## House Bill 2335

Sponsored by Representative BONHAM; Senator STEINER HAYWARD (Presession filed.)

#### **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.

Enacts interstate Nurse Licensure Compact. Permits Oregon State Board of Nursing to disclose specified information to Interstate Commission of Nurse Licensure Compact Administrators. Exempts individuals practicing nursing in this state under compact from restrictions on use of titles. Allows board to establish account to meet financial obligations imposed on State of Oregon as result of participation in compact. Continuously appropriates moneys from account to board for specified purpose.

Enacts Interstate Medical Licensure Compact. Permits Oregon Medical Board to disclose spec-ified information to Interstate Medical Licensure Compact Commission. Exempts individuals prac-ticing medicine in this state under compact from restrictions on use of titles. Allows board to establish account to meet financial obligations imposed on State of Oregon as result of participation in compact. Continuously appropriates moneys from account to board for specified purpose. Declares emergency, effective on passage.

1	A BILL FOR AN ACT
2	Relating to interstate health professional licensure compacts; creating new provisions; amending
3	ORS 676.177, 677.080, 677.290, 678.021, 678.023 and 678.170; and declaring an emergency.
4	Be It Enacted by the People of the State of Oregon:
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6	NURSE LICENSURE COMPACT
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8	SECTION 1. The provisions of the Nurse Licensure Compact are as follows:
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11	Nurse Licensure Compact
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13	ARTICLE I
14	Findings and Declaration of Purpose
15	a. The party states find that:
16	1. The health and safety of the public are affected by the degree of compliance with and
17	the effectiveness of enforcement activities related to state nurse licensure laws;
18	2. Violations of nurse licensure and other laws regulating the practice of nursing may
19	result in injury or harm to the public;
20	3. The expanded mobility of nurses and the use of advanced communication technologies
21	as part of our nation's health care delivery system require greater coordination and cooper-
22	ation among states in the areas of nurse licensure and regulation;
23	4. New practice modalities and technology make compliance with individual state nurse
24	licensure laws difficult and complex;
25	5. The current system of duplicative licensure for nurses practicing in multiple states is

1 cumbersome and redundant for both nurses and states; and

6. Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

4 b. The general purposes of this Compact are to:

5 1. Facilitate the states' responsibility to protect the public's health and safety;

6 2. Ensure and encourage the cooperation of party states in the areas of nurse licensure 7 and regulation;

8 3. Facilitate the exchange of information between party states in the areas of nurse 9 regulation, investigation and adverse actions;

10 **4.** Promote compliance with the laws governing the practice of nursing in each jurisdic-11 tion;

5. Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;

15 6. Decrease redundancies in the consideration and issuance of nurse licenses; and

7. Provide opportunities for interstate practice by nurses who meet uniform licensure
 requirements.

ARTICLE II

19 **Definitions** 

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20 As used in this Compact:

a. "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action.

b. "Alternative program" means a nondisciplinary monitoring program approved by a licensing board.

c. "Coordinated licensure information system" means an integrated process for collecting, storing and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

33 d. "Current significant investigative information" means:

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1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

2. Investigative information that indicates that the nurse represents an immediate threat
 to public health and safety regardless of whether the nurse has been notified and had an
 opportunity to respond.

e. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and
unrestricted practice of nursing imposed by a licensing board.

f. "Home state" means the party state which is the nurse's primary state of residence.

g. "Licensing board" means a party state's regulatory body responsible for issuing nurse
licenses.

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h. "Multistate license" means a license to practice as a registered or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

4 i. "Multistate licensure privilege" means a legal authorization associated with a multi5 state license permitting the practice of nursing as either a registered nurse (RN) or LPN/VN
6 in a remote state.

j. "Nurse" means RN or LPN/VN, as those terms are defined by each party state's
 practice laws.

9 k. "Party state" means any state that has adopted this Compact.

10 **I. "Remote state" means a party state, other than the home state.** 

m. "Single-state license" means a nurse license issued by a party state that authorizes
 practice only within the issuing state and does not include a multistate licensure privilege
 to practice in any other party state.

n. "State" means a state, territory or possession of the United States and the District
 of Columbia.

o. "State practice laws" means a party state's laws, rules and regulations that govern
 the practice of nursing, define the scope of nursing practice, and create the methods and
 grounds for imposing discipline. "State practice laws" do not include requirements necessary
 to obtain and retain a license, except for qualifications or requirements of the home state.

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## ARTICLE III

General Provisions and Jurisdiction

a. A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), under a multistate licensure privilege, in each party state.

b. A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

c. Each party state shall require the following for an applicant to obtain or retain a
 multistate license in the home state:

1. Meets the home state's qualifications for licensure or renewal of licensure, as well as,
 all other applicable state laws;

2. i. Has graduated or is eligible to graduate from a licensing board-approved RN or
 LPN/VN prelicensure education program; or

ii. Has graduated from a foreign RN or LPN/VN prelicensure education program that (a)
has been approved by the authorized accrediting body in the applicable country and (b) has
been verified by an independent credentials review agency to be comparable to a licensing
board-approved prelicensure education program;

3. Has, if a graduate of a foreign prelicensure education program not taught in English
 or if English is not the individual's native language, successfully passed an English profi ciency examination that includes the components of reading, speaking, writing and listening;

1 4. Has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized 2 predecessor, as applicable;

**5.** Is eligible for or holds an active, unencumbered license;

6. Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;

7. Has not been convicted or found guilty, or has entered into an agreed disposition, of
a felony offense under applicable state or federal criminal law;

8. Has not been convicted or found guilty, or has entered into an agreed disposition, of
a misdemeanor offense related to the practice of nursing as determined on a case-by-case
basis;

13 9. Is not currently enrolled in an alternative program;

14 **10.** Is subject to self-disclosure requirements regarding current participation in an al-15 **ternative program; and** 

11. Has a valid United States Social Security number.

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d. All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

e. A nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege will subject a nurse to the jurisdiction of the licensing board, the courts and the laws of the party state in which the client is located at the time service is provided.

f. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this Compact shall affect the requirements established by a party state for the issuance of a single-state license.

g. Any nurse holding a home state multistate license, on the effective date of this Com pact, may retain and renew the multistate license issued by the nurse's then-current home
 state, provided that:

1. A nurse, who changes primary state of residence after this Compact's effective date,
 must meet all applicable Article III.c. requirements to obtain a multistate license from a
 new home state.

42 2. A nurse who fails to satisfy the multistate licensure requirements in Article III.c. due 43 to a disqualifying event occurring after this Compact's effective date shall be ineligible to 44 retain or renew a multistate license, and the nurse's multistate license shall be revoked or 45 deactivated in accordance with applicable rules adopted by the Interstate Commission of 46 deactivated in accordance with applicable rules adopted by the Interstate Commission of 47 deactivated in accordance with applicable rules adopted by the Interstate Commission of

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1	Nurse Licensure Compact Administrators ("Commission").
2	ARTICLE IV
- 3	Applications for Licensure in a Party State
4	a. Upon application for a multistate license, the licensing board in the issuing party state
5	shall ascertain, through the coordinated licensure information system, whether the applicant
6	has ever held, or is the holder of, a license issued by any other state, whether there are any
7	encumbrances on any license or multistate licensure privilege held by the applicant, whether
	any adverse action has been taken against any license or multistate licensure privilege held
8	by the applicant and whether the applicant is currently participating in an alternative pro-
9	
10	gram.
11	b. A nurse may hold a multistate license, issued by the home state, in only one party
12	state at a time.
13	c. If a nurse changes primary state of residence by moving between two party states, the
14	nurse must apply for licensure in the new home state, and the multistate license issued by
15	the prior home state will be deactivated in accordance with applicable rules adopted by the
16	Commission.
17	1. The nurse may apply for licensure in advance of a change in primary state of resi-
18	dence.
19	2. A multistate license shall not be issued by the new home state until the nurse provides
20	satisfactory evidence of a change in primary state of residence to the new home state and
21	satisfies all applicable requirements to obtain a multistate license from the new home state.
22	d. If a nurse changes primary state of residence by moving from a party state to a non-
23	party state, the multistate license issued by the prior home state will convert to a single-
24	state license, valid only in the former home state.
25	ARTICLE V
26	Additional Authorities Invested in Party State Licensing Boards
27	a. In addition to the other powers conferred by state law, a licensing board shall have the
28	authority to:
29	1. Take adverse action against a nurse's multistate licensure privilege to practice within
30	that party state.
31	i. Only the home state shall have the power to take adverse action against a nurse's li-
32	cense issued by the home state.
33	ii. For purposes of taking adverse action, the home state licensing board shall give the
34	same priority and effect to reported conduct received from a remote state as it would if such
35	conduct had occurred within the home state. In so doing, the home state shall apply its own
36	state laws to determine appropriate action.
37	2. Issue cease and desist orders or impose an encumbrance on a nurse's authority to
38	practice within that party state.
39	3. Complete any pending investigations of a nurse who changes primary state of residence
40	during the course of such investigations. The licensing board shall also have the authority
41	to take appropriate action(s) and shall promptly report the conclusions of such investigations
42	to the administrator of the coordinated licensure information system. The administrator of
43	the coordinated licensure information system shall promptly notify the new home state of
44	any such actions.
45	4. Issue subpoenas for both hearings and investigations that require the attendance and

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testimony of witnesses, as well as, the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

5. Obtain and submit, for each nurse licensure applicant, fingerprint or other biometricbased information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.

12 6. If otherwise permitted by state law, recover from the affected nurse the costs of in-13 vestigations and disposition of cases resulting from any adverse action taken against that 14 nurse.

7. Take adverse action based on the factual findings of the remote state, provided that
 the licensing board follows its own procedures for taking such adverse action.

b. If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

c. Nothing in this Compact shall override a party state's decision that participation in
 an alternative program may be used in lieu of adverse action. The home state licensing board
 shall deactivate the multistate licensure privilege under the multistate license of any nurse
 for the duration of the nurse's participation in an alternative program.

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ARTICLE VI

28 Coordinated Licensure Information System and Exchange of Information

a. All party states shall participate in a coordinated licensure information system of all licensed registered nurses (RNs) and licensed practical/vocational nurses (LPNs/VNs). This system will include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

b. The Commission, in consultation with the administrator of the coordinated licensure
 information system, shall formulate necessary and proper procedures for the identification,
 collection and exchange of information under this Compact.

c. All licensing boards shall promptly report to the coordinated licensure information
system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials) and nurse participation in alternative programs
known to the licensing board regardless of whether such participation is deemed nonpublic
or confidential under state law.

d. Current significant investigative information and participation in nonpublic or confi dential alternative programs shall be transmitted through the coordinated licensure infor mation system only to party state licensing boards.

45 e. Notwithstanding any other provision of law, all party state licensing boards contrib-

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40 other means as provided in the bylaws. The bylaws may provide for an administrator's par41 ticipation in meetings by telephone or other means of communication.
42 3. The Commission shall meet at least once during each calendar year. Additional

42 3. The Commission shall meet at least once during each calendar year. Additional 43 meetings shall be held as set forth in the bylaws or rules of the commission.

44 4. All meetings shall be open to the public, and public notice of meetings shall be given 45 in the same manner as required under the rulemaking provisions in Article VIII.

5. The Commission may convene in a closed, nonpublic meeting if the Commission must 1 2 discuss: 3 i. Noncompliance of a party state with its obligations under this Compact; ii. The employment, compensation, discipline or other personnel matters, practices or 4 procedures related to specific employees or other matters related to the Commission's 5 internal personnel practices and procedures; 6 iii. Current, threatened or reasonably anticipated litigation; 7 8 iv. Negotiation of contracts for the purchase or sale of goods, services or real estate; 9 v. Accusing any person of a crime or formally censuring any person; vi. Disclosure of trade secrets or commercial or financial information that is privileged 10 or confidential; 11 12vii. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy; 13 viii. Disclosure of investigatory records compiled for law enforcement purposes; 14 15 ix. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact; or 16 x. Matters specifically exempted from disclosure by federal or state statute. 17 18 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall 19 20reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate 2122summary of actions taken, and the reasons therefor, including a description of the views 23expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to 24 25release by a majority vote of the Commission or order of a court of competent jurisdiction. c. The Commission shall, by a majority vote of the administrators, prescribe bylaws or 26rules to govern its conduct as may be necessary or appropriate to carry out the purposes 27and exercise the powers of this Compact, including but not limited to: 281. Establishing the fiscal year of the Commission; 2930 2. Providing reasonable standards and procedures: 31 i. For the establishment and meetings of other committees; and ii. Governing any general or specific delegation of any authority or function of the Com-32mission; 33 34 3. Providing reasonable procedures for calling and conducting meetings of the Commis-35 sion, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to 36 37 protect the public's interest, the privacy of individuals, and proprietary information, includ-38 ing trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the 39 Commission must make public a copy of the vote to close the meeting revealing the vote of 40

41 each administrator, with no proxy votes allowed;

42 4. Establishing the titles, duties and authority and reasonable procedures for the election
43 of the officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel
 policies and programs of the Commission. Notwithstanding any civil service or other similar

1 2 laws of any party state, the bylaws shall exclusively govern the personnel policies and pro-

grams of the Commission; and 6. Providing a mechanism for winding up the operations of the Commission and the eq-3 uitable disposition of any surplus funds that may exist after the termination of this Compact 4 after the payment or reserving of all of its debts and obligations; 5 d. The Commission shall publish its bylaws and rules, and any amendments thereto, in 6 a convenient form on the website of the Commission. 7 e. The Commission shall maintain its financial records in accordance with the bylaws. 8 9 f. The Commission shall meet and take such actions as are consistent with the provisions 10 of this Compact and the bylaws. g. The Commission shall have the following powers: 11 121. To promulgate uniform rules to facilitate and coordinate implementation and admin-13 istration of this Compact. The rules shall have the force and effect of law and shall be binding in all party states, except that only the rules adopted by the Oregon State Board of 14 15 Nursing shall have the force and effect of law and shall be binding on the State of Oregon; 16 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any licensing board to sue or be sued under applicable law shall 17 18 not be affected; 3. To purchase and maintain insurance and bonds; 19 4. To borrow, accept or contract for services of personnel, including, but not limited to, 20employees of a party state or nonprofit organizations; 21225. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, 23office space or other resources; 24 256. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and to establish 2627the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters; 287. To accept any and all appropriate donations, grants and gifts of money, equipment, 2930 supplies, materials and services, and to receive, utilize and dispose of the same; provided that 31 at all times the Commission shall avoid any appearance of impropriety or conflict of interest; 8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, 32improve or use, any property, whether real, personal or mixed; provided that at all times the 33 34 Commission shall avoid any appearance of impropriety; 9. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any 35 36 property, whether real, personal or mixed; 37 10. To establish a budget and make expenditures; 38 11. To borrow money; 12. To appoint committees, including advisory committees comprised of administrators, 39 state nursing regulators, state legislators or their representatives, and consumer represen-40 tatives, and other such interested persons; 41 13. To provide and receive information from, and to cooperate with, law enforcement 42 43 agencies; 14. To adopt and use an official seal; and 44 15. To perform such other functions as may be necessary or appropriate to achieve the 45[9]

1 purposes of this Compact consistent with the state regulation of nurse licensure and prac-2 tice.

3 h. Financing of the Commission

4 **1.** The Commission shall pay, or provide for the payment of, the reasonable expenses of 5 its establishment, organization and ongoing activities.

6 2. The Commission may also levy on and collect an annual assessment from each party 7 state to cover the cost of its operations, activities and staff in its annual budget as approved 8 each year. The aggregate annual assessment amount, if any, shall be allocated based upon a 9 formula to be determined by the Commission, which shall promulgate a rule that is binding 10 upon all party states.

3. The Commission shall not incur obligations of any kind prior to securing the funds
 adequate to meet the same; nor shall the Commission pledge the credit of any of the party
 states, except by, and with the authority of, such party state.

4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

5. An assessment levied, or any other financial obligation imposed, under this Compact is effective against the State of Oregon only to the extent that moneys necessary to pay the assessment or meet the financial obligations have been deposited in an account established by the Oregon State Board of Nursing pursuant to ORS 678.170.

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i. Qualified Immunity, Defense and Indemnification

251. The administrators, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official ca-2627pacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, 28or that the person against whom the claim is made had a reasonable basis for believing oc-2930 curred, within the scope of Commission employment, duties or responsibilities; provided that 31 nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton miscon-32duct of that person. 33

34 2. The Commission shall defend any administrator, officer, executive director, employee 35 or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission 36 37 employment, duties or responsibilities, or that the person against whom the claim is made 38 had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that 39 person from retaining his or her own counsel; and provided further that the actual or alleged 40 act, error or omission did not result from that person's intentional, willful or wanton mis-41 42conduct.

3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error

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1 or omission that occurred within the scope of Commission employment, duties or responsi-

2 bilities, or that such person had a reasonable basis for believing occurred within the scope

of Commission employment, duties or responsibilities, provided that the actual or alleged act,
 error or omission did not result from the intentional, willful or wanton misconduct of that

5 person.

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#### **ARTICLE VIII**

Rulemaking
a. A. The Commission shall exercise its rulemaking powers pursuant to the criteria set
forth in this Article and the rules adopted thereunder. Rules and amendments shall become
binding as of the date specified in each rule or amendment and shall have the same force and
effect as provisions of this Compact.

B. Notwithstanding Article VIII a.A., the Oregon State Board of Nursing shall review the rules of the Commission. The board may approve and adopt the rules of the Commission as rules of the board. The State of Oregon is subject to a rule of the Commission only if the rule of the Commission is adopted by the board.

b. Rules or amendments to the rules shall be adopted at a regular or special meeting of
 the Commission.

c. Prior to promulgation and adoption of a final rule or rules by the Commission, and at
 least 60 days in advance of the meeting at which the rule will be considered and voted upon,
 the Commission shall file a notice of proposed rulemaking:

**1. On the website of the Commission; and** 

22 2. On the website of each licensing board or the publication in which each state would 23 otherwise publish proposed rules.

24 d. The notice of proposed rulemaking shall include:

1. The proposed time, date and location of the meeting in which the rule will be consid ered and voted upon;

27 2. The text of the proposed rule or amendment, and the reason for the proposed rule;

28 **3.** A request for comments on the proposed rule from any interested person; and

4. The manner in which interested persons may submit notice to the Commission of their
 intention to attend the public hearing and any written comments.

e. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

f. The Commission shall grant an opportunity for a public hearing before it adopts a rule
 or amendment.

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g. The Commission shall publish the place, time and date of the scheduled public hearing.

36 1. Hearings shall be conducted in a manner providing each person who wishes to com-37 ment a fair and reasonable opportunity to comment orally or in writing. All hearings will be 38 recorded, and a copy will be made available upon request.

2. Nothing in this section shall be construed as requiring a separate hearing on each rule.
Rules may be grouped for the convenience of the Commission at hearings required by this
section.

42 h. If no one appears at the public hearing, the Commission may proceed with 43 promulgation of the proposed rule.

44 i. Following the scheduled hearing date, or by the close of business on the scheduled
 45 hearing date if the hearing was not held, the Commission shall consider all written and oral

1 comments received.

j. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

k. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

11 **1.** Meet an imminent threat to public health, safety or welfare;

12 2. Prevent a loss of Commission or party state funds; or

3. Meet a deadline for the promulgation of an administrative rule that is required by
 federal law or rule.

15 1. The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or 16 grammatical errors. Public notice of any revisions shall be posted on the website of the 17 18 Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a 19 material change to a rule. A challenge shall be made in writing, and delivered to the Com-20mission, prior to the end of the notice period. If no challenge is made, the revision will take 2122effect without further action. If the revision is challenged, the revision may not take effect 23without the approval of the Commission.

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#### ARTICLE IX

25 **Oversight, Dispute Resolution and Enforcement** 

26 a. Oversight

1. Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder and adopted by the Oregon State Board of Nursing shall have standing as statutory law.

2. The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

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b. Default, Technical Assistance and Termination

I. If the Commission determines that a party state has defaulted in the performance of
 its obligations or responsibilities under this Compact or the promulgated rules, the Com mission shall:

i. Provide written notice to the defaulting state and other party states of the nature of
the default, the proposed means of curing the default or any other action to be taken by the
Commission; and

43 ii. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state's membership in this
 Compact may be terminated upon an affirmative vote of a majority of the administrators,

and all rights, privileges and benefits conferred by this Compact may be terminated on the 1 2 effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default. 3

3. Termination of membership in this Compact shall be imposed only after all other 4 means of securing compliance have been exhausted. Notice of intent to suspend or terminate 5 shall be given by the Commission to the governor of the defaulting state and to the executive 6 officer of the defaulting state's licensing board and each of the party states. 7

4. A state whose membership in this Compact has been terminated is responsible for all 8 9 assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination. 10

5. The Commission shall not bear any costs related to a state that is found to be in de-11 12 fault or whose membership in this Compact has been terminated unless agreed upon in 13 writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. 14 15 District Court for the District of Columbia or the federal district in which the Commission 16 has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees. 17

18 c. Dispute Resolution

19 1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the Compact that arise among party states and between party and nonparty states. 20

2. The Commission shall promulgate a rule providing for both mediation and binding 2122dispute resolution for disputes, as appropriate.

233. In the event the Commission cannot resolve disputes among party states arising under this Compact: 24

25i. The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the Compact administrator in each of the affected 2627party states and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute. 28

ii. The decision of a majority of the arbitrators shall be final and binding. 29

30 d. Enforcement

31 1. The Commission, in the reasonable exercise of its discretion, shall enforce the pro-32visions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the U.S. District Court 33 34 for the District of Columbia or the federal district in which the Commission has its principal 35 offices against a party state that is in default to enforce compliance with the provisions of this Compact and its promulgated rules and bylaws. The relief sought may include both 36 37 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing 38 party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The 39 40 Commission may pursue any other remedies available under federal or state law.

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**ARTICLE X** 

Effective Date, Withdrawal and Amendment a. This Compact shall become effective and binding on the date of legislative enactment 43

of this Compact into law by no less than 26 states. All party states to this Compact, that also 44 were parties to the prior Nurse Licensure Compact, superseded by this Compact, ("Prior 45

Compact"), shall be deemed to have withdrawn from said Prior Compact within six months 1 after the effective date of this Compact. 2 b. Each party state to this Compact shall continue to recognize a nurse's multistate 3 licensure privilege to practice in that party state issued under the Prior Compact until such 4 party state has withdrawn from the Prior Compact. 5 c. Any party state may withdraw from this Compact by enacting a statute repealing the 6 same. A party state's withdrawal shall not take effect until six months after enactment of 7 the repealing statute. 8 9 d. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and sig-10 nificant investigations occurring prior to the effective date of such withdrawal or termi-11 12nation. 13 e. Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a 14 15 nonparty state that is made in accordance with the other provisions of this Compact. 16f. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into 17 the laws of all party states. 18 g. Representatives of nonparty states to this Compact shall be invited to participate in 19 the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact 20by all states. 2122ARTICLE XI 23**Construction and Severability** This Compact shall be liberally construed so as to effectuate the purposes thereof. The 24 provisions of this Compact shall be severable, and if any phrase, clause, sentence or provision 25of this Compact is declared to be contrary to the constitution of any party state or of the 2627United States, or if the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability 28

thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

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<u>SECTION 2.</u> The Legislative Assembly of Oregon hereby ratifies the Nurse Licensure Compact set forth in section 1 of this 2021 Act.

#### AMENDMENTS

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SECTION 3. ORS 678.021 is amended to read:

678.021. (1) It shall be unlawful for any person to practice nursing or offer to practice nursing
in this state or to use any title or abbreviation, sign, card or device to indicate the person is practicing either practical or registered nursing unless the person is licensed under ORS 678.010 to
678.410 at the level for which the indication of practice is made and the license is valid and in effect.
(2) Subsection (1) of this section does not apply to an individual who is authorized to

# 1 practice as a nurse by multistate licensure privilege as defined in section 1 of this 2021 Act.

2 **SECTION 4.** ORS 678.023 is amended to read:

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3 678.023. (1)(a) An individual may not use the title "nurse" unless the individual:

4 [(1)] (A) Has earned a nursing degree or a nursing certificate from a nursing education program 5 that is:

[(a)] (i) Approved by the Oregon State Board of Nursing; or

[(b)] (ii) Accredited or approved by another state or United States territory as described under
ORS 678.010 and approved by the board; and

9 [(2)] (b) Is licensed by a health professional regulatory board as defined in ORS 676.160 to 10 practice the particular health care profession in which the individual's nursing degree or nursing 11 certificate was earned.

(2) Subsection (1) of this section does not apply to an individual who is authorized to
 practice as a nurse by multistate licensure privilege as defined in section 1 of this 2021 Act.
 <u>SECTION 5.</u> ORS 678.170 is amended to read:

15 678.170. (1) All money received by the Oregon State Board of Nursing under ORS 678.010 to 16 678.448 shall be paid into the General Fund in the State Treasury and placed to the credit of the 17 Oregon State Board of Nursing Account. The board may establish an additional account for the 18 purpose of meeting financial obligations imposed on the State of Oregon as a result of this 19 state's participation in the Nurse Licensure Compact established under section 1 of this 2021 20 Act.

(2) [Such moneys are appropriated continuously and shall] The moneys paid into the accounts described in subsection (1) of this section are continuously appropriated to the board and may be used only for the administration and enforcement of ORS 676.850, 676.860 and 678.010 to 678.448 and for the purpose of meeting financial obligations imposed on the State of Oregon as a result of this state's participation in the Nurse Licensure Compact established under section 1 of this 2021 Act.

[(2)] (3) The board shall keep a record of all moneys deposited in the Oregon State Board of Nursing Account. This record shall indicate by separate cumulative accounts the source from which the moneys are derived and the individual activity or program against which each withdrawal is charged.

31 [(3)] (4) The board may maintain a petty cash fund in compliance with ORS 293.180 in the 32 amount of \$1,000.

33 <u>SECTION 6.</u> (1) The amendments to ORS 678.021 and 678.023 by sections 3 and 4 of this 34 2021 Act apply to individuals authorized to practice nursing by multistate licensure privilege 35 on or after the effective date of this 2021 Act.

(2) The amendments to ORS 678.170 by section 5 of this 2021 Act apply to moneys received
 by the Oregon State Board of Nursing on or after the effective date of this 2021 Act.

## INTERSTATE MEDICAL LICENSURE COMPACT

41 <u>SECTION 7.</u> The provisions of the Interstate Medical Licensure Compact are as follows:

- 44 INTERSTATE MEDICAL LICENSURE COMPACT
- 45 SECTION 1. PURPOSE

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In order to strengthen access to health care, and in recognition of the advances in the 1 2 delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing 3 licensing and regulatory authority of state medical boards, provides a streamlined process 4 that allows physicians to become licensed in multiple states, thereby enhancing the porta-5 bility of a medical license and ensuring the safety of patients. The Compact creates another 6 pathway for licensure and does not otherwise change a state's existing Medical Practice Act. 7 The Compact also adopts the prevailing standard for licensure and affirms that the practice 8 9 of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state med-10 ical board where the patient is located. State medical boards that participate in the Compact 11 12 retain the jurisdiction to impose an adverse action against a license to practice medicine in 13 that state issued to a physician through the procedures in the Compact.

14 SECTION 2. DEFINITIONS

15 In this compact:

(a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to
 Section 11.

(b) "Commissioner" means the voting representative appointed by each member board
 pursuant to Section 11.

(c) "Conviction" means a finding by a court that an individual is guilty of a criminal of fense through adjudication, or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.

(d) "Expedited License" means a full and unrestricted medical license granted by a
 member state to an eligible physician through the process set forth in the Compact.

(e) "Interstate Commission" means the interstate commission created pursuant to Sec tion 11.

(f) "License" means authorization by a member state for a physician to engage in the
 practice of medicine, which would be unlawful without authorization.

30 (g) "Medical Practice Act" means laws and regulations governing the practice of 31 allopathic and osteopathic medicine within a member state.

(h) "Member Board" means a state agency in a member state that acts in the sovereign
 interests of the state by protecting the public through licensure, regulation, and education
 of physicians as directed by the state government.

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(i) "Member State" means a state that has enacted the Compact.

(j) "Practice of Medicine" means that clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in
 compliance with the Medical Practice Act of a member state. The "practice of medicine" is
 also as described in ORS 677.085.

40 (k) "Physician" means any person who:

1) Is a graduate of a medical school accredited by the Liaison Committee on Medical
 Education, the Commission on Osteopathic College Accreditation, or a medical school listed
 in the International Medical Education Directory or its equivalent;

44 2) Passed each component of the United State Medical Licensing Examination (USMLE)
 45 or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within

three attempts, or any of its predecessor examinations accepted by a state medical board as 1 2 an equivalent examination for licensure purposes; 3) Successfully completed graduate medical education approved by the Accreditation 3 Council for Graduate Medical Education or the American Osteopathic Association; 4 5 4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau 6 of Osteopathic Specialists; 7 5) Possesses a full and unrestricted license to engage in the practice of medicine issued 8 9 by a member board; 6) Has never been convicted, received adjudication, deferred adjudication, community 10 supervision, or deferred disposition for any offense by a court of appropriate jurisdiction; 11 127) Has never held a license authorizing the practice of medicine subjected to discipline 13 by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license; 14 15 8) Has never had a controlled substance license or permit suspended or revoked by a 16 state or the United States Drug Enforcement Administration; and 9) Is not under active investigation by a licensing agency or law enforcement authority 1718 in any state, federal, or foreign jurisdiction. 19 (1) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude. (m) "Rule" means a written statement by the Interstate Commission promulgated pur-20suant to Section 12 of the Compact that is of general applicability, implements, interprets, 2122or prescribes a policy or provision of the Compact, or an organizational, procedural, or 23practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing 2425rule. (n) "State" means any state, commonwealth, district, or territory of the United States. 2627(o) "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes 28of registration and participation in the Compact. 2930 **SECTION 3. ELIGIBILITY** 31 (a) A physician must meet the eligibility requirements as defined in Section 2(k) to receive an expedited license under the terms and provisions of the Compact. 32(b) A physician who does not meet the requirements of Section 2(k) may obtain a license 33 34 to practice medicine in a member state if the individual complies with all laws and require-35 ments, other than the Compact, relating to the issuance of a license to practice medicine in that state. 36 37 SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE 38 (a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses 39 a full and unrestricted license to practice medicine in that state, and the state is: 40 1) The state of principal residence for the physician, or 41 2) The state where at least 25 percent of the practice of medicine occurs, or 42 3) The location of the physician's employer, or 43 4) If no state qualifies under subsection (1), subsection (2), or subsection (3), the state 44 designated as state of residence for purpose of federal income tax. 45

(b) A physician may redesignate a member state as state of principal license at any time, 1

2 as long as the state meets the requirements of subsection (a).

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3 (c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license. 4

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(a) A physician seeking licensure through the Compact shall file an application for an 6 expedited license with the member board of the state selected by the physician as the state 7 of principal license. 8

9 (b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible 10 for expedited licensure and issue a letter of qualification, verifying or denying the physician's 11 12 eligibility, to the Interstate Commission.

13 1) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as de-14 15 termined by the Interstate Commission through rule, shall not be subject to additional pri-16 mary source verification where already primary source verified by the state of principal license. 17

18 2) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, in-19 20cluding the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal em-2122ployees who have suitability determination in accordance with 5 C.F.R. §731.202.

233) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state. 24

25(c) Upon verification in subsection (b), physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a li-2627cense in a member state selected pursuant to subsection (a), including the payment of any applicable fees. 28

(d) After receiving verification of eligibility under subsection (b) and any fees under 2930 subsection (c), a member board shall issue an expedited license to the physician. This license 31 shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and 32member state. 33

34 (e) An expedited license shall be valid for a period consistent with the licensure period 35 in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state. 36

37 (f) An expedited license obtained through the Compact shall be terminated if a physician 38 fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure. 39

40 (g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license. 41 42

SECTION 6. FEES FOR EXPEDITED LICENSURE

(a) A member state issuing an expedited license authorizing the practice of medicine in 43 that state may impose a fee for a license issued or renewed through the Compact. 44

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited 45

1	licenses.
2	SECTION 7. RENEWAL AND CONTINUED PARTICIPATION
3	(a) A physician seeking to renew an expedited license granted in a member state shall
4	complete a renewal process with the Interstate Commission if the physician:
5	1) Maintains a full and unrestricted license in a state of principal license;
6	2) Has not been convicted, received adjudication, deferred adjudication, community
7	supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
8	3) Has not had a license authorizing the practice of medicine subject to discipline by a
9	licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to
10	nonpayment of fees related to a license; and
11	4) Has not had a controlled substance license or permit suspended or revoked by a state
12	or the United States Drug Enforcement Administration.
13	(b) Physicians shall comply with all continuing professional development or continuing
14	medical education requirements for renewal of a license issued by a member state.
15	(c) The Interstate Commission shall collect any renewal fees charged for the renewal of
16	a license and distribute the fees to the applicable member board.
17	(d) Upon receipt of any renewal fees collected in subsection (c), a member board shall
18	renew the physician's license.
19	(e) Physician information collected by the Interstate Commission during the renewal
20	process will be distributed to all member boards.
21	(f) The Interstate Commission is authorized to develop rules to address renewal of li-
22	censes obtained through the Compact.
23	SECTION 8. COORDINATED INFORMATION SYSTEM
24	(a) The Interstate Commission shall establish a database of all physicians licensed, or
25	who have applied for licensure, under Section 5.
26	(b) Notwithstanding any other provision of law, member boards shall report to the
27	Interstate Commission any public action or complaints against a licensed physician who has
28	applied or received an expedited license through the Compact.
29	(c) Member boards shall report disciplinary or investigatory information determined as
30	necessary and proper by rule of the Interstate Commission.
31	(d) Member boards may report any nonpublic complaint, disciplinary, or investigatory
32	information not required by subsection (c) to the Interstate Commission.
33	(e) Member boards shall share complaint or disciplinary information about a physician
34	upon request of another member board.
35	(f) All information provided to the Interstate Commission or distributed by member
36	boards shall be confidential, filed under seal, and used only for investigatory or disciplinary
37	matters.
38	(g) The Interstate Commission is authorized to develop rules for mandated or discre-
39	tionary sharing of information by member boards.
40	SECTION 9. JOINT INVESTIGATIONS
41	(a) Licensure and disciplinary records of physicians are deemed investigative.
42	(b) In addition to the authority granted to a member board by its respective Medical
43	Practice Act or other applicable state law, a member board may participate with other
44	member boards in joint investigations of physicians licensed by the member boards.
45	(c) A subpoena issued by a member state shall be enforceable in other member states.

1 (d) Member boards may share any investigative, litigation, or compliance materials in 2 furtherance of any joint or individual investigation initiated under the Compact.

3 (e) Any member state may investigate actual or alleged violations of the statutes au4 thorizing the practice of medicine in any other member state in which a physician holds a
5 license to practice medicine.

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#### SECTION 10. DISCIPLINARY ACTIONS

7 (a) Any disciplinary action taken by any member board against a physician licensed 8 through the Compact shall be deemed unprofessional conduct which may be subject to dis-9 cipline by other member boards, in addition to any violation of the Medical Practice Act or 10 regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal li-11 12 cense is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all li-13 censes issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in 14 15 the state of principal license subsequently reinstates the physician's license, a license issued 16 to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical 17 18 Practice Act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state
 of principal license, any other member board may deem the action conclusive as to matter
 of law and fact decided, and:

1) Impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state; or

24 2) Pursue separate disciplinary action against the physician under its respective Medical
 25 Practice Act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered or re-2627linquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without fur-28ther action necessary by the other member board(s), for 90 days upon entry of the order by 2930 the disciplining board, to permit the member board(s) to investigate the basis for the action 31 under the Medical Practice Act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the 90 day suspension period in 32a manner consistent with the Medical Practice Act of that state. 33

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SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

(a) The member states hereby create the "Interstate Medical Licensure Compact Com mission".

(b) The purpose of the Interstate Commission is the administration of the Interstate
 Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by
 each member state who shall serve as Commissioners. In states where allopathic and

osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member

4 state shall appoint one representative from each member board. A Commissioner shall be 5 a(n):

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1) Allopathic or osteopathic physician appointed to a member board;

2) Executive director, executive secretary, or similar executive of a member board; or

8 3) Member of the public appointed to a member board.

9 (e) The Interstate Commission shall meet at least once each calendar year. A portion of 10 this meeting shall be a business meeting to address such matters as may properly come be-11 fore the Commission, including the election of officers. The chairperson may call additional 12 meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted
 by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commission shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d).

(h) The Interstate Commission shall provide public notice of all meetings and all meetings
 shall be open to the public. The Interstate Commission may close a meeting, in full or in
 portion, where it determines by a two-thirds vote of the Commissioners present that an open
 meeting would be likely to:

Relate solely to the internal personnel practice and procedures of the Interstate
 Commission;

27 2) Discuss matters specifically exempted from disclosure by federal statute;

3) Discuss trade secrets, commercial, or financial information that is privileged or con fidential;

30 4) Involve accusing a person of a crime, or formally censuring a person;

5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

**6)** Discuss investigative records compiled for law enforcement purposes; or

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7) Specifically relate to the participation in a civil action or other legal proceeding.(i) The Interstate Commission shall keep minutes which shall fully describe all matters

(i) The Interstate Commission shall keep minutes which shall fully describe all matters
 discussed in a meeting and shall provide a full and accurate summary of actions taken, in cluding record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the ex tent not otherwise designated in the Compact or by its rules, available to the public for in spection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the adminis-

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1	tration of the Compact including enforcement and compliance with the provisions of the
<b>2</b>	Compact, its bylaws and rules, and other such duties as necessary.
3	(1) The Interstate Commission shall establish other committees for governance and ad-
4	ministration of the Compact.
5	SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION
6	(a) Oversee and maintain the administration of the Compact;
7	(b) Promulgate rules which shall be binding to the extent and in the manner provided for
8	in the Compact;
9	(c) Issue, upon the request of a member state or member board, advisory opinions con-
10	cerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;
11	(d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate
12	Commission, and the bylaws, using all necessary and proper means, including but not limited
13	to the use of judicial process;
14	(e) Establish and appoint committees including, but not limited to, an executive com-
15	mittee as required by Section 11, which shall have the power to act on behalf of the Inter-
16	state Commission in carrying out its powers and duties;
17	(f) Pay, or provide for the payment of the expenses related to the establishment, organ-
18	ization, and ongoing activities of the Interstate Commission;
19	(g) Establish and maintain one or more offices;
20	(h) Borrow, accept, hire, or contract for services of personnel;
21	(i) Purchase and maintain insurance and bonds;
22	(j) Employ an executive director who shall have such powers to employ, select or appoint
23	employees, agents, or consultants, and to determine their qualifications, define their duties,
24	and fix their compensation;
25	(k) Establish personnel policies and programs relating to conflicts of interest, rates of
26	compensation, and qualifications of personnel;
27	(1) Accept donations and grants of money, equipment, supplies, materials, and services
28	and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest
29	policies established by the Interstate Commission;
30	(m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold,
31	improve or use, any property, real, personal, or mixed;
32	(n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any
33	property, real, personal, or mixed;
34	(o) Establish a budget and make expenditures;
35	(p) Adopt a seal and bylaws governing the management and operation of the Interstate
36	Commission;
37	(q) Report annually to the legislatures and governors of the member states concerning
38	the activities of the Interstate Commission during the preceding year. Such reports shall also
39	include reports of financial audits and any recommendations that may have been adopted by
40	the Interstate Commission;
41	(r) Coordinate education, training, and public awareness regarding the Compact, its im-
42	plementation, and its operation;
43	(s) Maintain records in accordance with the bylaws;
44	(t) Seek and obtain trademarks, copyrights, and patents; and
45	(u) Perform such functions as may be necessary or appropriate to achieve the purpose

1 of the Compact.

2 SECTION 13. FINANCE POWERS

3 (a) The Interstate Commission may levy on and collect an annual assessment from each 4 member state to cover the cost of the operations and activities of the Interstate Commission 5 and its staff. The total assessment must be sufficient to cover the annual budget approved 6 each year for which revenue is not provided by other sources. The aggregate annual assess-7 ment amount shall be allocated upon a formula to be determined by the Interstate Commis-8 sion, which shall promulgate a rule binding upon all member states.

9 (b) The Interstate Commission shall not incur obligations of any kind prior to securing
 10 the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states,
 except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by
 a certified or licensed accountant and the report of the audit shall be included in the annual
 report of the Interstate Commission.

(e) An assessment levied, or any other financial obligation imposed, under this Compact
is effective against the State of Oregon only to the extent that moneys necessary to pay the
assessment or meet the financial obligations have been deposited in an account established
by the Oregon Medical Board pursuant to ORS 677.290.

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#### SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall, by a majority of Commissioners present and voting,
 adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the
 purposes of the Compact within 12 months of the first Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.

(c) Officers selected in subsection (b) shall serve without remuneration for the Interstate
 Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

38 (e) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's em-39 ployment or duties for acts, errors, or omissions occurring within such person's state, may 40 not exceed the limits of liability set forth under the constitution and laws of that state for 41 state officials, employees, and agents. The Interstate Commission is considered to be an 42instrumentality of the states for the purpose of any such action. Nothing in this subsection 43 shall be construed to protect such person from suit or liability for damage, loss, injury, or 44 liability caused by the intentional or willful and wanton misconduct of such person. 45

(f) The Interstate Commission shall defend the executive director, its employees, and 1 2 subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such 3 Interstate Commission representative in any civil action seeking to impose liability arising 4 out of an actual or alleged act, error or omission that occurred within the scope of Interstate 5 Commission employment, duties or responsibilities, or that the defendant had a reasonable 6 basis for believing occurred within the scope of Interstate Commission employment, duties, 7 or responsibilities, provided that the actual or alleged act, error, or omission did not result 8 9 from intentional or willful and wanton misconduct on the part of such person.

(g) To the extent not covered by the state involved, member state, or the Interstate 10 Commission, the representatives or employees of the Interstate Commission shall be held 11 12 harmless in the amount of a settlement or judgement, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that 13 occurred within the scope of the Interstate Commission employment, duties, or responsibil-14 15 ities, or that such persons had a reasonable basis for believing occurred within the scope of 16Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton miscon-17 18 duct on the part of such person.

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### SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

(a) 1) The Interstate Commission shall promulgate reasonable rules in order to effectively
and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the
event the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such
an action by the Interstate Commission shall be invalid and have no force or effect.

2) Notwithstanding subsection (1), the Oregon Medical Board shall review the rules of the 26 Interstate Commission. The board may approve and adopt the rules of the Interstate Com-27 mission as rules of the board. The State of Oregon is subject to a rule of the Interstate 28 Commission only if the rule of the Interstate Commission is adopted by the board.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be
 made pursuant to a rulemaking process that substantially conforms to the "Model State
 Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) Not later than 30 days after a rule is promulgated, any person may file a petition for 32judicial review of the rule in the United States District Court for the District of Columbia 33 34 or the federal district where the Interstate Commission has its principal offices, provided 35 that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. 36 37 The court shall give deference to the actions of the Interstate Commission consistent with 38 applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission. 39

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#### SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

(a) The executive, legislative, and judicial branches of state government in each member
state shall enforce the Compact and shall take all actions necessary and appropriate to
effectuate the Compact's purposes and intent. The provisions of the Compact and the rules
promulgated hereunder shall have standing as statutory law but shall not override existing
state authority to regulate the practice of medicine. The provisions of this Compact and the

1 rules promulgated hereunder and adopted by the Oregon Medical Board shall have standing

2 as statutory law.

3 (b) All courts shall take judicial notice of the Compact and the rules in any judicial or
4 administrative proceeding in a member state pertaining to the subject matter of the Compact
5 which may affect the powers, responsibilities or actions of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all services of process in any
such proceeding, and shall have standing to intervene in the proceeding for all purposes.
Failure to provide service of process to the Interstate Commission shall render a judgment
or order void as to the Interstate Commission, the Compact, or promulgated rules.

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SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce
 the provisions and rules of the Compact.

13 (b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States Court for the District of Columbia, or, at the discretion of the 14 15 Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its 16 promulgated rules and bylaws, against a member state in default. The relief sought may in-17 cluding both injunctive relief and damages. In the event judicial enforcement is necessary, 18 19 the prevailing party shall be awarded all costs of such litigation including reasonable 20attorney's fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commis sion. The Interstate Commission may avail itself of any other remedies available under state
 law or regulation of a profession.

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## SECTION 18. DEFAULT PROCEDURES

(a) The grounds for default include, but are not limited to, failure of a member state to
 perform such obligations or responsibilities imposed upon it by the Compact, or the rules and
 bylaws of the Interstate Commission promulgated under the Compact.

(b) If the Interstate Commission determines that a member state has defaulted in the
 performance of its obligations or responsibilities under the Compact, or the bylaws or
 promulgated rules, the Interstate Commission shall:

1) Provide written notice to the defaulting state and other member states, of the nature
 of the default, the means of curing the default, and any action taken by the Interstate
 Commission. The Interstate Commission shall specify the conditions by which the defaulting
 state must cure its default; and

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2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and
all rights, privileges, and benefits conferred by the Compact shall terminate on the effective
date of termination. A cure of the default does not relieve the offending state of obligations
or liabilities incurred during the period of the default.

(d) Termination of membership in the Compact shall be imposed only after all other
means of securing compliance have been exhausted. Notice of intent to terminate shall be
given by the Interstate Commission to the governor, the majority and minority leaders of
the defaulting state's legislature, and each of the member states.

45 (e) The Interstate Commission shall establish rules and procedures to address licenses

1 and physicians that are materially impacted by the termination of a member state, or the 2 withdrawal of a member state.

3 (f) The member state which has been terminated is responsible for all dues, obligations,
4 and liabilities incurred through the effective date of termination including obligations, the
5 performance of which extends beyond the effective date of termination.

6 (g) The Interstate Commission shall not bear any costs relating to any state that has 7 been found to be in default or which has been terminated from the Compact, unless other-8 wise mutually agreed upon in writing between the Interstate Commission and the defaulting 9 state.

10 (h) The defaulting state may appeal the action of the Interstate Commission by peti-11 tioning the United States District Court for the District of Columbia or the federal district 12 where the Interstate Commission has its principal offices. The prevailing party shall be 13 awarded all costs of such litigation including reasonable attorney's fees.

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SECTION 19. DISPUTE RESOLUTION

(a) The Interstate Commission shall attempt, upon the request of a member state, to
 resolve disputes which are subject to the Compact and which may arise among member
 states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and
 binding dispute resolution as appropriate.

SECTION 20. MEMBER STATES, EFFECTIVE DATE, AND AMENDMENT

(a) Any state is eligible to become a member of the Compact.

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(b) The Compact shall become effective and binding upon legislative enactment of the
Compact into law by no less than seven states. Thereafter, it shall become effective and
binding on a state upon enactment of the Compact into law by that state.

(c) The governors of nonmember states, or their designees, shall be invited to participate
 in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the
 Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment
by the member states. No amendment shall become effective and binding upon the Interstate
Commission and the member states unless and until it is enacted into law by unanimous
consent of the member states.

32 SECTION 21. WITHDRAWAL

(a) Once effective, the Compact shall continue in force and remain binding upon each and
 every member state; provided that a member state may withdraw from the Compact by
 specifically repealing the statute which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the
same, but shall not take effect until one year after the effective date of such statute and
until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

40 (c) The withdrawing state shall immediately notify the chairperson of the Interstate
41 Commission in writing upon the introduction of legislation repealing the Compact in the
42 withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing
state's intent to withdraw within 60 days of its receipt of notice provided under subsection
(c).

(e) The withdrawing state is responsible for all dues, obligations, and liabilities incurred 1 2 through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal. 3 (f) Reinstatement following withdrawal of a member state shall occur upon the with-4 drawing date reenacting the Compact or upon such later date as determined by the Inter-5 state Commission. 6 (g) The Interstate Commission is authorized to develop rules to address the impact of the 7 withdrawal of a member state on licenses granted in other member states to physicians who 8 9 designated the withdrawing member state as the state of principal license. **SECTION 22. DISSOLUTION** 10 11 (a) The Compact shall dissolve effective upon the date of the withdrawal or default of the 12 member state which reduces the membership of the Compact to one member state. (b) Upon the dissolution of the Compact, the Compact becomes null and void and shall 13 be of no further force or effect, and the business and affairs of the Interstate Commission 14 15 shall be concluded, and surplus funds shall be distributed in accordance with the bylaws. 16**SECTION 23. SEVERABILITY AND CONSTRUCTION** (a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, 1718 or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable. 19 20(b) The provisions of the Compact shall be liberally construed to effectuate its purposes. (c) Nothing in the Compact shall be construed to prohibit the applicability of other 2122interstate compacts to which the member states are members. 23SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS (a) Nothing herein prevents the enforcement of any other law of a member state that is 24 25not inconsistent with the Compact. (b) All laws in a member state in conflict with the Compact are superseded to the extent 2627of the conflict. (c) All lawful actions of the Interstate Commission, including all rules and bylaws 28promulgated by the Commission, are binding upon the member states. 2930 (d) All agreements between the Interstate Commission and the member states are bind-31 ing in accordance with their terms. (e) In the event any provision of the Compact exceeds the constitutional limits imposed 32on the legislature of any member state, such provision shall be ineffective to the extent of 33 34 the conflict with the constitutional provision in question in that member state. 35 36 37 SECTION 8. The Legislative Assembly of Oregon hereby ratifies the Interstate Medical Licensure Compact set forth in section 7 of this 2021 Act. 38 39 40 AMENDMENTS 41 SECTION 9. ORS 677.080 is amended to read: 42 677.080. [No person shall] A person may not: 43 (1) Knowingly make any false statement or representation on a matter, or willfully conceal any 44 fact material to the right of the person to practice medicine or to obtain a license under this 45

1 chapter.

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2 (2) Sell or fraudulently obtain or furnish any medical and surgical diploma, license, record or 3 registration, or aid or abet in the same.

4 (3) Impersonate anyone to whom a license has been granted by the Oregon Medical Board.

5 (4) Except as provided in ORS 677.060, practice medicine in this state without a license required 6 by this chapter.

(5) Subsection (4) of this section does not apply to an individual who is authorized to
 practice medicine under an expedited license as defined in section 7 of this 2021 Act.

SECTION 10. ORS 677.290 is amended to read:

677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid 10 into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board 11 12 Account which is established. The board may establish an additional account for the purpose of meeting financial obligations imposed on the State of Oregon as a result of this state's 13 participation in the Interstate Medical Licensure Compact established under section 7 of this 14 15 2021 Act.[Such moneys are appropriated continuously and shall] The moneys paid into the ac-16 counts described in this subsection are continuously appropriated to the board and may be used only for the administration and enforcement of this chapter and ORS 676.850 and 676.860 and 17 18 for the purpose of meeting financial obligations imposed on the State of Oregon as a result 19 of this state's participation in the Interstate Medical Licensure Compact established under 20section 7 of this 2021 Act.

(2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account 2122in a sum not to exceed \$50,000 for the purpose of receiving and paying pass-through moneys relating 23to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs pursuant to its duties under this chapter relating to the education and rehabilitation of licensees in 24the areas of chemical substance abuse, inappropriate prescribing and medical competence. The cre-25ation of and disbursement of moneys from the revolving account shall not require an allotment or 2627allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously appropriated for purposes set forth in this subsection. 28

(3) Each year \$10 shall be paid to the Oregon Health and Science University for each in-state 2930 physician licensed under this chapter, which amount is continuously appropriated to the Oregon 31 Health and Science University to be used in maintaining a circulating library of medical and surgical books and publications for the use of practitioners of medicine in this state, and when not so in 32use to be kept at the library of the School of Medicine and accessible to its students. The balance 33 34 of the money received by the board is appropriated continuously and shall be used only for the administration and enforcement of this chapter, but any part of the balance may, upon the order of the 35 board, be paid into the circulating library fund. 36

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43 44 SECTION 11. (1) The amendments to ORS 677.080 by section 9 of this 2021 Act apply to individuals authorized to practice medicine under an expedited license as defined in section 7 of this 2021 Act on or after the effective date of this 2021 Act.

40 (2) The amendments to ORS 677.290 by section 10 of this 2021 Act apply to moneys re-41 ceived by the Oregon Medical Board on or after the effective date of this 2021 Act.

#### OTHER AMENDMENTS

45 **SECTION 12.** ORS 676.177 is amended to read:

## $\rm HB\ 2335$

1	676.177. (1) Notwithstanding any other provision of ORS 676.165 to 676.180, a health professional
<b>2</b>	regulatory board, upon a determination by the board that it possesses otherwise confidential infor-
3	mation that reasonably relates to the regulatory or enforcement function of another public entity,
4	may disclose that information to the other public entity.
5	(2) Any public entity that receives information pursuant to subsection (1) of this section shall
6	agree to take all reasonable steps to maintain the confidentiality of the information, except that the
7	public entity may use or disclose the information to the extent necessary to carry out the regulatory
8	or enforcement functions of the public entity.
9	(3) For purposes of this section, "public entity" means:
10	(a) A board or agency of this state, or a board or agency of another state with regulatory or
11	enforcement functions similar to the functions of a health professional regulatory board of this state;
12	(b) A district attorney;
13	(c) The Department of Justice;
14	(d) A state or local public body of this state that licenses, franchises or provides emergency
15	medical services; or
16	(e) A law enforcement agency of this state, another state or the federal government.
17	(4) Notwithstanding subsections (1) to (3) of this section[,]:
18	(a) The Oregon Board of Physical Therapy may disclose information described in subsection (1)
19	of this section to the Physical Therapy Compact Commission established in ORS 688.240.
20	(b) The Oregon State Board of Nursing may disclose information described in subsection
21	(1) of this section to the Interstate Commission of Nurse Licensure Compact Administrators
22	established in section 1 of this 2021 Act.
23	(c) The Oregon Medical Board may disclose information described in subsection (1) of this
24	section to the Interstate Medical Licensure Compact Commission established in section 7 of
25	this 2021 Act.
26	SECTION 13. The amendments to ORS 676.177 by section 12 this 2021 Act apply to infor-
27	mation disclosed on or after the effective date of this 2021 Act.
28	
29	CAPTIONS
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31	SECTION 14. The unit captions used in this 2021 Act are provided only for the conven-
32	ience of the reader and do not become part of the statutory law of this state or express any
33	legislative intent in the enactment of this 2021 Act.
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35	EFFECTIVE DATE
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37	SECTION 15. This 2021 Act being necessary for the immediate preservation of the public
38	peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect
39	on its passage.
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