n) Licensed professional counselor.
- 24 “(o) Licensed marriage and family therapist.
- 25 “(p) Firefighter or emergency medical services provider.
- 26 “(q) A court appointed special advocate, as defined in ORS 419A.004.
- 27 “(r) A child care provider registered or certified under ORS 329A.030 and
28 329A.250 to 329A.450.
- 29 “(s) Member of the Legislative Assembly.
- 30 “(t) Physical, speech or occupational therapist.

1 “(u) Audiologist.

2 “(v) Speech-language pathologist.

3 “(w) Employee of the Teacher Standards and Practices Commission di-
4 rectly involved in investigations or discipline by the commission.

5 “(x) Pharmacist.

6 “(y) An operator of a preschool recorded program under ORS 329A.255.

7 “(z) An operator of a school-age recorded program under ORS 329A.257.

8 “(aa) Employee of a private agency or organization facilitating the pro-
9 vision of respite services, as defined in ORS 418.205, for parents pursuant to
10 a properly executed power of attorney under ORS 109.056.

11 “(bb) Employee of a public or private organization providing child-related
12 services or activities:

13 “(A) Including but not limited to youth groups or centers, scout groups
14 or camps, summer or day camps, survival camps or groups, centers or camps
15 that are operated under the guidance, supervision or auspices of religious,
16 public or private educational systems or community service organizations;
17 and

18 “(B) Excluding community-based, nonprofit organizations whose primary
19 purpose is to provide confidential, direct services to victims of domestic vi-
20 olence, sexual assault, stalking or human trafficking.

21 “(cc) A coach, assistant coach or trainer of an amateur, semiprofessional
22 or professional athlete, if compensated and if the athlete is a child.

23 **“SECTION 66.** ORS 426.070 is amended to read:

24 “426.070. (1) Any of the following may initiate commitment procedures
25 under this section by giving the notice described under subsection (2) of this
26 section:

27 “(a) Two persons;

28 “(b) The [county] **local** health officer; or

29 “(c) Any magistrate.

30 “(2) For purposes of subsection (1) of this section, the notice must comply

1 with the following:

2 “(a) It must be in writing under oath;

3 “(b) It must be given to the community mental health program director
4 or a designee of the director in the county where the person alleged to have
5 a mental illness resides;

6 “(c) It must state that a person within the county other than the person
7 giving the notice is a person with mental illness and is in need of treatment,
8 care or custody;

9 “(d) If the commitment proceeding is initiated by two persons under sub-
10 section (1)(a) of this section, it may include a request that the court notify
11 the two persons:

12 “(A) Of the issuance or nonissuance of a warrant under this section; or

13 “(B) Of the court’s determination under ORS 426.130 (1); and

14 “(e) If the notice contains a request under paragraph (d) of this sub-
15 section, it must also include the addresses of the two persons making the
16 request.

17 “(3) Upon receipt of a notice under subsections (1) and (2) of this section
18 or when notified by a circuit court that the court received notice under ORS
19 426.234, the community mental health program director, or designee of the
20 director, shall:

21 “(a) Immediately notify the judge of the court having jurisdiction for that
22 county under ORS 426.060 of the notification described in subsections (1) and
23 (2) of this section.

24 “(b) Immediately notify the Oregon Health Authority if commitment is
25 proposed because the person appears to be a person with mental illness, as
26 defined in ORS 426.005 (1)(e)(C). When such notice is received, the authority
27 may verify, to the extent known by the authority, whether or not the person
28 meets the criteria described in ORS 426.005 (1)(e)(C)(i) and (ii) and so inform
29 the community mental health program director or designee of the director.

30 “(c) Initiate an investigation under ORS 426.074 to determine whether

1 there is probable cause to believe that the person is in fact a person with
2 mental illness.

3 “(4) Upon completion, a recommendation based upon the investigation
4 report under ORS 426.074 shall be promptly submitted to the court. If the
5 community mental health program director determines that probable cause
6 does not exist to believe that a person released from detention under ORS
7 426.234 (2)(c) or (3)(b) is a person with mental illness, the community mental
8 health program director may recommend assisted outpatient treatment in
9 accordance with ORS 426.133.

10 “(5) When the court receives notice under subsection (3) of this section:

11 “(a) If the court, following the investigation, concludes that there is
12 probable cause to believe that the person investigated is a person with
13 mental illness, it shall, through the issuance of a citation as provided in ORS
14 426.090, cause the person to be brought before it at a time and place as it
15 may direct, for a hearing under ORS 426.095 to determine whether the person
16 is a person with mental illness. The person shall be given the opportunity
17 to appear voluntarily at the hearing unless the person fails to appear or
18 unless the person is detained pursuant to paragraph (b) of this subsection.

19 “(b)(A) If the court finds that there is probable cause to believe that
20 failure to take the person into custody pending the investigation or hearing
21 would pose serious harm or danger to the person or to others, the court may
22 issue a warrant of detention to the community mental health program di-
23 rector or designee or the sheriff of the county or designee directing the di-
24 rector, sheriff or a designee to take the person alleged to have a mental
25 illness into custody and produce the person at the time and place stated in
26 the warrant.

27 “(B) At the time the person is taken into custody, the person shall be
28 informed by the community mental health program director, the sheriff or a
29 designee of the following:

30 “(i) The person’s rights with regard to representation by or appointment

1 of counsel as described in ORS 426.100;

2 “(ii) The warning under ORS 426.123; and

3 “(iii) The person’s right, if the community mental health program direc-
4 tor, sheriff or designee reasonably suspects that the person is a foreign na-
5 tional, to communicate with an official from the consulate of the person’s
6 country. A community mental health program director, sheriff or designee is
7 not civilly or criminally liable for failure to provide the information required
8 by this sub-subparagraph. Failure to provide the information required by this
9 sub-subparagraph does not in itself constitute grounds for the exclusion of
10 evidence that would otherwise be admissible in a proceeding.

11 “(C) The court may make any orders for the care and custody of the
12 person prior to the hearing as it considers necessary.

13 “(c) If the notice includes a request under subsection (2)(d)(A) of this
14 section, the court shall notify the two persons of the issuance or nonissuance
15 of a warrant under this subsection.

16 “**SECTION 67.** ORS 426.170 is amended to read:

17 “426.170. If any person is adjudged to have a mental illness and is ordered
18 committed to the Oregon Health Authority, a copy of the complete record in
19 the case, certified to by the court clerk or court administrator, shall be given
20 to the **local** health officer [*of the county*], or to the sheriff, for delivery to
21 the director of the facility to which such person is assigned. The record shall
22 include the name, residence, nativity, sex and age of the person and all other
23 information that may be required by the rules and regulations promulgated
24 by the authority.

25 “**SECTION 68.** ORS 426.335 is amended to read:

26 “426.335. The following limitations on liability are applicable to actions
27 and proceedings within this chapter and ORS 430.397 to 430.401:

28 “(1) The following individuals may not in any way be held criminally or
29 civilly liable for the initiation of commitment procedures under ORS 426.070,
30 provided the individual acts in good faith, on probable cause and without

1 malice:

2 “(a) The community mental health program director or designee of the
3 director.

4 “(b) The two petitioning persons.

5 “(c) The [county] **local** health officer.

6 “(d) Any magistrate.

7 “(e) Any peace officer or parole and probation officer.

8 “(f) Any physician attending the person alleged to have a mental illness.

9 “(g) Any physician associated with the hospital or institution where the
10 person alleged to have a mental illness is a patient.

11 “(2) The community mental health program director or the designee of the
12 director conducting the investigation under ORS 426.070 and 426.074 shall
13 not be held criminally or civilly liable for conducting the investigation,
14 provided the investigator acts in good faith, on probable cause and without
15 malice.

16 “(3) The individual representing the state’s interest under ORS 426.100
17 shall not be held criminally or civilly liable for performing responsibilities
18 under ORS 426.100 as long as the individual acts in good faith and without
19 malice.

20 “(4) An examiner appointed under ORS 426.110 may not be held criminally
21 or civilly liable for actions pursuant to ORS 426.120 if the examiner acts in
22 good faith and without malice.

23 “(5) A physician, hospital or judge may not be held criminally or civilly
24 liable for actions pursuant to ORS 426.228, 426.231, 426.232, 426.234 or 426.235
25 if the physician, hospital or judge acts in good faith, on probable cause and
26 without malice.

27 “(6) A peace officer, individual authorized under ORS 426.233, community
28 mental health director or designee, hospital or other facility, physician or
29 judge may not in any way be held criminally or civilly liable for actions
30 pursuant to ORS 426.228 to 426.235 if the individual or facility acts in good

1 faith, on probable cause and without malice.

2 “(7) Any legal guardian, relative or friend of a person with mental illness
3 who assumes responsibility for the person under a conditional release under
4 ORS 426.125 shall not be liable for any damages that result from the mis-
5 conduct of the person while on conditional release if the legal guardian,
6 relative or friend acts in good faith and without malice.

7 “(8) The individuals designated in this subsection may not be liable for
8 personal injuries or other damages that result from the misconduct of a
9 person with mental illness while the person is on outpatient commitment
10 under ORS 426.127 if the designated individual acts without willful and
11 wanton neglect of duty. This subsection is applicable to all of the following:

12 “(a) The community mental health program director and the designee of
13 the director for the county in which the committed person resides.

14 “(b) The superintendent or director of any staff of any facility where the
15 person with mental illness receives treatment during the outpatient commit-
16 ment.

17 “(c) The Director of the Oregon Health Authority.

18 “(d) The physician and the facility providing care or treatment to a per-
19 son on outpatient commitment.

20 “(9) For trial visits granted under ORS 426.273 and 426.275:

21 “(a) The following individuals and entities may not be liable for a
22 person’s expenses while on trial visit:

23 “(A) The physician and the facility providing care or treatment to a per-
24 son on a trial visit;

25 “(B) The superintendent or director of the facility providing care or
26 treatment to a person on a trial visit;

27 “(C) The Director of the Oregon Health Authority; and

28 “(D) The chief medical officer of the facility.

29 “(b) The individuals designated in this paragraph may not be liable for
30 damages that result from the misconduct of a person with mental illness

1 while on trial visit if the designated individual acts without willful and
2 wanton neglect of duty:

3 “(A) The community mental health program director for the county in
4 which the person resides;

5 “(B) The superintendent, director or chief medical officer of any facility
6 providing care or treatment to a patient on a trial visit;

7 “(C) The physician responsible for the patient’s care or treatment during
8 a trial visit;

9 “(D) The Director of the Oregon Health Authority; or

10 “(E) The employees and agents of individuals or facilities under this
11 paragraph.

12 **“SECTION 69.** ORS 430.735, as amended by section 48, chapter 45, Oregon
13 Laws 2014, is amended to read:

14 “430.735. As used in ORS 430.735 to 430.765:

15 “(1) ‘Abuse’ means one or more of the following:

16 “(a) Abandonment, including desertion or willful forsaking of a person
17 with a developmental disability or the withdrawal or neglect of duties and
18 obligations owed a person with a developmental disability by a caregiver or
19 other person.

20 “(b) Any physical injury to an adult caused by other than accidental
21 means, or that appears to be at variance with the explanation given of the
22 injury.

23 “(c) Willful infliction of physical pain or injury upon an adult.

24 “(d) Sexual abuse of an adult.

25 “(e) Neglect.

26 “(f) Verbal abuse of a person with a developmental disability.

27 “(g) Financial exploitation of a person with a developmental disability.

28 “(h) Involuntary seclusion of a person with a developmental disability for
29 the convenience of the caregiver or to discipline the person.

30 “(i) A wrongful use of a physical or chemical restraint upon a person with

1 a developmental disability, excluding an act of restraint prescribed by a
2 physician licensed under ORS chapter 677, physician assistant licensed under
3 ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.373 to
4 678.390 and any treatment activities that are consistent with an approved
5 treatment plan or in connection with a court order.

6 “(j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411,
7 163.415, 163.425, 163.427, 163.465 or 163.467.

8 “(k) Any death of an adult caused by other than accidental or natural
9 means.

10 “(2) ‘Adult’ means a person 18 years of age or older with:

11 “(a) A developmental disability who is currently receiving services from
12 a community program or facility or was previously determined eligible for
13 services as an adult by a community program or facility; or

14 “(b) A mental illness who is receiving services from a community program
15 or facility.

16 “(3) ‘Adult protective services’ means the necessary actions taken to pre-
17 vent abuse or exploitation of an adult, to prevent self-destructive acts and
18 to safeguard an adult’s person, property and funds, including petitioning for
19 a protective order as defined in ORS 125.005. Any actions taken to protect
20 an adult shall be undertaken in a manner that is least intrusive to the adult
21 and provides for the greatest degree of independence.

22 “(4) ‘Caregiver’ means an individual, whether paid or unpaid, or a facility
23 that has assumed responsibility for all or a portion of the care of an adult
24 as a result of a contract or agreement.

25 “(5) ‘Community program’ means a community mental health program or
26 a community developmental disabilities program as established in ORS
27 430.610 to 430.695.

28 “(6) ‘Facility’ means a residential treatment home or facility, residential
29 care facility, adult foster home, residential training home or facility or crisis
30 respite facility.

1 “(7) ‘Financial exploitation’ means:

2 “(a) Wrongfully taking the assets, funds or property belonging to or in-
3 tended for the use of a person with a developmental disability.

4 “(b) Alarming a person with a developmental disability by conveying a
5 threat to wrongfully take or appropriate money or property of the person if
6 the person would reasonably believe that the threat conveyed would be car-
7 ried out.

8 “(c) Misappropriating, misusing or transferring without authorization any
9 money from any account held jointly or singly by a person with a develop-
10 mental disability.

11 “(d) Failing to use the income or assets of a person with a developmental
12 disability effectively for the support and maintenance of the person.

13 “(8) ‘Intimidation’ means compelling or deterring conduct by threat.

14 “(9) ‘Law enforcement agency’ means:

15 “(a) Any city or municipal police department;

16 “(b) A police department established by a university under ORS 352.383
17 or 353.125;

18 “(c) Any county sheriff’s office;

19 “(d) The Oregon State Police; or

20 “(e) Any district attorney.

21 “(10) ‘Neglect’ means:

22 “(a) Failure to provide the care, supervision or services necessary to
23 maintain the physical and mental health of a person with a developmental
24 disability that may result in physical harm or significant emotional harm to
25 the person;

26 “(b) The failure of a caregiver to make a reasonable effort to protect a
27 person with a developmental disability from abuse; or

28 “(c) Withholding of services necessary to maintain the health and well-
29 being of an adult which leads to physical harm of an adult.

30 “(11) ‘Person with a developmental disability’ means a person described

1 in subsection (2)(a) of this section.

2 “(12) ‘Public or private official’ means:

3 “(a) Physician licensed under ORS chapter 677, physician assistant li-
4 censed under ORS 677.505 to 677.525, naturopathic physician, psychologist
5 or chiropractor, including any intern or resident;

6 “(b) Licensed practical nurse, registered nurse, nurse’s aide, home health
7 aide or employee of an in-home health service;

8 “(c) Employee of the Department of Human Services or Oregon Health
9 Authority, [county] **local** health department, community mental health pro-
10 gram or community developmental disabilities program or private agency
11 contracting with a public body to provide any community mental health
12 service;

13 “(d) Peace officer;

14 “(e) Member of the clergy;

15 “(f) Regulated social worker;

16 “(g) Physical, speech or occupational therapist;

17 “(h) Information and referral, outreach or crisis worker;

18 “(i) Attorney;

19 “(j) Licensed professional counselor or licensed marriage and family
20 therapist;

21 “(k) Any public official who comes in contact with adults in the per-
22 formance of the official’s duties; or

23 “(L) Firefighter or emergency medical services provider.

24 “(13) ‘Services’ includes but is not limited to the provision of food,
25 clothing, medicine, housing, medical services, assistance with bathing or
26 personal hygiene or any other service essential to the well-being of an adult.

27 “(14)(a) ‘Sexual abuse’ means:

28 “(A) Sexual contact with a nonconsenting adult or with an adult consid-
29 ered incapable of consenting to a sexual act under ORS 163.315;

30 “(B) Sexual harassment, sexual exploitation or inappropriate exposure to

1 sexually explicit material or language;

2 “(C) Any sexual contact between an employee of a facility or paid
3 caregiver and an adult served by the facility or caregiver;

4 “(D) Any sexual contact between a person with a developmental disability
5 and a relative of the person with a developmental disability other than a
6 spouse; or

7 “(E) Any sexual contact that is achieved through force, trickery, threat
8 or coercion.

9 “(b) ‘Sexual abuse’ does not mean consensual sexual contact between an
10 adult and a paid caregiver who is the spouse of the adult.

11 “(15) ‘Sexual contact’ has the meaning given that term in ORS 163.305.

12 “(16) ‘Verbal abuse’ means to threaten significant physical or emotional
13 harm to a person with a developmental disability through the use of:

14 “(a) Derogatory or inappropriate names, insults, verbal assaults, profanity
15 or ridicule; or

16 “(b) Harassment, coercion, threats, intimidation, humiliation, mental cru-
17 elty or inappropriate sexual comments.

18 “**SECTION 70.** ORS 430.920 is amended to read:

19 “430.920. (1) The attending health care provider shall perform during the
20 first trimester of pregnancy or as early as possible a risk assessment which
21 shall include an assessment for drug and alcohol usage. If the results of the
22 assessment indicate that the patient uses or abuses drugs or alcohol or uses
23 unlawful controlled substances, the provider shall tell the patient about the
24 potential health effects of continued substance abuse and recommend coun-
25 seling by a trained drug or alcohol abuse counselor.

26 “(2) The provider shall supply [*to the local public health administrator,*
27 *and to the Alcohol and Drug Policy Commission for purposes of the*
28 *commission’s accountability and data collection system,*] demographic infor-
29 mation concerning patients described in subsection (1) of this section **to the**
30 **Alcohol and Drug Policy Commission, for purposes related to the**

1 **commission’s accountability and data collection system, and to the**
2 **local public health administrator, as defined in section 2 of this 2015**
3 **Act**, without revealing the identity of the patients. The local **public health**
4 administrator shall use forms prescribed by the Oregon Health Authority and
5 shall send copies of the forms and any compilation made from the forms to
6 the authority at such times as the authority may require by rule.

7 “(3) The provider, if otherwise authorized, may administer or prescribe
8 controlled substances that relieve withdrawal symptoms and assist the pa-
9 tient in reducing the need for unlawful controlled substances according to
10 medically acceptable practices.

11 **“SECTION 71.** ORS 431.260 is amended to read:

12 “431.260. As used in ORS [431.035 to 431.530] **431.260 to 431.266:**

13 “(1) ‘Children’s facility’ has the meaning given that term in ORS 433.235.

14 “(2) ‘Communicable disease’ means a disease or condition, the infectious
15 agent of which may be transmitted by any means from one person or from
16 an animal to another person, that may result in illness, death or severe dis-
17 ability.

18 “(3) ‘Condition of public health importance’ means a disease, syndrome,
19 symptom, injury or other threat to public health that is identifiable on an
20 individual or community level.

21 “(4) ‘Disease outbreak’ means a significant or notable increase in the
22 number of cases of a disease or other condition of public health importance.

23 “(5) ‘Epidemic’ means the occurrence in a community or region of a group
24 of similar conditions of public health importance that are in excess of normal
25 expectancy and derived from a common or propagated source.

26 “(6) ‘Local public health administrator’ means *[the public health adminis-*
27 *trator of a county or health district appointed under ORS 431.418 or the au-*
28 *thorized representative of that public health administrator]* **a local public**
29 **health administrator as defined in section 2 of this 2015 Act or the**
30 **authorized representative of a local public health administrator.**

1 “(7) ‘Local public health authority’ [*means a county government, or a*
2 *health district created under ORS 431.414 or a person or agency a county or*
3 *health district has contracted with to act as the local public health authority*]
4 **has the meaning given that term in section 2 of this 2015 Act.**

5 “(8) ‘Public health law’ means any statute, rule or local ordinance that
6 has the purpose of promoting or protecting the public health and that es-
7 tablishes the authority of the Oregon Health Authority, the Public Health
8 Director, the Public Health Officer, a local public health authority or local
9 public health administrator to enforce the statute, rule or local ordinance.

10 “(9) ‘Public health measure’ means a test, medical examination, treatment,
11 isolation, quarantine or other measure imposed on an individual or group
12 of individuals in order to prevent the spread of or exposure to a
13 communicable disease, toxic substance or transmissible agent.

14 “(10) ‘Reportable disease’ means a disease or condition, the reporting of
15 which enables a public health authority to take action to protect or to ben-
16 efit the public health.

17 “(11) ‘School’ has the meaning given that term in ORS 433.235.

18 “(12) ‘Specimen’ means blood, sputum, urine, stool or other bodily fluids
19 and wastes, tissues, and cultures necessary to perform required tests.

20 “(13) ‘Test’ means any diagnostic or investigative analyses or medical
21 procedures that determine the presence or absence of, or exposure to, a
22 condition of potential public health importance, or its precursor in an indi-
23 vidual.

24 “(14) ‘Toxic substance’ means a substance that may cause illness, disa-
25 bility or death to persons who are exposed to it.

26 **“SECTION 72.** ORS 431.705 is amended to read:

27 “431.705. As used in ORS 431.705 to 431.760, unless the context requires
28 otherwise:

29 “(1) ‘Affected territory’ means an area that is the subject of a proceedings
30 under ORS 431.705 to 431.760 where there is a danger to public health or an

1 alleged danger to public health.

2 “(2) ‘Boundary commission’ means a local government boundary commis-
3 sion created under ORS 199.410 to 199.430, 199.435 to 199.464, 199.480 to
4 199.505 and 199.510.

5 “(3) ‘Commission’ means the Environmental Quality Commission.

6 “(4) ‘Danger to public health’ means a condition which is conducive to the
7 propagation of communicable or contagious disease-producing organisms and
8 which presents a reasonably clear possibility that the public generally is
9 being exposed to disease-caused physical suffering or illness, including a
10 condition such as:

11 “(a) Impure or inadequate domestic water.

12 “(b) Inadequate installations for the disposal or treatment of sewage,
13 garbage or other contaminated or putrefying waste.

14 “(c) Inadequate improvements for drainage of surface water and other
15 fluid substances.

16 “(5) ‘District’ means any one of the following:

17 “(a) A metropolitan service district formed under ORS chapter 268.

18 “(b) A county service district formed under ORS chapter 451.

19 “(c) A sanitary district formed under ORS 450.005 to 450.245.

20 “(d) A sanitary authority, water authority or joint water and sanitary
21 authority formed under ORS 450.600 to 450.989.

22 “(e) A domestic water supply district formed under ORS chapter 264.

23 “(6) ‘Requesting body’ means the county court[,] or [*local or district board*
24 *of health*] **local public health authority, as defined in section 2 of this**
25 **2015 Act**, that makes a request under ORS 431.715.

26 “(7) ‘Service facilities’ means water or sewer installations or works.

27 **“SECTION 73.** ORS 431.715 is amended to read:

28 “431.715. (1) The county court or [*the local or district board of health*]
29 **local public health authority, as defined in section 2 of this 2015 Act**,
30 having jurisdiction over **the** territory where [*it believes*] conditions danger-

1 ous to the public health exist shall adopt a resolution requesting the Oregon
2 Health Authority to initiate proceedings for the formation of a district or
3 annexation of territory to, or delivery of appropriate water or sewer services
4 by, an existing district without vote or consent in the affected territory. The
5 resolution shall:

6 “(a) Describe the boundaries of the affected territory;

7 “(b) Describe the conditions alleged to be causing a danger to public
8 health;

9 “(c) Request the authority to ascertain whether conditions dangerous to
10 public health exist in the affected territory and whether such conditions
11 could be removed or alleviated by the provision of service facilities; and ei-
12 ther

13 “(d) Recommend a district that the affected territory could be included in
14 or annexed to for the purpose of providing the requested service facilities;
15 or

16 “(e) Recommend that an existing district provide service facilities in the
17 affected territory.

18 “(2) The requesting body shall cause a certified copy of the resolution,
19 together with the time schedule and preliminary plans and specifications,
20 prepared in accordance with subsection (3) of this section, to be forwarded
21 to the **Oregon Health** Authority.

22 “(3) The requesting body shall cause a study to be made and preliminary
23 plans and specifications prepared for the service facilities considered neces-
24 sary to remove or alleviate the conditions causing a danger to public health.
25 The requesting body shall prepare a schedule setting out the steps necessary
26 to put the facilities into operation and the time required for each step in
27 implementation of the plans.

28 “(4) If the preliminary plans involve facilities that are subject to the ju-
29 risdiction of the Environmental Quality Commission, a copy of the docu-
30 ments submitted to the **Oregon Health** Authority under subsection (2) of

1 this section shall be submitted to the commission for review, in accordance
2 with ORS 431.725, of those facilities that are subject to its jurisdiction. No
3 order or findings shall be adopted under ORS 431.735 or 431.756 until the
4 plans of the requesting body for such facilities, if any, have been approved
5 by the commission.

6 **“SECTION 74.** ORS 431.966 is amended to read:

7 “431.966. (1)(a) Except as provided under subsection (2) of this section,
8 prescription monitoring information submitted under ORS 431.964 to the
9 prescription monitoring program established in ORS 431.962:

10 “(A) Is protected health information under ORS 192.553 to 192.581.

11 “(B) Is not subject to disclosure pursuant to ORS 192.410 to 192.505.

12 “(b) Except as provided under subsection (2)(a)(E) of this section, pre-
13 scription monitoring information submitted under ORS 431.964 to the pre-
14 scription monitoring program may not be used to evaluate a practitioner’s
15 professional practice.

16 “(2)(a) To the extent that the law or regulation is applicable to the pre-
17 scription monitoring program, if a disclosure of prescription monitoring in-
18 formation, other than the sex of a patient for whom a drug was prescribed,
19 complies with the federal Health Insurance Portability and Accountability
20 Act of 1996 (P.L. 104-191) and regulations adopted under it, including 45
21 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality
22 laws and regulations adopted under those laws, including 42 C.F.R. part 2,
23 and state health and mental health confidentiality laws, including ORS
24 179.505, 192.517 and 192.553 to 192.581, the Oregon Health Authority shall
25 disclose the information:

26 “(A) To a practitioner or pharmacist, or, if a practitioner or pharmacist
27 authorizes the authority to disclose the information to a member of the
28 practitioner’s or pharmacist’s staff, to a member of the practitioner’s or
29 pharmacist’s staff. If a practitioner or pharmacist authorizes disclosing the
30 information to a member of the practitioner’s or pharmacist’s staff under this

1 subparagraph, the practitioner or pharmacist remains responsible for the use
2 or misuse of the information by the staff member. To receive information
3 under this subparagraph, or to authorize the receipt of information by a staff
4 member under this subparagraph, a practitioner or pharmacist must certify
5 that the requested information is for the purpose of evaluating the need for
6 or providing medical or pharmaceutical treatment for a patient to whom the
7 practitioner or pharmacist anticipates providing, is providing or has provided
8 care.

9 “(B) To a practitioner in a form that catalogs all prescription drugs pre-
10 scribed by the practitioner according to the number assigned to the practi-
11 tioner by the Drug Enforcement Administration of the United States
12 Department of Justice.

13 “(C) To designated representatives of the authority or any vendor or
14 contractor with whom the authority has contracted to establish or maintain
15 the electronic system of the prescription monitoring program.

16 “(D) Pursuant to a valid court order based on probable cause and issued
17 at the request of a federal, state or local law enforcement agency engaged
18 in an authorized drug-related investigation involving a person to whom the
19 requested information pertains.

20 “(E) To a health professional regulatory board that certifies in writing
21 that the requested information is necessary for an investigation related to
22 licensure, renewal or disciplinary action involving the applicant, licensee or
23 registrant to whom the requested information pertains.

24 “(F) To a prescription monitoring program of another state if the
25 confidentiality, security and privacy standards of the requesting state are
26 determined by the authority to be equivalent to those of the authority.

27 “(G) To the State Medical Examiner or designee of the State Medical
28 Examiner, for the purpose of conducting a medicolegal investigation or
29 autopsy.

30 “(b) The authority may disclose information from the prescription moni-

1 toring program that does not identify a patient, practitioner or drug outlet:

2 “(A) For educational, research or public health purposes;

3 “(B) To a local public health authority, as defined in [ORS 431.260] **sec-**
4 **tion 2 of this 2015 Act**; or

5 “(C) To officials of the authority who are conducting special
6 epidemiologic morbidity and mortality studies in accordance with ORS
7 413.196 and rules adopted under [ORS 431.110] **sections 9 to 24 of this 2015**
8 **Act.**

9 “(c) The **Oregon Health** Authority shall disclose information relating to
10 a patient maintained in the electronic system operated pursuant to the pre-
11 scription monitoring program established under ORS 431.962 to that patient
12 at no cost to the patient within 10 business days after the authority receives
13 a request from the patient for the information.

14 “(d)(A) A patient may request the authority to correct any information
15 about the patient that is erroneous. The authority shall grant or deny a re-
16 quest to correct information within 10 business days after the authority re-
17 ceives the request.

18 “(B) If the authority denies a patient’s request to correct information
19 under this paragraph, or fails to grant a patient’s request to correct infor-
20 mation under this paragraph within 10 business days after the authority re-
21 ceives the request, the patient may appeal the denial or failure to grant the
22 request. Upon receipt of an appeal under this subparagraph, the authority
23 shall conduct a contested case hearing as provided in ORS chapter 183.
24 Notwithstanding ORS 183.450, in the contested case hearing, the authority
25 has the burden of establishing that the information included in the pre-
26 scription monitoring program is correct.

27 “(e) The information in the prescription monitoring program may not be
28 used for any commercial purpose.

29 “(f) In accordance with ORS 192.553 to 192.581 and federal privacy regu-
30 lations, any person authorized to prescribe or dispense a prescription drug

1 and who is entitled to access a patient’s prescription monitoring information
2 may discuss or release the information to other health care providers in-
3 volved with the patient’s care, in order to provide safe and appropriate care
4 coordination.

5 “(3)(a) The authority shall maintain records of the information disclosed
6 through the prescription monitoring program including, but not limited to:

7 “(A) The identity of each person who requests or receives information
8 from the program and the organization, if any, the person represents;

9 “(B) The information released to each person or organization; and

10 “(C) The date and time the information was requested and the date and
11 time the information was provided.

12 “(b) Records maintained as required by this subsection may be reviewed
13 by the Prescription Monitoring Program Advisory Commission.

14 “(4) Information in the prescription monitoring program that identifies
15 an individual patient must be removed no later than three years from the
16 date the information is entered into the program.

17 “(5) The authority shall notify the Attorney General and each affected
18 individual of an improper disclosure of information from the prescription
19 monitoring program.

20 “(6)(a) If the authority or a person or entity required to report or au-
21 thorized to receive or release controlled substance prescription information
22 under this section violates this section or ORS 431.964 or 431.968, a person
23 injured by the violation may bring a civil action against the authority, per-
24 son or entity and may recover damages in the amount of \$1,000 or actual
25 damages, whichever is greater.

26 “(b) Notwithstanding paragraph (a) of this subsection, the authority and
27 a person or entity required to report or authorized to receive or release
28 controlled substance prescription information under this section are immune
29 from civil liability for violations of this section or ORS 431.964 or 431.968
30 unless the authority, person or entity acts with malice, criminal intent, gross

1 negligence, recklessness or willful intent.

2 “(7) Nothing in ORS 431.962 to 431.978 and 431.992 requires a practitioner
3 or pharmacist who prescribes or dispenses a prescription drug to obtain in-
4 formation about a patient from the prescription monitoring program. A
5 practitioner or pharmacist who prescribes or dispenses a prescription drug
6 may not be held liable for damages in any civil action on the basis that the
7 practitioner or pharmacist did or did not request or obtain information from
8 the prescription monitoring program.

9 **“SECTION 75.** ORS 432.035 is amended to read:

10 “432.035. (1) The State Registrar of the Center for Health Statistics shall
11 designate for each county a government employee or, to the extent allowed
12 under state and federal law, an employee of a local public health authority
13 [*as described in ORS 431.375 (2)*] **as defined in section 2 of this 2015 Act**,
14 to act as a county registrar. In consultation with the state registrar, each
15 county registrar may designate one or more deputy county registrars. The
16 county registrar shall be sufficiently positioned within the county and have
17 sufficient contact with deputy county registrars to ensure compliance with
18 this chapter and rules adopted under this chapter.

19 “(2) The county and deputy county registrars shall:

20 “(a) Comply with all instructions of the state registrar;

21 “(b) Check upon the compliance of others with the provisions of this
22 chapter and with rules adopted under this chapter; and

23 “(c) Make an immediate report to the state registrar of any violation of
24 this chapter or of a rule adopted under this chapter coming to their notice
25 by observation, upon complaint of a person or otherwise.

26 “(3) The Oregon Health Authority, after taking into consideration county
27 needs, shall adopt rules under which a county registrar may issue certified
28 copies of records of live births or deaths that occur in the county within six
29 months of the date of the live birth or death.

30 **“SECTION 76.** ORS 433.001 is amended to read:

1 “433.001. As used in ORS 433.001 to 433.045 and 433.110 to 433.770 unless
2 the context requires otherwise:

3 “(1) ‘Communicable disease’ has the meaning given that term in ORS
4 431.260.

5 “(2) ‘Control’ means a person without a reportable disease about whom
6 information is collected for purposes of comparison to a person or persons
7 with the reportable disease.

8 “(3) ‘Disease outbreak’ has the meaning given that term in ORS 431.260.

9 “(4) ‘Epidemic’ has the meaning given that term in ORS 431.260.

10 “(5) ‘Health care provider’ has the meaning given that term in ORS
11 433.443.

12 “(6) ‘Individually identifiable health information’ has the meaning given
13 that term in ORS 433.443.

14 “(7) ‘Isolation’ means the physical separation and confinement of a person
15 or group of persons who are infected or reasonably believed to be infected
16 with a communicable disease or possibly communicable disease from noniso-
17 lated persons to prevent or limit the transmission of the disease to noniso-
18 lated persons.

19 “(8) ‘Local public health administrator’ has the meaning given that term
20 in [ORS 431.260] **section 2 of this 2015 Act.**

21 “(9) ‘Property’ means animals, inanimate objects, vessels, public
22 conveyances, buildings and all other real or personal property.

23 “(10) ‘Public health measure’ has the meaning given that term in ORS
24 431.260.

25 “(11) ‘Quarantine’ means the physical separation and confinement of a
26 person or group of persons who have been or may have been exposed to a
27 communicable disease or possibly communicable disease and who do not
28 show signs or symptoms of a communicable disease, from persons who have
29 not been exposed to a communicable disease or possibly communicable dis-
30 ease, to prevent or limit the transmission of the disease to other persons.

1 “(12) ‘Reportable disease’ has the meaning given that term in ORS 431.260.

2 “(13) ‘Simultaneous electronic transmission’ means transmission by tele-
3 vision, telephone or any other electronic or digital means if the form of
4 transmission allows:

5 “(a) The court and the person making the appearance to communicate
6 with each other during the proceeding; and

7 “(b) A person who is represented by legal counsel to consult privately
8 with the person’s attorney during the proceeding.

9 “(14) ‘Toxic substance’ has the meaning given that term in ORS 431.260.

10 **“SECTION 77.** ORS 433.060 is amended to read:

11 “433.060. As used in ORS 433.060 to 433.085 unless the context requires
12 otherwise:

13 “(1) ‘Authority’ means the Oregon Health Authority.

14 “(2) ‘Health care facility’ means a facility as defined in ORS 442.015 and
15 a mental health facility, alcohol treatment facility or drug treatment facility
16 licensed or operated under ORS chapter 426 or 430.

17 “(3) ‘Hepatitis test’ means a test of an individual for the presence of
18 hepatitis B or C or for any other substance specifically indicating the pres-
19 ence of hepatitis B or C.

20 “(4) ‘HIV test’ means a test of an individual for the presence of human
21 immunodeficiency virus (HIV), or for antibodies or antigens that result from
22 HIV infection, or for any other substance specifically indicating infection
23 with HIV.

24 “(5) ‘Licensed health care provider’ or ‘health care provider’ means a
25 person licensed or certified to provide health care under ORS chapter 677,
26 678, 679, 680, 684 or 685 or ORS 682.216, or under comparable statutes of any
27 other state.

28 “(6) ‘Local public health administrator’ means the **local** public health
29 administrator [*of the county or district health department*], **as defined in**
30 **section 2 of this 2015 Act**, for the jurisdiction in which the reported sub-

1 stantial exposure occurred.

2 “(7) ‘Local public health officer’ means the **local** health officer, as de-
3 scribed in ORS 431.418, of the county or district health department for the
4 jurisdiction in which the substantial exposure occurred.

5 “(8) ‘Occupational exposure’ means a substantial exposure of a worker in
6 the course of the worker’s occupation.

7 “(9) ‘Source person’ means a person who is the source of the blood or body
8 fluid in the instance of a substantial exposure of another person.

9 “(10) ‘Substantial exposure’ means an exposure to blood or certain body
10 fluids as defined by rule of the authority to have a potential for transmitting
11 the human immunodeficiency virus based upon current scientific information.

12 “(11) ‘Worker’ means a person who is licensed or certified to provide
13 health care under ORS chapters 677, 678, 679, 680, 684 or 685 or ORS 682.216,
14 an employee of a health care facility, of a licensed health care provider or
15 of a clinical laboratory, as defined in ORS 438.010, a firefighter, a law
16 enforcement officer, as defined in ORS 414.805, a corrections officer or a
17 parole and probation officer.

18 “**SECTION 78.** ORS 433.090 is amended to read:

19 “433.090. As used in ORS 433.090 to 433.102:

20 “(1) ‘Authorized user’ means a person or entity authorized to provide in-
21 formation to or to receive information from an immunization registry or
22 tracking and recall system under ORS 433.090 to 433.102. ‘Authorized user’
23 includes, but is not limited to:

24 “(a) The Oregon Health Authority and its agents;

25 “(b) Local health departments and their agents;

26 “(c) Licensed health care providers and their agents;

27 “(d) Health care institutions;

28 “(e) Insurance carriers;

29 “(f) State health plans as defined in ORS 192.556;

30 “(g) Parents, guardians or legal custodians of children under 18 years of

1 age;

2 “(h) Clients 18 years of age or older;

3 “(i) Post-secondary education institutions;

4 “(j) Schools; and

5 “(k) Children’s facilities.

6 “(2) ‘Children’s facility’ has the meaning given that term in ORS 433.235.

7 “(3) ‘Client’ means a person registered with any Oregon tracking and re-
8 call system.

9 “(4) ‘Immunization record’ includes but is not limited to records of the
10 following:

11 “(a) Any immunization received;

12 “(b) Date immunization was received;

13 “(c) Complication or side effect associated with immunization;

14 “(d) Date and place of birth of a client;

15 “(e) Hospital where a client was born;

16 “(f) Client’s name; and

17 “(g) Mother’s name.

18 “(5) ‘Immunization registry’ means a listing of clients and information
19 relating to their immunization status, without regard to whether the registry
20 is maintained in this state or elsewhere.

21 “(6) ‘Local health department’ has the meaning given that term in [ORS
22 433.235] **section 2 of this 2015 Act.**

23 “(7) ‘Parent or guardian’ has the meaning given the term ‘parent’ in ORS
24 433.235.

25 “(8) ‘Post-secondary education institution’ means:

26 “(a) A public university listed in ORS 352.002;

27 “(b) A community college operated under ORS chapter 341;

28 “(c) A school or division of Oregon Health and Science University; or

29 “(d) An Oregon-based, generally accredited, private institution of higher
30 education.

1 “(9) ‘Provider’ means a physician or a health care professional who is
2 acting within the scope of the physician’s or professional’s licensure and is
3 responsible for providing immunization services or for coordinating immu-
4 nization services within a clinic, public health site, school or other immu-
5 nization site.

6 “(10) ‘School’ has the meaning given that term in ORS 433.235.

7 “(11) ‘Tracking and recall record’ means information needed to send re-
8 minder cards to, place telephone calls to or personally contact the client or
9 the parent or guardian of a client for the purposes of informing the client,
10 parent or guardian that the client is late in receiving recommended immu-
11 nizations, hearing or lead screenings, or other public health interventions,
12 including but not limited to the client’s:

13 “(a) Name;

14 “(b) Address;

15 “(c) Telephone number;

16 “(d) Insurance carrier; and

17 “(e) Health care provider.

18 “(12) ‘Tracking and recall system’ means a system attached to an immu-
19 nization registry designed to contact clients listed in the immunization reg-
20 istry for the purposes of assisting in the timely completion of immunization
21 series, hearing or lead screenings, or other public health interventions des-
22 ignated by rule of the authority.

23 **“SECTION 79.** ORS 433.128 is amended to read:

24 “433.128. When isolating or quarantining a person or group of persons in
25 accordance with ORS 433.121 or 433.123, the Public Health Director or the
26 local public health administrator shall adhere to the following conditions
27 and principles:

28 “(1) Isolation or quarantine must be by the least restrictive means nec-
29 essary to prevent the spread of a communicable disease or possibly
30 communicable disease to others or to limit exposure to or contamination

1 with a toxic substance by others, and may include, but is not limited to,
2 confinement to private homes or other public or private premises.

3 “(2) Confinement may not be in a prison, jail or other facility where those
4 charged with a crime or a violation of a municipal ordinance are
5 incarcerated unless:

6 “(a) The person or group of persons represents an immediate and serious
7 physical threat to the staff or physical facilities of a hospital or other fa-
8 cility in which the person or group of persons has been confined; or

9 “(b) A person has been found in contempt of court because of failure to
10 obey a court order.

11 “(3) Isolated persons must be confined separately from quarantined per-
12 sons. If a facility is not capable of separating isolated persons from
13 quarantined persons, either the isolated persons or the quarantined persons
14 must be moved to a separate facility.

15 “(4) The health status of an isolated or quarantined person must be
16 monitored regularly to determine if the person requires continued isolation
17 or quarantine.

18 “(5) A quarantined person who subsequently becomes infected or is rea-
19 sonably believed to have become infected with a communicable disease or
20 possibly communicable disease that the Public Health Director or the local
21 public health administrator believes poses a significant threat to the health
22 and safety of other quarantined persons must be promptly placed in isolation.

23 “(6) An isolated or quarantined person must be released as soon as prac-
24 ticable when the Public Health Director or local public health administrator
25 determines that the person has been successfully decontaminated or that the
26 person no longer poses a substantial risk of transmitting a communicable
27 disease or possibly communicable disease that would constitute a serious or
28 imminent threat to the health and safety of others.

29 “(7) The needs of a person who is isolated or quarantined must be ad-
30 dressed to the greatest extent practicable in a systematic and competent

1 fashion, including, but not limited to, providing adequate food, medication,
2 competent medical care, clothing, shelter and means of communication with
3 other persons who are in isolation or quarantine and persons who are not
4 under isolation or quarantine.

5 “(8) Premises used for isolation or quarantine must, to the extent practi-
6 cable, be maintained in a safe and hygienic manner to lessen the likelihood
7 of further transmission of a communicable disease or possibly communicable
8 disease or of further harm to persons who are isolated and quarantined.

9 “(9) Cultural and religious beliefs should be considered to the extent
10 practicable in addressing the needs of persons who are isolated or
11 quarantined and in establishing and maintaining premises used for isolation
12 or quarantine.

13 “(10)(a) Isolation or quarantine shall not abridge the right of any person
14 to rely exclusively on spiritual means to treat a communicable disease or
15 possibly communicable disease in accordance with religious or other spirit-
16 ual tenets and practices.

17 “(b) Nothing in ORS 433.126 to 433.138, 433.142 and 433.466 prohibits a
18 person who relies exclusively on spiritual means to treat a communicable
19 disease or possibly communicable disease and who is infected with a
20 communicable disease or has been exposed to a toxic substance from being
21 isolated or quarantined in a private place of the person’s own choice, pro-
22 vided the private place is approved by the Public Health Director or the lo-
23 cal **public** health administrator and the person who is isolated or
24 quarantined complies with all laws, rules and regulations governing control,
25 sanitation, isolation and quarantine.

26 “(11) Prior to placing a person or group of persons subject to isolation
27 or quarantine in a health care facility as defined in ORS 442.015, the Public
28 Health Director or the local public health administrator must provide to the
29 managers of the health care facility notice of the intention to seek authori-
30 zation from the circuit court to place a person or group of persons in iso-

1 lation or quarantine in the facility and must consult with the managers of
2 the health care facility regarding how to best meet the requirements of this
3 section.

4 “(12) The Public Health Director or local public health administrator
5 shall provide adequate means of communication between a person or a group
6 of persons who is isolated or quarantined and legal counsel for the person
7 or group of persons.

8 **“SECTION 80.** ORS 433.235 is amended to read:

9 “433.235. As used in ORS 433.235 to 433.284:

10 “(1) ‘Administrator’ means the principal or other person having general
11 control and supervision of a school or children’s facility.

12 “(2) ‘Children’s facility’ or ‘facility’ means:

13 “(a) A certified child care facility as described in ORS 329A.030 and
14 329A.250 to 329A.450, except as exempted by rule of the Oregon Health Au-
15 thority;

16 “(b) A program operated by, or sharing the premises with, a certified child
17 care facility, school or post-secondary institution where care is provided to
18 children, six weeks of age to kindergarten entry, except as exempted by rule
19 of the authority; or

20 “(c) A program providing child care or educational services to children,
21 six weeks of age to kindergarten entry, in a residential or nonresidential
22 setting, except as exempted by rule of the authority.

23 “(3) ‘Local health department’ [*means the district or county board of*
24 *health, public health officer, public health administrator or health department*
25 *having jurisdiction within the area*] **has the meaning given that term in**
26 **section 2 of this 2015 Act.**

27 “(4) ‘Parent’ means a parent or guardian of a child or any adult respon-
28 sible for the child.

29 “(5) ‘Physician’ means a physician licensed by the Oregon Medical Board
30 or by the Oregon Board of Naturopathic Medicine or a physician similarly

1 licensed by another state or country in which the physician practices or a
2 commissioned medical officer of the Armed Forces or Public Health Service
3 of the United States.

4 “(6) ‘School’ means a public, private, parochial, charter or alternative
5 educational program offering kindergarten through grade 12 or any part
6 thereof, except as exempted by rule of the authority.

7 **“SECTION 81.** ORS 433.323 is amended to read:

8 “433.323. (1) As used in this section:

9 “(a) ‘Newborn hearing screening test registry’ means a listing of newborn
10 children and information related to their newborn hearing screening tests.

11 “(b) ‘Tracking and recall system’ means a system attached to the newborn
12 hearing screening test registry designed to contact the parent or guardian
13 of a newborn child listed in the newborn hearing screening test registry for
14 the purposes of assisting in testing and in enrollment of the newborn child
15 in early intervention services in a timely manner.

16 “(2) The Oregon Health Authority shall implement a newborn hearing
17 screening test registry and tracking and recall system. The registry and
18 system shall include, but are not limited to, the following:

19 “(a) Information on the results of newborn hearing screening tests per-
20 formed at Oregon hospitals, birthing centers and diagnostic facilities.

21 “(b) Notification of the parent or guardian and the health care provider
22 of a newborn child and of the local public health [*agency*] **authority, as**
23 **defined in section 2 of this 2015 Act,** of the county in which the parent
24 or guardian resides when the system indicates that a newborn child has not
25 received a newborn hearing screening test, has been referred to a diagnostic
26 facility for a diagnostic evaluation but has not received the evaluation or
27 has been diagnosed with hearing loss but has not been enrolled in an edu-
28 cational institution providing early intervention services.

29 “(3) The **Oregon Health** Authority shall adopt rules:

30 “(a) Implementing this section and ORS 433.321;

1 “(b) Ensuring the privacy of individuals about whom information is col-
2 lected pursuant to this section and ORS 433.321; and

3 “(c) Specifying the forms to be used by hospitals, birthing centers, diag-
4 nostic facilities and educational institutions to provide the information re-
5 quired under this section and ORS 433.321.

6 “(4) The authority shall analyze the information collected under this
7 section to determine the efficacy of this section and ORS 433.321 in identi-
8 fying hearing loss in the newborn child population and enrolling newborn
9 children in early intervention services.

10 “(5) The authority shall issue an annual report detailing the results of
11 newborn hearing screening tests, diagnostic evaluations and participation in
12 early intervention services.

13 “(6) The authority shall implement the newborn hearing screening test
14 registry within existing resources. The authority may accept contributions
15 of funds and assistance from the United States Government or its agencies
16 or from any other source, public or private, and agree to conditions not in-
17 consistent with the purposes of the registry.

18 **“SECTION 82.** ORS 433.442 is amended to read:

19 “433.442. As used in ORS 433.441 to 433.452:

20 “(1) ‘Bioterrorism’ means the intentional use of any microorganism, virus,
21 infectious substance or biological product to cause death, disease or other
22 biological harm to a human, an animal, a plant or another living organism.

23 “(2) ‘Communicable disease’ has the meaning given that term in ORS
24 431.260.

25 “(3) ‘Local public health authority’ has the meaning given that term in
26 [ORS 431.260] **section 2 of this 2015 Act.**

27 “(4) ‘Public health emergency’ means an occurrence or imminent threat
28 of an illness or health condition that:

29 “(a) Is believed to be caused by any of the following:

30 “(A) Bioterrorism;

1 “(B) The appearance of a novel or previously controlled or eradicated in-
2 fectious agent or biological toxin that may be highly contagious;

3 “(C) An epidemic of communicable disease; or

4 “(D) A natural disaster, a chemical attack or accidental chemical release
5 or a nuclear attack or nuclear accident; and

6 “(b) Poses a high probability of any of the following harms:

7 “(A) A large number of deaths in the affected population;

8 “(B) A large number of serious or long-term disabilities in the affected
9 population; or

10 “(C) Widespread exposure to an infectious or toxic agent that poses a
11 significant risk of substantial future harm to a large number of persons in
12 the affected population.

13 “(5) ‘Public health measure’ has the meaning given that term in ORS
14 431.260.

15 **“SECTION 83.** ORS 433.750 is amended to read:

16 “433.750. (1) The governing body of a county in which an outdoor mass
17 gathering is to take place shall issue a permit upon application when the
18 organizer demonstrates compliance with or the ability to comply with the
19 health and safety rules governing outdoor mass gatherings to be regulated
20 according to the anticipated crowd and adopted by the Oregon Health Au-
21 thority. The application shall include all of the following:

22 “(a) Name and address of the applicant.

23 “(b) Legal description of the place of the proposed gathering.

24 “(c) Date of the proposed gathering.

25 “(d) Estimated attendance at the proposed gathering.

26 “(e) Nature of the proposed gathering.

27 “(f) Such other appropriate information as the county governing body may
28 require in order to insure compliance with rules of the authority.

29 “(2) Notice of the application shall be sent by the county governing body
30 to the county sheriff or county chief law enforcement officer, the [county]

1 **local** health officer and the chief of the fire district in which the gathering
2 is to be held.

3 “(3) Each officer receiving notice of the application under subsection (2)
4 of this section who wishes to comment on the application shall submit such
5 comment in writing to the county governing body not later than the hearing
6 date. The comment may include recommendations related to the official
7 functions of the officer as to granting the permit and any recommended
8 conditions that should be imposed.

9 “(4) The county governing body shall hold a public hearing on the issue
10 of compliance with this section. Notice of the time and place of such hearing
11 including a general explanation of the matter to be considered shall be pub-
12 lished at least 10 calendar days before the hearing in a newspaper of general
13 circulation in the county or, if there is none, it shall be posted in at least
14 three public places in the county.

15 “(5) Any decision of a county governing body on an application for a
16 permit to hold an outdoor mass gathering may be appealed to a circuit court
17 for the county as provided in ORS 34.020 to 34.100.

18 “(6) A county governing body may charge permit applicants a fee rea-
19 sonably calculated to reimburse the county for its reasonable and necessary
20 costs in receiving, processing and reviewing applications for permits to hold
21 outdoor mass gatherings. However, a fee authorized by this subsection shall
22 not exceed \$5,000 and shall not be charged when the governing body finds,
23 by a preponderance of the evidence presented to the governing body, that the
24 applicant is unable to reimburse the governing body.

25 **“SECTION 84.** ORS 433.860 is amended to read:

26 “433.860. The Oregon Health Authority or [*local board of health*] **local**
27 **public health authority, as defined in section 2 of this 2015 Act,** may
28 institute an action in the circuit court of the county where the violation
29 occurred to enjoin repeated violations of ORS 433.850.

30 **“SECTION 85.** ORS 435.105 is amended to read:

1 “435.105. In lieu of its own inspection program, the State Board of Phar-
2 macy may enter into an agreement with the Oregon Health Authority or a
3 [county or district board of health] **local public health authority, as de-**
4 **fin**ed in section 2 of this 2015 Act. The agreement shall authorize the
5 **Oregon Health** Authority or the [board] **local public health authority** to
6 make inspections of the condom stock to determine that the stock consists
7 only of brands that comply with standards promulgated under ORS 435.100
8 (1). The agreement shall include authority to enforce applicable rules of the
9 State Board of Pharmacy [and the authority and such rules of the board shall
10 be considered rules of the authority or the county or district board of health].

11 **“SECTION 86.** ORS 435.205, as amended by section 56, chapter 45, Oregon
12 Laws 2014, is amended to read:

13 “435.205. (1) The Oregon Health Authority and every [county] **local** health
14 department shall offer family planning and birth control services within the
15 limits of available funds. Both agencies jointly may offer such services. The
16 Director of the Oregon Health Authority or a designee shall initiate and
17 conduct discussions of family planning with each person who might have an
18 interest in and benefit from such service. The authority shall furnish con-
19 sultation and assistance to [county] **local** health departments.

20 “(2) Family planning and birth control services may include interviews
21 with trained personnel; distribution of literature; referral to a licensed phy-
22 sician, physician assistant licensed under ORS 677.505 to 677.525 or nurse
23 practitioner licensed under ORS 678.375 to 678.390 for consultation, exam-
24 ination, medical treatment and prescription; and, to the extent so prescribed,
25 the distribution of rhythm charts, the initial supply of a drug or other med-
26 ical preparation, contraceptive devices and similar products.

27 “(3) Any literature, charts or other family planning and birth control in-
28 formation offered under this section in counties in which a significant seg-
29 ment of the population does not speak English shall be made available in the
30 appropriate foreign language for that segment of the population.

1 “(4) In carrying out its duties under this section, and with the consent
2 of the [*county governing body, any county*] **local public health authority**
3 **as defined in section 2 of this 2015 Act, the local** health department may
4 adopt a fee schedule for services provided by the [*county*] **local** health de-
5 partment. The fees shall be reasonably calculated not to exceed costs of
6 services provided and may be adjusted on a sliding scale reflecting ability
7 to pay.

8 “(5) The [*county*] **local** health department shall collect fees according to
9 the schedule adopted under subsection (4) of this section. Such fees may be
10 used to meet the expenses of providing the services authorized by this sec-
11 tion.

12 **“SECTION 87.** ORS 441.061 is amended to read:

13 “441.061. (1) Upon agreement, the Director of Human Services may grant
14 specific authorization to any [*county or district board of health*] **local public**
15 **health authority, as defined in section 2 of this 2015 Act,** to administer
16 and enforce any law or rules of the Department of Human Services relating
17 to inspections and issuance, revocation and suspension of licenses, or portion
18 thereof, for long term care facilities.

19 “(2) Pursuant to an agreement as provided in subsection (1) of this sec-
20 tion, the director may provide funds and other resources to the [*county or*
21 *district board of health necessary to enable the county or district board of*
22 *health*] **local public health authority necessary to enable the local**
23 **public health authority** to perform the agreed upon functions.

24 **“SECTION 88.** ORS 441.630 is amended to read:

25 “441.630. As used in ORS 441.630 to 441.680 and 441.995:

26 “(1) ‘Abuse’ means:

27 “(a) Any physical injury to a resident of a long term care facility which
28 has been caused by other than accidental means.

29 “(b) Failure to provide basic care or services, which failure results in
30 physical harm or unreasonable discomfort or serious loss of human dignity.

1 “(c) Sexual contact with a resident caused by an employee, agent or other
2 resident of a long term care facility by force, threat, duress or coercion.

3 “(d) Illegal or improper use of a resident’s resources for the personal
4 profit or gain of another person.

5 “(e) Verbal or mental abuse as prohibited by federal law.

6 “(f) Corporal punishment.

7 “(g) Involuntary seclusion for convenience or discipline.

8 “(2) ‘Abuse complaint’ means any oral or written communication to the
9 department, one of its agents or a law enforcement agency alleging abuse.

10 “(3) ‘Department’ means the Department of Human Services or a designee
11 of the department.

12 “(4) ‘Facility’ means a long term care facility, as defined in ORS 442.015.

13 “(5) ‘Law enforcement agency’ means:

14 “(a) Any city or municipal police department.

15 “(b) A police department established by a university under ORS 352.383
16 or 353.125.

17 “(c) Any county sheriff’s office.

18 “(d) The Oregon State Police.

19 “(e) Any district attorney.

20 “(6) ‘Public or private official’ means:

21 “(a) Physician, including any intern or resident.

22 “(b) Licensed practical nurse or registered nurse.

23 “(c) Employee of the Department of Human Services, a community devel-
24 opmental disabilities program or a long term care facility or person who
25 contracts to provide services to a long term care facility.

26 “(d) Employee of the Oregon Health Authority, [county] **local** health de-
27 partment or community mental health program.

28 “(e) Peace officer.

29 “(f) Member of the clergy.

30 “(g) Regulated social worker.

1 “(h) Physical, speech and occupational therapists.

2 “(i) Legal counsel for a resident or guardian or family member of the
3 resident.

4 **“SECTION 89.** ORS 442.485 is amended to read:

5 “442.485. The responsibilities of the Office of Rural Health shall include
6 but not be limited to:

7 “(1) Coordinating statewide efforts for providing health care in rural
8 areas.

9 “(2) Accepting and processing applications from communities interested
10 in developing health care delivery systems. Application forms shall be de-
11 veloped by the agency.

12 “(3) Through the agency, applying for grants and accepting gifts and
13 grants from other governmental or private sources for the research and de-
14 velopment of rural health care programs and facilities.

15 “(4) Serving as a clearinghouse for information on health care delivery
16 systems in rural areas.

17 “(5) Helping local [*boards of*] health care delivery systems develop ongo-
18 ing funding sources.

19 “(6) Developing enabling legislation to facilitate further development of
20 rural health care delivery systems.

21 **“SECTION 90.** ORS 443.005 is amended to read:

22 “443.005. As used in ORS 443.005 to 443.105:

23 “(1) ‘Caregiver registry’ means a person that prequalifies, establishes and
24 maintains a roster of qualified private contractor caregivers that is provided
25 to a client or the client’s representative for consideration in the hiring of
26 an individual to provide caregiver services within the client’s place of resi-
27 dence.

28 “(2) ‘Home health agency’ means a public or private agency providing
29 coordinated home health services on a home visiting basis. ‘Home health
30 agency’ does not include:

1 “(a) Any visiting nurse service or home health service conducted by and
2 for those who rely upon spiritual means through prayer alone for healing in
3 accordance with the tenets and practices of a recognized church or religious
4 denomination.

5 “(b) Those home health services offered by [county] **local** health depart-
6 ments outside, and in addition to, programs formally designated and funded
7 as home health agencies.

8 “(3) ‘Home health services’ means items and services furnished to an in-
9 dividual by a home health agency, or by others under arrangements with
10 such agency, on a visiting basis, in a place of temporary or permanent resi-
11 dence used as the individual’s home for the purpose of maintaining that in-
12 dividual at home.

13 **“SECTION 91.** ORS 446.310 is amended to read:

14 “446.310. As used in ORS 446.310 to 446.350, unless the context requires
15 otherwise:

16 “(1) ‘Authority’ means the Oregon Health Authority.

17 “(2) ‘Camping vehicle’ means either a vacation trailer or a self-propelled
18 vehicle or structure equipped with wheels for highway use and that is in-
19 tended for human occupancy and is being used for vacation and recreational
20 purposes, but not for residential purposes, and is equipped with plumbing,
21 sink or toilet.

22 “(3) ‘Construction’ means work regulated by the state building code as
23 defined in ORS 455.010.

24 “(4) ‘Director’ means the Director of the Oregon Health Authority.

25 “(5) ‘Health official’ means a local public health administrator [*appointed*
26 *pursuant to ORS 431.418*] **as defined in section 2 of this 2015 Act.**

27 “(6) ‘Hostel’ means any establishment having beds rented or kept for rent
28 on a daily basis to travelers for a charge or fee paid or to be paid for rental
29 or use of facilities and that is operated, managed or maintained under the
30 sponsorship of a nonprofit organization that holds a valid exemption from

1 federal income taxes under the Internal Revenue Code of 1954 as amended.

2 “(7) ‘Organizational camp’ includes any area designated by the person
3 establishing, operating, managing or maintaining the same for recreational
4 use by groups or organizations that include but are not limited to youth
5 camps, scout camps, summer camps, day camps, nature camps, survival
6 camps, athletic camps, camps that are operated and maintained under the
7 guidance, supervision or auspices of religious, public and private educational
8 systems and community service organizations.

9 “(8) ‘Picnic park’ means any recreation park that is for day use only and
10 provides no recreation vehicle or overnight camping spaces.

11 “(9) ‘Recreation park’ means any area designated by the person estab-
12 lishing, operating, managing or maintaining the same for picnicking, over-
13 night camping or use of recreational vehicles by the general public or any
14 segment of the public. ‘Recreation park’ includes but is not limited to areas
15 open to use free of charge or through payment of a tax or fee or by virtue
16 of rental, lease, license, membership, association or common ownership and
17 further includes, but is not limited to, those areas divided into two or more
18 lots, parcels, units or other interests for purposes of such use.

19 “(10) ‘Regulating agency’ means, with respect to a tourist facility, the
20 Oregon Health Authority.

21 “(11) ‘Tourist facility’ means any travelers’ accommodation, hostel, picnic
22 park, recreation park and organizational camp.

23 “(12) ‘Travelers’ accommodation’ includes any establishment, which is not
24 a hostel, having rooms, apartments or sleeping facilities rented or kept for
25 rent on a daily or weekly basis to travelers or transients for a charge or fee
26 paid or to be paid for rental or use of facilities.

27 **“SECTION 92.** ORS 446.425 is amended to read:

28 “446.425. (1) The Director of the Oregon Health Authority shall delegate
29 to any county board of commissioners which requests any of the duties and
30 functions of the director under ORS 446.310, 446.320, 446.330 to 446.340,

1 446.345, 446.350 and 446.990 if the director determines that the county is able
2 to carry out the rules of the Oregon Health Authority relating to fee col-
3 lection, inspections, enforcement and issuance and revocation of permits and
4 licenses in compliance with standards for enforcement by the counties and
5 monitoring by the authority. [*Such standards shall be established by the au-*
6 *thority in consultation with the appropriate county officials and in accordance*
7 *with ORS 431.345.*] The authority shall review and monitor each county's
8 performance under this subsection. In accordance with ORS chapter 183, the
9 director may suspend or rescind a delegation under this subsection. If it is
10 determined that a county is not carrying out such rules or the delegation is
11 suspended, the unexpended portion of the fees collected under subsection (2)
12 of this section shall be available to the authority for carrying out the duties
13 and functions under this section.

14 “(2) The county may determine the amount of, and retain, any fee for any
15 function undertaken pursuant to subsection (1) of this section. The amount
16 of the fees shall not exceed the costs of administering the inspection pro-
17 gram. The county, quarterly, shall remit 15 percent of an amount equal to
18 the state licensing fee or 15 percent of the county license fee whichever is
19 less, to the authority for consultation service and maintenance of the state-
20 wide program.

21 “(3) In any action, suit or proceeding arising out of county administration
22 of functions pursuant to subsection (1) of this section and involving the va-
23 lidity of a rule adopted by the authority, the authority shall be made a party
24 to the action, suit or proceeding.

25 **“SECTION 93.** ORS 448.100 is amended to read:

26 “448.100. (1) The Director of the Oregon Health Authority shall delegate
27 to any county board of commissioners that requests any of the duties and
28 functions of the director under ORS 448.005, 448.011, 448.020 to 448.035,
29 448.040 to 448.060 and this section if the director determines that the county
30 is able to carry out the rules of the Oregon Health Authority relating to fee

1 collection, licensing, inspections, enforcement and issuance and revocation
2 of permits and certificates in compliance with standards for enforcement by
3 the counties and monitoring by the authority. [*Such standards shall be es-*
4 *tablished by the authority in consultation with the appropriate county officials*
5 *and in accordance with ORS 431.345.*] The authority shall review and monitor
6 each county's performance under this subsection. In accordance with ORS
7 chapter 183, the director may suspend or rescind a delegation under this
8 subsection. If it is determined that a county is not carrying out such rules
9 or the delegation is suspended, the unexpended portion of the fees collected
10 under subsection (2) of this section shall be available to the authority for
11 carrying out the duties and functions under this section.

12 “(2) The county may determine the amount of, and retain, any fee for any
13 function undertaken pursuant to subsection (1) of this section or use the fee
14 schedules pursuant to ORS 448.030 and 448.035. A county to whom licensing,
15 inspection and enforcement authority has been delegated under this section
16 shall collect and remit to the authority a fee to support the activities of the
17 authority under this section. The fee shall be established by the authority
18 and the Conference of Local Health Officials based upon a budget and for-
19 mula for funding activities described in this section. The authority and the
20 Conference of Local Health Officials shall consult with associations repre-
21 senting Oregon cities, special districts and the lodging industry in estab-
22 lishing the fee. In the event the authority and the Conference of Local
23 Health Officials cannot reach agreement on the budget and formula, the au-
24 thority shall submit its budget proposal to the Legislative Assembly.

25 “(3) In any action, suit or proceeding arising out of county administration
26 of functions pursuant to subsection (1) of this section and involving the va-
27 lidity of a rule promulgated by the authority, the authority shall be made a
28 party to the action, suit or proceeding.

29 **“SECTION 94.** ORS 448.150 is amended to read:

30 “448.150. (1) The Oregon Health Authority shall:

1 “(a) Conduct periodic sanitary surveys of drinking water systems and
2 sources, take water samples and inspect records to ensure that the systems
3 are not creating an unreasonable risk to health. The authority shall provide
4 written reports of [*such*] **the** examinations to [*the local health administrators*
5 *and*] water suppliers **and to local public health administrators, as de-**
6 **fin**ed in section 2 of this 2015 Act. The authority may impose a fee on
7 water suppliers to recover the costs of conducting the periodic sanitary sur-
8 veys.

9 “(b) Require regular water sampling by water suppliers to determine
10 compliance with water quality standards established by the authority. These
11 samples shall be analyzed in a laboratory approved by the authority. The
12 results of the laboratory analysis of a sample shall be reported to the au-
13 thority by the water supplier, unless direct laboratory reporting is authorized
14 by the water supplier. The laboratory performing the analysis shall report
15 the validated results of the analysis directly to the authority and to the
16 water supplier if the analysis shows that a sample contains contaminant
17 levels in excess of any maximum contaminant level specified in the water
18 quality standards.

19 “(c) Investigate any water system that fails to meet the water quality
20 standards established by the authority.

21 “(d) Require every water supplier that provides drinking water that is
22 from a surface water source to conduct sanitary surveys of the watershed
23 as may be considered necessary by the authority for the protection of public
24 health. The water supplier shall make written reports of such sanitary sur-
25 veys of watersheds promptly to the authority and to the local health de-
26 partment.

27 “(e) Investigate reports of waterborne disease pursuant to [*ORS 431.110*]
28 **sections 9 to 24 of this 2015 Act** and take necessary actions as provided for
29 in ORS 446.310, 448.030, 448.115 to 448.285, 454.235, 454.255 and 455.680 to
30 protect the public health and safety.

1 “(f) Notify the Department of Environmental Quality of a potential
2 ground water management area if, as a result of its water sampling under
3 paragraphs (a) to (e) of this subsection, the authority detects the presence
4 in ground water of:

5 “(A) Nitrate contaminants at levels greater than 70 percent of the levels
6 established pursuant to ORS 468B.165; or

7 “(B) Any other contaminants at levels greater than 50 percent of the
8 levels established pursuant to ORS 468B.165.

9 “(2) The notification required under subsection (1)(f) of this section shall
10 identify the substances detected in the ground water and all ground water
11 aquifers that may be affected.

12 “**SECTION 95.** ORS 448.170 is amended to read:

13 “448.170. (1) The Oregon Health Authority may enter into an agreement
14 with a *[local governmental unit for the local governmental unit to perform]*
15 **local public health authority, as defined in section 2 of this 2015 Act,**
16 **under which the local public health authority performs** the duties of the
17 **Oregon Health** Authority under the Oregon Drinking Water Quality Act.
18 The duration of the agreement, the duties to be performed and the
19 remuneration to be paid by the **Oregon Health** Authority are subject to
20 agreement by the **Oregon Health** Authority and the *[local governmental*
21 *unit]* **local public health authority.**

22 “(2) In any action, suit or proceeding arising out of *[county]* **a local**
23 **public health authority’s** administration of functions pursuant to ORS
24 446.310, 448.030, 448.115 to 448.285, 454.235, 454.255, 455.170 and 757.005 and
25 involving the validity of a rule adopted by the **Oregon Health** Authority,
26 the **Oregon Health** Authority shall be made a party to the action, suit or
27 proceeding.

28 “**SECTION 96.** ORS 451.435 is amended to read:

29 “451.435. (1) All district formation and change of organization proceedings
30 shall be initiated, conducted and completed as provided by ORS 198.705 to

1 198.955. Except for an order allowing an existing district established to pro-
2 vide sewage works to also provide drainage works, no county or portion
3 thereof shall be included within a district which is to provide services in
4 more than one county without the consent of the governing body of the af-
5 fected county.

6 “(2) In the case of sewage works, upon certification to the county court
7 by the Environmental Quality Commission or the [county] **local** health offi-
8 cer that an emergency exists the county court shall initiate the formation
9 of a district in the manner specified in ORS 198.835, or annexation to an
10 existing district in the manner specified in ORS 198.850 (3), whichever is
11 most appropriate.

12 “(3) A petition or order initiating the formation or change or organization
13 of a district shall, in addition to the requirement specified by ORS 198.705
14 to 198.955, state which of the service facilities specified by ORS 451.010 the
15 district shall be authorized to construct, maintain and operate.

16 “(4) A final order in a formation or change of organization proceeding of
17 a district shall, in addition to the requirements specified by ORS 198.705 to
18 198.955, state which of the service facilities specified by ORS 451.010 the
19 district shall be authorized to construct, maintain and operate.

20 **“SECTION 97.** ORS 452.010 is amended to read:

21 “452.010. As used in this section and ORS 452.020 to 452.300, unless the
22 context requires otherwise:

23 “(1) ‘County court’ includes board of county commissioners.

24 “(2) ‘District’ means a vector control district established for the pre-
25 vention, control or eradication of public health vectors and predatory ani-
26 mals.

27 “(3) ‘Health officer’ means [the health officer appointed under ORS
28 431.418] **a local public health administrator as defined in section 2 of**
29 **this 2015 Act.**

30 “(4) ‘Integrated pest management methods’ means the processes described

1 in ORS 634.650 (1).

2 “(5) ‘Pesticide use plan’ means an annual plan created by a vector control
3 district or a county court that describes anticipated pesticide use.

4 “(6) ‘Predatory animals’ has the meaning given that term in ORS 610.002.

5 “(7) ‘Public health vectors’ means arthropods and vertebrates of public
6 health significance and those insects included within the family
7 Chironomidae of the order Diptera. The term does not include any
8 domesticated animal.

9 “(8) ‘Vector habitat’ means any area where public health vectors are
10 found.

11 **“SECTION 98.** ORS 453.322 is amended to read:

12 “453.322. (1) The State Fire Marshal shall retain for at least five years
13 the information provided by the employer under ORS 453.317.

14 “(2) The State Fire Marshal shall provide copies of the information to
15 each local public health authority **as defined in section 2 of this 2015**
16 **Act**, fire district and any public or private safety agency administering a
17 9-1-1 emergency reporting system pursuant to ORS 403.105 to 403.250 and,
18 upon request, provide copies of the information to the following agencies
19 located within the geographic jurisdiction of the fire district:

20 “(a) Fire districts and other emergency service personnel responding to
21 a hazardous substance incident;

22 “(b) Health professionals;

23 “(c) Law enforcement agencies; and

24 “(d) Local emergency management agencies as described in ORS 401.305.

25 “(3) The State Fire Marshal may distribute the information provided by
26 an employer under ORS 453.317 to persons outside the jurisdiction of the fire
27 district if the State Fire Marshal considers the information essential to the
28 safe control of an emergency.

29 “(4) In addition to the requirements of subsections (2) and (3) of this
30 section, the State Fire Marshal shall provide, upon request, access to the

1 information provided by employers under ORS 453.317 to any agency of this
2 state.

3 **“SECTION 99.** ORS 459.385 is amended to read:

4 “459.385. **Personnel of** the Department of Environmental Quality or
5 [*county, district or city board of health personnel*] **a local health**
6 **department**, authorized environmental health specialists or other authorized
7 **personnel of a city or county** [*personnel*] may enter upon the premises of
8 any person regulated under ORS 459.005 to 459.105, 459.205 to 459.385, 466.005
9 to 466.385 and 466.992 or under regulations adopted pursuant to ORS 450.075,
10 450.810, 450.820 and 451.570, at reasonable times, to determine compliance
11 with and to enforce ORS 450.075, 450.810, 450.820, 451.570, 459.005 to 459.105,
12 459.205 to 459.385, 466.005 to 466.385 and 466.992 and any rules or regulations
13 adopted pursuant thereto. The department shall also have access to any
14 pertinent records, including but not limited to blueprints, operation and
15 maintenance records and logs, operating rules and procedures. As used in
16 this section, ‘pertinent records’ does not include financial information unless
17 otherwise authorized by law.

18 **“SECTION 100.** ORS 466.605 is amended to read:

19 “466.605. As used in ORS 466.605 to 466.680 and 466.990 (3) and (4):

20 “(1) ‘Barrel’ means 42 U.S. gallons at 60 degrees Fahrenheit.

21 “(2) ‘Cleanup’ means the containment, collection, removal, treatment or
22 disposal of oil or hazardous material; site restoration; and any investigations,
23 monitoring, surveys, testing and other information gathering required or
24 conducted by the Department of Environmental Quality.

25 “(3) ‘Cleanup costs’ means all costs associated with the cleanup of a spill
26 or release incurred by the state, its political subdivision or any person with
27 written approval from the department when implementing ORS 466.205,
28 466.605 to 466.680, 466.990 (3) and (4) and 466.995 (2) or 468B.320.

29 “(4) ‘Commission’ means the Environmental Quality Commission.

30 “(5) ‘Department’ means the Department of Environmental Quality.

1 “(6) ‘Director’ means the Director of the Department of Environmental
2 Quality.

3 “(7) ‘Hazardous material’ means one of the following:

4 “(a) A material designated by the commission under ORS 466.630.

5 “(b) Hazardous waste as defined in ORS 466.005.

6 “(c) Radioactive waste as defined in ORS 469.300, radioactive material
7 identified by the Energy Facility Siting Council under ORS 469.605 and ra-
8 dioactive substances as defined in ORS 453.005.

9 “(d) Communicable disease agents as regulated by the Oregon Health
10 Authority under ORS [431.035 to 431.530] **431.260 to 431.266**, 433.001 to 433.045
11 and 433.110 to 433.770 **and sections 9 to 24 of this 2015 Act.**

12 “(e) Hazardous substances designated by the United States Environmental
13 Protection Agency under section 311 of the Federal Water Pollution Control
14 Act, P.L. 92-500, as amended.

15 “(8) ‘Oils’ or ‘oil’ includes gasoline, crude oil, fuel oil, diesel oil, lubri-
16 cating oil, sludge, oil refuse and any other petroleum related product.

17 “(9) ‘Person’ means an individual, trust, firm, joint stock company, cor-
18 poration, partnership, association, municipal corporation, political subdivi-
19 sion, interstate body, the state and any agency or commission thereof and
20 the federal government and any agency thereof.

21 “(10) ‘Reportable quantity’ means one of the following:

22 “(a) A quantity designated by the commission under ORS 466.625.

23 “(b) The lesser of:

24 “(A) The quantity designated for hazardous substances by the United
25 States Environmental Protection Agency pursuant to section 311 of the
26 Federal Water Pollution Control Act, P.L. 92-500, as amended;

27 “(B) The quantity designated for hazardous waste under ORS 466.005 to
28 466.385, 466.990 (1) and (2) and 466.992;

29 “(C) Any quantity of radioactive material, radioactive substance or ra-
30 dioactive waste;

1 “(D) If spilled into waters of the state, or escape into waters of the state
2 is likely, any quantity of oil that would produce a visible oily slick, oily
3 solids, or coat aquatic life, habitat or property with oil, but excluding normal
4 discharges from properly operating marine engines; or

5 “(E) If spilled on land, any quantity of oil over one barrel.

6 “(c) Ten pounds unless otherwise designated by the commission under
7 ORS 466.625.

8 “(11) ‘Respond’ or ‘response’ means:

9 “(a) Actions taken to monitor, assess and evaluate a spill or release or
10 threatened spill or release of oil or hazardous material;

11 “(b) First aid, rescue or medical services, and fire suppression; or

12 “(c) Containment or other actions appropriate to prevent, minimize or
13 mitigate damage to the public health, safety, welfare or the environment
14 which may result from a spill or release or threatened spill or release if
15 action is not taken.

16 “(12) ‘Spill or release’ means the discharge, deposit, injection, dumping,
17 spilling, emitting, releasing, leaking or placing of any oil or hazardous ma-
18 terial into the air or into or on any land or waters of the state, as defined
19 in ORS 468B.005, except as authorized by a permit issued under ORS chapter
20 454, 459, 459A, 468, 468A, 468B or 469, ORS 466.005 to 466.385, 466.990 (1) and
21 (2) or 466.992 or federal law or while being stored or used for its intended
22 purpose.

23 “(13) ‘Threatened spill or release’ means oil or hazardous material is
24 likely to escape or be carried into the air or into or on any land or waters
25 of the state, including from a ship as defined in ORS 468B.300 that is in
26 imminent danger of sinking.

27 **“SECTION 101.** ORS 468.035 is amended to read:

28 “468.035. (1) Subject to policy direction by the Environmental Quality
29 Commission, the Department of Environmental Quality:

30 “(a) Shall encourage voluntary cooperation by the people, municipalities,

1 counties, industries, agriculture, and other pursuits, in restoring and pre-
2 serving the quality and purity of the air and the waters of the state in ac-
3 cordance with rules and standards established by the commission.

4 “(b) May conduct and prepare, independently or in cooperation with oth-
5 ers, studies, investigations, research and programs pertaining to the quality
6 and purity of the air or the waters of the state and to the treatment and
7 disposal of wastes.

8 “(c) Shall advise, consult, and cooperate with other agencies of the state,
9 political subdivisions, other states or the federal government, in respect to
10 any proceedings and all matters pertaining to control of air or water pol-
11 lution or for the formation and submission to the legislature of interstate
12 pollution control compacts or agreements.

13 “(d) May employ personnel, including specialists and consultants, pur-
14 chase materials and supplies, and enter into contracts necessary to carry out
15 the purposes set forth in ORS 448.305, 454.010 to 454.040, 454.205 to 454.255,
16 454.505 to 454.535, 454.605 to 454.755 and ORS chapters 468, 468A and 468B.

17 “(e) Shall conduct and supervise programs of air and water pollution
18 control education, including the preparation and distribution of information
19 regarding air and water pollution sources and control.

20 “(f) Shall provide advisory technical consultation and services to units
21 of local government and to state agencies.

22 “(g) Shall develop and conduct demonstration programs in cooperation
23 with units of local government.

24 “(h) Shall serve as the agency of the state for receipt of moneys from the
25 federal government or other public or private agencies for the purposes of
26 air and water pollution control, studies or research and to expend moneys
27 after appropriation thereof for the purposes given.

28 “(i) Shall make such determination of priority of air or water pollution
29 control projects as may be necessary under terms of statutes enacted by the
30 Congress of the United States.

1 “(j) Shall seek enforcement of the air and water pollution laws of the
2 state.

3 “(k) Shall institute or cause to be instituted in a court of competent ju-
4 risdiction, proceedings to compel compliance with any rule or standard
5 adopted or any order or permit, or condition thereof, issued pursuant to ORS
6 448.305, 454.010 to 454.040, 454.205 to 454.255, 454.505 to 454.535, 454.605 to
7 454.755 and ORS chapters 468, 468A and 468B.

8 “(L) Shall encourage the formulation and execution of plans in conjunc-
9 tion with air and water pollution control agencies or with associations of
10 counties, cities, industries and other persons who severally or jointly are or
11 may be the source of air or water pollution, for the prevention and abate-
12 ment of pollution.

13 “(m) May determine, by means of field studies and sampling, the degree
14 of air or water pollution in various regions of the state.

15 “(n) May perform such other and further acts as may be necessary, proper
16 or desirable to carry out effectively the duties, powers and responsibilities
17 of the department as set forth in ORS 448.305, 454.010 to 454.040, 454.205 to
18 454.255, 454.505 to 454.535, 454.605 to 454.755 and ORS chapters 468, 468A and
19 468B.

20 “(o) Shall coordinate any activities of the department related to a
21 watershed enhancement project approved by the Oregon Watershed En-
22 hancement Board under ORS 541.932 with activities of other cooperating
23 state and federal agencies participating in the project.

24 “(2) Nothing in this section shall affect the authority of the Oregon
25 Health Authority to make and enforce rules:

26 “(a) Regarding the quality of water for human or animal consumption
27 pursuant to ORS 448.115 to 448.325, 624.010 to 624.121 and 624.310 to 624.430;
28 and

29 “(b) Regarding the quality of water for public swimming places pursuant
30 to [ORS 431.110] **sections 9 to 24 of this 2015 Act.**

1 “(3) Nothing in this section shall prevent the State Department of Agri-
2 culture or the State Forestry Department from independently receiving
3 moneys from a public or private agency for the purposes of preventing or
4 controlling air or water pollution resulting from agricultural or silvicultural
5 activities or soil erosion, or for research related to such purposes.

6 “(4)(a) In awarding a public contract under ORS 279.835 to 279.855 or ORS
7 chapter 279A, 279B or 279C for a removal or remedial action pursuant to
8 ORS 465.200 to 465.545, a corrective action or cleanup action pursuant to
9 ORS 466.005 to 466.385, 466.605 to 466.680 or 466.706 to 466.882 or a removal
10 pursuant to ORS 468B.005 to 468B.030, 468B.035, 468B.048 to 468B.085,
11 468B.090, 468B.093, 468B.095 and 468B.300 to 468B.500, the department, and
12 the Oregon Department of Administrative Services, when administering the
13 establishment of such a contract on behalf of the Department of Environ-
14 mental Quality under ORS 279A.050 and 279A.140, shall subtract from the
15 amount of any bid or proposal the hazardous waste management fees and
16 solid waste fees that would be required by law to be paid to the department
17 for waste that would be disposed of at a solid waste disposal site or a haz-
18 ardous waste or PCB disposal facility, based on the bid or proposal. The
19 amount to be subtracted shall be established on the basis of reasonable pre-
20 procurement estimates of the amount of waste that would be disposed of
21 under the contract and that would be subject to those fees.

22 “(b) The subtraction for fees under paragraph (a) of this subsection shall
23 apply only to a contract reasonably anticipated to involve the disposal of
24 no less than 50 tons of hazardous waste or no less than 500 tons of solid
25 waste. The Legislative Assembly finds that making accurate advance esti-
26 mates of amounts of waste that would be disposed of in projects of this
27 character is technically challenging and requires the application of profes-
28 sional discretion. Therefore, no award of a contract under this subsection
29 shall be subject to challenge, under ORS 279B.410, 279B.415 or 279C.460 or
30 otherwise, on the ground of the inaccuracy or claimed inaccuracy of any

1 such estimate.

2 “(c) The subtraction for fees under paragraph (a) of this subsection shall
3 not apply to the establishment, by or on behalf of the department, of master
4 contracts by which the department engages the services of a contractor over
5 a period of time for the purpose of issuing work orders for the performance
6 of environmental activities on a project or projects for which the amounts
7 of waste to be disposed of were not reasonably identified at the inception of
8 the master contracts. However, the department shall require any contractor
9 under a master contract to apply the subtraction for fees under paragraph
10 (a) of this subsection in the selection of any subcontractor to perform the
11 removal of waste in amounts equaling or exceeding the amounts set forth in
12 paragraph (b) of this subsection. Nothing in this subsection shall be con-
13 strued to prohibit the department or the Oregon Department of Administra-
14 tive Services from establishing contracts pursuant to this section through
15 contracting procedures authorized by ORS 279.835 to 279.855 and ORS chap-
16 ters 279A, 279B and 279C that do not require the solicitation of bids or pro-
17 posals.

18 **“SECTION 102.** ORS 468.060 is amended to read:

19 “468.060. On its own motion after public hearing, the Environmental
20 Quality Commission may grant specific authorization to the Oregon Health
21 Authority or to any [*county, district or city board of health*] **local public**
22 **health authority, as defined in section 2 of this 2015 Act,** to enforce any
23 rule of the commission relating to air or water pollution or solid wastes.

24 **“SECTION 103.** ORS 475.309 is amended to read:

25 “475.309. (1) Except as provided in ORS 475.316, 475.320 and 475.342, a
26 person engaged in or assisting in the medical use of marijuana is excepted
27 from the criminal laws of the state for possession, delivery or production of
28 marijuana, aiding and abetting another in the possession, delivery or pro-
29 duction of marijuana or any other criminal offense in which possession, de-
30 livery or production of marijuana is an element if the following conditions

1 have been satisfied:

2 “(a)(A) The person holds a registry identification card issued pursuant to
3 this section, has applied for a registry identification card pursuant to sub-
4 section (9) of this section, is the designated primary caregiver of the
5 cardholder or applicant, or is the person responsible for a marijuana grow
6 site that is producing marijuana for the cardholder and is registered under
7 ORS 475.304; and

8 “(B) The person who has a debilitating medical condition, the person’s
9 primary caregiver and the person responsible for a marijuana grow site that
10 is producing marijuana for the cardholder and is registered under ORS
11 475.304 are collectively in possession of, delivering or producing marijuana
12 for medical use in amounts allowed under ORS 475.320; or

13 “(b) The person is responsible for or employed by a medical marijuana
14 facility registered under ORS 475.314 and does not commit any of the acts
15 described in this subsection anywhere other than at the medical marijuana
16 facility.

17 “(2) The Oregon Health Authority shall establish and maintain a program
18 for the issuance of registry identification cards to persons who meet the re-
19 quirements of this section. Except as provided in subsection (3) of this sec-
20 tion, the authority shall issue a registry identification card to any person
21 who pays a fee in the amount established by the authority and provides the
22 following:

23 “(a) Valid, written documentation from the person’s attending physician
24 stating that the person has been diagnosed with a debilitating medical con-
25 dition and that the medical use of marijuana may mitigate the symptoms or
26 effects of the person’s debilitating medical condition;

27 “(b) The name, address and date of birth of the person;

28 “(c) The name, address and telephone number of the person’s attending
29 physician;

30 “(d) The name and address of the person’s designated primary caregiver,

1 if the person has designated a primary caregiver at the time of application;
2 and

3 “(e) A written statement that indicates whether the marijuana used by the
4 cardholder will be produced at a location where the cardholder or designated
5 primary caregiver is present or at another location.

6 “(3) The authority shall issue a registry identification card to a person
7 who is under 18 years of age if the person submits the materials required
8 under subsection (2) of this section, and the custodial parent or legal
9 guardian with responsibility for health care decisions for the person under
10 18 years of age signs a written statement that:

11 “(a) The attending physician of the person under 18 years of age has ex-
12 plained to that person and to the custodial parent or legal guardian with
13 responsibility for health care decisions for the person under 18 years of age
14 the possible risks and benefits of the medical use of marijuana;

15 “(b) The custodial parent or legal guardian with responsibility for health
16 care decisions for the person under 18 years of age consents to the use of
17 marijuana by the person under 18 years of age for medical purposes;

18 “(c) The custodial parent or legal guardian with responsibility for health
19 care decisions for the person under 18 years of age agrees to serve as the
20 designated primary caregiver for the person under 18 years of age; and

21 “(d) The custodial parent or legal guardian with responsibility for health
22 care decisions for the person under 18 years of age agrees to control the
23 acquisition of marijuana and the dosage and frequency of use by the person
24 under 18 years of age.

25 “(4) A person applying for a registry identification card pursuant to this
26 section may submit the information required in this section to a [county]
27 **local** health department for transmittal to the authority. A [county] **local**
28 health department that receives the information pursuant to this subsection
29 shall transmit the information to the authority within five days of receipt
30 of the information. Information received by a [county] **local** health depart-

1 ment pursuant to this subsection shall be confidential and not subject to
2 disclosure, except as required to transmit the information to the authority.

3 “(5)(a) The authority shall verify the information contained in an appli-
4 cation submitted pursuant to this section and shall approve or deny an ap-
5 plication within thirty days of receipt of the application.

6 “(b) In addition to the authority granted to the authority under ORS
7 475.316 to deny an application, the authority may deny an application for the
8 following reasons:

9 “(A) The applicant did not provide the information required pursuant to
10 this section to establish the applicant’s debilitating medical condition and
11 to document the applicant’s consultation with an attending physician re-
12 garding the medical use of marijuana in connection with such condition, as
13 provided in subsections (2) and (3) of this section;

14 “(B) The authority determines that the information provided was falsified;
15 or

16 “(C) The applicant has been prohibited by a court order from obtaining
17 a registry identification card.

18 “(c) Denial of a registry identification card shall be considered a final
19 authority action, subject to judicial review. Only the person whose appli-
20 cation has been denied, or, in the case of a person under the age of 18 years
21 of age whose application has been denied, the person’s parent or legal
22 guardian, shall have standing to contest the authority’s action.

23 “(d) Any person whose application has been denied may not reapply for
24 six months from the date of the denial, unless so authorized by the authority
25 or a court of competent jurisdiction.

26 “(6)(a) If the authority has verified the information submitted pursuant
27 to subsections (2) and (3) of this section and none of the reasons for denial
28 listed in subsection (5)(b) of this section is applicable, the authority shall
29 issue a serially numbered registry identification card within five days of
30 verification of the information. The registry identification card shall state:

1 “(A) The cardholder’s name, address and date of birth;

2 “(B) The date of issuance and expiration date of the registry identification
3 card;

4 “(C) The name and address of the person’s designated primary caregiver,
5 if any;

6 “(D) Whether the marijuana used by the cardholder will be produced at
7 a location where the cardholder or designated primary caregiver is present
8 or at another location; and

9 “(E) Any other information that the authority may specify by rule.

10 “(b) When the person to whom the authority has issued a registry iden-
11 tification card pursuant to this section has specified a designated primary
12 caregiver, the authority shall issue an identification card to the designated
13 primary caregiver. The primary caregiver’s registry identification card shall
14 contain the information provided in paragraph (a) of this subsection.

15 “(7)(a) A person who possesses a registry identification card shall:

16 “(A) Notify the authority of any change in the person’s name, address,
17 attending physician or designated primary caregiver.

18 “(B) If applicable, notify the designated primary caregiver of the
19 cardholder, the person responsible for the marijuana grow site that produces
20 marijuana for the cardholder and any person responsible for a medical
21 marijuana facility that transfers usable marijuana or immature marijuana
22 plants to the cardholder under ORS 475.314 of any change in status includ-
23 ing, but not limited to:

24 “(i) The assignment of another individual as the designated primary
25 caregiver of the cardholder;

26 “(ii) The assignment of another individual as the person responsible for
27 a marijuana grow site producing marijuana for the cardholder; or

28 “(iii) The end of the eligibility of the cardholder to hold a valid registry
29 identification card.

30 “(C) Annually submit to the authority:

1 “(i) Updated written documentation from the cardholder’s attending phy-
2 sician of the person’s debilitating medical condition and that the medical use
3 of marijuana may mitigate the symptoms or effects of the person’s debilitat-
4 ing medical condition; and

5 “(ii) The name of the person’s designated primary caregiver if a primary
6 caregiver has been designated for the upcoming year.

7 “(b) If a person who possesses a registry identification card fails to com-
8 ply with this subsection, the card shall be deemed expired. If a registry
9 identification card expires, the identification card of any designated primary
10 caregiver of the cardholder shall also expire.

11 “(8)(a) A person who possesses a registry identification card pursuant to
12 this section and who has been diagnosed by the person’s attending physician
13 as no longer having a debilitating medical condition or whose attending
14 physician has determined that the medical use of marijuana is
15 contraindicated for the person’s debilitating medical condition shall return
16 the registry identification card and any other associated Oregon Medical
17 Marijuana Program cards to the authority within 30 calendar days of no-
18 tification of the diagnosis or notification of the contraindication.

19 “(b) If, due to circumstances beyond the control of the registry identifi-
20 cation cardholder, a cardholder is unable to obtain a second medical opinion
21 about the cardholder’s continuing eligibility to use medical marijuana before
22 the 30-day period specified in paragraph (a) of this subsection has expired,
23 the authority may grant the cardholder additional time to obtain a second
24 opinion before requiring the cardholder to return the registry identification
25 card and any associated cards.

26 “(9) A person who has applied for a registry identification card pursuant
27 to this section but whose application has not yet been approved or denied,
28 and who is contacted by any law enforcement officer in connection with the
29 person’s administration, possession, delivery or production of marijuana for
30 medical use may provide to the law enforcement officer a copy of the written

1 documentation submitted to the authority pursuant to subsection (2) or (3)
2 of this section and proof of the date of mailing or other transmission of the
3 documentation to the authority. This documentation shall have the same le-
4 gal effect as a registry identification card until such time as the person re-
5 ceives notification that the application has been approved or denied.

6 “(10)(a) A registry identification cardholder has the primary responsibility
7 of notifying the designated primary caregiver, the person responsible for the
8 marijuana grow site that produces marijuana for the cardholder and any
9 person responsible for a medical marijuana facility that transfers usable
10 marijuana or immature marijuana plants to the cardholder under ORS
11 475.314 of any change in status of the cardholder.

12 “(b) If the authority is notified by the cardholder that a primary caregiver
13 or person responsible for a marijuana grow site has changed, the authority
14 shall notify the primary caregiver or the person responsible for the
15 marijuana grow site by mail at the address of record confirming the change
16 in status and informing the caregiver or person responsible for the marijuana
17 grow site that their card is no longer valid and must be returned to the au-
18 thority.

19 “(11) The authority shall revoke the registry identification card of a
20 cardholder if a court has issued an order that prohibits the cardholder from
21 participating in the medical use of marijuana or otherwise participating in
22 the Oregon Medical Marijuana Program under ORS 475.300 to 475.346. The
23 cardholder shall return the registry identification card to the authority
24 within seven calendar days of notification of the revocation. If the
25 cardholder is a patient, the patient shall return the patient’s card and all
26 other associated Oregon Medical Marijuana Program cards.

27 “(12) The authority shall revoke the registration of a medical marijuana
28 facility registered under ORS 475.314 if a court has issued an order that
29 prohibits the person responsible for the medical marijuana facility from
30 participating in the Oregon Medical Marijuana Program under ORS 475.300

1 to 475.346.

2 “(13) The authority and employees and agents of the authority acting
3 within the course and scope of their employment are immune from any civil
4 liability that might be incurred or imposed for the performance of or failure
5 to perform duties required by this section.

6 **“SECTION 104.** ORS 570.880 is amended to read:

7 “570.880. (1) As used in this section:

8 “(a) ‘Bedbug’ means a member of the Cimicidae family of parasitic insects.

9 “(b) ‘Public health authority’ means:

10 “(A) A local public health authority [*or health district*], **as defined in**
11 **section 2 of this 2015 Act**; or

12 “(B) The Oregon Health Authority.

13 “(2) The following information reported by pest control operators to a
14 public health authority must be maintained confidentially and is not subject
15 to disclosure under ORS 192.410 to 192.505:

16 “(a) The location of a site where a pesticide intended to prevent, destroy,
17 repel or mitigate an infestation of bedbugs has been applied or is to be ap-
18 plied;

19 “(b) The identity of any person who owns, rents or leases property at the
20 site described in paragraph (a) of this subsection; and

21 “(c) Any information describing or pertaining to the infestation or sus-
22 pected infestation at the site described in paragraph (a) of this subsection.

23 “(3) Nothing in this section prevents a public health authority from pub-
24 lishing statistical compilations or reports relating to reportable disease in-
25 vestigations if the compilations or reports do not identify individual cases
26 or sources of information.

27 **“SECTION 105.** ORS 609.652 is amended to read:

28 “609.652. As used in ORS 609.654:

29 “(1)(a) ‘Aggravated animal abuse’ means any animal abuse as described
30 in ORS 167.322.

1 “(b) ‘Aggravated animal abuse’ does not include:
2 “(A) Good animal husbandry, as defined in ORS 167.310; or
3 “(B) Any exemption listed in ORS 167.335.
4 “(2) ‘Law enforcement agency’ means:
5 “(a) Any city or municipal police department.
6 “(b) A police department established by a university under ORS 352.383
7 or 353.125.
8 “(c) Any county sheriff’s office.
9 “(d) The Oregon State Police.
10 “(e) A law enforcement division of a county or municipal animal control
11 agency that employs sworn officers.
12 “(f) A humane investigation agency as defined in ORS 181.433 that em-
13 ploys humane special agents commissioned under ORS 181.433.
14 “(3) ‘Public or private official’ means:
15 “(a) A physician, including any intern or resident.
16 “(b) A dentist.
17 “(c) A school employee.
18 “(d) A licensed practical nurse or registered nurse.
19 “(e) An employee of the Department of Human Services, Oregon Health
20 Authority, Early Learning Division, Youth Development Division, Office of
21 Child Care, the Oregon Youth Authority, a [county] **local** health department,
22 a community mental health program, a community developmental disabilities
23 program, a county juvenile department, a licensed child-caring agency or an
24 alcohol and drug treatment program.
25 “(f) A peace officer.
26 “(g) A psychologist.
27 “(h) A member of the clergy.
28 “(i) A regulated social worker.
29 “(j) An optometrist.
30 “(k) A chiropractor.

- 1 “(L) A certified provider of foster care, or an employee thereof.
2 “(m) An attorney.
3 “(n) A naturopathic physician.
4 “(o) A licensed professional counselor.
5 “(p) A licensed marriage and family therapist.
6 “(q) A firefighter or emergency medical services provider.
7 “(r) A court appointed special advocate, as defined in ORS 419A.004.
8 “(s) A child care provider registered or certified under ORS 329A.030 and
9 329A.250 to 329A.450.
10 “(t) A member of the Legislative Assembly.

11 **“SECTION 106.** ORS 624.005 is amended to read:

12 “624.005. As used in this chapter, ‘local public health authority’ *[means*
13 *an entity described in ORS 431.375]* **has the meaning given that term in**
14 **section 2 of this 2015 Act.**

15 **“SECTION 107.** ORS 624.510 is amended to read:

16 “624.510. (1) The Director of the Oregon Health Authority shall enter into
17 an intergovernmental agreement with each local public health authority
18 *[established under ORS 431.375]*, delegating to the local public health au-
19 thority the administration and enforcement within the jurisdiction of the
20 local public health authority of the powers, duties and functions of the di-
21 rector under ORS 624.010 to 624.121, 624.310 to 624.430, 624.650 and 624.992.
22 The intergovernmental agreement must describe the powers, duties and
23 functions of the local public health authority relating to fee collection, li-
24 censing, inspections, enforcement, civil penalties and issuance and revocation
25 of permits and certificates, standards for enforcement by the local public
26 health authority and the monitoring to be performed by the Oregon Health
27 Authority. *[The Oregon Health Authority shall establish the descriptions and*
28 *standards in consultation with the local public health authority officials and*
29 *in accordance with ORS 431.345. The intergovernmental agreement must be a*
30 *part of the local plan submitted by the local public health authority under*

1 *ORS 431.385.*] The Oregon Health Authority shall review the performance
2 of the local public health authority under any expiring intergovernmental
3 agreement. The review shall include criteria to determine if provisions of
4 *ORS 624.073* are uniformly applied to all licensees within the jurisdiction of
5 the local public health authority. In accordance with *ORS* chapter 183, the
6 director may suspend or rescind an intergovernmental agreement under this
7 subsection. If the Oregon Health Authority suspends or rescinds an inter-
8 governmental agreement, the unexpended portion of the fees collected under
9 subsection (2) of this section shall be available to the Oregon Health Au-
10 thority for carrying out the powers, duties and functions under this section.

11 “(2) A local public health authority shall collect fees on behalf of the
12 Oregon Health Authority that are adequate to cover the administration and
13 enforcement costs incurred by the local public health authority under this
14 section and the cost of oversight by the Oregon Health Authority. If the fee
15 collected by a local public health authority for a license or service is more
16 than 20 percent above or below the fee for that license or service charged
17 by the Oregon Health Authority, the Oregon Health Authority shall analyze
18 the local public health authority fee process and determine whether the local
19 public health authority used the proper cost elements in determining the fee
20 and whether the amount of the fee is justified. Cost elements may include,
21 but need not be limited to, expenses related to administration, program costs,
22 salaries, travel expenses and Oregon Health Authority consultation fees. If
23 the Oregon Health Authority determines that the local public health au-
24 thority did not use the proper cost elements in determining the fee or that
25 the amount of the fee is not justified, the Oregon Health Authority may or-
26 der the local public health authority to reduce any fee to a level supported
27 by the Oregon Health Authority’s analysis of the fee process.

28 “(3) The Oregon Health Authority, after consultation with groups repre-
29 senting local health officials in the state, shall by rule assess a remittance
30 from each local public health authority to which health enforcement powers,

1 duties or functions have been delegated under subsection (1) of this section.
2 The amount of the remittance must be specified in the intergovernmental
3 agreement. The remittance shall supplement existing funds for consultation
4 services and development and maintenance of the statewide food service
5 program. The Oregon Health Authority shall consult with groups represent-
6 ing local health officials in the state and statewide restaurant associations
7 in developing the statewide food service program.

8 “(4) In any action, suit or proceeding arising out of local public health
9 authority administration of functions pursuant to subsection (1) of this sec-
10 tion and involving the validity of a rule adopted by the Oregon Health Au-
11 thority, the Oregon Health Authority shall be made a party to the action,
12 suit or proceeding.

13 **“SECTION 108.** ORS 659A.250 is amended to read:

14 “659A.250. (1) For purposes of ORS 659A.250 to 659A.262, ‘access’ means
15 ingress to and egress from residential areas which are concentrated in a
16 central location. It shall not include:

17 “(a) The right to enter the individual residences of employees unless a
18 resident of the household consents to the entry;

19 “(b) The right to use any services provided by the employer for the ex-
20 clusive use of the employees;

21 “(c) The right to enter single residences shared by employees and em-
22 ployers where a separate entrance to the employee’s quarter is not provided;
23 or

24 “(d) The right to enter work areas.

25 “(2) ‘Authorized person’ means government officials, medical doctors,
26 certified education providers, [*county health care*] **local health** officials,
27 representatives of religious organizations and any other providers of services
28 for farmworkers funded in whole or part by state, federal or local govern-
29 ment.

30 “(3) ‘Housing’ means living quarters owned, rented or in any manner

1 controlled by an employer and occupied by the employee.

2 “(4) ‘Invited person’ means persons invited to a dwelling unit by an em-
3 ployee or a member of the employee’s family residing with the employee.

4 **“SECTION 109.** ORS 689.605 is amended to read:

5 “689.605. (1) In a hospital or long term care facility having a pharmacy
6 and employing a pharmacist, the pharmacy and pharmacist are subject to the
7 requirements of this chapter, except that in a hospital when a pharmacist is
8 not in attendance, pursuant to standing orders of the pharmacist, a regis-
9 tered nurse supervisor on the written order of a person authorized to pre-
10 scribe a drug may withdraw such drug in such volume or amount as needed
11 for administration to or treatment of an inpatient or outpatient until regular
12 pharmacy services are available in accordance with the rules adopted by the
13 board. However, the State Board of Pharmacy may grant an exception to the
14 requirement for a written order by issuing a special permit authorizing the
15 registered nurse supervisor in a hospital to dispense medication on the oral
16 order of a person authorized to prescribe a drug. An inpatient care facility
17 which does not have a pharmacy must have a drug room. In an inpatient care
18 facility having a drug room as may be authorized by rule of the Department
19 of Human Services or the Oregon Health Authority, the drug room is not
20 subject to the requirements of this chapter relating to pharmacies. However,
21 a drug room must be supervised by a pharmacist and is subject to the rules
22 of the State Board of Pharmacy. When a pharmacist is not in attendance,
23 any person authorized by the prescriber or by the pharmacist on written or-
24 der may withdraw such drug in such volume or amount as needed for ad-
25 ministration to or treatment of a patient, entering such withdrawal in the
26 record of the responsible pharmacist.

27 “(2) In a hospital having a drug room, any drug may be withdrawn from
28 storage in the drug room by a registered nurse supervisor on the written
29 order of a licensed practitioner in such volume or amount as needed for ad-
30 ministration to and treatment of an inpatient or outpatient in the manner

1 set forth in subsection (1) of this section and within the authorized scope
2 of practice.

3 “(3) A hospital having a drug room shall cause accurate and complete
4 records to be kept of the receipt, withdrawal from stock and use or other
5 disposal of all legend drugs stored in the drug room. Such record shall be
6 open to inspection by agents of the board and other qualified authorities.

7 “(4) In an inpatient care facility other than a hospital, the drug room
8 shall contain only prescribed drugs already prepared for patients therein and
9 such emergency drug supply as may be authorized by rule by the Department
10 of Human Services.

11 “(5) The requirements of this section shall not apply to facilities described
12 in ORS 441.065.

13 “(6) A registered nurse who is an employee of a local health department
14 [*established under the authority of a county or district board of health and*]
15 **that is** registered by the board under ORS 689.305 may, pursuant to the order
16 of a person authorized to prescribe a drug or device, dispense a drug or de-
17 vice to a client of the local health department for purposes of caries pre-
18 vention, birth control or prevention or treatment of a communicable disease.
19 Such dispensing shall be subject to rules jointly adopted by the board and
20 the Oregon Health Authority.

21 “(7) The board shall adopt rules authorizing a pharmacist to delegate to
22 a registered nurse the authority to withdraw prescription drugs from a
23 manufacturer’s labeled container for administration to persons confined in
24 penal institutions including, but not limited to, adult and juvenile
25 correctional facilities. A penal institution, in consultation with a pharmacist,
26 shall develop policies and procedures regarding medication management,
27 procurement and distribution. A pharmacist shall monitor a penal institution
28 for compliance with the policies and procedures and shall perform drug
29 utilization reviews. The penal institution shall submit to the board for ap-
30 proval a written agreement between the pharmacist and the penal institution

1 regarding medication policies and procedures.

2 **“SECTION 110.** ORS 700.025 is amended to read:

3 “700.025. The provisions of ORS 700.020 (2) do not apply to:

4 “(1) Any person teaching, lecturing or engaging in research in environ-
5 mental sanitation but only in so far as such activities are performed as part
6 of an academic position in a college or university.

7 “(2) Any person who is a sanitary engineer, public health engineer or
8 registered professional engineer.

9 “(3) Any public health officer employed pursuant to ORS [431.035 to
10 431.530] **431.260 to 431.266** and 431.705 to 431.990 **and sections 9 to 24 of**
11 **this 2015 Act.**

12 “(4) Any person employed by a federal governmental agency but only at
13 such times as the person is carrying out the functions of employment.

14 “(5) Any person who holds a doctorate in veterinary medicine.

15 “(6) The performances of such duties as meat inspection, produce in-
16 spection, bee inspection, grain warehouse inspection, landscaping, gardening,
17 plumbing, septic tank or cesspool installation or insect and rodent poison
18 application.

19 “(7) Any employee of the Department of Environmental Quality other
20 than an on-site waste water disposal employee.

21 “(8) Any person employed by a local government, or its agents, while
22 employed in a job that did not require registration under ORS 700.020 as of
23 October 4, 1997.

24 **“SECTION 111.** Section 16, chapter 418, Oregon Laws 2011, as amended
25 by section 64, chapter 37, Oregon Laws 2012, is amended to read:

26 **“Sec. 16.** (1) As used in this section, ‘regional health improvement plan’
27 means a four-year comprehensive, coordinated regional plan incorporating
28 and replacing all health and human service plans prescribed by the Oregon
29 Health Authority, including but not limited to plans required under ORS
30 430.630, 430.640[, 431.385] and 624.510.

1 “(2)(a) The Central Oregon Health Council shall conduct a regional
2 health assessment and adopt a regional health improvement plan to serve as
3 a strategic population health and health care system service plan for the
4 region served by the council. The plan must define the scope of the activities,
5 services and responsibilities that the council proposes to assume upon im-
6 plementation of the plan.

7 “(b) The activities, services and responsibilities that the council proposes
8 to assume under the plan may include, but are not limited to:

9 “(A) Analysis and development of public and private resources, capacities
10 and metrics based on ongoing regional health assessment activities and
11 population health priorities;

12 “(B) Health policy;

13 “(C) System design;

14 “(D) Outcome and quality improvement;

15 “(E) Integration of service delivery; and

16 “(F) Workforce development.

17 “(3) The council shall submit the plan adopted under subsection (2) of this
18 section to the authority for approval. The authority may approve the plan
19 or return it to the council for modification prior to approval.

20 “(4) The regional health improvement plan adopted under this section
21 shall serve as a guide for entities serving medical assistance recipients,
22 public health authorities, mental health authorities, health care systems,
23 payer groups, provider groups and health coalitions in the counties served
24 by the council.

25

26

“SERIES PLACEMENT

27

28 “**SECTION 112.** (1) **Sections 1, 2, 4, 7, 8, 29 and 30 of this 2015 Act**
29 **are added to and made a part of sections 9 to 24 of this 2015 Act.**

30 “(2) **ORS 431.035, 431.110, 431.120, 431.150, 431.155, 431.157, 431.160,**

1 431.170, 431.175, 431.180, 431.195, 431.210, 431.220, 431.230, 431.250, 431.520,
2 431.550 and 431.990 are added to and made a part of sections 9 to 24 of
3 this 2015 Act.

4 “(3) ORS 431.330 to 431.350 and 431.405 to 431.510 are added to and
5 made a part of sections 9 to 24 of this 2015 Act.

6 “(4) ORS 431.380 and 431.385 are added to and made a part of ORS
7 431.405 to 431.510.

8 “(5) ORS 433.137 is added to and made a part of ORS 433.126 to
9 433.138.

10

11

“REPEALS

12

13 “SECTION 113. ORS 431.345, 431.375, 431.480 and 431.530 are repealed.

14

15

“OPERATIVE DATE AND IMPLEMENTATION

16

17 “SECTION 114. (1) Sections 1, 2, 4, 7 to 24, 29 and 30 of this 2015 Act,
18 the amendments to statutes and session law by sections 3, 5, 25 to 28
19 and 31 to 111 of this 2015 Act and the repeal of statutes by section 113
20 of this 2015 Act become operative on January 1, 2016.

21

22 “(2) The Oregon Health Authority may take any action before the
23 operative date specified in subsection (1) of this section that is neces-
24 sary to enable the authority to exercise, on and after the operative
25 date specified in subsection (1) of this section, all the duties, powers
26 and functions conferred on the authority by sections 1, 2, 4, 7 to 24,
27 29 and 30 of this 2015 Act, the amendments to statutes and session law
28 by sections 3, 5, 25 to 28 and 31 to 111 of this 2015 Act and the repeal
29 of statutes by section 113 of this 2015 Act.

30

“SECTION 115. (1) On or before June 30, 2016, the Oregon Health
Authority shall first submit the formula adopted under ORS 431.380,

1 as amended by section 28 of this 2015 Act, to the Legislative Fiscal
2 Office.

3 “(2) On or before January 1, 2017, the Oregon Health Authority
4 shall:

5 “(a) Adopt the initial statewide public health modernization as-
6 sessment and develop the initial statewide community health im-
7 provement plan as required by section 4 of this 2015 Act; and

8 “(b) Subject to subsections (3) and (4) of this section, establish a
9 schedule by which local public health authorities, as defined in section
10 2 of this 2015 Act, shall first submit local plans for applying the foun-
11 dational capabilities established under section 9 of this 2015 Act and
12 implementing the foundational programs established under section 17
13 of this 2015 Act as required by ORS 431.385.

14 “(3) The schedule established under subsection (2)(b) of this section:

15 “(a) May impose different dates for different local public health
16 authorities; and

17 “(b) Must require that all local public health authorities first sub-
18 mit local plans no later than December 31, 2023.

19 “(4) The Oregon Health Authority shall collaborate with each local
20 public health authority in prescribing a date by which that local public
21 health authority must first submit local plans as described in sub-
22 section (2)(b) of this section.

23 “(5) Notwithstanding the amendments to ORS 431.415, 431.416 and
24 431.385 by sections 25 to 27 of this 2015 Act, a local public health au-
25 thority is required to submit a local plan to the authority as required
26 by ORS 431.385 as in effect immediately before the effective date of this
27 2015 Act until the local public health authority first submits a local
28 plan pursuant to the schedule established under subsection (2)(b) of
29 this section.

30

