

D R A F T

SUMMARY

Allows naturopathic physicians to perform certain actions that physicians are authorized to perform.

A BILL FOR AN ACT

Relating to naturopathic physicians; creating new provisions; and amending ORS 30.267, 30.800, 30.802, 30.902, 109.640, 109.650, 109.675, 109.680, 109.685, 124.105, 125.150, 125.305, 127.505, 127.663, 127.760, 136.220, 146.181, 146.184, 146.750, 147.403, 169.076, 169.077, 169.750, 179.360, 179.390, 179.486, 192.547, 307.250, 307.260, 315.262, 316.771, 332.507, 336.485, 339.870, 343.146, 353.450, 410.530, 410.720, 414.356, 414.550, 414.615, 414.618, 417.875, 418.017, 418.300, 418.307, 418.325, 418.747, 419B.020, 419B.023, 419B.035, 419B.352, 421.467, 421.590, 426.005, 426.020, 427.005, 427.235, 427.255, 427.270, 427.275, 430.010, 430.401, 430.545, 430.560, 430.735, 431.180, 431A.680, 433.017, 433.040, 433.110, 433.290, 435.205, 435.305, 435.485, 435.496, 438.010, 441.064, 441.098, 442.470, 442.574, 443.065, 443.075, 443.445, 443.850, 453.307, 453.728, 453.730, 475.744, 475.950, 475.975, 475.976, 475.978, 616.750, 628.270, 659A.312, 659A.413, 676.340, 676.345, 676.550, 676.552, 678.010, 678.038, 678.725, 680.205, 680.545, 682.025, 685.110, 688.800, 688.805, 688.807, 689.005, 742.405, 742.420, 742.504, 743.683, 743B.222, 744.364, 744.367, 744.382, 746.230 and 759.720 and section 13, chapter 819, Oregon Laws 2015.

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

SECTION 1. ORS 30.267 is amended to read:

30.267. (1) For the purposes of ORS 30.260 to 30.300, all services constituting patient care, including, but not limited to, inpatient care, outpatient

1 care and all forms of consultation, that are provided on the Oregon Health
2 and Science University campus or in any Oregon Health and Science Uni-
3 versity clinic are within the scope of their state employment or duties when
4 performed by:

5 (a) Salaried physicians, **naturopathic physicians** or dentists employed
6 at any full-time equivalent by the Oregon Health and Science University;

7 (b) Nonsalaried or courtesy physicians, **naturopathic physicians** or
8 dentists affiliated with the Oregon Health and Science University;

9 (c) Medical, dental or nursing students or trainees affiliated with the
10 Oregon Health and Science University;

11 (d) Volunteer physicians, **naturopathic physicians** or dentists affiliated
12 with the Oregon Health and Science University; or

13 (e) Any nurses, students, orderlies, volunteers, aides or employees of the
14 Oregon Health and Science University.

15 (2) As used in this section:

16 (a) “Nonsalaried or courtesy physician, **naturopathic physician** or den-
17 tist” means a physician, **naturopathic physician** or dentist who receives a
18 fee or other compensation for those services constituting patient care which
19 are within the scope of state employment or duties under this section. The
20 term does not include a physician, **naturopathic physician** or dentist de-
21 scribed under subsection (1)(a) of this section.

22 (b) “Volunteer physician, **naturopathic physician** or dentist” means a
23 physician, **naturopathic physician** or dentist who does not receive a salary,
24 fee or other compensation for those services constituting patient care which
25 are within the scope of state employment or duties under this section.

26 **SECTION 2.** ORS 30.800 is amended to read:

27 30.800. (1) As used in this section and ORS 30.805, “emergency medical
28 assistance” means:

29 (a) Medical or dental care not provided in a place where emergency
30 medical or dental care is regularly available, including but not limited to a
31 hospital, industrial first-aid station or the office of a physician,

1 **naturopathic physician**, physician assistant or dentist, given voluntarily
2 and without the expectation of compensation to an injured person who is in
3 need of immediate medical or dental care and under emergency circum-
4 stances that suggest that the giving of assistance is the only alternative to
5 death or serious physical aftereffects; or

6 (b) Medical care provided voluntarily in good faith and without expecta-
7 tion of compensation by a physician licensed under ORS chapter 677, a phy-
8 sician assistant licensed under ORS 677.505 to 677.525 [*or*], a nurse
9 practitioner licensed under ORS 678.375 to 678.390 **or a naturopathic phy-**
10 **sician licensed under ORS chapter 685** and in the person's professional
11 capacity as a provider of health care for an athletic team at a public or
12 private school or college athletic event or as a volunteer provider of health
13 care at other athletic events.

14 (2) No person may maintain an action for damages for injury, death or
15 loss that results from acts or omissions of a person while rendering emer-
16 gency medical assistance unless it is alleged and proved by the complaining
17 party that the person was grossly negligent in rendering the emergency
18 medical assistance.

19 (3) The giving of emergency medical assistance by a person does not, of
20 itself, establish a professional relationship between the person giving the
21 assistance and the person receiving the assistance insofar as the relationship
22 carries with it any duty to provide or arrange for further medical care for
23 the injured person after the giving of emergency medical assistance.

24 **SECTION 3.** ORS 30.802 is amended to read:

25 30.802. (1) As used in this section:

26 (a) "Automated external defibrillator" means an automated external
27 defibrillator approved for sale by the federal Food and Drug Administration.

28 (b) "Public setting" means a location that is:

29 (A) Accessible to members of the general public, employees, visitors and
30 guests, but that is not a private residence;

31 (B) A public school facility as defined in ORS 327.365;

1 (C) A health club as defined in ORS 431A.450; or

2 (D) A place of public assembly as defined in ORS 431A.455.

3 (2) A person may not bring a cause of action against another person for
4 damages for injury, death or loss that result from acts or omissions involving
5 the use, attempted use or nonuse of an automated external defibrillator when
6 the other person:

7 (a) Used or attempted to use an automated external defibrillator;

8 (b) Was present when an automated external defibrillator was used or
9 should have been used;

10 (c) Provided training in the use of an automated external defibrillator;

11 (d) Is a physician, physician assistant licensed under ORS 677.505 to
12 677.525 [or], nurse practitioner licensed under ORS 678.375 to 678.390 **or a**
13 **naturopathic physician licensed under ORS chapter 685** and provided
14 services related to the placement or use of an automated external
15 defibrillator; or

16 (e) Possesses or controls one or more automated external defibrillators
17 placed in a public setting.

18 (3) The immunity provided by this section does not apply if:

19 (a) The person against whom the action is brought acted with gross
20 negligence or with reckless, wanton or intentional misconduct; or

21 (b) The use, attempted use or nonuse of an automated external
22 defibrillator occurred at a location where emergency medical care is regu-
23 larly available.

24 (4) Nothing in this section affects the liability of a manufacturer, de-
25 signer, developer, distributor or supplier of an automated external
26 defibrillator, or an accessory for an automated external defibrillator, under
27 the provisions of ORS 30.900 to 30.920 or any other applicable state or federal
28 law.

29 **SECTION 4.** ORS 30.902 is amended to read:

30 30.902. A physician licensed pursuant to ORS chapter 677 **or a**
31 **naturopathic physician licensed under ORS chapter 685** is not a man-

1 manufacturer, distributor, seller or lessor of a product for the purposes of ORS
2 30.900 to 30.920 if the product is provided by the physician **or naturopathic**
3 **physician** to a patient as part of a medical procedure and the physician **or**
4 **naturopathic physician** was not involved in the design or manufacture of
5 the product.

6 **SECTION 5.** ORS 109.640 is amended to read:

7 109.640. (1) [Any] A physician, physician assistant licensed under ORS
8 677.505 to 677.525 [or], nurse practitioner licensed under ORS 678.375 to
9 678.390 **or naturopathic physician licensed under ORS chapter 685** may
10 provide birth control information and services to any person without regard
11 to the age of the person.

12 (2) A minor 15 years of age or older may give consent, without the con-
13 sent of a parent or guardian of the minor, to:

14 (a) Hospital care, medical or surgical diagnosis or treatment by a physi-
15 cian licensed by the Oregon Medical Board **or a naturopathic physician**
16 **licensed under ORS chapter 685**, and dental or surgical diagnosis or
17 treatment by a dentist licensed by the Oregon Board of Dentistry, except as
18 provided by ORS 109.660.

19 (b) Diagnosis or treatment by a physician assistant who is licensed under
20 ORS 677.505 to 677.525 and who is acting pursuant to a practice agreement
21 as defined in ORS 677.495.

22 (c) Diagnosis and treatment by a nurse practitioner who is licensed by the
23 Oregon State Board of Nursing under ORS 678.375 and who is acting within
24 the scope of practice for a nurse practitioner.

25 (d) Except when the minor is obtaining contact lenses for the first time,
26 diagnosis and treatment by an optometrist who is licensed by the Oregon
27 Board of Optometry under ORS 683.010 to 683.340 and who is acting within
28 the scope of practice for an optometrist.

29 **SECTION 6.** ORS 109.650 is amended to read:

30 109.650. A hospital or [any] a physician, physician assistant, nurse prac-
31 titioner, **naturopathic physician**, dentist or optometrist described in ORS

1 109.640 may advise a parent or legal guardian of a minor of the care, diag-
2 nosis or treatment of the minor or the need for any treatment of the minor,
3 without the consent of the minor, and is not liable for advising the parent
4 or legal guardian without the consent of the minor.

5 **SECTION 7.** ORS 109.675 is amended to read:

6 109.675. (1) A minor 14 years of age or older may obtain, without parental
7 knowledge or consent, outpatient diagnosis or treatment of a mental or
8 emotional disorder or a chemical dependency, excluding methadone mainte-
9 nance, by a physician or physician assistant licensed by the Oregon Medical
10 Board, a psychologist licensed by the State Board of Psychologist Examiners,
11 a nurse practitioner registered by the Oregon State Board of Nursing, a
12 clinical social worker licensed by the State Board of Licensed Social Work-
13 ers, a professional counselor or marriage and family therapist licensed by the
14 Oregon Board of Licensed Professional Counselors and Therapists, **a**
15 **naturopathic physician licensed by the Oregon Board of Naturopathic**
16 **Medicine** or a community mental health program established and operated
17 pursuant to ORS 430.620 when approved to do so by the Oregon Health Au-
18 thority pursuant to rule.

19 (2) However, the person providing treatment shall have the parents of the
20 minor involved before the end of treatment unless the parents refuse or un-
21 less there are clear clinical indications to the contrary, which shall be doc-
22 umented in the treatment record. The provisions of this subsection do not
23 apply to:

24 (a) A minor who has been sexually abused by a parent; or

25 (b) An emancipated minor, whether emancipated under the provisions of
26 ORS 109.510 and 109.520 or 419B.550 to 419B.558 or, for the purpose of this
27 section only, emancipated by virtue of having lived apart from the parents
28 or legal guardian while being self-sustaining for a period of 90 days prior to
29 obtaining treatment as provided by this section.

30 **SECTION 8.** ORS 109.680 is amended to read:

31 109.680. A physician, physician assistant, psychologist, nurse practitioner,

1 clinical social worker licensed under ORS 675.530, professional counselor or
2 marriage and family therapist licensed by the Oregon Board of Licensed
3 Professional Counselors and Therapists, **naturopathic physician licensed**
4 **under ORS chapter 685** or community mental health program described in
5 ORS 109.675 may advise the parent or parents or legal guardian of [any] a
6 minor described in ORS 109.675 of the diagnosis or treatment whenever the
7 disclosure is clinically appropriate and will serve the best interests of the
8 minor's treatment because the minor's condition has deteriorated or the risk
9 of a suicide attempt has become such that inpatient treatment is necessary,
10 or the minor's condition requires detoxification in a residential or acute care
11 facility. If such disclosure is made, the physician, physician assistant, psy-
12 chologist, nurse practitioner, clinical social worker licensed under ORS
13 675.530, professional counselor or marriage and family therapist licensed by
14 the Oregon Board of Licensed Professional Counselors and Therapists,
15 **naturopathic physician licensed under ORS chapter 685** or community
16 mental health program shall not be subject to any civil liability for advising
17 the parent, parents or legal guardian without the consent of the minor.

18 **SECTION 9.** ORS 109.685 is amended to read:

19 109.685. A physician, physician assistant, psychologist, nurse practitioner,
20 clinical social worker licensed under ORS 675.530, professional counselor or
21 marriage and family therapist licensed by the Oregon Board of Licensed
22 Professional Counselors and Therapists, **naturopathic physician licensed**
23 **under ORS chapter 685** or community mental health program described in
24 ORS 109.675 who in good faith provides diagnosis or treatment to a minor
25 as authorized by ORS 109.675 shall not be subject to any civil liability for
26 providing such diagnosis or treatment without consent of the parent or legal
27 guardian of the minor.

28 **SECTION 10.** ORS 124.105 is amended to read:

29 124.105. (1) An action may be brought under ORS 124.100 for physical
30 abuse if the defendant engaged in conduct against a vulnerable person that
31 would constitute any of the following:

1 (a) Assault, under the provisions of ORS 163.160, 163.165, 163.175 and
2 163.185.

3 (b) Menacing, under the provisions of ORS 163.190.

4 (c) Recklessly endangering another person, under the provisions of ORS
5 163.195.

6 (d) Criminal mistreatment, under the provisions of ORS 163.200 and
7 163.205.

8 (e) Rape, under the provisions of ORS 163.355, 163.365 and 163.375.

9 (f) Sodomy, under the provisions of ORS 163.385, 163.395 and 163.405.

10 (g) Unlawful sexual penetration, under the provisions of ORS 163.408 and
11 163.411.

12 (h) Sexual abuse, under the provisions of ORS 163.415, 163.425 and 163.427.

13 (i) Strangulation, under ORS 163.187.

14 (2) An action may be brought under ORS 124.100 for physical abuse if the
15 defendant used any unreasonable physical constraint on the vulnerable per-
16 son or subjected the vulnerable person to prolonged or continued deprivation
17 of food or water.

18 (3) An action may be brought under ORS 124.100 for physical abuse if the
19 defendant used a physical or chemical restraint, or psychotropic medication
20 on the vulnerable person without an order from a physician **or naturopathic**
21 **physician** licensed in the State of Oregon or under any of the following
22 conditions:

23 (a) For the purpose of punishing the vulnerable person.

24 (b) For any purpose not consistent with the purposes authorized by a
25 physician **or naturopathic physician**.

26 (c) For a period significantly beyond that for which the restraint or
27 medication was authorized by a physician **or naturopathic physician**.

28 **SECTION 11.** ORS 125.150 is amended to read:

29 125.150. (1)(a) The court shall appoint a visitor upon the filing of a peti-
30 tion in a protective proceeding that seeks the appointment of:

31 (A) A guardian for an adult respondent;

1 (B) A guardian for a minor respondent who is more than 16 years of age,
2 in cases where the court determines there is the likelihood that a petition
3 seeking appointment of a guardian for the respondent as an adult will be
4 filed before the date that the respondent attains majority, in accordance with
5 ORS 125.055 (6), or as an adult; or

6 (C) A temporary fiduciary who will exercise the powers of a guardian for
7 an adult respondent.

8 (b) The court may appoint a visitor in any other protective proceeding
9 or in a proceeding under ORS 109.329.

10 (2) A visitor may be an officer, employee or special appointee of the court.
11 The person appointed may not have any personal interest in the proceedings.
12 The person appointed must have training or expertise adequate to allow the
13 person to appropriately evaluate the functional capacity and needs of a re-
14 spondent or protected person, or each petitioner and the person to be adopted
15 under ORS 109.329. The court shall provide a copy of the petition and other
16 filings in the proceedings that may be of assistance to the visitor.

17 (3) A visitor appointed by the court under this section shall interview a
18 person nominated or appointed as fiduciary and the respondent or protected
19 person, or each petitioner and the person to be adopted under ORS 109.329,
20 personally at the place where the respondent or protected person, or each
21 petitioner or the person to be adopted under ORS 109.329, is located.

22 (4) Subject to any law relating to confidentiality, the visitor may inter-
23 view any physician, **naturopathic physician** or psychologist who has ex-
24 amined the respondent or protected person, or each petitioner under ORS
25 109.329, the person or officer of the institution having the care, custody or
26 control of the respondent or protected person, or each petitioner under ORS
27 109.329, and any other person who may have relevant information.

28 (5) If requested by a visitor under subsection (4) of this section, a physi-
29 cian, **naturopathic physician** or psychologist who has examined the re-
30 spondent or protected person, or each petitioner under ORS 109.329, may,
31 with patient authorization or, in the case of a minor respondent, with the

1 authorization of the minor's parent or the person having custody of the mi-
2 nor, or in response to a court order in accordance with ORCP 44 or a
3 subpoena under ORCP 55, provide any relevant information the physician,
4 **naturopathic physician** or psychologist has regarding the respondent or
5 protected person, or each petitioner under ORS 109.329.

6 (6) A visitor shall determine whether it appears that the respondent or
7 protected person, or each petitioner or the person to be adopted under ORS
8 109.329, is able to attend the hearing and, if able to attend, whether the re-
9 spondent or protected person, or each petitioner or the person to be adopted
10 under ORS 109.329, is willing to attend the hearing.

11 (7) If a petition is filed seeking the appointment of a guardian for an
12 adult respondent, a visitor shall investigate the following matters:

13 (a) The inability of the respondent to provide for the needs of the re-
14 spondent with respect to physical health, food, clothing and shelter;

15 (b) The location of the respondent's residence and the ability of the re-
16 spondent to live in the residence while under guardianship;

17 (c) Alternatives to guardianship considered by the petitioner and reasons
18 why those alternatives are not available;

19 (d) Health or social services provided to the respondent during the year
20 preceding the filing of the petition, when the petitioner has information as
21 to those services;

22 (e) The inability of the respondent to resist fraud or undue influence; and

23 (f) Whether the respondent's inability to provide for the needs of the re-
24 spondent is an isolated incident of negligence or improvidence, or whether
25 a pattern exists.

26 (8) If a petition is filed seeking the appointment of a fiduciary, a visitor
27 shall determine whether the respondent objects to:

28 (a) The appointment of a fiduciary; and

29 (b) The nominated fiduciary or prefers another person to act as fiduciary.

30 (9) If a petition is filed seeking the appointment of a conservator in ad-
31 dition to the appointment of a guardian, a visitor shall investigate whether

1 the respondent is financially incapable. The visitor shall interview the per-
2 son nominated to act as conservator and shall interview the respondent
3 personally at the place where the respondent is located.

4 (10) A visitor shall determine whether the respondent or protected person,
5 or each petitioner or the person to be adopted under ORS 109.329, wishes to
6 be represented by counsel and, if so, whether the respondent or protected
7 person, or each petitioner or the person to be adopted under ORS 109.329,
8 has retained counsel and, if not, the name of an attorney the respondent or
9 protected person, or each petitioner or the person to be adopted under ORS
10 109.329, wishes to retain.

11 (11) If the respondent or protected person, or each petitioner or the person
12 to be adopted under ORS 109.329, has not retained counsel, a visitor shall
13 determine whether the respondent or protected person, or each petitioner or
14 the person to be adopted under ORS 109.329, desires the court to appoint
15 counsel.

16 (12) If the respondent or protected person, or each petitioner or the person
17 to be adopted under ORS 109.329, does not plan to retain counsel and has
18 not requested the appointment of counsel by the court, a visitor shall deter-
19 mine whether the appointment of counsel would help to resolve the matter
20 and whether appointment of counsel is necessary to protect the interests of
21 the respondent or protected person, or each petitioner or the person to be
22 adopted under ORS 109.329.

23 **SECTION 12.** ORS 125.305 is amended to read:

24 125.305. (1) After determining that conditions for the appointment of a
25 guardian have been established, the court may appoint a guardian as re-
26 quested if the court determines by clear and convincing evidence that:

27 (a) The respondent is a minor in need of a guardian or the respondent is
28 incapacitated;

29 (b) The appointment is necessary as a means of providing continuing care
30 and supervision of the respondent; and

31 (c) The nominated person is both qualified and suitable, and is willing to

1 serve.

2 (2) The court shall make a guardianship order that is no more restrictive
3 upon the liberty of the protected person than is reasonably necessary to
4 protect the person. In making the order the court shall consider the infor-
5 mation in the petition, the report of the visitor, the report of any
6 physician, **naturopathic physician** or psychologist who has examined the
7 respondent, if there was an examination and the evidence presented at any
8 hearing.

9 (3) The court may require that a guardian post bond.

10 (4) The Department of Human Services may be appointed guardian of a
11 minor if the minor has no living parents and if no willing, qualified and
12 suitable relative or other person has petitioned the court for appointment
13 as a guardian.

14 **SECTION 13.** ORS 127.505 is amended to read:

15 127.505. As used in ORS 127.505 to 127.660 and 127.995:

16 (1) "Adult" means an individual who is 18 years of age or older, who has
17 been adjudicated an emancipated minor or who is married.

18 (2) "Advance directive" means a document that contains a health care
19 instruction or a power of attorney for health care.

20 (3) "Appointment" means a power of attorney for health care, letters of
21 guardianship or a court order appointing a health care representative.

22 (4) "Artificially administered nutrition and hydration" means a medical
23 intervention to provide food and water by tube, mechanical device or other
24 medically assisted method. "Artificially administered nutrition and hy-
25 dration" does not include the usual and typical provision of nutrition and
26 hydration, such as the provision of nutrition and hydration by cup, hand,
27 bottle, drinking straw or eating utensil.

28 (5) "Attending physician" means the physician who has primary respon-
29 sibility for the care and treatment of the principal.

30 (6) "Attorney-in-fact" means an adult appointed to make health care de-
31 cisions for a principal under a power of attorney for health care, and in-

1 cludes an alternative attorney-in-fact.

2 (7) "Dementia" means a degenerative condition that causes progressive
3 deterioration of intellectual functioning and other cognitive skills, including
4 but not limited to aphasia, apraxia, memory, agnosia and executive func-
5 tioning, that leads to a significant impairment in social or occupational
6 function and that represents a significant decline from a previous level of
7 functioning. Diagnosis is by history and physical examination.

8 (8) "Health care" means diagnosis, treatment or care of disease, injury
9 and congenital or degenerative conditions, including the use, maintenance,
10 withdrawal or withholding of life-sustaining procedures and the use, main-
11 tenance, withdrawal or withholding of artificially administered nutrition and
12 hydration.

13 (9) "Health care decision" means consent, refusal of consent or with-
14 holding or withdrawal of consent to health care, and includes decisions re-
15 lating to admission to or discharge from a health care facility.

16 (10) "Health care facility" means a health care facility as defined in ORS
17 442.015, a domiciliary care facility as defined in ORS 443.205, a residential
18 facility as defined in ORS 443.400, an adult foster home as defined in ORS
19 443.705 or a hospice program as defined in ORS 443.850.

20 (11) "Health care instruction" or "instruction" means a document exe-
21 cuted by a principal to indicate the principal's instructions regarding health
22 care decisions.

23 (12) "Health care provider" means a person licensed, certified or other-
24 wise authorized or permitted by the law of this state to administer health
25 care in the ordinary course of business or practice of a profession, and in-
26 cludes a health care facility.

27 (13) "Health care representative" means:

28 (a) An attorney-in-fact;

29 (b) A person who has authority to make health care decisions for a prin-
30 cipal under the provisions of ORS 127.635 (2) or (3); or

31 (c) A guardian or other person, appointed by a court to make health care

1 decisions for a principal.

2 (14) “Incapable” means that in the opinion of the court in a proceeding
3 to appoint or confirm authority of a health care representative, or in the
4 opinion of the principal’s attending physician, a principal lacks the ability
5 to make and communicate health care decisions to health care providers,
6 including communication through persons familiar with the principal’s man-
7 ner of communicating if those persons are available. “Capable” means not
8 incapable.

9 (15) “Instrument” means an advance directive, acceptance, disqualifica-
10 tion, withdrawal, court order, court appointment or other document govern-
11 ing health care decisions.

12 (16) “Life support” means life-sustaining procedures.

13 (17) “Life-sustaining procedure” means any medical procedure, pharma-
14 ceutical, medical device or medical intervention that maintains life by sus-
15 taining, restoring or supplanting a vital function. “Life-sustaining
16 procedure” does not include routine care necessary to sustain patient clean-
17 liness and comfort.

18 (18) “Medically confirmed” means the medical opinion of the attending
19 physician has been confirmed by a second physician who has examined the
20 patient and who has clinical privileges or expertise with respect to the con-
21 dition to be confirmed.

22 (19) “Permanently unconscious” means completely lacking an awareness
23 of self and external environment, with no reasonable possibility of a return
24 to a conscious state, and that condition has been medically confirmed by a
25 neurological specialist who is an expert in the examination of unresponsive
26 individuals.

27 (20) “Physician” means an individual licensed to practice medicine by the
28 Oregon Medical Board **or a naturopathic physician licensed to practice**
29 **naturopathic medicine by the Oregon Board of Naturopathic**
30 **Medicine.**

31 (21) “Power of attorney for health care” means a power of attorney doc-

1 ument that authorizes an attorney-in-fact to make health care decisions for
2 the principal when the principal is incapable.

3 (22) “Principal” means:

4 (a) An adult who has executed an advance directive;

5 (b) A person of any age who has a health care representative;

6 (c) A person for whom a health care representative is sought; or

7 (d) A person being evaluated for capability who will have a health care
8 representative if the person is determined to be incapable.

9 (23) “Terminal condition” means a health condition in which death is
10 imminent irrespective of treatment, and where the application of life-
11 sustaining procedures or the artificial administration of nutrition and hy-
12 dration serves only to postpone the moment of death of the principal.

13 (24) “Tube feeding” means artificially administered nutrition and hy-
14 dration.

15 **SECTION 14.** ORS 127.663 is amended to read:

16 127.663. As used in ORS 127.663 to 127.684:

17 (1) “Authorized user” means a person authorized by the Oregon Health
18 Authority to provide information to or receive information from the POLST
19 registry.

20 (2) “Life-sustaining treatment” means any medical procedure, pharmaceu-
21 tical, medical device or medical intervention that maintains life by sustain-
22 ing, restoring or supplanting a vital function. “Life-sustaining treatment”
23 does not include routine care necessary to sustain patient cleanliness and
24 comfort.

25 (3) **“Naturopathic physician” has the meaning given the term in**
26 **ORS 685.010.**

27 [(3)] (4) “Nurse practitioner” has the meaning given that term in ORS
28 678.010.

29 [(4)] (5) “Physician” has the meaning given that term in ORS 677.010.

30 [(5)] (6) “Physician assistant” has the meaning given that term in ORS
31 677.495.

1 [(6)] (7) "POLST" means a physician order for life-sustaining treatment
2 signed by a physician, **naturopathic physician**, nurse practitioner or phy-
3 sician assistant.

4 [(7)] (8) "POLST registry" means the registry established in ORS 127.666.

5 **SECTION 15.** ORS 127.760 is amended to read:

6 127.760. (1) As used in this section:

7 (a) "Health care instruction" means a document executed by a patient to
8 indicate the patient's instructions regarding health care decisions, including
9 an advance directive or power of attorney for health care executed under
10 ORS 127.505 to 127.660.

11 (b) "Health care provider" means a person licensed, certified or otherwise
12 authorized by the law of this state to administer health care in the ordinary
13 course of business or practice of a profession.

14 (c) "Hospital" has the meaning given that term in ORS 442.015.

15 (d) "Mental health treatment" means convulsive treatment, treatment of
16 mental illness with psychoactive medication, psychosurgery, admission to
17 and retention in a health care facility for care or treatment of mental illness,
18 and related outpatient services.

19 (2)(a)(A) A hospital may appoint a health care provider who has received
20 training in health care ethics, including identification and management of
21 conflicts of interest and acting in the best interest of the patient, to give
22 informed consent to medically necessary health care services on behalf of a
23 patient admitted to the hospital in accordance with subsection (3) of this
24 section.

25 (B) If a person appointed under subparagraph (A) of this paragraph is the
26 patient's attending physician **or naturopathic physician licensed under**
27 **ORS chapter 685**, the hospital must also appoint another health care pro-
28 vider who meets the requirements of subparagraph (A) of this paragraph to
29 participate in making decisions about giving informed consent to health care
30 services on behalf of the patient.

31 (b) A hospital may appoint a multidisciplinary committee with ethics as

1 a core component of the duties of the committee, or a hospital ethics com-
2 mittee, to participate in making decisions about giving informed consent to
3 medically necessary health care services on behalf of a patient admitted to
4 the hospital in accordance with subsection (3) of this section.

5 (3) A person appointed by a hospital under subsection (2) of this section
6 may give informed consent to medically necessary health care services on
7 behalf of and in the best interest of a patient admitted to the hospital if:

8 (a) In the medical opinion of the attending physician **or naturopathic**
9 **physician**, the patient lacks the ability to make and communicate health
10 care decisions to health care providers;

11 (b) The hospital has performed a reasonable search, in accordance with
12 the hospital's policy for locating relatives and friends of a patient, for a
13 health care representative appointed under ORS 127.505 to 127.660 or an
14 adult relative or adult friend of the patient who is capable of making health
15 care decisions for the patient, including contacting social service agencies
16 of the Oregon Health Authority or the Department of Human Services if the
17 hospital has reason to believe that the patient has a case manager with the
18 authority or the department, and has been unable to locate any person who
19 is capable of making health care decisions for the patient; and

20 (c) The hospital has performed a reasonable search for and is unable to
21 locate any health care instruction executed by the patient.

22 (4) Notwithstanding subsection (3) of this section, if a patient's wishes
23 regarding health care services were made known during a period when the
24 patient was capable of making and communicating health care decisions, the
25 hospital and the person appointed under subsection (2) of this section shall
26 comply with those wishes.

27 (5) A person appointed under subsection (2) of this section may not con-
28 sent on a patient's behalf to:

29 (a) Mental health treatment;

30 (b) Sterilization;

31 (c) Abortion;

1 (d) Except as provided in ORS 127.635 (3), the withholding or withdrawal
2 of life-sustaining procedures as defined in ORS 127.505; or

3 (e) Except as provided in ORS 127.580 (2), the withholding or withdrawal
4 of artificially administered nutrition and hydration, as defined in ORS
5 127.505, other than hyperalimentation, necessary to sustain life.

6 (6) If the person appointed under subsection (2) of this section knows the
7 patient's religious preference, the person shall make reasonable efforts to
8 confer with a member of the clergy of the patient's religious tradition before
9 giving informed consent to health care services on behalf of the patient.

10 (7) A person appointed under subsection (2) of this section is not a health
11 care representative as defined in ORS 127.505.

12 **SECTION 16.** ORS 136.220 is amended to read:

13 136.220. A challenge for implied bias shall be allowed for any of the fol-
14 lowing causes and for no other:

15 (1) Consanguinity or affinity within the fourth degree to the person al-
16 leged to be injured by the offense charged in the accusatory instrument, to
17 the complainant or to the defendant.

18 (2) Standing in the relation of guardian and ward, attorney and client,
19 physician and patient, **naturopathic physician and patient**, physician as-
20 sistant and patient, nurse practitioner and patient, master and servant,
21 debtor and creditor, principal and agent or landlord and tenant with the:

22 (a) Defendant;

23 (b) Person alleged to be injured by the offense charged in the accusatory
24 instrument; or

25 (c) Complainant.

26 (3) Being a member of the family, a partner in business with or in the
27 employment of any person referred to in subsection (2)(a), (b) or (c) of this
28 section or a surety in the action or otherwise for the defendant.

29 (4) Having served on the grand jury which found the indictment or on a
30 jury of inquest which inquired into the death of a person whose death is the
31 subject of the indictment or information.

1 (5) Having been one of a jury formerly sworn in the same action, and
2 whose verdict was set aside or which was discharged without a verdict after
3 the cause was submitted to it.

4 (6) Having served as a juror in a civil action, suit or proceeding brought
5 against the defendant for substantially the same act charged as an offense.

6 (7) Having served as a juror in a criminal action upon substantially the
7 same facts, transaction or criminal episode.

8 **SECTION 17.** ORS 146.181 is amended to read:

9 146.181. (1) When a person is reported as missing to any city, county or
10 state police agency, the agency, within 12 hours thereafter, shall enter into
11 state and federal records maintained for that purpose, a report of the missing
12 person in a format and according to procedures established by the authorities
13 responsible respectively for the state and federal records.

14 (2) The law enforcement agency to which the report is made:

15 (a) May request from the person making the report information or mate-
16 rial likely to be useful in identifying the missing person or the human re-
17 mains of the missing person, including, but not limited to:

18 (A) The name of the missing person and any alternative names the person
19 uses;

20 (B) The date of birth of the missing person;

21 (C) A physical description of the missing person, including the height,
22 weight, gender, race, eye color, current hair color and natural hair color of
23 the missing person, any identifying marks on the missing person, any pros-
24 thetics used by, or surgical implants in, the missing person and any physical
25 anomalies of the missing person;

26 (D) The blood type of the missing person;

27 (E) The driver license number of the missing person;

28 (F) The Social Security number of the missing person;

29 (G) A recent photograph of the missing person;

30 (H) A description of the clothing the missing person is believed to have
31 been wearing at the time the person disappeared;

1 (I) A description of items that the missing person is believed to have had
2 with the person at the time the person disappeared;

3 (J) Telephone numbers and electronic mail addresses of the missing per-
4 son;

5 (K) The name and address of any school the missing person attends;

6 (L) The name and address of any employer of the missing person;

7 (M) The name and address of the physician, physician assistant,
8 **naturopathic physician**, nurse practitioner or dentist who provides health
9 care services to the missing person;

10 (N) A description of any vehicle that the missing person might have been
11 driving or riding in when the person disappeared;

12 (O) The reasons why the person making the missing person report believes
13 the person is missing;

14 (P) Any circumstances that indicate that the missing person may be at
15 risk of injury or death;

16 (Q) Any circumstances that may indicate that the disappearance is not
17 voluntary;

18 (R) Information about a known or possible abductor or a person who was
19 last seen with the missing person; and

20 (S) The date of the last contact with the missing person.

21 (b) May request in writing from any dentist, denturist, physician, physi-
22 cian assistant, **naturopathic physician**, nurse practitioner, optometrist or
23 other medical practitioner possessing it such medical, dental or other phys-
24 ically descriptive information as is likely to be useful in identifying the
25 missing person or the human remains of the missing person.

26 (3) The law enforcement agency, upon obtaining information pursuant to
27 subsection (2) of this section, shall make a supplementary entry of that in-
28 formation into the state and federal records described in subsection (1) of
29 this section. The supplementary report shall be in a format and according
30 to procedures established by the authorities responsible respectively for the
31 state and federal records.

1 **SECTION 18.** ORS 146.184 is amended to read:

2 146.184. (1) A dentist, denturist, physician, **naturopathic physician,**
3 optometrist or other medical practitioner, upon receipt of a written request
4 from a law enforcement agency for identifying information pursuant to ORS
5 146.181, shall [*furnish*] **provide** to the agency [*such*] **any** information known
6 to the practitioner upon the request forms provided by the agency.

7 (2) Information obtained under this section is restricted to use for the
8 identification of missing persons or the identification of unidentified human
9 remains and may not be made available to the public.

10 (3) Compliance with a written request for information under this section
11 by a dentist, denturist, physician, **naturopathic physician,** optometrist or
12 other medical practitioner does not constitute a breach of confidentiality.

13 **SECTION 19.** ORS 146.750 is amended to read:

14 146.750. (1) Except as required in subsection (3) of this section, a physi-
15 cian, including an intern and resident, a physician assistant licensed under
16 ORS 677.505 to 677.525, **a naturopathic physician licensed under ORS**
17 **chapter 685** or a registered nurse licensed under ORS chapter 678, who has
18 reasonable cause to suspect that a person brought to the physician, physician
19 assistant, **naturopathic physician** or registered nurse or coming before the
20 physician, physician assistant, **naturopathic physician** or registered nurse
21 for examination, care or treatment has had injury[, *as defined in ORS*
22 *146.710,*] inflicted upon the person other than by accidental means, shall re-
23 port or cause reports to be made in accordance with the provisions of sub-
24 section (2) of this section.

25 (2) An oral report must be made immediately by telephone or otherwise,
26 and followed as soon thereafter as possible by a report in writing, to an ap-
27 propriate law enforcement agency.

28 (3) When an injury [*as defined in ORS 146.710*], or abuse as defined in
29 ORS 419B.005, occurs to an unmarried person who is under 18 years of age,
30 the provisions of ORS 419B.005 to 419B.050 apply.

31 **SECTION 20.** ORS 147.403 is amended to read:

1 147.403. (1) Each hospital, emergency medical service provider, interme-
2 diate care facility, skilled nursing facility, long term care facility and resi-
3 dential care facility in this state shall adopt policies for the treatment or
4 referral of acute sexual assault patients, if such policies are not otherwise
5 provided for by statute or administrative rule.

6 (2)(a) Each hospital, emergency medical service provider, intermediate
7 care facility, skilled nursing facility, long term care facility and residential
8 care facility in this state that performs forensic medical examinations of
9 sexual assault patients shall:

10 (A) Adopt, in addition to the facility's own guidelines, if any, the State
11 of Oregon Medical Guideline for Sexual Assault Evaluation of Adolescent
12 and Adult Patients developed and published by the Attorney General's Sex-
13 ual Assault Task Force.

14 (B) Except as provided in paragraph (b) of this subsection, employ or
15 contract with at least one sexual assault forensic examiner who has com-
16 pleted didactic training sufficient to satisfy the training requirement for
17 certification by the Oregon SAE/SANE Certification Commission established
18 by the Attorney General.

19 (b) Paragraph (a)(B) of this subsection does not apply to a hospital that
20 performs forensic medical examinations only of sexual assault patients who
21 are minors. [*Such*] A hospital **described in this paragraph** may use physi-
22 cians, physician assistants licensed under ORS 677.505 to 677.525,
23 **naturopathic physicians licensed under ORS chapter 685** and nurses to
24 conduct the examinations in consultation with a social worker trained in
25 assisting sexual assault victims who are minors.

26 **SECTION 21.** ORS 169.076 is amended to read:

27 169.076. Each local correctional facility shall:

28 (1) Provide sufficient staff to perform all audio and visual functions in-
29 volving security, control, custody and supervision of all confined detainees
30 and prisoners, with personal inspection at least once each hour. The super-
31 vision may include the use of electronic monitoring equipment when ap-

1 proved by the Department of Corrections and the governing body of the
2 jurisdiction in which the facility is located.

3 (2) Have a comprehensive written policy with respect to:

4 (a) Legal confinement authority.

5 (b) Denial of admission.

6 (c) Telephone calls.

7 (d) Admission and release medical procedures.

8 (e) Medication and prescriptions.

9 (f) Personal property accountability which complies with ORS 133.455.

10 (g) Vermin and communicable disease control.

11 (h) Release process to include authority, identification and return of per-
12 sonal property.

13 (i) Rules of the facility governing correspondence and visitations.

14 (3) Formulate and publish plans to meet emergencies involving escape,
15 riots, assaults, fires, rebellions and other types of emergencies; and regu-
16 lations for the operation of the facility.

17 (4) Not administer any physical punishment to any prisoner at any time.

18 (5) Provide for emergency medical and dental health, having written pol-
19 icies providing for:

20 (a) Review of the facility's medical and dental plans by a licensed physi-
21 cian, physician assistant, **naturopathic physician** or nurse practitioner.

22 (b) The security of medication and medical supplies.

23 (c) A medical and dental record system to include request for medical and
24 dental attention, treatment prescribed, prescriptions, special diets and other
25 services provided.

26 (d) First aid supplies and staff first aid training.

27 (6) Prohibit firearms from the security area of the facility except in times
28 of emergency as determined by the administrator of the facility.

29 (7) Ensure that confined detainees and prisoners:

30 (a) Will be fed daily at least three meals served at regular times, with
31 no more than 14 hours between meals except when routinely absent from the

1 facility for work or other purposes.

2 (b) Will be fed nutritionally adequate meals in accordance with a plan
3 reviewed by a registered dietitian or the Oregon Health Authority.

4 (c) Be provided special diets as prescribed by the facility's designated
5 physician, physician assistant, **naturopathic physician** or nurse practi-
6 tioner.

7 (d) Shall have food procured, stored, prepared, distributed and served un-
8 der sanitary conditions, as defined by the authority under ORS 624.041.

9 (8) Ensure that the facility be clean, and provide each confined detainee
10 or prisoner:

11 (a) Materials to maintain personal hygiene.

12 (b) Clean clothing twice weekly.

13 (c) Mattresses and blankets that are clean and fire-retardant.

14 (9) Require each prisoner to shower at least twice weekly.

15 (10) Forward, without examination or censorship, each prisoner's outgoing
16 written communications to the Governor, jail administrator, Attorney Gen-
17 eral, judge, Department of Corrections or the attorney of the prisoner.

18 (11) Keep the facility safe and secure in accordance with the State of
19 Oregon Structural Specialty Code and Fire and Life Safety Code.

20 (12) Have and provide each prisoner with written rules for inmate conduct
21 and disciplinary procedures. If a prisoner cannot read or is unable to un-
22 derstand the written rules, the information shall be conveyed to the prisoner
23 orally.

24 (13) Not restrict the free exercise of religion unless failure to impose the
25 restriction will cause a threat to facility or order.

26 (14) Safeguard and ensure that the prisoner's legal rights to access to le-
27 gal materials are protected.

28 **SECTION 22.** ORS 169.077 is amended to read:

29 169.077. Each lockup facility shall:

30 (1) Maintain 24-hour supervision when persons are confined. The super-
31 vision may include the use of electronic monitoring equipment when ap-

1 proved by the Department of Corrections and the governing body of the
2 jurisdiction in which the facility is located.

3 (2) Make a personal inspection of each person confined at least once each
4 hour.

5 (3) Prohibit firearms from the security area of the facility except in times
6 of emergency as determined by the administrator of the facility.

7 (4) Ensure that confined detainees and prisoners will be fed daily at least
8 three nutritionally adequate meals served at regular times, with no more
9 than 14 hours between meals except when routinely absent from the facility
10 for work or other such purposes.

11 (5) Forward, without examination or censorship, each prisoner's outgoing
12 written communications to the Governor, jail administrator, Attorney Gen-
13 eral, judge, Department of Corrections or the attorney of the prisoner.

14 (6) Provide rules of the facility governing correspondence and visitations.

15 (7) Keep the facility safe and secure in accordance with the State of
16 Oregon Structural Specialty Code and Fire and Life Safety Code.

17 (8) Formulate and publish plans to meet emergencies involving escape,
18 riots, assaults, fires, rebellions and other types of emergencies; and policies
19 and regulations for the operation of the facility.

20 (9) Ensure that the facility be clean, provide mattresses and blankets that
21 are clean and fire-retardant, and furnish materials to maintain personal hy-
22 giene.

23 (10) Provide for emergency medical and dental health, having written
24 policies providing for review of the facility's medical and dental plans by a
25 licensed physician, physician assistant, **naturopathic physician** or nurse
26 practitioner.

27 **SECTION 23.** ORS 169.750 is amended to read:

28 169.750. A juvenile detention facility may not:

29 (1) Impose upon a detained juvenile for purposes of discipline or punish-
30 ment any infliction of or threat of physical injury or pain, deliberate hu-
31 miliation, physical restraint, withholding of meals, or isolation, or detention

1 under conditions that violate the provisions of subsections (2) to (8) of this
2 section or ORS 169.076 (7) to (11), (13) or (14) or 169.740;

3 (2) Use any physical force, other means of physical control or isolation
4 upon a detained juvenile except as reasonably necessary and justified to
5 prevent escape from the facility, physical injury to another person, to protect
6 a detained juvenile from physical self-injury or to prevent destruction of
7 property, or to effectuate the confinement of the juvenile in roomlock or
8 isolation as provided for in ORS 169.090, 169.730 to 169.800, 419A.050 and
9 419A.052, and for only so long as it appears that the danger exists. A use of
10 force or other physical means of control may not employ:

11 (a) The use of restraining devices for a purpose other than to prevent
12 physical injury or escape, or, in any case, for a period in excess of six hours.
13 However, the time during which a detained juvenile is being transported to
14 another facility pursuant to court order shall not be counted within the six
15 hours; or

16 (b) Isolation for a period in excess of six hours;

17 (3) Use roomlock except for the discipline and punishment of a detained
18 juvenile for violation of a rule of conduct or behavior of the facility as
19 provided for in ORS 169.076 (12) or for conduct that constitutes a crime un-
20 der the laws of this state or that would justify physical force, control or
21 isolation under subsection (2) of this section;

22 (4) Cause to be made an internal examination of a detained juvenile's
23 anus or vagina, except upon probable cause that contraband, as defined in
24 ORS 162.135 (1), will be found upon such examination and then only by a
25 physician licensed under ORS chapter 677, **naturopathic physician licensed**
26 **under ORS chapter 685**, physician assistant licensed under ORS 677.505 to
27 677.525 or nurse licensed under ORS chapter 678;

28 (5)(a) Administer to any detained juvenile medication, except upon the
29 informed consent of the juvenile or in the case of an imminent threat to the
30 life of the juvenile or where the juvenile has a contagious or communicable
31 disease that poses an imminent threat to the health of other persons in the

1 facility. However, prescription medication may not be administered except
2 upon a written prescription or written order by a physician licensed under
3 ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525,
4 nurse practitioner licensed under ORS 678.375 to 678.390, **naturopathic**
5 **physician licensed under ORS chapter 685** or dentist licensed under ORS
6 chapter 679, and administered by a person authorized under ORS chapter 677,
7 678 or 679 to administer medication. Facility staff not otherwise authorized
8 by law to administer medications may administer noninjectable medications
9 in accordance with rules adopted by the Oregon State Board of Nursing
10 pursuant to ORS 678.150 (8);

11 (b) Nonmedical personnel shall receive training for administering
12 medications, including recognition of and response to drug reactions and
13 unanticipated side effects, from the responsible physician, physician
14 assistant, **naturopathic physician** or nurse and the official responsible for
15 the facility. All personnel shall be responsible for administering the dosage
16 medications according to orders and for recording the administrations of the
17 dosage in a manner and on a form approved by the responsible physician,
18 physician assistant, **naturopathic physician** or nurse practitioner; and

19 (c) Notwithstanding any other provision of law, medication may not be
20 administered unless a physician, physician assistant licensed under ORS
21 677.505 to 677.525, **naturopathic physician licensed under ORS chapter**
22 **685** or nurse licensed under ORS chapter 678 is either physically on the
23 premises or readily available by telephone and within 30 minutes travel time
24 of the patient;

25 (6) Administer to any detained juvenile any medication or medical proce-
26 dure for purposes of experimentation;

27 (7) Discipline or punish any juvenile for conduct or behavior by roomlock,
28 for a period in excess of 12 hours, or by denial of any privilege, regularly
29 awarded other detained adults or juveniles, for more than one day, except
30 after:

31 (a) Advising the juvenile in writing of the alleged offensive conduct or

1 behavior;

2 (b) Providing the juvenile the opportunity to a hearing before a staff
3 member who was not a witness to the alleged offensive conduct or behavior;

4 (c) Providing the juvenile the opportunity to produce witnesses and evi-
5 dence and to cross-examine witnesses;

6 (d) Providing the detained juvenile the opportunity to testify, at the sole
7 option of the juvenile; and

8 (e) A finding that the alleged conduct or behavior was proven by a pre-
9 ponderance of the evidence and that it violated a rule of conduct or behavior
10 of the facility as provided for in ORS 169.076 (12) or constituted a crime
11 under the laws of this state; and

12 (8) Detain juveniles with emotional disturbances, mental retardation or
13 physical disabilities on the same charges and circumstances for which other
14 juveniles would have been released or provided with another alternative.

15 **SECTION 24.** ORS 179.360 is amended to read:

16 179.360. (1) Each superintendent shall:

17 (a) Have custody of the residents of the institution under jurisdiction of
18 the superintendent.

19 (b) Direct the care, custody and training of the residents unless otherwise
20 directed by law or by rule.

21 (c) Adopt sanitary measures for the health and comfort of the residents.

22 (d) Promote the mental, moral and physical welfare and development of
23 the residents.

24 (e) Enjoy the other powers and privileges and perform the other duties
25 that are prescribed by law or by rule or that naturally attach themselves to
26 the position of superintendent.

27 (f) Designate a physician licensed by the Oregon Medical Board, **or**
28 **naturopathic physician licensed under ORS chapter 685**, to serve as chief
29 medical officer, who will be directly responsible to the superintendent for
30 administration of the medical treatment programs at the institution and as-
31 sume such other responsibilities as are assigned by the superintendent.

1 (2) The Director of the Department of Corrections and the Director of the
2 Oregon Health Authority shall prescribe for their respective institutions:

3 (a) The duties of the superintendents where the duties are not prescribed
4 by law.

5 (b) The additional duties, beyond those prescribed by law, that each
6 agency director considers necessary for the good of the public service.

7 **SECTION 25.** ORS 179.390 is amended to read:

8 179.390. (1) The superintendent of an institution within the jurisdiction
9 of the Department of Corrections shall, subject to the approval of the Di-
10 rector of the Department of Corrections, appoint in the manner provided by
11 law all assistants, officers and other employees at the institution under the
12 jurisdiction of the superintendent. The superintendent may suspend or re-
13 move an assistant, officer or other employee in the manner provided by law,
14 reporting all acts of suspension or removal to the Director of the Department
15 of Corrections for approval or disapproval.

16 (2) The Director of the Department of Corrections and the Director of the
17 Oregon Health Authority shall:

18 (a) Fix the salaries of assistants, officers and employees where their sal-
19 ary is not fixed by law.

20 (b) Suspend or discharge any subordinate of a superintendent when public
21 service requires such action, except when suspending or discharging the
22 subordinate violates the State Personnel Relations Law.

23 (3) The Director of the Oregon Health Authority or a designee at a fa-
24 cility under jurisdiction of the Oregon Health Authority shall, as provided
25 by law, appoint, suspend or discharge an employee of the authority. The di-
26 rector may designate up to three employees at each facility to act in the
27 name of the director in accordance with ORS 240.400.

28 (4) In addition to or in lieu of employing physicians, the Director of the
29 Department of Corrections or the designee [*thereof*] **of the director** may
30 contract for the personal services of physicians licensed to practice medicine
31 by the Oregon Medical Board **or naturopathic physicians licensed under**

1 **ORS chapter 685** to serve as medical advisors for the Oregon Health Au-
2 thority. Advisors under [*such*] contracts **entered into under this sub-**
3 **section** shall be directly responsible for administration of medical treatment
4 programs at penal and correctional institutions, as defined in ORS 421.005.

5 **SECTION 26.** ORS 179.486 is amended to read:

6 179.486. (1) The institution from which a transfer or conveyance is made
7 shall pay from its appropriation the cost of such of the following items as
8 may be incurred in a particular case:

9 (a) Transportation and other expenses incidental to the transfer or
10 conveyance, including the expenses of attendants where an attendant is di-
11 rected to accompany the inmate.

12 (b) Hospital expenses incurred at the Oregon Health and Science Uni-
13 versity.

14 (c) Examination, treatment and hospital expenses incurred in favor of a
15 physician, **naturopathic physician**, clinic or hospital, other than the
16 Oregon Health and Science University.

17 (2) An inmate transferred or conveyed to the Oregon Health and Science
18 University shall be accompanied by a report made by the physician **or**
19 **naturopathic physician** in charge of the institution from which the transfer
20 or conveyance is made, or by another physician **or naturopathic physician**
21 designated by the physician **or naturopathic physician** in charge. The re-
22 port shall contain the history of the case and the information required by
23 blanks prepared by the School of Medicine or School of Dentistry, as the
24 case may be.

25 **SECTION 27.** ORS 192.547 is amended to read:

26 192.547. (1)(a) The Oregon Health Authority shall adopt rules for con-
27 ducting research using DNA samples, genetic testing and genetic informa-
28 tion. Rules establishing minimum research standards shall conform to the
29 Federal Policy for the Protection of Human Subjects, 45 C.F.R. 46, that is
30 current at the time the rules are adopted. The rules may be changed from
31 time to time as may be necessary.

1 (b) The rules adopted by the Oregon Health Authority shall address the
2 operation and appointment of institutional review boards. The rules shall
3 conform to the compositional and operational standards for such boards
4 contained in the Federal Policy for the Protection of Human Subjects that
5 is current at the time the rules are adopted. The rules must require that
6 research conducted under paragraph (a) of this subsection be conducted with
7 the approval of the institutional review board.

8 (c) Persons proposing to conduct anonymous research, coded research or
9 genetic research that is otherwise thought to be exempt from review must
10 obtain from an institutional review board prior to conducting such research
11 a determination that the proposed research is exempt from review.

12 (2) A person proposing to conduct research under subsection (1) of this
13 section, including anonymous research or coded research, must disclose to
14 the institutional review board the proposed use of DNA samples, genetic
15 testing or genetic information.

16 (3) The Oregon Health Authority shall adopt rules requiring that all in-
17 stitutional review boards operating under subsection (1)(b) of this section
18 register with the department. The Advisory Committee on Genetic Privacy
19 and Research shall use the registry to educate institutional review boards
20 about the purposes and requirements of the genetic privacy statutes and ad-
21 ministrative rules relating to genetic research.

22 (4) The Oregon Health Authority shall consult with the Advisory Com-
23 mittee on Genetic Privacy and Research before adopting the rules required
24 under subsections (1) and (3) of this section, including rules identifying those
25 parts of the Federal Policy for the Protection of Human Subjects that are
26 applicable to this section.

27 (5) Genetic research in which the DNA sample or genetic information is
28 coded shall satisfy the following requirements:

29 (a)(A) The subject has granted informed consent for the specific research
30 project;

31 (B) The subject has consented to genetic research generally; or

1 (C) The DNA sample or genetic information is derived from a biological
2 specimen or from clinical individually identifiable health information that
3 was obtained or retained in compliance with ORS 192.537 (2).

4 (b) The research has been approved by an institutional review board after
5 disclosure by the investigator to the board of risks associated with the cod-
6 ing.

7 (c) The code is:

8 (A) Not derived from individual identifiers;

9 (B) Kept securely and separately from the DNA samples and genetic in-
10 formation; and

11 (C) Not accessible to the investigator unless specifically approved by the
12 institutional review board.

13 (d) Data is stored securely in password protected electronic files or by
14 other means with access limited to necessary personnel.

15 (e) The data is limited to elements required for analysis and meets the
16 criteria in 45 C.F.R 164.514(e) for a limited data set.

17 (f) The investigator is a party to the data use agreement as provided by
18 45 C.F.R. 164.514(e) for limited data set recipients.

19 (6) Research conducted in accordance with this section is rebuttably pre-
20 sumed to comply with ORS 192.535 and 192.539.

21 (7)(a) Notwithstanding ORS 192.535, a person may use a DNA sample or
22 genetic information obtained, with blanket informed consent, before June 25,
23 2001, for genetic research.

24 (b) Notwithstanding ORS 192.535, a person may use a DNA sample or
25 genetic information obtained without specific informed consent and derived
26 from a biological specimen or clinical individually identifiable health infor-
27 mation for anonymous research or coded research if an institutional review
28 board operating under subsection (1)(b) of this section:

29 (A) Waives or alters the consent requirements pursuant to the Federal
30 Policy for the Protection of Human Subjects; and

31 (B) Waives authorization pursuant to the federal Health Insurance Por-

1 tability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and
2 164.

3 (c) Except as provided in subsection (5)(a) of this section or paragraph (b)
4 of this subsection, a person must have specific informed consent from an
5 individual to use a DNA sample or genetic information of the individual
6 obtained on or after June 25, 2001, for genetic research.

7 (8) Except as otherwise allowed by rule of the Oregon Health Authority,
8 if DNA samples or genetic information obtained for either clinical or re-
9 search purposes is used in research, a person may not recontact the indi-
10 vidual or the physician, physician assistant, **naturopathic physician** or
11 nurse practitioner of the individual by using research information that is
12 identifiable or coded. The Oregon Health Authority shall adopt by rule cri-
13 teria for recontacting an individual or the physician, physician assistant,
14 **naturopathic physician** or nurse practitioner of an individual. In adopting
15 the criteria, the department shall consider the recommendations of national
16 organizations such as those created by executive order by the President of
17 the United States and the recommendations of the Advisory Committee on
18 Genetic Privacy and Research.

19 (9) The requirements for consent to, or notification of, obtaining a DNA
20 sample or genetic information for genetic research are governed by the pro-
21 visions of ORS 192.531 to 192.549 and the administrative rules that were in
22 effect on the effective date of the institutional review board's most recent
23 approval of the study.

24 **SECTION 28.** ORS 307.250 is amended to read:

25 307.250. (1) As used in this section and ORS 307.260, 307.262 and 307.270,
26 "veteran" has the meaning given that term in ORS 408.225.

27 (2) Upon compliance with ORS 307.260, there shall be exempt from taxa-
28 tion not to exceed \$15,000 of the assessed value of the homestead or personal
29 property of any of the following residents of this state other than those de-
30 scribed in subsection (3) of this section:

31 (a) Any veteran who is officially certified by the United States Depart-

1 ment of Veterans Affairs or any branch of the Armed Forces of the United
2 States as having disabilities of 40 percent or more.

3 (b) Any veteran having served with the United States Armed Forces who,
4 as certified by one duly licensed physician **or naturopathic physician**, is
5 rated as having disabilities of 40 percent or more. However, a veteran shall
6 be entitled to the exemption granted under this paragraph only if the veteran
7 during the calendar year immediately preceding the assessment year for
8 which the exemption is claimed had total gross income, including pensions,
9 disability compensation or retirement pay, or any combination of such pay-
10 ments from the United States Government on account of such service, of not
11 more than 185 percent of federal poverty guidelines.

12 (c) The surviving spouse remaining unmarried of a veteran, but the ex-
13 emption shall apply only to the period preceding the date of the first re-
14 marriage of the surviving spouse.

15 (3) Upon compliance with ORS 307.260, there shall be exempt from taxa-
16 tion not to exceed \$18,000 of the assessed value of the homestead or personal
17 property of any of the following residents of this state:

18 (a) Any veteran who is officially certified by the United States Depart-
19 ment of Veterans Affairs or any branch of the Armed Forces of the United
20 States as having service-connected disabilities of 40 percent or more.

21 (b) The surviving spouse remaining unmarried of a veteran, if the veteran
22 died as a result of service-connected injury or illness or if the veteran re-
23 ceived at least one year of the maximum exemption from taxation allowed
24 under paragraph (a) of this subsection after 1981 for a veteran certified as
25 having service-connected disabilities of 40 percent or more.

26 (4) The amount of the exemption allowed under subsection (2) or (3) of
27 this section shall equal 103 percent of the amount of the exemption for the
28 prior tax year.

29 **SECTION 29.** ORS 307.260 is amended to read:

30 307.260. (1)(a) Each veteran or surviving spouse qualifying for the ex-
31 emption under ORS 307.250 shall file with the county assessor, on forms

1 supplied by the assessor, a claim therefor in writing on or before April 1 of
2 the assessment year for which the exemption is claimed, except that when
3 the property designated is acquired after March 1 but prior to July 1 the
4 claim shall be filed within 30 days after the date of acquisition.

5 (b) A claim need not be filed under this section in order to be allowed the
6 exemption described in ORS 307.250 if:

7 (A) The homestead or personal property of the veteran or surviving
8 spouse was allowed the exemption under ORS 307.250 for the preceding tax
9 year;

10 (B) The individual claiming the exemption is a veteran described in ORS
11 307.250 (2)(a) or (3)(a) or a surviving spouse who meets the requirements of
12 ORS 307.250 (2)(c) or (3)(b); and

13 (C) As of the filing date for the current tax year, the ownership and use
14 of the homestead or personal property and all other qualifying conditions for
15 the homestead or personal property to be allowed the exemption remain un-
16 changed.

17 (c)(A) If the individual claiming the exemption is a veteran described in
18 ORS 307.250 (2)(b), the claimant shall file a claim annually that satisfies the
19 requirements of subsection (2) of this section on or before the date required
20 in paragraph (a) of this subsection.

21 (B) If the county assessor has not received a claim filed under this para-
22 graph on or before April 1 of the current year, not later than April 10 of
23 each year, the county assessor shall notify the veteran in the county who
24 secured an exemption under ORS 307.250 (2)(b) in the preceding year but who
25 did not make application therefor on or before April 1 of the current year.
26 The county assessor may provide the notification on an unsealed postal card.
27 A veteran so notified may secure the exemption, if still qualified, by making
28 application therefor to the county assessor not later than May 1 of the cur-
29 rent year, accompanied by a late-filing fee of \$10, which shall be deposited
30 in the general fund of the county for general governmental expenses. If the
31 claim for any tax year is not filed within the time specified, the exemption

1 may not be allowed on the assessment roll for that year.

2 (2)(a) The claim shall set out the basis of the claim and designate the
3 property to which the exemption may apply. Except as provided in subsection
4 (3) of this section, claims for exemptions under ORS 307.250 (2)(a) and (3)(a)
5 shall have affixed thereto the certificate last issued by United States De-
6 partment of Veterans Affairs or the branch of the Armed Forces of the
7 United States, as the case may be, but dated within three years prior to the
8 date of the claim for exemption, certifying the rate of disability of the
9 claimant.

10 (b) Claims for exemption under ORS 307.250 (2)(b) shall, except as pro-
11 vided in subsection (3) of this section, have affixed thereto, in addition to the
12 certificate last issued by a licensed physician **or naturopathic physician**
13 and dated within one year prior to the date of the claim for exemption, cer-
14 tifying the rate of disability of the claimant, a statement by the claimant
15 under oath or affirmation setting forth the total gross income received by
16 the claimant from all sources during the last calendar year.

17 (c) There also shall be affixed to each claim the affidavit or affirmation
18 of the claimant that the statements contained therein are true.

19 (3) The provisions of subsection (2) of this section that require a veteran
20 to affix to the claim certificates of the United States Department of Veterans
21 Affairs, a branch of the Armed Forces of the United States or a licensed
22 physician **or naturopathic physician** do not apply to a veteran who has
23 filed the required certificate after attaining the age of 65 years or to a vet-
24 eran who has filed, on or after September 27, 1987, a certificate certifying a
25 disability rating that, under federal law, is permanent and cannot be
26 changed.

27 (4)(a) Notwithstanding subsection (1) of this section, a surviving spouse
28 may file a claim for the exemption under ORS 307.250 at any time during the
29 tax year if:

30 (A) The veteran died during the previous tax year; or

31 (B) The property designated as the homestead was acquired after March

1 1 but prior to July 1 of the assessment year and the veteran died within 30
2 days of the date the property was acquired.

3 (b) The claim shall be allowed by the county assessor if the surviving
4 spouse meets all of the qualifications for an exemption under ORS 307.250
5 other than the timely filing of a claim under subsection (1) of this section.

6 (c) If taxes on the exempt value have been paid, the taxes shall be re-
7 funded in the manner prescribed in paragraph (d) of this subsection. If taxes
8 on the exempt value have not been paid, the taxes and any interest thereon
9 shall be abated.

10 (d) The tax collector shall notify the governing body of the county of any
11 refund required under this section and the governing body shall cause a re-
12 fund of the taxes and any interest paid to be made from the unsegregated tax
13 collections account described in ORS 311.385. The refund under this sub-
14 section shall be made without interest. The county assessor and tax collector
15 shall make the necessary corrections in the records of their offices.

16 **SECTION 30.** ORS 315.262 is amended to read:

17 315.262. (1) As used in this section:

18 (a) "Child care" means care provided to a qualifying child of the taxpayer
19 for the purpose of allowing the taxpayer to be gainfully employed, to seek
20 employment or to attend school on a full-time or part-time basis, except that
21 the term does not include care provided by:

22 (A) The child's parent or guardian, unless the care is provided in a cer-
23 tified or registered child care facility; or

24 (B) A person who has a relationship to the taxpayer that is described in
25 section 152(a) of the Internal Revenue Code who has not yet attained 19
26 years of age at the close of the tax year.

27 (b) "Child care expenses" means the costs associated with providing child
28 care to a qualifying child of a qualified taxpayer.

29 (c) "Disability" means a physical or cognitive condition that results in a
30 person requiring assistance with activities of daily living.

31 (d) "Earned income" has the meaning given that term in section 32 of the

1 Internal Revenue Code.

2 (e) “Qualified taxpayer” means a taxpayer:

3 (A) Who is an Oregon resident with at least \$6,000 of earned income for
4 the tax year or who is a nonresident of Oregon with at least \$6,000 of earned
5 income from Oregon sources for the tax year;

6 (B) With federal adjusted gross income for the tax year that does not
7 exceed 250 percent of the federal poverty level;

8 (C) With Oregon adjusted gross income for the tax year that does not
9 exceed 250 percent of the federal poverty level; and

10 (D) Who does not have more than the maximum amount of disqualified
11 income under section 32(i) of the Internal Revenue Code that is allowed to
12 a taxpayer entitled to the earned income tax credit for federal tax purposes.

13 (f) “Qualifying child” has the meaning given that term in section 152(c)
14 of the Internal Revenue Code, determined without regard to section
15 152(c)(1)(D) of the Internal Revenue Code or section 152(e) of the Internal
16 Revenue Code, except that it is limited to an individual who is under 13
17 years of age, or who is a child with a disability, as that term is defined in
18 ORS 316.099.

19 (2) A taxpayer is not disqualified from claiming the credit under this
20 section solely because the taxpayer’s spouse has a disability, if the disability
21 is such that it prevents the taxpayer’s spouse from providing child care, be-
22 ing gainfully employed, seeking employment and attending school. The De-
23 partment of Revenue may require that a physician **or naturopathic**
24 **physician** verify the existence of the disability and its severity.

25 (3) A qualified taxpayer shall be allowed a credit against the taxes oth-
26 erwise due under ORS chapter 316 equal to the applicable percentage of the
27 qualified taxpayer’s child care expenses (rounded to the nearest \$50).

28 (4) The applicable percentage to be used in calculating the amount of the
29 credit provided in this section shall be determined in accordance with the
30 following table:

31

1	Applicable	Greater of Oregon
2	Percentage	Adjusted Gross Income or
3		Federal Adjusted
4		Gross Income, as Percent
5		of Federal Poverty Level
6		
7	40	200 or less
8	36	Greater than 200 and less than
9		or equal to 210
10	32	Greater than 210 and less than
11		or equal to 220
12	24	Greater than 220 and less than
13		or equal to 230
14	16	Greater than 230 and less than
15		or equal to 240
16	8	Greater than 240 and less than
17		or equal to 250
18	0	Greater than 250 percent
19		of federal poverty level

21 (5) The department may:

22 (a) Adopt rules for carrying out the provisions of this section; and

23 (b) Prescribe the form used to claim a credit and the information required
 24 on the form. The form may provide for verification of an individual's disa-
 25 bility by a physician **or naturopathic physician**, if applicable, as described
 26 in subsection (2) of this section.

27 (6) In the case of a credit allowed under this section:

28 (a) A nonresident shall be allowed the credit under this section in the
 29 proportion provided in ORS 316.117.

30 (b) If a change in the status of a taxpayer from resident to nonresident
 31 or from nonresident to resident occurs, the credit allowed by this section

1 shall be determined in a manner consistent with ORS 316.117.

2 (c) If a change in the taxable year of a taxpayer occurs as described in
3 ORS 314.085, or if the Department of Revenue terminates the taxpayer's
4 taxable year under ORS 314.440, the credit allowed under this section shall
5 be prorated or computed in a manner consistent with ORS 314.085.

6 (d) In the case of a qualified taxpayer who is married, a credit shall be
7 allowed under this section only if:

8 (A) The taxpayer files a joint return;

9 (B) The taxpayer files a separate return and is legally separated or sub-
10 ject to a separate maintenance agreement; or

11 (C) The taxpayer files a separate return and the taxpayer and the
12 taxpayer's spouse reside in separate households on the last day of the tax
13 year with the intent of remaining in separate households in the future.

14 (7) If the amount allowable as a credit under this section, when added to
15 the sum of the amounts allowable as payment of tax under ORS 316.187
16 (withholding), ORS 316.583 (estimated tax), other tax prepayment amounts
17 and other refundable credit amounts, exceeds the taxes imposed by ORS
18 chapters 314 and 316 for the tax year (reduced by any nonrefundable credits
19 allowable for purposes of ORS chapter 316 for the tax year), the amount of
20 the excess shall be refunded to the taxpayer as provided in ORS 316.502.

21 (8)(a) The minimum amount of earned income a taxpayer must earn in
22 order to be a qualified taxpayer shall be adjusted for tax years beginning in
23 each calendar year by multiplying \$6,000 by the ratio of the monthly aver-
24 aged U.S. City Average Consumer Price Index for the 12 consecutive months
25 ending August 31 of the prior calendar year over the monthly averaged index
26 for the second quarter of the calendar year 1998.

27 (b) As used in this subsection, "U.S. City Average Consumer Price
28 Index" means the U.S. City Average Consumer Price Index for All Urban
29 Consumers (All Items) as published by the Bureau of Labor Statistics of the
30 United States Department of Labor.

31 (c) If any adjustment determined under paragraph (a) of this subsection

1 is not a multiple of \$50, the adjustment shall be rounded to the nearest
2 multiple of \$50.

3 (d) Notwithstanding paragraphs (a) to (c) of this subsection, the adjusted
4 minimum amount of earned income a taxpayer must earn may not exceed the
5 amount an individual would earn if the individual worked 1,040 hours at the
6 minimum wage established under ORS 653.025 and in effect on January 1 of
7 the calendar year in which begins the tax year of the taxpayer, rounded to
8 the next lower multiple of \$50.

9 **SECTION 31.** ORS 316.771 is amended to read:

10 316.771. Each person qualifying for the additional personal exemption
11 credit allowed in ORS 316.758 and 316.765 may claim the credit on the per-
12 sonal income tax return. However, the claim shall be substantiated by a
13 letter from a licensed physician, **naturopathic physician** or osteopath de-
14 scribing the nature and extent of the physical disability. The requirement for
15 substantiation may be waived partially, conditionally or absolutely, as pro-
16 vided under ORS 315.063.

17 **SECTION 32.** ORS 332.507 is amended to read:

18 332.507. (1) As used in this section:

19 (a) "School employee" includes all employees of a public school district
20 or an education service district.

21 (b) "Sick leave" means absence from duty because of a school employee's
22 illness or injury or as otherwise provided for by law or by provisions of a
23 collective bargaining agreement. In case of conflict with a rule adopted to
24 interpret a law, the collective bargaining agreement to which the parties
25 agree shall govern.

26 (2) Each district shall allow each school employee at least 10 days' sick
27 leave at full pay for each school year or one day per month employed,
28 whichever is greater.

29 (3) At the option of the local governing board, sick leave in excess of five
30 consecutive work days shall be allowed only upon certificate of the school
31 employee's attending physician, **naturopathic physician** or practitioner

1 that the illness or injury prevents the school employee from working.

2 (4) Sick leave not taken shall accumulate for an unlimited number of
3 days. A local governing board is required to permit a school employee to take
4 up to 75 days sick leave accumulated in other Oregon districts. The accu-
5 mulation shall not exceed that carried by the most recent employing district.
6 However, the transfer of sick leave from another Oregon district shall not
7 be effective until the school employee has completed 30 working days in the
8 new district.

9 (5) For purposes of determining retirement benefits, a local governing
10 board is required to permit a school employee to transfer an unlimited
11 number of days of unused accumulated sick leave from another Oregon dis-
12 trict employer.

13 **SECTION 33.** ORS 336.485 is amended to read:

14 336.485. (1) As used in this section:

15 (a) “Coach” means a person who instructs or trains members on a school
16 athletic team, as identified by criteria established by the State Board of
17 Education by rule.

18 (b) “Health care professional” means a medical doctor, osteopathic phy-
19 sician, psychologist, physician assistant, **naturopathic physician** or nurse
20 practitioner licensed or certified under the laws of this state.

21 (2)(a) Each school district shall ensure that coaches receive annual
22 training to learn how to recognize the symptoms of a concussion and how
23 to seek proper medical treatment for a person suspected of having a
24 concussion.

25 (b) The board shall establish by rule:

26 (A) The requirements of the training described in paragraph (a) of this
27 subsection, which shall be provided by using community resources to the
28 extent practicable; and

29 (B) Timelines to ensure that, to the extent practicable, every coach re-
30 ceives the training described in paragraph (a) of this subsection before the
31 beginning of the season for the school athletic team.

1 (3) Except as provided in subsection (4) of this section:

2 (a) A coach may not allow a member of a school athletic team to partic-
3 ipate in any athletic event or training on the same day that the member:

4 (A) Exhibits signs, symptoms or behaviors consistent with a concussion
5 following an observed or suspected blow to the head or body; or

6 (B) Has been diagnosed with a concussion.

7 (b) A coach may allow a member of a school athletic team who is pro-
8 hibited from participating in an athletic event or training, as described in
9 paragraph (a) of this subsection, to participate in an athletic event or
10 training no sooner than the day after the member experienced a blow to the
11 head or body and only after the member:

12 (A) No longer exhibits signs, symptoms or behaviors consistent with a
13 concussion; and

14 (B) Receives a medical release form from a health care professional.

15 (4) A coach may allow a member of a school athletic team to participate
16 in any athletic event or training at any time after an athletic trainer regis-
17 tered by the Board of Athletic Trainers determines that the member has not
18 suffered a concussion. The athletic trainer may, but is not required to, con-
19 sult with a health care professional in making the determination that the
20 member has not suffered a concussion.

21 **SECTION 34.** ORS 339.870 is amended to read:

22 339.870. (1) A school administrator, teacher or other school employee
23 designated by the school administrator is not liable in a criminal action or
24 for civil damages as a result of the administration of nonprescription
25 medication, if the school administrator, teacher or other school employee in
26 good faith administers nonprescription medication to a pupil pursuant to
27 written permission and instructions of the pupil's parents or guardian.

28 (2) A school administrator, teacher or other school employee designated
29 by the school administrator is not liable in a criminal action or for civil
30 damages as a result of the administration of prescription medication, if the
31 school administrator, teacher or other school employee in compliance with

1 the instructions of a physician, physician assistant, nurse practitioner,
2 **naturopathic physician** or clinical nurse specialist, in good faith adminis-
3 ters prescription medication to a pupil pursuant to written permission and
4 instructions of the pupil's parents or guardian.

5 (3) The civil and criminal immunities imposed by subsections (1) and (2)
6 of this section do not apply to an act or omission amounting to gross
7 negligence or willful and wanton misconduct.

8 **SECTION 35.** ORS 343.146 is amended to read:

9 343.146. (1) To receive special education, children with disabilities shall
10 be determined eligible for special education services under a school district
11 program approved under ORS 343.045 and as provided under ORS 343.221.

12 (2) Before initially providing special education, the school district shall
13 ensure that a full and individual evaluation is conducted to determine the
14 child's eligibility for special education and the child's special educational
15 needs.

16 (3) Eligibility for special education shall be determined pursuant to rules
17 adopted by the State Board of Education.

18 (4) Each school district shall conduct a reevaluation of each child with
19 a disability in accordance with rules adopted by the State Board of Educa-
20 tion.

21 (5) If a medical or vision examination or health assessment is required
22 as part of an initial evaluation or reevaluation, the evaluation shall be
23 given:

24 (a) In the case of a medical examination, by a physician licensed to
25 practice by a state board of medical examiners or a state medical board **or**
26 **by a naturopathic physician licensed under ORS chapter 685;**

27 (b) In the case of a health assessment, by a nurse licensed by a state
28 board of nursing and specially certified as a nurse practitioner or by a li-
29 censed physician assistant; and

30 (c) In the case of a vision examination, by an ophthalmologist or
31 optometrist licensed by a state board.

1 **SECTION 36.** ORS 353.450 is amended to read:

2 353.450. (1) It is the finding of the Legislative Assembly that there is need
3 to provide programs that will assist a rural community to recruit and retain
4 physicians, **naturopathic physicians**, physician assistants and nurse prac-
5 titioners. For that purpose:

6 (a) The Legislative Assembly supports the development at the Oregon
7 Health and Science University of an Area Health Education Center program
8 as provided for under the United States Public Health Service Act, Section
9 781.

10 (b) The university shall provide continuing education opportunities for
11 persons licensed to practice medicine under ORS chapter 677 **and persons**
12 **licensed to practice naturopathic medicine under ORS chapter 685** who
13 practice in rural areas of this state in cooperation with the respective pro-
14 fessional organizations, including the Oregon Medical Association and the
15 Oregon Society of Physician Assistants.

16 (c) The university shall seek funding through grants and other means to
17 implement and operate a fellowship program for physicians, **naturopathic**
18 **physicians**, physician assistants and nurse practitioners intending to prac-
19 tice in rural areas.

20 (2) With the moneys transferred to the Area Health Education Center
21 program by ORS 442.625, the program shall:

22 (a) Establish educational opportunities for emergency medical services
23 providers in rural counties;

24 (b) Contract with educational facilities qualified to conduct emergency
25 medical training programs using a curriculum approved by the Emergency
26 Medical Services and Trauma Systems Program; and

27 (c) Review requests for training funds with input from the State Emer-
28 gency Medical Service Committee and other individuals with expertise in
29 emergency medical services.

30 **SECTION 37.** ORS 410.530 is amended to read:

31 410.530. (1) The Department of Human Services has the following author-

1 ity which it may delegate to any program certified by the department to
2 provide assessment services:

3 (a) To provide information and education to the general public, hospitals,
4 nursing facilities, physicians, physician assistants, **naturopathic physicians**
5 and nurses regarding availability of the assessment program.

6 (b) To accept referrals from individuals, families, physicians,
7 **naturopathic physicians**, human service professionals, nursing home pro-
8 fessionals, social service agencies or other organizations.

9 (c) To assess the long term care needs of referred persons.

10 (d) To identify available noninstitutional services to meet the needs of
11 referred persons, including public and private case management services.

12 (e) To prepare, explain and document recommendations for persons re-
13 ceiving assessment program services as to the need for skilled nursing care,
14 for intermediate care as provided in a facility or for other care which is
15 available in the community.

16 (f) To inform referred persons of the extent to which home and
17 community-based services are available, and of their right to choose among
18 the appropriate alternatives that may be available, in consultation with an
19 attending physician and a family member.

20 (g) To provide public education targeted at older persons, caregivers and
21 families regarding alternative long term care services.

22 (h) To determine and publish minimum qualifications for members of the
23 admission assessment team.

24 (2)(a) After consultation with the committee appointed under subsection
25 (3) of this section, the Department of Human Services shall adopt by rule
26 criteria and procedures for certifying and decertifying public or private ad-
27 mission assessment programs and contracting with certified programs. The
28 department shall establish a maximum fee that a certified program may
29 charge for assessment services. The rules shall specify that a certified pro-
30 gram may not charge the person receiving assessment services for any por-
31 tion of the fee associated with the services necessary to meet the minimum

1 federal criteria.

2 (b) In certifying a program, the department shall determine that the pro-
3 gram includes:

4 (A) Adequately trained personnel;

5 (B) Information regarding appropriate service and placement alternatives,
6 including nursing facilities and community-based options;

7 (C) Provisions to the applicant of information about appropriate options;
8 and

9 (D) Prohibition of an assessment being provided by any certified program
10 which has any financial interest in the facility to which placement is re-
11 commended.

12 (c) The program shall not require the recommendation of the admission
13 team be binding and the applicant has the right to choose from any options
14 that are available.

15 (3) The Director of Human Services shall appoint an advisory committee
16 to advise the department in certifying and decertifying programs that provide
17 or fail to provide the service described in this section. The director shall
18 appoint representatives from trade associations in Oregon for hospitals and
19 health systems, nursing facilities and residential facilities and from an or-
20 ganization in Oregon representing the interests of senior citizens.

21 **SECTION 38.** ORS 410.720 is amended to read:

22 410.720. (1) It is the policy of this state to provide mental health and ad-
23 diction services for all Oregon senior citizens and persons with disabilities
24 through a comprehensive and coordinated statewide network of local mental
25 health services and alcohol and drug abuse education and treatment. These
26 services should involve family and friends and be provided in the least re-
27 strictive and most appropriate settings.

28 (2) The Department of Human Services and the Oregon Health Authority
29 shall facilitate the formation of local community partnerships between the
30 senior, disability, mental health, alcohol and drug abuse and health care
31 communities by supporting the development of program approaches that meet

1 minimum standards adopted by the Oregon Health Authority under ORS
2 430.357 including, but not limited to:

3 (a) Mental health and addiction screenings and assessments in long term
4 care settings;

5 (b) Outreach services to seniors and persons with disabilities in their
6 homes, including gatekeeper programs, neighborhood programs and programs
7 designed for rural communities;

8 (c) Multilingual and multicultural medical and psychiatric services for
9 ethnic minorities with physical disabilities and hearing impairments;

10 (d) Education and training for health care consumers, health care pro-
11 fessionals and mental health and addiction services providers on mental
12 health and addiction issues, programs and services for seniors and persons
13 with disabilities; and

14 (e) Education and consultation services for primary care physicians **and**
15 **naturopathic physicians** treating seniors and persons with disabilities.

16 (3) In carrying out the provisions of subsections (1) and (2) of this section,
17 the department and the authority shall:

18 (a) Develop plans for service coordination within the department and the
19 authority;

20 (b) Recommend budget provisions for the delivery of needed services of-
21 fered by the department and the authority; and

22 (c) Develop plans for expanding mental health and addiction services for
23 seniors and persons with disabilities to meet the increasing demand.

24 **SECTION 39.** ORS 414.356 is amended to read:

25 414.356. (1) Notwithstanding ORS 192.610 to 192.690, the Pharmacy and
26 Therapeutics Committee shall meet in an executive session for purposes of:

27 (a) Reviewing the prescribing or dispensing practices of individual physi-
28 cians, **naturopathic physicians** or pharmacists;

29 (b) Discussing drug use review data pertaining to individual physicians,
30 **naturopathic physicians** or pharmacists;

31 (c) Reviewing profiles of individual patients; or

1 (d) Reviewing confidential drug pricing information, including substantial
2 cost differences between drugs within the same therapeutic class, that is
3 necessary for the committee to make final recommendations under ORS
4 414.361 or to comply with ORS 414.414.

5 (2) A meeting held in executive session is subject to the requirements of
6 ORS 192.650 (2).

7 **SECTION 40.** ORS 414.550 is amended to read:

8 414.550. As used in ORS 414.550 to 414.565:

9 (1) “Cystic fibrosis services” means a program for medical care, including
10 the cost of prescribed medications and equipment, respiratory therapy, phys-
11 ical therapy, counseling services that pertain directly to cystic fibrosis re-
12 lated health needs and outpatient services including physician, physician
13 assistant, **naturopathic physician** or nurse practitioner fees, X-rays and
14 necessary clinical tests to insure proper ongoing monitoring and mainte-
15 nance of the patient’s health.

16 (2) “Eligible individual” means a resident of the State of Oregon over 18
17 years of age.

18 **SECTION 41.** ORS 414.615 is amended to read:

19 414.615. (1) Eligible persons shall select, to the extent practicable as de-
20 termined by the Oregon Health Authority, from among available providers
21 participating in the program.

22 (2) The authority by rule shall define the circumstances under which it
23 may choose to reimburse for any medical services not covered under the
24 prepaid capitation or costs of related services provided by or under referral
25 from any physician **or naturopathic physician** participating in the program
26 in which the eligible person is enrolled.

27 (3) The authority shall establish requirements as to the minimum time
28 period that an eligible person is assigned to specific providers in the system.

29 (4) Actions taken by providers, potential providers, contractors and bid-
30 ders in specific accordance with this chapter in forming consortiums or in
31 otherwise entering into contracts to provide medical care shall be considered

1 to be conducted at the direction of this state, shall be considered to be lawful
2 trade practices and shall not be considered to be the transaction of insurance
3 for purposes of ORS 279A.025, 279A.140, 414.145 and 414.610 to 414.620.

4 **SECTION 42.** ORS 414.618 is amended to read:

5 414.618. (1) In areas that are not served by a coordinated care organiza-
6 tion, the Oregon Health Authority may execute prepaid capitated health
7 service contracts for at least hospital, physician, physician assistant,
8 **naturopathic physician** or nurse practitioner medical care, or any combi-
9 nation of such medical care, with hospital and medical organizations, health
10 maintenance organizations and any other appropriate public or private per-
11 sons.

12 (2) For purposes of ORS 279A.025, 279A.140, 414.145 and 414.610 to 414.620,
13 instrumentalities and political subdivisions of the state are authorized to
14 enter into prepaid capitated health service contracts with the authority and
15 shall not thereby be considered to be transacting insurance.

16 (3) In the event that there is an insufficient number of qualified bids for
17 coordinated care organizations or prepaid capitated health services contracts
18 for hospital, physician, physician assistant, **naturopathic physician** or
19 nurse practitioner medical care in some areas of the state, the authority may
20 continue a fee for service payment system.

21 (4) Payments to providers may be subject to contract provisions requiring
22 the retention of a specified percentage in an incentive fund or to other con-
23 tract provisions by which adjustments to the payments are made based on
24 utilization efficiency.

25 (5) Contracts described in this section are not subject to ORS chapters
26 279A and 279B, except that the contracts are subject to ORS 279A.235 and
27 279A.250 to 279A.290.

28 **SECTION 43.** ORS 417.875 is amended to read:

29 417.875. (1) As used in this section:

30 (a) "Coach" means a person who volunteers for, or is paid to instruct or
31 train members of, a nonschool athletic team.

1 (b) "Health care professional" means a medical doctor, osteopathic phy-
2 sician, psychologist, physician assistant, **naturopathic physician** or nurse
3 practitioner licensed or certified under the laws of this state.

4 (c) "League governing body" means a governing body that:

5 (A) Oversees an association of nonschool athletic teams that provide in-
6 struction or training for team members and that may compete with each
7 other; and

8 (B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit
9 corporation established as provided by ORS chapter 65.

10 (d) "Nonschool athletic team" means an athletic team that includes
11 members who are under 18 years of age and that is not affiliated with a
12 public school in this state.

13 (e) "Referee" means a person who volunteers or is paid to act as a referee,
14 as an umpire or in a similar supervisory position for events involving non-
15 school athletic teams.

16 (f) "Referee governing body" means a governing body that:

17 (A) Trains and certifies individuals to serve as referees for nonschool
18 athletic team events; and

19 (B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit
20 corporation established as provided by ORS chapter 65.

21 (2)(a) Each league governing body and each referee governing body shall
22 ensure that the coaches and the referees, respectively, receive annual train-
23 ing to learn how to recognize the symptoms of a concussion and how to seek
24 proper medical treatment for a person suspected of having a concussion.

25 (b) Each league governing body and each referee governing body shall
26 adopt a policy that establishes:

27 (A) The requirements of the training described in paragraph (a) of this
28 subsection; and

29 (B) Procedures that ensure that every coach and referee receives the
30 training described in paragraph (a) of this subsection.

31 (3) Except as provided in subsection (4) of this section:

1 (a) A coach may not allow a member of a nonschool athletic team to
2 participate in any athletic event or training on the same day that the mem-
3 ber:

4 (A) Exhibits signs, symptoms or behaviors consistent with a concussion
5 following an observed or suspected blow to the head or body; or

6 (B) Has been diagnosed with a concussion.

7 (b) A coach may allow a member of a nonschool athletic team who is
8 prohibited from participating in an athletic event or training, as described
9 in paragraph (a) of this subsection, to participate in an athletic event or
10 training no sooner than the day after the member experienced a blow to the
11 head or body and only after the member:

12 (A) No longer exhibits signs, symptoms or behaviors consistent with a
13 concussion; and

14 (B) Receives a medical release form from a health care professional.

15 (4) A coach may allow a member of a nonschool athletic team to partic-
16 ipate in any athletic event or training at any time after an athletic trainer
17 registered by the Board of Athletic Trainers determines that the member has
18 not suffered a concussion. The athletic trainer may, but is not required to,
19 consult with a health care professional in making the determination that the
20 member has not suffered a concussion.

21 (5) The league governing body shall develop or use existing guidelines and
22 other relevant materials, and shall make available those guidelines and ma-
23 terials, to inform and educate persons under 18 years of age desiring to be
24 a member on a nonschool athletic team, the parents and legal guardians of
25 the persons and the coaches about the symptoms and warning signs of a
26 concussion.

27 (6) For each year of participation, and prior to a person under 18 years
28 of age participating as a member on a nonschool athletic team, at least one
29 parent or legal guardian of the person must acknowledge the receipt of the
30 guidelines and materials described in subsection (5) of this section and the
31 review of those guidelines and materials by:

1 (a) The parent or legal guardian of the person; and

2 (b) If the person is 12 years of age or older, the person.

3 (7) A league governing body may hold an informational meeting prior to
4 the start of any season for each nonschool athletic team regarding the
5 symptoms and warning signs of a concussion.

6 (8)(a) Any person who regularly serves as a coach or as a referee and who
7 complies with the provisions of this section is immune from civil or criminal
8 liability related to a head injury unless the person acted or failed to act
9 because of gross negligence or willful or wanton misconduct.

10 (b) Nothing in this section shall be construed to affect the civil or crim-
11 inal liability related to a head injury of a person who does not regularly
12 serve as a coach or a referee.

13 **SECTION 44.** ORS 418.017 is amended to read:

14 418.017. (1) A parent may leave an infant at an authorized facility in the
15 physical custody of an agent, employee, physician or other medical profes-
16 sional working at the authorized facility if the infant:

17 (a) Is 30 days of age or younger as determined to a reasonable degree of
18 medical certainty; and

19 (b) Has no evidence of abuse.

20 (2) A parent leaving an infant under this section is not required to pro-
21 vide any identifying information about the infant or the parent.

22 (3) An agent, employee, physician or other medical professional working
23 at an authorized facility shall receive an infant brought to the authorized
24 facility under this section.

25 (4) If acting in good faith in receiving an infant, an authorized facility
26 receiving an infant under this section and any agent, employee, physician
27 or other medical professional working at the authorized facility are immune
28 from any criminal or civil liability that otherwise might result from their
29 actions relating to receiving the infant. A city, county or other political
30 subdivision of this state that operates a sheriff's office, police station or fire
31 station that receives an infant under this section is immune from any crim-

1 inal or civil liability that otherwise might result from the actions taken by
2 its employees or agents in receiving the infant.

3 (5) When an infant has been left at an authorized facility as provided in
4 this section:

5 (a) The authorized facility shall notify the Department of Human Services
6 that an infant has been left at the facility as provided in subsection (1) of
7 this section no later than 24 hours after receiving the infant.

8 (b) The infant is deemed abandoned for purposes of ORS 419B.100, and the
9 department is deemed to have protective custody of the infant under ORS
10 419B.150 from the moment the infant was left at the facility. The department
11 shall comply with the applicable provisions of ORS chapter 419B with regard
12 to the infant.

13 (6) The authorized facility shall release the infant to the department when
14 release is appropriate considering the infant's medical condition and shall
15 provide the department with all information the facility has regarding the
16 infant.

17 (7) As used in this section:

18 (a) "Abuse" has the meaning given that term in ORS 419B.005.

19 (b) "Authorized facility" means a hospital as described in ORS 442.015,
20 freestanding birthing center as defined in ORS 442.015, physician's office,
21 sheriff's office, police station or fire station.

22 (c) "Physician" means a person licensed by the Oregon Medical Board to
23 practice medicine and surgery **or a naturopathic physician licensed under**
24 **ORS chapter 685 to practice naturopathic medicine.**

25 **SECTION 45.** ORS 418.300 is amended to read:

26 418.300. [No] **A** private individual, including midwives, physicians,
27 **naturopathic physicians**, nurses, hospital officials and all officers and em-
28 ployees or representatives of unauthorized agencies, organizations or insti-
29 tutions, [shall] **may not** engage in child-placing work, except that relatives
30 of the first and second degrees may thus provide for children of their own
31 blood.

1 **SECTION 46.** ORS 418.307 is amended to read:

2 418.307. (1) A physician licensed by the Oregon Medical Board, a
3 **naturopathic physician licensed under ORS chapter 685**, [or] a dentist
4 licensed by the Oregon Board of Dentistry[,] or a hospital licensed by the
5 Department of Human Services is authorized to treat a child who is ward
6 of the court or is a dependent or delinquent child in accord with the
7 [physician's] best medical judgment **of the physician, naturopathic physi-**
8 **cian, dentist or responsible official of the hospital** and without consent
9 if:

10 (a) Because of the general state of the child's health or any particular
11 condition, the physician, **naturopathic physician**, dentist[,] or responsible
12 official of the hospital determines that in the medical judgment of the phy-
13 sician, **naturopathic physician**, dentist or responsible official prompt
14 action is reasonably necessary to avoid unnecessary suffering or discomfort
15 or to effect a more expedient or effective cure; and

16 (b) It is impossible or highly impractical to obtain consent for treating
17 the child from the child-caring agency, the child's parent or the child's legal
18 guardian.

19 (2) No charge of assault or battery shall be made against a physician,
20 **naturopathic physician**, dentist[,] or hospital official or employee who
21 provides medical treatment pursuant to subsection (1) of this section.

22 (3) A minor child described in subsection (1) of this section who is 15
23 years of age or older may consent to medical treatment pursuant to ORS
24 109.640.

25 **SECTION 47.** ORS 418.325, as amended by section 23, chapter 106, Oregon
26 Laws 2016, is amended to read:

27 418.325. (1) A child-caring agency that is subject to ORS 418.205 to
28 418.327, 418.470, 418.475 or 418.950 to 418.970 shall safeguard the health of
29 each child, ward or other dependent or delinquent child to whom the agency
30 provides care or services by providing for medical examinations of each child
31 by a qualified physician **or naturopathic physician** at the following inter-

1 vals:

2 (a) Three examinations during the first year of the child's life;

3 (b) One examination during the second year of the child's life;

4 (c) One examination at the age of four;

5 (d) One examination at the age of six;

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

7 (f) One examination at the age of 14.

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

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

18 (4) Within 90 days of obtaining custody of a child under six years of age,
19 a child-caring agency shall provide for the child to be:

20 (a) Inoculated as determined appropriate by the local health department;
21 and

22 (b) Tested for:

23 (A) Phenylketonuria pursuant to ORS 433.285;

24 (B) Visual and aural acuity consistent with the child's age;

25 (C) Sickle-cell anemia;

26 (D) Effects of rubella, if any;

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

28 (F) The hereditary or congenital effects of parental use of drugs or con-
29 trolled substances.

30 (5) Within six months prior to the transfer for adoption of the custody
31 of a child by a child-caring agency to the prospective adoptive parents of

1 such child, the child-caring agency shall provide for such child to have a
 2 complete physical examination by a physician **or naturopathic physician**,
 3 including but not limited to inspection for evidence of child abuse in ac-
 4 cordance with rules of the Department of Human Services, and be tested for
 5 visual and aural acuity consistent with the child's age.

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

15 **SECTION 48.** ORS 418.747 is amended to read:

16 418.747. (1) The district attorney in each county shall be responsible for
 17 developing county multidisciplinary child abuse teams to consist of but not
 18 be limited to law enforcement personnel, Department of Human Services
 19 child protective service workers, school officials, local health department
 20 personnel, county mental health department personnel who have experience
 21 with children and family mental health issues, child abuse intervention cen-
 22 ter workers, if available, and juvenile department representatives, as well
 23 as others specially trained in child abuse, child sexual abuse and rape of
 24 children investigation.

25 (2) The teams shall develop a written protocol for immediate investigation
 26 of and notification procedures for child abuse cases and for interviewing
 27 child abuse victims. Each team also shall develop written agreements signed
 28 by member agencies that are represented on the team that specify:

- 29 (a) The role of each agency;
- 30 (b) Procedures to be followed to assess risks to the child;
- 31 (c) Guidelines for timely communication between member agencies;

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

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

6 (f) Criteria and procedures to be followed when removal of the child is
7 necessary for the child's safety.

8 (3) Each team member and the personnel conducting child abuse investi-
9 gations and interviews of child abuse victims shall be trained in risk as-
10 sessment, dynamics of child abuse, child sexual abuse and rape of children
11 and legally sound and age appropriate interview and investigatory tech-
12 niques.

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

24 (5) To ensure the protection and safe placement of a child, the Depart-
25 ment of Human Services may request that team members obtain criminal
26 history information on any person who is part of the household where the
27 department may place or has placed a child who is in the department's cus-
28 tody. All information obtained by the team members and the department in
29 the exercise of their duties is confidential and may be disclosed only when
30 necessary to ensure the safe placement of a child.

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

1 (7)(a) Each team shall develop and implement procedures for evaluating
2 and reporting compliance of member agencies with the protocols and proce-
3 dures required under this section. Each team shall submit to the adminis-
4 trator of the Child Abuse Multidisciplinary Intervention Program copies of
5 the protocols and procedures required under this section and the results of
6 the evaluation as requested.

7 (b) The administrator may:

8 (A) Consider the evaluation results when making eligibility determi-
9 nations under ORS 418.746 (3);

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

13 (C) Ask a team to evaluate the team's compliance with the protocols and
14 procedures in a particular case.

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

17 (8) Each team shall develop policies that provide for an independent re-
18 view of investigation procedures of sensitive cases after completion of court
19 actions on particular cases. The policies shall include independent citizen
20 input. Parents of child abuse victims shall be notified of the review proce-
21 dure.

22 (9) Each team shall designate at least one physician, physician
23 assistant, **naturopathic physician** or nurse practitioner who has been
24 trained to conduct child abuse medical assessments, as defined in ORS
25 418.782, and who is, or who may designate another physician, physician as-
26 sistant, **naturopathic physician** or nurse practitioner who is, regularly
27 available to conduct the medical assessment described in ORS 419B.023.

28 (10) If photographs are taken pursuant to ORS 419B.028, and if the team
29 meets to discuss the case, the photographs shall be made available to each
30 member of the team at the first meeting regarding the child's case following
31 the taking of the photographs.

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

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

19 **SECTION 49.** ORS 419B.020 is amended to read:

20 419B.020. (1) If the Department of Human Services or a law enforcement
21 agency receives a report of child abuse, the department or the agency shall
22 immediately:

23 (a) Cause an investigation to be made to determine the nature and cause
24 of the abuse of the child; and

25 (b) Notify the Office of Child Care if the alleged child abuse occurred in
26 a child care facility as defined in ORS 329A.250.

27 (2) If the abuse reported in subsection (1) of this section is alleged to have
28 occurred at a child care facility:

29 (a) The department and the law enforcement agency shall jointly deter-
30 mine the roles and responsibilities of the department and the agency in their
31 respective investigations; and

1 (b) The department and the agency shall each report the outcomes of their
2 investigations to the Office of Child Care.

3 (3) If the law enforcement agency conducting the investigation finds rea-
4 sonable cause to believe that abuse has occurred, the law enforcement
5 agency shall notify by oral report followed by written report the local office
6 of the department. The department shall provide protective social services
7 of its own or of other available social agencies if necessary to prevent fur-
8 ther abuses to the child or to safeguard the child's welfare.

9 (4) If a child is taken into protective custody by the department, the de-
10 partment shall promptly make reasonable efforts to ascertain the name and
11 address of the child's parents or guardian.

12 (5)(a) If a child is taken into protective custody by the department or a
13 law enforcement official, the department or law enforcement official shall,
14 if possible, make reasonable efforts to advise the parents or guardian imme-
15 diately, regardless of the time of day, that the child has been taken into
16 custody, the reasons the child has been taken into custody and general in-
17 formation about the child's placement, and the telephone number of the local
18 office of the department and any after-hours telephone numbers.

19 (b) Notice may be given by any means reasonably certain of notifying the
20 parents or guardian, including but not limited to written, telephonic or in-
21 person oral notification. If the initial notification is not in writing, the in-
22 formation required by paragraph (a) of this subsection also shall be provided
23 to the parents or guardian in writing as soon as possible.

24 (c) The department also shall make a reasonable effort to notify the
25 noncustodial parent of the information required by paragraph (a) of this
26 subsection in a timely manner.

27 (d) If a child is taken into custody while under the care and supervision
28 of a person or organization other than the parent, the department, if possible,
29 shall immediately notify the person or organization that the child has been
30 taken into protective custody.

31 (6) If a law enforcement officer or the department, when taking a child

1 into protective custody, has reasonable cause to believe that the child has
 2 been affected by sexual abuse and rape of a child as defined in ORS 419B.005
 3 (1)(a)(C) and that physical evidence of the abuse exists and is likely to dis-
 4 appear, the court may authorize a physical examination for the purposes of
 5 preserving evidence if the court finds that it is in the best interest of the
 6 child to have such an examination. Nothing in this section affects the au-
 7 thority of the department to consent to physical examinations of the child
 8 at other times.

9 (7) A minor child of 12 years of age or older may refuse to consent to the
 10 examination described in subsection (6) of this section. The examination
 11 shall be conducted by or under the supervision of a physician licensed under
 12 ORS chapter 677, a physician assistant licensed under ORS 677.505 to
 13 677.525, **a naturopathic physician licensed under ORS chapter 685** or a
 14 nurse practitioner licensed under ORS chapter 678 and, whenever practica-
 15 ble, trained in conducting such examinations.

16 (8) When the department completes an investigation under this section,
 17 if the person who made the report of child abuse provided contact informa-
 18 tion to the department, the department shall notify the person about whether
 19 contact with the child was made, whether the department determined that
 20 child abuse occurred and whether services will be provided. The department
 21 is not required to disclose information under this subsection if the depart-
 22 ment determines that disclosure is not permitted under ORS 419B.035.

23 **SECTION 50.** ORS 419B.023 is amended to read:

24 419B.023. (1) As used in this section:

25 (a) “Designated medical professional” means the person described in ORS
 26 418.747 (9) or the person’s designee.

27 (b) “Suspicious physical injury” includes, but is not limited to:

28 (A) Burns or scalds;

29 (B) Extensive bruising or abrasions on any part of the body;

30 (C) Bruising, swelling or abrasions on the head, neck or face;

31 (D) Fractures of any bone in a child under the age of three;

- 1 (E) Multiple fractures in a child of any age;
- 2 (F) Dislocations, soft tissue swelling or moderate to severe cuts;
- 3 (G) Loss of the ability to walk or move normally according to the child's
- 4 developmental ability;
- 5 (H) Unconsciousness or difficulty maintaining consciousness;
- 6 (I) Multiple injuries of different types;
- 7 (J) Injuries causing serious or protracted disfigurement or loss or
- 8 impairment of the function of any bodily organ; or
- 9 (K) Any other injury that threatens the physical well-being of the child.

10 (2) If a person conducting an investigation under ORS 419B.020 observes
11 a child who has suffered suspicious physical injury and the person is certain
12 or has a reasonable suspicion that the injury is or may be the result of
13 abuse, the person shall, in accordance with the protocols and procedures of
14 the county multidisciplinary child abuse team described in ORS 418.747:

- 15 (a) Immediately photograph or cause to have photographed the suspicious
- 16 physical injuries in accordance with ORS 419B.028; and
- 17 (b) Ensure that a designated medical professional conducts a medical as-
- 18 sessment within 48 hours, or sooner if dictated by the child's medical needs.
- 19 (3) The requirement of subsection (2) of this section shall apply:

20 (a) Each time suspicious physical injury is observed by Department of
21 Human Services or law enforcement personnel:

- 22 (A) During the investigation of a new allegation of abuse; or
- 23 (B) If the injury was not previously observed by a person conducting an
- 24 investigation under ORS 419B.020; and

25 (b) Regardless of whether the child has previously been photographed or
26 assessed during an investigation of an allegation of abuse.

27 (4)(a) Department or law enforcement personnel shall make a reasonable
28 effort to locate a designated medical professional. If after reasonable efforts
29 a designated medical professional is not available to conduct a medical as-
30 sessment within 48 hours, the child shall be evaluated by an available phy-
31 sician, a physician assistant licensed under ORS 677.505 to 677.525,

1 **naturopathic physician licensed under ORS chapter 685** or a nurse
2 practitioner licensed under ORS 678.375 to 678.390.

3 (b) If the child is evaluated by a health care provider as defined in ORS
4 127.505 other than a designated medical professional, the health care pro-
5 vider shall make photographs, clinical notes, diagnostic and testing results
6 and any other relevant materials available to the designated medical profes-
7 sional for consultation within 72 hours following evaluation of the child.

8 (c) The person conducting the medical assessment may consult with and
9 obtain records from the child's health care provider under ORS 419B.050.

10 (5) Nothing in this section prevents a person conducting a child abuse
11 investigation from seeking immediate medical treatment from a hospital
12 emergency room or other medical provider for a child who is physically in-
13 jured or otherwise in need of immediate medical care.

14 (6) If the child described in subsection (2) of this section is less than five
15 years of age, the designated medical professional may, within 14 days, refer
16 the child for a screening for early intervention services or early childhood
17 special education, as those terms are defined in ORS 343.035. The referral
18 may not indicate the child is subject to a child abuse investigation unless
19 written consent is obtained from the child's parent authorizing such disclo-
20 sure. If the child is already receiving those services, or is enrolled in the
21 Head Start program, a person involved in the delivery of those services to
22 the child shall be invited to participate in the county multidisciplinary child
23 abuse team's review of the case and shall be provided with paid time to do
24 so by the person's employer.

25 (7) Nothing in this section limits the rights provided to minors in ORS
26 chapter 109 or the ability of a minor to refuse to consent to the medical as-
27 sessment described in this section.

28 **SECTION 51.** ORS 419B.035 is amended to read:

29 419B.035. (1) Notwithstanding the provisions of ORS 192.001 to 192.170,
30 192.210 to 192.505 and 192.610 to 192.810 relating to confidentiality and ac-
31 cessibility for public inspection of public records and public documents, re-

1 ports and records compiled under the provisions of ORS 419B.010 to 419B.050
2 are confidential and may not be disclosed except as provided in this section.

3 The Department of Human Services shall make the records available to:

4 (a) Any law enforcement agency or a child abuse registry in any other
5 state for the purpose of subsequent investigation of child abuse;

6 (b) Any physician, physician assistant licensed under ORS 677.505 to
7 **677.525, naturopathic physician licensed under ORS chapter 685** or nurse
8 practitioner licensed under ORS 678.375 to 678.390, at the request of the
9 physician, physician assistant, **naturopathic physician** or nurse practi-
10 tioner, regarding any child brought to the physician, physician assistant,
11 **naturopathic physician** or nurse practitioner or coming before the physi-
12 cian, physician assistant, **naturopathic physician** or nurse practitioner for
13 examination, care or treatment;

14 (c) Attorneys of record for the child or child's parent or guardian in any
15 juvenile court proceeding;

16 (d) Citizen review boards established by the Judicial Department for the
17 purpose of periodically reviewing the status of children, youths and youth
18 offenders under the jurisdiction of the juvenile court under ORS 419B.100
19 and 419C.005. Citizen review boards may make such records available to
20 participants in case reviews;

21 (e) A court appointed special advocate in any juvenile court proceeding
22 in which it is alleged that a child has been subjected to child abuse or neg-
23 lect;

24 (f) The Office of Child Care for certifying, registering or otherwise regu-
25 lating child care facilities;

26 (g) The Office of Children's Advocate;

27 (h) The Teacher Standards and Practices Commission for investigations
28 conducted under ORS 342.176 involving any child or any student in grade 12
29 or below;

30 (i) Any person, upon request to the Department of Human Services, if the
31 reports or records requested regard an incident in which a child, as the re-

1 sult of abuse, died or suffered serious physical injury as defined in ORS
2 161.015. Reports or records disclosed under this paragraph must be disclosed
3 in accordance with ORS 192.410 to 192.505; and

4 (j) The Office of Child Care for purposes of ORS 329A.030 (8)(g).

5 (2)(a) When disclosing reports and records pursuant to subsection (1)(i)
6 of this section, the Department of Human Services may exempt from disclo-
7 sure the names, addresses and other identifying information about other
8 children, witnesses, victims or other persons named in the report or record
9 if the department determines, in written findings, that the safety or well-
10 being of a person named in the report or record may be jeopardized by dis-
11 closure of the names, addresses or other identifying information, and if that
12 concern outweighs the public's interest in the disclosure of that information.

13 (b) If the Department of Human Services does not have a report or record
14 of abuse regarding a child who, as the result of abuse, died or suffered seri-
15 ous physical injury as defined in ORS 161.015, the department may disclose
16 that information.

17 (3) The Department of Human Services may make reports and records
18 compiled under the provisions of ORS 419B.010 to 419B.050 available to any
19 person, administrative hearings officer, court, agency, organization or other
20 entity when the department determines that such disclosure is necessary to
21 administer its child welfare services and is in the best interests of the af-
22 fected child, or that such disclosure is necessary to investigate, prevent or
23 treat child abuse and neglect, to protect children from abuse and neglect or
24 for research when the Director of Human Services gives prior written ap-
25 proval. The Department of Human Services shall adopt rules setting forth the
26 procedures by which it will make the disclosures authorized under this sub-
27 section or subsection (1) or (2) of this section. The name, address and other
28 identifying information about the person who made the report may not be
29 disclosed pursuant to this subsection and subsection (1) of this section.

30 (4) A law enforcement agency may make reports and records compiled
31 under the provisions of ORS 419B.010 to 419B.050 available to other law

1 enforcement agencies, district attorneys, city attorneys with criminal
2 prosecutorial functions and the Attorney General when the law enforcement
3 agency determines that disclosure is necessary for the investigation or
4 enforcement of laws relating to child abuse and neglect.

5 (5) A law enforcement agency, upon completing an investigation and
6 closing the file in a specific case relating to child abuse or neglect, shall
7 make reports and records in the case available upon request to any law
8 enforcement agency or community corrections agency in this state, to the
9 Department of Corrections or to the State Board of Parole and Post-Prison
10 Supervision for the purpose of managing and supervising offenders in custody
11 or on probation, parole, post-prison supervision or other form of conditional
12 or supervised release. A law enforcement agency may make reports and re-
13 cords compiled under the provisions of ORS 419B.010 to 419B.050 available
14 to law enforcement, community corrections, corrections or parole agencies
15 in an open case when the law enforcement agency determines that the dis-
16 closure will not interfere with an ongoing investigation in the case. The
17 name, address and other identifying information about the person who made
18 the report may not be disclosed under this subsection or subsection (6)(b) of
19 this section.

20 (6)(a) Any record made available to a law enforcement agency or com-
21 munity corrections agency in this state, to the Department of Corrections
22 or the State Board of Parole and Post-Prison Supervision or to a physician,
23 physician assistant, **naturopathic physician** or nurse practitioner in this
24 state, as authorized by subsections (1) to (5) of this section, shall be kept
25 confidential by the agency, department, board, physician, physician
26 assistant, **naturopathic physician** or nurse practitioner. Any record or re-
27 port disclosed by the Department of Human Services to other persons or
28 entities pursuant to subsections (1) and (3) of this section shall be kept
29 confidential.

30 (b) Notwithstanding paragraph (a) of this subsection:

31 (A) A law enforcement agency, a community corrections agency, the De-

1 partment of Corrections and the State Board of Parole and Post-Prison
 2 Supervision may disclose records made available to them under subsection
 3 (5) of this section to each other, to law enforcement, community corrections,
 4 corrections and parole agencies of other states and to authorized treatment
 5 providers for the purpose of managing and supervising offenders in custody
 6 or on probation, parole, post-prison supervision or other form of conditional
 7 or supervised release.

8 (B) A person may disclose records made available to the person under
 9 subsection (1)(i) of this section if the records are disclosed for the purpose
 10 of advancing the public interest.

11 (7) An officer or employee of the Department of Human Services or of a
 12 law enforcement agency or any person or entity to whom disclosure is made
 13 pursuant to subsections (1) to (6) of this section may not release any infor-
 14 mation not authorized by subsections (1) to (6) of this section.

15 (8) As used in this section, “law enforcement agency” has the meaning
 16 given that term in ORS 181A.010.

17 (9) A person who violates subsection (6)(a) or (7) of this section commits
 18 a Class A violation.

19 **SECTION 52.** ORS 419B.352 is amended to read:

20 419B.352. The court may direct that the child or ward be examined or
 21 treated by a physician, psychiatrist, psychologist, physician assistant li-
 22 censed under ORS 677.505 to 677.525, **naturopathic physician licensed**
 23 **under ORS chapter 685** or nurse practitioner licensed under ORS 678.375
 24 to 678.390, or receive other special care or treatment in a hospital or other
 25 suitable facility. If the court determines that mental health examination and
 26 treatment should be provided by services delivered through the Department
 27 of Human Services, the department shall determine the appropriate place-
 28 ment or services in consultation with the court and other affected agencies.
 29 If an affected agency objects to the type of placement or services, the court
 30 shall determine the appropriate type of placement or service. During the ex-
 31 amination or treatment of the child or ward, the department may, if appro-

1 priate, be appointed guardian of the child or ward.

2 **SECTION 53.** ORS 421.467 is amended to read:

3 421.467. (1) Subject to ORS 421.468, the governing body of a county or city
4 in this state may transfer a local inmate to the temporary custody of the
5 Department of Corrections solely for employment at a forest work camp es-
6 tablished under ORS 421.455 to 421.480. The county or city transferring the
7 local inmate shall pay the cost of transportation and other expenses inci-
8 dental to the local inmate's conveyance to the forest work camp and the re-
9 turn of the local inmate to the county or city, including the expenses of law
10 enforcement officers accompanying the local inmate, and is responsible for
11 costs of any medical treatment of the local inmate while the local inmate is
12 employed at the forest work camp not compensated under ORS 655.505 to
13 655.555.

14 (2) Before a local inmate is sent to a forest work camp, the governing
15 body of the county or city shall cause the local inmate to be given such in-
16 oculations as are necessary in the public interest, and must submit to the
17 Department of Corrections a certificate, signed by a physician licensed under
18 ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525,
19 **naturopathic physician licensed under ORS chapter 685** or nurse practi-
20 tioner licensed under ORS 678.375 to 678.390 that the local inmate is phys-
21 ically and mentally able to perform the work described in ORS 421.470, and
22 is free from communicable disease.

23 **SECTION 54.** ORS 421.590 is amended to read:

24 421.590. (1) For the purposes of this section:

25 (a) "Medical treatment program" means a treatment program based on a
26 successful medical model that has been proven to reduce recidivism and that
27 is within the range of treatments generally recognized as acceptable within
28 the medical community, including:

29 (A) Treatment by prescribed medication when recommended by a qualified
30 psychiatrist, physician, physician assistant, **naturopathic physician** or
31 nurse practitioner; or

1 (B) Psychological treatment.

2 (b) "Program participant" means a person sentenced for a term of
3 imprisonment based on conviction of a sex crime or a felony attempt to
4 commit a sex crime, or a person who is eligible for parole or post-prison
5 supervision after a term of imprisonment based on conviction of a sex crime
6 or a felony attempt to commit a sex crime, who agrees to participate in a
7 medical treatment program after having been evaluated to be a suitable
8 candidate and who has been provided with adequate information to give in-
9 formed consent to participation.

10 (c) "Sex crime" means rape in any degree, sodomy in any degree, unlawful
11 sexual penetration in any degree and sexual abuse in the first or second de-
12 gree.

13 (2) The Department of Corrections shall establish a medical treatment
14 program for persons convicted of a sex crime or a felony attempt to commit
15 a sex crime. Any person sentenced for a sex crime or a felony attempt to
16 commit a sex crime may be evaluated to determine if available medical or
17 psychological treatment would be likely to reduce the biological, emotional
18 or psychological impulses that were the probable cause of the person's
19 criminal conduct. If the evaluation determines that the person is a suitable
20 candidate, the department shall offer to allow the person to participate in
21 the medical treatment program. The person must agree to become a program
22 participant.

23 (3) The State Board of Parole and Post-Prison Supervision shall offer as
24 a condition of parole or post-prison supervision to persons convicted of a sex
25 crime or a felony attempt to commit a sex crime the opportunity to partic-
26 ipate in a medical treatment program established by the Department of Cor-
27 rections under this section. Any person eligible for release for a sex crime
28 or felony attempt to commit a sex crime may be evaluated to determine if
29 available medical or psychological treatment would be likely to reduce the
30 biological, emotional or psychological impulses that were the probable cause
31 of the person's criminal conduct. If the evaluation determines that the person

1 is a suitable candidate, the board shall offer to allow the person to partic-
2 ipate in the medical treatment program. The person must agree to become a
3 program participant.

4 (4) The Department of Corrections shall adopt rules prescribing the pro-
5 cedures and guidelines for implementing the medical treatment programs re-
6 quired under the provisions of this section.

7 **SECTION 55.** ORS 426.005 is amended to read:

8 426.005. (1) As used in ORS 426.005 to 426.390, unless the context requires
9 otherwise:

10 (a) “Community mental health program director” means the director of
11 an entity that provides the services described in ORS 430.630 (3) to (5).

12 (b) “Director of the facility” means a superintendent of a state mental
13 hospital, the chief of psychiatric services in a community hospital or the
14 person in charge of treatment and rehabilitation programs at other treatment
15 facilities.

16 (c) “Facility” means a state mental hospital, community hospital, resi-
17 dential facility, detoxification center, day treatment facility or such other
18 facility as the authority determines suitable that provides diagnosis and
19 evaluation, medical care, detoxification, social services or rehabilitation to
20 persons who are in custody during a prehearing period of detention or who
21 have been committed to the Oregon Health Authority under ORS 426.130.

22 (d) “Licensed independent practitioner” means:

23 (A) A physician, as defined in ORS 677.010; [or]

24 (B) A nurse practitioner certified under ORS 678.375 and authorized to
25 write prescriptions under ORS 678.390; **or**

26 **(C) A naturopathic physician licensed under ORS chapter 685.**

27 (e) “Nonhospital facility” means any facility, other than a hospital, that
28 is approved by the authority to provide adequate security, psychiatric, nurs-
29 ing and other services to persons under ORS 426.232 or 426.233.

30 (f) “Person with mental illness” means a person who, because of a mental
31 disorder, is one or more of the following:

1 (A) Dangerous to self or others.

2 (B) Unable to provide for basic personal needs that are necessary to avoid
3 serious physical harm in the near future, and is not receiving such care as
4 is necessary to avoid such harm.

5 (C) A person:

6 (i) With a chronic mental illness, as defined in ORS 426.495;

7 (ii) Who, within the previous three years, has twice been placed in a
8 hospital or approved inpatient facility by the authority or the Department
9 of Human Services under ORS 426.060;

10 (iii) Who is exhibiting symptoms or behavior substantially similar to
11 those that preceded and led to one or more of the hospitalizations or inpa-
12 tient placements referred to in sub-subparagraph (ii) of this subparagraph;
13 and

14 (iv) Who, unless treated, will continue, to a reasonable medical probabili-
15 ty, to physically or mentally deteriorate so that the person will become a
16 person described under either subparagraph (A) or (B) of this paragraph or
17 both.

18 (g) "Prehearing period of detention" means a period of time calculated
19 from the initiation of custody during which a person may be detained under
20 ORS 426.228, 426.231, 426.232 or 426.233.

21 (2) Whenever a community mental health program director, director of the
22 facility, superintendent of a state hospital or administrator of a facility is
23 referred to, the reference includes any designee such person has designated
24 to act on the person's behalf in the exercise of duties.

25 **SECTION 56.** ORS 426.020 is amended to read:

26 426.020. (1) The superintendent of a hospital referred to in ORS 426.010
27 shall be a person the Oregon Health Authority considers qualified to ad-
28 minister the hospital. If the superintendent of any hospital is a physician
29 licensed by the Oregon Medical Board, the superintendent shall serve as
30 chief medical officer.

31 (2) If the superintendent is not a physician, the Director of the Oregon

1 Health Authority or the designee of the director shall designate a physician
2 to serve as chief medical officer. The designated chief medical officer may
3 be an appointed state employee in the unclassified service, a self-employed
4 contractor or an employee of a public or private entity that contracts with
5 the authority to provide chief medical officer services. Unless the designated
6 chief medical officer is specifically appointed as a state employee in the un-
7 classified service, the designated chief medical officer shall not be deemed a
8 state employee for purposes of any state statute, rule or policy.

9 (3)(a) Notwithstanding any other provision of law, the designated chief
10 medical officer may supervise physicians **and naturopathic physicians** who
11 are employed by the hospital or who provide services at the hospital pursu-
12 ant to a contract.

13 (b) The designated chief medical officer may delegate all or part of the
14 authority to supervise other physicians **and naturopathic physicians** at the
15 hospital to a physician who is employed by the state, a self-employed con-
16 tractor or an employee of a public or private entity that contracts with the
17 authority to provide physician services.

18 **SECTION 57.** ORS 427.005 is amended to read:

19 427.005. As used in this chapter:

20 (1) "Adaptive behavior" means the effectiveness or degree with which an
21 individual meets the standards of personal independence and social respon-
22 sibility expected for age and cultural group.

23 (2) "Care" means:

24 (a) Supportive services, including, but not limited to, provision of room
25 and board;

26 (b) Supervision;

27 (c) Protection; and

28 (d) Assistance in bathing, dressing, grooming, eating, management of
29 money, transportation or recreation.

30 (3) "Community developmental disabilities program director" means the
31 director of an entity that provides services described in ORS 430.664 to per-

1 sons with intellectual disabilities or other developmental disabilities.

2 (4) “Developmental disability” means an intellectual disability, autism,
3 cerebral palsy, epilepsy or other neurological condition diagnosed by a
4 qualified professional that:

5 (a) Originates before an individual is 22 years of age, or 18 years of age
6 for an intellectual disability;

7 (b) Originates in and directly affects the brain and is expected to continue
8 indefinitely;

9 (c) Results in a significant impairment in adaptive behavior as measured
10 by a qualified professional;

11 (d) Is not attributed primarily to other conditions including, but not lim-
12 ited to, a mental or emotional disorder, sensory impairment, substance abuse,
13 personality disorder, learning disability or attention deficit hyperactivity
14 disorder; and

15 (e) Requires training and support similar to that required by an individual
16 with an intellectual disability.

17 (5) “Director of the facility” means the person in charge of care, treat-
18 ment and training programs at a facility.

19 (6) “Facility” means a group home, activity center, community mental
20 health clinic or other facility or program that the Department of Human
21 Services approves to provide necessary services to persons with intellectual
22 disabilities or other developmental disabilities.

23 (7) “Incapacitated” means a person is unable, without assistance, to
24 properly manage or take care of personal affairs, including but not limited
25 to financial and medical decision-making, or is incapable, without assistance,
26 of self-care.

27 (8) “Independence” means the extent to which persons with intellectual
28 disabilities or other developmental disabilities exert control and choice over
29 their own lives.

30 (9) “Integration” means:

31 (a) Use by persons with intellectual disabilities or other developmental

1 disabilities of the same community resources that are used by and available
2 to other persons;

3 (b) Participation by persons with intellectual disabilities or other devel-
4 opmental disabilities in the same community activities in which persons
5 without disabilities participate, together with regular contact with persons
6 without disabilities; and

7 (c) Residence by persons with intellectual disabilities or other develop-
8 mental disabilities in homes or in home-like settings that are in proximity
9 to community resources, together with regular contact with persons without
10 disabilities in their community.

11 (10)(a) "Intellectual disability" means significantly subaverage general
12 intellectual functioning, defined as intelligence quotients under 70 as meas-
13 ured by a qualified professional and existing concurrently with significant
14 impairment in adaptive behavior, that is manifested before the individual is
15 18 years of age.

16 (b) An individual with intelligence quotients of 70 through 75 may be
17 considered to have an intellectual disability if there is also significant
18 impairment in adaptive behavior, as diagnosed and measured by a qualified
19 professional.

20 (c) The impairment in adaptive behavior must be directly related to the
21 intellectual disability.

22 (d) Intellectual disability is synonymous with mental retardation.

23 (11) "Intellectual functioning" means functioning as assessed by one or
24 more of the individually administered general intelligence tests developed for
25 the purpose.

26 (12) "Minor" means an unmarried person under 18 years of age.

27 **(13) "Naturopathic physician" has the meaning given the term in**
28 **ORS 685.010.**

29 [(13)] (14) "Physician" means a person licensed by the Oregon Medical
30 Board to practice medicine and surgery.

31 [(14)] (15) "Productivity" means regular engagement in income-producing

1 work, preferable competitive employment with supports and accommodations
2 to the extent necessary, by a person with an intellectual disability or another
3 developmental disability which is measured through improvements in income
4 level, employment status or job advancement or engagement by a person with
5 an intellectual disability or another developmental disability in work con-
6 tributing to a household or community.

7 [(15)] (16) "Service coordination" means person-centered planning, case
8 management, procuring, coordinating and monitoring of services under an
9 individualized support plan to establish desired outcomes, determine needs
10 and identify resources for a person with developmental disabilities and ad-
11 vocating for the person.

12 [(16)] (17) "Significantly subaverage" means a score on a test of intellec-
13 tual functioning that is two or more standard deviations below the mean for
14 the test.

15 [(17)] (18) "Training" means:

16 (a) The systematic, planned maintenance, development or enhancement of
17 self-care, social or independent living skills; or

18 (b) The planned sequence of systematic interactions, activities, structured
19 learning situations or education designed to meet each person's specified
20 needs in the areas of physical, emotional, intellectual and social growth.

21 [(18)] (19) "Treatment" means the provision of specific physical, mental,
22 social interventions and therapies that halt, control or reverse processes that
23 cause, aggravate or complicate malfunctions or dysfunctions.

24 **SECTION 58.** ORS 427.235 is amended to read:

25 427.235. (1) Any two persons may notify the court having probate juris-
26 diction for the county or the circuit court, if it is not the probate court but
27 its jurisdiction has been extended to include commitment of a person with
28 an intellectual disability under ORS 3.275, that a person within the county
29 has an intellectual disability and is in need of commitment for residential
30 care, treatment and training. Such notice shall be in writing and sworn to
31 before an officer qualified to administer an oath and shall set forth the facts

1 sufficient to show the need for investigation. The circuit court shall forward
2 notice to the community developmental disabilities program director in the
3 county if it finds the notice sufficient to show the need for investigation.
4 The director or the designee of the director shall immediately investigate to
5 determine whether the person has an intellectual disability and is in need
6 of commitment for residential care, treatment and training.

7 (2) Any person who acts in good faith shall not be held civilly liable for
8 making of the notification under subsection (1) of this section.

9 (3) Any investigation conducted by the community developmental disabili-
10 ties program director or the designee of the director under subsection (1)
11 of this section shall commence with an interview or examination of the per-
12 son alleged to have an intellectual disability, where possible, in the home
13 of the person or other place familiar to the person. Further investigation if
14 warranted shall include a diagnostic evaluation as described in ORS 427.105
15 and may also include interviews with the person's relatives, neighbors,
16 teachers and physician **or naturopathic physician**. The investigation shall
17 also determine if any alternatives to commitment are available. The investi-
18 gator shall also determine and recommend to the court whether the person
19 is incapacitated and in need of a guardian or conservator.

20 (4) The investigation report shall be submitted to the court within 30 days
21 of receipt of notice from the court. A copy of the investigation report and
22 diagnostic evaluation, if any, shall also be made available to the Department
23 of Human Services and to the person alleged to have an intellectual disa-
24 bility and, if the person is a minor or incapacitated, to the parents or
25 guardian of the person as soon as possible after its completion but in any
26 case prior to a hearing held under ORS 427.245.

27 (5) Any person conducting an evaluation or investigation under this sec-
28 tion shall in no way be held civilly liable for conducting the investigation
29 or performing the diagnostic evaluation.

30 (6) If requested by a person conducting an investigation under this sec-
31 tion, a physician **or naturopathic physician** who has examined the person

1 alleged to have an intellectual disability may, with patient authorization or
2 in response to a court order, provide any relevant information the physician
3 **or naturopathic physician** has regarding the person alleged to have an
4 intellectual disability.

5 **SECTION 59.** ORS 427.255 is amended to read:

6 427.255. (1) If the court finds that there is probable cause to believe that
7 the failure to take into custody pending an investigation or hearing a person
8 alleged to have an intellectual disability and be in need of commitment for
9 residential care, treatment and training would pose an imminent and serious
10 danger to the person or to others, the court may issue a warrant of detention
11 to either the community developmental disabilities program director or the
12 sheriff of the county directing that the director, the sheriff or the designee
13 of the director or sheriff take the person into custody and produce the person
14 at the time and place stated in the warrant. At the time the person is taken
15 into custody, the custodian shall advise the person or, if the person is inca-
16 pacitated or a minor, the parents or guardian of the person of the person's
17 right to counsel, to have legal counsel appointed if the person is unable to
18 afford legal counsel, and, if requested, to have legal counsel appointed im-
19 mediately.

20 (2) A person taken into custody under subsection (1) of this section shall
21 be provided all care, custody, evaluation and treatment required for the
22 mental and physical health and safety of the person and the director of the
23 facility retaining custody shall report any care, custody, evaluation or
24 treatment provided the person to the court as required by ORS 427.280. Any
25 diagnostic evaluation performed on such person shall be consistent with
26 Department of Human Services rules and ORS 427.105. Any prescription or
27 administration of drugs shall be the sole responsibility of the treating phy-
28 sician **or naturopathic physician**. The person shall have the right to the
29 least hazardous treatment procedures while in custody, and the treating
30 physician **or naturopathic physician** shall be notified immediately of the
31 use of any mechanical restraints on the person. A note of each use of me-

1 chanical restraint and the reasons therefor shall be made a part of the
2 person's clinical record over the signature of the treating physician **or**
3 **naturopathic physician**.

4 **SECTION 60.** ORS 427.270 is amended to read:

5 427.270. (1) The examining facility conducting the diagnostic evaluation
6 shall make its report in writing to the court. Where components of the di-
7 agnostic evaluation have been performed within the previous year according
8 to Department of Human Services rules and ORS 427.105, and the records of
9 the evaluation are available to the examining facility pursuant to ORS
10 179.505 and department rules, the results of such evaluation may be intro-
11 duced in court in lieu of repetition of those components by the examining
12 facility. If the facility finds, and shows by its report, that the person exam-
13 ined has an intellectual disability and is in need of commitment for resi-
14 dential care, treatment and training, the report shall include a
15 recommendation as to the type of treatment or training facility most suitable
16 for the person. The report shall also advise the court whether in the opinion
17 of the examining facility the person and, if the person is a minor or inca-
18 pacitated, the parents or legal guardian of the person would cooperate with
19 voluntary treatment or training and whether the person would benefit either
20 from voluntary treatment or training or from appointment of a legal guard-
21 ian or conservator.

22 (2) Upon request by the person or the parent, legal guardian or legal
23 counsel of the person, the court shall appoint an additional physician,
24 **naturopathic physician** or psychologist, or both, to examine the person and
25 make separate reports in writing to the court. However, the court shall not
26 appoint more than one additional physician **or naturopathic physician** and
27 one additional psychologist to examine the person.

28 **SECTION 61.** ORS 427.275 is amended to read:

29 427.275. (1) Any physician, **naturopathic physician** or psychologist em-
30 ployed by the court to make a diagnostic evaluation of a person alleged to
31 have an intellectual disability and to be in need of commitment for residen-

1 tial care, treatment and training, shall be allowed a fee as the court in its
2 discretion determines reasonable for the evaluation. The costs of the evalu-
3 ation shall be paid by the county of residence of the person or, if the person
4 has no residence within the state, by the county in which the person is taken
5 into custody. The county shall not be held responsible for the costs of prior
6 examinations or tests reported to the court, or of diagnostic evaluations
7 performed or arranged by the community developmental disabilities program
8 or Department of Human Services.

9 (2) Witnesses subpoenaed to give testimony shall receive the same fees
10 as are paid in criminal cases and are subject to compulsory attendance in
11 the same manner as provided in ORS 136.567 to 136.603. The attendance of
12 out-of-state witnesses may be secured in the same manner as provided in ORS
13 136.623 to 136.637. The party who subpoenas the witness or requests the court
14 to subpoena the witness is responsible for payment of the cost of the
15 subpoena and payment for the attendance of the witness at a hearing. When
16 the witness has been subpoenaed on behalf of a person who is represented
17 by appointed counsel, the fees and costs allowed for that witness shall be
18 paid pursuant to ORS 135.055.

19 **SECTION 62.** ORS 430.010 is amended to read:

20 430.010. As used in this chapter:

21 (1) "Outpatient service" means:

22 (a) A program or service providing treatment by appointment and by:

23 (A) Medical or osteopathic physicians licensed by the Oregon Medical
24 Board under ORS 677.010 to 677.450;

25 (B) Psychologists licensed by the State Board of Psychologist Examiners
26 under ORS 675.010 to 675.150;

27 (C) Nurse practitioners registered by the Oregon State Board of Nursing
28 under ORS 678.010 to 678.410;

29 (D) Regulated social workers authorized to practice regulated social work
30 by the State Board of Licensed Social Workers under ORS 675.510 to 675.600;

31 [or]

1 (E) Professional counselors or marriage and family therapists licensed by
2 the Oregon Board of Licensed Professional Counselors and Therapists under
3 ORS 675.715 to 675.835; or

4 **(F) Naturopathic physicians licensed by the Oregon Board of**
5 **Naturopathic Medicine under ORS chapter 685; or**

6 (b) A program or service providing treatment by appointment that is li-
7 censed, approved, established, maintained, contracted with or operated by the
8 authority under:

9 (A) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

10 (B) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for
11 drug addiction; or

12 (C) ORS 430.610 to 430.880 for mental or emotional disturbances.

13 (2) "Residential facility" means a program or facility providing an or-
14 ganized full-day or part-day program of treatment. Such a program or facil-
15 ity shall be licensed, approved, established, maintained, contracted with or
16 operated by the authority under:

17 (a) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

18 (b) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for
19 drug addiction; or

20 (c) ORS 430.610 to 430.880 for mental or emotional disturbances.

21 **SECTION 63.** ORS 430.401 is amended to read:

22 430.401. (1) A police officer, physician, **naturopathic physician**, physi-
23 cian assistant, nurse practitioner, judge, treatment facility, treatment facility
24 staff member or sobering facility that is registered with the Oregon Health
25 Authority under ORS 430.262 based on a written request for registration re-
26 ceived by the authority before January 1, 2016, or the staff of the sobering
27 facility, may not be held criminally or civilly liable for actions pursuant to
28 ORS 430.315, 430.335, 430.397 to 430.401 and 430.402 provided the actions are
29 in good faith, on probable cause and without malice.

30 (2) A sobering facility registered with the authority under ORS 430.262
31 based on a written request for registration received by the authority on or

1 after January 1, 2016, and the staff of the sobering facility, may not be held
2 criminally or civilly liable for actions pursuant to ORS 430.315, 430.335,
3 430.397 to 430.401 and 430.402 provided the actions are in good faith, on
4 probable cause and without gross negligence.

5 **SECTION 64.** ORS 430.545 is amended to read:

6 430.545. (1) Evaluation sites provided for under ORS 430.450 to 430.555
7 shall conduct such procedures as may be necessary to determine if an indi-
8 vidual is a drug-dependent person. A person shall be evaluated only with that
9 person's written consent. Subject to approval of the Oregon Health Au-
10 thority, the director of a treatment facility or the director of an evaluation
11 site may designate personnel to provide treatment or evaluation as appro-
12 priate under the lawful limitations of their certification, licensure or pro-
13 fessional practice.

14 (2) Antagonist drugs may be administered for diagnosis of addiction by a
15 registered nurse at an approved site when the nurse has completed required
16 training and a physician **or naturopathic physician** is available on call.
17 Antagonist drugs shall not be administered without informed written consent
18 of the person.

19 **SECTION 65.** ORS 430.560 is amended to read:

20 430.560. (1) The Oregon Health Authority shall adopt rules [*setting forth*]
21 **to establish** requirements, in accordance with ORS 430.357, for drug treat-
22 ment programs that contract with the authority and that involve:

23 (a) Detoxification;

24 (b) Detoxification with acupuncture and counseling; and

25 (c) The supplying of synthetic opiates to such persons under close super-
26 vision and control. However, the supplying of synthetic opiates shall be used
27 only when detoxification or detoxification with acupuncture and counseling
28 has proven ineffective or upon a written request of a physician licensed by
29 the Oregon Medical Board **or a naturopathic physician licensed by the**
30 **Oregon Board of Naturopathic Medicine** showing medical need for syn-
31 thetic opiates if the request is approved in writing by the parole and pro-

1 bation officer, if any, of the drug-dependent person. The copy of the request
2 and the approval must be included in the client's permanent treatment and
3 releasing authority records.

4 (2) Notwithstanding subsection (1) of this section, synthetic opiates may
5 be made available to a pregnant woman with her informed consent without
6 prior resort to the treatment programs described in subsection (1)(a) and (b)
7 of this section.

8 **SECTION 66.** ORS 430.735 is amended to read:

9 430.735. As used in ORS 430.735 to 430.765:

10 (1) "Abuse" means one or more of the following:

11 (a) Abandonment, including desertion or willful forsaking of a person
12 with a developmental disability or the withdrawal or neglect of duties and
13 obligations owed a person with a developmental disability by a caregiver or
14 other person.

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

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

19 (d) Sexual abuse of an adult.

20 (e) Neglect.

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

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

23 (h) Involuntary seclusion of a person with a developmental disability for
24 the convenience of the caregiver or to discipline the person.

25 (i) A wrongful use of a physical or chemical restraint upon a person with
26 a developmental disability, excluding an act of restraint prescribed by a
27 physician licensed under ORS chapter 677, physician assistant licensed under
28 ORS 677.505 to 677.525, **naturopathic physician licensed under ORS**
29 **chapter 685** or nurse practitioner licensed under ORS 678.373 to 678.390 and
30 any treatment activities that are consistent with an approved treatment plan
31 or in connection with a court order.

1 (j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411,
2 163.415, 163.425, 163.427, 163.465 or 163.467.

3 (k) Any death of an adult caused by other than accidental or natural
4 means.

5 (2) "Adult" means a person 18 years of age or older with:

6 (a) A developmental disability who is currently receiving services from a
7 community program or facility or was previously determined eligible for
8 services as an adult by a community program or facility; or

9 (b) A mental illness who is receiving services from a community program
10 or facility.

11 (3) "Adult protective services" means the necessary actions taken to pre-
12 vent abuse or exploitation of an adult, to prevent self-destructive acts and
13 to safeguard an adult's person, property and funds, including petitioning for
14 a protective order as defined in ORS 125.005. Any actions taken to protect
15 an adult shall be undertaken in a manner that is least intrusive to the adult
16 and provides for the greatest degree of independence.

17 (4) "Caregiver" means an individual, whether paid or unpaid, or a facility
18 that has assumed responsibility for all or a portion of the care of an adult
19 as a result of a contract or agreement.

20 (5) "Community program" means a community mental health program or
21 a community developmental disabilities program as established in ORS
22 430.610 to 430.695.

23 (6) "Facility" means a residential treatment home or facility, residential
24 care facility, adult foster home, residential training home or facility or crisis
25 respite facility.

26 (7) "Financial exploitation" means:

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

29 (b) Alarming a person with a developmental disability by conveying a
30 threat to wrongfully take or appropriate money or property of the person if
31 the person would reasonably believe that the threat conveyed would be car-

1 ried out.

2 (c) Misappropriating, misusing or transferring without authorization any
3 money from any account held jointly or singly by a person with a develop-
4 mental disability.

5 (d) Failing to use the income or assets of a person with a developmental
6 disability effectively for the support and maintenance of the person.

7 (8) "Intimidation" means compelling or deterring conduct by threat.

8 (9) "Law enforcement agency" means:

9 (a) Any city or municipal police department;

10 (b) A police department established by a university under ORS 352.121 or
11 353.125;

12 (c) Any county sheriff's office;

13 (d) The Oregon State Police; or

14 (e) Any district attorney.

15 (10) "Neglect" means:

16 (a) Failure to provide the care, supervision or services necessary to
17 maintain the physical and mental health of a person with a developmental
18 disability that may result in physical harm or significant emotional harm to
19 the person;

20 (b) The failure of a caregiver to make a reasonable effort to protect a
21 person with a developmental disability from abuse; or

22 (c) Withholding of services necessary to maintain the health and well-
23 being of an adult which leads to physical harm of an adult.

24 (11) "Person with a developmental disability" means a person described
25 in subsection (2)(a) of this section.

26 (12) "Public or private official" means:

27 (a) Physician licensed under ORS chapter 677, physician assistant licensed
28 under ORS 677.505 to 677.525, naturopathic physician, psychologist or
29 chiropractor, including any intern or resident;

30 (b) Licensed practical nurse, registered nurse, nurse's aide, home health
31 aide or employee of an in-home health service;

1 (c) Employee of the Department of Human Services or Oregon Health
2 Authority, local health department, community mental health program or
3 community developmental disabilities program or private agency contracting
4 with a public body to provide any community mental health service;

5 (d) Peace officer;

6 (e) Member of the clergy;

7 (f) Regulated social worker;

8 (g) Physical, speech or occupational therapist;

9 (h) Information and referral, outreach or crisis worker;

10 (i) Attorney;

11 (j) Licensed professional counselor or licensed marriage and family ther-
12 apist;

13 (k) Any public official;

14 (L) Firefighter or emergency medical services provider;

15 (m) Member of the Legislative Assembly;

16 (n) Personal support worker, as defined by rule adopted by the Home Care
17 Commission; or

18 (o) Home care worker, as defined in ORS 410.600.

19 (13) "Services" includes but is not limited to the provision of food,
20 clothing, medicine, housing, medical services, assistance with bathing or
21 personal hygiene or any other service essential to the well-being of an adult.

22 (14)(a) "Sexual abuse" means:

23 (A) Sexual contact with a nonconsenting adult or with an adult consid-
24 ered incapable of consenting to a sexual act under ORS 163.315;

25 (B) Sexual harassment, sexual exploitation or inappropriate exposure to
26 sexually explicit material or language;

27 (C) Any sexual contact between an employee of a facility or paid
28 caregiver and an adult served by the facility or caregiver;

29 (D) Any sexual contact between a person with a developmental disability
30 and a relative of the person with a developmental disability other than a
31 spouse; or

1 (E) Any sexual contact that is achieved through force, trickery, threat
2 or coercion.

3 (b) "Sexual abuse" does not mean consensual sexual contact between an
4 adult and a paid caregiver who is the spouse of the adult.

5 (15) "Sexual contact" has the meaning given that term in ORS 163.305.

6 (16) "Verbal abuse" means to threaten significant physical or emotional
7 harm to a person with a developmental disability through the use of:

8 (a) Derogatory or inappropriate names, insults, verbal assaults, profanity
9 or ridicule; or

10 (b) Harassment, coercion, threats, intimidation, humiliation, mental cru-
11 elty or inappropriate sexual comments.

12 **SECTION 67.** ORS 431.180 is amended to read:

13 431.180. (1) Nothing in ORS 431.001 to 431.550 and 431.990 or any other
14 public health law of this state shall be construed as authorizing the Oregon
15 Health Authority or its representatives, or any local public health authority
16 or its representatives, to interfere in any manner with an individual's right
17 to select the physician, physician assistant, **naturopathic physician** or
18 nurse practitioner of the individual's choice or the individual's choice of
19 mode of treatment, nor as interfering with the practice of a person whose
20 religion treats or administers sick or suffering people by purely spiritual
21 means.

22 (2) This section does not apply to the laws of this state imposing sanitary
23 requirements or rules adopted under the laws of this state imposing sanitary
24 requirements.

25 **SECTION 68.** ORS 431A.680 is amended to read:

26 431A.680. (1) Physicians, nurse midwives, **naturopathic physicians** and
27 other licensed health care professionals who provide prenatal and postnatal
28 care to patients may provide to each patient, and family members of the pa-
29 tient, if appropriate, the informational materials published by the Oregon
30 Health Authority under ORS 431A.675 or other maternal mental health edu-
31 cation materials that are approved by the authority.

1 (2) Hospitals and other health care facilities that provide maternity care
2 may give postnatal and post-pregnancy loss patients, and family members of
3 the patients, if appropriate, prior to the discharge of the patient, the infor-
4 mational materials published by the authority under ORS 431A.675 or other
5 maternal mental health education materials that are approved by the au-
6 thority.

7 **SECTION 69.** ORS 433.017 is amended to read:

8 433.017. (1) A licensed physician, physician assistant licensed under ORS
9 677.505 to 677.525, **naturopathic physician licensed under ORS chapter**
10 **685** or nurse practitioner licensed under ORS 678.375 to 678.390 attending a
11 pregnant woman in this state for conditions relating to her pregnancy during
12 the period of gestation or at the time of delivery shall, as required by rule
13 of the Oregon Health Authority, take or cause to be taken a sample of blood
14 of every woman so attended at the time of the first professional visit or
15 within 10 days thereafter. The blood specimen [*thus*] obtained **under this**
16 **subsection** [*shall*] **must** be submitted to a licensed laboratory for [*such*]
17 tests related to any infectious condition which may affect a pregnant woman
18 or fetus, as the authority shall by rule require, including but not limited to
19 an HIV test as defined in ORS 433.045.

20 (2) Every other person permitted by law to attend a pregnant woman in
21 this state, but not permitted by law to take blood samples, shall, as required
22 by rule of the authority, cause a sample of blood of such pregnant woman
23 to be taken by a licensed physician, physician assistant licensed under ORS
24 677.505 to 677.525, **naturopathic physician licensed under ORS chapter**
25 **685** or nurse practitioner licensed under ORS 678.375 to 678.390 and have
26 such sample submitted to a licensed laboratory for the tests described under
27 subsection (1) of this section.

28 (3) In all cases under subsections (1) and (2) of this section the physician,
29 physician assistant, **naturopathic physician** or nurse practitioner shall re-
30 quest consent of the patient to take a blood sample. [*No*] **A** sample [*shall*]
31 **may not** be taken without [*such*] **the patient's** consent.

1 **SECTION 70.** ORS 433.040 is amended to read:

2 433.040. (1) As used in this section, “vaccine” includes vaccines, immune
3 products and chemoprophylactic medications.

4 (2) When the State Health Officer of the Oregon Health Authority deter-
5 mines that there is clear evidence that adverse and avoidable health out-
6 comes from a preventable and acute communicable disease are expected to
7 affect identifiable categories of high-risk individuals throughout Oregon and
8 that assistance with the administration of vaccine is warranted due to a
9 vaccine shortage to protect or treat such individuals, the health officer shall
10 implement the Oregon Vaccine Education and Prioritization Plan as provided
11 in subsection (3) of this section.

12 (3) The authority shall develop and adopt by rule the Oregon Vaccine
13 Education and Prioritization Plan to protect the public health during a
14 vaccine shortage. The plan shall consist of:

15 (a) Guidelines for physicians, **naturopathic physicians**, nurses, hospi-
16 tals, health systems, pharmacies and others that hold vaccines for the dis-
17 tribution and administration of vaccines. The guidelines shall include, but
18 are not limited to, a definition of high-risk groups for priority protection or
19 treatment in the event a vaccine shortage is imminent;

20 (b) Rules for imposing a civil penalty of \$500 against persons who know-
21 ingly violate the guidelines for each repeat violation of the guidelines; and

22 (c) Procedures for:

23 (A) Mobilizing public and private health resources to assist in vaccine
24 distribution and administration; and

25 (B) Notifying health professional regulatory boards and licensing author-
26 ities of repeated violations of the guidelines by health professionals regu-
27 lated by the board or licensed by the licensing authority.

28 (4) If the Oregon Health Authority adopts temporary rules to implement
29 subsection (2) of this section, the rules adopted are not subject to the re-
30 quirements of ORS 183.335 (6)(a). The authority may amend the temporary
31 rules adopted pursuant to subsection (3) of this section as often as is neces-

1 sary to respond to a vaccine shortage.

2 **SECTION 71.** ORS 433.110 is amended to read:

3 433.110. Every physician, physician assistant, **naturopathic physician**
4 or nurse attending a person affected with any communicable disease shall
5 use all precautionary measures to prevent the spread of the disease as the
6 Oregon Health Authority may prescribe by rule.

7 **SECTION 72.** ORS 433.290 is amended to read:

8 433.290. (1) The Legislative Assembly finds that many newborn children
9 are given their first tests for metabolic diseases too early for the detection
10 of these diseases because parents remove these newborn infants from the
11 hospital before the optimum testing period commences. To assure proper first
12 testing and follow-up testing and increase knowledge about the nature and
13 results of these diseases, the Oregon Health Authority shall institute and
14 carry on an intensive educational program among physicians, **naturopathic**
15 **physicians**, hospitals, public health nurses, the parents of newborn children
16 and the public concerning the disease of phenylketonuria and other
17 metabolic diseases. This educational program shall include information con-
18 cerning:

19 (a) The nature of these diseases; and

20 (b) Examinations for the detection of these diseases in infancy in order
21 that measures may be taken to prevent the mental retardation resulting from
22 these diseases.

23 (2) The authority shall make a special effort specifically to inform
24 expectant parents and parents of newborn children of the necessity of new-
25 born infants receiving appropriate tests within the optimum time range after
26 birth to prevent the mental retardation or other serious complications re-
27 sulting from these diseases.

28 **SECTION 73.** ORS 435.205 is amended to read:

29 435.205. (1) The Oregon Health Authority and every local health depart-
30 ment shall offer family planning and birth control services within the limits
31 of available funds. Both agencies jointly may offer such services. The Di-

1 rector of the Oregon Health Authority or a designee shall initiate and con-
2 duct discussions of family planning with each person who might have an
3 interest in and benefit from such service. The authority shall furnish con-
4 sultation and assistance to local health departments.

5 (2) Family planning and birth control services may include interviews
6 with trained personnel; distribution of literature; referral to a licensed phy-
7 sician, physician assistant licensed under ORS 677.505 to 677.525,
8 **naturopathic physician licensed under ORS chapter 685** or nurse practi-
9 tioner licensed under ORS 678.375 to 678.390 for consultation, examination,
10 medical treatment and prescription; and, to the extent so prescribed, the
11 distribution of rhythm charts, the initial supply of a drug or other medical
12 preparation, contraceptive devices and similar products.

13 (3) Any literature, charts or other family planning and birth control in-
14 formation offered under this section in counties in which a significant seg-
15 ment of the population does not speak English shall be made available in the
16 appropriate foreign language for that segment of the population.

17 (4) In carrying out its duties under this section, and with the consent of
18 the local public health authority as defined in ORS 431.003, the local health
19 department may adopt a fee schedule for services provided by the local
20 health department. The fees shall be reasonably calculated not to exceed
21 costs of services provided and may be adjusted on a sliding scale reflecting
22 ability to pay.

23 (5) The local health department shall collect fees according to the sched-
24 ule adopted under subsection (4) of this section. Such fees may be used to
25 meet the expenses of providing the services authorized by this section.

26 **SECTION 74.** ORS 435.305 is amended to read:

27 435.305. (1) A person may be sterilized by appropriate means upon request
28 and upon the advice of a physician licensed under ORS chapter 677,
29 **naturopathic physician licensed under ORS chapter 685** or physician
30 assistant licensed under ORS 677.505 to 677.525.

31 (2) A health care provider described in subsection (1) of this section or

1 a hospital may not be held liable for performing a sterilization without ob-
2 taining the consent of the spouse of the person sterilized.

3 (3) Free clinics to sterilize males under subsection (1) of this section may
4 be conducted as a part of the program provided for in ORS 435.205.

5 (4)(a) A nurse practitioner licensed by the Oregon State Board of Nursing
6 under ORS 678.375 and acting within the scope of practice authorized by the
7 board may provide medical advice to any person about a sterilization proce-
8 dure.

9 (b) A nurse practitioner may acknowledge and sign a consent to
10 sterilization procedure form if, no fewer than 30 days before the procedure,
11 the form is provided to and signed by the person on whom the procedure will
12 be performed.

13 (c) A nurse practitioner may not acknowledge or sign a consent to
14 sterilization procedure form if the form is provided to or signed by the person
15 on whom the procedure will be performed fewer than 30 days before the
16 procedure.

17 (d) A nurse practitioner may not perform a sterilization procedure on any
18 person.

19 **SECTION 75.** ORS 435.485 is amended to read:

20 435.485. (1) [No] **A physician or naturopathic physician** is **not** required
21 to give advice with respect to or participate in any termination of a preg-
22 nancy if the refusal to do so is based on an election not to give such advice
23 or to participate in such terminations and the **physician or naturopathic**
24 **physician** so advises the patient.

25 (2) [No] **A** hospital employee or member of the hospital medical staff is
26 **not** required to participate in any termination of a pregnancy if the em-
27 ployee or staff member notifies the hospital of the election not to participate
28 in such terminations.

29 **SECTION 76.** ORS 435.496 is amended to read:

30 435.496. (1) Each induced termination of pregnancy which occurs in this
31 state, regardless of the length of gestation, shall be reported to the Center

1 for Health Statistics within 30 days by the person in charge of the institution
2 in which the induced termination of pregnancy was performed. If the induced
3 termination of pregnancy was performed outside an institution, the attending
4 physician **or the naturopathic physician** shall prepare and file the report.

5 (2) If the person who is required to file the report under subsection (1)
6 of this section has knowledge that the person who underwent the induced
7 termination of pregnancy also underwent a follow-up visit or had follow-up
8 contact with a health care provider, the person shall include the fact of the
9 follow-up visit or contact, and whether any complications were noted, in the
10 report. If the person filing the report is not personally aware of the follow-up
11 visit or contact but was informed of the visit or contact, the person shall
12 include the source of that information in the report.

13 (3) Reports submitted under this section shall not disclose the names or
14 identities of the parents.

15 **SECTION 77.** ORS 438.010 is amended to read:

16 438.010. As used in ORS 438.010 to 438.510, unless the context requires
17 otherwise:

18 (1) “Authority” means the Oregon Health Authority.

19 (2) “Clinical laboratory” or “laboratory” means a facility where the
20 microbiological, serological, chemical, hematological, immunohematological,
21 immunological, toxicological, cytogenetical, exfoliative cytological,
22 histological, pathological or other examinations are performed on materials
23 derived from the human body, for the purpose of diagnosis, prevention of
24 disease or treatment of patients by physicians, dentists and other persons
25 who are authorized by license to diagnose or treat humans.

26 (3) “Clinical laboratory specialty” or “laboratory specialty” means the
27 examination of materials derived from the human body for the purpose of
28 diagnosis and treatment of patients or assessment of health, employing one
29 of the following sciences: Serology, microbiology, chemistry, hematology,
30 immunohematology, immunology, toxicology, cytogenetics, exfoliative
31 cytology, histology or pathology.

1 (4) “Clinician” means a nurse practitioner licensed and certified by the
2 Oregon State Board of Nursing, or a physician assistant licensed by the
3 Oregon Medical Board.

4 (5) “Custody chain” means the handling of specimens in a way that sup-
5 ports legal testimony to prove that the sample integrity and identification
6 of the sample have not been violated, as well as the documentation describ-
7 ing those procedures from specimen collection to the final report.

8 (6) “Dentist” means a person licensed to practice dentistry by the Oregon
9 Board of Dentistry.

10 (7) “Director of clinical laboratory” or “director” means the person who
11 plans, organizes, directs and participates in any or all of the technical op-
12 erations of a clinical laboratory, including but not limited to reviewing lab-
13 oratory procedures and their results, training and supervising laboratory
14 personnel, and evaluating the technical competency of such personnel.

15 (8) “Health screen testing” means tests performed for the purpose of
16 identifying health risks, providing health information and referring the per-
17 son being tested to medical care.

18 (9) “High complexity laboratory” means a facility that performs testing
19 classified as highly complex in the specialties of microbiology, chemistry,
20 hematology, diagnostic immunology, immunohematology, clinical
21 cytogenetics, cytology, histopathology, oral pathology, pathology,
22 radiobioassay and histocompatibility and that may also perform moderate
23 complexity tests and waived tests.

24 (10) “High complexity test” means a procedure performed on materials
25 derived from the human body that meet the criteria for this category of
26 testing in the specialties of microbiology, chemistry, hematology,
27 immunohematology, diagnostic immunology, clinical cytogenetics, cytology,
28 histopathology, oral pathology, pathology, radiobioassay and
29 histocompatibility as established by the authority.

30 (11) “Laboratory evaluation system” means a system of testing clinical
31 laboratory methods, procedures and proficiency by periodic performance and

1 reporting on test specimens submitted for examination.

2 (12) “Moderate complexity laboratory” means a facility that performs
3 testing classified as moderately complex in the specialties of microbiology,
4 hematology, chemistry, immunohematology or diagnostic immunology and
5 may also perform any waived test.

6 (13) “Moderate complexity test” means a procedure performed on materi-
7 als derived from the human body that meet the criteria for this category of
8 testing in the specialties of microbiology, hematology, chemistry,
9 immunohematology or diagnostic immunology as established by the author-
10 ity.

11 (14) “Operator of a substances of abuse on-site screening facility” or
12 “operator” means the person who plans, organizes, directs and participates
13 in any or all of the technical and administrative operations of a substances
14 of abuse on-site screening facility.

15 (15) “Owner of a clinical laboratory” means the person who owns the
16 clinical laboratory, or a county or municipality operating a clinical labora-
17 tory or the owner of any institution operating a clinical laboratory.

18 (16) “Physician” means:

19 (a) A person licensed to practice medicine by the Oregon Medical
20 Board; or

21 (b) **A person licensed to practice naturopathic medicine by the**
22 **Oregon Board of Naturopathic Medicine.**

23 (17) “Physician performed microscopy procedure” means a test personally
24 performed by a physician or other clinician during a patient’s visit on a
25 specimen obtained during the examination of the patient.

26 (18) “Physician performed microscopy procedures” means a limited group
27 of tests that are performed only by a physician or clinician.

28 (19) “Specimen” means materials derived from a human being or body.

29 (20) “Substances of abuse” means ethanol and controlled substances, ex-
30 cept those used as allowed by law and as defined in ORS chapter 475 or as
31 used in ORS 689.005.

1 (21) “Substances of abuse on-site screening facility” or “on-site facility”
2 means a location where on-site tests are performed on specimens for the
3 purpose of screening for the detection of substances of abuse.

4 (22) “Substances of abuse on-site screening test” or “on-site test” means
5 a substances of abuse test that is easily portable and can meet the require-
6 ments of the federal Food and Drug Administration for commercial distrib-
7 ution or an alcohol screening test that meets the requirements of the
8 conforming products list found in the United States Department of Trans-
9 portation National Highway Traffic Safety Administration Docket No. 94-004
10 and meets the standards of the United States Department of Transportation
11 Alcohol Testing Procedure, 49 C.F.R. part 40, in effect on October 23, 1999.

12 (23) “Waived test” means a procedure performed on materials derived from
13 the human body that meet the criteria for this category of testing as estab-
14 lished by the authority.

15 **SECTION 78.** ORS 441.064 is amended to read:

16 441.064. (1) As used in this section[,]:

17 (a) **“Naturopathic physician” has the meaning given the term in**
18 **ORS 685.010; and**

19 (b) “Physician” has the meaning given that term in ORS 677.010.

20 (2) The rules of any hospital in this state may grant privileges to nurse
21 practitioners licensed and certified under ORS 678.375 for purposes of patient
22 care.

23 (3) Rules shall be in writing and may include, but need not be limited to:

24 (a) Limitations on the scope of privileges;

25 (b) Monitoring and supervision of nurse practitioners in the hospital by
26 physicians **and naturopathic physicians** who are members of the medical
27 staff;

28 (c) A requirement that a nurse practitioner co-admit patients with a
29 physician **or a naturopathic physician** who is a member of the medical
30 staff; and

31 (d) Qualifications of nurse practitioners to be eligible for privileges in-

1 cluding but not limited to requirements of prior clinical and hospital expe-
2 rience.

3 (4) The rules may also regulate credentialing and the conduct of nurse
4 practitioners while using the facilities of the hospital and may prescribe
5 procedures whereby a nurse practitioner's privileges may be suspended or
6 terminated. The hospital may refuse such privileges to nurse practitioners
7 only upon the same basis that privileges are refused to other medical pro-
8 viders.

9 (5) Notwithstanding subsection (3) of this section, rules adopted by a
10 hospital that grant privileges to licensed registered nurses who are certified
11 by the Oregon State Board of Nursing as nurse midwife nurse practitioners
12 must:

13 (a) Include admitting privileges;

14 (b) Be consistent with the privileges of the other medical staff; and

15 (c) Permit the nurse midwife nurse practitioner to exercise the voting
16 rights of the other members of the medical staff.

17 (6) Rules described in this section are subject to hospital and medical
18 staff bylaws and rules governing credentialing and staff privileges.

19 **SECTION 79.** ORS 441.098 is amended to read:

20 441.098. (1) As used in this section and ORS 441.099 and 441.991:

21 (a) "Facility" means a hospital, outpatient clinic owned by a hospital,
22 ambulatory surgical center, freestanding birthing center or facility that re-
23 ceives Medicare reimbursement as an independent diagnostic testing facility.

24 (b) "Financial interest" means a five percent or greater direct or indirect
25 ownership interest.

26 (c)(A) "Health practitioner" means a physician, **naturopathic physician**
27 **licensed under ORS chapter 685**, dentist, direct entry midwife, licensed
28 registered nurse who is certified by the Oregon State Board of Nursing as
29 a nurse midwife nurse practitioner, certified nurse practitioner, licensed
30 physician assistant or medical imaging licensee under ORS 688.405 to 688.605.

31 (B) "Health practitioner" does not include a provider in a health main-

1 tenance organization as defined in ORS 750.005.

2 (d) "Physician" has the meaning given that term in ORS 677.010.

3 (2) A health practitioner's decision to refer a patient to a facility for a
4 diagnostic test or health care treatment or service shall be based on the
5 patient's clinical needs and personal health choices.

6 (3) If a health practitioner refers a patient for a diagnostic test or health
7 care treatment or service at a facility in which the health practitioner or
8 an immediate family member of the health practitioner has a financial in-
9 terest, the health practitioner or the practitioner's designee shall inform the
10 patient orally and in writing of that interest at the time of the referral.

11 (4)(a) If a health practitioner refers a patient to a facility for a diagnostic
12 test or health care treatment or service, the health practitioner or the
13 practitioner's designee shall inform the patient, in the form and manner
14 prescribed by the Oregon Health Authority by rule, that:

15 (A) The patient may receive the test, treatment or service at a different
16 facility of the patient's choice; and

17 (B) If the patient chooses a different facility, the patient should contact
18 the patient's insurer regarding the extent of coverage or the limitations on
19 coverage for the test, treatment or service at the facility chosen by the pa-
20 tient.

21 (b) Rules concerning the form and manner for informing a patient as re-
22 quired by this subsection shall:

23 (A) Be designed to ensure that the information is conveyed in a timely
24 and meaningful manner;

25 (B) Be administratively simple; and

26 (C) Accommodate a provider's adoption and use of electronic health re-
27 cord systems.

28 (5) A health practitioner may not deny, limit or withdraw a referral to a
29 facility solely for the reason that the patient chooses to obtain the test,
30 treatment or service from a different facility.

31 (6) The authority may not impose additional restrictions or limitations

1 on any referral described in this section that are in addition to the require-
2 ments specified in subsections (3) and (4) of this section.

3 (7) In obtaining informed consent for a diagnostic test or health care
4 treatment or service that will take place at a facility, a health practitioner
5 shall disclose the manner in which care will be provided in the event that
6 complications occur that require health services beyond what the facility has
7 the capability to provide.

8 (8) Subsections (3) to (5) of this section do not apply to a referral for a
9 diagnostic test or health care treatment or service:

10 (a) For a patient who is receiving inpatient hospital services or services
11 in an emergency department if the referral is for a diagnostic test or health
12 care treatment or service to be performed while the patient is in the hospital
13 or emergency department;

14 (b) Made to a particular facility after the initial referral of the patient
15 to that facility; or

16 (c) Made by the facility or provider to whom a patient was referred.

17 **SECTION 80.** ORS 442.470 is amended to read:

18 442.470. As used in ORS 442.470 to 442.507:

19 (1) “Acute inpatient care facility” means a licensed hospital with an or-
20 ganized medical staff, with permanent facilities that include inpatient beds,
21 and with comprehensive medical services, including physician services and
22 continuous nursing services under the supervision of registered nurses, to
23 provide diagnosis and medical or surgical treatment primarily for but not
24 limited to acutely ill patients and accident victims.

25 (2) “Council” means the Rural Health Coordinating Council.

26 (3) “Office” means the Office of Rural Health.

27 (4) “Primary care physician” means:

28 (a) A doctor licensed under ORS chapter 677 whose specialty is family
29 practice, general practice, internal medicine, pediatrics or obstetrics and
30 gynecology; **or**

31 (b) **A naturopathic physician licensed under ORS chapter 685.**

1 (5)(a) "Rural hospital" means a hospital characterized as one of the fol-
2 lowing:

3 (A) A type A hospital, which is a small and remote hospital that has 50
4 or fewer beds and is more than 30 miles from another acute inpatient care
5 facility;

6 (B) A type B hospital, which is a small and rural hospital that has 50 or
7 fewer beds and is 30 miles or less from another acute inpatient care facility;

8 (C) A type C hospital, which is considered to be a rural hospital and has
9 more than 50 beds, but is not a referral center; or

10 (D) A rural critical access hospital as defined in ORS 315.613.

11 (b) "Rural hospital" does not include a hospital of any class that was
12 designated by the federal government as a rural referral hospital before
13 January 1, 1989.

14 **SECTION 81.** ORS 442.574 is amended to read:

15 442.574. (1) As used in this section:

16 (a) "Participant" means a person who has been selected by the Office of
17 Rural Health to receive a loan under subsection (4) of this section.

18 (b) "Primary care practitioner" means a:

19 (A) Physician licensed under ORS chapter 677;

20 (B) Physician assistant licensed under ORS 677.505 to 677.525; [or]

21 (C) Nurse practitioner licensed under ORS 678.375; **or**

22 **(D) Naturopathic physician licensed under ORS chapter 685.**

23 (c) "Prospective primary care practitioner" means a person who is en-
24 rolled in a medical education program that meets the educational require-
25 ments for licensure as a physician, **naturopathic physician**, physician
26 assistant or nurse practitioner.

27 (d) "Service agreement" means the agreement executed by a prospective
28 primary care practitioner under subsection (3) of this section.

29 (2) There is created the Primary Health Care Loan Forgiveness Program,
30 to be administered by the office pursuant to rules adopted by the office.

31 (3) A prospective primary care practitioner who wishes to participate in

1 the program shall submit an application to the office in accordance with
2 rules adopted by the office. To be eligible to be a participant in the program,
3 a prospective primary care practitioner must:

4 (a) Have completed the first year of the prospective primary care
5 practitioner's medical education;

6 (b) Be enrolled in a medical education program in Oregon that emphasizes
7 training rural health care practitioners and is approved by the office;

8 (c) Execute a service agreement stating that, immediately upon the pro-
9 spective primary care practitioner's completion of residency or training as
10 established by the office by rule, the prospective primary care practitioner
11 will practice as a primary care practitioner in a rural setting in this state
12 approved by the office for at least as many years as the number of years for
13 which the practitioner received loans from the Primary Health Care Loan
14 Forgiveness Program; and

15 (d) Meet other requirements established by the office by rule.

16 (4) The office may select participants from among the prospective primary
17 care practitioners who submit applications as provided in subsection (3) of
18 this section. The office shall give preference to a prospective primary care
19 practitioner who agrees to practice in a community that agrees to contribute
20 funds to the Primary Health Care Loan Forgiveness Program Fund estab-
21 lished in ORS 442.573.

22 (5) The office shall provide an annual loan of up to \$35,000 to each par-
23 ticipant to cover expenses related to the participant's medical education, on
24 terms established by the office by rule. The loan must be evidenced by a
25 written obligation but no additional security may be required.

26 (6) Repayment of loans provided under subsection (5) of this section is
27 deferred while a participant is in compliance with the service agreement.

28 (7) At the end of each full year that a participant complies with the ser-
29 vice agreement, the office shall forgive one annual loan provided to the
30 participant under subsection (5) of this section.

31 (8)(a) A person receiving a loan under subsection (5) of this section who

1 fails to complete the residency or training as required by the office by rule
2 shall repay the amount received to the Primary Health Care Loan
3 Forgiveness Program plus 10 percent interest on the unpaid balance, accrued
4 from the date the loan was granted.

5 (b) A person receiving a loan under subsection (5) of this section who
6 completes the residency or training required by the office by rule but fails
7 to fulfill the obligations required by the service agreement shall repay the
8 amount received to the Primary Health Care Loan Forgiveness Program plus
9 10 percent interest on the unpaid balance, accrued from the date the loan
10 was granted. Additionally, a penalty fee equal to 25 percent of the amount
11 received shall be assessed against the person. No interest accrues on the
12 penalty. The office shall establish rules to allow waiver of all or part of the
13 penalty owed to the program due to circumstances that prevent the partic-
14 ipant from fulfilling the service obligation.

15 (9) Payments on loans provided under subsection (5) of this section shall
16 be deposited in the Primary Health Care Loan Forgiveness Program Fund
17 established in ORS 442.573.

18 (10) If a participant defaults on a loan provided under section (5) of this
19 section:

20 (a) Any amounts due may be collected by the Collections Unit in the
21 Department of Revenue under ORS 293.250; or

22 (b) The Oregon Health and Science University may contract with a col-
23 lections agency to collect any amounts due.

24 (11) Any amounts collected under subsection (10) of this section shall be
25 deposited in the Primary Health Care Loan Forgiveness Program Fund es-
26 tablished in ORS 442.573.

27 (12) The office may accept funds from any public or private source for the
28 purposes of carrying out the provisions of this section.

29 **SECTION 82.** ORS 443.065 is amended to read:

30 443.065. The home health agency shall:

31 (1) Be primarily engaged in providing skilled nursing services and at least

1 one other service delineated in ORS 443.075 (1)(b) and (c);

2 (2) Have policies established by professional personnel associated with the
3 agency or organization, including one or more physicians **or naturopathic**
4 **physicians** and one or more registered nurses, at least two of whom are
5 neither owners nor employees of the agency, and two consumers, to govern
6 the services that it provides;

7 (3) Require supervision of services that it provides under subsection (1)
8 of this section by a physician, physician assistant, nurse practitioner,
9 **naturopathic physician** or registered nurse, preferably a public health
10 nurse;

11 (4) Maintain clinical and financial records on all patients; and

12 (5) Have an overall plan and budget in effect.

13 **SECTION 83.** ORS 443.075 is amended to read:

14 443.075. (1) A home health agency must have an order for treatment, plan
15 of treatment or plan of care from a physician, **naturopathic physician li-**
16 **censed under ORS chapter 685**, physician assistant licensed under ORS
17 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390
18 for the following services and supplies:

19 (a) Home nursing care provided by or under the supervision of a regis-
20 tered nurse;

21 (b) Physical, occupational or speech therapy, medical social services or
22 other therapeutic services;

23 (c) Home health aide services; and

24 (d) Medical supplies, other than drugs and biologicals, and the use of
25 medical appliances.

26 (2) A home health agency shall have each plan of treatment or plan of
27 care reviewed by the physician, **naturopathic physician**, physician assist-
28 ant or nurse practitioner periodically, in accordance with rules adopted by
29 the Oregon Health Authority.

30 **SECTION 84.** ORS 443.445 is amended to read:

31 443.445. (1) A residential facility may not admit individuals who require

1 continuous nursing care except as provided in subsection (3) of this section.

2 (2) Except as provided in subsection (3) of this section, if any resident of
3 a residential facility requires nursing care for eight or more consecutive days
4 or a physician or the designee of a physician, a **naturopathic physician** or
5 a registered nurse certifies that continued nursing care is required, the res-
6 ident shall be transferred to an appropriate health care facility for as long
7 as necessary.

8 (3) A resident of a residential care facility, residential training facility
9 or residential training home who requires nursing care in addition to train-
10 ing or care needs, or any combination thereof, may be served by that facility
11 or home with approval from the Department of Human Services and in ac-
12 cordance with the rules of the department and consistent with rules adopted
13 by the Oregon State Board of Nursing under ORS 678.150 (8).

14 (4) A resident of a residential treatment facility or residential treatment
15 home who requires nursing care in addition to treatment needs may be
16 served by that facility or home with approval from the Oregon Health Au-
17 thority and in accordance with the rules of the authority and consistent with
18 rules adopted by the Oregon State Board of Nursing under ORS 678.150 (8).

19 (5) A residential facility may not admit individuals of categories other
20 than those designated on its license without prior written consent of the li-
21 censing agency.

22 (6) In the case of residential facilities supervised by and operated exclu-
23 sively for persons who rely upon prayer or spiritual means for healing in
24 accordance with the creed or tenets of a well-recognized church or religious
25 denomination, no medical, psychological or rehabilitative procedures shall
26 be required.

27 **SECTION 85.** ORS 443.850 is amended to read:

28 443.850. As used in ORS 443.850 to 443.869:

29 (1) "Hospice program" means a coordinated program of home and inpa-
30 tient care, available 24 hours a day, that utilizes an interdisciplinary team
31 of personnel trained to provide palliative and supportive services to a

1 patient-family unit experiencing a life threatening disease with a limited
2 prognosis. A hospice program is an institution for purposes of ORS 146.100.

3 (2) "Hospice services" means items and services provided to a patient-
4 family unit by a hospice program or by other individuals or community
5 agencies under a consulting or contractual arrangement with a hospice pro-
6 gram. Hospice services include acute, respite, home care and bereavement
7 services provided to meet the physical, psychosocial, spiritual and other
8 special needs of a patient-family unit during the final stages of illness, dying
9 and the bereavement period.

10 (3) "Interdisciplinary team" means a group of individuals working to-
11 gether in a coordinated manner to provide hospice care. An interdisciplinary
12 team includes, but is not limited to, the patient-family unit, the patient's
13 attending physician or clinician and one or more of the following hospice
14 program personnel:

15 (a) Physician.

16 (b) Physician assistant.

17 (c) Nurse practitioner.

18 (d) Nurse.

19 (e) Nurse's aide.

20 (f) Occupational therapist.

21 (g) Physical therapist.

22 (h) Trained lay volunteer.

23 (i) Clergy or spiritual counselor.

24 (j) Credentialed mental health professional such as psychiatrist, psychol-
25 ogist, psychiatric nurse or social worker.

26 **(k) Naturopathic physician.**

27 (4) "Patient-family unit" includes an individual who has a life threatening
28 disease with a limited prognosis and all others sharing housing, common
29 ancestry or a common personal commitment with the individual.

30 (5) "Person" includes individuals, organizations and groups of organiza-
31 tions.

1 **SECTION 86.** ORS 453.307 is amended to read:

2 453.307. As used in ORS 453.307 to 453.414:

3 (1) “Community right to know regulatory program” or “local program”
4 means any law, rule, ordinance, regulation or charter amendment estab-
5 lished, enforced or enacted by a local government that requires an employer
6 to collect or report information relating to the use, storage, release, pos-
7 sition or composition of hazardous substances and toxic substances if a
8 primary intent of the law, rule, ordinance, regulation or charter amendment
9 is the public distribution of the information.

10 (2) “Emergency service personnel” includes those entities providing
11 emergency services as defined in ORS 401.025.

12 (3) “Employer” means:

13 (a) Any person operating a facility that is included in one or more of the
14 21 standard industrial classification categories in Appendix B of the Natural
15 Resources Defense Council v. Train Consent Decree of June 8, 1976 (8 E.R.C.
16 2120); or

17 (b) Any person operating a facility designated by the State Fire Marshal.

18 (4) “Fire district” means any agency having responsibility for providing
19 fire protection services.

20 (5) “Hazardous substance” means:

21 (a) Any substance designated as hazardous by the Director of the De-
22 partment of Consumer and Business Services or by the State Fire Marshal;

23 (b) Any substance for which a material safety data sheet is required by
24 the Director of the Department of Consumer and Business Services under
25 ORS 654.035 and which appears on the list of Threshold Limit Values for
26 Chemical Substances and Physical Agents in the Work Environment by the
27 American Conference of Governmental Industrial Hygienists; or

28 (c) Radioactive waste and material as defined in ORS 469.300 and radio-
29 active substance as defined in ORS 453.005.

30 (6) “Health professional” means a physician licensed under ORS chapter
31 677, **naturopathic physician licensed under ORS 685**, physician assistant

1 licensed under ORS 677.505 to 677.525, registered nurse, industrial hygienist,
2 toxicologist, epidemiologist or emergency medical services provider.

3 (7) "Law enforcement agency" has the meaning given that term in ORS
4 181A.010.

5 (8) "Local government" means a city, town, county, regional authority or
6 other political subdivision of this state.

7 (9) "Person" includes individuals, corporations, associations, firms, part-
8 nerships, joint stock companies, public and municipal corporations, political
9 subdivisions, the state and any agency thereof, and the federal government
10 and any agency thereof.

11 (10) "Trade secret" has the meaning given that term in ORS 192.501 (2).

12 **SECTION 87.** ORS 453.728 is amended to read:

13 453.728. (1) Any tanning device used by a tanning facility shall comply
14 with all applicable federal laws and regulations.

15 (2) ORS 453.726 to 453.734 do not apply to a phototherapy device used by
16 or under the direct supervision of a physician licensed under ORS chapter
17 **677 or naturopathic physician licensed under ORS chapter 685.**

18 **SECTION 88.** ORS 453.730 is amended to read:

19 453.730. (1) A tanning facility shall give each customer a written state-
20 ment warning that:

21 (a) Not wearing the protective eye wear provided to each customer by the
22 tanning facility may cause damage to the eyes.

23 (b) Overexposure to the tanning process causes burns.

24 (c) Repeated exposure to the tanning process may cause skin cancer or
25 premature aging of the skin, or both.

26 (d) Abnormal skin sensitivity or burning may result from the tanning
27 process if the customer is also consuming or using certain:

28 (A) Foods.

29 (B) Cosmetics.

30 (C) Medications such as tranquilizers, antibiotics, diuretics, high blood
31 pressure medication, antineoplastics or birth control pills.

1 (e) Any person taking a prescription or over-the-counter drug should
2 consult a physician **or naturopathic physician** before using a tanning de-
3 vice.

4 (2) In addition to giving customers the written statement required by
5 subsection (1) of this section, the tanning facility shall post a warning sign
6 in any area where a tanning device is used. The Oregon Health Authority
7 shall adopt by rule the language for the warning sign.

8 **SECTION 89.** ORS 475.744 is amended to read:

9 475.744. (1) [No] **A** person [shall] **may not** sell or give a hypodermic de-
10 vice to a minor unless the minor demonstrates a lawful need [therefor] **for**
11 **the hypodermic device** by authorization of a physician, **naturopathic**
12 **physician licensed under ORS chapter 685**, physician assistant licensed
13 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375
14 to 678.390, parent or legal guardian or by other means acceptable to the
15 seller or donor.

16 (2) As used in this section, “hypodermic device” means a hypodermic
17 needle or syringe or medication packaged in a hypodermic syringe or any
18 instrument adapted for the subcutaneous injection of a controlled substance
19 as defined in ORS 475.005.

20 **SECTION 90.** ORS 616.750 is amended to read:

21 616.750. If the State Department of Agriculture for reasonable cause be-
22 lieves that any person working in any food establishment is affected with
23 any infectious or contagious disease, the department may require the person
24 to be examined by a competent physician, **naturopathic physician**, physi-
25 cian assistant or nurse practitioner and that the physician, **naturopathic**
26 **physician**, physician assistant or nurse practitioner furnish the department
27 with a certificate stating whether the person is affected with any infectious
28 or contagious disease. If within five days after so required the person has
29 not furnished the department with such a certificate by a competent physi-
30 cian, **naturopathic physician**, physician assistant or nurse practitioner, the
31 person is guilty of a violation of ORS 616.745 and the department may apply

1 to the circuit court to enjoin the person from continuing to work in the food
2 establishment until the certificate is furnished. The circuit court hereby is
3 authorized to issue the injunction.

4 **SECTION 91.** ORS 475.950 is amended to read:

5 475.950. (1) A person commits the offense of failure to report a precursor
6 substances transaction if the person does any of the following:

7 (a) Sells, transfers or otherwise furnishes any precursor substance de-
8 scribed in ORS 475.940 (3)(a) to (hh) and (oo) and does not, at least three
9 days before delivery of the substance, submit to the Department of State
10 Police a report that meets the reporting requirements established by rule
11 under ORS 475.945.

12 (b) Receives any precursor substance described in ORS 475.940 (3)(a) to
13 (hh) and (oo) and does not, within 10 days after receipt of the substance,
14 submit to the Department of State Police a report that meets the reporting
15 requirements established by rule under ORS 475.945.

16 (2) This section does not apply to any of the following:

17 (a) Any pharmacist or other authorized person who sells or furnishes a
18 precursor substance upon the prescription of a physician licensed under ORS
19 chapter 677, physician assistant licensed under ORS 677.505 to 677.525, nurse
20 practitioner licensed under ORS 678.375 to 678.390, **naturopathic physician**
21 **licensed under ORS chapter 685**, dentist or veterinarian.

22 (b) Any practitioner, as defined in ORS 475.005, who administers or fur-
23 nishes a precursor substance to patients upon prescription.

24 (c) Any person licensed by the State Board of Pharmacy who sells,
25 transfers or otherwise furnishes a precursor substance to a licensed phar-
26 macy, physician licensed under ORS chapter 677, physician assistant licensed
27 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375
28 to 678.390, **naturopathic physician licensed under ORS chapter 685**,
29 dentist or veterinarian for distribution to patients upon prescription.

30 (d) Any person who is authorized by rule under ORS 475.945 to report in
31 an alternate manner if the person complies with the alternate reporting re-

1 requirements.

2 (e) Any patient of a practitioner, as defined in ORS 475.005, who obtains
3 a precursor substance from a licensed pharmacist, physician licensed under
4 ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525,
5 nurse practitioner licensed under ORS 678.375 to 678.390, **naturopathic**
6 **physician licensed under ORS chapter 685**, dentist or veterinarian pursu-
7 ant to a prescription.

8 (f) Any person who sells or transfers ephedrine, pseudoephedrine or
9 phenylpropanolamine in compliance with ORS 475.973.

10 (g) Any practitioner, as defined in ORS 475.005, who dispenses a precursor
11 substance to a person with whom the practitioner has a professional re-
12 lationship.

13 (h) Any person who obtains a precursor substance from a practitioner, as
14 defined in ORS 475.005, with whom the person has a professional relation-
15 ship.

16 (i) Any person who sells or transfers an isomer of a precursor substance,
17 unless it is an optical isomer.

18 (3) Penalties related to providing false information on a report required
19 under this section are provided under ORS 475.965.

20 (4) The Department of State Police and any law enforcement agency may
21 inspect and remove copies of the sales records of any retail or wholesale
22 distributor of methyl sulfonyl methane or a precursor substance during the
23 normal business hours of the retail or wholesale distributor or may require
24 the retail or wholesale distributor to provide copies of the records.

25 (5) Failure to report a precursor substances transaction is a Class A
26 misdemeanor.

27 **SECTION 92.** ORS 475.975 is amended to read:

28 475.975. (1) Except as otherwise provided in subsection (2) of this section,
29 a person commits the crime of unlawful possession of iodine in its elemental
30 form if the person knowingly possesses iodine in its elemental form.

31 (2) Subsection (1) of this section does not apply to:

1 (a) A physician, physician assistant licensed under ORS 677.505 to 677.525,
2 nurse practitioner licensed under ORS 678.375 to 678.390, **naturopathic**
3 **physician licensed under ORS chapter 685**, pharmacist, retail distributor,
4 wholesaler, manufacturer, warehouseman or common carrier or an agent of
5 any of these persons who possesses iodine in its elemental form in the reg-
6 ular course of lawful business activities;

7 (b) A person who possesses iodine in its elemental form in conjunction
8 with experiments conducted in a chemistry or chemistry related laboratory
9 maintained by a:

10 (A) Regularly established public or private secondary school;

11 (B) Public or private institution of higher education that is accredited by
12 a regional or national accrediting agency recognized by the United States
13 Department of Education; or

14 (C) Manufacturing, government agency or research facility in the course
15 of lawful business activities;

16 (c) A licensed veterinarian;

17 (d) A person working in a general hospital who possesses iodine in its
18 elemental form in the regular course of employment at the hospital; or

19 (e) A person who possesses iodine in its elemental form as a prescription
20 drug pursuant to a prescription issued by a licensed veterinarian, physician,
21 physician assistant licensed under ORS 677.505 to 677.525, **naturopathic**
22 **physician licensed under ORS chapter 685** or nurse practitioner licensed
23 under ORS 678.375 to 678.390.

24 (3) Except as otherwise provided in subsection (4) of this section, a person
25 who sells or otherwise transfers iodine in its elemental form to another
26 person shall make a record of each sale or transfer. The record must be made
27 on a form provided by the Department of State Police, completed pursuant
28 to instructions provided by the department and retained by the person for
29 at least three years or sent to the department if directed to do so by the
30 department. Failure to make and retain or send a record required under this
31 subsection is a Class A misdemeanor.

1 (4) A licensed veterinarian is not required to make a record of a sale or
2 transfer of iodine in its elemental form under subsection (3) of this section
3 if the veterinarian makes a record of the sale or transfer under other appli-
4 cable laws or rules regarding the prescribing and dispensing of regulated or
5 controlled substances by veterinarians.

6 (5) A person commits the crime of unlawful distribution of iodine in its
7 elemental form if the person knowingly sells or otherwise transfers iodine
8 in its elemental form to a person not listed in subsection (2) of this section.

9 (6) Unlawful possession of iodine in its elemental form is a Class A
10 misdemeanor.

11 (7) Unlawful distribution of iodine in its elemental form is a Class A
12 misdemeanor.

13 **SECTION 93.** ORS 475.976 is amended to read:

14 475.976. (1) Except as otherwise provided in subsection (2) of this section,
15 a person commits the crime of unlawful possession of an iodine matrix if the
16 person knowingly possesses an iodine matrix.

17 (2) Subsection (1) of this section does not apply to:

18 (a) A person who possesses an iodine matrix as a prescription drug, pur-
19 suant to a prescription issued by a licensed veterinarian, physician, physi-
20 cian assistant licensed under ORS 677.505 to 677.525, **naturopathic**
21 **physician licensed under ORS chapter 685** or nurse practitioner licensed
22 under ORS 678.375 to 678.390;

23 (b) A person who is actively engaged in the practice of animal husbandry
24 of livestock as defined in ORS 609.125;

25 (c) A person who possesses an iodine matrix in conjunction with exper-
26 iments conducted in a chemistry or chemistry related laboratory maintained
27 by a:

28 (A) Regularly established public or private secondary school;

29 (B) Public or private institution of higher education that is accredited by
30 a regional or national accrediting agency recognized by the United States
31 Department of Education; or

1 (C) Manufacturing, government agency or research facility in the course
2 of lawful business activities;

3 (d) A veterinarian, physician, physician assistant licensed under ORS
4 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390,
5 **naturopathic physician licensed under ORS chapter 685**, pharmacist, re-
6 tail distributor, wholesaler, manufacturer, warehouseman or common carrier
7 or an agent of any of these persons who possesses an iodine matrix in the
8 regular course of lawful business activities; or

9 (e) A person working in a general hospital who possesses an iodine matrix
10 in the regular course of employment at the hospital.

11 (3) Except as otherwise provided in subsection (4) of this section, a person
12 who sells or otherwise transfers an iodine matrix to another person shall
13 make a record of each sale or transfer. The record must be made on a form
14 provided by the Department of State Police, completed pursuant to in-
15 structions provided by the department and retained by the person for at least
16 three years or sent to the department if directed to do so by the department.
17 Failure to make and retain or send a record required under this subsection
18 is a Class A misdemeanor.

19 (4) A licensed veterinarian is not required to make a record of a sale or
20 transfer of an iodine matrix under subsection (3) of this section if the
21 veterinarian makes a record of the sale or transfer under other applicable
22 laws or rules regarding the prescribing and dispensing of regulated or con-
23 trolled substances by veterinarians.

24 (5) A person commits the crime of unlawful distribution of an iodine ma-
25 trix if the person knowingly sells or otherwise transfers an iodine matrix to
26 a person not listed in subsection (2) of this section.

27 (6) Unlawful possession of an iodine matrix is a Class A misdemeanor.

28 (7) Unlawful distribution of an iodine matrix is a Class A misdemeanor.

29 **SECTION 94.** ORS 475.978 is amended to read:

30 475.978. (1) A person who sells or otherwise transfers more than the
31 amount permitted by administrative rule adopted by the Department of State

1 Police of methyl sulfonyl methane to a person other than a physician, phy-
2 sician assistant licensed under ORS 677.505 to 677.525, nurse practitioner li-
3 censed under ORS 678.375 to 678.390, **naturopathic physician licensed**
4 **under ORS chapter 685**, pharmacist, veterinarian, retail distributor,
5 wholesaler, manufacturer, warehouseman or common carrier or an agent of
6 any of these persons shall make a record of each such sale or transfer. The
7 record must be made on a form provided by the department, completed pur-
8 suant to instructions provided by the department and retained by the person
9 for at least three years. Failure to make and retain a record required under
10 this subsection is a Class A violation.

11 (2) The department shall adopt a rule establishing the minimum amount
12 of methyl sulfonyl methane the sale or transfer of which requires a report
13 under subsection (1) of this section. In establishing the minimum amount, the
14 department shall determine an amount that is reasonably designed not to
15 infringe upon legitimate uses of methyl sulfonyl methane but that discour-
16 ages the use of methyl sulfonyl methane in the illicit production and dis-
17 tribution of methamphetamine.

18 (3) This section applies to the sale or transfer of bulk methyl sulfonyl
19 methane in its powder form only, and does not apply to the sale or transfer
20 of products containing methyl sulfonyl methane in other forms including, but
21 not limited to, liquids, tablets, capsules not containing methyl sulfonyl
22 methane in pure powder form, ointments, creams, cosmetics, foods and
23 beverages.

24 **SECTION 95.** ORS 628.270 is amended to read:

25 628.270. (1) The Oregon Health Authority may, by rule, define certain
26 communicable diseases which may be spread to the public through the han-
27 dling of food in refrigerated locker plants.

28 (2) [No] **A** person who has a communicable or infectious disease described
29 in subsection (1) of this section [shall] **may not** be permitted to work in or
30 about any refrigerated locker plant or to handle any food in connection with
31 the operation of such plant.

1 (3) In the discretion of the State Department of Agriculture, an employee
2 of a locker plant may be required to furnish a certificate of health from a
3 physician, **naturopathic physician**, physician assistant or nurse practi-
4 tioner duly accredited by the authority for the purpose of issuing such cer-
5 tificates. If such certificate is required under municipal ordinance upon
6 examination deemed adequate by the authority, a certificate issued in com-
7 pliance with such ordinance is sufficient under this section.

8 (4) Any health certificate required by this section shall be revoked by the
9 authority at any time that the holder thereof is found, upon physical exam-
10 ination of such holder, to have any communicable or infectious disease. Re-
11 fusals of any person employed in such locker plant to submit to proper and
12 reasonable physical examination, upon written demand by the authority or
13 the department, is cause for revocation of the employee's health certificate
14 and also is sufficient reason for revocation of the locker plant's license un-
15 less the employee immediately is removed from any work or operation in or
16 about such locker plant involving the handling of food.

17 **SECTION 96.** ORS 659A.312 is amended to read:

18 659A.312. (1) It is an unlawful employment practice for an employer to
19 deny to grant already accrued paid leaves of absence to an employee who
20 seeks to undergo a medical procedure to donate bone marrow. The total
21 length of the leaves shall be determined by the employee, but shall not ex-
22 ceed the amount of already accrued paid leave or 40 work hours, whichever
23 is less, unless agreed to by the employer.

24 (2) The employer may require verification by a physician **or**
25 **naturopathic physician** of the purpose and length of each leave requested
26 by the employee to donate bone marrow. If there is a medical determination
27 that the employee does not qualify as a bone marrow donor, the paid leave
28 of absence used by the employee prior to that medical determination is not
29 affected.

30 (3) An employer shall not retaliate against an employee for requesting or
31 using accrued paid leave of absence as provided by this section.

1 (4) This section does not:

2 (a) Prevent an employer from providing leave for bone marrow donations
3 in addition to leave required under this section.

4 (b) Affect an employee's rights with respect to any other employment
5 benefit.

6 (5) This section applies only to employees who work an average of 20 or
7 more hours per week.

8 **SECTION 97.** ORS 659A.413 is amended to read:

9 659A.413. (1) A place of public accommodation that has an employee toilet
10 facility shall allow a customer to use that facility during normal business
11 hours if:

12 (a) The customer requesting the use of the employee toilet facility suffers
13 from an eligible medical condition;

14 (b) Three or more employees of the place of public accommodation are
15 working at the time the customer requests use of the employee toilet facility;

16 (c) The customer presents a letter or other document from a physician,
17 **naturopathic physician**, physician assistant, nurse or nurse practitioner
18 indicating that the customer suffers from an eligible medical condition, or
19 presents an identification card that was issued by a national organization
20 that advocates for persons with eligible medical conditions and that indicates
21 that the person suffers from an eligible medical condition;

22 (d) The employee toilet facility is reasonably safe and is not located in
23 an area where providing access would create an obvious health or safety risk
24 to the customer or an obvious security risk to the place of public accommo-
25 dation; and

26 (e) A public restroom is not immediately available to the customer.

27 (2) This section does not apply to a gas station, as defined in ORS 646.932,
28 with a building of 800 square feet or less.

29 **SECTION 98.** ORS 676.550 is amended to read:

30 676.550. (1) As used in this section:

31 (a) "Medical assistance" has the meaning given that term in ORS 414.025.

1 (b) "Medicare" means medical coverage provided under Title XVIII of the
2 Social Security Act.

3 (c)(A) "Practitioner" means a physician licensed under ORS chapter 677,
4 **a naturopathic physician licensed under ORS chapter 685** or a nurse
5 practitioner certified under ORS 678.375 who has a rural practice that meets
6 criteria established by the Office of Rural Health that applied as of January
7 1, 2004, for the purposes of ORS 315.613.

8 (B) "Practitioner" does not include a physician, **naturopathic physician**
9 or nurse practitioner who is located in an urbanized area of Jackson County,
10 as defined by the United States Census Bureau according to the most recent
11 federal decennial census taken pursuant to the authority of the United States
12 Department of Commerce under 13 U.S.C. 141(a), unless the practitioner is:

13 (i) A physician **or naturopathic physician** who specializes in obstetrics
14 or who specializes in family or general practice and provides obstetrical
15 services; or

16 (ii) A nurse practitioner who is certified for obstetric care.

17 (2) The Oregon Health Authority shall establish a program to provide
18 payments to medical professional liability insurance insurers to subsidize the
19 cost of premiums charged by the insurers to practitioners described in sub-
20 section (3) of this section.

21 (3) A practitioner is eligible for a subsidy under this section if the prac-
22 titioner:

23 (a) Holds an active, unrestricted license or certification;

24 (b) Is covered by a medical professional liability insurance policy issued
25 by an authorized insurer with minimum limits of coverage of \$1 million per
26 occurrence and \$1 million annual aggregate; and

27 (c) Except for a nurse practitioner participating in the program who is
28 employed by a licensed physician, is willing to serve patients with Medicare
29 coverage and patients receiving medical assistance in at least the same pro-
30 portion to the practitioner's total number of patients as the Medicare and
31 medical assistance populations represent of the total number of individuals

1 determined by the Office of Rural Health to be in need of care in the areas
2 served by the practice.

3 (4) A practitioner whose medical professional liability insurance coverage
4 is provided through a health care facility, as defined in ORS 442.400, and
5 who otherwise meets the requirements of subsection (3) of this section is el-
6 igible for a subsidy if the office determines that the practitioner:

7 (a) Is not an employee of the health care facility;

8 (b) Is covered by a medical professional liability insurance policy that
9 names the practitioner and separately calculates the premium for the prac-
10 titioner; and

11 (c) Fully reimburses the health care facility for the premium calculated
12 for the practitioner.

13 (5) The Oregon Health Authority shall contract with the Office of Rural
14 Health to establish by rule criteria and procedures for an annual attestation
15 by participating practitioners of compliance with the requirements of sub-
16 section (3)(c) of this section.

17 **SECTION 99.** ORS 676.552 is amended to read:

18 676.552. (1)(a) The amount of the subsidy paid by the Oregon Health Au-
19 thority under ORS 676.550 shall be a percentage of the actual premium
20 charged for medical professional liability insurance with limits of coverage
21 of \$1 million per occurrence and up to \$3 million annual aggregate. However,
22 the premium subsidy for a practitioner referred to in paragraph (b)(C) or (D)
23 of this subsection shall be the lesser of the percentage of the premium due
24 or paid for the current calendar year and the premium paid in the previous
25 calendar year. When determining the lesser amount under this paragraph,
26 any step increases in the premium owing to the claims-made nature of the
27 policy may not be considered.

28 (b) The subsidy paid by the Oregon Health Authority under ORS 676.550
29 shall be:

30 (A) Eighty percent for physicians **and naturopathic physicians** special-
31 izing in obstetrics and nurse practitioners certified for obstetric care;

1 (B) Sixty percent for physicians **and naturopathic physicians** specializ-
2 ing in family or general practice who provide obstetrical services;

3 (C) Forty percent for physicians **and naturopathic physicians** and nurse
4 practitioners engaging in one or more of the following practices:

5 (i) Family practice without obstetrical services;

6 (ii) General practice without obstetrical services;

7 (iii) Internal medicine;

8 (iv) Geriatrics;

9 (v) Pulmonary medicine;

10 (vi) Pediatrics;

11 (vii) General surgery; and

12 (viii) Anesthesiology; and

13 (D) Fifteen percent for physicians **and naturopathic physicians** and
14 nurse practitioners other than those included in subparagraphs (A) to (C) of
15 this paragraph.

16 (2) If the funds available for the subsidy program are insufficient to pro-
17 vide the maximum premium subsidy for all practitioners who qualify for the
18 program, the authority shall reduce or eliminate subsidies for practitioners
19 described in subsection (1)(b)(D) of this section. If, after eliminating subsidies
20 for practitioners described in subsection (1)(b)(D) of this section, the funds
21 are insufficient to provide the maximum premium subsidies for the remaining
22 practitioners, the authority shall also reduce or eliminate the subsidies for
23 practitioners described in subsection (1)(b)(C) of this section.

24 (3) An insurer shall reduce the premium charged to a practitioner by the
25 amount of any premium subsidy paid or to be paid under this section and
26 ORS 676.550.

27 **SECTION 100.** ORS 676.340 is amended to read:

28 676.340. (1) Notwithstanding any other provision of law, a health practi-
29 tioner described in subsection (7) of this section who has registered under
30 ORS 676.345 and who provides health care services without compensation is
31 not liable for any injury, death or other loss arising out of the provision of

1 those services, unless the injury, death or other loss results from the gross
2 negligence of the health practitioner.

3 (2) A health practitioner may claim the limitation on liability provided
4 by this section only if the patient receiving health care services, or a person
5 who has authority under law to make health care decisions for the patient,
6 signs a statement that notifies the patient that the health care services are
7 provided without compensation and that the health practitioner may be held
8 liable for death, injury or other loss only to the extent provided by this
9 section. The statement required under this subsection must be signed before
10 the health care services are provided.

11 (3) A health practitioner may claim the limitation on liability provided
12 by this section only if the health practitioner obtains the patient's informed
13 consent for the health care services before providing the services, or receives
14 the informed consent of a person who has authority under law to make
15 health care decisions for the patient.

16 (4) A health practitioner provides health care services without compen-
17 sation for the purposes of subsection (1) of this section even though the
18 practitioner requires payment of laboratory fees, testing services and other
19 out-of-pocket expenses.

20 (5) A health practitioner provides health care services without compen-
21 sation for the purposes of subsection (1) of this section even though the
22 practitioner provides services at a health clinic that receives compensation
23 from the patient, as long as the health practitioner does not personally re-
24 ceive compensation for the services.

25 (6) In any civil action in which a health practitioner prevails based on
26 the limitation on liability provided by this section, the court shall award all
27 reasonable attorney fees incurred by the health practitioner in defending the
28 action.

29 (7) This section applies only to:

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

31 (b) A nurse licensed under ORS 678.040 to 678.101;

- 1 (c) A nurse practitioner licensed under ORS 678.375 to 678.390;
- 2 (d) A clinical nurse specialist certified under ORS 678.370 and 678.372;
- 3 (e) A physician assistant licensed under ORS 677.505 to 677.525;
- 4 (f) A dental hygienist licensed under ORS 680.010 to 680.205;
- 5 (g) A dentist licensed under ORS 679.060 to 679.180;
- 6 (h) A pharmacist licensed under ORS chapter 689; [*and*]
- 7 (i) An optometrist licensed under ORS chapter 683; **and**
- 8 **(j) A naturopathic physician licensed under ORS chapter 685.**

9 **SECTION 101.** ORS 676.345 is amended to read:

10 676.345. (1) A health practitioner described in ORS 676.340 (7) may claim
11 the liability limitation provided by ORS 676.340 only if the health practi-
12 tioner has registered with a health professional regulatory board in the
13 manner provided by this section. Registration under this section must be
14 made:

15 (a) By a physician or physician assistant, with the Oregon Medical Board;

16 (b) By a nurse, nurse practitioner or clinical nurse specialist, with the
17 Oregon State Board of Nursing;

18 (c) By a dentist or dental hygienist, with the Oregon Board of Dentistry;

19 (d) By a pharmacist, with the State Board of Pharmacy; [*and*]

20 (e) By an optometrist, with the Oregon Board of Optometry; **and**

21 **(f) By a naturopathic physician, with the Oregon Board of**
22 **Naturopathic Medicine.**

23 (2) The health professional regulatory boards listed in subsection (1) of
24 this section shall establish a registration program for the health practition-
25 ers who provide health care services without compensation and who wish to
26 be subject to the liability limitation provided by ORS 676.340. All health
27 practitioners registering under the program must provide the health profes-
28 sional regulatory board with:

29 (a) A statement that the health practitioner will provide health care ser-
30 vices to patients without compensation, except for reimbursement for labo-
31 ratory fees, testing services and other out-of-pocket expenses;

1 (b) A statement that the health practitioner will provide the notice re-
2 quired by ORS 676.340 (2) in the manner provided by ORS 676.340 (2) before
3 providing the services; and

4 (c) A statement that the health practitioner will only provide health care
5 services without compensation that are within the scope of the health
6 practitioner's license.

7 (3) Registration under this section must be made annually. The health
8 professional regulatory boards listed in subsection (1) of this section shall
9 charge no fee for registration under this section.

10 **SECTION 102.** ORS 678.010 is amended to read:

11 678.010. As used in ORS 678.010 to 678.410, unless the context requires
12 otherwise:

13 (1) "Board" means the Oregon State Board of Nursing.

14 (2) "Clinical nurse specialist" means a licensed registered nurse who has
15 been certified by the board as qualified to practice the expanded clinical
16 specialty nursing role.

17 (3) "Diagnosing" in the context of the practice of nursing means identifi-
18 cation of and discrimination between physical and psychosocial signs and
19 symptoms essential to effective execution and management of the nursing
20 care.

21 (4) "Human responses" means those signs, symptoms and processes which
22 denote the person's interaction with an actual or potential health problem.

23 (5) "Long term care facility" means a licensed skilled nursing facility or
24 intermediate care facility as those terms are used in ORS 442.015, an adult
25 foster home as defined in ORS 443.705 that has residents over 60 years of age,
26 a residential care facility as defined in ORS 443.400 or an assisted living
27 facility.

28 (6) "Nurse practitioner" means a registered nurse who has been certified
29 by the board as qualified to practice in an expanded specialty role within the
30 practice of nursing.

31 (7) "Physician" means a person licensed to practice under ORS chapter

1 **677 or a person licensed to practice under ORS chapter 685.**

2 (8) "Practice of nursing" means diagnosing and treating human responses
3 to actual or potential health problems through such services as identification
4 thereof, health teaching, health counseling and providing care supportive to
5 or restorative of life and well-being and including the performance of such
6 additional services requiring education and training which are recognized
7 by the nursing profession as proper to be performed by nurses licensed under
8 ORS 678.010 to 678.410 and which are recognized by rules of the board.
9 "Practice of nursing" includes executing medical orders as prescribed by a
10 physician or dentist but does not include such execution by a member of the
11 immediate family for another member or execution by a person designated
12 by or on behalf of a person requiring care as provided by board rule where
13 the person executing the care is not licensed under ORS 678.010 to 678.410.
14 The practice of nursing includes providing supervision of nursing assistants.

15 (9) "Practice of practical nursing" means the application of knowledge
16 drawn from basic education in the social and physical sciences in planning
17 and giving nursing care and in assisting persons toward achieving of health
18 and well-being.

19 (10) "Practice of registered nursing" means the application of knowledge
20 drawn from broad in-depth education in the social and physical sciences in
21 assessing, planning, ordering, giving, delegating, teaching and supervising
22 care which promotes the person's optimum health and independence.

23 (11) "Treating" means selection and performance of those therapeutic
24 measures essential to the effective execution and management of the nursing
25 care and execution of the prescribed medical orders.

26 **SECTION 103.** ORS 678.038, as amended by section 6, chapter 26, Oregon
27 Laws 2016, is amended to read:

28 678.038. A registered nurse who is employed by a public or private school,
29 or by an education service district or a local public health authority as de-
30 fined in ORS 431.003 to provide nursing services at a public or private
31 school, may accept an order from a physician licensed to practice medicine,

1 **naturopathic medicine** or osteopathy in another state or territory of the
2 United States if the order is related to the care or treatment of a student
3 who has been enrolled at the school for not more than 90 days.

4 **SECTION 104.** ORS 678.725 is amended to read:

5 678.725. (1)(a) Unless state or federal laws relating to confidentiality or
6 the protection of health information prohibit disclosure, any health care fa-
7 cility licensed under ORS 441.015, any licensee licensed by the Health Li-
8 censing Office, any physician licensed by the Oregon Medical Board, **any**
9 **naturopathic physician licensed by the Oregon Board of Naturopathic**
10 **Medicine**, any licensed professional nurse and any licensed pharmacist shall
11 report to the office suspected violations of ORS 678.710 to 678.820 and un-
12 sanitary or other unsatisfactory conditions in a nursing home.

13 (b) Unless state or federal laws relating to confidentiality or the pro-
14 tection of health information prohibit disclosure, a licensee licensed under
15 ORS 678.710 to 678.820 who has reasonable cause to believe that a licensee
16 of any board as defined in ORS 676.150 has engaged in prohibited conduct
17 as defined in ORS 676.150 shall report the prohibited conduct in the manner
18 provided in ORS 676.150.

19 (c) Any person may report to the office suspected violations of ORS
20 678.710 to 678.820 or unsanitary conditions in a nursing home.

21 (2) Information acquired by the office pursuant to subsection (1) of this
22 section is confidential and is not subject to public disclosure.

23 (3) Any person who reports or provides information to the office under
24 subsection (1) of this section and who provides information in good faith may
25 not be subject to an action for civil damages as a result of making the report
26 or providing the information.

27 **SECTION 105.** ORS 680.205 is amended to read:

28 680.205. (1) An expanded practice dental hygienist may render all services
29 within the scope of practice of dental hygiene, as defined in ORS 679.010,
30 without the supervision of a dentist and as authorized by the expanded
31 practice dental hygienist permit to:

1 (a) Patients or residents of the following facilities or programs who, due
2 to age, infirmity or disability, are unable to receive regular dental hygiene
3 treatment:

4 (A) Nursing homes as defined in ORS 678.710;

5 (B) Adult foster homes as defined in ORS 443.705;

6 (C) Residential care facilities as defined in ORS 443.400;

7 (D) Adult congregate living facilities as defined in ORS 441.525;

8 (E) Mental health residential programs administered by the Oregon
9 Health Authority;

10 (F) Facilities for persons with mental illness, as those terms are defined
11 in ORS 426.005;

12 (G) Facilities for persons with developmental disabilities, as those terms
13 are defined in ORS 427.005;

14 (H) Local correctional facilities and juvenile detention facilities as those
15 terms are defined in ORS 169.005, regional correctional facilities as defined
16 in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth
17 care centers as defined in ORS 420.855, and Department of Corrections in-
18 stitutions as defined in ORS 421.005; or

19 (I) Public and nonprofit community health clinics.

20 (b) Adults who are homebound.

21 (c) Students or enrollees of nursery schools and day care programs and
22 their siblings under 18 years of age, Job Corps and similar employment
23 training facilities, primary and secondary schools, including private schools
24 and public charter schools, and persons entitled to benefits under the
25 Women, Infants and Children Program.

26 (d) Patients in hospitals, medical clinics, medical offices or offices oper-
27 ated or staffed by **naturopathic physicians**, nurse practitioners, physician
28 assistants or midwives.

29 (e) Patients whose income is less than the federal poverty level.

30 (f) Other populations that the Oregon Board of Dentistry determines are
31 underserved or lack access to dental hygiene services.

1 (2) Unless different criteria for referral of a patient or resident to a den-
2 tist are included in an agreement described in subsection (3) of this section,
3 at least once each calendar year, an expanded practice dental hygienist shall
4 refer each patient or resident to a dentist who is available to treat the pa-
5 tient or resident.

6 (3) An expanded practice dental hygienist may render the services de-
7 scribed in paragraphs (a) to (d) of this subsection to the patients described
8 in subsection (1) of this section if the expanded practice dental hygienist has
9 entered into an agreement in a format approved by the board with a dentist
10 licensed under ORS chapter 679. The agreement must set forth the agreed-
11 upon scope of the dental hygienist's practice with regard to:

- 12 (a) Administering local anesthesia;
- 13 (b) Administering temporary restorations without excavation;
- 14 (c) Prescribing prophylactic antibiotics and nonsteroidal anti-
15 inflammatory drugs specified in the agreement; and
- 16 (d) Referral parameters.

17 (4) This section does not authorize an expanded practice dental hygienist
18 to administer nitrous oxide except under the indirect supervision of a dentist
19 licensed under ORS chapter 679.

20 (5) An expanded practice dental hygienist may assess the need for and
21 appropriateness of sealants, apply sealants and write prescriptions for all
22 applications of fluoride in which fluoride is applied or supplied to patients.

23 (6) An expanded practice dental hygienist must also procure all other
24 permits or certificates required by the board under ORS 679.250.

25 **SECTION 106.** ORS 680.545 is amended to read:

26 680.545. Denturists licensed prior to January 1, 2004, who have not re-
27 ceived an oral pathology endorsement from the State Board of Denture
28 Technology may not treat any person without having first received a state-
29 ment, dated within 30 days of the date of treatment and signed by a dentist,
30 physician, **naturopathic physician**, physician assistant licensed under ORS
31 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390,

1 that the person's oral cavity is substantially free from disease and mechan-
2 ically sufficient to receive a denture.

3 **SECTION 107.** ORS 682.025 is amended to read:

4 682.025. As used in this chapter, unless the context requires otherwise:

5 (1) "Ambulance" or "ambulance vehicle" means a privately or publicly
6 owned motor vehicle, aircraft or watercraft that is regularly provided or of-
7 fered to be provided for the emergency transportation of persons who are ill
8 or injured or who have disabilities.

9 (2) "Ambulance service" means a person, governmental unit or other en-
10 tity that operates ambulances and that holds itself out as providing prehos-
11 pital care or medical transportation to persons who are ill or injured or who
12 have disabilities.

13 (3) "Emergency care" means the performance of acts or procedures under
14 emergency conditions in the observation, care and counsel of persons who
15 are ill or injured or who have disabilities; in the administration of care or
16 medications [*as*] prescribed by a licensed physician **or naturopathic physi-**
17 **cian**, insofar as any of these acts is based upon knowledge and application
18 of the principles of biological, physical and social science as required by a
19 completed course utilizing an approved curriculum in prehospital emergency
20 care. [*However,*] "Emergency care" does not include acts of medical diagnosis
21 or prescription of therapeutic or corrective measures.

22 (4) "Emergency medical services provider" means a person who has re-
23 ceived formal training in prehospital and emergency care, and is licensed to
24 attend any person who is ill or injured or who has a disability. Police offi-
25 cers, firefighters, funeral home employees and other persons serving in a dual
26 capacity one of which meets the definition of "emergency medical services
27 provider" are "emergency medical services providers" within the meaning of
28 this chapter.

29 (5) "Fraud or deception" means the intentional misrepresentation or mis-
30 statement of a material fact, concealment of or failure to make known any
31 material fact, or any other means by which misinformation or false im-

1 pression knowingly is given.

2 (6) "Governmental unit" means the state or any county, municipality or
3 other political subdivision or any department, board or other agency of any
4 of them.

5 (7) "Highway" means every public way, thoroughfare and place, including
6 bridges, viaducts and other structures within the boundaries of this state,
7 used or intended for the use of the general public for vehicles.

8 (8) "Nonemergency care" means the performance of acts or procedures on
9 a patient who is not expected to die, become permanently disabled or suffer
10 permanent harm within the next 24 hours, including but not limited to ob-
11 servation, care and counsel of a patient and the administration of
12 medications prescribed by a physician licensed under ORS chapter 677 **or**
13 **naturopathic physician licensed under ORS chapter 685**, insofar as any
14 of those acts are based upon knowledge and application of the principles of
15 biological, physical and social science and are performed in accordance with
16 scope of practice rules adopted by the Oregon Medical Board **or Oregon**
17 **Board of Naturopathic Medicine** in the course of providing prehospital
18 care.

19 (9) "Owner" means the person having all the incidents of ownership in
20 an ambulance service or an ambulance vehicle or where the incidents of
21 ownership are in different persons, the person, other than a security interest
22 holder or lessor, entitled to the possession of an ambulance vehicle or oper-
23 ation of an ambulance service under a security agreement or a lease for a
24 term of 10 or more successive days.

25 (10) "Patient" means a person who is ill or injured or who has a disability
26 and who is transported in an ambulance.

27 (11) "Prehospital care" means care rendered by emergency medical ser-
28 vices providers as an incident of the operation of an ambulance and care
29 rendered by emergency medical services providers as incidents of other pub-
30 lic or private safety duties, and includes, but is not limited to, "emergency
31 care."

1 (12) “Scope of practice” means the maximum level of emergency or non-
2 emergency care that an emergency medical services provider may provide.

3 (13) “Standing orders” means the written protocols that an emergency
4 medical services provider follows to treat patients when direct contact with
5 a physician is not maintained.

6 (14) “Supervising physician” means a medical or osteopathic physician
7 licensed under ORS chapter 677, actively registered and in good standing
8 with the **Oregon Medical** Board, who provides direction of emergency or
9 nonemergency care provided by emergency medical services providers.

10 (15) “Unprofessional conduct” means conduct unbecoming a person li-
11 censed to perform emergency care, or detrimental to the best interests of the
12 public and includes:

13 (a) Any conduct or practice contrary to recognized standards of ethics of
14 the medical profession or any conduct or practice which does or might con-
15 stitute a danger to the health or safety of a patient or the public or any
16 conduct, practice or condition which does or might impair an emergency
17 medical services provider’s ability safely and skillfully to practice emergency
18 or nonemergency care;

19 (b) Willful performance of any medical treatment which is contrary to
20 acceptable medical standards; and

21 (c) Willful and consistent utilization of medical service for treatment
22 which is or may be considered inappropriate or unnecessary.

23 **SECTION 108.** ORS 685.110 is amended to read:

24 685.110. The Oregon Board of Naturopathic Medicine may refuse to grant
25 a license, may suspend or revoke a license, may limit a license, may impose
26 probation, may issue a letter of reprimand and may impose a civil penalty
27 not to exceed \$5,000 for each offense for any of the following reasons:

28 (1) Using fraud or deception in securing a license.

29 (2) Impersonating another physician.

30 (3) Practicing naturopathic medicine under an assumed name.

31 [(4) *Performing an abortion.*]

- 1 [(5)] **(4)** Being convicted of a crime involving moral turpitude.
- 2 [(6)] **(5)** Any other reason that renders the applicant or licensee unfit to
3 perform the duties of a naturopathic physician.
- 4 [(7)] **(6)** Being convicted of a crime relating to practice of naturopathic
5 medicine.
- 6 [(8)] **(7)** Committing negligence related to the practice of naturopathic
7 medicine.
- 8 [(9)] **(8)** Having an impairment as defined in ORS 676.303.
- 9 [(10)] **(9)** Prescribing or dispensing drugs outside the scope of practice.
- 10 [(11)] **(10)** Obtaining a fee through fraud or misrepresentation.
- 11 [(12)] **(11)** Committing gross or repeated malpractice.
- 12 [(13)] **(12)** Representing to a patient that a manifestly incurable condition
13 of sickness, disease or injury can be permanently cured.
- 14 [(14)] **(13)** Engaging in any conduct or practice contrary to a recognized
15 standard of ethics of the profession or any conduct or practice that does or
16 might constitute a danger to the health or safety of a patient or the public
17 or any conduct, practice or condition that does or might adversely affect a
18 physician's ability safely and skillfully to practice naturopathic medicine.
- 19 [(15)] **(14)** Willfully and consistently utilizing any naturopathic service,
20 X-ray equipment or treatment contrary to recognized standards of practice
21 of the naturopathic profession.
- 22 [(16)] **(17)** Failing to notify the board within 30 days of a change in the
23 location of practice or of mailing address.
- 24 [(17)] **(18)** Attempting to practice naturopathic medicine or practicing or
25 claiming to practice naturopathic medicine or any of its components in this
26 state without first complying with the provisions of this chapter.
- 27 [(18)] **(17)** Having a license to practice naturopathic medicine in another
28 jurisdiction suspended or revoked.
- 29 [(19)] **(18)** Employing unlicensed persons to practice naturopathic medi-
30 cine.
- 31 [(20)] **(21)** Practicing natural childbirth without first obtaining a certif-

1 icate of special competency.

2 [(21)] (20) Failing to respond in a timely manner to a request for infor-
3 mation regarding a complaint or the investigation of a complaint by the
4 board.

5 [(22)] (21) Failing to pay a civil penalty in the time specified by the order
6 imposing the penalty.

7 [(23)] (22) Violating any provision of this chapter or rules adopted by the
8 board.

9 **SECTION 109.** ORS 688.800 is amended to read:

10 688.800. As used in ORS 688.800 to 688.840:

11 (1) “Polysomnographic technologist” means a person licensed under ORS
12 688.819.

13 (2) “Polysomnography” means the treatment, management, diagnostic
14 testing, education and care of patients with disorders related to sleep.

15 “Polysomnography” includes, but is not limited to:

16 (a) The use of the following during treatment, management, diagnostic
17 testing, education and care of patients with disorders related to sleep:

18 (A) Supplemental low-flow oxygen therapy, using up to six liters per
19 minute of oxygen;

20 (B) Continuous or bilevel positive airway pressure titration on
21 spontaneously breathing patients using a mask or oral appliance, if the mask
22 or oral appliance does not extend into the trachea or attach to an artificial
23 airway;

24 (C) Capnography;

25 (D) Cardiopulmonary resuscitation;

26 (E) Pulse oximetry;

27 (F) Sleep staging, including surface electroencephalography, surface elec-
28 trooculography and submental surface electromyography;

29 (G) Electrocardiography;

30 (H) Respiratory effort monitoring, including thoracic and abdominal
31 movement monitoring;

- 1 (I) Plethysmography blood flow monitoring;
2 (J) Snore monitoring;
3 (K) Audio or video monitoring of movement or behavior;
4 (L) Body movement monitoring;
5 (M) Nocturnal penile tumescence monitoring, when performed in a facility
6 approved by the Respiratory Therapist and Polysomnographic Technologist
7 Licensing Board;
8 (N) Nasal and oral airflow monitoring;
9 (O) Body temperature monitoring; or
10 (P) Portable monitoring devices and other medical equipment used to
11 treat sleep disorders;
- 12 (b) Analyzing data for the purpose of assisting a physician who diagnoses
13 and treats disorders related to sleep;
- 14 (c) Implementation and monitoring of durable medical equipment used in
15 the treatment of sleep disorders; and
- 16 (d) Educating patients and immediate family members of patients regard-
17 ing testing and treatment of sleep disorders.
- 18 (3) “Qualified medical director for polysomnography” means the medical
19 director of an inpatient or outpatient polysomnography facility who is a
20 physician licensed under ORS chapter 677 **or a naturopathic physician li-**
21 **censed under ORS chapter 685**, has special interest and knowledge in the
22 diagnosis and treatment of sleep disorders and is actively practicing in the
23 field of sleep disorders.
- 24 (4) “Qualified medical director for respiratory care” means the medical
25 director of any inpatient or outpatient respiratory care service, department
26 or home care agency who is a physician licensed under ORS chapter 677 **or**
27 **naturopathic physician licensed under ORS chapter 685** and who has
28 special interest and knowledge in the diagnosis and treatment of respiratory
29 problems.
- 30 (5) “Respiratory care” means the treatment, management, diagnostic test-
31 ing, control and care of patients with deficiencies and abnormalities associ-

1 ated with the cardiopulmonary system. “Respiratory care” includes, but is
2 not limited to:

3 (a) Direct and indirect respiratory care services, including but not limited
4 to the administration of pharmacological, diagnostic and therapeutic agents
5 related to respiratory care procedures necessary to implement a treatment,
6 disease prevention, pulmonary rehabilitative or diagnostic regimen pre-
7 scribed by a physician **or naturopathic physician**;

8 (b) Transcription and implementation of the written or verbal orders of
9 a physician **or naturopathic physician** pertaining to the practice of re-
10 spiratory care;

11 (c) Observing and monitoring signs and symptoms, reactions, general be-
12 haviors, general physical responses to respiratory care treatment and diag-
13 nostic testing, including determination of whether such signs, symptoms,
14 reactions, general behaviors or general physical responses exhibit abnormal
15 characteristics;

16 (d) Implementation based on observed abnormalities, or appropriate re-
17 porting, referral, respiratory care protocols or changes in treatment, pursu-
18 ant to a prescription by a person authorized to practice medicine under the
19 laws of this state; and

20 (e) The initiation of emergency procedures under the rules of the board
21 or as otherwise permitted under ORS 688.800 to 688.840.

22 (6) “Respiratory care practitioner” means a person licensed under ORS
23 688.815.

24 (7) “Respiratory care services” means cardiopulmonary care services in-
25 cluding, but not limited to, the diagnostic and therapeutic use of the fol-
26 lowing:

27 (a) Except for the purpose of anesthesia, administration of medical gases,
28 aerosols and humidification;

29 (b) Environmental control mechanisms and hyperbaric therapy;

30 (c) Pharmacologic agents related to respiratory care procedures;

31 (d) Mechanical or physiological ventilatory support;

- 1 (e) Bronchopulmonary hygiene;
- 2 (f) Cardiopulmonary resuscitation;
- 3 (g) Maintenance of the natural airway;
- 4 (h) Maintenance of artificial airways;
- 5 (i) Specific diagnostic and testing techniques employed in the medical
- 6 management of patients to assist in diagnosis, monitoring, treatment and
- 7 research of pulmonary abnormalities, including measurements of ventilatory
- 8 volumes, pressures and flows, collection of specimens of blood and blood
- 9 gases, expired and inspired gas samples, respiratory secretions and
- 10 pulmonary function testing; and
- 11 (j) Hemodynamic and other related physiologic measurements of the
- 12 cardiopulmonary system.

13 **SECTION 110.** ORS 688.805 is amended to read:

14 688.805. (1) Nothing in ORS 688.800 to 688.840 is intended to limit, pre-

15 clude or otherwise interfere with the practices of other persons and health

16 providers licensed by appropriate agencies of this state.

17 (2) Nothing in ORS 688.800 to 688.840 prohibits:

18 (a) The practice of respiratory care by a student enrolled in a respiratory

19 care education program approved by the American Medical Association in

20 collaboration with the Joint Review Committee for Respiratory Therapy Ed-

21 ucation or their successors or equivalent organizations, as approved by the

22 Respiratory Therapist and Polysomnographic Technologist Licensing Board.

23 (b) The practice of polysomnography by a student who is:

24 (A) Enrolled in an educational program for polysomnography approved

25 by the board; and

26 (B) In the physical presence of a supervisor approved by the board.

27 (c) Self-care by a patient, or gratuitous care by a friend or family member

28 who does not claim to be a respiratory care practitioner.

29 (d) Respiratory care services rendered in the course of an emergency.

30 (3) Persons in the military services or working in federal facilities are

31 exempt from the provisions of ORS 688.800 to 688.840 when functioning in the

1 course of assigned duties.

2 (4) Nothing in ORS 688.800 to 688.840 is intended to permit the practice
3 of medicine by a person licensed to practice respiratory care or polysom-
4 nography unless the person is also licensed to practice medicine.

5 (5) The practice of respiratory care:

6 (a) May be performed in any clinic, hospital, skilled nursing facility, pri-
7 vate dwelling or other setting approved by the board.

8 (b) Must be performed in accordance with the prescription or verbal order
9 of a physician **or naturopathic physician** and shall be performed under a
10 qualified medical director for respiratory care.

11 (6) The practice of polysomnography:

12 (a) May be performed in a clinic, hospital, skilled nursing facility, sleep
13 center, sleep laboratory, physician's office, **naturopathic physician's of-**
14 **lice**, private dwelling or other setting approved by the board.

15 (b) Must be performed in accordance with the prescription or verbal order
16 of a physician, **naturopathic physician** or physician assistant licensed un-
17 der ORS chapter 677 or a nurse practitioner licensed under ORS 678.375 to
18 678.390 and under the direction of a qualified medical director for polysom-
19 nography.

20 **SECTION 111.** ORS 688.807 is amended to read:

21 688.807. Notwithstanding ORS 688.805:

22 (1) ORS 688.800 to 688.840 do not prohibit a respiratory care practitioner
23 from practicing polysomnography in accordance with the prescription or
24 verbal order of a physician **or naturopathic physician** and under the di-
25 rection of a qualified medical director for respiratory care or for polysom-
26 nography.

27 (2) A polysomnographic technologist may not practice respiratory care
28 without a license issued under ORS 688.815, unless the act is within the
29 scope of practice of a polysomnographic technologist.

30 **SECTION 112.** ORS 689.005 is amended to read:

31 689.005. As used in this chapter:

1 (1) “Administer” means the direct application of a drug or device whether
2 by injection, inhalation, ingestion, or any other means, to the body of a pa-
3 tient or research subject by:

4 (a) A practitioner or the practitioner’s authorized agent; or

5 (b) The patient or research subject at the direction of the practitioner.

6 (2) “Approved continuing pharmacy education program” means those
7 seminars, classes, meetings, workshops and other educational programs on
8 the subject of pharmacy approved by the board.

9 (3) “Board of pharmacy” or “board” means the State Board of Pharmacy.

10 (4) “Clinical pharmacy agreement” means an agreement between a
11 pharmacist or pharmacy and a health care organization or a physician as
12 defined in ORS 677.010 **or a naturopathic physician as defined in ORS**
13 **685.010** that permits the pharmacist to engage in the practice of clinical
14 pharmacy for the benefit of the patients of the health care organization
15 [or], physician **or naturopathic physician.**

16 (5) “Continuing pharmacy education” means:

17 (a) Professional, pharmaceutical post-graduate education in the general
18 areas of socio-economic and legal aspects of health care;

19 (b) The properties and actions of drugs and dosage forms; and

20 (c) The etiology, characteristics and therapeutics of the disease state.

21 (6) “Continuing pharmacy education unit” means the unit of measurement
22 of credits for approved continuing education courses and programs.

23 (7) “Deliver” or “delivery” means the actual, constructive or attempted
24 transfer of a drug or device other than by administration from one person
25 to another, whether or not for a consideration.

26 (8) “Device” means an instrument, apparatus, implement, machine,
27 contrivance, implant, in vitro reagent or other similar or related article, in-
28 cluding any component part or accessory, which is required under federal
29 or state law to be prescribed by a practitioner and dispensed by a
30 pharmacist.

31 (9) “Dispense” or “dispensing” means the preparation and delivery of a

1 prescription drug pursuant to a lawful order of a practitioner in a suitable
2 container appropriately labeled for subsequent administration to or use by
3 a patient or other individual entitled to receive the prescription drug.

4 (10) "Distribute" means the delivery of a drug other than by administering
5 or dispensing.

6 (11) "Drug" means:

7 (a) Articles recognized as drugs in the official United States
8 Pharmacopoeia, official National Formulary, official Homeopathic
9 Pharmacopoeia, other drug compendium or any supplement to any of them;

10 (b) Articles intended for use in the diagnosis, cure, mitigation, treatment
11 or prevention of disease in a human or other animal;

12 (c) Articles, other than food, intended to affect the structure or any
13 function of the body of humans or other animals; and

14 (d) Articles intended for use as a component of any articles specified in
15 paragraph (a), (b) or (c) of this subsection.

16 (12) "Drug order" means a written order, in a hospital or other inpatient
17 care facility, for an ultimate user of any drug or device issued and signed
18 by a practitioner, or an order transmitted by other means of communication
19 from a practitioner, that is immediately reduced to writing by a pharmacist,
20 licensed nurse or other practitioner.

21 (13) "Drug outlet" means any pharmacy, nursing home, shelter home,
22 convalescent home, extended care facility, drug abuse treatment center, penal
23 institution, hospital, family planning clinic, student health center, retail
24 store, wholesaler, manufacturer, mail-order vendor or other establishment
25 with facilities located within or out of this state that is engaged in dis-
26 pensing, delivery or distribution of drugs within this state.

27 (14) "Drug room" means a secure and lockable location within an inpa-
28 tient care facility that does not have a licensed pharmacy.

29 (15) "Electronically transmitted" or "electronic transmission" means a
30 communication sent or received through technological apparatuses, including
31 computer terminals or other equipment or mechanisms linked by telephone

1 or microwave relays, or any similar apparatus having electrical, digital,
2 magnetic, wireless, optical, electromagnetic or similar capabilities.

3 (16) "Hormonal contraceptive patch" means a transdermal patch applied
4 to the skin of a patient, by the patient or by a practitioner, that releases a
5 drug composed of a combination of hormones that is approved by the United
6 States Food and Drug Administration to prevent pregnancy.

7 (17) "Institutional drug outlet" means hospitals and inpatient care facili-
8 ties where medications are dispensed to another health care professional for
9 administration to patients served by the hospitals or facilities.

10 (18) "Intern" means a person who is enrolled in or has completed a course
11 of study at a school or college of pharmacy approved by the board and who
12 is licensed with the board as an intern.

13 (19) "Internship" means a professional experiential program approved by
14 the board under the supervision of a licensed pharmacist registered with the
15 board as a preceptor.

16 (20) "Itinerant vendor" means a person who sells or distributes
17 nonprescription drugs by passing from house to house, or by haranguing the
18 people on the public streets or in public places, or who uses the customary
19 devices for attracting crowds, recommending their wares and offering them
20 for sale.

21 (21) "Labeling" means the process of preparing and affixing of a label to
22 any drug container exclusive, however, of the labeling by a manufacturer,
23 packer or distributor of a nonprescription drug or commercially packaged
24 legend drug or device.

25 (22) "Manufacture" means the production, preparation, propagation, com-
26 pounding, conversion or processing of a device or a drug, either directly or
27 indirectly by extraction from substances of natural origin or independently
28 by means of chemical synthesis or by a combination of extraction and
29 chemical synthesis and includes any packaging or repackaging of the sub-
30 stances or labeling or relabeling of its container, except that this term does
31 not include the preparation or compounding of a drug by an individual for

1 their own use or the preparation, compounding, packaging or labeling of a
2 drug:

3 (a) By a practitioner as an incident to administering or dispensing of a
4 drug in the course of professional practice; or

5 (b) By a practitioner or by the practitioner's authorization under super-
6 vision of the practitioner for the purpose of or as an incident to research,
7 teaching or chemical analysis and not for sale.

8 (23) "Manufacturer" means a person engaged in the manufacture of drugs.

9 (24) "Nonprescription drug outlet" means shopkeepers and itinerant ven-
10 dors registered under ORS 689.305.

11 (25) "Nonprescription drugs" means drugs which may be sold without a
12 prescription and which are prepackaged for use by the consumer and labeled
13 in accordance with the requirements of the statutes and regulations of this
14 state and the federal government.

15 (26) "Person" means an individual, corporation, partnership, association
16 or any other legal entity.

17 (27) "Pharmacist" means an individual licensed by this state to engage in
18 the practice of pharmacy or to engage in the practice of clinical pharmacy.

19 (28) "Pharmacy" means a place that meets the requirements of rules of
20 the board, is licensed and approved by the board where the practice of
21 pharmacy may lawfully occur and includes apothecaries, drug stores,
22 dispensaries, hospital outpatient pharmacies, pharmacy departments and
23 prescription laboratories but does not include a place used by a manufacturer
24 or wholesaler.

25 (29) "Pharmacy technician" means a person licensed by the State Board
26 of Pharmacy who assists the pharmacist in the practice of pharmacy pursu-
27 ant to rules of the board.

28 (30) "Practice of clinical pharmacy" means:

29 (a) The health science discipline in which, in conjunction with the
30 patient's other practitioners, a pharmacist provides patient care to optimize
31 medication therapy and to promote disease prevention and the patient's

1 health and wellness;

2 (b) The provision of patient care services, including but not limited to
3 post-diagnostic disease state management services; and

4 (c) The practice of pharmacy by a pharmacist pursuant to a clinical
5 pharmacy agreement.

6 (31) "Practice of pharmacy" means:

7 (a) The interpretation and evaluation of prescription orders;

8 (b) The compounding, dispensing and labeling of drugs and devices, except
9 labeling by a manufacturer, packer or distributor of nonprescription drugs
10 and commercially packaged legend drugs and devices;

11 (c) The prescribing and administering of vaccines and immunizations and
12 the providing of patient care services pursuant to ORS 689.645;

13 (d) The administering of drugs and devices to the extent permitted under
14 ORS 689.655;

15 (e) The participation in drug selection and drug utilization reviews;

16 (f) The proper and safe storage of drugs and devices and the maintenance
17 of proper records therefor;

18 (g) The responsibility for advising, where necessary or where regulated,
19 of therapeutic values, content, hazards and use of drugs and devices;

20 (h) The monitoring of therapeutic response or adverse effect to drug
21 therapy;

22 (i) The optimizing of drug therapy through the practice of clinical phar-
23 macy;

24 (j) Patient care services, including medication therapy management and
25 comprehensive medication review;

26 (k) The offering or performing of those acts, services, operations or
27 transactions necessary in the conduct, operation, management and control
28 of pharmacy; and

29 (L) The prescribing and dispensing of hormonal contraceptive patches and
30 self-administered oral hormonal contraceptives pursuant to ORS 689.683.

31 (32) "Practitioner" means a person licensed and operating within the

1 scope of such license to prescribe, dispense, conduct research with respect
2 to or administer drugs in the course of professional practice or research:

3 (a) In this state; or

4 (b) In another state or territory of the United States if the person does
5 not reside in Oregon and is registered under the federal Controlled Sub-
6 stances Act.

7 (33) "Preceptor" means a pharmacist or a person licensed by the board to
8 supervise the internship training of a licensed intern.

9 (34) "Prescription drug" or "legend drug" means a drug which is:

10 (a) Required by federal law, prior to being dispensed or delivered, to be
11 labeled with either of the following statements:

12 (A) "Caution: Federal law prohibits dispensing without prescription"; or

13 (B) "Caution: Federal law restricts this drug to use by or on the order
14 of a licensed veterinarian"; or

15 (b) Required by any applicable federal or state law or regulation to be
16 dispensed on prescription only or is restricted to use by practitioners only.

17 (35) "Prescription" or "prescription drug order" means a written, oral or
18 electronically transmitted direction, given by a practitioner authorized to
19 prescribe drugs, for the preparation and use of a drug. When the context
20 requires, "prescription" also means the drug prepared under such written,
21 oral or electronically transmitted direction.

22 (36) "Retail drug outlet" means a place used for the conduct of the retail
23 sale, administering or dispensing or compounding of drugs or chemicals or
24 for the administering or dispensing of prescriptions and licensed by the board
25 as a place wherein the practice of pharmacy may lawfully occur.

26 (37) "Self-administered oral hormonal contraceptive" means a drug com-
27 posed of a combination of hormones that is approved by the United States
28 Food and Drug Administration to prevent pregnancy and that the patient to
29 whom the drug is prescribed may take orally.

30 (38) "Shopkeeper" means a business or other establishment, open to the
31 general public, for the sale or nonprofit distribution of drugs.

1 (39) "Unit dose" means a sealed single-unit container so designed that the
2 contents are administered to the patient as a single dose, direct from the
3 container. Each unit dose container must bear a separate label, be labeled
4 with the name and strength of the medication, the name of the manufacturer
5 or distributor, an identifying lot number and, if applicable, the expiration
6 date of the medication.

7 (40) "Wholesale drug outlet" means any person who imports, stores, dis-
8 tributes or sells for resale any drugs including legend drugs and
9 nonprescription drugs.

10 **SECTION 113.** ORS 742.405 is amended to read:

11 742.405. (1) No insurer may require membership in a professional associ-
12 ation as a condition of issuance of medical malpractice insurance to a phy-
13 sician **or naturopathic physician**. However, nothing in this subsection
14 prohibits an insurer from requiring as a condition of coverage of a non-
15 member that the nonmember agrees to be subject to reasonable risk man-
16 agement, loss control or other similar programs and conditions to which
17 members are subject, whether imposed by the insurer or the association.

18 (2) No insurer who issues medical malpractice insurance to a physician
19 **or naturopathic physician** may assess any surcharge or offer any discount
20 to the physician **or naturopathic physician** based on whether or not the
21 physician **or naturopathic physician** is a member of a professional associ-
22 ation.

23 (3) For purposes of this section, joint underwriting associations and risk
24 retention groups shall be considered insurers.

25 **SECTION 114.** ORS 742.420 is amended to read:

26 742.420. As used in ORS 742.420 to 742.440:

27 (1) "Discount medical plan" means a contract, agreement or other busi-
28 ness arrangement between a discount medical plan organization and a plan
29 member in which the organization, in exchange for fees, service or sub-
30 scription charges, dues or other consideration, offers or purports to offer the
31 plan member access to providers and the right to receive medical and ancil-

1 lary services at a discount from providers.

2 (2) “Discount medical plan organization” means a person that contracts
3 on behalf of plan members with a provider, a provider network or another
4 discount medical plan organization for access to medical and ancillary ser-
5 vices at a discounted rate and determines what plan members will pay as a
6 fee, service or subscription charge, dues or other consideration for a discount
7 medical plan.

8 (3) “Licensee” means a discount medical plan organization that has ob-
9 tained a license from the Director of the Department of Consumer and
10 Business Services in accordance with ORS 742.426.

11 (4) “Medical and ancillary services” means, except when administered by
12 or under contract with the State of Oregon, any care, service, treatment or
13 product provided for any dysfunction, injury or illness of the human body
14 including, but not limited to, care provided by a physician, **naturopathic**
15 **physician**, physician assistant or nurse practitioner, inpatient care, hospital
16 and surgical services, emergency and ambulance services, audiology services,
17 dental care services, vision care services, mental health services, substance
18 abuse counseling or treatment, chiropractic services, podiatric care services,
19 laboratory services, home health care services, medical equipment and sup-
20 plies or prescription drugs.

21 (5) “Plan member” means an individual who pays fees, service or sub-
22 scription charges, dues or other consideration in exchange for the right to
23 participate in a discount medical plan.

24 (6)(a) “Provider” means a person that has contracted or otherwise agreed
25 with a discount medical plan organization to provide medical and ancillary
26 services to plan members at a discount from the person’s ordinary or cus-
27 tomary fees or charges.

28 (b) “Provider” does not include:

29 (A) A person that, apart from any agreement or contract with a discount
30 medical plan organization, provides medical and ancillary services at a dis-
31 count or at fixed or scheduled prices to patients or customers the person

1 serves regularly; or

2 (B) A person that does not charge fees, service or subscription charges,
3 dues or other consideration in exchange for providing medical and ancillary
4 services at a discount or at fixed or scheduled prices.

5 (7) "Provider network" means a person that negotiates directly or indi-
6 rectly with a discount medical plan organization on behalf of more than one
7 provider that provides medical or ancillary services to plan members.

8 **SECTION 115.** ORS 742.504 is amended to read:

9 742.504. Every policy required to provide the coverage specified in ORS
10 742.502 shall provide uninsured motorist coverage that in each instance is
11 no less favorable in any respect to the insured or the beneficiary than if the
12 following provisions were set forth in the policy. However, nothing contained
13 in this section requires the insurer to reproduce in the policy the particular
14 language of any of the following provisions:

15 (1)(a) Notwithstanding ORS 30.260 to 30.300, the insurer will pay all sums
16 that the insured or the heirs or legal representative of the insured is legally
17 entitled to recover as damages from the owner or operator of an uninsured
18 vehicle because of bodily injury sustained by the insured caused by accident
19 and arising out of the ownership, maintenance or use of the uninsured ve-
20 hicle. Determination as to whether the insured, the insured's heirs or the
21 insured's legal representative is legally entitled to recover such damages, and
22 if so, the amount thereof, shall be made by agreement between the insured
23 and the insurer, or, in the event of disagreement, may be determined by ar-
24 bitration as provided in subsection (10) of this section.

25 (b) No judgment against any person or organization alleged to be legally
26 responsible for bodily injury, except for proceedings instituted against the
27 insurer as provided in this policy, shall be conclusive, as between the insured
28 and the insurer, on the issues of liability of the person or organization or
29 of the amount of damages to which the insured is legally entitled.

30 (2) As used in this policy:

31 (a) "Bodily injury" means bodily injury, sickness or disease, including

1 death resulting therefrom.

2 (b) "Hit-and-run vehicle" means a vehicle that causes bodily injury to an
3 insured arising out of physical contact of the vehicle with the insured or
4 with a vehicle the insured is occupying at the time of the accident, provided:

5 (A) The identity of either the operator or the owner of the hit-and-run
6 vehicle cannot be ascertained;

7 (B) The insured or someone on behalf of the insured reported the accident
8 within 72 hours to a police, peace or judicial officer, to the Department of
9 Transportation or to the equivalent department in the state where the acci-
10 dent occurred, and filed with the insurer within 30 days thereafter a state-
11 ment under oath that the insured or the legal representative of the insured
12 has a cause or causes of action arising out of the accident for damages
13 against a person or persons whose identities are unascertainable, and setting
14 forth the facts in support thereof; and

15 (C) At the insurer's request, the insured or the legal representative of the
16 insured makes available for inspection the vehicle the insured was occupying
17 at the time of the accident.

18 (c) "Insured," when unqualified and when applied to uninsured motorist
19 coverage, means:

20 (A) The named insured as stated in the policy and any person designated
21 as named insured in the schedule and, while residents of the same household,
22 the spouse of any named insured and relatives of either, provided that nei-
23 ther the relative nor the spouse is the owner of a vehicle not described in
24 the policy and that, if the named insured as stated in the policy is other than
25 an individual or spouses in a marriage who are residents of the same
26 household, the named insured shall be only a person so designated in the
27 schedule;

28 (B) Any child residing in the household of the named insured if the in-
29 sured has performed the duties of a parent to the child by rearing the child
30 as the insured's own although the child is not related to the insured by
31 blood, marriage or adoption; and

1 (C) Any other person while occupying an insured vehicle, provided the
2 actual use thereof is with the permission of the named insured.

3 (d) "Insured vehicle," except as provided in paragraph (e) of this pro-
4 vision, means:

5 (A) The vehicle described in the policy or a newly acquired or substitute
6 vehicle, as each of those terms is defined in the public liability coverage of
7 the policy, insured under the public liability provisions of the policy; or

8 (B) A nonowned vehicle operated by the named insured or spouse if a
9 resident of the same household, provided that the actual use thereof is with
10 the permission of the owner of the vehicle and the vehicle is not owned by
11 nor furnished for the regular or frequent use of the insured or any member
12 of the same household.

13 (e) "Insured vehicle" does not include a trailer of any type unless the
14 trailer is a described vehicle in the policy.

15 (f) "Occupying" means in or upon or entering into or alighting from.

16 (g) "Phantom vehicle" means a vehicle that causes bodily injury to an
17 insured arising out of a motor vehicle accident that is caused by a vehicle
18 that has no physical contact with the insured or the vehicle the insured is
19 occupying at the time of the accident, provided:

20 (A) The identity of either the operator or the owner of the phantom ve-
21 hicle cannot be ascertained;

22 (B) The facts of the accident can be corroborated by competent evidence
23 other than the testimony of the insured or any person having an uninsured
24 motorist claim resulting from the accident; and

25 (C) The insured or someone on behalf of the insured reported the accident
26 within 72 hours to a police, peace or judicial officer, to the Department of
27 Transportation or to the equivalent department in the state where the acci-
28 dent occurred, and filed with the insurer within 30 days thereafter a state-
29 ment under oath that the insured or the legal representative of the insured
30 has a cause or causes of action arising out of the accident for damages
31 against a person or persons whose identities are unascertainable, and setting

1 forth the facts in support thereof.

2 (h) "State" includes the District of Columbia, a territory or possession
3 of the United States and a province of Canada.

4 (i) "Stolen vehicle" means an insured vehicle that causes bodily injury to
5 the insured arising out of a motor vehicle accident if:

6 (A) The vehicle is operated without the consent of the insured;

7 (B) The operator of the vehicle does not have collectible motor vehicle
8 bodily injury liability insurance;

9 (C) The insured or someone on behalf of the insured reported the accident
10 within 72 hours to a police, peace or judicial officer or to the equivalent
11 department in the state where the accident occurred; and

12 (D) The insured or someone on behalf of the insured cooperates with the
13 appropriate law enforcement agency in the prosecution of the theft of the
14 vehicle.

15 (j) "Sums that the insured or the heirs or legal representative of the in-
16 sured is legally entitled to recover as damages" means the amount of dam-
17 ages that:

18 (A) A claimant could have recovered in a civil action from the owner or
19 operator at the time of the injury after determination of fault or comparative
20 fault and resolution of any applicable defenses;

21 (B) Are calculated without regard to the tort claims limitations of ORS
22 30.260 to 30.300; and

23 (C) Are no larger than benefits payable under the terms of the policy as
24 provided in subsection (7) of this section.

25 (k) "Uninsured vehicle," except as provided in paragraph (L) of this pro-
26 vision, means:

27 (A) A vehicle with respect to the ownership, maintenance or use of which
28 there is no collectible motor vehicle bodily injury liability insurance, in at
29 least the amounts or limits prescribed for bodily injury or death under ORS
30 806.070 applicable at the time of the accident with respect to any person or
31 organization legally responsible for the use of the vehicle, or with respect

1 to which there is collectible bodily injury liability insurance applicable at
2 the time of the accident but the insurance company writing the insurance
3 denies coverage or the company writing the insurance becomes voluntarily
4 or involuntarily declared bankrupt or for which a receiver is appointed or
5 becomes insolvent. It shall be a disputable presumption that a vehicle is
6 uninsured in the event the insured and the insurer, after reasonable efforts,
7 fail to discover within 90 days from the date of the accident, the existence
8 of a valid and collectible motor vehicle bodily injury liability insurance ap-
9 plicable at the time of the accident.

10 (B) A hit-and-run vehicle.

11 (C) A phantom vehicle.

12 (D) A stolen vehicle.

13 (E) A vehicle that is owned or operated by a self-insurer:

14 (i) That is not in compliance with ORS 806.130 (1)(c); or

15 (ii) That provides recovery to an insured in an amount that is less than
16 the sums that the insured or the heirs or legal representative of the insured
17 is legally entitled to recover as damages for bodily injury or death that is
18 caused by accident and that arises out of owning, maintaining or using an
19 uninsured vehicle.

20 (L) "Uninsured vehicle" does not include:

21 (A) An insured vehicle, unless the vehicle is a stolen vehicle;

22 (B) Except as provided in paragraph (k)(E) of this subsection, a vehicle
23 that is owned or operated by a self-insurer within the meaning of any motor
24 vehicle financial responsibility law, motor carrier law or any similar law;

25 (C) A vehicle that is owned by the United States of America, Canada, a
26 state, a political subdivision of any such government or an agency of any
27 such government;

28 (D) A land motor vehicle or trailer, if operated on rails or crawler-treads
29 or while located for use as a residence or premises and not as a vehicle;

30 (E) A farm-type tractor or equipment designed for use principally off
31 public roads, except while actually upon public roads; or

1 (F) A vehicle owned by or furnished for the regular or frequent use of the
2 insured or any member of the household of the insured.

3 (m) "Vehicle" means every device in, upon or by which any person or
4 property is or may be transported or drawn upon a public highway, but does
5 not include devices moved by human power or used exclusively upon sta-
6 tionary rails or tracks.

7 (3) This coverage applies only to accidents that occur on and after the
8 effective date of the policy, during the policy period and within the United
9 States of America, its territories or possessions, or Canada.

10 (4)(a) This coverage does not apply to bodily injury of an insured with
11 respect to which the insured or the legal representative of the insured shall,
12 without the written consent of the insurer, make any settlement with or
13 prosecute to judgment any action against any person or organization who
14 may be legally liable therefor.

15 (b) This coverage does not apply to bodily injury to an insured while oc-
16 cupying a vehicle, other than an insured vehicle, owned by, or furnished for
17 the regular use of, the named insured or any relative resident in the same
18 household, or through being struck by the vehicle.

19 (c) This coverage does not apply so as to inure directly or indirectly to
20 the benefit of any workers' compensation carrier, any person or organization
21 qualifying as a self-insurer under any workers' compensation or disability
22 benefits law or any similar law or the State Accident Insurance Fund Cor-
23 poration.

24 (d) This coverage does not apply with respect to underinsured motorist
25 benefits unless:

26 (A) The limits of liability under any bodily injury liability insurance ap-
27 plicable at the time of the accident regarding the injured person have been
28 exhausted by payment of judgments or settlements to the injured person or
29 other injured persons;

30 (B) The described limits have been offered in settlement, the insurer has
31 refused consent under paragraph (a) of this subsection and the insured pro-

1 tects the insurer's right of subrogation to the claim against the tortfeasor;

2 (C) The insured gives credit to the insurer for the unrealized portion of
3 the described liability limits as if the full limits had been received if less
4 than the described limits have been offered in settlement, and the insurer
5 has consented under paragraph (a) of this subsection; or

6 (D) The insured gives credit to the insurer for the unrealized portion of
7 the described liability limits as if the full limits had been received if less
8 than the described limits have been offered in settlement and, if the insurer
9 has refused consent under paragraph (a) of this subsection, the insured pro-
10 tects the insurer's right of subrogation to the claim against the tortfeasor.

11 (e) When seeking consent under paragraph (a) or (d) of this subsection,
12 the insured shall allow the insurer a reasonable time in which to collect and
13 evaluate information related to consent to the proposed offer of settlement.
14 The insured shall provide promptly to the insurer any information that is
15 reasonably requested by the insurer and that is within the custody and con-
16 trol of the insured. Consent will be presumed to be given if the insurer does
17 not respond within a reasonable time. For purposes of this paragraph, a
18 "reasonable time" is no more than 30 days from the insurer's receipt of a
19 written request for consent, unless the insured and the insurer agree other-
20 wise.

21 (5)(a) As soon as practicable, the insured or other person making claim
22 shall give to the insurer written proof of claim, under oath if required, in-
23 cluding full particulars of the nature and extent of the injuries, treatment
24 and other details entering into the determination of the amount payable
25 hereunder. The insured and every other person making claim hereunder shall
26 submit to examinations under oath by any person named by the insurer and
27 subscribe the same, as often as may reasonably be required. Proof of claim
28 shall be made upon forms furnished by the insurer unless the insurer fails
29 to furnish the forms within 15 days after receiving notice of claim.

30 (b) Upon reasonable request of and at the expense of the insurer, the in-
31 jured person shall submit to physical examinations by physicians,

1 **naturopathic physicians**, physician assistants or nurse practitioners se-
2 lected by the insurer and shall, upon each request from the insurer, execute
3 authorization to enable the insurer to obtain medical reports and copies of
4 records.

5 (6) If, before the insurer makes payment of loss hereunder, the insured
6 or the legal representative of the insured institutes any legal action for
7 bodily injury against any person or organization legally responsible for the
8 use of a vehicle involved in the accident, a copy of the summons and com-
9 plaint or other process served in connection with the legal action shall be
10 forwarded immediately to the insurer by the insured or the legal represen-
11 tative of the insured.

12 (7)(a) The limit of liability stated in the declarations as applicable to
13 “each person” is the limit of the insurer’s liability for all damages because
14 of bodily injury sustained by one person as the result of any one accident
15 and, subject to the above provision respecting each person, the limit of li-
16 ability stated in the declarations as applicable to “each accident” is the total
17 limit of the company’s liability for all damages because of bodily injury
18 sustained by two or more persons as the result of any one accident.

19 (b) Any amount payable under the terms of this coverage because of
20 bodily injury sustained in an accident by a person who is an insured under
21 this coverage shall be reduced by the amount paid and the present value of
22 all amounts payable on account of the bodily injury under any workers’
23 compensation law, disability benefits law or any similar law.

24 (c) Any amount payable under the terms of this coverage because of bod-
25 ily injury sustained in an accident by a person who is an insured under this
26 coverage shall be reduced by the credit given to the insurer pursuant to
27 subsection (4)(d)(C) or (D) of this section.

28 (d) The amount payable under the terms of this coverage may not be re-
29 duced by the amount of liability proceeds offered, described in subsection
30 (4)(d)(B) or (D) of this section, that has not been paid to the injured person.
31 If liability proceeds have been offered and not paid, the amount payable un-

1 der the terms of the coverage shall include the amount of liability limits
2 offered but not accepted due to the insurer's refusal to consent. The insured
3 shall cooperate so as to permit the insurer to proceed by subrogation or as-
4 signment to prosecute the claim against the uninsured motorist.

5 (8) No action shall lie against the insurer unless, as a condition precedent
6 thereto, the insured or the legal representative of the insured has fully
7 complied with all the terms of this policy.

8 (9)(a) With respect to bodily injury to an insured:

9 (A) While occupying a vehicle owned by a named insured under this
10 coverage, the insurance under this coverage is primary.

11 (B) While occupying a vehicle not owned by a named insured under this
12 coverage, the insurance under this coverage shall apply only as excess in-
13 surance over any primary insurance available to the occupant that is similar
14 to this coverage, and this excess insurance coverage shall then apply only
15 to the sums that the insured or the heirs or legal representative of the in-
16 sured is legally entitled to recover as damages for bodily injury or death that
17 is caused by accident and that arises out of owning, maintaining or using
18 an uninsured vehicle.

19 (b) With respect to bodily injury to an insured while occupying any motor
20 vehicle used as a public or livery conveyance, the insurance under this cov-
21 erage shall apply only as excess insurance over any other insurance available
22 to the insured that is similar to this coverage, and this excess insurance
23 coverage shall then apply only to the amount by which the applicable limit
24 of liability of this coverage exceeds the sum of the applicable limits of li-
25 ability of all other insurance.

26 (10) If any person making claim hereunder and the insurer do not agree
27 that the person is legally entitled to recover damages from the owner or
28 operator of an uninsured vehicle because of bodily injury to the insured, or
29 do not agree as to the amount of payment that may be owing under this
30 coverage, then, in the event the insured and the insurer elect by mutual
31 agreement at the time of the dispute to settle the matter by arbitration, the

1 arbitration shall take place as described in ORS 742.505. Any judgment upon
2 the award rendered by the arbitrators may be entered in any court having
3 jurisdiction thereof, provided, however, that the costs to the insured of the
4 arbitration proceeding do not exceed \$100 and that all other costs of arbi-
5 tration are borne by the insurer. "Costs" as used in this provision does not
6 include attorney fees or expenses incurred in the production of evidence or
7 witnesses or the making of transcripts of the arbitration proceedings. The
8 person and the insurer each agree to consider themselves bound and to be
9 bound by any award made by the arbitrators pursuant to this coverage in the
10 event of such election. At the election of the insured, the arbitration shall
11 be held:

12 (a) In the county and state of residence of the insured;

13 (b) In the county and state where the insured's cause of action against
14 the uninsured motorist arose; or

15 (c) At any other place mutually agreed upon by the insured and the
16 insurer.

17 (11) In the event of payment to any person under this coverage:

18 (a) The insurer shall be entitled to the extent of the payment to the pro-
19 ceeds of any settlement or judgment that may result from the exercise of any
20 rights of recovery of the person against any uninsured motorist legally re-
21 sponsible for the bodily injury because of which payment is made;

22 (b) The person shall hold in trust for the benefit of the insurer all rights
23 of recovery that the person shall have against such other uninsured person
24 or organization because of the damages that are the subject of claim made
25 under this coverage, but only to the extent that the claim is made or paid
26 herein;

27 (c) If the insured is injured by the joint or concurrent act or acts of two
28 or more persons, one or more of whom is uninsured, the insured shall have
29 the election to receive from the insurer any payment to which the insured
30 would be entitled under this coverage by reason of the act or acts of the
31 uninsured motorist, or the insured may, with the written consent of the

1 insurer, proceed with legal action against any or all persons claimed to be
2 liable to the insured for the injuries. If the insured elects to receive payment
3 from the insurer under this coverage, then the insured shall hold in trust for
4 the benefit of the insurer all rights of recovery the insured shall have
5 against any other person, firm or organization because of the damages that
6 are the subject of claim made under this coverage, but only to the extent of
7 the actual payment made by the insurer;

8 (d) The person shall do whatever is proper to secure and shall do nothing
9 after loss to prejudice such rights;

10 (e) If requested in writing by the insurer, the person shall take, through
11 any representative not in conflict in interest with the person, designated by
12 the insurer, such action as may be necessary or appropriate to recover pay-
13 ment as damages from such other uninsured person or organization, such
14 action to be taken in the name of the person, but only to the extent of the
15 payment made hereunder. In the event of a recovery, the insurer shall be
16 reimbursed out of the recovery for expenses, costs and attorney fees incurred
17 by the insurer in connection therewith; and

18 (f) The person shall execute and deliver to the insurer any instruments
19 and papers as may be appropriate to secure the rights and obligations of the
20 person and the insurer established by this provision.

21 (12)(a) The parties to this coverage agree that no cause of action shall
22 accrue to the insured under this coverage unless within two years from the
23 date of the accident:

24 (A) Agreement as to the amount due under the policy has been concluded;

25 (B) The insured or the insurer has formally instituted arbitration pro-
26 ceedings;

27 (C) The insured has filed an action against the insurer; or

28 (D) Suit for bodily injury has been filed against the uninsured motorist
29 and, within two years from the date of settlement or final judgment against
30 the uninsured motorist, the insured has formally instituted arbitration pro-
31 ceedings or filed an action against the insurer.

1 (b) For purposes of this subsection:

2 (A) "Date of settlement" means the date on which a written settlement
3 agreement or release is signed by an insured or, in the absence of these
4 documents, the date on which the insured or the attorney for the insured
5 receives payment of any sum required by the settlement agreement. An ad-
6 vance payment as defined in ORS 31.550 shall not be deemed a payment of
7 a settlement for purposes of the time limitation in this subsection.

8 (B) "Final judgment" means a judgment that has become final by lapse
9 of time for appeal or by entry in an appellate court of an appellate judgment.

10 **SECTION 116.** ORS 743B.222 is amended to read:

11 743B.222. (1) As used in this section, "women's health care provider"
12 means an obstetrician or gynecologist, physician assistant specializing in
13 women's health, advanced registered nurse practitioner specialist in women's
14 health, **naturopathic physician specializing in women's health** or certi-
15 fied nurse midwife, practicing within the applicable lawful scope of practice.

16 (2) Every health insurance policy that covers hospital, medical or surgical
17 expenses and requires an enrollee to designate a participating primary care
18 provider shall permit a female enrollee to designate a women's health care
19 provider as the enrollee's primary care provider if:

20 (a) The women's health care provider meets the standards established by
21 the insurer in collaboration with interested parties, including but not limited
22 to the Oregon section of the American College of Obstetricians and
23 Gynecologists; and

24 (b) The women's health care provider requests that the insurer make the
25 provider available for designation as a primary care provider.

26 (3) If a female enrollee has designated a primary care provider who is not
27 a women's health care provider, an insurance policy as described in sub-
28 section (2) of this section shall permit the enrollee to have direct access to
29 a women's health care provider, without a referral or prior authorization, for
30 obstetrical or gynecological care by a participating health care professional
31 who specializes in obstetrics or gynecology.

1 (4) The standards established by the insurer under subsection (2) of this
2 section shall not prohibit an insurer from establishing the maximum number
3 of participating primary care providers and participating women's health
4 care providers necessary to serve a defined population or geographic service
5 area.

6 **SECTION 117.** ORS 743.683 is amended to read:

7 743.683. (1) [No] **A** Medicare supplement insurance policy, contract or
8 certificate in force in the state [shall] **may not** contain benefits which du-
9 plicate benefits provided by Medicare.

10 (2) The Director of the Department of Consumer and Business Services
11 shall adopt by rule specific standards for policy provisions of Medicare sup-
12 plement policies and certificates. The standards shall be in addition to and
13 in accordance with applicable laws of this state. [No] **A** requirement of the
14 Insurance Code relating to minimum required policy benefits, other than the
15 minimum standards contained in ORS 743.680 to 743.689, [shall] **may not**
16 apply to Medicare supplement policies. The standards may cover, but not be
17 limited to:

- 18 (a) Terms of renewability;
- 19 (b) Initial and subsequent conditions of eligibility;
- 20 (c) Nonduplication of coverage;
- 21 (d) Probationary periods;
- 22 (e) Benefit limitations, exceptions and reductions;
- 23 (f) Elimination periods;
- 24 (g) Requirements for replacement;
- 25 (h) Recurrent conditions; and
- 26 (i) Definitions of terms.

27 (3) Provisions established by the director governing eligibility for Medi-
28 care supplement insurance shall not be limited to persons qualifying for
29 Medicare by reason of age.

30 (4) The director may adopt by rule standards that specify prohibited pol-
31 icy provisions not otherwise specifically authorized by statute which, in the

1 opinion of the director, are unjust, unfair or unfairly discriminatory to any
2 person insured or proposed for coverage under a Medicare supplement policy.

3 (5) Notwithstanding any other provision of law of this state, a Medicare
4 supplement policy may not deny a claim for losses incurred more than six
5 months from the effective date of coverage for a preexisting condition. The
6 policy may not define a preexisting condition more restrictively than a con-
7 dition for which medical advice was given or treatment was recommended
8 by or received from a physician **or naturopathic physician** within six
9 months before the effective date of coverage.

10 (6) The director shall adopt by rule standards for benefits and claims
11 payment under Medicare supplement policies.

12 **SECTION 118.** ORS 744.364 is amended to read:

13 744.364. (1)(a) A life settlement provider entering into a life settlement
14 contract shall first obtain:

15 (A) If the owner is the insured, a written statement from a licensed phy-
16 sician, **a naturopathic physician licensed under ORS chapter 685**, a
17 physician assistant licensed under ORS 677.505 to 677.525 or a nurse practi-
18 tioner licensed under ORS 678.375 to 678.390 that the owner is of sound mind
19 and under no constraint or undue influence to enter into a life settlement
20 contract; and

21 (B) A document in which the insured consents to the release of the
22 insured's medical records to a licensed life settlement provider, life settle-
23 ment broker and the insurance company that issued the life insurance policy
24 covering the life of the insured.

25 (b) Within 20 days after an owner executes documents necessary to
26 transfer any rights under an insurance policy or, if the insured is terminally
27 ill, within 20 days after an owner entering any agreement, option, promise
28 or any other form of understanding, expressed or implied, to transfer the
29 policy for value, the life settlement provider shall give written notice to the
30 insurer that issued the insurance policy that the policy has or will become
31 a settled policy. The notice must be accompanied by the documents required

1 by paragraph (c) of this subsection.

2 (c) The life settlement provider shall deliver a copy of the medical release
3 required under paragraph (a)(B) of this subsection, a copy of the owner's
4 application for the life settlement contract, the notice required under para-
5 graph (b) of this subsection and a request for verification of coverage to the
6 insurer that issued the life policy that is the subject of the life transaction.
7 The Director of the Department of Consumer and Business Services shall
8 develop and approve a form for the request for verification.

9 (d) The insurer shall respond to a request for verification of coverage
10 submitted on an approved form by a life settlement provider or life settle-
11 ment broker within 30 calendar days of the date the request is received and
12 shall indicate whether, based on the medical evidence and documents pro-
13 vided, the insurer intends to pursue an investigation at this time regarding
14 the validity of the insurance contract or possible fraud. The insurer shall
15 accept a request for verification of coverage made on a form approved by the
16 director. The insurer shall accept an original or facsimile or electronic copy
17 of such request and any accompanying authorization signed by the owner.
18 Failure by the insurer to meet its obligations under this subsection is a vi-
19 olation of the Insurance Code.

20 (e) Prior to or at the time of execution of the life settlement contract, the
21 life settlement provider shall obtain a witnessed document in which the
22 owner consents to the life settlement contract, represents that the owner has
23 a full and complete understanding of the life settlement contract, that the
24 owner has a full and complete understanding of the benefits of the life in-
25 surance policy, acknowledges that the owner is entering into the life settle-
26 ment contract freely and voluntarily and, for persons with a terminal illness
27 or chronic illness or condition, acknowledges that the insured has a terminal
28 illness or chronic illness and that the terminal illness or chronic illness or
29 condition was diagnosed after the life insurance policy was issued.

30 (f) If a life settlement broker performs any of the activities required of
31 the life settlement provider, the provider is deemed to have fulfilled the re-

1 requirements of this section that were performed by the broker.

2 (2) All medical information solicited or obtained by any licensee is privi-
3 leged and confidential under ORS 705.137.

4 (3)(a) All life settlement contracts entered into in this state must provide
5 the owner with an absolute right to rescind the contract before the earlier
6 of 60 calendar days after the date upon which the life settlement contract is
7 executed by all parties or 30 calendar days after the life settlement proceeds
8 have been sent to the owner under subsection (5) of this section.

9 (b) The life settlement provider may condition rescission upon the owner
10 both giving notice and repaying to the life settlement provider within the
11 rescission period all proceeds of the settlement and any premiums, loans and
12 loan interest paid by or on behalf of the life settlement provider in con-
13 nection with or as a consequence of the life settlement.

14 (c) If the insured dies during the rescission period, the life settlement
15 contract is deemed to have been rescinded, subject to repayment within 60
16 calendar days of the death of the insured to the life settlement provider or
17 purchaser of all life settlement proceeds and any premiums, loans and loan
18 interest that have been paid by the life settlement provider or purchaser.

19 (d) In the event of any rescission, if the life settlement provider has paid
20 commissions or other compensation to a life settlement broker in connection
21 with the rescinded transaction, the life settlement broker shall refund all
22 such commissions and compensation to the life settlement provider within
23 five business days following receipt of written demand from the life settle-
24 ment provider. The demand must be accompanied by either the owner's notice
25 of rescission if rescinded at the election of the owner, or the notice of the
26 death of the insured if rescinded by reason of the death of the insured within
27 the applicable rescission period.

28 (4) The life settlement purchaser shall have the right to rescind a life
29 settlement contract within three days after the disclosures mandated by ORS
30 744.354 (7) are received by the purchaser.

31 (5)(a) The life settlement provider shall instruct the owner to send the

1 executed documents required to effect the change in ownership, assignment
2 or change in beneficiary directly to an independent escrow agent selected
3 by the provider.

4 (b) Within three business days after the date the escrow agent receives
5 the document, or from the date the life settlement provider receives the
6 documents, if the owner erroneously provides the documents directly to the
7 provider, the provider shall pay or transfer the proceeds of the life settlement
8 into an escrow or trust account maintained in a state or federally chartered
9 financial institution whose deposits are insured by the Federal Deposit In-
10 surance Corporation.

11 (c) Upon payment of the settlement proceeds into the escrow account, the
12 escrow agent shall deliver the original change in ownership, assignment or
13 change in beneficiary forms to the life settlement provider or related pro-
14 vider trust or other designated representative of the life settlement provider.
15 Upon the escrow agent's receipt of the acknowledgment of the properly
16 completed transfer of ownership, assignment or designation of beneficiary
17 from the insurance company, the escrow agent shall pay the settlement pro-
18 ceeds to the owner.

19 (6) Failure to pay the owner the full contract amount for the life settle-
20 ment contract within the time set forth under subsection (5) of this section
21 renders the life settlement contract voidable by the owner until the time full
22 payment is tendered to and accepted by the owner. Funds are deemed sent
23 by a life settlement provider to an owner as of the date that the escrow agent
24 either releases funds for wire transfer to the owner or places a check for
25 delivery to the owner via the United States Postal Service or another na-
26 tionally recognized delivery service.

27 (7)(a) Contacts with the insured for the purpose of determining the health
28 status of the insured by the life settlement provider or life settlement broker
29 after the life settlement has occurred may be made only by the life settlement
30 provider or broker licensed in this state or its authorized representatives and
31 are limited to once every three months for insureds with a life expectancy

1 of more than one year, and to no more than once per month for insureds with
2 a life expectancy of one year or less.

3 (b) The limitations set forth in this subsection do not apply to any con-
4 tacts with an insured for reasons other than determining the insured's health
5 status.

6 **SECTION 119.** ORS 744.367 is amended to read:

7 744.367. (1) A person may not enter into a life settlement contract at any
8 time prior to the application or issuance of a policy that is the subject of a
9 life settlement contract or within a five-year period commencing with the
10 date of issuance of the insurance policy or certificate. However, this five-
11 year restriction does not apply if the owner certifies to the life settlement
12 provider that any one or more of the following conditions has been met
13 within the five-year period:

14 (a) The policy was issued upon the owner's exercise of conversion rights
15 arising out of a group or individual policy if the total of the time covered
16 under the conversion policy plus the time covered under the prior policy is
17 at least 60 months. The time covered under a group policy is calculated
18 without regard to any change in insurance carriers, provided the coverage
19 has been continuous and under the same group sponsorship;

20 (b) The owner submits independent evidence to the life settlement pro-
21 vider that one or more of the following conditions have been met within the
22 five-year period:

23 (A) The owner or insured is terminally ill or chronically ill;

24 (B) The owner's spouse dies;

25 (C) The owner divorces the owner's spouse;

26 (D) The owner retires from full-time employment;

27 (E) The owner becomes physically or mentally disabled and a physician,
28 **naturopathic physician licensed under ORS chapter 685**, physician as-
29 sistant licensed under ORS 677.505 to 677.525 or nurse practitioner licensed
30 under ORS 678.375 to 678.390 determines that the disability prevents the
31 owner from maintaining full-time employment; or

1 (F) A final order, judgment or decree is entered by a court of competent
2 jurisdiction, on the application of a creditor of the owner, adjudicating the
3 owner bankrupt or insolvent, or approving a petition seeking reorganization
4 of the owner or appointing a receiver, trustee or liquidator to all or a sub-
5 stantial part of the owner's assets; or

6 (c) The owner enters into a life settlement contract more than two years
7 after the date of issuance of a policy and, with respect to the policy, at all
8 times prior to the date that is two years after policy issuance, the following
9 conditions are met:

10 (A) Policy premiums have been funded exclusively with unencumbered
11 assets, including an interest in the life insurance policy being financed only
12 to the extent of its net cash surrender value, provided by, or full recourse
13 liability incurred by, the insured or a person closely related to the insured
14 by blood or law or a party having a lawful substantial economic interest in
15 the continued life, health and bodily safety of the person insured, or a trust
16 established primarily for the benefit of such parties;

17 (B) There is no agreement or understanding with any other person to
18 guarantee any such liability or to purchase or stand ready to purchase the
19 policy, including through an assumption or forgiveness of the loan; and

20 (C) Neither the insured nor the policy has been evaluated for settlement.

21 (2) Copies of the independent evidence described in subsection (1)(b) of
22 this section and documents required by ORS 744.364 (1) must be submitted
23 to the insurer when the life settlement provider or other party entering into
24 a life settlement contract with an owner submits a request to the insurer for
25 verification of coverage. The copies must be accompanied by a letter of
26 attestation from the life settlement provider that the copies are true and
27 correct copies of the documents received by the life settlement provider.

28 (3) If the life settlement provider submits to the insurer a copy of the
29 owner's or insured's certification described in and the documents required
30 by ORS 744.364 (1) when the provider submits a request to the insurer to
31 effect the transfer of the policy or certificate to the life settlement provider,

1 the copy conclusively establishes that the life settlement contract satisfies
2 the requirements of this section and the insurer shall respond in a timely
3 manner to the request.

4 (4) An insurer may not, as a condition of responding to a request for
5 verification of coverage or effecting the transfer of a policy pursuant to a
6 life settlement contract, require that the owner, insured, life settlement
7 provider or life settlement broker sign any forms, disclosures, consent or
8 waiver form that has not been expressly approved by the Director of the
9 Department of Consumer and Business Services for use in connection with
10 life settlement contracts in this state.

11 (5) Upon receipt of a properly completed request for a change of owner-
12 ship or beneficiary of a policy, the insurer shall respond in writing within
13 30 calendar days with written acknowledgement confirming that the change
14 has been effected or specifying the reasons why the requested change cannot
15 be processed. The insurer may not unreasonably delay effecting change of
16 ownership or beneficiary and may not otherwise seek to interfere with any
17 life settlement contract lawfully entered into in this state.

18 **SECTION 120.** ORS 744.382 is amended to read:

19 744.382. (1) A licensee may not pay or offer to pay a finder's fee, com-
20 mission or other compensation to a person described in this subsection, in
21 connection with a policy insuring the life of an individual with a terminal
22 illness or condition. The prohibition under this subsection applies with re-
23 spect to payments or offers of payment to:

24 (a) The physician, **naturopathic physician**, attorney or accountant of
25 the policyholder, of the certificate holder or of the insured individual when
26 the individual is other than the policyholder or certificate holder.

27 (b) Any person other than a physician, **naturopathic physician**, attorney
28 or accountant described in paragraph (a) of this subsection, who provides
29 medical, legal or financial planning services to the policyholder, to the cer-
30 tificate holder or to the insured individual when the individual is other than
31 the policyholder or certificate holder.

1 (c) Any person other than one described in paragraph (a) or (b) of this
2 subsection who acts as an agent of the policyholder, certificate holder or
3 insured individual.

4 (2) A licensee may not solicit an investor who could influence the treat-
5 ment of the illness or condition of the individual whose life would be the
6 subject of a life settlement contract.

7 (3) All information solicited or obtained from a policyholder or certificate
8 holder by a licensee is subject to ORS 746.600 to 746.690. For purposes of this
9 subsection, a licensee is considered an insurance-support organization within
10 the meaning of ORS 746.600.

11 (4) A licensee may not discriminate in the making of a life settlement
12 contract on the basis of race, religion, creed, sex, sexual orientation, na-
13 tional origin, marital status, age, familial status or occupation or discrimi-
14 nate between persons who have dependents and persons who do not have
15 dependents.

16 **SECTION 121.** ORS 746.230, as amended by section 6, chapter 59, Oregon
17 Laws 2015, is amended to read:

18 746.230. (1) No insurer or other person shall commit or perform any of the
19 following unfair claim settlement practices:

20 (a) Misrepresenting facts or policy provisions in settling claims;

21 (b) Failing to acknowledge and act promptly upon communications relat-
22 ing to claims;

23 (c) Failing to adopt and implement reasonable standards for the prompt
24 investigation of claims;

25 (d) Refusing to pay claims without conducting a reasonable investigation
26 based on all available information;

27 (e) Failing to affirm or deny coverage of claims within a reasonable time
28 after completed proof of loss statements have been submitted;

29 (f) Not attempting, in good faith, to promptly and equitably settle claims
30 in which liability has become reasonably clear;

31 (g) Compelling claimants to initiate litigation to recover amounts due by

1 offering substantially less than amounts ultimately recovered in actions
2 brought by such claimants;

3 (h) Attempting to settle claims for less than the amount to which a rea-
4 sonable person would believe a reasonable person was entitled after referring
5 to written or printed advertising material accompanying or made part of an
6 application;

7 (i) Attempting to settle claims on the basis of an application altered
8 without notice to or consent of the applicant;

9 (j) Failing, after payment of a claim, to inform insureds or beneficiaries,
10 upon request by them, of the coverage under which payment has been made;

11 (k) Delaying investigation or payment of claims by requiring a claimant
12 or the claimant's physician, **naturopathic physician**, physician assistant
13 or nurse practitioner to submit a preliminary claim report and then requiring
14 subsequent submission of loss forms when both require essentially the same
15 information;

16 (L) Failing to promptly settle claims under one coverage of a policy where
17 liability has become reasonably clear in order to influence settlements under
18 other coverages of the policy; or

19 (m) Failing to promptly provide the proper explanation of the basis relied
20 on in the insurance policy in relation to the facts or applicable law for the
21 denial of a claim.

22 (2) No insurer shall refuse, without just cause, to pay or settle claims
23 arising under coverages provided by its policies with such frequency as to
24 indicate a general business practice in this state, which general business
25 practice is evidenced by:

26 (a) A substantial increase in the number of complaints against the insurer
27 received by the Department of Consumer and Business Services;

28 (b) A substantial increase in the number of lawsuits filed against the
29 insurer or its insureds by claimants; or

30 (c) Other relevant evidence.

31 **SECTION 122.** ORS 759.720 is amended to read:

1 759.720. (1) Any customer, telecommunications utility or local exchange
2 carrier who suffers damages from a violation of ORS 646.608, 646.639 and
3 759.700 to 759.720 by an information provider has a cause of action against
4 such information provider. The court may award the greater of three times
5 the actual damages or \$500, or order an injunction or restitution. Except as
6 provided in subsection (2) of this section, the court may award reasonable
7 attorney fees to the prevailing party in an action under this section.

8 (2) The court may not award attorney fees to a prevailing defendant under
9 the provisions of subsection (1) of this section if the action under this section
10 is maintained as a class action pursuant to ORCP 32.

11 (3) When an information provider has failed to comply with any provision
12 of ORS 646.608, 646.639 and 759.700 to 759.720, any obligation by a customer
13 that may have arisen from the dialing of a pay-per-call telephone number is
14 void and unenforceable.

15 (4) Any obligation that may have arisen from the dialing of a pay-per-call
16 telephone number is void and unenforceable if made by:

17 (a) An unemancipated child under 18 years of age; or

18 (b) A person whose physician **or naturopathic physician** substantiates
19 that:

20 (A) The person has a mental or emotional disorder generally recognized
21 in the medical or psychological community that makes the person incapable
22 of rational judgments and comprehending the consequences of the person's
23 action; and

24 (B) The disorder was diagnosed before the obligation was incurred.

25 (5) Upon written notification to the information provider or the billing
26 agent for the information provider that a bill for information delivery ser-
27 vices is void and unenforceable under subsection (2) or (4) of this section,
28 no further billing or collection activities shall be undertaken in regard to
29 that obligation.

30 (6) The telecommunications utility or local exchange carrier may require
31 the customer to take pay-per-call telephone blocking service after the initial

1 obligation has been voided.

2 **SECTION 123.** Section 13, chapter 819, Oregon Laws 2015, is amended to
3 read:

4 **Sec. 13.** Eligibility for hospice care must be determined on the basis of
5 a patient's overall prognosis and care or treatment goals as determined by
6 the patient's attending physician **or the patient's naturopathic physician**
7 and may not be determined on the basis of whether a patient is undergoing
8 or has undergone a treatment as described in section 3 [*of this 2015 Act*],
9 **chapter 819, Oregon Laws 2015.**

10 **SECTION 124.** Any board or agency that must adopt or amend rules
11 necessary to comply with sections 1 to 123 of this 2017 Act shall adopt
12 or amend the rules not later than March 1, 2018.

13
