

HB 4034-2
(LC 192)
2/8/22 (SCT/ps)

Requested by HOUSE COMMITTEE ON HEALTH CARE (at the request of Representative Rachel Prusak)

**PROPOSED AMENDMENTS TO
HOUSE BILL 4034**

1 On page 1 of the printed bill, line 2, after “ORS” delete the rest of the
2 line and lines 3 and 4 and insert “435.205, 442.015, 475.230, 677.135, 689.522,
3 689.700, 743A.067 and 807.750 and section 4, chapter 92, Oregon Laws 2021,
4 and sections 1, 2 and 5, chapter 619, Oregon Laws 2021; and declaring an
5 emergency.”.

6 Delete lines 6 through 24 and delete pages 2 through 16 and insert:

7
8
9

“PSEUDOEPHEDRINE

10 **“SECTION 1.** ORS 475.230 is amended to read:

11 “475.230. (1) As used in this section, ‘**intern,**’ ‘pharmacist,’ ‘pharmacy’
12 and ‘pharmacy technician’ have the meanings given those terms in ORS
13 689.005.

14 “(2) A pharmacist, **intern** or pharmacy technician may transfer a drug
15 containing pseudoephedrine or ephedrine or a salt, isomer or salt of an
16 isomer of pseudoephedrine or ephedrine without a prescription from a prac-
17 titioner to a person who is 18 years of age or older and who provides to the
18 pharmacist, **intern** or pharmacy technician the person’s valid government-
19 issued photo identification.

20 “(3) Prior to the transfer of a drug described in subsection (2) of this
21 section, a pharmacist, **intern** or pharmacy technician shall submit the fol-

1 lowing information to the electronic system described in subsection (6) of
2 this section:

3 “(a) The date and time of the transfer;

4 “(b) The name, address and date of birth of the person to whom the
5 transfer will be made;

6 “(c) The form of government-issued photo identification and identification
7 number of the person to whom the transfer will be made;

8 “(d) The name of the government agency that issued the photo identifi-
9 cation; and

10 “(e) The name of the drug that will be transferred and the amount of
11 pseudoephedrine or ephedrine or a salt, isomer or salt of an isomer of
12 pseudoephedrine or ephedrine, specified in grams, to be transferred.

13 “(4) If, after receiving the information submitted under subsection (3) of
14 this section, the electronic system generates an alert to not proceed with the
15 transfer, the pharmacist, **intern** or pharmacy technician may not transfer
16 the drug described in subsection (2) of this section to the person, except as
17 provided in subsection (6) of this section.

18 “(5)(a) Upon transferring a drug described in subsection (2) of this sec-
19 tion, the pharmacist, **intern** or pharmacy technician shall require the person
20 to whom the drug is transferred to sign an electronic or written log that
21 shows the date of the transfer, the name of the person to whom the transfer
22 is made and the amount transferred of pseudoephedrine or ephedrine or a
23 salt, isomer or salt of an isomer of pseudoephedrine or ephedrine, specified
24 in grams.

25 “(b) The log described in this subsection must be retained at the phar-
26 macy where the transfer was made for at least two years from the date of
27 the transaction.

28 “(c) A law enforcement agency may obtain information contained in a log
29 described in this subsection through a lawfully issued subpoena accepted by
30 the State Board of Pharmacy. The board shall accept a lawfully issued

1 subpoena under this paragraph, and shall adopt rules to carry out this par-
2 agraph. The board may designate a third party vendor as the custodian of
3 records, including of a log described in this subsection.

4 “(6)(a) For purposes of tracking the transfer of drugs described in sub-
5 section (2) of this section, a pharmacy shall use an electronic system de-
6 signed to prevent illegal transfer of drugs described in subsection (2) of this
7 section. The electronic system must:

8 “(A) Be capable of tracking transfers nationwide in real time;

9 “(B) Be capable of generating an alert described in subsection (4) of this
10 section;

11 “(C) Allow a pharmacist to override an alert described in subsection (4)
12 of this section if, in the discretion of the pharmacist, the transfer is neces-
13 sary to protect the person to whom the transfer will be made from imminent
14 bodily harm;

15 “(D) Be able to communicate in real time with similar systems operated
16 in other states and the District of Columbia, including with similar systems
17 that contain information submitted by more than one state;

18 “(E) For each transfer, allow for the recording of:

19 “(i) The information described in subsection (3) of this section;

20 “(ii) The number of packages of the drug transferred;

21 “(iii) The total amount of pseudoephedrine or ephedrine or a salt, isomer
22 or salt of an isomer of pseudoephedrine or ephedrine transferred, specified
23 in grams;

24 “(iv) The name of the drug transferred;

25 “(v) Either the signature of the person to whom the drug is transferred
26 or a unique number connecting the transfer transaction to an electronic or
27 written log described in subsection (5) of this section; and

28 “(vi) The name or initials of the pharmacist, **intern** or pharmacy techni-
29 cian who transferred the drug;

30 “(F) Be free of charge to a pharmacy;

1 “(G) Be accessible at no charge to law enforcement and to other author-
2 ized personnel, as determined by the board, through an online portal or at
3 the pharmacy;

4 “(H) Retain information submitted for at least two years from the date
5 of transaction; and

6 “(I) Be accompanied by training, 24-hour online support and a toll-free
7 support telephone hotline.

8 “(b) A pharmacist who uses the override function described in this sub-
9 section shall record in the electronic system the use of the override.

10 “(7) A drug described in subsection (2) of this section must be:

11 “(a) Transferred from behind a pharmacy counter; and

12 “(b) Stored behind the pharmacy counter in an area that is closed to the
13 public.

14 “(8) A person, other than a pharmacy, may not receive more than 3.6
15 grams per transfer, or more than nine grams in a 30-day period, of
16 pseudoephedrine or ephedrine or a salt, isomer or salt of an isomer of
17 pseudoephedrine or ephedrine.

18 “(9) This section does not apply to a drug that contains pseudoephedrine
19 or ephedrine or a salt, isomer or salt of an isomer of pseudoephedrine or
20 ephedrine when the drug is transferred pursuant to a prescription.

21 “(10) In addition to rules adopted under subsection (5) of this section, the
22 board may adopt other rules as necessary to carry out this section.

23 “(11) Violation of this section, or a rule adopted pursuant to this section,
24 is a Class A misdemeanor.

25 **“SECTION 2.** ORS 807.750 is amended to read:

26 “807.750. (1) As used in this section:

27 “(a) ‘Driver license’ means a license or permit issued by this state or any
28 other jurisdiction as evidence of a grant of driving privileges.

29 “(b) ‘Financial institution’ has the meaning given that term in ORS
30 706.008.

1 “(c) ‘Identification card’ means the card issued under ORS 807.400 or a
2 comparable provision in another state.

3 “(d) ‘Personal information’ means an individual’s name, address, date of
4 birth, photograph, fingerprint, biometric data, driver license number, iden-
5 tification card number or any other unique personal identifier or number.

6 “(e) ‘Private entity’ means any nongovernmental entity, such as a corpo-
7 ration, partnership, company or nonprofit organization, any other legal en-
8 tity or any natural person.

9 “(f) ‘Swipe’ means the act of passing a driver license or identification card
10 through a device that is capable of deciphering, in an electronically readable
11 format, the information electronically encoded in a magnetic strip or bar
12 code on the driver license or identification card.

13 “(2) Except as provided in subsection (6) of this section, a private entity
14 may not swipe an individual’s driver license or identification card, except for
15 the following purposes:

16 “(a) To verify the authenticity of a driver license or identification card
17 or to verify the identity of the individual if the individual pays for a good
18 or service with a method other than cash, returns an item or requests a re-
19 fund.

20 “(b) To verify the individual’s age when providing an age-restricted good
21 or service to any person about whom there is any reasonable doubt of the
22 person’s having reached 21 years of age.

23 “(c) To prevent fraud or other criminal activity if an individual returns
24 an item or requests a refund and the private entity uses a fraud prevention
25 service company or system.

26 “(d) To transmit information to a check services company for the purpose
27 of approving negotiable instruments, electronic funds transfers or similar
28 methods of payment.

29 “(e) To collect information about the individual for the purpose of pro-
30 cessing an application for a deposit account or loan for the individual, if the

1 private entity is a financial institution.

2 **“(f) To enable a pharmacist, pharmacy technician or intern, as**
3 **those terms are defined in ORS 689.005, to submit information to the**
4 **electronic system described in ORS 475.230 for the purpose of trans-**
5 **ferring a drug containing pseudoephedrine or ephedrine or a salt,**
6 **isomer or salt of an isomer of pseudoephedrine or ephedrine without**
7 **a prescription from a practitioner to a person who is 18 years of age**
8 **or older.**

9 “(3) A private entity that swipes an individual’s driver license or iden-
10 tification card under subsection (2)(a) or (b) of this section may not store,
11 sell or share personal information collected from swiping the driver license
12 or identification card.

13 “(4) A private entity that swipes an individual’s driver license or iden-
14 tification card under subsection (2)(c) or (d) of this section may store or
15 share the following information collected from swiping an individual’s driver
16 license or identification card for the purpose of preventing fraud or other
17 criminal activity against the private entity:

18 “(a) Name;

19 “(b) Address;

20 “(c) Date of birth; and

21 “(d) Driver license number or identification card number.

22 “(5)(a) A person other than an entity regulated by the federal Fair Credit
23 Reporting Act, 15 U.S.C. 1681 et seq., who receives personal information from
24 a private entity under subsection (4) of this section may use the personal
25 information received only to prevent fraud or other criminal activity against
26 the private entity that provided the personal information.

27 “(b) A person who is regulated by the federal Fair Credit Reporting Act
28 and who receives personal information from a private entity under sub-
29 section (4) of this section may use or provide the personal information re-
30 ceived only to effect, administer or enforce a transaction or prevent fraud

1 or other criminal activity, if the person provides or receives personal infor-
2 mation under contract from the private entity.

3 “(6)(a) Subject to the provisions of this subsection, a private entity that
4 is a commercial radio service provider that provides service nationally and
5 that is subject to the Telephone Records and Privacy Protection Act of 2006
6 (18 U.S.C. 1039) may swipe an individual’s driver license or identification
7 card if the entity obtains permission from the individual to swipe the
8 individual’s driver license or identification card.

9 “(b) The private entity may swipe the individual’s driver license or iden-
10 tification card only for the purpose of establishing or maintaining a contract
11 between the private entity and the individual. Information collected by
12 swiping an individual’s driver license or identification card for the estab-
13 lishment or maintenance of a contract shall be limited to the following in-
14 formation from the individual:

15 “(A) Name;

16 “(B) Address;

17 “(C) Date of birth; and

18 “(D) Driver license number or identification card number.

19 “(c) If the individual does not want the private entity to swipe the
20 individual’s driver license or identification card, the private entity may
21 manually collect the following information from the individual:

22 “(A) Name;

23 “(B) Address;

24 “(C) Date of birth; and

25 “(D) Driver license number or identification card number.

26 “(d) The private entity may not withhold the provision of goods or ser-
27 vices solely as a result of the individual requesting the collection of the
28 following information from the individual through manual means:

29 “(A) Name;

30 “(B) Address;

1 “(C) Date of birth; and

2 “(D) Driver license number or identification card number.

3 “(7) A governmental entity may swipe an individual’s driver license or
4 identification card only if:

5 “(a) The individual knowingly makes the driver license or identification
6 card available to the governmental entity;

7 “(b) The governmental entity lawfully confiscates the driver license or
8 identification card;

9 “(c) The governmental entity is providing emergency assistance to the
10 individual who is unconscious or otherwise unable to make the driver license
11 or identification card available; or

12 “(d) A court rule requires swiping of the driver license or identification
13 card to facilitate accurate linking of court records pertaining to the indi-
14 vidual.

15 “(8) In addition to any other remedy provided by law, an individual may
16 bring an action to recover actual damages or \$1,000, whichever is greater,
17 and to obtain equitable relief, if equitable relief is available, against an en-
18 tity that swipes, stores, shares, sells or otherwise uses the individual’s per-
19 sonal information in violation of this section. A court shall award a
20 prevailing plaintiff reasonable costs and attorney fees. If a court finds that
21 a violation of this section was willful or knowing, the court may increase
22 the amount of the award to no more than three times the amount otherwise
23 available.

24 “(9) Any waiver of a provision of this section is contrary to public policy
25 and is void and unenforceable.

26 **“SECTION 3. The amendments to ORS 807.750 by section 2 of this**
27 **2022 Act apply to conduct occurring on or after January 1, 2022.**

28

29 **“COVID-19 DATA COLLECTION**

30

1 **“SECTION 4.** Section 4, chapter 92, Oregon Laws 2021, is amended to
2 read:

3 **“Sec. 4.** (1) Section 1 [*of this 2021 Act*], **chapter 92, Oregon Laws 2021,**
4 is repealed [*on June 30, 2022*] **one year after the date on which the state**
5 **of emergency declared by the Governor on March 8, 2020, for the**
6 **COVID-19 pandemic, and any extension of the state of emergency, is**
7 **no longer in effect.**

8 “(2) The amendments to ORS 433.008 by section 3 [*of this 2021 Act*],
9 **chapter 92, Oregon Laws 2021,** become operative on June 30, 2022.

10

11

“BIOLOGICAL PRODUCTS

12

13 **“SECTION 5.** ORS 689.522 is amended to read:

14 “689.522. (1) A pharmacy or pharmacist filling a prescription order for a
15 biological product may not substitute a biological product for the prescribed
16 biological product unless:

17 “(a) The substitute biological product has been determined by the United
18 States Food and Drug Administration to be interchangeable with the pre-
19 scribed biological product;

20 “(b) The prescribing practitioner has not designated on the prescription
21 that substitution is prohibited;

22 “(c) The patient for whom the biological product is prescribed is informed
23 of the substitution in a manner reasonable under the circumstances; and

24 “(d) The pharmacy or pharmacist retains a record of the substitution for
25 a period of not less than three years.

26 **“(2) Not later than five business days after the dispensing of a bi-**
27 **ological product, the pharmacy or pharmacist, or the pharmacist’s**
28 **designee, shall communicate the specific biological product dispensed**
29 **to the patient, including the name and manufacturer of the biological**
30 **product, by making an entry into an electronic system that the pre-**

1 **scribing practitioner can access electronically and that is:**

2 **“(a) An interoperable electronic medical records system;**

3 **“(b) An electronic prescribing technology;**

4 **“(c) A pharmacy benefit management system; or**

5 **“(d) A pharmacy record.**

6 **“(3) If the pharmacy or pharmacist, or the pharmacist’s designee,**
7 **does not have access to an electronic system described in subsection**
8 **(2) of this section, the pharmacy or pharmacist, or the pharmacist’s**
9 **designee, shall communicate not later than five business days to the**
10 **prescribing practitioner the specific biological product dispensed to the**
11 **patient, including the name and manufacturer of the biological prod-**
12 **uct. The communication may be by facsimile, electronic mail, tele-**
13 **phone or another method.**

14 **“(4) If the biological product is dispensed to a patient in a clinic,**
15 **community-based care facility, hospital or long term care facility, an**
16 **entry made to the patient’s medical record of the specific biological**
17 **product dispensed to the patient, including the name and manufac-**
18 **turer of the biological product, satisfies the communication require-**
19 **ments of subsection (2) of this section.**

20 **“(5) Notwithstanding subsections (2) and (3) of this section, the**
21 **pharmacy or pharmacist, or the pharmacist’s designee, is not required**
22 **to communicate to the prescribing practitioner the specific biological**
23 **product dispensed to the patient if:**

24 **“(a) The United States Food and Drug Administration has not ap-**
25 **proved an interchangeable biological product for the prescribed bi-**
26 **ological product;**

27 **“(b) The pharmacy or pharmacist is refilling a prescription and the**
28 **pharmacy or pharmacist is dispensing the same biological product that**
29 **was dispensed the last time the pharmacy or pharmacist filled or re-**
30 **filled the patient’s prescription; or**

1 “(c) The pharmacy or pharmacist is filling a prescription for a
2 vaccine.

3 “(6) The entries described in subsections (2) and (4) of this section
4 or the communication described in subsection (3) of this section pro-
5 vides notice to the prescribing provider of the dispensation of a bi-
6 ological product to a patient.

7 “[(2)] (7) The State Board of Pharmacy shall, on a website maintained by
8 the board, maintain a link to the current list, if available, of biological
9 products determined by the United States Food and Drug Administration to
10 be interchangeable.

11 “[(3)(a)] (8)(a) For purposes of this section, the board shall adopt by rule
12 definitions for the terms ‘biological product’ and ‘interchangeable.’

13 “(b) The rule defining the term ‘biological product’ must be consistent
14 with 42 U.S.C. 262(i)(1).

15 “(c) The rule defining the term ‘interchangeable’ must:

16 “(A) For biological products licensed under the Public Health Service Act,
17 define the biological products that may be substituted for other biological
18 products as having been determined by the United States Food and Drug
19 Administration as meeting the standards in 42 U.S.C. 262(k)(4); and

20 “(B) For biological products approved by the United States Food and
21 Drug Administration under the Federal Food, Drug, and Cosmetic Act, 21
22 U.S.C. 301 et seq., define the biological products that may be substituted for
23 other biological products as having been determined by the United States
24 Food and Drug Administration as therapeutically equivalent as set forth in
25 the latest edition or supplement of the Approved Drug Products with
26 Therapeutic Equivalence Evaluations.

27 “**SECTION 6.** ORS 689.522, as amended by section 5 of this 2022 Act, is
28 amended to read:

29 “689.522. (1) A pharmacy or pharmacist filling a prescription order for a
30 biological product may not substitute a biological product for the prescribed

1 biological product unless:

2 “(a) The substitute biological product has been determined by the United
3 States Food and Drug Administration to be interchangeable with the pre-
4 scribed biological product;

5 “(b) The prescribing practitioner has not designated on the prescription
6 that substitution is prohibited;

7 “(c) The patient for whom the biological product is prescribed is informed
8 of the substitution in a manner reasonable under the circumstances; and

9 “(d) The pharmacy or pharmacist retains a record of the substitution for
10 a period of not less than three years.

11 “[*(2) Not later than five business days after the dispensing of a biological
12 product, the pharmacy or pharmacist, or the pharmacist’s designee, shall com-
13 municate the specific biological product dispensed to the patient, including the
14 name and manufacturer of the biological product, by making an entry into an
15 electronic system that the prescribing practitioner can access electronically and
16 that is:*]

17 “[*(a) An interoperable electronic medical records system;*]

18 “[*(b) An electronic prescribing technology;*]

19 “[*(c) A pharmacy benefit management system; or*]

20 “[*(d) A pharmacy record.*]

21 “[*(3) If the pharmacy or pharmacist, or the pharmacist’s designee, does not
22 have access to an electronic system described in subsection (2) of this section,
23 the pharmacy or pharmacist, or the pharmacist’s designee, shall communicate
24 not later than five business days to the prescribing practitioner the specific
25 biological product dispensed to the patient, including the name and manufac-
26 turer of the biological product. The communication may be by facsimile, elec-
27 tronic mail, telephone or another method.*]

28 “[*(4) If the biological product is dispensed to a patient in a clinic,
29 community-based care facility, hospital or long term care facility, an entry
30 made to the patient’s medical record of the specific biological product dis-*]

1 *dispensed to the patient, including the name and manufacturer of the biological*
2 *product, satisfies the communication requirements of subsection (2) of this*
3 *section.]*

4 *“(5) Notwithstanding subsections (2) and (3) of this section, the pharmacy*
5 *or pharmacist, or the pharmacist’s designee, is not required to communicate to*
6 *the prescribing practitioner the specific biological product dispensed to the*
7 *patient if:]*

8 *“(a) The United States Food and Drug Administration has not approved*
9 *an interchangeable biological product for the prescribed biological product;]*

10 *“(b) The pharmacy or pharmacist is refilling a prescription and the phar-*
11 *macy or pharmacist is dispensing the same biological product that was dis-*
12 *persed the last time the pharmacy or pharmacist filled or refilled the patient’s*
13 *prescription; or]*

14 *“(c) The pharmacy or pharmacist is filling a prescription for a vaccine.]*

15 *“(6) The entries described in subsections (2) and (4) of this section or the*
16 *communication described in subsection (3) of this section provides notice to the*
17 *prescribing provider of the dispensation of a biological product to a patient.]*

18 **“(7) (2)** The State Board of Pharmacy shall, on a website maintained by
19 the board, maintain a link to the current list, if available, of biological
20 products determined by the United States Food and Drug Administration to
21 be interchangeable.

22 **“(8)(a) (3)(a)** For purposes of this section, the board shall adopt by rule
23 definitions for the terms ‘biological product’ and ‘interchangeable.’

24 **“(b)** The rule defining the term ‘biological product’ must be consistent
25 with 42 U.S.C. 262(i)(1).

26 **“(c)** The rule defining the term ‘interchangeable’ must:

27 **“(A)** For biological products licensed under the Public Health Service Act,
28 define the biological products that may be substituted for other biological
29 products as having been determined by the United States Food and Drug
30 Administration as meeting the standards in 42 U.S.C. 262(k)(4); and

1 “(B) For biological products approved by the United States Food and
2 Drug Administration under the Federal Food, Drug, and Cosmetic Act, 21
3 U.S.C. 301 et seq., define the biological products that may be substituted for
4 other biological products as having been determined by the United States
5 Food and Drug Administration as therapeutically equivalent as set forth in
6 the latest edition or supplement of the Approved Drug Products with
7 Therapeutic Equivalence Evaluations.

8 **“SECTION 7. The amendments to ORS 689.522 by section 5 of this**
9 **2022 Act apply to prescriptions filled on and after the effective date of**
10 **this 2022 Act.**

11 **“SECTION 8. The amendments to ORS 689.522 by section 6 of this**
12 **2022 Act become operative on January 1, 2026.**

13

14 **“REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES**

15

16 **“SECTION 9. Section 10 of this 2022 Act is added to and made a part**
17 **of ORS 435.205 to 435.235.**

18 **“SECTION 10. (1) The Oregon Health Authority may, subject to**
19 **available funds, implement reproductive health services and education**
20 **programs and provide funding for reproductive health services and**
21 **education in this state.**

22 **“(2) In order to receive state or federal funding or reimbursement**
23 **from the authority for the provision of reproductive health services,**
24 **a health care provider must be certified by the authority pursuant to**
25 **rules adopted under subsection (3) of this section.**

26 **“(3) The authority may adopt rules necessary to carry out this**
27 **section, including but not limited to rules to:**

28 **“(a) Establish the programs described in subsection (1) of this sec-**
29 **tion;**

30 **“(b) Establish a health care provider certification process; and**

1 “(c) **Adopt fees.**

2 “**SECTION 11.** ORS 435.205 is amended to read:

3 “435.205. (1) The Oregon Health Authority and every local health depart-
4 ment shall offer family planning and birth control services within the limits
5 of available funds. Both agencies jointly may offer [*such*] **the services de-**
6 **scribed in this subsection.** The Director of the Oregon Health Authority
7 or a designee shall initiate and conduct discussions of family planning with
8 each person who might have an interest in and benefit from [*such service*]
9 **the services.** The authority shall furnish consultation and assistance to lo-
10 cal health departments.

11 “(2) Family planning and birth control services may include, **but are not**
12 **limited to:**

13 “(a) Interviews with trained personnel;

14 “(b) Distribution of literature;

15 “(c) Referral to a [*licensed*] physician **licensed under ORS chapter 677,**
16 physician assistant licensed under ORS 677.505 to 677.525, naturopathic phy-
17 sician licensed under ORS chapter 685 or nurse practitioner licensed under
18 ORS 678.375 to 678.390 for consultation, examination, medical treatment and
19 prescription; and[,]

20 “(d) To the extent so prescribed, the distribution of rhythm charts, the
21 initial supply of a drug or other medical preparation, contraceptive devices
22 and similar products.

23 “(3) Any literature, charts or other family planning and birth control in-
24 formation offered under this section in counties in which a significant seg-
25 ment of the population does not speak English [*shall*] **must** be made
26 available in the appropriate [*foreign*] language for that segment of the pop-
27 ulation.

28 “(4) In carrying out its duties under this section, and with the consent
29 of the local public health authority as defined in ORS 431.003, the local
30 health department may adopt a fee schedule for services provided by the lo-

1 cal health department. The fees shall be reasonably calculated not to exceed
2 costs of services provided and may be adjusted on a sliding scale reflecting
3 ability to pay.

4 “(5) The local health department shall collect fees according to the
5 schedule adopted under subsection (4) of this section. [Such] **Moneys from**
6 fees **collected** may be used to meet the expenses of providing the services
7 authorized by this section.

8 **“SECTION 12.** ORS 743A.067 is amended to read:

9 “743A.067. (1) As used in this section:

10 “(a) ‘Contraceptives’ means health care services, drugs, devices, products
11 or medical procedures to prevent a pregnancy.

12 “(b) ‘Enrollee’ means an insured individual and the individual’s spouse,
13 domestic partner and dependents who are beneficiaries under the insured
14 individual’s health benefit plan.

15 “(c) ‘Health benefit plan’ has the meaning given that term in ORS
16 743B.005, excluding Medicare Advantage Plans and including health benefit
17 plans offering pharmacy benefits administered by a third party administrator
18 or pharmacy benefit manager.

19 “(d) ‘Prior authorization’ has the meaning given that term in ORS
20 743B.001.

21 “(e) ‘Religious employer’ has the meaning given that term in ORS
22 743A.066.

23 “(f) ‘Utilization review’ has the meaning given that term in ORS 743B.001.

24 “(2) A health benefit plan offered in this state must provide coverage for
25 all of the following services, drugs, devices, products and procedures:

26 “(a) Well-woman care prescribed by the Department of Consumer and
27 Business Services by rule consistent with guidelines published by the United
28 States Health Resources and Services Administration.

29 “(b) Counseling for sexually transmitted infections, including but not
30 limited to human immunodeficiency virus and acquired immune deficiency

1 syndrome.

2 “(c) Screening for:

3 “(A) Chlamydia;

4 “(B) Gonorrhea;

5 “(C) Hepatitis B;

6 “(D) Hepatitis C;

7 “(E) Human immunodeficiency virus and acquired immune deficiency
8 syndrome;

9 “(F) Human papillomavirus;

10 “(G) Syphilis;

11 “(H) Anemia;

12 “(I) Urinary tract infection;

13 “(J) Pregnancy;

14 “(K) Rh incompatibility;

15 “(L) Gestational diabetes;

16 “(M) Osteoporosis;

17 “(N) Breast cancer; and

18 “(O) Cervical cancer.

19 “(d) Screening to determine whether counseling related to the BRCA1 or
20 BRCA2 genetic mutations is indicated and counseling related to the BRCA1
21 or BRCA2 genetic mutations if indicated.

22 “(e) Screening and appropriate counseling or interventions for:

23 “(A) Tobacco use; and

24 “(B) Domestic and interpersonal violence.

25 “(f) Folic acid supplements.

26 “(g) Abortion.

27 “(h) Breastfeeding comprehensive support, counseling and supplies.

28 “(i) Breast cancer chemoprevention counseling.

29 “(j) Any contraceptive drug, device or product approved by the United
30 States Food and Drug Administration, subject to all of the following:

1 “(A) If there is a therapeutic equivalent of a contraceptive drug, device
2 or product approved by the United States Food and Drug Administration, a
3 health benefit plan may provide coverage for either the requested
4 contraceptive drug, device or product or for one or more therapeutic equiv-
5 alents of the requested drug, device or product.

6 “(B) If a contraceptive drug, device or product covered by the health
7 benefit plan is deemed medically inadvisable by the enrollee’s provider, the
8 health benefit plan must cover an alternative contraceptive drug, device or
9 product prescribed by the provider.

10 “(C) A health benefit plan must pay pharmacy claims for reimbursement
11 of all contraceptive drugs available for over-the-counter sale that are ap-
12 proved by the United States Food and Drug Administration.

13 “(D) A health benefit plan may not infringe upon an enrollee’s choice of
14 contraceptive drug, device or product and may not require prior authori-
15 zation, step therapy or other utilization review techniques for medically ap-
16 propriate covered contraceptive drugs, devices or other products approved
17 by the United States Food and Drug Administration.

18 “(k) Voluntary sterilization.

19 “(L) As a single claim or combined with other claims for covered services
20 provided on the same day:

21 “(A) Patient education and counseling on contraception and sterilization.

22 “(B) Services related to sterilization or the administration and monitoring
23 of contraceptive drugs, devices and products, including but not limited to:

24 “(i) Management of side effects;

25 “(ii) Counseling for continued adherence to a prescribed regimen;

26 “(iii) Device insertion and removal; and

27 “(iv) Provision of alternative contraceptive drugs, devices or products
28 deemed medically appropriate in the judgment of the enrollee’s provider.

29 “(m) Any additional preventive services for women that must be covered
30 without cost sharing under 42 U.S.C. 300gg-13, as identified by the United

1 States Preventive Services Task Force or the Health Resources and Services
2 Administration of the United States Department of Health and Human Ser-
3 vices as of January 1, 2017.

4 “(3) A health benefit plan may not impose on an enrollee a deductible,
5 coinsurance, copayment or any other cost-sharing requirement on the cover-
6 age required by this section. A health care provider shall be reimbursed for
7 providing the services described in this section without any deduction for
8 coinsurance, copayments or any other cost-sharing amounts.

9 “(4) Except as authorized under this section, a health benefit plan may
10 not impose any restrictions or delays on the coverage required by this sec-
11 tion.

12 “(5) This section does not exclude coverage for contraceptive drugs, de-
13 vices or products prescribed by a provider, acting within the provider’s scope
14 of practice, for:

15 “(a) Reasons other than contraceptive purposes, such as decreasing the
16 risk of ovarian cancer or eliminating symptoms of menopause; or

17 “(b) Contraception that is necessary to preserve the life or health of an
18 enrollee.

19 “(6) This section does not limit the authority of the Department of Con-
20 sumer and Business Services to ensure compliance with ORS 743A.063 and
21 743A.066.

22 “(7) This section does not require a health benefit plan to cover:

23 “(a) Experimental or investigational treatments;

24 “(b) Clinical trials or demonstration projects, except as provided in ORS
25 743A.192;

26 “(c) Treatments that do not conform to acceptable and customary stan-
27 dards of medical practice;

28 “(d) Treatments for which there is insufficient data to determine efficacy;
29 or

30 “(e) Abortion if the insurer offering the health benefit plan excluded

1 coverage for abortion in all of its individual, small employer and large em-
2 ployer group plans during the 2017 plan year.

3 “(8) If services, drugs, devices, products or procedures required by this
4 section are provided by an out-of-network provider, the health benefit plan
5 must cover the services, drugs, devices, products or procedures without im-
6 posing any cost-sharing requirement on the enrollee if:

7 “(a) There is no in-network provider to furnish the service, drug, device,
8 product or procedure that is geographically accessible or accessible in a
9 reasonable amount of time, as defined by the Department of Consumer and
10 Business Services by rule consistent with the requirements for provider net-
11 works in ORS 743B.505; or

12 “(b) An in-network provider is unable or unwilling to provide the service
13 in a timely manner.

14 “(9) An insurer may offer to a religious employer a health benefit plan
15 that does not include coverage for contraceptives or abortion procedures that
16 are contrary to the religious employer’s religious tenets only if the insurer
17 notifies in writing all employees who may be enrolled in the health benefit
18 plan of the contraceptives and procedures the employer refuses to cover for
19 religious reasons.

20 “(10) If the Department of Consumer and Business Services concludes that
21 enforcement of this section may adversely affect the allocation of federal
22 funds to this state, the department may grant an exemption to the require-
23 ments but only to the minimum extent necessary to ensure the continued
24 receipt of federal funds.

25 “(11) An insurer that is subject to this section shall make readily acces-
26 sible to enrollees and potential enrollees, in a consumer-friendly format, in-
27 formation about the coverage of contraceptives by each health benefit plan
28 and the coverage of other services, drugs, devices, products and procedures
29 described in this section. The insurer must provide the information:

30 “(a) On the insurer’s website; and

1 “(b) In writing upon request by an enrollee or potential enrollee.

2 “(12) This section does not prohibit an insurer from using reasonable
3 medical management techniques to determine the frequency, method, treat-
4 ment or setting for the coverage of services, drugs, devices, products and
5 procedures described in subsection (2) of this section, other than coverage
6 required by subsection (2)(g) and (j) of this section, if the techniques:

7 “(a) Are consistent with the coverage requirements of subsection (2) of
8 this section; and

9 “(b) Do not result in the wholesale or indiscriminate denial of coverage
10 for a service.

11 “(13) This section is exempt from ORS 743A.001.

12

13 **“TELEMEDICINE**

14

15 **“SECTION 13. Section 14 of this 2022 Act is added to and made a**
16 **part of ORS chapter 677.**

17 **“SECTION 14. (1) As used in this section, ‘telemedicine’ means the**
18 **provision of health care services to a patient by a physician or physi-**
19 **cian assistant from a distance using electronic communications, in-**
20 **cluding synchronous technologies to facilitate an exchange of**
21 **information between a patient and physician or physician assistant in**
22 **real time or asynchronous technologies to facilitate an exchange of**
23 **information between a patient and a physician or physician assistant**
24 **in other than real time.**

25 **“(2) A physician licensed under ORS 677.100 to 677.228, a physician**
26 **assistant licensed under ORS 677.505 to 677.525 or a physician or phy-**
27 **sician assistant licensed under ORS 677.139 may use telemedicine to**
28 **provide health care services, including the establishment of a patient-**
29 **provider relationship, the diagnosis or treatment of a medical condi-**
30 **tion or the prescription of drugs, to a patient physically located in this**

1 **state. The physician or physician assistant is not required to be phys-**
2 **ically located in this state when providing health care services through**
3 **telemedicine.**

4 **“SECTION 15.** ORS 442.015 is amended to read:

5 “442.015. As used in ORS chapter 441 and this chapter, unless the context
6 requires otherwise:

7 “(1) ‘Acquire’ or ‘acquisition’ means obtaining equipment, supplies, com-
8 ponents or facilities by any means, including purchase, capital or operating
9 lease, rental or donation, for the purpose of using such equipment, supplies,
10 components or facilities to provide health services in Oregon. When equip-
11 ment or other materials are obtained outside of this state, acquisition is
12 considered to occur when the equipment or other materials begin to be used
13 in Oregon for the provision of health services or when such services are of-
14 fered for use in Oregon.

15 “(2) ‘Affected persons’ has the same meaning as given to ‘party’ in ORS
16 183.310.

17 “(3)(a) ‘Ambulatory surgical center’ means a facility or portion of a fa-
18 cility that operates exclusively for the purpose of providing surgical services
19 to patients who do not require hospitalization and for whom the expected
20 duration of services does not exceed 24 hours following admission.

21 “(b) ‘Ambulatory surgical center’ does not mean:

22 “(A) Individual or group practice offices of private physicians or dentists
23 that do not contain a distinct area used for outpatient surgical treatment
24 on a regular and organized basis, or that only provide surgery routinely
25 provided in a physician’s or dentist’s office using local anesthesia or con-
26 scious sedation; or

27 “(B) A portion of a licensed hospital designated for outpatient surgical
28 treatment.

29 “(4) ‘Delegated credentialing agreement’ means a written agreement be-
30 tween an originating-site hospital and a distant-site hospital that provides

1 that the medical staff of the originating-site hospital will rely upon the cre-
2 dentialing and privileging decisions of the distant-site hospital in making
3 recommendations to the governing body of the originating-site hospital as to
4 whether to credential a telemedicine provider, practicing at the distant-site
5 hospital either as an employee or under contract, to provide telemedicine
6 services to patients in the originating-site hospital.

7 “(5) ‘Develop’ means to undertake those activities that on their com-
8 pletion will result in the offer of a new institutional health service or the
9 incurring of a financial obligation, as defined under applicable state law, in
10 relation to the offering of such a health service.

11 “(6) ‘Distant-site hospital’ means the hospital where a telemedicine pro-
12 vider, at the time the telemedicine provider is providing telemedicine ser-
13 vices, is practicing as an employee or under contract.

14 “(7) ‘Expenditure’ or ‘capital expenditure’ means the actual expenditure,
15 an obligation to an expenditure, lease or similar arrangement in lieu of an
16 expenditure, and the reasonable value of a donation or grant in lieu of an
17 expenditure but not including any interest thereon.

18 “(8) ‘Extended stay center’ means a facility licensed in accordance with
19 ORS 441.026.

20 “(9) ‘Freestanding birthing center’ means a facility licensed for the pri-
21 mary purpose of performing low risk deliveries.

22 “(10) ‘Governmental unit’ means the state, or any county, municipality
23 or other political subdivision, or any related department, division, board or
24 other agency.

25 “(11) ‘Gross revenue’ means the sum of daily hospital service charges,
26 ambulatory service charges, ancillary service charges and other operating
27 revenue. ‘Gross revenue’ does not include contributions, donations, legacies
28 or bequests made to a hospital without restriction by the donors.

29 “(12)(a) ‘Health care facility’ means:

30 “(A) A hospital;

1 “(B) A long term care facility;
2 “(C) An ambulatory surgical center;
3 “(D) A freestanding birthing center;
4 “(E) An outpatient renal dialysis facility; or
5 “(F) An extended stay center.
6 “(b) ‘Health care facility’ does not mean:
7 “(A) A residential facility licensed by the Department of Human Services
8 or the Oregon Health Authority under ORS 443.415;
9 “(B) An establishment furnishing primarily domiciliary care as described
10 in ORS 443.205;
11 “(C) A residential facility licensed or approved under the rules of the
12 Department of Corrections;
13 “(D) Facilities established by ORS 430.335 for treatment of substance
14 abuse disorders; or
15 “(E) Community mental health programs or community developmental
16 disabilities programs established under ORS 430.620.
17 “(13) ‘Health maintenance organization’ or ‘HMO’ means a public organ-
18 ization or a private organization organized under the laws of any state that:
19 “(a) Is a qualified HMO under section 1310(d) of the U.S. Public Health
20 Services Act; or
21 “(b)(A) Provides or otherwise makes available to enrolled participants
22 health care services, including at least the following basic health care ser-
23 vices:
24 “(i) Usual physician services;
25 “(ii) Hospitalization;
26 “(iii) Laboratory;
27 “(iv) X-ray;
28 “(v) Emergency and preventive services; and
29 “(vi) Out-of-area coverage;
30 “(B) Is compensated, except for copayments, for the provision of the basic

1 health care services listed in subparagraph (A) of this paragraph to enrolled
2 participants on a predetermined periodic rate basis; and

3 “(C) Provides physicians’ services primarily directly through physicians
4 who are either employees or partners of such organization, or through ar-
5 rangements with individual physicians or one or more groups of physicians
6 organized on a group practice or individual practice basis.

7 “(14) ‘Health services’ means clinically related diagnostic, treatment or
8 rehabilitative services, and includes alcohol, drug or controlled substance
9 abuse and mental health services that may be provided either directly or
10 indirectly on an inpatient or ambulatory patient basis.

11 “(15) ‘Hospital’ means:

12 “(a) A facility with an organized medical staff and a permanent building
13 that is capable of providing 24-hour inpatient care to two or more individuals
14 who have an illness or injury and that provides at least the following health
15 services:

16 “(A) Medical;

17 “(B) Nursing;

18 “(C) Laboratory;

19 “(D) Pharmacy; and

20 “(E) Dietary; or

21 “(b) A special inpatient care facility as that term is defined by the au-
22 thority by rule.

23 “(16) ‘Institutional health services’ means health services provided in or
24 through health care facilities and the entities in or through which such
25 services are provided.

26 “(17) ‘Intermediate care facility’ means a facility that provides, on a reg-
27 ular basis, health-related care and services to individuals who do not require
28 the degree of care and treatment that a hospital or skilled nursing facility
29 is designed to provide, but who because of their mental or physical condition
30 require care and services above the level of room and board that can be made

1 available to them only through institutional facilities.

2 “(18)(a) ‘Long term care facility’ means a permanent facility with inpa-
3 tient beds, providing:

4 “(A) Medical services, including nursing services but excluding surgical
5 procedures except as may be permitted by the rules of the Director of Human
6 Services; and

7 “(B) Treatment for two or more unrelated patients.

8 “(b) ‘Long term care facility’ includes skilled nursing facilities and
9 intermediate care facilities but does not include facilities licensed and oper-
10 ated pursuant to ORS 443.400 to 443.455.

11 “(19) ‘New hospital’ means:

12 “(a) A facility that did not offer hospital services on a regular basis
13 within its service area within the prior 12-month period and is initiating or
14 proposing to initiate such services; or

15 “(b) Any replacement of an existing hospital that involves a substantial
16 increase or change in the services offered.

17 “(20) ‘New skilled nursing or intermediate care service or facility’ means
18 a service or facility that did not offer long term care services on a regular
19 basis by or through the facility within the prior 12-month period and is ini-
20 tiating or proposing to initiate such services. ‘New skilled nursing or inter-
21 mediate care service or facility’ also includes the rebuilding of a long term
22 care facility, the relocation of buildings that are a part of a long term care
23 facility, the relocation of long term care beds from one facility to another
24 or an increase in the number of beds of more than 10 or 10 percent of the
25 bed capacity, whichever is the lesser, within a two-year period.

26 “(21) ‘Offer’ means that the health care facility holds itself out as capable
27 of providing, or as having the means for the provision of, specified health
28 services.

29 “(22) ‘Originating-site hospital’ means a hospital in which a patient is
30 located while receiving telemedicine services.

1 “(23) ‘Outpatient renal dialysis facility’ means a facility that provides
2 renal dialysis services directly to outpatients.

3 “(24) ‘Person’ means an individual, a trust or estate, a partnership, a
4 corporation (including associations, joint stock companies and insurance
5 companies), a state, or a political subdivision or instrumentality, including
6 a municipal corporation, of a state.

7 “(25) ‘Skilled nursing facility’ means a facility or a distinct part of a fa-
8 cility, that is primarily engaged in providing to inpatients skilled nursing
9 care and related services for patients who require medical or nursing care,
10 or an institution that provides rehabilitation services for the rehabilitation
11 of individuals who are injured or sick or who have disabilities.

12 “(26) ‘Telemedicine’ means the provision of health services to patients by
13 physicians and health care practitioners from a distance using electronic
14 communications, **including synchronous technologies to facilitate an**
15 **exchange of information between a patient and physician or health**
16 **care practitioner in real time or asynchronous technologies to facili-**
17 **tate an exchange of information between a patient and a physician or**
18 **health care practitioner in other than real time.**

19 **“SECTION 16.** ORS 677.135 is amended to read:

20 “677.135. As used in ORS 677.135 to 677.141, ‘the practice of medicine
21 across state lines’ means:

22 “(1) The rendering directly to a person of a written or otherwise docu-
23 mented medical opinion concerning the diagnosis or treatment of that person
24 located within this state for the purpose of patient care by a physician or
25 physician assistant located outside this state as a result of the transmission
26 of individual patient data by [*electronic or other means*] **telemedicine, as**
27 **defined in section 14 of this 2022 Act**, from within this state to that phy-
28 sician, the physician’s agent or a physician assistant; or

29 “(2) The rendering of medical treatment directly to a person located
30 within this state by a physician or a physician assistant located outside this

1 state as a result of the outward transmission of individual patient data by
2 [*electronic or other means*] **telemedicine** from within this state to that phy-
3 sician, the physician’s agent or a physician assistant.

4
5 **“TELEPHARMACY**

6
7 **“SECTION 17. Section 18 of this 2022 Act is added to and made a**
8 **part of ORS chapter 689.**

9 **“SECTION 18. (1) A pharmacist, pharmacy technician or intern, or**
10 **an individual similarly licensed or otherwise authorized by another**
11 **state, who is contracted or employed by a pharmacy may access the**
12 **pharmacy’s electronic database regardless of whether the pharmacist,**
13 **pharmacy technician or intern or other individual described in this**
14 **subsection is physically located inside the pharmacy if:**

15 **“(a) The pharmacy has established standards and controls to pro-**
16 **tect the confidentiality and integrity of any patient information con-**
17 **tained in the electronic database when the electronic database is**
18 **accessed from inside the pharmacy or remotely; and**

19 **“(b) No information from the electronic database is duplicated,**
20 **downloaded or removed from the electronic database when the elec-**
21 **tronic database is accessed remotely.**

22 **“(2) The State Board of Pharmacy may adopt rules to carry out this**
23 **section. In adopting rules under this subsection, the board may not**
24 **establish standards for the remote access of a pharmacy’s electronic**
25 **database that are more restrictive than standards for accessing the**
26 **electronic database from inside the pharmacy. This subsection may**
27 **not be construed to limit the authority of the board to adopt rules to**
28 **require compliance with any applicable federal law.**

29 **“SECTION 19. ORS 689.700 is amended to read:**

30 **“689.700. (1) As used in this section, ‘telepharmacy’ means the delivery**

1 of pharmacy services by a pharmacist, through the use of a variety of elec-
2 tronic and telecommunications technologies, to a patient at a remote lo-
3 cation staffed by a pharmacy technician.

4 “(2) The pharmacy services for which a pharmacist may use telepharmacy
5 include the supervision of the dispensation of prescription drugs to a patient.

6 “(3) The remote location at which a patient receives pharmacy services
7 through the use of telepharmacy must be affiliated with the pharmacy where
8 the pharmacist providing the pharmacy services through telepharmacy regu-
9 larly engages in the practice of pharmacy.

10 “(4)(a) The State Board of Pharmacy shall adopt rules to carry out this
11 section. The rules adopted under this section must include rules:

12 “[a] (A) Regarding remote supervision of a pharmacy technician in order
13 to facilitate the use of telepharmacy; and

14 “[b] (B) Describing the pharmacy services that a pharmacist may pro-
15 vide through telepharmacy.

16 “(b) **In adopting rules under this section, the board may not estab-**
17 **lish standards for telepharmacy that are more restrictive than stan-**
18 **dards for the delivery of in-person pharmacy services, including**
19 **standards regarding prescription and dispensation of drugs. This par-**
20 **agraph may not be construed to limit the authority of the board to**
21 **adopt rules to require compliance with any applicable federal law.**

22

23 “SCHOOL-BASED HEALTH SERVICES

24

25 “**SECTION 20.** Section 1, chapter 619, Oregon Laws 2021, is amended to
26 read:

27 “**Sec. 1.** (1) As used in this section:

28 “(a) ‘School-based health center’ has the meaning given that term in ORS
29 413.225.

30 “(b) ‘School nurse model’ means a model for providing school-based health

1 services that is in accord with guidance from the division of the Oregon
2 Health Authority that addresses adolescent health.

3 “(2) The authority, in consultation with the Department of Education,
4 shall select **up to** 10 school districts or education service districts to receive
5 planning grants for district planning and technical assistance. Each district
6 receiving a grant, beginning on or after July 1, 2021, and concluding before
7 July 1, 2023, shall:

8 “(a) Evaluate the need for school-based health services in their respective
9 communities; and

10 “(b) Develop a school-based health services plan that addresses the need
11 identified in paragraph (a) of this subsection.

12 “(3) The authority shall contract with a nonprofit organization with ex-
13 perience in facilitating school health planning initiatives and supporting
14 school-based health centers to facilitate and oversee the planning process
15 and to provide technical assistance to grantees to reduce costs and ensure
16 better coordination and continuity statewide. To the greatest extent practi-
17 cable, the nonprofit organization shall engage with culturally specific or-
18 ganizations, in the grantees’ communities, that have experience providing
19 culturally and linguistically specific services in schools or after-school pro-
20 grams.

21 “(4) Each grantee shall solicit community participation in the planning
22 process, including the participation of the local public health authority, any
23 federally qualified health centers located in the district, a regional health
24 equity coalition, if any, serving the district and every coordinated care or-
25 ganization with members residing in the district.

26 “(5) At the conclusion of the two-year planning process each grantee shall
27 receive funding to operate a school-based health center or school nurse model
28 in each respective grantee school district or education service district.

29 **“SECTION 21.** Section 2, chapter 619, Oregon Laws 2021, is amended to
30 read:

1 “**Sec. 2.** (1) As used in this section, ‘mobile school-linked health center’
2 means a mobile medical van that:

3 “(a) Provides primary care services, and may provide other services, to
4 children on or near school grounds by licensed or certified health care pro-
5 viders; and

6 “(b) Is sponsored by a school district or an [*educational*] **education** ser-
7 vice district.

8 “(2) The Oregon Health Authority shall develop grant requirements and
9 ongoing operations criteria for mobile school-linked health centers and may
10 award up to [*three*] **four** grants to school districts or education service dis-
11 tricts for planning, technical assistance and operations to implement a mo-
12 bile school-linked health center.

13 “(3) A mobile school-linked health center operated using grants provided
14 under this section shall comply with the billing, electronic medical records
15 and data reporting requirements established for grantees under section 1 (5),
16 chapter 601, Oregon Laws 2019, but is not subject to the school-based certi-
17 fication requirements or funding formulas established for school-based health
18 centers under ORS 413.225.

19 “**SECTION 22.** Section 5, chapter 619, Oregon Laws 2021, is amended to
20 read:

21 “**Sec. 5.** There is appropriated to the Oregon Health Authority, for the
22 biennium beginning July 1, 2021, out of the General Fund, the amount of
23 \$2,555,000 to be used as follows:

24 “[(1) \$995,000 for grants to school districts or education service districts and
25 for technical assistance under section 1 of this 2021 Act.]

26 “[(2) \$285,000 for grants to school districts and education service districts
27 under section 2 of this 2021 Act.]

28 “[(3) \$975,000 for grants and technical assistance to school-based health
29 centers under section 3 of this 2021 Act.]

30 “(1) **\$2,255,000 to be used for the grants described in sections 1 to 3,**

1 **chapter 619, Oregon Laws 2021.**

2 “[4] (2) \$300,000 for the costs of the authority in carrying out sections
3 1 to 3 [*of this 2021 Act*], **chapter 619, Oregon Laws 2021.**

4

5

“CAPTIONS

6

7 **“SECTION 23. The unit captions used in this 2022 Act are provided**
8 **only for the convenience of the reader and do not become part of the**
9 **statutory law of this state or express any legislative intent in the**
10 **enactment of this 2022 Act.**

11

12

“EFFECTIVE DATE

13

14 **“SECTION 24. This 2022 Act being necessary for the immediate**
15 **preservation of the public peace, health and safety, an emergency is**
16 **declared to exist, and this 2022 Act takes effect on its passage.”.**

17
