

# Senate Bill 29

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## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Modifies terms "venereal disease" and "sexually transmitted disease" to "sexually transmitted infection." Clarifies hearings procedure for certificates of need for certain health care facilities. Authorizes Oregon Health Authority to collaborate with federal agencies for purposes of enforcement of laws regulating tobacco products and inhalant delivery systems. Clarifies complaint and investigation processes for certain regulated health professions. Includes representative from public safety answering point among membership of State Trauma Advisory Board and area trauma advisory boards. Replaces term "local health department" with "local public health authority." Exempts persons who process marijuana into medical cannabinoid products and cannabinoid concentrates from certain tracking requirements. Modifies application requirements for authorizations to practice art therapy, music therapy, lactation consultation or respiratory therapy or to practice as emergency medical services provider or environmental health specialist trainee. Requires applicant for construction of certain public pools to submit plan to authority for approval.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to public health; creating new provisions; amending ORS 109.610, 124.050, 181A.200, 336.035,  
3 403.115, 411.435, 413.101, 413.600, 414.152, 414.153, 414.629, 417.827, 418.325, 418.714, 418.747,  
4 419B.005, 430.735, 431.003, 431.120, 431.405, 431.415, 431.418, 431.510, 431.520, 431A.055, 431A.070,  
5 431A.125, 431A.183, 432.141, 432.510, 432.520, 433.004, 433.012, 433.045, 433.055, 433.060, 433.075,  
6 433.080, 433.090, 433.094, 433.102, 433.235, 433.245, 433.255, 433.260, 433.267, 433.269, 433.273,  
7 433.280, 433.326, 433.419, 433.423, 433.847, 435.010, 435.205, 441.413, 441.630, 442.315, 443.014,  
8 443.035, 448.011, 448.020, 448.030, 448.051, 448.060, 448.100, 448.150, 448.273, 459.385, 475B.797,  
9 475B.895, 609.652, 624.320, 624.400, 676.150, 676.560, 676.565, 676.579, 676.590, 676.595, 676.608,  
10 676.612, 676.613, 676.622, 676.669, 676.689, 677.370, 681.730, 681.743, 681.746, 681.749, 681.758,  
11 682.025, 682.035, 682.039, 682.208, 688.815, 689.605 and 700.035; repealing ORS 181A.330 and  
12 181A.335; and declaring an emergency.

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

## SEXUALLY TRANSMITTED INFECTIONS

14  
15  
16  
17 **SECTION 1.** ORS 109.610 is amended to read:

18 109.610. (1) Notwithstanding any other provision of law, a minor who may have come into con-  
19 tact with any [*venereal disease*] **sexually transmitted infection**, including HIV, may give consent  
20 to the furnishing of hospital, medical or surgical care related to the diagnosis or treatment of [*such*  
21 *disease*] **the sexually transmitted infection**, if the [*disease or condition*] **sexually transmitted**  
22 **infection** is one [*which*] **that** is required by law or regulation adopted pursuant to law to be re-  
23 ported to a state or local health agency or officer. [*Such consent shall not be subject to disaffirmance*  
24 *because of minority*] **Consent given under this subsection may not be disaffirmed based on mi-**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 **nority.**

2 [(2) *The consent of the parent, parents, or legal guardian of such minor shall not be necessary to*  
 3 *authorize such hospital, medical or surgical care and without having given consent the parent, parents,*  
 4 *or legal guardian shall not be liable for payment for any such care rendered.]*

5 **(2)(a) The consent of a parent or legal guardian of a minor described in subsection (1)**  
 6 **of this section is not required to authorize the care described in subsection (1) of this sec-**  
 7 **tion.**

8 **(b) A parent or legal guardian who does not consent to the care described in subsection**  
 9 **(1) of this section is not liable for payment for the care provided under subsection (1) of this**  
 10 **section.**

11 **SECTION 2.** ORS 418.325 is amended to read:

12 418.325. (1) A child-caring agency that is subject to ORS 418.205 to 418.327, 418.470, 418.475 or  
 13 418.950 to 418.970 shall safeguard the health of each child, ward or other dependent or delinquent  
 14 child to whom the agency provides care or services by providing for medical examinations of each  
 15 child by a qualified physician or naturopathic physician at the following intervals:

- 16 (a) Three examinations during the first year of the child's life;
- 17 (b) One examination during the second year of the child's life;
- 18 (c) One examination at the age of four;
- 19 (d) One examination at the age of six;
- 20 (e) One examination at the age of nine; and
- 21 (f) One examination at the age of 14.

22 (2) If an examination under subsection (1) of this section has not occurred within six months  
 23 prior to the transfer for adoption of the custody of a child by a child-caring agency to the prospec-  
 24 tive adoptive parents of such child, a child-caring agency shall provide for a medical examination  
 25 of such child within six months prior to such transfer.

26 (3) Any testing that occurs at intervals other than those specified in subsections (1) and (2) of  
 27 this section shall not be considered to be in lieu of the required examinations. However, nothing in  
 28 subsections (1) and (2) of this section is intended to limit more frequent examinations that are dic-  
 29 tated by the general state of the child's health or by any particular condition.

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

- 32 (a) Inoculated as determined appropriate by the local [*health department*] **public health au-**  
 33 **thority;** and
- 34 (b) Tested for:
  - 35 (A) Phenylketonuria pursuant to ORS 433.285;
  - 36 (B) Visual and aural acuity consistent with the child's age;
  - 37 (C) Sickle-cell anemia;
  - 38 (D) Effects of rubella, if any;
  - 39 (E) Effects of parental [*venereal disease*] **sexually transmitted infection**, if any; and
  - 40 (F) The hereditary or congenital effects of parental use of drugs or controlled substances.

41 (5) Within six months prior to the transfer for adoption of the custody of a child by a child-  
 42 caring agency to the prospective adoptive parents of such child, the child-caring agency shall pro-  
 43 vide for such child to have a complete physical examination by a physician or naturopathic  
 44 physician, including but not limited to inspection for evidence of child abuse in accordance with  
 45 rules of the Department of Human Services, and be tested for visual and aural acuity consistent with

1 the child's age.

2 (6) A child-caring agency shall record the results of tests provided a child pursuant to sub-  
 3 sections (1) to (5) of this section in the child's health record. The child's health record shall be kept  
 4 as a part of the agency's total records of that child. The child's health record shall be made avail-  
 5 able to both natural parents and to both prospective foster or adoptive parents of that child. A  
 6 qualified member of a child-caring agency under the supervision of a qualified physician or  
 7 naturopathic physician shall explain to adoptive parents the medical factors possible as a result of  
 8 a child's birth history, hereditary or congenital defects, or disease or disability experience.

9 **SECTION 3.** ORS 435.010 is amended to read:

10 435.010. (1) [No] Appliances, drugs or medicinal preparations intended or having special utility  
 11 for the prevention of conception or [venereal diseases] **sexually transmitted infections**, or both,  
 12 [shall] **may not** be manufactured or sold at wholesale in this state without a license issued by the  
 13 State Board of Pharmacy, as provided in ORS 435.010 to 435.130, which licenses shall be in addition  
 14 to other licenses required by law.

15 (2) The prohibitions of subsection (1) of this section do not apply to practitioners as defined in  
 16 ORS 689.005.

17 **SECTION 4.** ORS 677.370 is amended to read:

18 677.370. [No] Semen [shall] **may not** be donated for use in artificial insemination by any person  
 19 who:

20 (1) Has any disease or defect known by [him] **the person** to be transmissible by genes; or

21 (2) Knows or has reason to know [he has a venereal disease] **that the person has a sexually**  
 22 **transmitted infection.**

23  
 24 **HOSPITALS AND HOME HEALTH AGENCIES**

25  
 26 **SECTION 5.** ORS 442.315, as amended by section 23, chapter 608, Oregon Laws 2013, and sec-  
 27 tion 10, chapter 718, Oregon Laws 2017, is amended to read:

28 442.315. (1) Any new hospital or new skilled nursing or intermediate care service or facility not  
 29 excluded pursuant to ORS 441.065 shall obtain a certificate of need from the Oregon Health Au-  
 30 thority prior to an offering or development.

31 (2) The authority shall adopt rules specifying criteria and procedures for making decisions as  
 32 to the need for the new services or facilities.

33 (3)(a) An applicant for a certificate of need shall apply to the authority on forms provided for  
 34 this purpose by authority rule.

35 (b) An applicant shall pay a fee prescribed as provided in this section. Subject to the approval  
 36 of the Oregon Department of Administrative Services, the authority shall prescribe application fees,  
 37 based on the complexity and scope of the proposed project.

38 (4)(a) The authority shall [be the decision-making authority for the purpose of certificates of  
 39 need] **issue a draft recommendation in response to an application for a certificate of need.**

40 (b) The authority may establish an expedited review process for an application for a certificate  
 41 of need to rebuild a long term care facility, relocate buildings that are part of a long term care fa-  
 42 cility or relocate long term care facility bed capacity from one long term care facility to another.  
 43 The authority shall issue a [proposed order] **draft recommendation** not later than 120 days after  
 44 the date a complete application [for] **subject to** expedited review is received by the authority.

45 (5)(a) An applicant or any affected person who is dissatisfied with the [proposed decision] **draft**

1 **recommendation** of the authority is entitled to an informal hearing **before the authority** in the  
 2 course of review and before a *[final]* **proposed** decision is rendered. **Following an informal hear-**  
 3 **ing, or if no applicant or affected person requests an informal hearing within a period of time**  
 4 **prescribed by the authority by rule, the authority shall issue a proposed decision.**

5 *[(b) Following a final decision being rendered by the authority, an applicant or any affected person*  
 6 *may request a reconsideration hearing pursuant to ORS chapter 183.]*

7 *[(c) In any proceeding brought by an affected person or an applicant challenging an authority de-*  
 8 *cision under this subsection, the authority shall follow procedures consistent with the provisions of*  
 9 *ORS chapter 183 relating to a contested case.]*

10 **(b) An applicant or affected person is entitled to a contested case hearing in accordance**  
 11 **with ORS chapter 183 to challenge the proposed decision of the authority. Following a con-**  
 12 **tested case hearing, or if no applicant or affected person requests a contested case hearing**  
 13 **within a period of time prescribed by the authority by rule, the authority shall issue a final**  
 14 **order granting, with or without limitations, or denying the certificate of need.**

15 (6) Once a certificate of need has been *[issued]* **granted**, it may not be revoked or rescinded  
 16 unless it was acquired by fraud or deceit. However, if the authority finds that a person is offering  
 17 or developing a project that is not within the scope of the certificate of need, the authority may  
 18 limit the project as specified in the *[issued]* **granted** certificate of need or reconsider the applica-  
 19 tion. A certificate of need is not transferable.

20 (7) Nothing in this section applies to any hospital, skilled nursing or intermediate care service  
 21 or facility that seeks to replace equipment with equipment of similar basic technological function  
 22 or an upgrade that improves the quality or cost-effectiveness of the service provided. Any person  
 23 acquiring such replacement or upgrade shall file a letter of intent for the project in accordance with  
 24 the rules of the authority if the price of the replacement equipment or upgrade exceeds \$1 million.

25 (8) Except as required in subsection (1) of this section for a new hospital or new skilled nursing  
 26 or intermediate care service or facility not operating as a Medicare swing bed program, nothing in  
 27 this section requires a rural hospital as defined in ORS 442.470 (6)(a)(A) and (B) to obtain a certif-  
 28 icate of need.

29 (9) Nothing in this section applies to basic health services, but basic health services do not in-  
 30 clude:

- 31 (a) Magnetic resonance imaging scanners;
- 32 (b) Positron emission tomography scanners;
- 33 (c) Cardiac catheterization equipment;
- 34 (d) Megavoltage radiation therapy equipment;
- 35 (e) Extracorporeal shock wave lithotriptors;
- 36 (f) Neonatal intensive care;
- 37 (g) Burn care;
- 38 (h) Trauma care;
- 39 (i) Inpatient psychiatric services;
- 40 (j) Inpatient chemical dependency services;
- 41 (k) Inpatient rehabilitation services;
- 42 (L) Open heart surgery; or
- 43 (m) Organ transplant services.

44 (10) In addition to any other remedy provided by law, whenever it appears that any person is  
 45 engaged in, or is about to engage in, any acts that constitute a violation of this section, or any rule

1 or order issued by the authority under this section, the authority may institute proceedings in the  
 2 circuit courts to enforce obedience to such statute, rule or order by injunction or by other pro-  
 3 cesses, mandatory or otherwise.

4 (11) As used in this section, “basic health services” means health services offered in or through  
 5 a hospital licensed under ORS chapter 441, except skilled nursing or intermediate care nursing fa-  
 6 cilities or services and those services specified in subsection (9) of this section.

7 **SECTION 6.** ORS 443.035 is amended to read:

8 443.035. (1) The Oregon Health Authority may grant a license to a home health agency or  
 9 caregiver registry for a calendar year, may annually renew a license and may allow for a change  
 10 of ownership, upon payment of a fee as follows:

11 *[(a) For a new home health agency:]*

12 *[(A) \$1,600; and]*

13 *[(B) An additional \$1,600 for each subunit of a parent home health agency.]*

14 *[(b) For renewal of a home health agency license:]*

15 *[(A) \$850; and]*

16 *[(B) An additional \$850 for each subunit of a parent home health agency.]*

17 *[(c) For a change of ownership of a home health agency at a time other than the annual renewal*  
 18 *date:]*

19 *[(A) \$500; and]*

20 *[(B) An additional \$500 for each subunit of a parent home health agency.]*

21 *[(d) For a new caregiver registry:]*

22 *[(A) \$1,500; and]*

23 *[(B) An additional \$750 for each subunit of a caregiver registry.]*

24 *[(e) For renewal of a caregiver registry license:]*

25 *[(A) \$750; and]*

26 *[(B) An additional \$750 for each subunit of a caregiver registry.]*

27 *[(f) For a change of ownership of a caregiver registry at a time other than the annual renewal*  
 28 *date:]*

29 *[(A) \$350; and]*

30 *[(B) An additional \$350 for each subunit of a caregiver registry.]*

31 **(a) \$1,600 for a new home health agency license.**

32 **(b) \$850 for a renewal of a home health agency license.**

33 **(c) \$500 for a change of ownership of a home health agency at a time other than the**  
 34 **annual renewal date.**

35 **(d)(A) \$1,500 for a new caregiver registry license; and**

36 **(B) \$750 for each subunit of a newly licensed caregiver registry.**

37 **(e)(A) \$750 for a renewal of a caregiver registry license; and**

38 **(B) \$750 for each subunit of a caregiver registry described in subparagraph (A) of this**  
 39 **paragraph.**

40 **(f)(A) \$350 for a change of ownership of a caregiver registry at a time other than the**  
 41 **annual renewal date; and**

42 **(B) \$350 for each subunit of a caregiver registry described in subparagraph (A) of this**  
 43 **paragraph.**

44 (2) Notwithstanding subsection (1)(c) or (f) of this section, the fee for a change in ownership  
 45 shall be \$100 if a change in ownership does not involve:

1 (a) The majority owner or partner; or

2 (b) The administrator operating the agency or registry.

3 (3) All fees received pursuant to subsection (1) of this section shall be paid over to the State  
 4 Treasurer and credited to the Public Health Account. Such moneys are appropriated continuously  
 5 to the Oregon Health Authority for the administration of ORS 443.014 to 443.105.

6 **SECTION 7. (1) The amendments to ORS 442.315 and 443.035 by sections 5 and 6 of this**  
 7 **2019 Act become operative on January 1, 2020.**

8 **(2) The Oregon Health Authority may take any action before the operative date specified**  
 9 **in subsection (1) of this section that is necessary to enable the authority to exercise, on and**  
 10 **after the operative date specified in subsection (1) of this section, all of the duties, functions**  
 11 **and powers conferred on the authority by the amendments to ORS 442.315 and 443.035 by**  
 12 **sections 5 and 6 of this 2019 Act.**

13  
 14 **TOBACCO AND INHALANT DELIVERY SYSTEMS**

15  
 16 **SECTION 8.** ORS 431A.183 is amended to read:

17 431A.183. (1)(a) The Oregon Health Authority [*shall*:]

18 [*(a) Coordinate with law enforcement agencies*] **may enter into an agreement with federal**  
 19 **agencies to assist the authority in monitoring and enforcing federal laws and regulations**  
 20 **related to tobacco products or inhalant delivery systems.**

21 **(b) The authority may commission employees of the authority as federal officers for the**  
 22 **purpose of carrying out the duties prescribed under an agreement entered into under para-**  
 23 **graph (a) of this subsection.**

24 **(c) The authority may adopt rules and take any action necessary to carry out the**  
 25 **authority's duties as established under an agreement entered into under paragraph (a) of this**  
 26 **subsection.**

27 **(2) The authority may enter into an agreement with federal, state and local government**  
 28 **agencies, including federal and state law enforcement agencies, to assist the authority in**  
 29 **carrying out the authority's duties under ORS 431A.175 and to conduct random, unannounced**  
 30 **inspections of wholesalers and retailers of tobacco products or inhalant delivery systems to ensure**  
 31 **compliance with the laws of this state designed to discourage the use of tobacco products and**  
 32 **inhalant delivery systems by persons under 21 years of age, including ORS 167.750, 167.755, 167.760,**  
 33 **167.765, 167.775, 167.780 and 431A.175[; and].**

34 **(3)(a) If the authority enters into an agreement with the Department of State Police**  
 35 **under subsection (2) of this section, the department may employ retired state police officers**  
 36 **who are active reserve officers. Service by a retired state police officer under this paragraph**  
 37 **is subject to ORS 238.082.**

38 **(b) The department may not use the services of a retired state police officer to displace**  
 39 **an active state police member.**

40 **(4)(a) The authority may apply for and accept moneys from the federal government or**  
 41 **other public or private sources and, in accordance with any federal restrictions or other**  
 42 **funding source restrictions, use those moneys to carry out the duties and functions related**  
 43 **to preventing the use of tobacco products or inhalant delivery systems by persons who are**  
 44 **not of the minimum age to purchase tobacco products or inhalant delivery systems.**

45 **(b) Moneys received by the authority under paragraph (a) of this subsection shall be de-**

1 **posited in the Oregon Health Authority Fund established under ORS 413.101. Moneys subject**  
 2 **to a federal restriction or other funding source restriction must be accounted for separately**  
 3 **from other fund moneys.**

4 (5)(a) **The authority shall submit a written report each biennium to the Governor and to**  
 5 **the appropriate committee or interim committee of the Legislative Assembly to which mat-**  
 6 **ters of public health are assigned.**

7 (b) **The report submitted under this subsection must contain information** [*Submit a*  
 8 *report*] describing:

9 (A) The activities carried out to enforce the laws listed in [*paragraph (a)*] **subsection (2)** of this  
 10 [*subsection*] **section** during the previous [*fiscal year*] **biennium;**

11 (B) The extent of success achieved in reducing the availability of tobacco products and inhalant  
 12 delivery systems to persons under 21 years of age; and

13 (C) The strategies to be utilized for enforcing the laws listed in [*paragraph (a)*] **subsection (2)**  
 14 of this [*subsection*] **section** during the [*year*] **biennium** following the report.

15 [(2)] (6) The authority shall adopt rules for conducting random inspections of establishments that  
 16 distribute or sell tobacco products or inhalant delivery systems. The rules shall provide that in-  
 17 spections may take place:

18 (a) Only in areas open to the public;

19 (b) Only during the hours that tobacco products or inhalant delivery systems are distributed or  
 20 sold; and

21 (c) No more frequently than once a month in any single establishment unless a compliance  
 22 problem exists or is suspected.

23 [(3) *The Oregon Liquor Control Commission, pursuant to an agreement or otherwise, may assist*  
 24 *the authority with the authority's duties under subsection (1)(a) of this section and the enforcement of*  
 25 *ORS 431A.175.*]

26 **SECTION 9.** ORS 433.847 is amended to read:

27 433.847. (1) The Oregon Health Authority shall adopt rules establishing a certification system  
 28 for smoke shops **and any rules necessary for the implementation, administration and**  
 29 **enforcement of ORS 433.835 to 433.875.** In adopting [*such*] rules **under this section**, the authority  
 30 shall prohibit the smoking, aerosolizing or vaporizing of inhalants that are not tobacco products in  
 31 smoke shops.

32 (2) The authority shall issue a smoke shop certification to a business that:

33 (a)(A) Is primarily engaged in the sale, for off-premises consumption or use, of tobacco products  
 34 and smoking instruments used to smoke tobacco products, with at least 75 percent of the gross re-  
 35 venues of the business resulting from such sales;

36 (B) Prohibits persons under 21 years of age from entering the premises;

37 (C) Does not offer video lottery games as authorized under ORS 461.217, social gaming or betting  
 38 on the premises;

39 (D) Does not:

40 (i) Sell or offer food or beverages [*and does not sell, offer or allow on-premises consumption of*  
 41 *alcoholic beverages*], **including alcoholic beverages, for on-premises consumption; or**

42 (ii) **Allow on-premises consumption of alcoholic beverages;**

43 (E) Is a stand-alone business with no other businesses or residential property attached to the  
 44 premises;

45 (F) Has a maximum seating capacity of four persons; and

1 (G) Allows the smoking of tobacco product samples only for the purpose of making retail pur-  
 2 chase decisions;

3 (b) On December 31, 2008:

4 (A) Met the requirements of paragraph (a)(A) to (D) of this subsection; and

5 (B)(i) Was a stand-alone business with no other businesses or residential property attached; or

6 (ii) Had a ventilation system that exhausted smoke from the business and was designed and  
 7 terminated in accordance with the state building code standards for the occupancy classification in  
 8 use; or

9 (c)(A) Was certified as a smoke shop under ORS 433.835, as in effect immediately before June  
 10 30, 2011, by the authority on or before December 31, 2012; [*and*]

11 (B) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the  
 12 business results from the sale of cigarettes[.];

13 **(C) Does not:**

14 **(i) Sell or offer alcoholic beverages for on-premises consumption; or**

15 **(ii) Allow on-premises consumption of alcoholic beverages; and**

16 **(D) Prohibits persons under 21 years of age from entering the premises.**

17 (3) A smoke shop certified under subsection (2)(b) of this section must renew the smoke shop  
 18 certification every five years by demonstrating to the satisfaction of the authority that the smoke  
 19 shop:

20 (a)(A) Meets the requirements of subsection (2)(a)(A) to (D) of this section; and

21 (B)(i) Is a stand-alone business with no other businesses or residential property attached; or

22 (ii) Has a ventilation system that exhausts smoke from the business and is designed and termi-  
 23 nated in accordance with the state building code standards for the occupancy classification in use;  
 24 and

25 (b) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the  
 26 business results from the sale of cigarettes.

27 (4) A smoke shop certified under subsection (2)(c) of this section must renew the smoke shop  
 28 certification every five years by demonstrating to the satisfaction of the authority that the smoke  
 29 shop:

30 (a) Meets the requirements of ORS 433.835, as in effect immediately before June 30, 2011; [*and*]

31 (b) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the  
 32 business results from the sale of cigarettes[.];

33 **(c) Does not:**

34 **(i) Sell or offer alcoholic beverages for on-premises consumption; or**

35 **(ii) Allow on-premises consumption of alcoholic beverages; and**

36 **(d) Prohibits persons under 21 years of age from entering the premises.**

37 (5) The owner of a smoke shop certified under subsection (2)(b) or (c) of this section may  
 38 transfer the certification with ownership of the smoke shop if the transfer is made in accordance  
 39 with rules adopted by the authority.

40 (6) A smoke shop certified under subsection (2)(b) of this section may continue to be certified  
 41 in a new location under subsection (2)(b) of this section if:

42 (a)(A) The new location occupies no more than 3,500 square feet; or

43 (B) If the old location occupied more than 3,500 square feet, the new location occupies no more  
 44 than 110 percent of the space occupied by the old location; and

45 (b) The smoke shop as operated in the new location:



1 (A) Meets the requirements of subsection (2)(a)(A) to (D) of this section;

2 (B)(i) Is a stand-alone business with no other businesses or residential property attached; or

3 (ii) Has a ventilation system that exhausts smoke from the business and is designed and termi-  
 4 nated in accordance with the state building code standards for the occupancy classification in use;  
 5 and

6 (C) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the  
 7 business results from the sale of cigarettes.

8 (7) A smoke shop certified under subsection (2)(c) of this section may continue to be certified  
 9 in a new location under subsection (2)(c) of this section if:

10 (a)(A) The new location occupies no more than 3,500 square feet; or

11 (B) If the old location occupied more than 3,500 square feet, the new location occupies no more  
 12 than 110 percent of the space occupied by the old location; and

13 (b) The smoke shop as operated in the new location:

14 (A) Meets the requirements of ORS 433.835, as in effect immediately before June 30, 2011;  
 15 [*and*]

16 (B) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the  
 17 business results from the sale of cigarettes[.];

18 (C) **Does not:**

19 (i) **Sell or offer alcoholic beverages for on-premises consumption; or**

20 (ii) **Allow on-premises consumption of alcoholic beverages; and**

21 (D) **Prohibits persons under 21 years of age from entering the premises.**

22 (8) Rules adopted under this section must provide that, in order to obtain a smoke shop certi-  
 23 fication, a business must agree to allow the authority to make unannounced inspections of the  
 24 business to determine compliance with ORS 433.835 to 433.875.

25 (9)(a) **Subject to ORS chapter 183, the authority may revoke or refuse to issue or renew**  
 26 **a certification to a smoke shop for a violation of any provision of ORS 433.835 to 433.875 or**  
 27 **a violation of any rule adopted under ORS 433.835 to 433.875.**

28 (b) **If the authority revokes the certification or denies the renewal of the certification**  
 29 **of a smoke shop that was certified under subsection (2)(b) or (c) of this section, the authority**  
 30 **may not issue a new certification to the smoke shop under subsection (2)(b) or (c) of this**  
 31 **section.**

32 **SECTION 10.** ORS 413.101 is amended to read:

33 413.101. The Oregon Health Authority Fund is established in the State Treasury, separate and  
 34 distinct from the General Fund. Interest earned by the Oregon Health Authority Fund shall be  
 35 credited to the fund. Moneys in the fund are continuously appropriated to the Oregon Health Au-  
 36 thority for carrying out the duties, functions and powers of the authority under ORS 413.032 **and**  
 37 **431A.183.**

38 **SECTION 11.** **The State Police Tobacco Law Enforcement Fund established under ORS**  
 39 **181A.330 is abolished. Any unexpended balances of amounts authorized to be expended by the**  
 40 **Department of State Police, from moneys continuously appropriated, appropriated or other-**  
 41 **wise made available to the fund for the purpose of carrying out the duties, functions and**  
 42 **powers of the program described in ORS 181A.335, remaining in the fund on the operative**  
 43 **date specified in section 12 of this 2019 Act are transferred to the Oregon Health Authority**  
 44 **Fund established under ORS 413.101. The moneys transferred are available for expenditure**  
 45 **by the Oregon Health Authority for the purpose of administering and enforcing the duties**

1 of the authority under ORS 431A.183.

2 **SECTION 12.** (1) Section 11 of this 2019 Act and the amendments to ORS 413.101, 431A.183  
3 and 433.847 by sections 8, 9 and 10 of this 2019 Act become operative on January 1, 2020.

4 (2) The Oregon Health Authority may take any action before the operative date specified  
5 in subsection (1) of this section that is necessary to enable the authority to exercise, on and  
6 after the operative date specified in subsection (1) of this section, all of the duties, functions  
7 and powers conferred on the authority by section 11 of this 2019 Act and the amendments  
8 to ORS 413.101, 431A.183 and 433.847 by sections 8, 9 and 10 of this 2019 Act.

9  
10 **HEALTH LICENSING OFFICE**

11  
12 **SECTION 13.** ORS 676.150, as amended by section 19, chapter 61, Oregon Laws 2018, is  
13 amended to read:

14 676.150. (1) As used in this section:

15 (a) "Board" means the:

16 (A) State Board of Examiners for Speech-Language Pathology and Audiology;

17 (B) State Board of Chiropractic Examiners;

18 (C) State Board of Licensed Social Workers;

19 (D) Oregon Board of Licensed Professional Counselors and Therapists;

20 (E) Oregon Board of Dentistry;

21 (F) Board of Licensed Dietitians;

22 (G) State Board of Massage Therapists;

23 (H) Oregon Board of Naturopathic Medicine;

24 (I) Oregon State Board of Nursing;

25 (J) Long Term Care Administrators Board;

26 (K) Oregon Board of Optometry;

27 (L) State Board of Pharmacy;

28 (M) Oregon Medical Board;

29 (N) Occupational Therapy Licensing Board;

30 (O) Physical Therapist Licensing Board;

31 (P) Oregon Board of Psychology;

32 (Q) Board of Medical Imaging;

33 (R) State Board of Direct Entry Midwifery;

34 (S) State Board of Denture Technology;

35 (T) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

36 (U) Oregon Health Authority, to the extent that the authority licenses emergency medical ser-  
37 vices providers;

38 (V) Oregon State Veterinary Medical Examining Board; or

39 (W) State Mortuary and Cemetery Board.

40 (b) "Licensee" means a health professional licensed or certified by or registered with a board.

41 (c) "Prohibited conduct" means conduct by a licensee that:

42 (A) Constitutes a criminal act against a patient or client; or

43 (B) Constitutes a criminal act that creates a risk of harm to a patient or client.

44 (d) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best  
45 interests of the public, including conduct contrary to recognized standards of ethics of the licensee's

1 profession or conduct that endangers the health, safety or welfare of a patient or client.

2 (2) Unless state or federal laws relating to confidentiality or the protection of health information  
 3 prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has en-  
 4 gaged in prohibited or unprofessional conduct shall report the conduct to the board responsible for  
 5 the licensee who is believed to have engaged in the conduct. The reporting licensee shall report the  
 6 conduct without undue delay, but in no event later than 10 working days after the reporting licensee  
 7 learns of the conduct.

8 (3) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime  
 9 shall report the conviction or arrest to the licensee’s board within 10 days after the conviction or  
 10 arrest.

11 (4) The board responsible for a licensee who is reported to have engaged in prohibited or un-  
 12 professional conduct shall investigate in accordance with the board’s rules. If the board has rea-  
 13 sonable cause to believe that the licensee has engaged in prohibited conduct, the board shall present  
 14 the facts to an appropriate law enforcement agency without undue delay, but in no event later than  
 15 10 working days after the board finds reasonable cause to believe that the licensee engaged in pro-  
 16 hibited conduct.

17 (5) A licensee who fails to report prohibited or unprofessional conduct as required by subsection  
 18 (2) of this section or the licensee’s conviction or arrest as required by subsection (3) of this section  
 19 is subject to discipline by the board responsible for the licensee.

20 (6) A licensee who fails to report prohibited conduct as required by subsection (2) of this section  
 21 commits a Class A violation.

22 (7)(a) Notwithstanding any other provision of law, a report under subsection (2) or (3) of this  
 23 section is confidential under ORS 676.175.

24 (b) A board may disclose a report as provided in ORS 676.177.

25 (c) **If the Health Licensing Office receives a report described in this subsection, the re-  
 26 port is confidential and the office may only disclose the report pursuant to ORS 676.595 and  
 27 676.599.**

28 (8) Except as part of an application for a license or for renewal of a license and except as pro-  
 29 vided in subsection (3) of this section, a board may not require a licensee to report the licensee’s  
 30 criminal conduct.

31 (9) The obligations imposed by this section are in addition to and not in lieu of other obligations  
 32 to report unprofessional conduct as provided by statute.

33 (10) A licensee who reports to a board in good faith as required by subsection (2) of this section  
 34 is immune from civil liability for making the report.

35 (11) A board and the members, employees and contractors of the board are immune from civil  
 36 liability for actions taken in good faith as a result of a report received under subsection (2) or (3)  
 37 of this section.

38 **SECTION 14.** ORS 676.560 is amended to read:

39 676.560. (1) To provide for the more effective coordination of administrative and regulatory  
 40 functions of certain health boards, [and] councils **and programs** involved in protecting the public  
 41 through the licensing and regulation of health-related professions and occupations practiced in this  
 42 state under a uniform mission and uniform goals, the Health Licensing Office is created within the  
 43 Oregon Health Authority.

44 (2) The mission of the office is to serve the public by providing a uniform structure and ac-  
 45 countability for the boards, [and] councils **and programs** under its administration to protect the

1 public from harm. The office’s focus is to:

2 (a) Promote effective health policy that protects the public from incompetent or unauthorized  
3 individuals and allows consumers to select a provider from a range of safe options.

4 (b) Provide outreach and training to stakeholders to improve compliance with public health and  
5 safety standards, and to involve stakeholders in the regulation of the various disciplines and fields  
6 of practice.

7 (c) Form partnerships and work in collaboration with each constituency, local and state gov-  
8 ernmental agencies, educators, organizations and other affected entities to encourage diverse opin-  
9 ions and perspectives.

10 (d) Provide the boards, [and] councils **and programs** with a standardized administrative forum  
11 and procedures for operation, fiscal services, licensing, enforcement and complaint resolution.

12 (e) Resolve disputes between regulatory entities regarding the scope of practice of persons with  
13 authorization by those entities in the professions and occupations overseen by those boards, [and]  
14 councils **and programs**.

15 **SECTION 15.** ORS 676.565, as amended by section 22, chapter 61, Oregon Laws 2018, is  
16 amended to read:

17 676.565. Pursuant to ORS 676.568, the Health Licensing Office shall provide administrative and  
18 regulatory oversight and centralized service for the following boards, councils and programs:

- 19 (1) Board of Athletic Trainers, as provided in ORS 688.701 to 688.734;
- 20 (2) Board of Cosmetology, as provided in ORS 690.005 to 690.225;
- 21 (3) State Board of Denture Technology, as provided in ORS 680.500 to 680.565;
- 22 (4) State Board of Direct Entry Midwifery, as provided in ORS 687.405 to 687.495;
- 23 (5) Respiratory Therapist and Polysomnographic Technologist Licensing Board, as provided in  
24 ORS 688.800 to 688.840;
- 25 (6) Environmental Health Registration Board, as provided in ORS chapter 700;
- 26 (7) Board of Electrologists and Body Art Practitioners, as provided in ORS 690.350 to 690.410;
- 27 (8) Advisory Council on Hearing Aids, as provided in ORS 694.015 to 694.170;
- 28 (9) Sex Offender Treatment Board, as provided in ORS 675.360 to 675.410;
- 29 (10) Long Term Care Administrators Board, as provided in ORS 678.710 to 678.820;
- 30 (11) Board of Licensed Dietitians, as provided in ORS 691.405 to 691.485;
- 31 (12) Behavior Analysis Regulatory Board, as provided in ORS 676.806;
- 32 (13) Board of Certified Advanced Estheticians, as provided in ORS 676.630 to 676.660;
- 33 (14) Art therapy, as provided in ORS 681.740 to 681.758; [and]
- 34 (15) Lactation consultation, as provided in ORS 676.665 to 676.689; **and**
- 35 **(16) Music therapy, as provided in ORS 681.700 to 681.730.**

36 **SECTION 16.** ORS 676.579 is amended to read:

37 676.579. (1)(a) The Health Licensing Office is under the supervision and control of a director,  
38 who is responsible for the performance of the duties, functions and powers and for the organization  
39 of the office.

40 (b) The Director of the Oregon Health Authority shall establish the qualifications for and ap-  
41 point the Director of the Health Licensing Office, who holds office at the pleasure of the Director  
42 of the Oregon Health Authority.

43 (c) The Director of the Health Licensing Office shall receive a salary as provided by law or, if  
44 not so provided, as prescribed by the Director of the Oregon Health Authority.

45 (d) The Director of the Health Licensing Office is in the unclassified service.

1 (2) The Director of the Health Licensing Office shall provide the boards, councils and programs  
 2 administered by the office with any services and employees as the office requires to carry out the  
 3 office's duties. Subject to any applicable provisions of the State Personnel Relations Law, the Di-  
 4 rector of the Health Licensing Office shall appoint all subordinate officers and employees of the of-  
 5 fice, prescribe their duties and fix their compensation.

6 (3) The Director of the Health Licensing Office is responsible for carrying out the duties, func-  
 7 tions and powers under ORS 675.360 to 675.410, 676.560 to 676.625, 676.665 to 676.689, 676.810,  
 8 676.815, 676.825, 676.992, 678.710 to 678.820, 680.500 to 680.565, **681.700 to 681.730**, 681.740 to 681.758,  
 9 687.405 to 687.495, 687.895, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to  
 10 690.410, 691.405 to 691.485 and 694.015 to 694.170 and ORS chapter 700.

11 (4) The enumeration of duties, functions and powers in subsection (3) of this section is not in-  
 12 tended to be exclusive or to limit the duties, functions and powers imposed on or vested in the office  
 13 by other statutes.

14 **SECTION 17.** ORS 676.590 is amended to read:

15 676.590. (1) *[Upon request, the Health Licensing Office shall disclose to a person against whom*  
 16 *disciplinary action is sought information, including complaints and information identifying*  
 17 *complainants, but not including information that is otherwise privileged or confidential under state or*  
 18 *federal law,]* **Information** obtained by the **Health Licensing** Office as part of an investigation  
 19 conducted under **the following laws and any reports issued by an investigator are exempt from**  
 20 **public disclosure:**

21 (a) ORS 676.630 to 676.660, **676.665 to 676.689**, 681.700 to 681.730, **681.740 to 681.758**, 690.005 to  
 22 690.225, 690.350 to 690.410 or 694.015 to 694.170.

23 (b) ORS 676.560 to 676.625 if the investigation is related to the regulation of:

24 (A) Advanced nonablative esthetics under ORS 676.630 to 676.660;

25 **(B) Lactation consultation under ORS 676.665 to 676.689;**

26 *[(B)]* (C) Music therapy under ORS 681.700 to 681.730;

27 **(D) Art therapy under ORS 681.740 to 681.758;**

28 *[(C)]* (E) Barbering, hair design, esthetics, nail technology or natural hair care under ORS  
 29 690.005 to 690.225;

30 *[(D)]* (F) Electrologists and body art practitioners under ORS 690.350 to 690.410; or

31 *[(E)]* (G) Dealing in hearing aids under ORS 694.015 to 694.170.

32 (2) The office shall disclose information obtained as part of an investigation described in sub-  
 33 section (1) of this section to a person who demonstrates by clear and convincing evidence that the  
 34 public interest in disclosure outweighs other interests in nondisclosure, including the public interest  
 35 in nondisclosure.

36 **(3) A complaint that forms the basis for an investigation described in subsection (1) of**  
 37 **this section shall not be considered information obtained as part of an investigation and is**  
 38 **not exempt from public disclosure.**

39 **(4) Upon request, the office shall disclose to a person against whom disciplinary action**  
 40 **is sought any information obtained as part of an investigation described in section (1) of this**  
 41 **section, if the information is not otherwise privileged or confidential under state or federal**  
 42 **law.**

43 **SECTION 18.** ORS 676.595, as amended by section 23, chapter 61, Oregon Laws 2018, is  
 44 amended to read:

45 676.595. (1) As used in this section, "board" means the:

- 1 (a) Sex Offender Treatment Board established under ORS 675.395.
- 2 (b) Behavior Analysis Regulatory Board created under ORS 676.806.
- 3 (c) Long Term Care Administrators Board established under ORS 678.800.
- 4 (d) State Board of Denture Technology established under ORS 680.556.
- 5 (e) State Board of Direct Entry Midwifery established under ORS 687.470.
- 6 (f) Board of Athletic Trainers established under ORS 688.705.
- 7 (g) Respiratory Therapist and Polysomnographic Technologist Licensing Board established under
- 8 ORS 688.820.
- 9 (h) Board of Licensed Dietitians established under ORS 691.485.
- 10 (i) Environmental Health Registration Board established under ORS 700.210.
- 11 (2) Except to the extent that disclosure is necessary to conduct a full and proper investigation,
- 12 the Health Licensing Office may not disclose information, including complaints and information
- 13 identifying complainants, obtained by the office as part of an investigation conducted under:
  - 14 (a) ORS 675.360 to 675.410, 676.810 to 676.820, **676.825, 676.830**, 678.710 to 678.820, 680.500 to
  - 15 680.565, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840 or 691.405 to 691.485 or ORS
  - 16 chapter 700.
  - 17 (b) ORS 676.560 to 676.625 if the investigation is related to the regulation of:
    - 18 (A) Sex offender therapy under ORS 675.360 to 675.410;
    - 19 (B) Applied behavior analysis under ORS 676.810 to 676.820, **676.825 and 676.830**;
    - 20 (C) Nursing home administration and residential care facility administration under ORS 678.710
    - 21 to 678.820;
    - 22 (D) The practice of denture technology under ORS 680.500 to 680.565;
    - 23 (E) Direct entry midwifery under ORS 687.405 to 687.495;
    - 24 (F) Athletic training under ORS 688.701 to 688.734;
    - 25 (G) Respiratory care and polysomnography under ORS 688.800 to 688.840;
    - 26 (H) Dietetics under ORS 691.405 to 691.485; or
    - 27 (I) Environmental or waste water sanitation under ORS chapter 700.
  - 28 (3) Notwithstanding subsection (2) of this section, if the office **or board** decides not to impose
  - 29 a disciplinary sanction after conducting an investigation described in subsection (2) of this section:
    - 30 (a) The office shall disclose information obtained as part of the investigation if the person re-
    - 31 questing the information demonstrates by clear and convincing evidence that the public interest in
    - 32 disclosure outweighs other interests in nondisclosure, including the public interest in nondisclosure.
    - 33 (b) The office may disclose to a complainant who made a complaint related to the investigation
    - 34 a written summary of information obtained as part of the investigation to the extent that disclosure
    - 35 is necessary to explain the office's **or board's** decision. The person who is the subject of the in-
    - 36 vestigation may review and obtain a copy of a written summary disclosed under this paragraph after
    - 37 the office has redacted any information identifying the complainant.
    - 38 (4) Notwithstanding subsection (2) of this section, if a decision is made to impose a disciplinary
    - 39 sanction and to issue a notice of intent to impose a disciplinary sanction after conducting an in-
    - 40 vestigation described in subsection (2) of this section, upon written request by the person who is the
    - 41 subject of the investigation, the office shall disclose to the person all information obtained by the
    - 42 office **or board** during the investigation, except that the office may not disclose:
      - 43 (a) Information that is otherwise privileged or confidential under state or federal law.
      - 44 (b) Information identifying a person who provided information that led to the investigation, un-
      - 45 less the person will provide testimony at a hearing arising out of the investigation.

- 1 (c) Information identifying a complainant.
- 2 (d) Reports of expert witnesses.
- 3 (5) Information disclosed to a person under subsection (4) of this section may be further dis-
- 4 closed by the person only to the extent that disclosure is necessary to prepare for a hearing arising
- 5 out of the investigation.
- 6 (6) The office shall disclose:
- 7 (a) Any notice related to the imposition of a disciplinary sanction.
- 8 (b) A final order related to the imposition of a disciplinary sanction.
- 9 (c) An emergency suspension order.
- 10 (d) A consent order or stipulated agreement that involves the conduct of a person against whom
- 11 discipline is sought.
- 12 (e) Information to further an investigation into board conduct under ORS 192.685.
- 13 (7) The office **or board** must summarize the factual basis for the office's **or board's** disposition
- 14 of:
- 15 (a) A final order related to the imposition of a disciplinary sanction;
- 16 (b) An emergency suspension order; or
- 17 (c) A consent order or stipulated agreement that involves the conduct of a person against whom
- 18 discipline is sought.
- 19 (8)(a) An office **or board** record or order, or any part of an office **or board** record or order, that
- 20 is obtained during an investigation described in subsection (2) of this section, during a contested
- 21 case proceeding or as a result of entering into a consent order or stipulated agreement is not ad-
- 22 missible as evidence and may not preclude an issue or claim in a civil proceeding.
- 23 (b) This subsection does not apply to a proceeding between the office **or board** and a person
- 24 against whom discipline is sought as otherwise authorized by law.
- 25 (9)(a) Notwithstanding subsection (2) of this section, the office is not publicly disclosing infor-
- 26 mation when the office permits other public officials and members of the press to attend executive
- 27 sessions where information obtained as part of an investigation is discussed. Public officials and
- 28 members of the press attending such executive sessions may not disclose information obtained as
- 29 part of an investigation to any other member of the public.
- 30 (b) For purposes of this subsection, "public official" means a member, member-elect or employee
- 31 of a public entity as defined in ORS 676.177.
- 32 (10) The office may establish fees reasonably calculated to reimburse the actual cost of disclos-
- 33 ing information to a person against whom discipline is sought as required by subsection (4) of this
- 34 section.
- 35 **SECTION 19.** ORS 676.608 is amended to read:
- 36 676.608. (1) As used in this section, "public entity" has the meaning given that term in ORS
- 37 676.177.
- 38 (2)(a) The Health Licensing Office shall carry out the investigatory duties necessary to enforce
- 39 the provisions of ORS 676.560 to 676.625 and 676.992.
- 40 (b) Subject to subsection (12) of this section, the office, upon its own motion, may initiate and
- 41 conduct investigations of matters relating to the practice of occupations or professions subject to
- 42 the authority of the boards, councils and programs listed in ORS 676.565.
- 43 (c) **Subject to subsection (12) of this section, the office shall investigate all complaints**
- 44 **received by the office relating to the practice of occupations or professions subject to the**
- 45 **authority of the boards, councils and programs listed in ORS 676.565.**

1 (3) While conducting an investigation authorized under subsection (2) of this section or a hear-  
2 ing related to an investigation, the office may:

3 (a) Take evidence;

4 (b) Administer oaths;

5 (c) Take the depositions of witnesses, including the person charged;

6 (d) Compel the appearance of witnesses, including the person charged;

7 (e) Require answers to interrogatories;

8 (f) Compel the production of books, papers, accounts, documents and testimony pertaining to the  
9 matter under investigation; and

10 (g) Conduct criminal and civil background checks to determine conviction of a crime that bears  
11 a demonstrable relationship to the field of practice.

12 (4) In exercising its authority under this section, the office may issue subpoenas over the sig-  
13 nature of the Director of the Health Licensing Office or designated employee of the director and in  
14 the name of the State of Oregon.

15 (5) If a person fails to comply with a subpoena issued under this section, the judge of the Circuit  
16 Court for Marion County may compel obedience by initiating proceedings for contempt as in the  
17 case of disobedience of the requirements of a subpoena issued from the court.

18 (6) If necessary, the director, or an employee designated by the director, may appear before a  
19 magistrate empowered to issue warrants in criminal cases to request that the magistrate issue a  
20 warrant. The magistrate shall issue a warrant, directing it to any sheriff or deputy or police officer,  
21 to enter the described property, to remove any person or obstacle, to defend any threatened violence  
22 to the director or a designee of the director or an officer, upon entering private property, or to as-  
23 sist the director in enforcing the office's authority in any way.

24 (7) In all investigations and hearings, the office and any person affected by the investigation or  
25 hearing may have the benefit of counsel.

26 (8) If an authorization holder who is the subject of a complaint or an investigation is to appear  
27 before the office, the office shall provide the authorization holder with a current summary of the  
28 complaint or the matter being investigated not less than 10 days before the date that the authori-  
29 zation holder is to appear. At the time the summary of the complaint or the matter being investi-  
30 gated is provided, the office shall provide the authorization holder with a current summary of  
31 documents or alleged facts that the office has acquired as a result of the investigation. The name  
32 of the complainant may be withheld from the authorization holder.

33 (9) An authorization holder who is the subject of an investigation, and any person acting on  
34 behalf of the authorization holder, may not contact the complainant until the authorization holder  
35 has requested a contested case hearing and the office has authorized the taking of the complainant's  
36 deposition pursuant to ORS 183.425.

37 (10) Except in an investigation or proceeding conducted by the office or another public entity,  
38 or in an action, suit or proceeding in which a public entity is a party, an authorization holder may  
39 not be questioned or examined regarding any communication with the office made in an appearance  
40 before the office as part of an investigation.

41 (11) This section does not prohibit examination or questioning of an authorization holder re-  
42 garding records about the authorization holder's care and treatment of a patient or affect the  
43 admissibility of those records.

44 (12) In conducting an investigation related to the practice of direct entry midwifery, as defined  
45 in ORS 687.405, the office shall:



1 (a) Allow the State Board of Direct Entry Midwifery to review the motion or complaint before  
2 beginning the investigation;

3 (b) Allow the board to prioritize the investigation with respect to other investigations related  
4 to the practice of direct entry midwifery; and

5 (c) Consult with the board during and after the investigation for the purpose of determining  
6 whether to pursue disciplinary action.

7 **SECTION 20.** ORS 676.612 is amended to read:

8 676.612. (1) Subject to ORS 676.616 and 687.445, and in the manner prescribed in ORS chapter  
9 183 for contested cases and as specified in ORS 675.385, 676.685, 676.825, 678.780, 680.535, 681.755,  
10 687.445, 688.734, 688.836, 690.167, 690.407, 691.477, 694.147 and 700.111 **and section 42 of this 2019**  
11 **Act**, the Health Licensing Office may refuse to issue or renew, may suspend or revoke or may oth-  
12 erwise condition or limit an authorization or may discipline or place on probation an authorization  
13 holder for commission of the prohibited acts listed in subsection (2) of this section.

14 (2) A person subject to the authority of a board, council or program listed in ORS 676.565  
15 commits a prohibited act if the person engages in:

16 (a) Fraud, misrepresentation, concealment of material facts or deception in applying for or ob-  
17 taining an authorization to practice in this state, or in any written or oral communication to the  
18 office concerning the issuance or retention of the authorization.

19 (b) Using, causing or promoting the use of any advertising matter, promotional literature, testi-  
20 monial, guarantee, warranty, label, insignia or any other representation, however disseminated or  
21 published, that is false, misleading or deceptive.

22 (c) Making a representation that the authorization holder knew or should have known is false  
23 or misleading regarding skill or the efficacy or value of treatment or remedy administered by the  
24 authorization holder.

25 (d) Practicing under a false, misleading or deceptive name, or impersonating another authori-  
26 zation holder.

27 (e) Permitting a person other than the authorization holder to use the authorization.

28 (f) Practicing with a physical or mental condition that presents an unreasonable risk of harm  
29 to the authorization holder or to the person or property of others in the course of performing the  
30 authorization holder's duties.

31 (g) Practicing while under the influence of alcohol, cannabis, controlled substances or other  
32 skill-impairing substances, or engaging in the illegal use of controlled substances or other skill-  
33 impairing substances so as to create a risk of harm to the person or property of others in the course  
34 of performing the duties of an authorization holder.

35 (h) Failing to properly and reasonably accept responsibility for the actions of employees.

36 (i) Employing, directly or indirectly, any suspended, uncertified, unlicensed or unregistered per-  
37 son to practice a regulated occupation or profession subject to the authority of the boards, councils  
38 and programs listed in ORS 676.565.

39 (j) Unprofessional conduct, negligence, incompetence, repeated violations or any departure from  
40 or failure to conform to standards of practice in performing services or practicing in a regulated  
41 occupation or profession subject to the authority of the boards, councils and programs listed under  
42 ORS 676.565.

43 (k) Conviction of any criminal offense, subject to ORS 670.280. A copy of the record of con-  
44 viction, certified by the clerk of the court entering the conviction, is conclusive evidence of the  
45 conviction. A plea of no contest or an admission of guilt is a conviction for purposes of this para-

1 graph.

2 (L) Failing to report any adverse action, as required by statute or rule, taken against the au-  
 3 thorization holder by another regulatory jurisdiction or any peer review body, health care institu-  
 4 tion, professional association, governmental agency, law enforcement agency or court for acts or  
 5 conduct similar to acts or conduct that would constitute grounds for disciplinary action as described  
 6 in this section.

7 (m) Violation of a statute regulating an occupation or profession subject to the authority of the  
 8 boards, councils and programs listed in ORS 676.565.

9 (n) Violation of any rule regulating an occupation or profession subject to the authority of the  
 10 boards, councils and programs listed in ORS 676.565.

11 (o) Failing to cooperate with the office in any investigation, inspection or request for informa-  
 12 tion.

13 (p) Selling or fraudulently obtaining or furnishing an authorization to practice in a regulated  
 14 occupation or profession subject to the authority of the boards, councils and programs listed in ORS  
 15 676.565, or aiding or abetting such an act.

16 (q) Selling or fraudulently obtaining or furnishing any record related to practice in a regulated  
 17 occupation or profession subject to the authority of the boards, councils and programs listed in ORS  
 18 676.565, or aiding or abetting such an act.

19 (r) Failing to pay an outstanding civil penalty or fee that is due or failing to meet the terms of  
 20 any order issued by the office that has become final.

21 (3) For the purpose of requesting a state or nationwide criminal records check under ORS  
 22 181A.195, the office may require the fingerprints of a person who is:

- 23 (a) Applying for an authorization;
- 24 (b) Applying for renewal of an authorization; or
- 25 (c) Under investigation by the office.

26 (4) If the office places an authorization holder on probation under subsection (1) of this section,  
 27 the office, in consultation with the appropriate board, council or program, may determine and at any  
 28 time modify the conditions of the probation.

29 (5) If an authorization is suspended, the authorization holder may not practice during the term  
 30 of suspension. Upon the expiration of the term of suspension, the authorization may be reinstated  
 31 by the office if the conditions of suspension no longer exist and the authorization holder has satis-  
 32 fied all requirements in the relevant statutes or administrative rules for issuance, renewal or rein-  
 33 statement.

34 **SECTION 21.** ORS 676.613 is amended to read:

35 676.613. (1) In addition to all other remedies, when it appears to the Health Licensing Office that  
 36 a person is engaged in, has engaged in or is about to engage in any act, practice or transaction that  
 37 violates any provision of ORS 675.360 to 675.410, 676.665 to 676.689, 676.810, 676.815, 678.710 to  
 38 678.820, 680.500 to 680.565, **681.700 to 681.730**, 681.740 to 681.758, 687.405 to 687.495, 688.701 to  
 39 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to 690.410, 691.405 to 691.485 or 694.015 to  
 40 694.170 or ORS chapter 700, the office may, through the Attorney General or the district attorney  
 41 of the county in which the act, practice or transaction occurs or will occur, apply to the court for  
 42 an injunction restraining the person from the act, practice or transaction.

43 (2) A court may issue an injunction under this section without proof of actual damages. An in-  
 44 junction issued under this section does not relieve a person from any other prosecution or enforce-  
 45 ment action taken for violation of statutes listed in subsection (1) of this section.

**SECTION 22.** ORS 676.622 is amended to read:

676.622. (1) A transaction conducted through a state or local system or network that provides electronic access to the Health Licensing Office information and services is exempt from any requirement under ORS 675.360 to 675.410, 676.560 to 676.625, 676.665 to 676.689, 676.810, 676.815, 676.992, 680.500 to 680.565, **681.700 to 681.730**, 681.740 to 681.758, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to 690.410, 691.405 to 691.485 and 694.015 to 694.170 and ORS chapter 700, and rules adopted thereunder, requiring an original signature or the submission of handwritten materials.

(2) Electronic signatures subject to ORS 84.001 to 84.061 and facsimile signatures are acceptable and have the same force as original signatures.

**SECTION 23.** The amendments to ORS 676.150, 676.560, 676.565, 676.579, 676.590, 676.595, 676.608, 676.612, 676.613 and 676.622 by sections 13 to 22 of this 2019 Act apply to complaints and reports received on or after the operative date specified in section 24 of this 2019 Act.

**SECTION 24.** (1) The amendments to ORS 676.150, 676.560, 676.565, 676.579, 676.590, 676.595, 676.608, 676.612, 676.613 and 676.622 by sections 13 to 22 of this 2019 Act become operative on January 1, 2020.

(2) The Health Licensing Office may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the office to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the office by the amendments to ORS 676.150, 676.560, 676.565, 676.579, 676.590, 676.595, 676.608, 676.612, 676.613 and 676.622 by sections 13 to 22 of this 2019 Act.

**TRAUMA ADVISORY BOARDS**

**SECTION 25.** ORS 431A.055 is amended to read:

431A.055. (1) The State Trauma Advisory Board is established within the Oregon Health Authority. The board must have at least 18 members. The Director of the Oregon Health Authority shall appoint at least 17 voting members as described in subsection (2) of this section. The chairperson of the State Emergency Medical Service Committee established under ORS 682.039, or the chairperson's designee, shall be a nonvoting member.

(2) The director shall, subject to subsection (3) of this section, appoint members to serve on the State Trauma Advisory Board, including:

(a) At least one member from each area trauma advisory board described in ORS 431A.070.

(b) At least two physicians who are trauma surgeons from each trauma center designated by the authority as a Level I trauma center.

(c) From trauma centers designated by the authority as Level I or Level II trauma centers[:]  
[(A)], at least one physician who is a neurosurgeon[; and]

[(B) At least one physician who is an] **or** orthopedic surgeon.

(d) From trauma centers designated by the authority as Level I trauma centers:

(A) At least one physician who practices emergency medicine; and

(B) At least one nurse who is a trauma program manager.

(e) From trauma centers designated by the authority as Level II trauma centers:

(A) At least one physician who is a trauma surgeon; and

(B) At least one nurse who is a trauma coordinator.

- 1 (f) From trauma centers designated by the authority as Level III trauma centers:
  - 2 (A) At least one physician who is a trauma surgeon or who practices emergency medicine; and
  - 3 (B) At least one nurse who is a trauma coordinator.
- 4 (g) At least one nurse who is a trauma coordinator from a trauma center designated by the  
5 authority as a Level IV trauma center.
- 6 (h) From a predominately urban area:
  - 7 (A) At least one trauma hospital administration representative; and
  - 8 (B) At least one emergency medical services provider.
- 9 (i) From a predominately rural area:
  - 10 (A) At least one trauma hospital administration representative; and
  - 11 (B) At least one emergency medical services provider.
- 12 (j) At least two public members.
- 13 **(k) At least one representative from a public safety answering point.**
- 14 (3) In appointing members under subsection (2)(j) of this section, the director may not appoint  
15 a member who has an economic interest in the provision of emergency medical services or trauma  
16 care.
  - 17 (4)(a) The State Trauma Advisory Board shall:
    - 18 (A) Advise the authority with respect to the authority's duties and responsibilities under ORS  
19 431A.050 to 431A.080, 431A.085, 431A.090, 431A.095, 431A.100 and 431A.105;
    - 20 (B) Advise the authority with respect to the adoption of rules under ORS 431A.050 to 431A.080,  
21 431A.085, 431A.095 and 431A.105;
    - 22 (C) Analyze data related to the emergency medical services and trauma system developed pur-  
23 suant to ORS 431A.050; and
    - 24 (D) Suggest improvements to the emergency medical services and trauma system developed  
25 pursuant to ORS 431A.050.
  - 26 (b) In fulfilling the duties, functions and powers described in this subsection, the board shall:
    - 27 (A) Make evidence-based decisions that emphasize the standard of care attainable throughout  
28 this state and by individual communities located in this state; and
    - 29 (B) Seek the advice and input of coordinated care organizations.
  - 30 (5)(a) The State Trauma Advisory Board may establish a Quality Assurance Subcommittee for  
31 the purposes of providing peer review support to and discussing evidence-based guidelines and pro-  
32 tocols with the members of area trauma advisory boards and trauma care providers located in this  
33 state.
    - 34 (b) Notwithstanding ORS 414.227, meetings of the subcommittee are not subject to ORS 192.610  
35 to 192.690.
    - 36 (c) Personally identifiable information provided by the State Trauma Advisory Board to indi-  
37 viduals described in paragraph (a) of this subsection is not subject to ORS 192.311 to 192.478.
  - 38 (6) A majority of the voting members of the board constitutes a quorum for the transaction of  
39 business.
  - 40 (7) Official action taken by the board requires the approval of a majority of the voting members  
41 of the board.
  - 42 (8) The board shall nominate and elect a chairperson from among its voting members.
  - 43 (9) The board shall meet at the call of the chairperson or of a majority of the voting members  
44 of the board.
  - 45 (10) The board may adopt rules necessary for the operation of the board.

1 (11) The term of office of each voting member of the board is four years, but a voting member  
 2 serves at the pleasure of the director. Before the expiration of the term of a voting member, the  
 3 director shall appoint a successor whose term begins January 1 next following. A voting member is  
 4 eligible for reappointment. If there is a vacancy for any cause, the director shall make an appoint-  
 5 ment to become immediately effective for the unexpired term.

6 (12) Members of the board are not entitled to compensation, but may be reimbursed from funds  
 7 available to the Oregon Health Authority, for actual and necessary travel and other expenses in-  
 8 curred by them in the performance of their official duties in the manner and amounts provided for  
 9 in ORS 292.495.

10 **SECTION 26.** ORS 431A.070 is amended to read:

11 431A.070. (1)(a) Area trauma advisory boards shall meet as often as necessary to:

12 (A) Identify specific trauma area needs and problems; and

13 (B) Propose to the Oregon Health Authority area trauma system plans and changes that meet  
 14 state standards and objectives.

15 (b) The authority, acting with the advice of the State Trauma Advisory Board established under  
 16 ORS 431A.055, has the authority to implement plans and changes proposed under paragraph (a) of  
 17 this subsection.

18 (2) In concurrence with the Governor, the authority shall select members for each trauma area  
 19 from lists submitted by local associations of emergency medical services providers, emergency  
 20 nurses, emergency physicians, surgeons, hospital administrators, emergency medical services agen-  
 21 cies and citizens at large. The members of an area trauma advisory board must be broadly repre-  
 22 sentative of the trauma area as a whole. An area trauma advisory board must consist of at least  
 23 [15] **16** members and must include:

24 (a) [Three] **Two** surgeons;

25 (b) Two physicians serving as emergency physicians;

26 (c) Two hospital administrators from different hospitals;

27 (d) Two nurses serving as emergency nurses;

28 (e) Two emergency medical services providers serving different emergency medical services;

29 (f) One emergency medical services medical director;

30 (g) Two representatives of the public at large selected from among those submitting letters of  
 31 application in response to public notice by the authority;

32 (h) One representative of any bordering state that is included within the patient referral area;  
 33 [and]

34 (i) One ambulance service owner or operator or both; **and**

35 (j) **One representative from a public safety answering point.**

36 (3) Members of an area trauma advisory board described in subsection (2)(g) of this section may  
 37 not have an economic interest in health care services provided in the trauma area for which the  
 38 area trauma advisory board makes proposals under subsection (1)(a)(B) of this section.

39 **SECTION 27. The amendments to ORS 431A.055 and 431A.070 by sections 25 and 26 of this**  
 40 **2019 Act apply to individuals who are members of the State Trauma Advisory Board and area**  
 41 **trauma advisory boards on or after the operative date specified in section 28 of this 2019 Act.**

42 **SECTION 28. (1) The amendments to ORS 431A.055 and 431A.070 by sections 25 and 26**  
 43 **of this 2019 Act become operative on January 1, 2020.**

44 **(2) The Oregon Health Authority may take any action before the operative date specified**  
 45 **in subsection (1) of this section that is necessary to enable the authority to exercise, on and**

1 after the operative date specified in subsection (1) of this section, all of the duties, functions  
 2 and powers conferred on the authority by the amendments to ORS 431A.055 and 431A.070 by  
 3 sections 25 and 26 of this 2019 Act.

4  
 5 **DISEASES AND INFECTIONS**  
 6

7 **SECTION 29.** ORS 432.510, as amended by section 13, chapter 98, Oregon Laws 2018, is  
 8 amended to read:

9 432.510. (1) The Oregon Health Authority[, *or designee*,] shall establish a uniform, statewide,  
 10 population-based registry system for the collection of information determining the incidence of can-  
 11 cer and benign or borderline tumors of the brain and central nervous system and related data. The  
 12 purpose of the registry [*shall be*] **is** to provide information to design, target, monitor, facilitate and  
 13 evaluate efforts to determine the causes or sources of cancer and benign or borderline tumors  
 14 among the residents of this state and to reduce the burden of cancer and benign or borderline tu-  
 15 mors in this state. Such efforts may include but are not limited to:

16 (a) Targeting populations in need of cancer screening services or evaluating screening or other  
 17 cancer control services;

18 (b) Supporting the operation of hospital registries in monitoring and upgrading the care and the  
 19 end results of treatment for cancer and benign or borderline tumors;

20 (c) Investigating suspected clusters or excesses of cancer and benign or borderline tumors both  
 21 in occupational settings and in the state's environment generally;

22 (d) Conducting studies to identify cancer hazards to the public health and cancer hazard reme-  
 23 dies; and

24 (e) Projecting the benefits or costs of alternative policies regarding the prevention or treatment  
 25 of cancer and benign or borderline tumors.

26 (2) The authority shall adopt rules necessary to carry out the purposes of ORS 432.510 to 432.550  
 27 and 432.900, including but not limited to designating which types of cancer and benign or borderline  
 28 tumors of the brain and central nervous system are reportable to the statewide registry, the data  
 29 to be reported, the data reporting standards and format and the effective date after which reporting  
 30 by health care facilities, clinical laboratories and practitioners shall be required. When adopting  
 31 rules under this subsection, the authority shall, to the greatest extent practicable, conform the rules  
 32 to the standards and procedures established by the American College of Surgeons Commission on  
 33 Cancer, with the goal of achieving uniformity in the collection and reporting of data.

34 (3) The authority [*or designee*] shall:

35 (a) Conduct a program of epidemiologic analyses of registry data collected under subsection (1)  
 36 of this section to assess control, prevention, treatment and causation of cancer and benign or  
 37 borderline tumors in this state; and

38 (b) Utilize the data to promote, facilitate and evaluate programs designed to reduce the burden  
 39 of cancer and benign or borderline tumors among the residents of Oregon.

40 (4) The authority [*or designee*] shall:

41 (a) Collaborate in studies of cancer and benign or borderline tumors with clinicians and  
 42 epidemiologists and publish reports on the results of such studies; and

43 (b) Cooperate with the National Institutes of Health and the Centers for Disease Control and  
 44 Prevention in providing incidence data for cancer and benign or borderline tumors.

45 (5) The authority [*or designee*] shall establish a training program for the personnel of partic-

1 ipating health care facilities and a quality control program for data for cancer and benign or  
 2 borderline tumors reported to the state registry.

3 **(6) The authority may contract with a public or private third party to:**

4 **(a) Operate or maintain the statewide registry; and**

5 **(b) Fulfill the authority's duties under subsections (3) to (5) of this section.**

6 **SECTION 30.** ORS 432.520 is amended to read:

7 432.520. (1) Except as provided in subsection (2) of this section, any health care facility in which  
 8 patients are diagnosed or provided treatment for cancer or benign or borderline tumors of the brain  
 9 and central nervous system shall report each case of cancer or benign or borderline tumors of the  
 10 brain and central nervous system to the Oregon Health Authority **or its authorized representative**  
 11 within a time period and in a format prescribed by the authority. The authority may provide, at cost,  
 12 reporting services to health care facilities. Health care facilities may also purchase reporting ser-  
 13 vices from another facility or commercial vendor. If a health care facility is unable to report in  
 14 conformance with the format and standards prescribed by the authority, the authority may, after  
 15 consultation with the health care facility, elect to activate its reporting service for the facility.  
 16 When activated, the authority may enter the facility, obtain the information and report it in con-  
 17 formance with the appropriate format and standards. In these instances, the facility shall reimburse  
 18 the authority or its authorized representative for the cost of obtaining and reporting the informa-  
 19 tion.

20 (2) Upon application to the authority by a health care facility, the authority shall grant to the  
 21 health care facility an extension of time in which to meet the reporting requirements of this section.  
 22 In no event shall the extension of time exceed one year from the date of application.

23 (3) Any **licensed health care** practitioner diagnosing or providing treatment to patients with  
 24 cancer or benign or borderline tumors of the brain and central nervous system shall report each  
 25 case to the authority or its authorized representative within a time period and in a format pre-  
 26 scribed by the authority. Those cases diagnosed or treated at an Oregon health care facility or  
 27 previously admitted to an Oregon health care facility for diagnosis or treatment of that instance of  
 28 cancer or benign or borderline tumors of the brain and central nervous system shall be considered  
 29 by the authority to have been reported by the **licensed** health care practitioner.

30 (4) Any clinical laboratory diagnosing cases of cancer or benign or borderline tumors of the  
 31 brain and central nervous system shall report each case to the authority or its authorized repre-  
 32 sentative within a time period and in a format prescribed by the authority.

33 (5) For the purpose of assuring the accuracy and completeness of reported data, the authority  
 34 shall have the right to periodically review all records that would:

35 (a) Identify cases of cancer and benign or borderline tumors, the treatment of the cancer or  
 36 benign or borderline tumors or the medical status of any patient identified as being treated for  
 37 cancer or benign or borderline tumors; or

38 (b) Establish characteristics of the cancer or benign or borderline tumors.

39 (6) The authority may conduct special studies of cancer morbidity and mortality. As part of such  
 40 studies, registry personnel may obtain additional information that applies to a patient's cancer or  
 41 benign or borderline tumors and that may be in the medical record of the patient. The record holder  
 42 may either provide the requested information to the registry personnel or provide the registry per-  
 43 sonnel access to the relevant portions of the patient's medical record. Neither the authority nor the  
 44 record holder shall bill the other for the cost of providing or obtaining this information.

45 **SECTION 31.** ORS 433.004 is amended to read:

1 433.004. (1) The Oregon Health Authority shall by rule:  
2 (a) Specify reportable diseases;  
3 (b) Identify those categories of persons who must report reportable diseases and the circum-  
4 stances under which the reports must be made;  
5 (c) Prescribe the procedures and forms for making such reports and transmitting the reports to  
6 the authority; and  
7 (d) Prescribe measures and methods for investigating the source and controlling reportable dis-  
8 eases.

9 (2) Persons required under the rules to report reportable diseases shall [*do so by reporting*] **re-**  
10 **port** to the **authority or the** local public health administrator **as specified by the authority by**  
11 **rule.** [*The*] **A** local public health administrator **that receives a report under this subsection** shall  
12 transmit [*such reports*] **the report** to the authority **as specified by the authority by rule.**

13 (3) The authority or local public health administrator may investigate a case of a reportable  
14 disease, disease outbreak or epidemic. The investigation may include, but is not limited to:  
15 (a) Interviews of:  
16 (A) The subject of a reportable disease report;  
17 (B) Controls;  
18 (C) Health care providers; or  
19 (D) Employees of a health care facility.  
20 (b) Requiring a health care provider, any public or private entity, or an individual who has in-  
21 formation necessary for the investigation to:  
22 (A) Permit inspection of the information by the authority or local public health administrator;  
23 and  
24 (B) Release the information to the authority or local public health administrator.  
25 (c) Inspection, sampling and testing of real or personal property with consent of the owner or  
26 custodian of the property or with an administrative warrant.

27 (4)(a) The authority shall establish by rule the manner in which information may be requested  
28 and obtained under subsection (3) of this section.  
29 (b) Information requested may include, but is not limited to, individually identifiable health in-  
30 formation related to:  
31 (A) The case;  
32 (B) An individual who may be the potential source of exposure or infection;  
33 (C) An individual who has been or may have been exposed to or affected by the disease;  
34 (D) Policies, practices, systems or structures that may have affected the likelihood of disease  
35 transmission; and  
36 (E) Factors that may influence an individual's susceptibility to the disease or likelihood of being  
37 diagnosed with the disease.

38 (5) In addition to other grounds for which a state agency may exercise disciplinary action  
39 against its licensees or certificate holders, the substantial or repeated failure of a licensee or cer-  
40 tificate holder to report when required to do so under subsection (2) or (3) of this section shall be  
41 cause for the exercise of any of the agency's disciplinary powers.

42 (6) Any person making a report or providing information under this section is immune from any  
43 civil or criminal liability that might otherwise be incurred or imposed with respect to the making  
44 of a report or providing information under this section.

45 **SECTION 32.** ORS 433.045, as amended by section 15, chapter 61, Oregon Laws 2018, is



1 amended to read:

2 433.045. (1) As used in this section:

3 (a) "Health care provider" means an individual licensed by a health professional regulatory  
4 board, as defined in ORS 676.160, the Long Term Care Administrators Board, the Board of Licensed  
5 Dietitians or the Behavior Analysis Regulatory Board.

6 (b) "HIV test" means a test of an individual for the presence of HIV, or for antibodies or  
7 antigens that result from HIV infection, or for any other substance specifically indicating infection  
8 with HIV.

9 (c) "Insurance producer" has the meaning given that term in ORS 746.600.

10 (d) "Insurance-support organization" has the meaning given that term in ORS 746.600.

11 (e) "Insurer" has the meaning given that term in ORS 731.106.

12 (2) Except as provided in ORS 433.017, 433.055 [(3)] (2) and 433.080, a health care provider or  
13 the provider's designee shall, before subjecting an individual to an HIV test:

14 (a) Notify the individual being tested; and

15 (b) Allow the individual being tested the opportunity to decline the test.

16 (3) The notification and opportunity to decline testing required under subsection (2) of this sec-  
17 tion may be verbal or in writing, and may be contained in a general medical consent form.

18 (4)(a) Regardless of the manner of receipt or the source of the information, including information  
19 received from the tested individual, a person may not disclose or be compelled to disclose the iden-  
20 tity of any individual upon whom an HIV-related test is performed, or the results of such a test in  
21 a manner that permits identification of the subject of the test, except as required or permitted by  
22 federal law, the law of this state or any rule, including any authority rule considered necessary for  
23 public health or health care purposes, or as authorized by the individual whose blood is tested.

24 (b) This subsection does not apply to an individual acting in a private capacity and not in an  
25 employment, occupational or professional capacity.

26 (5) A person who complies with the requirements of this section is not subject to an action for  
27 civil damages.

28 (6) Whenever an insurer, insurance producer or insurance-support organization asks an appli-  
29 cant for insurance to take an HIV test in connection with an application for insurance, the insurer,  
30 insurance producer or insurance-support organization must reveal the use of the test to the appli-  
31 cant and obtain the written consent of the applicant. The consent form must disclose the purpose  
32 of the test and the persons to whom the results may be disclosed.

33 **SECTION 33.** ORS 433.055 is amended to read:

34 433.055. (1) The Oregon Health Authority shall conduct studies of the prevalence of the HIV  
35 infection in this state. *[Its findings shall be reported]* **The authority shall report findings** to the  
36 Oregon Public Health Advisory Board, the Conference of Local Health Officials, the Emergency  
37 Board and other interested bodies at regular intervals, commencing in January 1988. The authority  
38 may cause the prevalence study of persons sentenced to the Department of Corrections of this state,  
39 as defined in ORS 421.005, to be made.

40 [(2) *The authority shall contract with an appropriate education agency to prepare a curriculum*  
41 *regarding HIV infection, acquired immune deficiency syndrome (AIDS) and prevention of the spread*  
42 *of AIDS for all school districts and offer workshops to prepare teachers and parents to implement the*  
43 *curriculum. The authority shall award incentive grants from funds available therefor to school districts*  
44 *to encourage use of the curriculum in the schools.]*

45 [(3)] (2) Prior consent to HIV antibody testing need not be obtained from an individual if the test

1 is for the purpose of research as authorized by the authority and if the testing is performed in a  
 2 manner by which the identity of the test subject is not known, and may not be retrieved by the re-  
 3 searcher.

4 **SECTION 34.** ORS 433.075 is amended to read:

5 433.075. (1) When an HIV test is performed pursuant to ORS 433.080 or rules adopted under ORS  
 6 433.065, the exposed person requesting the test, or the exposed person’s employer in the case of an  
 7 occupational exposure, shall be responsible for the cost of the testing.

8 (2) If an employer provides a program of prevention, education and testing for HIV exposures  
 9 for its employees, an employee to be tested under ORS 433.060 to 433.080 shall comply with the  
 10 procedures provided by the program. [*The program must be approved by the Oregon Health*  
 11 *Authority.*]

12 (3) When an HIV test is performed pursuant to ORS 433.080 or rules adopted under ORS 433.065,  
 13 the results shall be reported confidentially to the person who suffered the substantial exposure giv-  
 14 ing rise to the test.

15 (4) The confidentiality provisions of ORS 433.045 (4) apply to any person who receives an HIV  
 16 test result pursuant to ORS 433.080 or rules adopted under ORS 433.065. A person who complies  
 17 with the requirements of this subsection is not subject to an action for damages.

18  
 19 **IMMUNIZATIONS**  
 20

21 **SECTION 35.** ORS 433.269 is amended to read:

22 433.269. [*(1) Local health departments shall make immunizations available for administration under*  
 23 *the direction of a local health officer in convenient areas and at convenient times. A local health de-*  
 24 *partment may not refuse to administer an immunization to a person because the person is unable to*  
 25 *pay for the immunization.*]

26 (1) **A local public health authority shall ensure that immunizations required under ORS**  
 27 **433.282 and 433.283 and the rules adopted pursuant to ORS 433.273 for attendance at a school,**  
 28 **children’s facility or post-secondary educational institution and that are available through**  
 29 **the local public health authority or its designees or contractors are available:**

30 (a) **To the entire population of the area served by the local public health authority in**  
 31 **convenient areas and at convenient times.**

32 (b) **Regardless of whether a child or student is able to pay for the immunization.**

33 (2)(a) Each local [*health department*] **public health authority**, school and children’s facility shall  
 34 report annually to the Oregon Health Authority on:

35 (A) The number of children in the area served by the local [*health department*] **public health**  
 36 **authority**, school or children’s facility; and

37 (B) The number of children in the area served by the local [*health department*] **public health**  
 38 **authority**, school or children’s facility who are susceptible to restrictable disease as prescribed by  
 39 the **Oregon Health** Authority’s rules pursuant to ORS 433.273.

40 (b) Each school and children’s facility shall report annually to the **Oregon Health** Authority  
 41 on the number of children in the area served by the school or children’s facility who are in at-  
 42 tendance at the school or children’s facility conditionally because of an incomplete immunization  
 43 schedule.

44 (c) Each local [*health department*] **public health authority** shall make available to each school  
 45 and children’s facility in the area served by the local [*health department*] **public health authority**

1 data on the immunization rate, by disease, of children in the area. Upon request, the **Oregon Health**  
 2 Authority shall assist local [*health departments*] **public health authorities** in compiling data for  
 3 purposes of this paragraph.

4 (d) A child exempted under ORS 433.267 is susceptible to restrictable disease for purposes of this  
 5 subsection.

6 (3)(a) For the purpose of providing parents with the information necessary to protect their  
 7 children’s health, each school and children’s facility shall make available the information reported  
 8 and received by the school and children’s facility pursuant to subsection (2) of this section:

9 (A) At the main office of the school or children’s facility;

10 (B) On the school’s or school district’s website or on the children’s facility’s website, if avail-  
 11 able; and

12 (C) To the parents of the children who attend the school or children’s facility, in the form of a  
 13 paper document or electronic communication that includes the information in a clear and easy to  
 14 understand manner.

15 (b) The information required to be made available under paragraph (a) of this subsection must  
 16 be made available at the beginning of each school year and not later than one month after the date  
 17 that children may be excluded as provided by ORS 433.267.

18 (4) The administrator of a school or children’s facility shall maintain immunization records of  
 19 children, including children who are in attendance at the school or children’s facility conditionally  
 20 because of an incomplete immunization schedule and children who are exempted as described in ORS  
 21 433.267 [(1)(b)] **(2)(b)** and (c).

22  
 23 **MARIJUANA**  
 24

25 **SECTION 36.** ORS 475B.797 is amended to read:

26 475B.797. (1) The Oregon Health Authority shall establish a program for the issuance of registry  
 27 identification cards to applicants who meet the requirements of this section.

28 (2) The authority shall issue a registry identification card to an applicant who is 18 years of age  
 29 or older if the applicant pays a fee in an amount established by the authority by rule and submits  
 30 to the authority an application containing the following information:

31 (a) Written documentation from the applicant’s attending physician stating that the attending  
 32 physician has diagnosed the applicant as having a debilitating medical condition and that the med-  
 33 ical use of marijuana may mitigate the symptoms or effects of the applicant’s debilitating medical  
 34 condition;

35 (b) The name, address and date of birth of the applicant;

36 (c) The name, address and telephone number of the applicant’s attending physician;

37 (d) Proof of residency, submitted in a form required by the authority by rule;

38 (e) The name and address of the applicant’s designated primary caregiver, if the applicant is  
 39 designating a primary caregiver under ORS 475B.804; and

40 (f) The information described in ORS 475B.810 (2), if the applicant is applying to produce  
 41 marijuana or designate another person under ORS 475B.810 to produce marijuana.

42 (3)(a) The authority shall issue a registry identification card to an applicant who is under 18  
 43 years of age if:

44 (A) The applicant pays the fee and submits the application described in subsection (2) of this  
 45 section; and

1 (B) The custodial parent or legal guardian who is responsible for the health care decisions of  
 2 the applicant signs and submits to the authority a written statement that:

3 (i) The applicant’s attending physician has explained to the applicant and to the custodial parent  
 4 or legal guardian the possible risks and benefits of the medical use of marijuana;

5 (ii) The custodial parent or legal guardian consents to the medical use of marijuana by the ap-  
 6 plicant;

7 (iii) The custodial parent or legal guardian agrees to serve as the applicant’s designated primary  
 8 caregiver; and

9 (iv) The custodial parent or legal guardian agrees to control the acquisition, dosage and fre-  
 10 quency of the medical use of marijuana by the applicant.

11 (b) An applicant who is under 18 years of age may not apply to produce marijuana under sub-  
 12 section (2)(f) of this section.

13 **(4) If the authority does not approve or deny an application received under subsection (2)**  
 14 **or (3) of this section within 30 days after receiving the application,** the authority shall,[:]

15 *[(a)]* on the date on which the authority receives an application described in subsection (2) of  
 16 this section, issue a receipt to the applicant verifying that the authority received an application  
 17 under subsection (2) or (3) of this section.[: *and]*

18 *[(b) Approve or deny an application received under subsection (2) or (3) of this section within 30*  
 19 *days after receiving the application.]*

20 (5)(a) If the authority approves an application, the authority shall issue a serially numbered  
 21 registry identification card to the applicant within five days after approving the application. The  
 22 registry identification card must include the following information:

23 (A) The registry identification cardholder’s name, address and date of birth;

24 (B) The issuance date and expiration date of the registry identification card;

25 (C) If the registry identification cardholder designated a primary caregiver under ORS 475B.804,  
 26 the name and address of the registry identification cardholder’s designated primary caregiver; and

27 (D) Any other information required by the authority by rule.

28 (b) If the registry identification cardholder designated a primary caregiver under ORS 475B.804,  
 29 the authority shall issue an identification card to the designated primary caregiver. The identifica-  
 30 tion card must contain the information required by paragraph (a) of this subsection.

31 (6) A registry identification cardholder shall:

32 (a) In a form and manner prescribed by the authority, notify the authority of any change con-  
 33 cerning the registry identification cardholder’s:

34 (A) Name, address or attending physician;

35 (B) Designated primary caregiver, including the designation of a primary caregiver made at a  
 36 time other than at the time of applying for or renewing a registry identification card; or

37 (C) Person responsible for a marijuana grow site, including the designation of a person respon-  
 38 sible for a marijuana grow site made at a time other than at the time of applying for or renewing  
 39 a registry identification card.

40 (b) Annually renew the registry identification card by paying a fee in an amount established by  
 41 the authority by rule and submitting to the authority an application that contains the following in-  
 42 formation:

43 (A) Updated written documentation from the registry identification cardholder’s attending phy-  
 44 sician stating that the registry identification cardholder still has a debilitating medical condition  
 45 and that the medical use of marijuana may mitigate the symptoms or effects of the registry iden-

1 tification cardholder's debilitating medical condition;

2 (B) The information described in subsection (2)(b) to (f) of this section; and

3 (C) If the registry identification cardholder is under 18 years of age, a statement signed by the  
4 custodial parent or legal guardian of the registry identification cardholder that meets the require-  
5 ments of subsection (3) of this section.

6 (7) **If the authority does not approve or deny an application received under subsection**  
7 **(6)(b) of this section within 30 days after receiving the application,** the authority shall,[:]

8 [(a)] on the date on which the authority receives an application described in subsection (2) of  
9 this section, issue a receipt to the applicant verifying that the authority received an application  
10 under subsection (6)(b) of this section.[: and]

11 [(b) *Approve or deny an application received under subsection (6)(b) of this section within 30 days*  
12 *after receiving the application.*]

13 (8)(a) If the registry identification cardholder's attending physician determines that the registry  
14 identification cardholder no longer has a debilitating medical condition, or determines that the  
15 medical use of marijuana is contraindicated for the registry identification cardholder's debilitating  
16 medical condition, the registry identification cardholder shall return the registry identification card  
17 to the authority within 30 calendar days after receiving notice of the determination.

18 (b) If, because of circumstances beyond the control of the registry identification cardholder, a  
19 registry identification cardholder is unable to obtain a second medical opinion about the registry  
20 identification cardholder's continuing eligibility for the medical use of marijuana before having to  
21 return the registry identification card to the authority, the authority may grant the registry iden-  
22 tification cardholder additional time to obtain a second medical opinion.

23 (9)(a) The authority may deny an application for a registry identification card or an application  
24 to renew a registry identification card, or may suspend or revoke a registry identification card, if:

25 (A) The applicant or registry identification cardholder does not provide the information required  
26 by this section;

27 (B) The authority determines that the applicant or registry identification cardholder provided  
28 false information; or

29 (C) The authority determines that the applicant or registry identification cardholder violated a  
30 provision of ORS 475B.785 to 475B.949 or a rule adopted under ORS 475B.785 to 475B.949.

31 (b) If a registry identification card is revoked, any associated identification card issued under  
32 subsection (5)(b) of this section, or marijuana grow site registration card issued under ORS 475B.810  
33 (6), shall also be revoked.

34 (c) A person whose application is denied, or whose registry identification card is revoked, under  
35 this subsection may not reapply for a registry identification card for six months from the date of the  
36 denial or revocation unless otherwise authorized by the authority.

37 (10)(a) The authority may deny a designation of a primary caregiver made under ORS 475B.804,  
38 or suspend or revoke an associated identification card issued under subsection (5)(b) of this section,  
39 if the authority determines that the designee or the registry identification cardholder violated a  
40 provision of ORS 475B.785 to 475B.949 or a rule adopted under ORS 475B.785 to 475B.949.

41 (b) A person whose designation has been denied, or whose identification card has been revoked,  
42 under this subsection may not be designated as a primary caregiver under ORS 475B.804 for six  
43 months from the date of the denial or revocation unless otherwise authorized by the authority.

44 (11)(a) Notwithstanding subsection (2) or (6)(b) of this section, if an applicant for a registry  
45 identification card, or a registry identification cardholder applying for renewal of a registry iden-

1 tification card, submits to the authority proof of having served in the Armed Forces of the United  
 2 States, the authority may not impose a fee that is greater than \$20 for the issuance or renewal of  
 3 the registry identification card.

4 (b) Notwithstanding subsection (6)(b)(A) of this section, the requirement that a registry identifi-  
 5 cation cardholder include in the application to renew a registry identification card updated written  
 6 documentation from the cardholder's attending physician regarding the cardholder's continuing de-  
 7 bilitating medical condition does not apply to a service-disabled veteran who:

8 (A) Has been assigned a total and permanent disability rating for compensation that rates the  
 9 veteran as unable to secure or follow a substantially gainful occupation as a result of service-  
 10 connected disabilities as described in 38 C.F.R. 4.16; or

11 (B) Has a United States Department of Veterans Affairs total disability rating of 100 percent  
 12 as a result of an injury or illness that the veteran incurred, or that was aggravated, during active  
 13 military service and who received a discharge or release under other than dishonorable conditions.

14 (12) For any purpose described in ORS 475B.785 to 475B.949, including exemption from criminal  
 15 liability under ORS 475B.907, a receipt issued by the authority verifying that an application has  
 16 been submitted to the authority under subsection (2), (3) or (6)(b) of this section has the same legal  
 17 effect as a registry identification card for 30 days following the date on which the receipt was issued  
 18 to the applicant.

19 **SECTION 37.** ORS 475B.895, as amended by section 7, chapter 103, Oregon Laws 2018, is  
 20 amended to read:

21 475B.895. (1) The Oregon Health Authority shall enter into an agreement with the Oregon Li-  
 22 quor Control Commission under which the commission shall use the system developed and main-  
 23 tained under ORS 475B.177 to track:

24 (a) The propagation of immature marijuana plants and the production of marijuana by marijuana  
 25 grow sites;

26 (b) The processing of marijuana into medical cannabinoid products, cannabinoid concentrates  
 27 and cannabinoid extracts that are transferred to a medical marijuana dispensary;

28 (c) The transfer of usable marijuana, immature marijuana plants, medical cannabinoid products,  
 29 cannabinoid concentrates and cannabinoid extracts by a marijuana grow site or a medical marijuana  
 30 dispensary to a registry identification cardholder or the designated primary caregiver of a registry  
 31 identification cardholder; and

32 (d) The transfer of usable marijuana, immature marijuana plants, medical cannabinoid products,  
 33 cannabinoid concentrates and cannabinoid extracts between marijuana grow sites, marijuana pro-  
 34 cessing sites and medical marijuana dispensaries.

35 (2) Marijuana grow sites, marijuana processing sites[,] **and** medical marijuana dispensaries [*and*  
 36 *any other person that processes marijuana into medical cannabinoid products and cannabinoid con-*  
 37 *centrates for the purpose of transferring the medical cannabinoid products and cannabinoid concen-*  
 38 *trates to a medical marijuana dispensary]* are subject to tracking under this section.

39 (3) On and after the date on which a marijuana grow site becomes subject to tracking under this  
 40 section, the person is exempt from the requirements of ORS 475B.816 and the provisions of ORS  
 41 475B.810 that relate to ORS 475B.816.

42 (4) On and after the date on which a marijuana processing site becomes subject to tracking  
 43 under this section, the marijuana processing site is exempt from the requirements of ORS 475B.846  
 44 and the provisions of ORS 475B.840 that relate to ORS 475B.846.

45 (5) On and after the date on which a medical marijuana dispensary becomes subject to tracking

1 under this section, the medical marijuana dispensary is exempt from the requirements of ORS  
2 475B.867 and the provisions of ORS 475B.858 that relate to ORS 475B.867.

3 (6) The commission may conduct inspections and investigations of alleged violations of ORS  
4 475B.785 to 475B.949 about which the commission obtains knowledge as a result of performing the  
5 commission's duties under this section. Notwithstanding ORS 475B.299, the commission may use  
6 regulatory specialists, as defined in ORS 471.001, to conduct the inspections and investigations, in-  
7 cluding inspections and investigations of marijuana grow sites located at a primary residence.

8 (7) When imposing a fee on a person responsible for a marijuana grow site, marijuana processing  
9 site or medical marijuana dispensary under ORS 475B.810, 475B.840 or 475B.858, the authority shall  
10 impose a fee that is reasonably calculated to pay costs incurred under this section. As part of the  
11 agreement entered into under subsection (1) of this section, the authority shall transfer fee moneys  
12 collected pursuant to this subsection to the commission for deposit in the Marijuana Control and  
13 Regulation Fund established under ORS 475B.296. Moneys collected pursuant to this subsection and  
14 deposited in the Marijuana Control and Regulation Fund are continuously appropriated to the com-  
15 mission for purposes of this section.

16 (8) The authority and the commission may adopt rules as necessary to administer this section.

17 (9) This section does not apply to a marijuana grow site located at an address where:

18 (a) A registry identification cardholder produces marijuana and no more than 12 mature  
19 marijuana plants and 24 immature marijuana plants are produced; or

20 (b)(A) No more than two persons are registered under ORS 475B.810 to produce marijuana; and

21 (B) The address is used to produce marijuana for no more than two registry identification  
22 cardholders.

23 **SECTION 38.** ORS 475B.895, as amended by sections 7 and 7a, chapter 103, Oregon Laws 2018,  
24 is amended to read:

25 475B.895. (1) The Oregon Health Authority shall enter into an agreement with the Oregon Li-  
26 quor Control Commission under which the commission shall use the system developed and main-  
27 tained under ORS 475B.177 to track:

28 (a) The propagation of immature marijuana plants and the production of marijuana by marijuana  
29 grow sites;

30 (b) The processing of marijuana into medical cannabinoid products, cannabinoid concentrates  
31 and cannabinoid extracts that are transferred to a medical marijuana dispensary;

32 (c) The transfer of usable marijuana, immature marijuana plants, medical cannabinoid products,  
33 cannabinoid concentrates and cannabinoid extracts by a marijuana grow site or a medical marijuana  
34 dispensary to a registry identification cardholder or the designated primary caregiver of a registry  
35 identification cardholder; and

36 (d) The transfer of usable marijuana, immature marijuana plants, medical cannabinoid products,  
37 cannabinoid concentrates and cannabinoid extracts between marijuana grow sites, marijuana pro-  
38 cessing sites and medical marijuana dispensaries.

39 (2) Marijuana grow sites, marijuana processing sites[,] **and** medical marijuana dispensaries [*and*  
40 *any other person that processes marijuana into medical cannabinoid products and cannabinoid con-*  
41 *centrates for the purpose of transferring the medical cannabinoid products and cannabinoid concen-*  
42 *trates to a medical marijuana dispensary]* are subject to tracking under this section.

43 (3) On and after the date on which a marijuana grow site becomes subject to tracking under this  
44 section, the person is exempt from the requirements of ORS 475B.816 and the provisions of ORS  
45 475B.810 that relate to ORS 475B.816.

1 (4) On and after the date on which a marijuana processing site becomes subject to tracking  
 2 under this section, the marijuana processing site is exempt from the requirements of ORS 475B.846  
 3 and the provisions of ORS 475B.840 that relate to ORS 475B.846.

4 (5) On and after the date on which a medical marijuana dispensary becomes subject to tracking  
 5 under this section, the medical marijuana dispensary is exempt from the requirements of ORS  
 6 475B.867 and the provisions of ORS 475B.858 that relate to ORS 475B.867.

7 (6) The commission may conduct inspections and investigations of alleged violations of ORS  
 8 475B.785 to 475B.949 about which the commission obtains knowledge as a result of performing the  
 9 commission's duties under this section. Notwithstanding ORS 475B.299, the commission may use  
 10 regulatory specialists, as defined in ORS 471.001, to conduct the inspections and investigations, in-  
 11 cluding inspections and investigations of marijuana grow sites located at a primary residence.

12 (7) Notwithstanding ORS 475B.759, before making any other distribution from the Oregon  
 13 Marijuana Account established under ORS 475B.759, the Department of Revenue shall first distrib-  
 14 ute moneys quarterly from the account to the commission for deposit in the Marijuana Control and  
 15 Regulation Fund established under ORS 475B.296 for purposes of paying administrative, inspection  
 16 and investigatory costs incurred by the commission under this section, provided that the amount of  
 17 distributed moneys does not exceed \$1.25 million per quarter. For purposes of estimating the amount  
 18 of moneys necessary to pay costs incurred under this section, the commission shall establish a  
 19 formulary based on expected costs for each marijuana grow site, marijuana processing site or med-  
 20 ical marijuana dispensary that is tracked under this section. The commission shall provide to the  
 21 Department of Revenue and the Legislative Fiscal Officer before each quarter the estimated amount  
 22 of moneys necessary to pay costs expected to be incurred under this section and the formulary.

23 (8) When imposing a fee on a person responsible for a marijuana grow site, marijuana processing  
 24 site or medical marijuana dispensary under ORS 475B.810, 475B.840 or 475B.858, the authority shall  
 25 impose an additional fee that is reasonably calculated to pay costs incurred under this section other  
 26 than costs paid pursuant to subsection (7) of this section. As part of the agreement entered into  
 27 under subsection (1) of this section, the authority shall transfer fee moneys collected pursuant to  
 28 this subsection to the commission for deposit in the Marijuana Control and Regulation Fund estab-  
 29 lished under ORS 475B.296. Moneys collected pursuant to this subsection and deposited in the  
 30 Marijuana Control and Regulation Fund are continuously appropriated to the commission for pur-  
 31 poses of this section.

32 (9) The authority and the commission may adopt rules as necessary to administer this section.

33 (10) This section does not apply to a marijuana grow site located at an address where:

34 (a) A registry identification cardholder produces marijuana and no more than 12 mature  
 35 marijuana plants and 24 immature marijuana plants are produced; or

36 (b)(A) No more than two persons are registered under ORS 475B.810 to produce marijuana; and

37 (B) The address is used to produce marijuana for no more than two registry identification  
 38 cardholders.

39 **SECTION 39. The amendments to ORS 475B.797 by section 36 of this 2019 Act apply to**  
 40 **applications received on or after the effective date of this 2019 Act.**

## 41 HEALTH CARE PROFESSIONS

42  
 43  
 44 **SECTION 40. ORS 676.669 is amended to read:**

45 676.669. The Health Licensing Office may issue a lactation consultant license to an applicant



1 who:

2 (1) Is at least 18 years old;

3 (2) Submits sufficient proof, as determined by the office, that the applicant [is]:

4 [(a) *Certified by the International Board of Lactation Consultant Examiners, or its successor or-*  
 5 *ganization, as approved by the office by rule, as an International Board Certified Lactation Consultant;*  
 6 *and]*

7 **(a) As approved by the office by rule, satisfies the requirements for certification as an**  
 8 **International Board Certified Lactation Consultant by the International Board of Lactation**  
 9 **Consultant Examiners or its successor organization; and**

10 (b) Is in good standing in any other states where the applicant is authorized as a lactation  
 11 consultant;

12 (3) Pays a licensure fee; and

13 (4) Meets other qualifications required by the office by rule.

14 **SECTION 41.** ORS 676.689 is amended to read:

15 676.689. (1) The Health Licensing Office shall adopt rules to:

16 (a) Establish a process for issuing lactation consultant licenses;

17 (b) Establish licensure fees;

18 (c) Determine qualifications for applicants for initial licensure and licensure by reciprocity;

19 [(d) *Approve the certification issued by the International Board of Lactation Consultant Examiners*  
 20 *or its successor organization, so long as the organization offers:]*

21 [(A) *A process to evaluate candidates for certification or education;]*

22 [(B) *A grievance process for applicants or individuals authorized by the organization; and]*

23 [(C) *A process for recertification or reauthorization;]*

24 [(e)] **(d)** Develop and maintain a publicly available record of lactation consultants; and

25 [(f)] **(e)** Establish standards of practice and professional responsibility for lactation consultants  
 26 that [reflect] **take into consideration** the standards established by the International Board of  
 27 Lactation Consultant Examiners.

28 (2) The office may adopt other rules as necessary to carry out the provisions of ORS 676.665 to  
 29 676.689.

30 **SECTION 42.** In the manner provided under ORS chapter 183 for contested cases, the  
 31 **Health Licensing Office may impose a form of discipline listed in ORS 676.612 against a per-**  
 32 **son practicing music therapy for any of the grounds listed in ORS 676.612, or for any vio-**  
 33 **lation of ORS 681.700 to 681.730 or the rules adopted pursuant to ORS 681.700 to 681.730.**

34 **SECTION 43.** ORS 681.730 is amended to read:

35 681.730. The Health Licensing Office shall adopt rules to:

36 (1) Establish a process for issuance of licenses **to practice music therapy;**

37 (2) Establish licensure fees;

38 (3) Determine qualifications for applicants for initial licensure, **licensure renewal** and licensure  
 39 by reciprocity;

40 (4) Approve:

41 (a) The Certification Board for Music Therapists examination;

42 (b) The certification issued by the Certification Board for Music Therapists; and

43 (c) The professional designations issued by the National Music Therapy Registry;

44 (5) Develop and maintain a publicly available record of music therapists; and

45 (6) Establish standards of practice and professional responsibility for music therapists.

**SECTION 44.** ORS 681.743 is amended to read:

681.743. The Health Licensing Office *[shall]* **may** issue a license to engage in the practice of art therapy as a licensed art therapist to an applicant who:

- (1) Is at least 18 years of age;
- (2) Has received **at least** a master’s degree *[in art therapy]* from a program *[approved]* **accepted** by the Art Therapy Credentials Board, Inc., or its successor organization, and approved by the office;
- (3) Submits sufficient proof, as determined by the office, of:
  - [(a) Holding a current credential as a registered art therapist by the Art Therapy Credentials Board, Inc., or its successor organization; and]*

**(a) As approved by the office by rule, satisfying the requirements to be credentialed as a registered art therapist by the Art Therapy Credentials Board, Inc., or its successor organization; and**

(b) Being in good standing in any other states where the applicant is licensed or certified to practice art therapy; and

- (4) Pays a licensure fee.

**SECTION 45.** ORS 681.746 is amended to read:

681.746. The Health Licensing Office *[shall]* **may** issue a license to engage in the practice of art therapy as a licensed certified art therapist to an applicant who:

- (1) Is at least 18 years of age;
- (2) Has received **at least** a master’s degree *[in art therapy]* from a program *[approved]* **accepted** by the Art Therapy Credentials Board, Inc., or its successor organization, and approved by the office;
- (3) Submits sufficient proof, as determined by the office, of:
  - [(a) Current certification as a board certified art therapist by the Art Therapy Credentials Board, Inc., or its successor organization; and]*

**(a) As approved by the office by rule, satisfying the requirements as a board certified art therapist by the Art Therapy Credentials Board, Inc., or its successor organization; and**

(b) Being in good standing in any other states where the applicant is licensed or certified to practice art therapy; and

- (4) Pays a licensure fee.

**SECTION 46.** ORS 681.749 is amended to read:

681.749. (1) A licensed art therapist and a licensed certified art therapist shall comply with the *[code of ethics, conduct and disciplinary procedures established by the Art Therapy Credentials Board, Inc., or its successor organization, and]* rules adopted by the Health Licensing Office pursuant to ORS 681.758.

(2) A licensed art therapist or licensed certified art therapist may, in accordance with that person’s education and training, administer and use appropriate assessment instruments to measure and treat a client’s affective, behavioral and cognitive disorders or problems. A licensed art therapist or licensed certified art therapist shall refer a client who presents with a disorder or problem that is beyond the licensed art therapist’s or licensed certified art therapist’s education and training to a licensed health care practitioner qualified to treat that disorder or problem.

(3) A licensed art therapist or licensed certified art therapist may not perform psychological or other assessments or testing designed to diagnose or measure mental illness.

**SECTION 47.** ORS 681.758 is amended to read:

1 681.758. The Health Licensing Office shall adopt rules to:

2 (1) Establish a process for issuing licenses under ORS 681.743 and 681.746;

3 (2) Establish licensure fees for licenses issued under ORS 681.743 and 681.746;

4 (3) Determine qualifications for applicants for initial licensure, license renewal and licensure by  
5 reciprocity for licenses under ORS 681.743 and 681.746;

6 [(4) Approve the credentials issued by the Art Therapy Credentials Board, Inc., or its successor  
7 organization;]

8 [(5)] (4) Develop and maintain a publicly available record of licensed art therapists and licensed  
9 certified art therapists; and

10 [(6)] (5) Establish standards of professional practice and standards of ethical conduct for li-  
11 censed art therapists and licensed certified art therapists that take into consideration the code of  
12 ethics, conduct and disciplinary procedures of the Art Therapy Credentials Board, Inc., or its suc-  
13 cessor organization.

14 **SECTION 48.** ORS 688.815 is amended to read:

15 688.815. The Health Licensing Office may issue a license to practice respiratory care to an ap-  
16 plicant who:

17 (1) Submits to the office written evidence that the applicant:

18 (a) Is at least 18 years of age;

19 (b) Has completed an approved four-year high school course of study or the equivalent as de-  
20 termined by the appropriate educational agency; and

21 [(c) Holds an active credential conferred by the National Board for Respiratory Care, or its suc-  
22 cessor organization, as a Registered Respiratory Therapist; and]

23 **(c) As approved by the office by rule, satisfies the requirements to be credentialed as a  
24 registered respiratory therapist by the National Board for Respiratory Care, or its successor  
25 organization; and**

26 (2) Passes any examinations approved by the Respiratory Therapist and Polysomnographic  
27 Technologist Licensing Board, including but not limited to an examination regarding Oregon law  
28 and administrative rules related to the practice of respiratory care.

29 **SECTION 49.** Section 42 of this 2019 Act and the amendments to ORS 676.669, 676.689,  
30 681.730, 681.743, 681.746, 681.749, 681.758 and 688.815 by sections 40, 41 and 43 to 48 of this 2019  
31 Act apply to applications for authorization to practice lactation consultation, music therapy,  
32 art therapy or respiratory therapy on or after the operative date specified in section 50 of  
33 this 2019 Act.

34 **SECTION 50.** (1) Section 42 of this 2019 Act and the amendments to ORS 676.669, 676.689,  
35 681.730, 681.743, 681.746, 681.749, 681.758 and 688.815 by sections 40, 41 and 43 to 48 of this 2019  
36 Act become operative on January 1, 2020.

37 (2) The Health Licensing Office may take any action before the operative date specified  
38 in subsection (1) of this section that is necessary to enable the office to exercise, on and  
39 after the operative date specified in subsection (1) of this section, all of the duties, functions  
40 and powers conferred on the office by section 42 of this 2019 Act and the amendments to ORS  
41 676.669, 676.689, 681.730, 681.743, 681.746, 681.749, 681.758 and 688.815 by sections 40, 41 and 43  
42 to 48 of this 2019 Act.

43  
44 **EMERGENCY MEDICAL SERVICES**  
45

1       **SECTION 51.** ORS 682.025 is amended to read:

2       682.025. As used in this chapter, unless the context requires otherwise:

3       (1) “Ambulance” or “ambulance vehicle” means a privately or publicly owned motor vehicle,  
4       aircraft or watercraft that is regularly provided or offered to be provided for the emergency trans-  
5       portation of persons who are ill or injured or who have disabilities.

6       (2) “Ambulance service” means a person, governmental unit or other entity that operates am-  
7       bulances and that holds itself out as providing prehospital care or medical transportation to persons  
8       who are ill or injured or who have disabilities.

9       (3) “Emergency care” means the performance of acts or procedures under emergency conditions  
10       in the observation, care and counsel of persons who are ill or injured or who have disabilities; in  
11       the administration of care or medications prescribed by a licensed physician or naturopathic physi-  
12       cian, insofar as any of these acts is based upon knowledge and application of the principles of bi-  
13       ological, physical and social science as required by a completed course utilizing an approved  
14       curriculum in prehospital emergency care. “Emergency care” does not include acts of medical di-  
15       agnosis or prescription of therapeutic or corrective measures.

16       (4) “Emergency medical services provider” means a person who has received formal training in  
17       prehospital and emergency care, and is licensed to attend any person who is ill or injured or who  
18       has a disability. Police officers, firefighters, funeral home employees and other persons serving in a  
19       dual capacity one of which meets the definition of “emergency medical services provider” are  
20       “emergency medical services providers” within the meaning of this chapter.

21       (5) “Fraud or deception” means the intentional misrepresentation or misstatement of a material  
22       fact, concealment of or failure to make known any material fact, or any other means by which  
23       misinformation or false impression knowingly is given.

24       (6) “Governmental unit” means the state or any county, municipality or other political subdivi-  
25       sion or any department, board or other agency of any of them.

26       (7) “Highway” means every public way, thoroughfare and place, including bridges, viaducts and  
27       other structures within the boundaries of this state, used or intended for the use of the general  
28       public for vehicles.

29       (8) “Nonemergency care” means the performance of acts or procedures on a patient who is not  
30       expected to die, become permanently disabled or suffer permanent harm within the next 24 hours,  
31       including but not limited to observation, care and counsel of a patient and the administration of  
32       medications prescribed by a physician licensed under ORS chapter 677 or naturopathic physician  
33       licensed under ORS chapter 685, insofar as any of those acts are based upon knowledge and appli-  
34       cation of the principles of biological, physical and social science and are performed in accordance  
35       with scope of practice rules adopted by the Oregon Medical Board or Oregon Board of Naturopathic  
36       Medicine in the course of providing prehospital care.

37       (9) “Owner” means the person having all the incidents of ownership in an ambulance service  
38       or an ambulance vehicle or where the incidents of ownership are in different persons, the person,  
39       other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle  
40       or operation of an ambulance service under a security agreement or a lease for a term of 10 or more  
41       successive days.

42       (10) “Patient” means a person who is ill or injured or who has a disability and [*who is trans-*  
43       ported in an ambulance] **who receives emergency or nonemergency care from an emergency**  
44       **medical services provider.**

45       (11) “Prehospital care” means care rendered by emergency medical services providers as an in-

1 cident of the operation of an ambulance and care rendered by emergency medical services providers  
 2 as incidents of other public or private safety duties, and includes, but is not limited to, “emergency  
 3 care.”

4 (12) “Scope of practice” means the maximum level of emergency or nonemergency care that an  
 5 emergency medical services provider may provide.

6 (13) “Standing orders” means the written protocols that an emergency medical services provider  
 7 follows to treat patients when direct contact with a physician is not maintained.

8 (14) “Supervising physician” means a physician licensed under ORS 677.100 to 677.228, actively  
 9 registered and in good standing with the Oregon Medical Board, who provides direction of emer-  
 10 gency or nonemergency care provided by emergency medical services providers.

11 (15) “Unprofessional conduct” means conduct unbecoming a person licensed to perform emer-  
 12 gency care, or detrimental to the best interests of the public and includes:

13 (a) Any conduct or practice contrary to recognized standards of ethics of the medical profession  
 14 or any conduct or practice which does or might constitute a danger to the health or safety of a  
 15 patient or the public or any conduct, practice or condition which does or might impair an emergency  
 16 medical services provider’s ability safely and skillfully to practice emergency or nonemergency care;

17 (b) Willful performance of any medical treatment which is contrary to acceptable medical stan-  
 18 dards; and

19 (c) Willful and consistent utilization of medical service for treatment which is or may be con-  
 20 sidered inappropriate or unnecessary.

21 **SECTION 52.** ORS 682.035 is amended to read:

22 682.035. ORS 820.330 to 820.380 and this chapter do not apply to:

23 (1) Ambulances owned by or operated, **and emergency medical service providers who oper-**  
 24 **ate**, under the control of the United States Government.

25 (2) Vehicles being used to render temporary assistance in the case of a major catastrophe or  
 26 emergency with which the ambulance services of the surrounding locality are unable to cope, or  
 27 when directed to be used to render temporary assistance by an official at the scene of an accident.

28 (3) Vehicles operated solely on private property or within the confines of institutional grounds,  
 29 whether or not the incidental crossing of any highway through the property or grounds is involved.

30 (4) Vehicles operated by lumber industries solely for the transportation of lumber industry em-  
 31 ployees.

32 (5) Any person who drives or attends [*an individual who is ill or injured or who has a*  
 33 *disability*] **a patient**, if the [*individual*] **patient** is transported in a vehicle [*mentioned*] **described** in  
 34 subsections [(1)] **(2)** to (4) of this section.

35 (6) Any person who otherwise by license is authorized to attend patients.

36 **SECTION 53.** ORS 682.039 is amended to read:

37 682.039. (1) The State Emergency Medical Service Committee is established within the Oregon  
 38 Health Authority. The committee must have at least [19] **18** members. The Oregon Health Authority  
 39 shall appoint at least [18] **17** voting members as described in subsection (2) of this section. The  
 40 chairperson of the State Trauma Advisory Board established under ORS 431A.055, or the  
 41 chairperson’s designee, shall be a nonvoting member.

42 (2) The authority shall appoint members to serve on the State Emergency Medical Service  
 43 Committee, including:

44 (a) [*Seven*] **Six** physicians licensed under ORS chapter 677 whose practice consists of routinely  
 45 treating emergencies, such as cardiovascular illness, [*or*] trauma **or pediatric emergencies**, ap-

1 pointed from a list submitted by the Oregon Medical Board. **At least two members appointed**  
 2 **under this paragraph must be emergency medical services medical directors, at least one of**  
 3 **whom specializes in pediatric emergency care.**

4 (b) Four emergency medical services providers whose practices consist of routinely treating  
 5 emergencies, such as cardiovascular illness or trauma. At least one of the providers must be at the  
 6 lowest level of licensure for emergency medical services providers established by the authority at  
 7 the time of appointment. Emergency medical services providers appointed pursuant to this paragraph  
 8 must be selected from lists submitted by each area trauma advisory board. The lists must include  
 9 nominations from organizations that represent emergency care providers in this state.

10 (c) One volunteer ambulance operator.

11 (d) One person representing governmental agencies that provide ambulance services.

12 (e) One person representing a private ambulance company.

13 (f) One hospital administrator.

14 (g) One nurse who has served at least two years in the capacity of an emergency department  
 15 nurse.

16 (h) One representative of an emergency dispatch center.

17 (i) One community college or licensed career school representative.

18 (3) The committee must include at least one resident, but no more than three residents, from  
 19 each region served by one area trauma advisory board at the time of appointment.

20 (4) Appointments are for a term of four years and must be made in a manner that preserves as  
 21 much as possible the representation of the organization described in subsection (2) of this section.  
 22 A vacancy must be filled for an unexpired term as soon as the authority can make the appointment.  
 23 The committee shall choose a chairperson and shall meet at the call of the chairperson or the Di-  
 24 rector of the Oregon Health Authority.

25 (5) The State Emergency Medical Service Committee shall:

26 (a) Advise the authority concerning the adoption, amendment and repeal of rules authorized by  
 27 this chapter;

28 (b) Assist the Emergency Medical Services and Trauma Systems Program in providing state and  
 29 regional emergency medical services coordination and planning;

30 (c) Assist communities in identifying emergency medical service system needs and quality im-  
 31 provement initiatives;

32 (d) Assist the Emergency Medical Services and Trauma Systems Program in prioritizing, imple-  
 33 menting and evaluating emergency medical service system quality improvement initiatives identified  
 34 by communities;

35 (e) Review and prioritize rural community emergency medical service funding requests and pro-  
 36 vide input to the Rural Health Coordinating Council; and

37 (f) Review and prioritize funding requests for rural community emergency medical service  
 38 training and provide input to the Area Health Education Center program.

39 (6) The chairperson of the committee shall appoint a subcommittee on the licensure and disci-  
 40 pline of emergency medical services providers, consisting of five physicians and four emergency  
 41 medical services providers. The subcommittee shall advise the authority and the Oregon Medical  
 42 Board on the adoption, amendment, repeal and application of rules implementing ORS 682.204 to  
 43 682.220 and 682.245. The decisions of the subcommittee are not subject to the review of the com-  
 44 mittee.

45 (7) Members of the committee are entitled to compensation as provided in ORS 292.495.

**SECTION 54.** ORS 682.208 is amended to read:

682.208. (1) A person desiring to be licensed as an emergency medical services provider shall submit an application for licensure to the Oregon Health Authority. The application must be upon forms prescribed by the authority and must contain:

(a) The name and address of the applicant.

(b) The name and location of the training course successfully completed by the applicant and the date of completion.

*[(c) A statement that to the best of the applicant's knowledge the applicant is physically and mentally qualified to act as an emergency medical services provider, is free from addiction to controlled substances, cannabis or alcoholic beverages or, if not so free, has been and is currently rehabilitated and is free from epilepsy or diabetes or, if not so free, has been free from any lapses of consciousness or control for a period of time as prescribed by rule of the authority.]*

**(c) Evidence that the authority determines is satisfactory to prove that the applicant's physical and mental health is such that it is safe for the applicant to act as an emergency medical services provider.**

(d) Other information as the authority may reasonably require to determine compliance with applicable provisions of this chapter and the rules adopted under this chapter.

(2) The application must be accompanied by proof as prescribed by rule of the authority of the applicant's successful completion of a training course approved by the authority and, if an extended period of time has elapsed since the completion of the course, of a satisfactory amount of continuing education.

(3) The authority shall adopt a schedule of minimum educational requirements in emergency and nonemergency care for emergency medical services providers. A course approved by the authority must be designed to protect the welfare of out-of-hospital patients, to promote the health, well-being and saving of the lives of such patients and to reduce their pain and suffering.

**SECTION 55. (1) The amendments to ORS 682.039 by section 53 of this 2019 Act apply to individuals who are members of the State Emergency Medical Service Committee on or after the operative date specified in section 56 of this 2019 Act.**

**(2) The amendments to ORS 682.208 by section 54 of this 2019 Act apply to applications for licensure as an emergency medical services provider received on or after the operative date specified in section 56 of this 2019 Act.**

**SECTION 56. (1) The amendments to ORS 682.025, 682.035, 682.039 and 682.208 by sections 51 to 54 of this 2019 Act become operative on January 1, 2020.**

**(2) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority by the amendments to ORS 682.025, 682.035, 682.039 and 682.208 by sections 51 to 54 of this 2019 Act.**

**LOCAL PUBLIC HEALTH AUTHORITIES**

**SECTION 57.** ORS 124.050 is amended to read:

124.050. As used in ORS 124.050 to 124.095:

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

(a) Any physical injury to an elderly person caused by other than accidental means, or which

1 appears to be at variance with the explanation given of the injury.

2 (b) Neglect.

3 (c) Abandonment, including desertion or willful forsaking of an elderly person or the withdrawal  
4 or neglect of duties and obligations owed an elderly person by a caretaker or other person.

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

6 (e) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427,  
7 163.465, 163.467 or 163.525.

8 (f) Verbal abuse.

9 (g) Financial exploitation.

10 (h) Sexual abuse.

11 (i) Involuntary seclusion of an elderly person for the convenience of a caregiver or to discipline  
12 the person.

13 (j) A wrongful use of a physical or chemical restraint of an elderly person, excluding an act of  
14 restraint prescribed by a physician licensed under ORS chapter 677 and any treatment activities  
15 that are consistent with an approved treatment plan or in connection with a court order.

16 (2) "Elderly person" means any person 65 years of age or older who is not subject to the pro-  
17 visions of ORS 441.640 to 441.665.

18 (3) "Facility" means:

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

20 (b) A residential facility as that term is defined in ORS 443.400, including but not limited to an  
21 assisted living facility.

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

23 (4) "Financial exploitation" means:

24 (a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an  
25 elderly person or a person with a disability.

26 (b) Alarming an elderly person or a person with a disability by conveying a threat to wrongfully  
27 take or appropriate money or property of the person if the person would reasonably believe that the  
28 threat conveyed would be carried out.

29 (c) Misappropriating, misusing or transferring without authorization any money from any ac-  
30 count held jointly or singly by an elderly person or a person with a disability.

31 (d) Failing to use the income or assets of an elderly person or a person with a disability effec-  
32 tively for the support and maintenance of the person.

33 (5) "Intimidation" means compelling or deterring conduct by threat.

34 (6) "Law enforcement agency" means:

35 (a) Any city or municipal police department.

36 (b) Any county sheriff's office.

37 (c) The Oregon State Police.

38 (d) Any district attorney.

39 (e) A police department established by a university under ORS 352.121 or 353.125.

40 (7) "Neglect" means failure to provide basic care or services that are necessary to maintain the  
41 health or safety of an elderly person.

42 (8) "Person with a disability" means a person described in:

43 (a) ORS 410.040 (7); or

44 (b) ORS 410.715.

45 (9) "Public or private official" means:



- 1 (a) Physician or physician assistant licensed under ORS chapter 677, naturopathic physician or  
 2 chiropractor, including any intern or resident.
- 3 (b) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide  
 4 or employee of an in-home health service.
- 5 (c) Employee of the Department of Human Services or community developmental disabilities  
 6 program.
- 7 (d) Employee of the Oregon Health Authority, local [*health department*] **public health authority**  
 8 or community mental health program.
- 9 (e) Peace officer.
- 10 (f) Member of the clergy.
- 11 (g) Regulated social worker.
- 12 (h) Physical, speech or occupational therapist.
- 13 (i) Senior center employee.
- 14 (j) Information and referral or outreach worker.
- 15 (k) Licensed professional counselor or licensed marriage and family therapist.
- 16 (L) Member of the Legislative Assembly.
- 17 (m) Firefighter or emergency medical services provider.
- 18 (n) Psychologist.
- 19 (o) Provider of adult foster care or an employee of the provider.
- 20 (p) Audiologist.
- 21 (q) Speech-language pathologist.
- 22 (r) Attorney.
- 23 (s) Dentist.
- 24 (t) Optometrist.
- 25 (u) Chiropractor.
- 26 (v) Personal support worker, as defined by rule adopted by the Home Care Commission.
- 27 (w) Home care worker, as defined in ORS 410.600.
- 28 (x) Referral agent, as defined in ORS 443.370.
- 29 (10) "Services" includes but is not limited to the provision of food, clothing, medicine, housing,  
 30 medical services, assistance with bathing or personal hygiene or any other service essential to the  
 31 well-being of an elderly person.
- 32 (11)(a) "Sexual abuse" means:
- 33 (A) Sexual contact with an elderly person who does not consent or is considered incapable of  
 34 consenting to a sexual act under ORS 163.315;
- 35 (B) Verbal or physical harassment of a sexual nature, including but not limited to severe or  
 36 pervasive exposure to sexually explicit material or language;
- 37 (C) Sexual exploitation;
- 38 (D) Any sexual contact between an employee of a facility or paid caregiver and an elderly per-  
 39 son served by the facility or caregiver; or
- 40 (E) Any sexual contact that is achieved through force, trickery, threat or coercion.
- 41 (b) "Sexual abuse" does not mean consensual sexual contact between an elderly person and:
- 42 (A) An employee of a facility who is also the spouse of the elderly person; or
- 43 (B) A paid caregiver.
- 44 (12) "Sexual contact" has the meaning given that term in ORS 163.305.
- 45 (13) "Verbal abuse" means to threaten significant physical or emotional harm to an elderly

1 person or a person with a disability through the use of:

2 (a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

3 (b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate  
4 sexual comments.

5 **SECTION 58.** ORS 124.050, as amended by section 8, chapter 75, Oregon Laws 2018, is amended  
6 to read:

7 124.050. As used in ORS 124.050 to 124.095:

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

9 (a) Any physical injury to an elderly person caused by other than accidental means, or which  
10 appears to be at variance with the explanation given of the injury.

11 (b) Neglect.

12 (c) Abandonment, including desertion or willful forsaking of an elderly person or the withdrawal  
13 or neglect of duties and obligations owed an elderly person by a caretaker or other person.

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

15 (e) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427,  
16 163.465, 163.467 or 163.525.

17 (f) Verbal abuse.

18 (g) Financial exploitation.

19 (h) Sexual abuse.

20 (i) Involuntary seclusion of an elderly person for the convenience of a caregiver or to discipline  
21 the person.

22 (j) A wrongful use of a physical or chemical restraint of an elderly person, excluding an act of  
23 restraint prescribed by a physician licensed under ORS chapter 677 and any treatment activities  
24 that are consistent with an approved treatment plan or in connection with a court order.

25 (2) "Elderly person" means any person 65 years of age or older who is not subject to the pro-  
26 visions of ORS 441.640 to 441.665.

27 (3) "Facility" means:

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

29 (b) A residential facility as that term is defined in ORS 443.400, including but not limited to an  
30 assisted living facility.

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

32 (4) "Financial exploitation" means:

33 (a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an  
34 elderly person or a person with a disability.

35 (b) Alarming an elderly person or a person with a disability by conveying a threat to wrongfully  
36 take or appropriate money or property of the person if the person would reasonably believe that the  
37 threat conveyed would be carried out.

38 (c) Misappropriating, misusing or transferring without authorization any money from any ac-  
39 count held jointly or singly by an elderly person or a person with a disability.

40 (d) Failing to use the income or assets of an elderly person or a person with a disability effec-  
41 tively for the support and maintenance of the person.

42 (5) "Intimidation" means compelling or deterring conduct by threat.

43 (6) "Law enforcement agency" means:

44 (a) Any city or municipal police department.

45 (b) Any county sheriff's office.

- 1 (c) The Oregon State Police.
- 2 (d) Any district attorney.
- 3 (e) A police department established by a university under ORS 352.121 or 353.125.
- 4 (7) “Neglect” means failure to provide basic care or services that are necessary to maintain the  
5 health or safety of an elderly person.
- 6 (8) “Person with a disability” means a person described in:
- 7 (a) ORS 410.040 (7); or
- 8 (b) ORS 410.715.
- 9 (9) “Public or private official” means:
- 10 (a) Physician or physician assistant licensed under ORS chapter 677, naturopathic physician or  
11 chiropractor, including any intern or resident.
- 12 (b) Licensed practical nurse, registered nurse, nurse practitioner, nurse’s aide, home health aide  
13 or employee of an in-home health service.
- 14 (c) Employee of the Department of Human Services or community developmental disabilities  
15 program.
- 16 (d) Employee of the Oregon Health Authority, local [*health department*] **public health authority**  
17 or community mental health program.
- 18 (e) Peace officer.
- 19 (f) Member of the clergy.
- 20 (g) Regulated social worker.
- 21 (h) Physical, speech or occupational therapist.
- 22 (i) Senior center employee.
- 23 (j) Information and referral or outreach worker.
- 24 (k) Licensed professional counselor or licensed marriage and family therapist.
- 25 (L) Member of the Legislative Assembly.
- 26 (m) Firefighter or emergency medical services provider.
- 27 (n) Psychologist.
- 28 (o) Provider of adult foster care or an employee of the provider.
- 29 (p) Audiologist.
- 30 (q) Speech-language pathologist.
- 31 (r) Attorney.
- 32 (s) Dentist.
- 33 (t) Optometrist.
- 34 (u) Chiropractor.
- 35 (v) Personal support worker, as defined in ORS 410.600.
- 36 (w) Home care worker, as defined in ORS 410.600.
- 37 (x) Referral agent, as defined in ORS 443.370.
- 38 (10) “Services” includes but is not limited to the provision of food, clothing, medicine, housing,  
39 medical services, assistance with bathing or personal hygiene or any other service essential to the  
40 well-being of an elderly person.
- 41 (11)(a) “Sexual abuse” means:
- 42 (A) Sexual contact with an elderly person who does not consent or is considered incapable of  
43 consenting to a sexual act under ORS 163.315;
- 44 (B) Verbal or physical harassment of a sexual nature, including but not limited to severe or  
45 pervasive exposure to sexually explicit material or language;

- 1 (C) Sexual exploitation;
- 2 (D) Any sexual contact between an employee of a facility or paid caregiver and an elderly per-
- 3 son served by the facility or caregiver; or
- 4 (E) Any sexual contact that is achieved through force, trickery, threat or coercion.
- 5 (b) “Sexual abuse” does not mean consensual sexual contact between an elderly person and:
- 6 (A) An employee of a facility who is also the spouse of the elderly person; or
- 7 (B) A paid caregiver.
- 8 (12) “Sexual contact” has the meaning given that term in ORS 163.305.
- 9 (13) “Verbal abuse” means to threaten significant physical or emotional harm to an elderly
- 10 person or a person with a disability through the use of:
- 11 (a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or
- 12 (b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate
- 13 sexual comments.
- 14 **SECTION 59.** ORS 181A.200 is amended to read:
- 15 181A.200. (1) As used in this section:
- 16 (a) “Care” means the provision of care, treatment, education, training, instruction, supervision,
- 17 placement services, recreation or support to children, the elderly or persons with disabilities.
- 18 (b) “Native American tribe” has the meaning given that term in ORS 181A.210 (4).
- 19 (c) “Qualified entity” means a community mental health program, a community developmental
- 20 disabilities program, a local [*health department*] **public health authority**, the government of a Na-
- 21 tive American tribe or an agency of a Native American tribe responsible for child welfare or an
- 22 individual or business or organization, whether public, private, for-profit, nonprofit or voluntary,
- 23 that provides care, including a business or organization that licenses, certifies or registers others
- 24 to provide care.
- 25 (2) For the purpose of requesting a state or nationwide criminal records check under ORS
- 26 181A.195, the Department of Human Services, the Oregon Health Authority and the Employment
- 27 Department may require the fingerprints of a person:
- 28 (a) Who is employed by or is applying for employment with either department or the **Oregon**
- 29 **Health Authority**;
- 30 (b) Who provides or seeks to provide services to either department or the **Oregon Health Au-**
- 31 **thority** as a contractor, subcontractor, vendor or volunteer who:
- 32 (A) May have contact with recipients of care;
- 33 (B) Has access to personal information about employees of either department or the **Oregon**
- 34 **Health Authority**, recipients of care from either department or the **Oregon Health Authority** or
- 35 members of the public, including Social Security numbers, dates of birth, driver license numbers,
- 36 medical information, personal financial information or criminal background information;
- 37 (C) Has access to information the disclosure of which is prohibited by state or federal laws,
- 38 rules or regulations, or information that is defined as confidential under state or federal laws, rules
- 39 or regulations;
- 40 (D) Has access to property held in trust or to private property in the temporary custody of the
- 41 state;
- 42 (E) Has payroll or fiscal functions or responsibility for:
- 43 (i) Receiving, receipting or depositing money or negotiable instruments;
- 44 (ii) Billing, collections, setting up financial accounts or other financial transactions; or
- 45 (iii) Purchasing or selling property;

1 (F) Provides security, design or construction services for government buildings, grounds or fa-  
 2 cilities;

3 (G) Has access to critical infrastructure or secure facilities information; or

4 (H) Is providing information technology services and has control over or access to information  
 5 technology systems;

6 (c) For the purposes of licensing, certifying, registering or otherwise regulating or administering  
 7 programs, persons or qualified entities that provide care;

8 (d) For the purposes of employment decisions by or for qualified entities that are regulated or  
 9 otherwise subject to oversight by the Department of Human Services or the Oregon Health Au-  
 10 thority and that provide care;

11 (e) For the purposes of employment decisions made by a mass transit district or transportation  
 12 district for qualified entities that, under contracts with the district or the Oregon Health Authority,  
 13 employ persons to operate motor vehicles for the transportation of medical assistance program cli-  
 14 ents; or

15 (f) For the purposes of licensure, certification or registration of foster homes by the government  
 16 of a Native American tribe or an agency of a Native American tribe responsible for child welfare.

17 (3) The Department of Human Services and the Oregon Health Authority may conduct criminal  
 18 records checks on a person through the Law Enforcement Data System maintained by the Depart-  
 19 ment of State Police, if deemed necessary by the Department of Human Services or the Oregon  
 20 Health Authority to protect children, elderly persons, persons with disabilities or other vulnerable  
 21 persons.

22 (4) The Department of Human Services and the Oregon Health Authority may furnish to quali-  
 23 fied entities, in accordance with the rules of the Department of Human Services or the Oregon  
 24 Health Authority and the rules of the Department of State Police, information received from the  
 25 Law Enforcement Data System. However, any criminal offender records and information furnished  
 26 to the Department of Human Services or the Oregon Health Authority by the Federal Bureau of  
 27 Investigation through the Department of State Police may not be disseminated to qualified entities.

28 (5)(a) Except as otherwise provided in ORS 443.735 and 475B.785 to 475B.949, a qualified entity,  
 29 subject to rules adopted by the Oregon Department of Administrative Services under ORS 181A.215,  
 30 shall determine under this section whether a person is fit to hold a position, provide services, be  
 31 employed or, if the qualified entity has authority to make such a determination, be licensed, certified  
 32 or registered. If a person is determined to be unfit, then that person may not hold the position,  
 33 provide services or be employed, licensed, certified or registered.

34 (b) A person prohibited from receiving public funds for employment under ORS 443.004 (3) is not  
 35 entitled to a determination of fitness under this subsection.

36 (c) In making the fitness determination under this subsection, the qualified entity shall consider:

37 (A) The nature of the crime;

38 (B) The facts that support the conviction or pending indictment or indicate the making of a false  
 39 statement;

40 (C) The relevancy, if any, of the crime or the false statement to the specific requirements of the  
 41 person's present or proposed position, services, employment, license, certification or registration;  
 42 and

43 (D) Intervening circumstances relevant to the responsibilities and circumstances of the position,  
 44 services, employment, license, certification or registration, such as:

45 (i) The passage of time since the commission of the crime;

- 1 (ii) The age of the person at the time of the crime;
- 2 (iii) The likelihood of a repetition of offenses;
- 3 (iv) The subsequent commission of another relevant crime; and
- 4 (v) The recommendation of an employer.

5 (6) The Department of Human Services and the Oregon Health Authority, subject to rules  
 6 adopted by the Oregon Department of Administrative Services under ORS 181A.215, shall develop  
 7 systems that maintain information regarding criminal records checks in order to minimize the ad-  
 8 ministrative burden imposed by this section and ORS 181A.195. Records maintained under this sub-  
 9 section are confidential and may not be disseminated except for the purposes of this section and in  
 10 accordance with the rules of the Department of Human Services, the Oregon Health Authority and  
 11 the Department of State Police. Nothing in this subsection permits the Department of Human Ser-  
 12 vices to retain fingerprint cards obtained pursuant to this section.

13 (7) In addition to the rules required by ORS 181A.195, the Department of Human Services and  
 14 the Oregon Health Authority, in consultation with the Department of State Police, shall adopt rules:

- 15 (a) Specifying which qualified entities are subject to this section;
- 16 (b) Specifying which qualified entities may request criminal offender information;
- 17 (c) Specifying which qualified entities are responsible for deciding, subject to rules adopted by  
 18 the Oregon Department of Administrative Services under ORS 181A.215, whether a subject individ-  
 19 ual is not fit for a position, service, license, certification, registration or employment; and

20 (d) Specifying when a qualified entity, in lieu of conducting a completely new criminal records  
 21 check, may proceed to make a fitness determination under subsection (5) of this section using the  
 22 information maintained by the Department of Human Services and the Oregon Health Authority  
 23 pursuant to subsection (6) of this section.

24 (8) If a person refuses to consent to the criminal records check or refuses to be fingerprinted,  
 25 the qualified entity shall deny or terminate the employment of the person, or revoke or deny any  
 26 applicable position, authority to provide services, employment, license, certification or registration.

27 (9) If the qualified entity requires a criminal records check of employees or other persons, the  
 28 application forms of the qualified entity must contain a notice that employment is subject to fin-  
 29 gerprinting and a criminal records check.

30 **SECTION 60.** ORS 336.035 is amended to read:

31 336.035. (1) The district school board shall see that the courses of study prescribed by law and  
 32 by the rules of the State Board of Education are carried out. The board may establish supplemental  
 33 courses that are not inconsistent with the prescribed courses and may adopt courses of study in lieu  
 34 of state courses of study upon approval by the Superintendent of Public Instruction.

35 (2) Any district school board may establish a course of education concerning sexually transmit-  
 36 ted [*diseases*] **infections** including recognition of causes, sources and symptoms, and the availability  
 37 of diagnostic and treatment centers. Any such course established may be taught to adults from the  
 38 community served by the individual schools as well as to students enrolled in the school. The board  
 39 shall **notify** [*cause*] the parents or guardians of minor students [*to be notified*] in advance that the  
 40 course is to be taught. Any such parent or guardian may direct in writing that the minor child in  
 41 the care of the parent or guardian be excused from any class within the course. Any parent or  
 42 guardian may inspect the instructional materials to be used before or during the time the course is  
 43 taught.

44 (3) The district school board shall coordinate the course provided in subsection (2) of this sec-  
 45 tion with the officials of the local [*health department*] **public health authority** and the Superinten-

1 dent of Public Instruction. Teachers holding endorsements for health education shall be used where  
 2 available. [No] **A** teacher [shall] **may not** be subject to discipline or removal for teaching or re-  
 3 fusing to teach courses concerning sexually transmitted [diseases] **infections**.

4 **SECTION 61.** ORS 403.115 is amended to read:

5 403.115. (1) The primary emergency telephone number within this state is 9-1-1, but a public or  
 6 private safety agency shall maintain both a separate 10-digit secondary emergency number for use  
 7 by a telephone operator or provider and a separate 10-digit nonemergency number.

8 (2) Every public and private safety agency in this state shall participate in the emergency  
 9 communications system.

10 (3) An emergency telephone number other than 9-1-1 may not be published on the top three-  
 11 quarters of the emergency listing page of a telephone book. However, an alternative nonemergency  
 12 telephone number for a 9-1-1 jurisdiction may be printed on the top three-quarters of the emergency  
 13 listing page of a telephone book. The publisher may use the remainder of the page to list the Oregon  
 14 Poison Center, Federal Bureau of Investigation, a designated mental health crises service and  
 15 United States Coast Guard, where applicable. If there is more than one mental health crises service  
 16 in a jurisdiction, the local [health department] **public health authority** shall decide which mental  
 17 health crises service the publisher may list by using the criteria of a 24-hour staffed service,  
 18 nonprofit organization and non-9-1-1 participating agency. The publisher shall refer to the community  
 19 services section for other numbers.

20 (4) The emergency communications system must provide:

21 (a) Interconnectivity between public safety answering points and interconnectivity with provid-  
 22 ers of the same or similar emergency response services nationally;

23 (b) The capability, within each primary public safety answering point, to receive all emergency  
 24 calls placed locally within each 9-1-1 service area; and

25 (c) The automatic location identification accurately portraying the location from which each  
 26 emergency call originates.

27 **SECTION 62.** ORS 411.435 is amended to read:

28 411.435. The Oregon Health Authority and the Department of Human Services shall endeavor  
 29 to develop agreements with local governments to facilitate the enrollment of medical assistance  
 30 program clients. Subject to the availability of funds therefor, the agreement shall be structured to  
 31 allow flexibility by the state and local governments and may allow any of the following options for  
 32 enrolling clients in medical assistance programs:

33 (1) Initial processing may be done at the local [health department] **public health authority** by  
 34 employees of the local [health department] **public health authority**, with eligibility determination  
 35 completed at the local office of the Department of Human Services or by the **Oregon Health Au-**  
 36 **thority**;

37 (2) Initial processing and eligibility determination may be done at the local [health department]  
 38 **public health authority** by employees of the local [health department] **public health authority**; or

39 (3) Application forms may be made available at the local [health department] **public health au-**  
 40 **thority** with initial processing and eligibility determination done at the local office of the Depart-  
 41 ment of Human Services or by the **Oregon Health Authority**.

42 **SECTION 63.** ORS 413.600 is amended to read:

43 413.600. (1) There is established within the Oregon Health Authority the Traditional Health  
 44 Workers Commission.

45 (2) The Director of the Oregon Health Authority shall appoint the following 19 members to serve

1 on the commission:

2 (a) Ten members, at least six of whom must be appointed from nominees provided by the Oregon  
3 Community Health Workers Association, who represent traditional health workers, including at  
4 least one member to represent each of the following:

5 (A) Community health workers, as defined in ORS 414.025;

6 (B) Personal health navigators, as defined in ORS 414.025;

7 (C) Peer wellness specialists, including family support specialists and youth support specialists,  
8 all as defined in ORS 414.025;

9 (D) Peer support specialists, including family support specialists and youth support specialists,  
10 all as defined in ORS 414.025; and

11 (E) Doulas;

12 (b) One member who represents the Office of Community Colleges and Workforce Development;

13 (c) One member who is a community health nurse who represents the Oregon Nurses Associ-  
14 ation;

15 (d) One member who is a physician who represents the Oregon Medical Association;

16 (e) One member selected from nominees provided by the Home Care Commission;

17 (f) One member who represents coordinated care organizations;

18 (g) One member who represents a labor organization;

19 (h) One member who supervises traditional health workers at a community-based organization,  
20 local [*health department*] **public health authority**, as defined in ORS 433.235, or agency, as defined  
21 in ORS 183.310;

22 (i) One member who represents community-based organizations or agencies, as defined in ORS  
23 183.310, that provide for the training of traditional health workers; and

24 (j) One member who represents a consumer of services provided by health workers who are not  
25 licensed by this state.

26 (3) In appointing members under subsection (2) of this section, the director shall consider  
27 whether the composition of the Traditional Health Workers Commission represents the geographic,  
28 ethnic, gender, racial, disability status, gender identity, sexual orientation and economic diversity  
29 of traditional health workers.

30 (4) The term of office of each member of the commission is three years, but a member serves  
31 at the pleasure of the director. Before the expiration of the term of a member, the director shall  
32 appoint a successor whose term begins on January 1 next following. A member is eligible for re-  
33 appointment. If there is a vacancy for any cause, the director shall make an appointment to become  
34 immediately effective for the unexpired term.

35 (5) A majority of the members of the commission constitutes a quorum for the transaction of  
36 business.

37 (6) Official action by the commission requires the approval of a majority of the members of the  
38 commission.

39 (7) The commission shall elect one of its members to serve as chairperson.

40 (8) The commission shall meet at times and places specified by the call of the chairperson or  
41 of a majority of the members of the commission.

42 (9) The commission may adopt rules necessary for the operation of the commission.

43 (10) A member of the commission is entitled to compensation and expenses as provided in ORS  
44 292.495.

45 **SECTION 64.** ORS 414.152 is amended to read:



1 414.152. To capitalize on the successful public health programs provided by local [*health de-*  
 2 *partments*] **public health authorities** and the sizable investment by state and local governments in  
 3 the public health system, state agencies shall encourage agreements that allow local [*health depart-*  
 4 *ments*] **public health authorities** and other publicly supported programs to continue to be the pro-  
 5 viders of those prevention and health promotion services now available, plus other maternal and  
 6 child health services such as prenatal outreach and care, child health services and family planning  
 7 services to women and children who become eligible for poverty level medical assistance program  
 8 benefits pursuant to ORS 414.153.

9 **SECTION 65.** ORS 414.153 is amended to read:

10 414.153. In order to make advantageous use of the system of public health care and services  
 11 available through local [*health departments*] **public health authorities** and other publicly supported  
 12 programs and to ensure access to public health care and services through contract under ORS  
 13 chapter 414, the state shall:

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

- 17 (a) Immunizations;
- 18 (b) Sexually transmitted [*diseases*] **infections**; and
- 19 (c) Other communicable diseases;

20 (2) Allow members of coordinated care organizations to receive from fee-for-service providers:

- 21 (a) Family planning services;
- 22 (b) Human immunodeficiency virus and acquired immune deficiency syndrome prevention ser-  
 23 vices; and
- 24 (c) Maternity case management if the Oregon Health Authority determines that a coordinated  
 25 care organization cannot adequately provide the services;

26 (3) Encourage and approve agreements between coordinated care organizations and publicly  
 27 funded providers for authorization of and payment for services in the following categories:

- 28 (a) Maternity case management;
- 29 (b) Well-child care;
- 30 (c) Prenatal care;
- 31 (d) School-based clinics;
- 32 (e) Health care and services for children provided through schools and Head Start programs;

33 and

34 (f) Screening services to provide early detection of health care problems among low income  
 35 women and children, migrant workers and other special population groups; and

36 (4) Recognize the responsibility of counties under ORS 430.620 to operate community mental  
 37 health programs by requiring a written agreement between each coordinated care organization and  
 38 the local mental health authority in the area served by the coordinated care organization, unless  
 39 cause can be shown why such an agreement is not feasible under criteria established by the Oregon  
 40 Health Authority. The written agreements:

41 (a) May not prevent coordinated care organizations from contracting with other public or pri-  
 42 vate providers for mental health or chemical dependency services;

43 (b) Must include agreed upon outcomes; and

44 (c) Must describe the authorization and payments necessary to maintain the mental health safety  
 45 net system and to maintain the efficient and effective management of the following responsibilities

1 of local mental health authorities, with respect to the service needs of members of the coordinated  
2 care organization:

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

5 (B) Care coordination of residential services and supports for adults and children;

6 (C) Management of the mental health crisis system;

7 (D) Management of community-based specialized services, including but not limited to supported  
8 employment and education, early psychosis programs, assertive community treatment or other types  
9 of intensive case management programs and home-based services for children; and

10 (E) Management of specialized services to reduce recidivism of individuals with mental illness  
11 in the criminal justice system.

12 **SECTION 66.** ORS 414.629 is amended to read:

13 414.629. (1) A community health improvement plan adopted by a coordinated care organization  
14 and its community advisory council in accordance with ORS 414.627 shall include, to the extent  
15 practicable, a strategy and a plan for:

16 (a) Working with programs developed by the Early Learning Council, Early Learning Hubs, the  
17 Youth Development Council and the school health providers in the region; and

18 (b) Coordinating the effective and efficient delivery of health care to children and adolescents  
19 in the community.

20 (2) A community health improvement plan must be based on research, including research into  
21 adverse childhood experiences, and must identify funding sources and additional funding necessary  
22 to address the health needs of children and adolescents in the community and to meet the goals of  
23 the plan. The plan must also:

24 (a) Evaluate the adequacy of the existing school-based health resources including school-based  
25 health centers and school nurses to meet the specific pediatric and adolescent health care needs in  
26 the community;

27 (b) Make recommendations to improve the school-based health center and school nurse system,  
28 including the addition or improvement of electronic medical records and billing systems;

29 (c) Take into consideration whether integration of school-based health centers with the larger  
30 health system or system of community clinics would further advance the goals of the plan;

31 (d) Improve the integration of all services provided to meet the needs of children, adolescents  
32 and families;

33 (e) Focus on primary care, behavioral health and oral health; and

34 (f) Address promotion of health and prevention and early intervention in the treatment of chil-  
35 dren and adolescents.

36 (3) A coordinated care organization shall involve in the development of its community health  
37 improvement plan, school-based health centers, school nurses, school mental health providers and  
38 individuals representing:

39 (a) Programs developed by the Early Learning Council and Early Learning Hubs;

40 (b) Programs developed by the Youth Development Council in the region;

41 (c) The Healthy Start Family Support Services program in the region;

42 (d) The Health Care for All Oregon Children program and other medical assistance programs;

43 (e) Relief nurseries in the region;

44 (f) Community health centers;

45 (g) Oral health care providers;

1 (h) Community mental health providers;

2 (i) Administrators of [county health department programs] **local public health authorities** that  
 3 offer preventive health services to children;

4 (j) Hospitals in the region; and

5 (k) Other appropriate child and adolescent health program administrators.

6 (4) The Oregon Health Authority may provide incentive grants to coordinated care organizations  
 7 for the purpose of contracting with individuals or organizations to help coordinate integration  
 8 strategies identified in the community health improvement plan adopted by the community advisory  
 9 council. The authority may also provide funds to coordinated care organizations to improve systems  
 10 of services that will promote the implementation of the plan.

11 (5) Each coordinated care organization shall report to the authority, in the form and manner  
 12 prescribed by the authority, on the progress of the integration strategies and implementation of the  
 13 plan for working with the programs developed by the Early Learning Council, Early Learning Hubs,  
 14 the Youth Development Council and school health care providers in the region, as part of the de-  
 15 velopment and implementation of the community health improvement plan. The authority shall  
 16 compile the information biennially and report the information to the Legislative Assembly by De-  
 17 cember 31 of each even-numbered year.

18 **SECTION 67.** ORS 417.827 is amended to read:

19 417.827. (1) As used in this section and ORS 417.829:

20 (a) “Early Learning Hub” means any entity designated by regional partners to coordinate early  
 21 learning services, as determined by rules adopted by the Early Learning Council.

22 (b) “Regional partners” includes counties, cities, school districts, education service districts,  
 23 community colleges, public universities, private educational institutions, faith-based organizations,  
 24 nonprofit service providers and tribes.

25 (2) The council shall implement and oversee a system that coordinates the delivery of early  
 26 learning services to the communities of this state through the direction of Early Learning Hubs. The  
 27 system may not include more than 16 Early Learning Hubs.

28 (3) The system implemented and overseen by the council must ensure that:

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

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

31 (c) The services provided, and the means by which those services are provided, are focused on  
 32 the outcomes of the services.

33 (4) The council shall develop and implement a process for requesting proposals from entities to  
 34 become Early Learning Hubs. Proposals submitted under this subsection must comply with criteria  
 35 and requirements adopted by the council by rule, including:

36 (a) The entity will be able to coordinate the provision of early learning services to the commu-  
 37 nity that will be served by the entity. An entity may meet the requirement of this paragraph by  
 38 submitting evidence that local stakeholders, including but not limited to service providers, parents,  
 39 community members, county governments, local governments and school districts, have participated  
 40 in the development of the proposal and will maintain a meaningful role in the Early Learning Hub.

41 (b) The services coordinated by the entity will be in alignment with the services provided by the  
 42 public schools of the community that will be served by the entity.

43 (c) The entity will be in alignment with, and make advantageous use of, the system of public  
 44 health care and services available through local [health departments] **public health authorities** and  
 45 other publicly supported programs delivered through, or in partnership with, counties and coordi-

1 nated care organizations.

2 (d) The entity will be able to integrate efforts among education providers, providers of health  
3 care, providers of human services and providers of other programs and services in the community.

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

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

6 (g) The entity must have a governing body or community advisory body that:

7 (A) Has the authority to initiate audits, recommend the terms of a contract and provide reports  
8 to the public and to the council on the outcomes of the provision of early learning services to the  
9 community served by the entity.

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

13 (h) The entity will collaborate on documentation related to coordinated services with public and  
14 private entities that are identified by the council as providers of services that advance the early  
15 learning of children.

16 (i) The entity will serve a community that is based on the population and service needs of the  
17 community and will demonstrate the ability to improve results for at-risk children, including the  
18 ability to identify, evaluate and implement coordinated strategies to ensure that a child is ready to  
19 succeed in school.

20 (j) The entity will be able to raise and leverage significant funds from public and private sources  
21 and to secure in-kind support to support early learning services coordinated by the entity and op-  
22 erate in a fiscally sound manner.

23 (k) The entity meets any other qualifications established by the council.

24 (5) The council may adopt by rule requirements that are in addition to the requirements de-  
25 scribed in subsections (3) and (4) of this section that an entity must meet to qualify as an Early  
26 Learning Hub. When developing the additional requirements, the council must use a statewide public  
27 process of community engagement that is consistent with the requirements of the federal Head Start  
28 Act.

29 (6) When determining whether to designate an entity as an Early Learning Hub, the council  
30 shall balance the following factors:

31 (a) The entity's ability to engage the community and be involved in the community.

32 (b) The entity's ability to produce outcomes that benefit children.

33 (c) The entity's resourcefulness.

34 (d) The entity's use, or proposed use, of evidence-based practices.

35 (7) The council shall develop metrics for the purpose of providing funding to Early Learning  
36 Hubs designated under this section. The metrics must:

37 (a) Focus on community readiness, high capacity development and progress toward tracking  
38 child outcomes;

39 (b) Establish a baseline of information for the area to be served by the Early Learning Hub,  
40 including information about the inclusion of community partners in the governance structure of the  
41 Early Learning Hub, the availability of data on local programs and outcomes and the success in  
42 leveraging private, nonprofit and other governmental resources for early learning; and

43 (c) Include child performance metrics.

44 (8) The council may require that, as a condition of receiving funding as a designated Early  
45 Learning Hub under this section, the Early Learning Hub provide matching funding. The percentage

1 of matching funding shall be determined by the council and may vary for each fiscal year. Any  
 2 moneys received by an Early Learning Hub are subject to the restrictions of this section.

3 (9) For any community in this state that is not served by an Early Learning Hub, the council  
 4 shall oversee and administer the delivery of early learning services for that community and, to the  
 5 extent practicable, shall regionalize service administration.

6 (10) The council may alter the lines of the territory served by an Early Learning Hub only to  
 7 ensure that all children of this state are served by an Early Learning Hub.

8 (11) An entity designated as part of an Early Learning Hub may not use more than 15 percent  
 9 of the moneys received by the entity from the council to pay administrative costs of the entity.

10 (12) The Department of Human Services or the Oregon Health Authority may not transfer any  
 11 authority for determining eligibility for a state or federal program to an Early Learning Hub.

12 **SECTION 68.** ORS 418.714 is amended to read:

13 418.714. (1) A local domestic violence coordinating council recognized by the local public safety  
 14 coordinating council or by the governing body of the county may establish a multidisciplinary do-  
 15 mestic violence fatality review team to assist local organizations and agencies in identifying and  
 16 reviewing domestic violence fatalities. When no local domestic violence coordinating council exists,  
 17 a similar interdisciplinary group may establish the fatality review team.

18 (2) The purpose of a fatality review team is to review domestic violence fatalities and make  
 19 recommendations to prevent domestic violence fatalities by:

20 (a) Improving communication between public and private organizations and agencies;

21 (b) Determining the number of domestic violence fatalities occurring in the team's county and  
 22 the factors associated with those fatalities;

23 (c) Identifying ways in which community response might have intervened to prevent a fatality;

24 (d) Providing accurate information about domestic violence to the community; and

25 (e) Generating recommendations for improving community response to and prevention of do-  
 26 mestic violence.

27 (3) A fatality review team shall include but is not limited to the following members, if available:

28 (a) Domestic violence program service staff or other advocates for battered women;

29 (b) Medical personnel with expertise in the field of domestic violence;

30 (c) Local *[health department staff]* **public health authority personnel;**

31 (d) The local district attorney or the district attorney's designees;

32 (e) Law enforcement personnel;

33 (f) Civil legal services attorneys;

34 (g) Protective services workers;

35 (h) Community corrections professionals;

36 (i) Judges, court administrators or their representatives;

37 (j) Perpetrator treatment providers;

38 (k) A survivor of domestic violence; and

39 (L) Medical examiners or other experts in the field of forensic pathology.

40 (4) Other individuals may, with the unanimous consent of the team, be included in a fatality  
 41 review team on an ad hoc basis. The team, by unanimous consent, may decide the extent to which  
 42 the individual may participate as a full member of the team for a particular review.

43 (5) Upon formation and before reviewing its first case, a fatality review team shall adopt a  
 44 written protocol for review of domestic violence fatalities. The protocol must be designed to facili-  
 45 tate communication among organizations and agencies involved in domestic violence cases so that

1 incidents of domestic violence and domestic violence fatalities are identified and prevented. The  
 2 protocol shall define procedures for case review and preservation of confidentiality, and shall identify  
 3 team members.

4 (6) Consistent with recommendations provided by the statewide interdisciplinary team under  
 5 ORS 418.718, a local fatality review team shall provide the statewide team with information regarding  
 6 domestic violence fatalities.

7 (7) To ensure consistent and uniform results, fatality review teams may collect and summarize  
 8 data to show the statistical occurrence of domestic violence fatalities in the team's county.

9 (8) Each organization or agency represented on a fatality review team may share with other  
 10 members of the team information concerning the victim who is the subject of the review. Any information  
 11 shared between team members is confidential.

12 (9) An individual who is a member of an organization or agency that is represented on a fatality  
 13 review team is not required to disclose information. The intent of this section and ORS 418.718 is  
 14 to allow the voluntary disclosure of information.

15 (10) An oral or written communication or a document related to a domestic violence fatality  
 16 review that is shared within or produced by a fatality review team is confidential, not subject to  
 17 disclosure and not discoverable by a third party. An oral or written communication or a document  
 18 provided by a third party to a fatality review team is confidential, not subject to disclosure and not  
 19 discoverable by a third party. All information and records acquired by a team in the exercise of its  
 20 duties are confidential and may be disclosed only as necessary to carry out the purposes of the  
 21 fatality review. However, recommendations of a team upon the completion of a review may be disclosed  
 22 without personal identifiers at the discretion of two-thirds of the members of the team.

23 (11) Information, documents and records otherwise available from other sources are not immune  
 24 from discovery or introduction into evidence solely because the information, documents or records  
 25 were presented to or reviewed by a fatality review team.

26 (12) ORS 192.610 to 192.690 do not apply to meetings of a fatality review team.

27 (13) Each fatality review team shall develop written agreements signed by member organizations  
 28 and agencies that specify the organizations' and agencies' understanding of and agreement with the  
 29 principles outlined in this section.

30 **SECTION 69.** ORS 418.747 is amended to read:

31 418.747. (1) The district attorney in each county shall be responsible for developing county  
 32 multidisciplinary child abuse teams to consist of but not be limited to law enforcement personnel,  
 33 Department of Human Services child protective service workers, school officials, local [*health department*]  
 34 **public health authority** personnel, county mental health department personnel who have  
 35 experience with children and family mental health issues, child abuse intervention center workers,  
 36 if available, and juvenile department representatives, as well as others specially trained in child  
 37 abuse, child sexual abuse and rape of children investigation.

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

- 41 (a) The role of each agency;
- 42 (b) Procedures to be followed to assess risks to the child;
- 43 (c) Guidelines for timely communication between member agencies;
- 44 (d) Guidelines for completion of responsibilities by member agencies;
- 45 (e) That upon clear disclosure that the alleged child abuse occurred in a child care facility as

1 defined in ORS 329A.250, immediate notification of parents or guardians of children attending the  
2 child care facility is required regarding any abuse allegation and pending investigation; and

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

5 (3) Each team member and the personnel conducting child abuse investigations and interviews  
6 of child abuse victims shall be trained in risk assessment, dynamics of child abuse, child sexual  
7 abuse and rape of children and legally sound and age appropriate interview and investigatory tech-  
8 niques.

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

17 (5) To ensure the protection and safe placement of a child, the Department of Human Services  
18 may request that team members obtain criminal history information on any person who is part of  
19 the household where the department may place or has placed a child who is in the department's  
20 custody. All information obtained by the team members and the department in the exercise of their  
21 duties is confidential and may be disclosed only when necessary to ensure the safe placement of a  
22 child.

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

24 (7)(a) Each team shall develop and implement procedures for evaluating and reporting compli-  
25 ance of member agencies with the protocols and procedures required under this section. Each team  
26 shall submit to the administrator of the Child Abuse Multidisciplinary Intervention Program copies  
27 of the protocols and procedures required under this section and the results of the evaluation as re-  
28 quested.

29 (b) The administrator may:

30 (A) Consider the evaluation results when making eligibility determinations under ORS 418.746  
31 (3);

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

34 (C) Ask a team to evaluate the team's compliance with the protocols and procedures in a par-  
35 ticular case.

36 (c) The information and records compiled under this subsection are exempt from ORS 192.311  
37 to 192.478.

38 (8) Each team shall develop policies that provide for an independent review of investigation  
39 procedures of sensitive cases after completion of court actions on particular cases. The policies shall  
40 include independent citizen input. Parents of child abuse victims shall be notified of the review  
41 procedure.

42 (9) Each team shall designate at least one physician, physician assistant, naturopathic physician  
43 or nurse practitioner who has been trained to conduct child abuse medical assessments, as defined  
44 in ORS 418.782, and who is, or who may designate another physician, physician assistant,  
45 naturopathic physician or nurse practitioner who is, regularly available to conduct the medical as-

1 assessment described in ORS 419B.023.

2 (10) If photographs are taken pursuant to ORS 419B.028, and if the team meets to discuss the  
3 case, the photographs shall be made available to each member of the team at the first meeting re-  
4 garding the child's case following the taking of the photographs.

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

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

19 **SECTION 70.** ORS 419B.005 is amended to read:

20 419B.005. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

21 (1)(a) "Abuse" means:

22 (A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child  
23 which has been caused by other than accidental means, including any injury which appears to be  
24 at variance with the explanation given of the injury.

25 (B) Any mental injury to a child, which shall include only observable and substantial impairment  
26 of the child's mental or psychological ability to function caused by cruelty to the child, with due  
27 regard to the culture of the child.

28 (C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual pene-  
29 tration and incest, as those acts are described in ORS chapter 163.

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

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

32 (i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any  
33 other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage  
34 in the performing for people to observe or the photographing, filming, tape recording or other ex-  
35 hibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or  
36 described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not in-  
37 cluding any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or  
38 which is designed to serve educational or other legitimate purposes; and

39 (ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution as described in  
40 ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as  
41 described in ORS 163.413 or to engage in commercial sexual solicitation as described in ORS 167.008.

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

45 (G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm



1 to the child's health or welfare.

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

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

5 (J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful  
6 manufacturing of a cannabinoid extract, as defined in ORS 475B.015, that subjects a child to a sub-  
7 stantial risk of harm to the child's health or safety.

8 (b) "Abuse" does not include reasonable discipline unless the discipline results in one of the  
9 conditions described in paragraph (a) of this subsection.

10 (2) "Child" means an unmarried person who:

11 (a) Is under 18 years of age; or

12 (b) Is under 21 years of age and residing in or receiving care or services at a child-caring  
13 agency as that term is defined in ORS 418.205.

14 (3) "Higher education institution" means:

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

16 (b) A public university listed in ORS 352.002;

17 (c) The Oregon Health and Science University; and

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

19 (4) "Law enforcement agency" means:

20 (a) A city or municipal police department.

21 (b) A county sheriff's office.

22 (c) The Oregon State Police.

23 (d) A police department established by a university under ORS 352.121 or 353.125.

24 (e) A county juvenile department.

25 (5) "Public or private official" means:

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

28 (b) Dentist.

29 (c) School employee, including an employee of a higher education institution.

30 (d) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide  
31 or employee of an in-home health service.

32 (e) Employee of the Department of Human Services, Oregon Health Authority, Early Learning  
33 Division, Youth Development Division, Office of Child Care, the Oregon Youth Authority, a local  
34 [health department] **public health authority**, a community mental health program, a community de-  
35 velopmental disabilities program, a county juvenile department, a child-caring agency as that term  
36 is defined in ORS 418.205 or an alcohol and drug treatment program.

37 (f) Peace officer.

38 (g) Psychologist.

39 (h) Member of the clergy.

40 (i) Regulated social worker.

41 (j) Optometrist.

42 (k) Chiropractor.

43 (L) Certified provider of foster care, or an employee thereof.

44 (m) Attorney.

45 (n) Licensed professional counselor.

- 1 (o) Licensed marriage and family therapist.
- 2 (p) Firefighter or emergency medical services provider.
- 3 (q) A court appointed special advocate, as defined in ORS 419A.004.
- 4 (r) A child care provider registered or certified under ORS 329A.030 and 329A.250 to 329A.450.
- 5 (s) Member of the Legislative Assembly.
- 6 (t) Physical, speech or occupational therapist.
- 7 (u) Audiologist.
- 8 (v) Speech-language pathologist.
- 9 (w) Employee of the Teacher Standards and Practices Commission directly involved in investi-  
10 gations or discipline by the commission.
- 11 (x) Pharmacist.
- 12 (y) An operator of a preschool recorded program under ORS 329A.255.
- 13 (z) An operator of a school-age recorded program under ORS 329A.257.
- 14 (aa) Employee of a private agency or organization facilitating the provision of respite services,  
15 as defined in ORS 418.205, for parents pursuant to a properly executed power of attorney under ORS  
16 109.056.
- 17 (bb) Employee of a public or private organization providing child-related services or activities:  
18 (A) Including but not limited to youth groups or centers, scout groups or camps, summer or day  
19 camps, survival camps or groups, centers or camps that are operated under the guidance, super-  
20 vision or auspices of religious, public or private educational systems or community service organ-  
21 izations; and  
22 (B) Excluding community-based, nonprofit organizations whose primary purpose is to provide  
23 confidential, direct services to victims of domestic violence, sexual assault, stalking or human traf-  
24 ficking.
- 25 (cc) A coach, assistant coach or trainer of an amateur, semiprofessional or professional athlete,  
26 if compensated and if the athlete is a child.
- 27 (dd) Personal support worker, as defined by rule adopted by the Home Care Commission.
- 28 (ee) Home care worker, as defined in ORS 410.600.

29 **SECTION 71.** ORS 419B.005, as amended by section 21, chapter 75, Oregon Laws 2018, is  
30 amended to read:

31 419B.005. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

32 (1)(a) "Abuse" means:

33 (A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child  
34 which has been caused by other than accidental means, including any injury which appears to be  
35 at variance with the explanation given of the injury.

36 (B) Any mental injury to a child, which shall include only observable and substantial impairment  
37 of the child's mental or psychological ability to function caused by cruelty to the child, with due  
38 regard to the culture of the child.

39 (C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual pene-  
40 tration and incest, as those acts are described in ORS chapter 163.

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

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

43 (i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any  
44 other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage  
45 in the performing for people to observe or the photographing, filming, tape recording or other ex-

1 hibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or  
 2 described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not in-  
 3 cluding any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or  
 4 which is designed to serve educational or other legitimate purposes; and

5 (ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution as described in  
 6 ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as  
 7 described in ORS 163.413 or to engage in commercial sexual solicitation as described in ORS 167.008.

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

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

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

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

16 (J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful  
 17 manufacturing of a cannabinoid extract, as defined in ORS 475B.015, that subjects a child to a sub-  
 18 stantial risk of harm to the child’s health or safety.

19 (b) “Abuse” does not include reasonable discipline unless the discipline results in one of the  
 20 conditions described in paragraph (a) of this subsection.

21 (2) “Child” means an unmarried person who:

22 (a) Is under 18 years of age; or

23 (b) Is under 21 years of age and residing in or receiving care or services at a child-caring  
 24 agency as that term is defined in ORS 418.205.

25 (3) “Higher education institution” means:

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

27 (b) A public university listed in ORS 352.002;

28 (c) The Oregon Health and Science University; and

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

30 (4) “Law enforcement agency” means:

31 (a) A city or municipal police department.

32 (b) A county sheriff’s office.

33 (c) The Oregon State Police.

34 (d) A police department established by a university under ORS 352.121 or 353.125.

35 (e) A county juvenile department.

36 (5) “Public or private official” means:

37 (a) Physician or physician assistant licensed under ORS chapter 677 or naturopathic physician,  
 38 including any intern or resident.

39 (b) Dentist.

40 (c) School employee, including an employee of a higher education institution.

41 (d) Licensed practical nurse, registered nurse, nurse practitioner, nurse’s aide, home health aide  
 42 or employee of an in-home health service.

43 (e) Employee of the Department of Human Services, Oregon Health Authority, Early Learning  
 44 Division, Youth Development Division, Office of Child Care, the Oregon Youth Authority, a local  
 45 [health department] **public health authority**, a community mental health program, a community de-

1 velopmental disabilities program, a county juvenile department, a child-caring agency as that term  
 2 is defined in ORS 418.205 or an alcohol and drug treatment program.

3 (f) Peace officer.

4 (g) Psychologist.

5 (h) Member of the clergy.

6 (i) Regulated social worker.

7 (j) Optometrist.

8 (k) Chiropractor.

9 (L) Certified provider of foster care, or an employee thereof.

10 (m) Attorney.

11 (n) Licensed professional counselor.

12 (o) Licensed marriage and family therapist.

13 (p) Firefighter or emergency medical services provider.

14 (q) A court appointed special advocate, as defined in ORS 419A.004.

15 (r) A child care provider registered or certified under ORS 329A.030 and 329A.250 to 329A.450.

16 (s) Member of the Legislative Assembly.

17 (t) Physical, speech or occupational therapist.

18 (u) Audiologist.

19 (v) Speech-language pathologist.

20 (w) Employee of the Teacher Standards and Practices Commission directly involved in investi-  
 21 gations or discipline by the commission.

22 (x) Pharmacist.

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

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

25 (aa) Employee of a private agency or organization facilitating the provision of respite services,  
 26 as defined in ORS 418.205, for parents pursuant to a properly executed power of attorney under ORS  
 27 109.056.

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

29 (A) Including but not limited to youth groups or centers, scout groups or camps, summer or day  
 30 camps, survival camps or groups, centers or camps that are operated under the guidance, super-  
 31 vision or auspices of religious, public or private educational systems or community service organ-  
 32 izations; and

33 (B) Excluding community-based, nonprofit organizations whose primary purpose is to provide  
 34 confidential, direct services to victims of domestic violence, sexual assault, stalking or human traf-  
 35 ficking.

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

38 (dd) Personal support worker, as defined in ORS 410.600.

39 (ee) Home care worker, as defined in ORS 410.600.

40 **SECTION 72.** ORS 430.735, as amended by section 2, chapter 77, Oregon Laws 2018, is amended  
 41 to read:

42 430.735. As used in ORS 430.735 to 430.765:

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

44 (a) Abandonment, including desertion or willful forsaking of an adult or the withdrawal or neg-  
 45 lect of duties and obligations owed an adult by a caregiver or other person.

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

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

4 (d) Sexual abuse.

5 (e) Neglect.

6 (f) Verbal abuse of an adult.

7 (g) Financial exploitation of an adult.

8 (h) Involuntary seclusion of an adult for the convenience of the caregiver or to discipline the  
 9 adult.

10 (i) A wrongful use of a physical or chemical restraint upon an adult, excluding an act of re-  
 11 straint prescribed by a physician licensed under ORS chapter 677, physician assistant licensed under  
 12 ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practi-  
 13 tioner licensed under ORS 678.375 to 678.390 and any treatment activities that are consistent with  
 14 an approved treatment plan or in connection with a court order.

15 (j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427,  
 16 163.465 or 163.467.

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

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

19 (a) With a developmental disability who is currently receiving services from a community pro-  
 20 gram or facility or who was previously determined eligible for services as an adult by a community  
 21 program or facility;

22 (b) With a severe and persistent mental illness who is receiving mental health treatment from  
 23 a community program; or

24 (c) Who is receiving services for a substance use disorder or a mental illness in a facility or a  
 25 state hospital.

26 (3) "Adult protective services" means the necessary actions taken to prevent abuse or exploi-  
 27 tation of an adult, to prevent self-destructive acts and to safeguard the adult's person, property and  
 28 funds, including petitioning for a protective order as defined in ORS 125.005. Any actions taken to  
 29 protect an adult shall be undertaken in a manner that is least intrusive to the adult and provides  
 30 for the greatest degree of independence.

31 (4) "Caregiver" means an individual, whether paid or unpaid, or a facility that has assumed re-  
 32 sponsibility for all or a portion of the care of an adult as a result of a contract or agreement.

33 (5) "Community program" includes:

34 (a) A community mental health program or a community developmental disabilities program as  
 35 established in ORS 430.610 to 430.695; or

36 (b) A provider that is paid directly or indirectly by the Oregon Health Authority to provide  
 37 mental health treatment in the community.

38 (6) "Facility" means a residential treatment home or facility, residential care facility, adult fos-  
 39 ter home, residential training home or facility or crisis respite facility.

40 (7) "Financial exploitation" means:

41 (a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an  
 42 adult.

43 (b) Alarming an adult by conveying a threat to wrongfully take or appropriate money or prop-  
 44 erty of the adult if the adult would reasonably believe that the threat conveyed would be carried  
 45 out.

1 (c) Misappropriating, misusing or transferring without authorization any money from any ac-  
 2 count held jointly or singly by an adult.

3 (d) Failing to use the income or assets of an adult effectively for the support and maintenance  
 4 of the adult.

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

6 (9) "Law enforcement agency" means:

7 (a) Any city or municipal police department;

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

9 (c) Any county sheriff's office;

10 (d) The Oregon State Police; or

11 (e) Any district attorney.

12 (10) "Neglect" means:

13 (a) Failure to provide the care, supervision or services necessary to maintain the physical and  
 14 mental health of an adult that may result in physical harm or significant emotional harm to the  
 15 adult;

16 (b) Failure of a caregiver to make a reasonable effort to protect an adult from abuse; or

17 (c) Withholding of services necessary to maintain the health and well-being of an adult that  
 18 leads to physical harm of the adult.

19 (11) "Public or private official" means:

20 (a) Physician licensed under ORS chapter 677, physician assistant licensed under ORS 677.505  
 21 to 677.525, naturopathic physician, psychologist or chiropractor, including any intern or resident;

22 (b) Licensed practical nurse, registered nurse, nurse's aide, home health aide or employee of an  
 23 in-home health service;

24 (c) Employee of the Department of Human Services or Oregon Health Authority, local [*health*  
 25 *department*] **public health authority**, community mental health program or community develop-  
 26 mental disabilities program or private agency contracting with a public body to provide any com-  
 27 munity mental health service;

28 (d) Peace officer;

29 (e) Member of the clergy;

30 (f) Regulated social worker;

31 (g) Physical, speech or occupational therapist;

32 (h) Information and referral, outreach or crisis worker;

33 (i) Attorney;

34 (j) Licensed professional counselor or licensed marriage and family therapist;

35 (k) Any public official;

36 (L) Firefighter or emergency medical services provider;

37 (m) Member of the Legislative Assembly;

38 (n) Personal support worker, as defined by rule adopted by the Home Care Commission; or

39 (o) Home care worker, as defined in ORS 410.600.

40 (12) "Services" includes but is not limited to the provision of food, clothing, medicine, housing,  
 41 medical services, assistance with bathing or personal hygiene or any other service essential to the  
 42 well-being of an adult.

43 (13)(a) "Sexual abuse" means:

44 (A) Sexual contact with a nonconsenting adult or with an adult considered incapable of con-  
 45 senting to a sexual act under ORS 163.315;

1 (B) Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit mate-  
 2 rial or language;

3 (C) Any sexual contact between an employee of a facility or paid caregiver and an adult served  
 4 by the facility or caregiver;

5 (D) Any sexual contact between an adult and a relative of the adult other than a spouse;

6 (E) Any sexual contact that is achieved through force, trickery, threat or coercion; or

7 (F) Any sexual contact between an individual receiving mental health or substance abuse  
 8 treatment and the individual providing the mental health or substance abuse treatment.

9 (b) "Sexual abuse" does not mean consensual sexual contact between an adult and a paid  
 10 caregiver who is the spouse of the adult.

11 (14) "Sexual contact" has the meaning given that term in ORS 163.305.

12 (15) "Verbal abuse" means to threaten significant physical or emotional harm to an adult  
 13 through the use of:

14 (a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

15 (b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate  
 16 sexual comments.

17 **SECTION 73.** ORS 430.735, as amended by section 22, chapter 75, Oregon Laws 2018, and sec-  
 18 tion 2, chapter 77, Oregon Laws 2018, is amended to read:

19 430.735. As used in ORS 430.735 to 430.765:

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

21 (a) Abandonment, including desertion or willful forsaking of an adult or the withdrawal or neg-  
 22 lect of duties and obligations owed an adult by a caregiver or other person.

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

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

26 (d) Sexual abuse.

27 (e) Neglect.

28 (f) Verbal abuse of an adult.

29 (g) Financial exploitation of an adult.

30 (h) Involuntary seclusion of an adult for the convenience of the caregiver or to discipline the  
 31 adult.

32 (i) A wrongful use of a physical or chemical restraint upon an adult, excluding an act of re-  
 33 straint prescribed by a physician licensed under ORS chapter 677, physician assistant licensed under  
 34 ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practi-  
 35 tioner licensed under ORS 678.375 to 678.390 and any treatment activities that are consistent with  
 36 an approved treatment plan or in connection with a court order.

37 (j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427,  
 38 163.465 or 163.467.

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

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

41 (a) With a developmental disability who is currently receiving services from a community pro-  
 42 gram or facility or who was previously determined eligible for services as an adult by a community  
 43 program or facility;

44 (b) With a severe and persistent mental illness who is receiving mental health treatment from  
 45 a community program; or

1 (c) Who is receiving services for a substance use disorder or a mental illness in a facility or a  
 2 state hospital.

3 (3) “Adult protective services” means the necessary actions taken to prevent abuse or exploi-  
 4 tation of an adult, to prevent self-destructive acts and to safeguard the adult’s person, property and  
 5 funds, including petitioning for a protective order as defined in ORS 125.005. Any actions taken to  
 6 protect an adult shall be undertaken in a manner that is least intrusive to the adult and provides  
 7 for the greatest degree of independence.

8 (4) “Caregiver” means an individual, whether paid or unpaid, or a facility that has assumed re-  
 9 sponsibility for all or a portion of the care of an adult as a result of a contract or agreement.

10 (5) “Community program” includes:

11 (a) A community mental health program or a community developmental disabilities program as  
 12 established in ORS 430.610 to 430.695; or

13 (b) A provider that is paid directly or indirectly by the Oregon Health Authority to provide  
 14 mental health treatment in the community.

15 (6) “Facility” means a residential treatment home or facility, residential care facility, adult fos-  
 16 ter home, residential training home or facility or crisis respite facility.

17 (7) “Financial exploitation” means:

18 (a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an  
 19 adult.

20 (b) Alarming an adult by conveying a threat to wrongfully take or appropriate money or prop-  
 21 erty of the adult if the adult would reasonably believe that the threat conveyed would be carried  
 22 out.

23 (c) Misappropriating, misusing or transferring without authorization any money from any ac-  
 24 count held jointly or singly by an adult.

25 (d) Failing to use the income or assets of an adult effectively for the support and maintenance  
 26 of the adult.

27 (8) “Intimidation” means compelling or deterring conduct by threat.

28 (9) “Law enforcement agency” means:

29 (a) Any city or municipal police department;

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

31 (c) Any county sheriff’s office;

32 (d) The Oregon State Police; or

33 (e) Any district attorney.

34 (10) “Neglect” means:

35 (a) Failure to provide the care, supervision or services necessary to maintain the physical and  
 36 mental health of an adult that may result in physical harm or significant emotional harm to the  
 37 adult;

38 (b) Failure of a caregiver to make a reasonable effort to protect an adult from abuse; or

39 (c) Withholding of services necessary to maintain the health and well-being of an adult that  
 40 leads to physical harm of the adult.

41 (11) “Public or private official” means:

42 (a) Physician licensed under ORS chapter 677, physician assistant licensed under ORS 677.505  
 43 to 677.525, naturopathic physician, psychologist or chiropractor, including any intern or resident;

44 (b) Licensed practical nurse, registered nurse, nurse’s aide, home health aide or employee of an  
 45 in-home health service;



1 (c) Employee of the Department of Human Services or Oregon Health Authority, local [health  
2 department] **public health authority**, community mental health program or community develop-  
3 mental disabilities program or private agency contracting with a public body to provide any com-  
4 munity 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 therapist;

12 (k) Any public official;

13 (L) Firefighter or emergency medical services provider;

14 (m) Member of the Legislative Assembly;

15 (n) Personal support worker, as defined in ORS 410.600; or

16 (o) Home care worker, as defined in ORS 410.600.

17 (12) "Services" includes but is not limited to the provision of food, clothing, medicine, housing,  
18 medical services, assistance with bathing or personal hygiene or any other service essential to the  
19 well-being of an adult.

20 (13)(a) "Sexual abuse" means:

21 (A) Sexual contact with a nonconsenting adult or with an adult considered incapable of con-  
22 senting to a sexual act under ORS 163.315;

23 (B) Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit mate-  
24 rial or language;

25 (C) Any sexual contact between an employee of a facility or paid caregiver and an adult served  
26 by the facility or caregiver;

27 (D) Any sexual contact between an adult and a relative of the adult other than a spouse;

28 (E) Any sexual contact that is achieved through force, trickery, threat or coercion; or

29 (F) Any sexual contact between an individual receiving mental health or substance abuse  
30 treatment and the individual providing the mental health or substance abuse treatment.

31 (b) "Sexual abuse" does not mean consensual sexual contact between an adult and a paid  
32 caregiver who is the spouse of the adult.

33 (14) "Sexual contact" has the meaning given that term in ORS 163.305.

34 (15) "Verbal abuse" means to threaten significant physical or emotional harm to an adult  
35 through the use of:

36 (a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

37 (b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate  
38 sexual comments.

39 **SECTION 74.** ORS 431.003 is amended to read:

40 431.003. As used in ORS 431.001 to 431.550 and 431.990:

41 (1) "Foundational capability" means the knowledge, skill or ability that is necessary to carry  
42 out a public health activity.

43 (2) "Foundational program" means a public health program that is necessary to assess, protect  
44 or improve the health of the residents of this state.

45 (3) "Governing body of a local public health authority" means:

- 1 (a) The governing body of a county;
- 2 (b) A board described in ORS 431.443 (2);
- 3 (c) A board established under ORS 431.443 (3); or
- 4 (d) The board of an intergovernmental entity created by an agreement pursuant to ORS 190.010
- 5 (5) for the purpose of providing public health services.

6 [(4) “Local health department” means the agency established by the local public health authority  
7 that is responsible for administering public health programs and public health activities within the lo-  
8 cal public health authority’s jurisdiction.]

9 [(5)] (4) “Local health officer” means:

- 10 (a) A local public health administrator appointed under ORS 431.418; [or]
- 11 (b) [If the local public health administrator appointed under ORS 431.418 is not a physician li-  
12 censed by the Oregon Medical Board,] The physician who is employed by or who enters a contract  
13 with a local public health administrator under ORS 431.418[.]; **or**
- 14 (c) **A physician appointed by the Public Health Officer described in ORS 431.045.**

15 [(6)] (5) “Local public health administrator” means an individual appointed under ORS 431.418  
16 to supervise the public health programs and public health activities of a local [health department]  
17 **public health authority.**

18 [(7)] (6) “Local public health authority” means:

- 19 (a) A county government;
- 20 (b) A health district formed under ORS 431.443; or
- 21 (c) An intergovernmental entity that provides public health services pursuant to an agreement  
22 entered into under ORS 190.010 (5).

23 **SECTION 75.** ORS 431.120 is amended to read:

24 431.120. In addition to the duties described in ORS 431.115, the Oregon Health Authority shall:

- 25 (1) Enforce the laws, rules and policies of this state related to health.
- 26 (2) Routinely conduct epidemiological investigations for each case of sudden infant death syn-  
27 drome, including the identification of risk factors such as birth weight, maternal age, prenatal care,  
28 history of apnea and socioeconomic characteristics. The **Oregon Health** Authority may conduct the  
29 investigations through local [health departments] **public health authorities** only upon adoption by  
30 rule of a uniform epidemiological data collection method.

31 (3) Adopt rules related to loans and grants awarded under ORS 285B.560 to 285B.599 or 541.700  
32 to 541.855 for the improvement of drinking water systems for the purpose of maintaining compliance  
33 with applicable state and federal drinking water quality standards. In adopting rules under this  
34 subsection, the **Oregon Health** Authority shall coordinate the **Oregon Health** Authority’s  
35 rulemaking process with the Water Resources Department and the Oregon Business Development  
36 Department to ensure that rules adopted under this subsection are consistent with rules adopted  
37 under ORS 285B.563 and 541.845.

38 (4) Control health care capital expenditures by administering the state certificate of need pro-  
39 gram under ORS 442.325 to 442.344.

40 **SECTION 76.** ORS 431.405 is amended to read:

41 431.405. It is the purpose of ORS 431.380 to 431.510 to encourage improvement and standardi-  
42 zation of **local public** health [departments] **authorities** in order to provide a more effective and more  
43 efficient public health service throughout the state.

44 **SECTION 77.** ORS 431.415 is amended to read:

45 431.415. (1) Subject to the availability of funds paid pursuant to ORS 431.380, each governing

1 body of a local public health authority shall:

2 (a) In collaboration with the local public health administrator appointed under ORS 431.418,  
3 develop public health policies and goals for the local public health authority;

4 (b) Adopt ordinances and rules necessary for the local public health authority to administer ORS  
5 431.001 to 431.550 and 431.990, any other public health law of this state and any other public health  
6 matter not expressly preempted by a law of this state;

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

10 (d) Review and make recommendations on the local public health modernization plan adopted  
11 under ORS 431.413; and

12 (e) Monitor the progress of the local public health authority in meeting statewide and local  
13 public health goals, including progress in applying the foundational capabilities established under  
14 ORS 431.131 and implementing the foundational programs established under ORS 431.141.

15 (2) The governing body of a local public health authority shall adopt ordinances and rules nec-  
16 cessary to carry out the duties of the local public health authority under subsection (1) of this sec-  
17 tion. The governing body of a local public health authority may not adopt an ordinance or rule or  
18 policy that is inconsistent with or less strict than a provision of ORS 431.001 to 431.550 and 431.990  
19 or any other public health law of this state, or that is inconsistent with or less strict than a rule  
20 adopted under ORS 431.001 to 431.550 and 431.990 or any other public health law of this state.

21 (3) The governing body of a local public health authority may adopt schedules of fees for public  
22 health services that are reasonably calculated to not exceed the cost of the services performed. The  
23 local *[health department]* **public health authority** shall charge fees in accordance with the schedule  
24 or schedules adopted.

25 **SECTION 78.** ORS 431.418 is amended to read:

26 431.418. (1) Each local public health authority shall appoint a qualified local public health ad-  
27 ministrator to supervise the activities of the local public health authority. In making an appointment  
28 under this subsection, the local public health authority shall consider standards for selection of local  
29 public health administrators prescribed by the Oregon Health Authority.

30 (2)(a) When the local public health administrator is a physician licensed *[by the Oregon Medical*  
31 *Board]* **under ORS chapter 677**, the local public health administrator *[shall]* **may** serve as the local  
32 health officer for the local public health authority.

33 (b) When the local public health administrator is not a physician licensed *[by the Oregon Med-*  
34 *ical Board]* **under ORS chapter 677, or the local public health administrator elects to not serve**  
35 **as the local health officer**, the local public health administrator shall employ or otherwise contract  
36 for services with *[a local health officer who is]* a physician licensed *[by the Oregon Medical Board*  
37 *to perform the specific medical responsibilities requiring the services of a physician. A physician em-*  
38 *ployed or whose services are contracted for under this subsection]* **under ORS chapter 677 to act**  
39 **as the local health officer.**

40 (c) **The local health officer** is responsible to the local public health administrator for the  
41 medical and paramedical aspects of the public health programs administered by the local public  
42 health *[administrator]* **authority.**

43 (3) The local public health administrator shall:

44 (a) Serve as the executive secretary of the local public health authority<sup>]</sup>, *act as the administrator*  
45 *of the local health department]* and supervise the officers and employees appointed under paragraph

1 (b) of this subsection.

2 (b) Appoint, subject to the approval of the local public health authority, administrators, medical  
3 officers, public health nurses, environmental health specialists and *[such]* **other** employees necessary  
4 to carry out the duties of the local public health administrator under ORS 431.001 to 431.550 and  
5 431.990 and any other public health law of this state.

6 (c) Provide the local public health authority at appropriate intervals information concerning the  
7 activities of the local *[health department]* **public health authority** and submit an annual budget for  
8 the approval of the governing body of the county or, for a health district formed under ORS 431.443,  
9 the governing bodies of the counties that formed the health district.

10 (d) Act as the agent of the Oregon Health Authority in enforcing state public health laws and  
11 rules of the authority, including such sanitary inspection of hospitals and related institutions as may  
12 be requested by the authority.

13 (e) Perform any other duty required by law.

14 (4) A local public health administrator shall serve until removed by the appointing local public  
15 health authority. A local public health administrator may not engage in an occupation that conflicts  
16 with the local public health administrator's official duties and shall devote sufficient time to fulfill-  
17 ing the requirements of subsection (3) of this section. *[However, if the governing body of a local*  
18 *public health authority is not established under ORS 431.443 (3),]* The local public health authority  
19 may, with the approval of the Director of the Oregon Health Authority, require the local public  
20 health administrator to work less than full-time.

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

24 **SECTION 79.** ORS 431.510 is amended to read:

25 431.510. (1) The governing body of a county shall provide adequate quarters and facilities for the  
26 office and operations of a local public health authority *[and shall appropriate sufficient moneys for*  
27 *the administration of the local public health authority and the operation of the local health department*  
28 *administered by the local public health authority].*

29 (2) If a health district is established under ORS 431.443, the governing body of each participating  
30 county shall appropriate annually moneys specifically designated for the administration **and opera-**  
31 **tion** of a local public health authority described in ORS 431.443 (2) or established under ORS 431.443  
32 (3) *[and the operation of the local health department administered by the local public health*  
33 *authority].*

34 **SECTION 80.** ORS 431.520 is amended to read:

35 431.520. Public records, as defined in ORS 192.005, of local *[health departments]* **public health**  
36 **authorities** and community mental health clinics may be destroyed or otherwise disposed of in ac-  
37 cordance with rules prescribed by the State Archivist, except that public records may not be re-  
38 quired to be maintained for more than seven years from the date of the last entry for purposes of  
39 preserving evidence for an action, suit or proceeding.

40 **SECTION 81.** ORS 431A.125 is amended to read:

41 431A.125. (1) Subject to available funding, including gifts, grants or donations, the Oregon  
42 Health Authority shall establish and administer a statewide injury and violence prevention program.  
43 In administering the program, the authority may:

44 (a) Collect and analyze data on injury and violence, including but not limited to data from death  
45 certificates, emergency department records, hospitalization records, medical examiner and coroner

1 records and police reports and surveys;

2 (b) Develop and revise, as necessary, a comprehensive state plan for injury and violence pre-  
3 vention;

4 (c) Provide technical support and training to communities, local [*health departments*] **public**  
5 **health authorities**, state and local agencies, organizations and individuals;

6 (d) Prepare an annual report on injury and violence in Oregon;

7 (e) Conduct special studies of, collect data on and monitor and evaluate activities related to the  
8 risk factors, protective factors, causes and prevention of morbidity and mortality resulting from in-  
9 jury that occurs as a result of unintentional or undetermined causes, nonfatal self-harming behavior,  
10 suicide, assault or homicide;

11 (f) Work with researchers to enhance knowledge about reducing injury and violence in Oregon;

12 (g) Develop collaborative relationships with other state agencies and private and community  
13 organizations for the purpose of establishing programs that promote injury and violence prevention;

14 (h) Provide information to assist in the development of institutional and public policies that will  
15 reduce injury and violence;

16 (i) Collaborate with local public health authorities, persons providing emergency medical ser-  
17 vices, hospitals, law enforcement agencies, research institutions and other organizations to conduct  
18 studies of, collect data on and monitor and evaluate activities related to the causes and prevention  
19 of injury and violence;

20 (j) Publish compilations of data and reports about injury and violence, provided that the data  
21 and reports do not identify individual cases or sources of information; and

22 (k) Adopt rules as necessary to carry out this section.

23 (2) Notwithstanding subsection (1) of this section, the authority may not require a hospital, as  
24 defined in ORS 442.015, to report data to the authority under this section unless the authority is  
25 otherwise authorized to require the hospital to report the data to the authority under other state  
26 or federal law.

27 (3)(a) Except as provided in paragraph (c) of this subsection, all data collected pursuant to this  
28 section is:

29 (A) Confidential and not subject to public disclosure law under ORS 192.311 to 192.478; and

30 (B) Privileged.

31 (b) Except as required by the administration or enforcement of the public health laws of this  
32 state or rules adopted under the public health laws of this state, a public health official, employee  
33 or agent may not be examined in an administrative or judicial proceeding as to the existence or  
34 content of data collected pursuant this section.

35 (c) The authority shall adopt rules under which confidential data collected pursuant to this  
36 section may be requested by a third party for the purpose of conducting research and studies for the  
37 public good. Research and studies conducted using confidential data collected pursuant to this sec-  
38 tion must be reviewed and approved by a committee established for the protection of human re-  
39 search subjects pursuant to 45 C.F.R. 46.

40 (4) A person who furnishes information to the authority for a purpose described in this section  
41 is not civilly or criminally liable for any loss, damage or injury arising out of the furnishing of that  
42 information to the authority.

43 (5) The authority may accept gifts, grants or donations from any public or private source for the  
44 purpose of carrying out this section. Funds received under this subsection shall be deposited in the  
45 Oregon Health Authority Fund established under ORS 413.101 and are continuously appropriated to

1 the authority for the purposes of carrying out this section.

2 **SECTION 82.** ORS 432.141 is amended to read:

3 432.141. (1) From resources available to the Oregon Health Authority, the authority shall com-  
4 pile statistics on the total number of opioid and opiate overdoses and the total number of opioid and  
5 opiate overdose related deaths occurring in this state.

6 (2) Not less than once every three months, the **Oregon Health** Authority shall report to the  
7 Governor and each local [*health department*] **public health authority**, as defined in ORS 431.003, the  
8 statistics compiled under subsection (1) of this section.

9 (3) Not later than September 15 of each year, the **Oregon Health** Authority shall report to the  
10 interim committees of the Legislative Assembly related to health care, in the manner provided by  
11 ORS 192.245, the statistics compiled under subsection (1) of this section.

12 **SECTION 83.** ORS 433.012 is amended to read:

13 433.012. The Oregon Health Authority shall provide the necessary laboratory examinations re-  
14 quested by local [*health departments*] **public health authorities** for the diagnosis of those  
15 communicable diseases identified by rule of the **Oregon Health** Authority to be a reportable disease.

16 **SECTION 84.** ORS 433.060 is amended to read:

17 433.060. As used in ORS 433.060 to 433.080 unless the context requires otherwise:

18 [(1) “Authority” means the Oregon Health Authority.]

19 [(2)] (1) “Health care facility” means a facility as defined in ORS 442.015 and a mental health  
20 facility, alcohol treatment facility or drug treatment facility licensed or operated under ORS chapter  
21 426 or 430.

22 [(3) “Hepatitis test” means a test of an individual for the presence of hepatitis B or C or for any  
23 other substance specifically indicating the presence of hepatitis B or C.]

24 [(4)] (2) “HIV test” means a test of an individual for the presence of human immunodeficiency  
25 virus (HIV), or for antibodies or antigens that result from HIV infection, or for any other substance  
26 specifically indicating infection with HIV.

27 [(5)] (3) “Licensed health care provider” or “health care provider” means a person licensed or  
28 certified to provide health care under ORS chapter 677, 678, 679, 680, 684 or 685 or ORS 682.216,  
29 or under comparable statutes of any other state.

30 [(6)] (4) “Local public health administrator” means the local public health administrator, as de-  
31 fined in ORS 431.003, for the jurisdiction in which the reported substantial exposure occurred.

32 [(7)] (5) “Local public health officer” means the local health officer, as described in ORS 431.418,  
33 of the county or district [*health department*] **local public health authority** for the jurisdiction in  
34 which the substantial exposure occurred.

35 [(8)] (6) “Occupational exposure” means a substantial exposure of a worker in the course of the  
36 worker’s occupation.

37 [(9)] (7) “Source person” means a person who is the source of the blood or body fluid in the  
38 instance of a substantial exposure of another person.

39 [(10)] (8) “Substantial exposure” means an exposure to blood or certain body fluids as defined  
40 by rule of the authority to have a potential for transmitting the human immunodeficiency virus  
41 based upon current scientific information.

42 [(11)] (9) “Worker” means a person who is licensed or certified to provide health care under  
43 ORS chapters 677, 678, 679, 680, 684 or 685 or ORS 682.216, an employee of a health care facility,  
44 of a licensed health care provider or of a clinical laboratory, as defined in ORS 438.010, a firefighter,  
45 a law enforcement officer, as defined in ORS 414.805, a corrections officer or a parole and probation

1 officer.

2 **SECTION 85.** ORS 433.080 is amended to read:

3 433.080. When the Oregon Health Authority declares by rule that mandatory testing of source  
4 persons could help a defined class of workers from being infected or infecting others with the human  
5 immunodeficiency virus, the following apply:

6 (1) When a source person, after having been first requested to consent to testing by rules  
7 adopted under ORS 433.065, has refused or within a time period prescribed by rule of the **Oregon**  
8 **Health** Authority has failed to submit to the requested test, except when the exposed person has  
9 knowledge that the exposed person has a history of a positive HIV test, the exposed person may  
10 seek mandatory testing of the source person by filing a petition with the circuit court for the county  
11 in which the exposure occurred. The form for the petition shall be as prescribed by the **Oregon**  
12 **Health** Authority and shall be obtained from the local public health [*department*] **authority**.

13 (2) The petition shall name the source person as the respondent and shall include a short and  
14 plain statement of facts alleging:

15 (a) The petitioner is a worker subjected to an occupational exposure or a person who has been  
16 subjected to a substantial exposure by a worker administering health care and the respondent is the  
17 source person;

18 (b) The petitioner is in the class of workers defined by rule of the **Oregon Health** Authority  
19 under this section;

20 (c) All procedures for obtaining the respondent's consent to an HIV test by rules adopted under  
21 ORS 433.065 have been exhausted by the petitioner and the respondent has refused to consent to the  
22 test, or within the time period prescribed by rule of the **Oregon Health** Authority has failed to  
23 submit to the test;

24 (d) The petitioner has no knowledge that the petitioner has a history of a positive HIV test and  
25 has since the exposure, within a time period prescribed by rule of the **Oregon Health** Authority,  
26 submitted a specimen from the petitioner for an HIV test; and

27 (e) The injury that petitioner is suffering or will suffer if the source person is not ordered to  
28 submit to an HIV test.

29 (3) The petition shall be accompanied by the certificate of the local public health administrator  
30 declaring that, based upon information in the possession of the **local public health** administrator,  
31 the facts stated in the allegations under subsection (2)(a), (b) and (c) of this section are true.

32 (4) Upon the filing of the petition, the court shall issue a citation to the respondent stating the  
33 nature of the proceedings, the statutes involved and the relief requested and, that if the respondent  
34 does not appear at the time and place for hearing stated in the citation, that the court will order  
35 the relief requested in the petition.

36 (5) The citation shall be served on the respondent together with a copy of the petition by the  
37 county sheriff or deputy. The person serving the citation and petition shall, immediately after ser-  
38 vice [*thereof*] **of the citation and petition**, make a return showing the time, place and manner of  
39 [*such*] **the** service and file [*it*] **the return** with the clerk of the court.

40 (6) The hearing shall be held within three days of the service of the citation upon the respond-  
41 ent. The court may for good cause allow an additional period of 48 hours if additional time is re-  
42 quested by the respondent.

43 (7) Both the petitioner and the local public health administrator certifying to the matter alleged  
44 in the petition shall appear at the hearing. The hearing of the case shall be informal with the object  
45 of resolving the issue before the court promptly and economically between the parties. The parties

1 shall be entitled to subpoena witnesses, to offer evidence and to cross-examine. The judge may ex-  
 2 amine witnesses to [*insure*] **ensure** a full inquiry into the facts necessary for a determination of the  
 3 matter before the court.

4 (8) After hearing all of the evidence, the court shall determine the truth of the allegations con-  
 5 tained in the petition. The court shall order the respondent to submit to the requested test by a  
 6 licensed health care provider without delay if, based upon clear and convincing evidence, the court  
 7 finds that:

8 (a) The allegations in the petition are true;

9 (b) The injury the petitioner is suffering or will suffer is an injury that only the relief requested  
 10 will adequately remedy; and

11 (c) The interest of the petitioner in obtaining the relief clearly outweighs the privacy interest  
 12 of the respondent in withholding consent.

13 (9) If the court does not make the finding described in subsection (8) of this section, the court  
 14 shall dismiss the petition.

15 (10) Failure to obey the order of the court shall be subject to contempt proceedings pursuant  
 16 to law.

17 **SECTION 86.** ORS 433.090 is amended to read:

18 433.090. As used in ORS 433.090 to 433.102:

19 (1) "Authorized user" means a person or entity authorized to provide information to or to re-  
 20 ceive information from an immunization registry or tracking and recall system under ORS 433.090  
 21 to 433.102. "Authorized user" includes, but is not limited to:

22 (a) The Oregon Health Authority and its agents;

23 (b) Local **public** health [*departments*] **authorities** and their agents;

24 (c) Licensed health care providers and their agents;

25 (d) Health care institutions;

26 (e) Insurance carriers;

27 (f) State health plans as defined in ORS 192.556;

28 (g) Parents, guardians or legal custodians of children under 18 years of age;

29 (h) Clients 18 years of age or older;

30 (i) Post-secondary education institutions;

31 (j) Schools; and

32 (k) Children's facilities.

33 (2) "Children's facility" has the meaning given that term in ORS 433.235.

34 (3) "Client" means a person registered with any Oregon tracking and recall system.

35 (4) "Immunization record" includes but is not limited to records of the following:

36 (a) Any immunization received;

37 (b) Date immunization was received;

38 (c) Complication or side effect associated with immunization;

39 (d) Date and place of birth of a client;

40 (e) Hospital where a client was born;

41 (f) Client's name; and

42 (g) Mother's name.

43 (5) "Immunization registry" means a listing of clients and information relating to their immu-  
 44 nization status, without regard to whether the registry is maintained in this state or elsewhere.

45 (6) "Local **public** health [*department*] **authority**" has the meaning given that term in ORS



1 431.003.

2 (7) “Parent or guardian” has the meaning given the term “parent” in ORS 433.235.

3 (8) “Post-secondary education institution” means:

4 (a) A public university listed in ORS 352.002;

5 (b) A community college operated under ORS chapter 341;

6 (c) A school or division of Oregon Health and Science University; or

7 (d) An Oregon-based, generally accredited, private institution of higher education.

8 (9) “Provider” means a physician or a health care professional who is acting within the scope  
 9 of the physician’s or professional’s licensure and is responsible for providing immunization services  
 10 or for coordinating immunization services within a clinic, public health site, school or other immu-  
 11 nization site.

12 (10) “School” has the meaning given that term in ORS 433.235.

13 (11) “Tracking and recall record” means information needed to send reminder cards to, place  
 14 telephone calls to or personally contact the client or the parent or guardian of a client for the  
 15 purposes of informing the client, parent or guardian that the client is late in receiving recommended  
 16 immunizations, hearing or lead screenings, or other public health interventions, including but not  
 17 limited to the client’s:

18 (a) Name;

19 (b) Address;

20 (c) Telephone number;

21 (d) Insurance carrier; and

22 (e) Health care provider.

23 (12) “Tracking and recall system” means a system attached to an immunization registry designed  
 24 to contact clients listed in the immunization registry for the purposes of assisting in the timely  
 25 completion of immunization series, hearing or lead screenings, or other public health interventions  
 26 designated by rule of the **Oregon Health** Authority.

27 **SECTION 87.** ORS 433.094 is amended to read:

28 433.094. (1) The Oregon Health Authority, a local **public** health [*department*] **authority**, or both,  
 29 or their agents or other providers may develop an immunization registry and an associated tracking  
 30 and recall system.

31 (2) The immunization registry and tracking and recall system shall include, but not be limited  
 32 to, the following:

33 (a) Registering all clients born in, living in or receiving services in this state;

34 (b) Tracking and updating immunization histories of the registered clients;

35 (c) Allowing a provider, the **Oregon Health** Authority or a local [*health department*] **public**  
 36 **health authority** to provide information to and obtain information from the immunization records  
 37 contained in the immunization registry, and the tracking and recall records contained in the track-  
 38 ing and recall system, without the consent of the client or the parent or guardian of the client;

39 (d) Allowing an immunization record of a client who is under the care of an authorized user or  
 40 enrolled in an authorized user’s program to be released to the authorized user;

41 (e) Notifying in writing the parent or guardian of a client, at least through five years of age,  
 42 when the tracking and recall system indicates that a client has missed a scheduled immunization;

43 (f) Integrating with any immunization registry and its associated tracking and recall systems;  
 44 and

45 (g) Working with health care providers to develop information transfer systems.

1 (3) The immunization registry and tracking and recall system may allow information to be re-  
 2 leased to an authorized user from an immunization record or a tracking and recall record for pur-  
 3 poses including, but not limited to:

4 (a) Outreach to clients under the care of the authorized user or enrolled in the authorized user's  
 5 program who have missed immunizations, hearing or lead screenings, or other public health inter-  
 6 ventions designated by rule of the **Oregon Health** Authority; or

7 (b) Public health assessment and evaluation related to immunizations and vaccine-preventable  
 8 diseases conducted by the **Oregon Health** Authority or by a local [*health department*] **public health**  
 9 **authority** for clients within the local [*health department's*] **public health authority's** jurisdiction.

10 **SECTION 88.** ORS 433.235 is amended to read:

11 433.235. As used in ORS 433.235 to 433.284:

12 (1) "Administrator" means the principal or other person having general control and supervision  
 13 of a school or children's facility.

14 (2) "Children's facility" or "facility" means:

15 (a) A certified child care facility as described in ORS 329A.030 and 329A.250 to 329A.450, except  
 16 as exempted by rule of the Oregon Health Authority;

17 (b) A program operated by, or sharing the premises with, a certified child care facility, school  
 18 or post-secondary institution where care is provided to children, six weeks of age to kindergarten  
 19 entry, except as exempted by rule of the **Oregon Health** Authority; or

20 (c) A program providing child care or educational services to children, six weeks of age to  
 21 kindergarten entry, in a residential or nonresidential setting, except as exempted by rule of the  
 22 **Oregon Health** Authority.

23 (3) "Local [*health department*] **public health authority**" has the meaning given that term in ORS  
 24 431.003.

25 (4) "Parent" means a parent or guardian of a child or any adult responsible for the child.

26 (5) "Physician" means:

27 (a) A physician licensed [*by the Oregon Medical Board*] **under ORS chapter 677**;

28 (b) [*or by the Oregon Board of Naturopathic Medicine*] **A naturopathic physician licensed un-**  
 29 **der ORS chapter 685**;

30 (c) [*or*] A physician similarly licensed by another state or country in which the physician prac-  
 31 tices; or

32 (d) A commissioned medical officer of the Armed Forces or Public Health Service of the United  
 33 States.

34 (6) "School" means a public, private, parochial, charter or alternative educational program of-  
 35 fering kindergarten through grade 12 or any part thereof, except as exempted by rule of the **Oregon**  
 36 **Health** Authority.

37 **SECTION 89.** ORS 433.102 is amended to read:

38 433.102. (1) Nothing in ORS 433.090 to 433.102 is intended to affect the responsibility of a parent  
 39 or guardian to have a child of that parent or guardian properly immunized.

40 (2) Nothing in ORS 433.090 to 433.102 is intended to require immunization or tracking of any  
 41 child otherwise exempt from immunization requirements under ORS 433.267 [(1)(b)] **(2)(b)** or (c).

42 **SECTION 90.** ORS 433.245 is amended to read:

43 433.245. (1) The Director of the Oregon Health Authority shall appoint a committee to advise  
 44 the Oregon Health Authority on the administration of the provisions of ORS 433.235 to 433.284, in-  
 45 cluding the adoption of rules pursuant to ORS 433.269 (2), 433.273, 433.282 and 433.283.

1 (2) Members of the committee appointed pursuant to subsection (1) of this section shall include,  
 2 but need not be limited to, representatives of the Oregon Health Authority, the Department of Hu-  
 3 man Services, the Department of Education, public, private and parochial schools, children's facili-  
 4 ties, institutions of post-secondary education, education service districts, local *[health departments]*  
 5 **public health authorities**, the boards of county commissioners or county courts and the public.

6 **SECTION 91.** ORS 433.255 is amended to read:

7 433.255. Except in strict conformity with the rules of the Oregon Health Authority, no child or  
 8 employee shall be permitted to be in any school or children's facility when:

- 9 (1) That child or employee has any restrictable disease;
- 10 (2) That child or employee comes from any house in which exists any restrictable disease; or
- 11 (3) That child has been excluded as provided in ORS 433.267 [(5)] **(6)** or [(7)] **(8)**.

12 **SECTION 92.** ORS 433.260 is amended to read:

13 433.260. (1) Whenever any administrator has reason to suspect that any child or employee has  
 14 or has been exposed to any restrictable disease and is required by the rules of the Oregon Health  
 15 Authority to be excluded from a school or children's facility, the administrator shall send such  
 16 person home and, if the disease is one that must be reported to the **Oregon Health Authority**, re-  
 17 port the occurrence to the local *[health department]* **public health authority** by the most direct  
 18 means available.

19 (2) Any person excluded under subsection (1) of this section may not be permitted to be in the  
 20 school or facility until the person presents a certificate from a physician, physician assistant li-  
 21 censed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, local  
 22 *[health department]* **public health authority** nurse or school nurse stating that the person does not  
 23 have or is not a carrier of any restrictable disease.

24 **SECTION 93.** ORS 433.267 is amended to read:

25 433.267. (1) **As used in this section:**

26 (a) **"Newly entering child" means a child who is initially attending:**

27 (A) **A facility in this state;**

28 (B) **A school at the entry grade level;**

29 (C) **Either a school at any grade level or a facility from homeschooling; or**

30 (D) **A school at any grade level or a facility after entering the United States from another**  
 31 **country.**

32 (b) **"Transferring child" means a child moving from:**

33 (A) **One facility to another facility;**

34 (B) **One school in this state to another school in this state when the move is not the**  
 35 **result of a normal progression of grade level; or**

36 (C) **A school in another state to a school in this state.**

37 [(1)] (2) As a condition of attendance in any school or children's facility in this state, every child  
 38 through grade 12 shall submit to the administrator, unless the school or facility the child attends  
 39 already has on file a record that indicates that the child has received immunizations against the  
 40 restrictable diseases prescribed by rules of the Oregon Health Authority as provided in ORS 433.273,  
 41 one of the following:

42 (a) A document signed by the parent, a **health care** practitioner *[of the healing arts]* who has  
 43 within the scope of the practitioner's license the authority to administer immunizations or a repre-  
 44 sentative of the local *[health department]* **public health authority** certifying the immunizations the  
 45 child has received;

1 (b) A document signed by a physician or a representative of the local [*health department*] **public**  
 2 **health authority** stating that the child should be exempted from receiving specified immunization  
 3 because of indicated medical diagnosis; or

4 (c) A document, on a form prescribed by the **Oregon Health** Authority by rule and signed by  
 5 the parent of the child, stating that the parent is declining one or more immunizations on behalf of  
 6 the child. A document submitted under this paragraph:

7 (A) May include the reason for declining the immunization, including whether the parent is de-  
 8 clining the immunization because of a religious or philosophical belief; and

9 (B) Must include either:

10 (i) A signature from a health care practitioner verifying that the health care practitioner has  
 11 reviewed with the parent information about the risks and benefits of immunization that is consistent  
 12 with information published by the Centers for Disease Control and Prevention and the contents of  
 13 the vaccine educational module approved by the **Oregon Health** Authority pursuant to rules  
 14 adopted under ORS 433.273; or

15 (ii) A certificate verifying that the parent has completed a vaccine educational module approved  
 16 by the **Oregon Health** Authority pursuant to rules adopted under ORS 433.273.

17 [(2)(a)] **(3)(a)** A newly entering child or a transferring child shall be required to submit the  
 18 document described in subsection [(1)] **(2)** of this section prior to attending the school or facility.

19 (b) Notwithstanding paragraph (a) of this subsection, a child transferring from a school in the  
 20 United States must submit the document required by subsection [(1)] **(2)** of this section not later  
 21 than the exclusion date set by rule of the **Oregon Health** Authority.

22 [(3)] **(4)** Persons who have been emancipated pursuant to ORS 419B.558 or who have reached the  
 23 age of consent for medical care pursuant to ORS 109.640 may sign those documents on their own  
 24 behalf otherwise requiring the signatures of parents under subsection [(1)] **(2)** of this section.

25 [(4)] **(5)** The administrator shall conduct a primary evaluation of the records submitted pursuant  
 26 to subsection [(1)] **(2)** of this section to determine whether the child is entitled to begin attendance  
 27 by reason of having submitted a document that complies with the requirements of subsection [(1)]  
 28 **(2)** of this section.

29 [(5)] **(6)** If the records do not meet the initial minimum requirements established by rule, the  
 30 child may not be allowed to attend until the requirements are met. If the records meet the initial  
 31 minimum requirements, the child shall be allowed to attend.

32 [(6)] **(7)** At the time specified by the **Oregon Health** Authority by rule, records for children  
 33 meeting the initial minimum requirements and records previously on file shall be reviewed for com-  
 34 pletion of requirements by the administrator to determine whether the child is entitled to continue  
 35 in attendance. If the records do not comply, the administrator shall notify the local [*health depart-*  
 36 *ment*] **public health authority** and shall transmit any records concerning the child's immunization  
 37 status to the local [*health department*] **public health authority**.

38 [(7)] **(8)** The local [*health department*] **public health authority** shall provide for a secondary  
 39 evaluation of the records to determine whether the child should be excluded for noncompliance with  
 40 the requirements stated in subsection [(1)] **(2)** of this section. If the child is determined to be in  
 41 noncompliance, the local [*health department*] **public health authority** shall issue an exclusion order  
 42 and shall send copies of the order to the parent or the person who is emancipated or has reached  
 43 the age of majority and the administrator. On the effective date of the order, the administrator shall  
 44 exclude the child from the school or facility and not allow the child to attend the school or facility  
 45 until the requirements of this section have been met.

1 [(8)] (9) The administrator shall readmit the child to the school or facility when in the judgment  
 2 of the local [*health department*] **public health authority** the child is in compliance with the re-  
 3 quirements of this section.

4 [(9)] (10) The administrator shall be responsible for updating the document described in sub-  
 5 section [(1)(a)] (2)(a) of this section as necessary to reflect the current status of the immunization  
 6 of the child and the time at which the child comes into compliance with immunizations against the  
 7 restrictable diseases prescribed by rules of the **Oregon Health** Authority pursuant to ORS 433.273.

8 [(10)] (11) Nothing in this section shall be construed as relieving agencies, in addition to school  
 9 districts, which are involved in the maintenance and evaluation of immunization records on April  
 10 27, 1981, from continuing responsibility for these activities.

11 [(11)] (12) All documents required by this section shall be on forms approved or provided by the  
 12 **Oregon Health** Authority.

13 [(12)] (13) In lieu of signed documents from **health care** practitioners, the authority may accept  
 14 immunization record updates using practitioner documented immunization records generated by  
 15 electronic means or on unsigned practitioner letterhead if the authority determines such records are  
 16 accurate.

17 [(13) *As used in this section:*]

18 [(a) *“Newly entering child” means a child who is initially attending:*]

19 [(A) *A facility in this state;*]

20 [(B) *A school at the entry grade level;*]

21 [(C) *Either a school at any grade level or a facility from homeschooling; or*]

22 [(D) *A school at any grade level or a facility after entering the United States from another*  
 23 *country.*]

24 [(b) *“Transferring child” means a child moving from:*]

25 [(A) *One facility to another facility;*]

26 [(B) *One school in this state to another school in this state when the move is not the result of a*  
 27 *normal progression of grade level; or*]

28 [(C) *A school in another state to a school in this state.*]

29 **SECTION 94.** ORS 433.273 is amended to read:

30 433.273. The Oregon Health Authority shall adopt rules pertaining to the implementation of ORS  
 31 433.235 to 433.284, which shall include, but need not be limited to:

32 (1) The definition of “restrictable” disease;

33 (2) The required immunization against diseases;

34 (3) The time schedule for immunization;

35 (4) The approved means of immunization;

36 (5) The procedures and time schedule whereby children may be excluded from attendance in  
 37 schools or children’s facilities under ORS 433.267 [(1)(b)] (2)(b) and (c), provided that the authority  
 38 includes as part of those procedures service of notice to parents;

39 (6) The manner in which immunization records for children are established, evaluated and  
 40 maintained;

41 (7) Exemptions for schools and children’s facilities, including exemptions from the reporting re-  
 42 quirements of ORS 433.269 (2) and exemptions from the requirement under ORS 433.269 (3) to make  
 43 information available;

44 (8) The implementation of ORS 433.282 and 433.283;

45 (9) The process for approving a vaccine educational module;

1 (10) Criteria for a vaccine educational module, including the requirement that a vaccine educa-  
 2 tional module present information that is consistent with information published by the Centers for  
 3 Disease Control and Prevention concerning:

- 4 (a) Epidemiology;
- 5 (b) The prevention of disease through the use of vaccinations; and
- 6 (c) The safety and efficacy of vaccines; and

7 (11) Documentation required to verify completion of a vaccine educational module, including the  
 8 qualifications of persons who may certify the completion.

9 **SECTION 95.** ORS 433.280 is amended to read:

10 433.280. Nothing in ORS 179.505, 192.553 to 192.581, 326.565, 326.575 or 336.187 prevents:

11 (1) Inspection by or release to administrators by local *[health departments]* **public health au-**  
 12 **thorities** of information relating to the status of a person's immunization against restrictable dis-  
 13 eases without the consent of the person, if the person has been emancipated or has reached the age  
 14 of majority, or the parent of a child.

15 (2) Local *[health departments]* **public health authorities** from releasing information concerning  
 16 the status of a person's immunization against restrictable diseases by telephone to the parent, ad-  
 17 ministrators and public health officials.

18 **SECTION 96.** ORS 433.326 is amended to read:

19 433.326. The purpose of ORS 433.321, 433.323 and 433.327 *[and section 4, chapter 240, Oregon*  
 20 *Laws 2003,*] is to waive the requirement of authorization to disclose information from, or provide  
 21 information to, the record of a newborn child in the newborn hearing screening test registry and to  
 22 waive confidentiality in regard to this information. The waiver allows providers, the Oregon Health  
 23 Authority and local *[health departments]* **public health authorities** and their agents, parents or  
 24 guardians and diagnostic facilities to share information from the newborn hearing screening test  
 25 registry without violating confidentiality. The newborn hearing screening test registry and the as-  
 26 sociated tracking and recall system are designed to increase early and appropriate intervention to  
 27 minimize delays in developing language skills by the children of this state.

28 **SECTION 97.** ORS 433.419 is amended to read:

29 433.419. When a local *[health department]* **public health authority** or the Oregon Health Au-  
 30 thority learns of a case or suspected case of an infectious disease *[which]* **that** may have exposed  
 31 a worker to risk of infection, the local *[health department]* **public health authority** or the **Oregon**  
 32 **Health Authority** shall make every reasonable effort to notify the worker and employer of the ex-  
 33 posure as soon as medically appropriate given the urgency of the disease or suspected disease. No-  
 34 tification shall include recommendations to the worker and employer that are medically appropriate.

35 **SECTION 98.** ORS 433.423 is amended to read:

36 433.423. (1) The Oregon Health Authority shall adopt rules implementing ORS 433.407 to 433.423.  
 37 *[Such]* **The** rules *[shall]* **must** include, but need not be limited to:

- 38 (a) The development of curriculum dealing with the exposure of workers to infectious diseases;
- 39 (b) Development and conduct of training programs for local *[health department]* **public health**  
 40 **authority** personnel to prepare them to train workers about the subject of infectious diseases;
- 41 (c) Information on the manner in which infectious diseases are transmitted; and
- 42 (d) Guidelines that can assist workers and their employers in distinguishing between conditions  
 43 in which such workers are or are not at risk with respect to infectious diseases.

44 (2) The rules adopted by the **Oregon Health Authority** shall require that implementation of ORS  
 45 433.407 to 433.423 be accomplished in such a manner as to protect the confidentiality of persons with

1 infectious diseases and workers exposed to such persons.

2 **SECTION 99.** ORS 435.205 is amended to read:

3 435.205. (1) The Oregon Health Authority and every local **public health** *[department]* **authority**  
4 shall *[offer]* **ensure access to** family planning and birth control services within the limits of avail-  
5 able funds. Both agencies jointly may offer *[such]* **family planning and birth control** services. *[The*  
6 *Director of the Oregon Health Authority or a designee shall initiate and conduct discussions of family*  
7 *planning with each person who might have an interest in and benefit from such service.]* The authority  
8 shall *[furnish]* **provide** consultation and assistance to local **public health** *[departments]*  
9 **authorities.**

10 (2) Family planning and birth control services may include *[interviews]* **face-to-face encounters**  
11 with trained personnel; distribution of literature; referral to a licensed physician, physician assistant  
12 licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or  
13 nurse practitioner licensed under ORS 678.375 to 678.390 for consultation, examination, medical  
14 treatment and prescription; and, to the extent so prescribed, the distribution of *[rhythm charts, the*  
15 *initial supply of a drug or other medical preparation, contraceptive devices and similar products]*  
16 **contraceptive methods, including drugs and devices to prevent pregnancy.**

17 (3) Any *[literature, charts or other]* family planning and birth control information offered under  
18 this section in counties in which a significant segment of the population does not speak English shall  
19 be made available in the appropriate *[foreign]* language for that segment of the population.

20 (4) In carrying out its duties under this section, *[and with the consent of the local public health*  
21 *authority as defined in ORS 431.003,]* the local **public health** *[department]* **authority** may adopt a fee  
22 schedule for services provided by the local **public health** *[department]* **authority.** The fees shall be  
23 reasonably calculated not to exceed costs of services provided and may be adjusted on a sliding  
24 scale reflecting ability to pay.

25 (5) The local **public health** *[department]* **authority** shall collect fees according to the schedule  
26 adopted under subsection (4) of this section. *[Such]* **The** fees may be used to meet the expenses of  
27 providing the services authorized by this section.

28 **SECTION 100.** ORS 441.413 is amended to read:

29 441.413. (1) The Long Term Care Ombudsman shall appoint designees in consultation with local  
30 screening committees that may consist of but not be limited to persons representing:

- 31 (a) The area agency, as defined in ORS 410.040.
- 32 (b) The local office of the Department of Human Services.
- 33 (c) The local *[health department]* **public health authority.**
- 34 (d) Senior citizens groups in the area.
- 35 (e) Local elected officials.

36 (2) To be appointed as a designee, a person must complete an initial training, as prescribed by  
37 the Long Term Care Ombudsman by rule, and attend quarterly training sessions that are approved  
38 by the ombudsman and that shall be coordinated and funded by the Department of Human Services  
39 and the Oregon Health Authority, subject to the availability of funds. Local screening committees  
40 shall be appointed by and serve at the pleasure of the ombudsman.

41 (3) Designees must sign a contract with the state that outlines the scope of their duties. In  
42 districts where a designee is an employee or agent of a local entity, a three-party contract shall be  
43 executed. Violation of the contract is cause for the termination of the appointment. A directory of  
44 all designees shall be maintained in the office of the Long Term Care Ombudsman.

45 (4) The qualifications of designees shall include experience with long term care facilities or

1 residents or potential residents of long term care facilities, and the ability to communicate well, to  
 2 understand laws, rules and regulations, and to be assertive, yet objective.

3 (5) Applicants who have experience in either social service, mental health, developmental disa-  
 4 bility services, gerontology, nursing or paralegal work shall be given preference in the appointment  
 5 of designees.

6 (6) The contract shall include statements that the purpose of the Long Term Care Ombudsman  
 7 Program is to:

8 (a) Promote rapport and trust between the residents and staff of the long term care facilities  
 9 and Long Term Care Ombudsman;

10 (b) Assist residents with participating more actively in determining the delivery of services at  
 11 the facilities;

12 (c) Serve as an educational resource;

13 (d) Receive, resolve or relay concerns to the Long Term Care Ombudsman or the appropriate  
 14 agency; and

15 (e) Ensure equitable resolution of problems.

16 (7) The duties of the designees are to:

17 (a) Visit each assigned long term care facility on a regular basis:

18 (A) Upon arrival and departure, inform a specified staff member.

19 (B) Review, with a specified staff member, any problems or concerns that need to be considered.

20 (C) Visit individual residents and resident councils.

21 (b) Maintain liaison with appropriate agencies and the Long Term Care Ombudsman.

22 (c) Report, in writing, monthly to the Long Term Care Ombudsman.

23 (d) Keep residents and staff informed of the Long Term Care Ombudsman Program.

24 (e) Periodically review the rights prescribed in ORS 441.605, 441.610 and 441.612, and any other  
 25 applicable rights to services, with residents, families, guardians, administrators and staff of long  
 26 term care facilities.

27 (f) Perform other related duties as specified.

28 **SECTION 101.** ORS 441.630 is amended to read:

29 441.630. As used in ORS 441.630 to 441.680:

30 (1) "Abuse" means:

31 (a) Any physical injury to a resident of a long term care facility which has been caused by other  
 32 than accidental means.

33 (b) Failure to provide basic care or services, which failure results in physical harm or unrea-  
 34 sonable discomfort or serious loss of human dignity.

35 (c) Sexual contact with a resident caused by an employee, agent or other resident of a long term  
 36 care facility by force, threat, duress or coercion.

37 (d) Illegal or improper use of a resident's resources for the personal profit or gain of another  
 38 person.

39 (e) Verbal or mental abuse as prohibited by federal law.

40 (f) Corporal punishment.

41 (g) Involuntary seclusion for convenience or discipline.

42 (2) "Abuse complaint" means any oral or written communication to the department, one of its  
 43 agents or a law enforcement agency alleging abuse.

44 (3) "Department" means the Department of Human Services or a designee of the department.

45 (4) "Facility" means a long term care facility, as defined in ORS 442.015.



- 1 (5) “Law enforcement agency” means:
- 2 (a) Any city or municipal police department.
- 3 (b) A police department established by a university under ORS 352.121 or 353.125.
- 4 (c) Any county sheriff’s office.
- 5 (d) The Oregon State Police.
- 6 (e) Any district attorney.
- 7 (6) “Public or private official” means:
- 8 (a) Physician, including any intern or resident.
- 9 (b) Licensed practical nurse or registered nurse.
- 10 (c) Employee of the Department of Human Services, a community developmental disabilities
- 11 program or a long term care facility or person who contracts to provide services to a long term care
- 12 facility.
- 13 (d) Employee of the Oregon Health Authority, local [*health department*] **public health authority**
- 14 or community mental health program.
- 15 (e) Peace officer.
- 16 (f) Member of the clergy.
- 17 (g) Regulated social worker.
- 18 (h) Physical, speech and occupational therapists.
- 19 (i) Legal counsel for a resident or guardian or family member of the resident.
- 20 (j) Member of the Legislative Assembly.
- 21 (k) Personal support worker, as defined by rule adopted by the Home Care Commission.
- 22 (L) Home care worker, as defined in ORS 410.600.
- 23 **SECTION 102.** ORS 441.630, as amended by section 23, chapter 75, Oregon Laws 2018, is
- 24 amended to read:
- 25 441.630. As used in ORS 441.630 to 441.680:
- 26 (1) “Abuse” means:
- 27 (a) Any physical injury to a resident of a long term care facility which has been caused by other
- 28 than accidental means.
- 29 (b) Failure to provide basic care or services, which failure results in physical harm or unrea-
- 30 sonable discomfort or serious loss of human dignity.
- 31 (c) Sexual contact with a resident caused by an employee, agent or other resident of a long term
- 32 care facility by force, threat, duress or coercion.
- 33 (d) Illegal or improper use of a resident’s resources for the personal profit or gain of another
- 34 person.
- 35 (e) Verbal or mental abuse as prohibited by federal law.
- 36 (f) Corporal punishment.
- 37 (g) Involuntary seclusion for convenience or discipline.
- 38 (2) “Abuse complaint” means any oral or written communication to the department, one of its
- 39 agents or a law enforcement agency alleging abuse.
- 40 (3) “Department” means the Department of Human Services or a designee of the department.
- 41 (4) “Facility” means a long term care facility, as defined in ORS 442.015.
- 42 (5) “Law enforcement agency” means:
- 43 (a) Any city or municipal police department.
- 44 (b) A police department established by a university under ORS 352.121 or 353.125.
- 45 (c) Any county sheriff’s office.

1 (d) The Oregon State Police.

2 (e) Any district attorney.

3 (6) “Public or private official” means:

4 (a) Physician, including any intern or resident.

5 (b) Licensed practical nurse or registered nurse.

6 (c) Employee of the Department of Human Services, a community developmental disabilities  
7 program or a long term care facility or person who contracts to provide services to a long term care  
8 facility.

9 (d) Employee of the Oregon Health Authority, local [*health department*] **public health authority**  
10 or community mental health program.

11 (e) Peace officer.

12 (f) Member of the clergy.

13 (g) Regulated social worker.

14 (h) Physical, speech and occupational therapists.

15 (i) Legal counsel for a resident or guardian or family member of the resident.

16 (j) Member of the Legislative Assembly.

17 (k) Personal support worker, as defined in ORS 410.600.

18 (L) Home care worker, as defined in ORS 410.600.

19 **SECTION 103.** ORS 443.014 is amended to read:

20 443.014. As used in ORS 443.014 to 443.105:

21 (1) “Caregiver registry” means a person that prequalifies, establishes and maintains a roster of  
22 qualified private contractor caregivers that is provided to a client or the client’s representative for  
23 consideration in the hiring of an individual to provide caregiver services within the client’s place  
24 of residence.

25 (2) “Home health agency” means a public or private agency providing coordinated home health  
26 services on a home visiting basis. “Home health agency” does not include:

27 (a) Any visiting nurse service or home health service conducted by and for those who rely upon  
28 spiritual means through prayer alone for healing in accordance with the tenets and practices of a  
29 recognized church or religious denomination.

30 (b) Those home health services offered by local [*health departments*] **public health authorities**  
31 outside, and in addition to, programs formally designated and funded as home health agencies.

32 (3) “Home health services” means items and services furnished to an individual by a home  
33 health agency, or by others under arrangements with such agency, on a visiting basis, in a place  
34 of temporary or permanent residence used as the individual’s home for the purpose of maintaining  
35 that individual at home.

36 **SECTION 104.** ORS 448.150 is amended to read:

37 448.150. (1) The Oregon Health Authority shall:

38 (a) Conduct periodic sanitary surveys of drinking water systems and sources, take water samples  
39 and inspect records to ensure that the systems are not creating an unreasonable risk to health. The  
40 authority shall provide written reports of the examinations to water suppliers and to local public  
41 health administrators, as defined in ORS 431.003. The authority may impose a fee on water suppliers  
42 to recover the costs of conducting the periodic sanitary surveys.

43 (b) Require regular water sampling by water suppliers to determine compliance with water  
44 quality standards established by the authority. These samples shall be analyzed in a laboratory ap-  
45 proved by the authority. The results of the laboratory analysis of a sample shall be reported to the

1 authority by the water supplier, unless direct laboratory reporting is authorized by the water sup-  
 2 plier. The laboratory performing the analysis shall report the validated results of the analysis di-  
 3 rectly to the authority and to the water supplier if the analysis shows that a sample contains  
 4 contaminant levels in excess of any maximum contaminant level specified in the water quality  
 5 standards.

6 (c) Investigate any water system that fails to meet the water quality standards established by  
 7 the authority.

8 (d) Require every water supplier that provides drinking water that is from a surface water  
 9 source to conduct sanitary surveys of the watershed as may be considered necessary by the **Oregon**  
 10 **Health Authority** for the protection of public health. The water supplier shall make written reports  
 11 of such sanitary surveys of watersheds promptly to the authority and to the local [*health*  
 12 *department*] **public health authority**.

13 (e) Investigate reports of waterborne disease pursuant to ORS 431.001 to 431.550 and 431.990 and  
 14 take necessary actions as provided for in ORS 446.310, 448.030, 448.115 to 448.285, 454.235, 454.255  
 15 and 455.680 to protect the public health and safety.

16 (f) Notify the Department of Environmental Quality of a potential ground water management  
 17 area if, as a result of its water sampling under paragraphs (a) to (e) of this subsection, the **Oregon**  
 18 **Health Authority** detects the presence in ground water of:

19 (A) Nitrate contaminants at levels greater than 70 percent of the levels established pursuant to  
 20 ORS 468B.165; or

21 (B) Any other contaminants at levels greater than 50 percent of the levels established pursuant  
 22 to ORS 468B.165.

23 (2) The notification required under subsection (1)(f) of this section shall identify the substances  
 24 detected in the ground water and all ground water aquifers that may be affected.

25 **SECTION 105.** ORS 448.273 is amended to read:

26 448.273. The Legislative Assembly finds that an agreement between this state and the federal  
 27 government to assume primary enforcement responsibility in this state for the federal Safe Drinking  
 28 Water Act is in the best interest of this state, subject to the following assumptions:

29 (1) The federal government provides an annual program grant in an amount no less than that  
 30 allocated for the state in the 1984 fiscal year.

31 (2) The federal government provides technical assistance to this state, as requested, in emer-  
 32 gency situations and during outbreaks of waterborne diseases.

33 (3) The federal government must negotiate an annual work plan for the Oregon Health Authority  
 34 that can be accomplished within the amount of program grant funding available.

35 (4) The authority adopts standards no less stringent than the National Primary Drinking Water  
 36 Regulations of the United States Environmental Protection Agency.

37 (5) The authority provides engineering assistance through regional offices in at least four ge-  
 38 ographically distributed areas in this state.

39 (6) In cooperation with representatives of local [*health departments*] **public health authorities**,  
 40 the **Oregon Health Authority** develops an equitable formula for distribution of available funds to  
 41 support local [*health department*] **public health authority** water programs.

42 (7) The primacy agreement may be canceled by the **Oregon Health Authority**, upon 90 days'  
 43 notice, if at any time the federal requirements exceed the amount of federal funding and the can-  
 44 cellation is approved by the legislative review agency as defined in ORS 291.371 (1).

45 (8) The federal government can impose financial sanctions against this state if the state fails to

1 meet the objectives of the annual negotiated work plan without reasonable explanation by tying the  
 2 next annual funding to specific state production and by withholding of funds a possibility if contin-  
 3 ued unexplained failures occur but no sanction exists to interfere with other types of federal funding  
 4 in this state.

5 (9) The federal government may seek to enforce the safe drinking water standards if this state  
 6 fails to take timely compliance action against a public water system that violates such standards.

7 (10) Enforcement under subsection (9) of this section may be by injunctive relief or, in the case  
 8 of willful violation, civil penalties authorized by 42 U.S.C. 300g-3(a) and (b).

9 **SECTION 106.** ORS 459.385 is amended to read:

10 459.385. (1) Personnel of the Department of Environmental Quality or a local [*health*  
 11 *department*] **public health authority**, authorized environmental health specialists or other author-  
 12 ized personnel of a city or county may enter upon the premises of any person regulated under ORS  
 13 459.005 to 459.105, 459.205 to 459.385, 466.005 to 466.385 and 466.992 or under regulations adopted  
 14 pursuant to ORS 450.075, 450.810, 450.820 and 451.570, at reasonable times, to determine compliance  
 15 with and to enforce ORS 450.075, 450.810, 450.820, 451.570, 459.005 to 459.105, 459.205 to 459.385,  
 16 466.005 to 466.385 and 466.992 and any rules or regulations adopted pursuant thereto. The depart-  
 17 ment shall also have access to any pertinent records, including but not limited to blueprints, oper-  
 18 ation and maintenance records and logs, operating rules and procedures.

19 (2) As used in this section, “pertinent records” does not include financial information unless  
 20 otherwise authorized by law.

21 **SECTION 107.** ORS 609.652 is amended to read:

22 609.652. As used in ORS 609.654:

23 (1)(a) “Aggravated animal abuse” means any animal abuse as described in ORS 167.322.

24 (b) “Aggravated animal abuse” does not include:

25 (A) Good animal husbandry, as defined in ORS 167.310; or

26 (B) Any exemption listed in ORS 167.335.

27 (2) “Law enforcement agency” means:

28 (a) Any city or municipal police department.

29 (b) A police department established by a university under ORS 352.121 or 353.125.

30 (c) Any county sheriff’s office.

31 (d) The Oregon State Police.

32 (e) A law enforcement division of a county or municipal animal control agency that employs  
 33 sworn officers.

34 (f) A humane investigation agency as defined in ORS 181A.340 that employs humane special  
 35 agents commissioned under ORS 181A.340.

36 (3) “Public or private official” means:

37 (a) A physician, including any intern or resident.

38 (b) A dentist.

39 (c) A school employee.

40 (d) A licensed practical nurse or registered nurse.

41 (e) An employee of the Department of Human Services, Oregon Health Authority, Early Learn-  
 42 ing Division, Youth Development Division, Office of Child Care, the Oregon Youth Authority, a local  
 43 [*health department*] **public health authority**, a community mental health program, a community de-  
 44 velopmental disabilities program, a county juvenile department, a child-caring agency as defined in  
 45 ORS 418.205 or an alcohol and drug treatment program.

- 1 (f) A peace officer.
- 2 (g) A psychologist.
- 3 (h) A member of the clergy.
- 4 (i) A regulated social worker.
- 5 (j) An optometrist.
- 6 (k) A chiropractor.
- 7 (L) A certified provider of foster care, or an employee thereof.
- 8 (m) An attorney.
- 9 (n) A naturopathic physician.
- 10 (o) A licensed professional counselor.
- 11 (p) A licensed marriage and family therapist.
- 12 (q) A firefighter or emergency medical services provider.
- 13 (r) A court appointed special advocate, as defined in ORS 419A.004.
- 14 (s) A child care provider registered or certified under ORS 329A.030 and 329A.250 to 329A.450.
- 15 (t) A member of the Legislative Assembly.

16 **SECTION 108.** ORS 624.320 is amended to read:

17 624.320. (1) A person may not operate a vending machine, warehouse, commissary or mobile unit  
 18 without first procuring a license to do so from the Oregon Health Authority. The operator shall post  
 19 the license in a conspicuous place in the warehouse or commissary. The operator shall affix a card,  
 20 emblem or other device clearly showing the name and address of the licensee and the serial number  
 21 of the license to each vending machine or mobile unit as the case may be.

22 (2) Application for the license shall be in writing in the form prescribed by the **Oregon Health**  
 23 Authority and [shall] **must** contain the following information:

- 24 (a) Name and address of the applicant.
- 25 (b) Location of all warehouses or commissaries.
- 26 (c) Locations where supplies are kept.
- 27 (d) Locations where vending machines or mobile units are stored, repaired or renovated.
- 28 (e) Identity and form of food to be dispensed through vending machines.
- 29 (f) Number of each type of vending machine on location.

30 (3) The operator must keep the specific locations of the vending machines and specific itiner-  
 31 aries of the mobile units on file at the operator's business office and readily available to the **Oregon**  
 32 **Health Authority**. [*If the mobile unit is moved to a delegate county other than a delegate county that*  
 33 *licensed the mobile unit, the operator shall notify the local health department for the county to which*  
 34 *the mobile unit is moved prior to operating the mobile unit within that county.*] **If a local public**  
 35 **health authority licenses a mobile unit, and the unit is moved to a location within the juris-**  
 36 **isdiction of a different local public health authority, the operator shall give notice of the move**  
 37 **to the local public health authority that has jurisdiction for the new location before operating**  
 38 **the mobile unit at the new location.** The operator shall [furnish] **provide** the **Oregon Health**  
 39 Authority with written details of the conversion of any vending machine to dispense products other  
 40 than those for which the license was issued.

41 **SECTION 109.** ORS 624.400 is amended to read:

42 624.400. The Oregon Health Authority shall make such surveys as are necessary to obtain uni-  
 43 form enforcement of ORS 624.310 to 624.430 throughout the state and shall prepare and disseminate  
 44 information and shall cooperate with and assist local [health departments] **public health authorities**  
 45 in educational programs for the purpose of encouraging compliance with ORS 624.310 to 624.430 on

1 the part of operators and employees of vending machines and mobile units.

2 **SECTION 110.** ORS 689.605 is amended to read:

3 689.605. (1) In a hospital or long term care facility [*having*] **that has** a pharmacy and  
 4 [*employing*] **employs** a pharmacist, the pharmacy and pharmacist are subject to the requirements  
 5 of this chapter, except that in a hospital when a pharmacist is not in attendance, pursuant to  
 6 standing orders of the pharmacist, a registered nurse supervisor on the written order of a person  
 7 authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for  
 8 administration to or treatment of an inpatient or outpatient until regular pharmacy services are  
 9 available in accordance with the rules adopted by the [*board*] **State Board of Pharmacy**. However,  
 10 the [*State*] board [*of Pharmacy*] may grant an exception to the requirement for a written order by  
 11 issuing a special permit authorizing the registered nurse supervisor in a hospital to dispense  
 12 medication on the oral order of a person authorized to prescribe a drug. An inpatient care facility  
 13 [*which*] **that** does not have a pharmacy must have a drug room. In an inpatient care facility  
 14 [*having*] **that has** a drug room as may be authorized by rule of the Department of Human Services  
 15 or the Oregon Health Authority, the drug room is not subject to the requirements of this chapter  
 16 relating to pharmacies. However, a drug room must be supervised by a pharmacist and is subject  
 17 to the rules of the State Board of Pharmacy. When a pharmacist is not in attendance, any person  
 18 authorized by the prescriber or by the pharmacist on written order may withdraw such drug in such  
 19 volume or amount as needed for administration to or treatment of a patient, entering such with-  
 20 drawal in the record of the responsible pharmacist.

21 (2) In a hospital [*having*] **that has** a drug room, any drug may be withdrawn from storage in the  
 22 drug room by a registered nurse supervisor on the written order of a licensed practitioner in such  
 23 volume or amount as needed for administration to and treatment of an inpatient or outpatient in the  
 24 manner set forth in subsection (1) of this section and within the authorized scope of practice.

25 (3) A hospital [*having*] **that has** a drug room shall cause accurate and complete records to be  
 26 kept of the receipt, withdrawal from stock and use or other disposal of all legend drugs stored in  
 27 the drug room. Such record shall be open to inspection by agents of the board and other qualified  
 28 authorities.

29 (4) In an inpatient care facility other than a hospital, the drug room shall contain only pre-  
 30 scribed drugs already prepared for patients therein and such emergency drug supply as may be au-  
 31 thorized by rule by the Department of Human Services.

32 (5) The requirements of this section [*shall*] **do** not apply to facilities described in ORS 441.065.

33 [*(6) A registered nurse who is an employee of a local health department that is registered by the*  
 34 *board under ORS 689.305 may, pursuant to the order of a person authorized to prescribe a drug or*  
 35 *device, dispense a drug or device to a client of the local health department for purposes of caries pre-*  
 36 *vention, birth control or prevention or treatment of a communicable disease. Such dispensing shall be*  
 37 *subject to rules jointly adopted by the board and the Oregon Health Authority.*]

38 (6) **Subject to rules adopted by the board in consultation with the Oregon Health Au-**  
 39 **thority, a registered nurse may, pursuant to the order of a person authorized to prescribe**  
 40 **a drug or device, dispense a drug or device to a patient for purposes of caries prevention,**  
 41 **birth control or prevention or treatment of a communicable disease if the registered nurse**  
 42 **is an employee of:**

43 (a) **A local public health authority registered by the board under ORS 689.305; or**

44 (b) **An entity registered by the board under ORS 689.305 with which the local public**  
 45 **health authority has entered into an agreement for the purpose of performing local public**

1 **health services and activities.**

2 (7) The board shall adopt rules authorizing a pharmacist to delegate to a registered nurse the  
 3 authority to withdraw prescription drugs from a manufacturer’s labeled container for administration  
 4 to persons confined in penal institutions including, but not limited to, adult and juvenile correctional  
 5 facilities. A penal institution, in consultation with a pharmacist, shall develop policies and proce-  
 6 dures regarding medication management, procurement and distribution. A pharmacist shall monitor  
 7 a penal institution for compliance with the policies and procedures and shall perform drug utiliza-  
 8 tion reviews. The penal institution shall submit to the board for approval a written agreement be-  
 9 tween the pharmacist and the penal institution regarding medication policies and procedures.

10  
 11 **MISCELLANEOUS**

12  
 13 **SECTION 111.** ORS 700.035 is amended to read:

14 700.035. (1) Subject to ORS 676.612, upon application and payment of the applicable fees estab-  
 15 lished under ORS 676.576, the Health Licensing Office shall issue an environmental health specialist  
 16 trainee registration to any applicant who performs to the satisfaction of the Environmental Health  
 17 Registration Board on an examination approved by the board and furnishes evidence satisfactory to  
 18 the office that the applicant:

19 (a) Has a bachelor’s degree [or] **and** at least 45 quarter hours, or the equivalent semester hours,  
 20 in science courses relating to environmental sanitation from an accredited college or university; or

21 (b) Has at least 15 quarter hours, or the equivalent semester hours, in science courses relating  
 22 to environmental sanitation from an accredited college or university and has at least five years of  
 23 experience in environmental sanitation or related activities, as determined by the board, under the  
 24 supervision of a registered environmental health specialist or a person possessing equal qualifica-  
 25 tions, as determined by the board.

26 (2) A person may not be registered as an environmental health specialist trainee for more than  
 27 two years’ full-time employment in the environmental sanitation profession, or the equivalent hours  
 28 if employment in environmental sanitation is less than full-time or 40 hours per week.

29 (3) The office, in consultation with the board, shall establish by rule requirements for registra-  
 30 tion as an environmental health specialist trainee when an individual’s date of employment precedes  
 31 attainment of registration.

32 (4) An environmental health specialist trainee shall be supervised by a registered environmental  
 33 health specialist or a person possessing equal qualifications as determined by the board.

34 **SECTION 112.** **The amendments to ORS 700.035 by section 111 of this 2019 Act apply to**  
 35 **applications received on or after the operative date specified in section 113 of this 2019 Act.**

36 **SECTION 113.** (1) **The amendments to ORS 700.035 by section 111 of this 2019 Act become**  
 37 **operative on January 1, 2020.**

38 (2) **The Health Licensing Office may take any action before the operative date specified**  
 39 **in subsection (1) of this section that is necessary to enable the office to exercise, on and**  
 40 **after the operative date specified in subsection (1) of this section, all of the duties, functions**  
 41 **and powers conferred on the office by the amendments to ORS 700.035 by section 111 of this**  
 42 **2019 Act.**

43  
 44 **FOOD SANITATION**

1        **SECTION 114.** Section 115 of this 2019 Act is added to and made a part of ORS chapter  
2 624.

3        **SECTION 115.** (1) A person may apply to the Oregon Health Authority for a variance  
4 from one or more rules of the authority regarding food sanitation, including but not limited  
5 to rules regarding personnel, food protection, equipment and facilities, utilities and plan re-  
6 view. An application for a variance must be accompanied by a fee of \$500. If the authority  
7 grants the variance, the authority shall state the terms and conditions of the variance.

8        (2) The authority shall adopt rules establishing requirements for applications and vari-  
9 ances under this section.

10        (3) The authority may not delegate the granting of variances under this section.

11        **SECTION 116.** (1) Section 115 of this 2019 Act becomes operative on January 1, 2020.

12        (2) The Oregon Health Authority may take any action before the operative date specified  
13 in subsection (1) of this section that is necessary to enable the authority to exercise, on and  
14 after the operative date specified in subsection (1) of this section, all of the duties, functions  
15 and powers conferred on the authority by section 115 of this 2019 Act.

## 17 PUBLIC POOLS

18  
19        **SECTION 117.** ORS 448.011 is amended to read:

20        448.011. The Oregon Health Authority shall *[make such]* **adopt** rules pertaining to *[the sub-*  
21 *mission of plans for]* construction **plan submission**, *[issuance of permits,]* **plan approval**, design,  
22 construction, size, shape, purification equipment, piping, operation, sanitation and accident pre-  
23 vention for public swimming pools, public spa pools, public wading pools and bathhouses as *[it]* **the**  
24 **authority** deems necessary.

25        **SECTION 118.** ORS 448.020 is amended to read:

26        448.020. *[No person shall]* **A person may not** construct or perform a major alteration or re-  
27 construction of a public swimming pool, public spa pool, public wading pool or bathhouse without  
28 *[a permit]* **plan approval** to do so from the Oregon Health Authority.

29        **SECTION 119.** ORS 448.030 is amended to read:

30        448.030. (1) Any person desiring to construct any public swimming pool, public spa pool, public  
31 wading pool or bathhouse shall file **an** application for *[a permit to do so]* **plan approval** with the  
32 Oregon Health Authority.

33        (2) The application *[shall]* **must** be accompanied by a description of the sources of water supply,  
34 amount and quality of water available and intended to be used, method and manner of water pu-  
35 rification, treatment, disinfection, heating, regulating and cleaning, lifesaving apparatus, and meas-  
36 ures to *[insure]* **ensure** safety of bathers, measures to *[insure]* **ensure** personal cleanliness of  
37 bathers, methods and manner of washing, disinfecting, drying and storing bathing apparel and  
38 towels, and all other information and statistics that may be required by the authority. The authority  
39 shall either approve or *[reject]* **deny** the application based upon the plans submitted *[and either issue*  
40 *or deny the construction permit]*.

41        (3) After *[a]* construction *[permit is issued and upon request]*, the authority shall cause an *[in-*  
42 *vestigation]* **inspection** to be made of the proposed public swimming pool, public spa pool, public  
43 wading pool or bathhouse. If the authority determines that the public swimming pool, public spa  
44 pool, public wading pool or bathhouse **as constructed** complies with the rules of the authority, it  
45 shall issue a final approval *[which shall authorize]* **authorizing** the issuance of a license **under ORS**



1 **448.035.**

2 (4) *[An applicant for a permit to construct]* If a public swimming pool, public spa pool, public  
 3 wading pool or bathhouse **is** to be owned, operated or maintained by a person for profit, or in con-  
 4 junction with a travelers' accommodation or recreation park, **the applicant** shall pay the authority  
 5 a plan review fee of **\$600**. *[\$100 and a construction permit fee of \$200, which]* **Payment of the plan**  
 6 **review fee** entitles the *[holder]* **applicant** to two inspections toward final approval. The authority  
 7 *[shall]* **may** not impose any new standards after a second or any subsequent inspection. For any  
 8 subsequent construction inspection necessary, the *[permit holder]* **applicant** shall pay \$100 for each  
 9 inspection.

10 **SECTION 120.** ORS 448.051 is amended to read:

11 448.051. (1) The Director of the Oregon Health Authority shall inspect all public swimming  
 12 pools, public spa pools, public wading pools and bathhouses to determine the sanitary conditions of  
 13 such places and whether ORS 448.005 to 448.090 and the rules of the Oregon Health Authority per-  
 14 taining to public swimming pools, public spa pools, public wading pools and bathhouses are being  
 15 violated.

16 (2) If the director determines that a public swimming pool, public spa pool, public wading pool  
 17 or bathhouse is being **constructed**, operated or maintained in violation of the rules of the authority  
 18 or is found to be insanitary, unclean or dangerous to public health or safety, the director may sus-  
 19 pend, revoke or deny the permit **or plan approval issued under ORS 448.030** or license issued  
 20 under ORS *[448.030 or]* 448.035 in accordance with ORS chapter 183.

21 **SECTION 121.** ORS 448.060 is amended to read:

22 448.060. (1) *[No]* **A** public swimming pool, public spa pool, public wading pool or bathhouse  
 23 *[shall]* **may not** remain open to the public after the permit, **plan approval** or license to operate  
 24 *[such facilities]* **the facility** has been suspended, denied or revoked.

25 (2) Any public swimming pool, public spa pool, public wading pool or bathhouse constructed,  
 26 operated or maintained contrary to ORS 448.005 to 448.090[,] is a public nuisance, dangerous to  
 27 health.

28 *[(3)]* Such nuisance may be abated or enjoined in an action brought by the Director of the  
 29 Oregon Health Authority or may be summarily abated in the manner provided by law for the sum-  
 30 mary abatement of public nuisances dangerous to health.

31 **SECTION 122.** ORS 448.100 is amended to read:

32 448.100. (1) The Director of the Oregon Health Authority shall delegate to any county board of  
 33 commissioners that requests any of the duties and functions of the director under ORS 448.005,  
 34 448.011, 448.020 to 448.035[,] **and** 448.040 to 448.060 and this section if the director determines that  
 35 the county is able to carry out the rules of the Oregon Health Authority relating to fee collection,  
 36 licensing, inspections, enforcement and issuance and revocation of *[permits and certificates]* **plan**  
 37 **approvals and licenses** in compliance with standards for enforcement by the counties and moni-  
 38 toring by the authority. The authority shall review and monitor each county's performance under  
 39 this subsection. In accordance with ORS chapter 183, the director may suspend or rescind a dele-  
 40 gation under this subsection. If it is determined that a county is not carrying out such rules or the  
 41 delegation is suspended, the unexpended portion of the fees collected under subsection (2) of this  
 42 section shall be available to the authority for carrying out the duties and functions under this sec-  
 43 tion.

44 (2) The county may determine the amount of, and retain, any fee for any function undertaken  
 45 pursuant to subsection (1) of this section or use the fee *[schedules pursuant to]* **amounts established**

1 **under** ORS 448.030 and 448.035. A county to whom licensing, inspection and enforcement authority  
 2 has been delegated under this section shall collect and remit to the authority a fee to support the  
 3 activities of the authority under this section. The fee shall be established by the authority and the  
 4 Conference of Local Health Officials based upon a budget and formula for funding activities de-  
 5 scribed in this section. The authority and the Conference of Local Health Officials shall consult with  
 6 associations representing Oregon cities, special districts and the lodging industry in establishing the  
 7 fee. In the event the authority and the Conference of Local Health Officials cannot reach agreement  
 8 on the budget and formula, the authority shall submit its budget proposal to the Legislative As-  
 9 sembly.

10 (3) In any action, suit or proceeding arising out of county administration of functions pursuant  
 11 to subsection (1) of this section and involving the validity of a rule promulgated by the authority,  
 12 the authority shall be made a party to the action, suit or proceeding.

13 **SECTION 123. (1) The amendments to ORS 448.011, 448.020 and 448.030 by sections 117 to**  
 14 **119 of this 2019 Act do not affect the validity or terms of any permit issued under ORS**  
 15 **448.030 before the effective date of this 2019 Act.**

16 (2) **The Oregon Health Authority shall treat any application for a permit under ORS**  
 17 **448.030 that is pending with the authority on the effective date of this 2019 Act as an appli-**  
 18 **cation for plan approval. This subsection does not subject an application pending authority**  
 19 **approval on the effective date of this 2019 Act to any additional fee amount established in the**  
 20 **amendments to ORS 448.030 by section 119 of this 2019 Act.**

21  
 22 **REPEALS**

23  
 24 **SECTION 124. ORS 181A.330 and 181A.335 are repealed.**

25  
 26 **CAPTIONS**

27  
 28 **SECTION 125. The unit captions used in this 2019 Act are provided only for the conven-**  
 29 **ience of the reader and do not become part of the statutory law of this state or express any**  
 30 **legislative intent in the enactment of this 2019 Act.**

31  
 32 **EFFECTIVE DATE**

33  
 34 **SECTION 126. This 2019 Act being necessary for the immediate preservation of the public**  
 35 **peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect**  
 36 **on its passage.**

37 \_\_\_\_\_