

A-Engrossed Senate Bill 1174

Ordered by the Senate April 17
Including Senate Amendments dated April 17

Sponsored by Senator PATTERSON; Senator BONHAM, Representative GOMBERG

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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act makes some changes to the laws about licensed dietitians. The Act also makes a new profession called a licensed nutritionist. The Act says a person may not provide medical nutrition therapy if the person does not have a license. The Act also says that a person may not use some titles or abbreviations if the person does not have a license. (Flesch Readability Score: 64.6).

[Digest: The Act makes some changes to the laws about licensed dietitians. The Act also makes a new profession called a licensed nutritionist. The Act says a person may not practice dietetics or nutrition if the person does not have a license, and that a person may not use some titles or abbreviations if the person does not have a license. (Flesch Readability Score: 62.4).]

Directs the Health Licensing Office to issue a **nutritionist** license [*to engage in the practice of nutrition*] to a qualified applicant. Changes the requirements to **qualify** for a **dietitian** license [*to engage in the practice of dietetics*]. Defines "**medical nutrition therapy**," the "practice of dietetics" and the "practice of nutrition." Changes the name of the Board of Licensed Dietitians to the Board of Licensed Dietitians and Nutritionists. Allows a licensed dietitian and a licensed nutritionist to provide services via telehealth. Prohibits a person from [*engaging in the practice of dietetics or the practice of nutrition*] **providing medical nutrition therapy**, or from using specified titles and abbreviations, without a license. Makes exceptions to the licensure requirement.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to the Board of Licensed Dietitians and Nutritionists; creating new provisions; amending
3 ORS 192.556, 401.651, 413.164, 413.550, 431A.850, 433.045, 433.443, 441.044, 676.108, 676.150,
4 676.350, 676.400, 676.410, 676.565, 676.595, 676.850, 676.992, 691.405, 691.415, 691.435, 691.445,
5 691.465, 691.475, 691.477, 691.485, 743B.454 and 746.600 and section 3, chapter 380, Oregon Laws
6 2015; and prescribing an effective date.

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

LICENSED DIETITIANS AND LICENSED NUTRITIONISTS

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11 **SECTION 1. Sections 2 to 5 of this 2025 Act are added to and made a part of ORS 691.405**
12 **to 691.485.**

13 **SECTION 2. The Health Licensing Office, in consultation with the Board of Licensed**
14 **Dietitians and Nutritionists, shall issue a nutritionist license to an applicant who:**

- 15 (1) **Is at least 18 years of age;**
16 (2) **Submits to the office an application prescribed by the office;**
17 (3) **Pays the fee described in ORS 676.576; and**
18 (4) **Submits to the office proof, as determined sufficient by the office, that:**
19 (a) **The applicant holds a master's degree or doctoral degree in a program of study, ap-**

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

1 proved by the board, from an educational institution that at the time the degree was awarded
2 was accredited by a United States institutional accrediting body for higher education recog-
3 nized by the United States Department of Education, that includes:

4 (A) Coursework leading to competence in medical nutrition therapy;

5 (B) At least 15 semester hours on clinical or life sciences, including at least three se-
6 mester hours on human anatomy and physiology or equivalent; and

7 (C) At least 15 semester hours on nutrition and metabolism, including at least six hours
8 on biochemistry;

9 (b) Subject to subsection (6) of this section, the applicant has successfully completed,
10 within the five years immediately preceding the date of application, a planned, documented
11 and continuously supervised experience in the practice of nutrition approved by the board
12 that:

13 (A) Except as provided in subsection (5) of this section, includes at least 1,000 hours of
14 supervised practice under a qualified supervisor as described in section 4 of this 2025 Act that
15 includes the following practice areas, with at least 200 hours in each practice area:

16 (i) Nutrition assessment;

17 (ii) Nutrition intervention; and

18 (iii) Nutrition monitoring and evaluation; and

19 (B) Has prepared the applicant to provide nutrition care services for various populations
20 of diverse cultures and genders and across the life cycle, and to competently formulate
21 actionable medical nutrition therapies and nutrition interventions, education, counseling and
22 ongoing care for the prevention, modulation and management of a range of chronic medical
23 conditions; and

24 (c) Subject to subsection (6) of this section, the applicant has passed, within the five
25 years immediately preceding the date of application, the certified nutrition specialist exam-
26 ination administered by the Board for Certification of Nutrition Specialists, or its successor
27 organization, and approved by the Board of Licensed Dietitians and Nutritionists, or an ex-
28 amination that the board determines is equivalent.

29 (5) An applicant who completed a supervised experience in another state or territory of
30 the United States may provide to the office proof of completion of the supervised experience,
31 as determined sufficient by the board, that demonstrates the supervised experience:

32 (a) Included at least 1,000 hours of supervised practice under an individual authorized in
33 the other state or territory to practice medical nutrition therapy; and

34 (b) Otherwise meets the supervised experience requirements of subsection (4) of this
35 section and of section 4 of this 2025 Act.

36 (6)(a) If more than five years have passed between the date on which an applicant com-
37 pleted the supervised experience described in subsection (4) of this section and the date on
38 which the applicant submits an application to the office, the office may in its discretion ex-
39 tend the five-year limit.

40 (b) If more than five years have passed between the date on which an applicant passed
41 the examination described in subsection (4) of this section and the date on which the appli-
42 cant submits an application to the office, the office shall require that the applicant submit
43 proof of completion of 75 hours of continuing education for each additional five years that
44 have passed since the date of the examination.

45 **SECTION 3.** The Health Licensing Office, in consultation with the Board of Licensed

1 Dietitians and Nutritionists, may waive the examination requirement prescribed in section 2
2 of this 2025 Act and grant a license to engage in the practice of nutrition to an applicant
3 who:

4 (1) Files an application as prescribed by the office;

5 (2) Submits to the office proof, as determined sufficient by the board, of completion of
6 the education and supervised practice requirements described under section 2 of this 2025
7 Act;

8 (3) Pays the applicable fees established under ORS 676.576; and

9 (4) Presents satisfactory evidence of:

10 (a) A valid and current certification, as approved by the Board of Licensed Dietitians and
11 Nutritionists, from the Board for Certification of Nutrition Specialists, or its successor or-
12 ganization, that allows the applicant to use the title “certified nutrition specialist”; or

13 (b) Current authorization as a nutritionist under the laws of any other state or territory
14 in the United States, if the requirements for authorization of nutritionists in that state or
15 territory are not less than those required by ORS 691.405 to 691.485 for a nutritionist license.

16 **SECTION 4. (1) In order to act as a qualified supervisor, a person must be:**

17 (a) A licensed dietitian or licensed nutritionist;

18 (b) A licensed health care provider whose scope of practice includes the provision of
19 medical nutrition therapy; or

20 (c) An employee of the federal government, whether or not the person is licensed in this
21 state, whose scope of employment authorizes the person to provide medical nutrition ther-
22 apy.

23 (2) A qualified supervisor may:

24 (a) Supervise only a clinical activity or nutrition care service that the qualified supervi-
25 sor is qualified and authorized to perform; and

26 (b) Assign to the supervised student or trainee only those nutrition care services that
27 are within the training and experience of the supervised student or trainee and customary
28 to the qualified supervisor’s practice.

29 (3) A qualified supervisor shall:

30 (a) Develop and implement a program for advancing and optimizing the quality of care
31 that the supervised student or trainee provides;

32 (b) With the supervised student or trainee, identify and document:

33 (A) Goals for the supervised practice experience;

34 (B) The clinical tasks assigned to the supervised student or trainee that are appropriate
35 to the student or trainee’s evolving level of competence;

36 (C) The methods by which the supervised student or trainee may access the qualified
37 supervisor; and

38 (D) A process for the qualified supervisor to evaluate the supervised student or trainee’s
39 performance;

40 (c) Oversee, approve and accept responsibility for the nutrition care services provided
41 by the supervised student or trainee; and

42 (d) Regularly review the charts, records and clinical notes of the supervised student or
43 trainee and maintain responsibility for the supervised student or trainee’s recordkeeping.

44 (4)(a) A qualified supervisor shall be physically on site at the premises where the super-
45 vised student or trainee is providing nutrition care services or immediately and continuously

1 available to the supervised student or trainee via two-way real-time audiovisual technology
2 that allows for direct and contemporaneous interaction by sight and sound between the
3 qualified supervisor and the supervised student or trainee.

4 (b) If a qualified supervisor assigns to a supervised student or trainee a nutrition care
5 service to be provided in a care setting where the qualified supervisor is not routinely pres-
6 ent, the qualified supervisor shall ensure that the means and methods of supervision are
7 adequate to provide appropriate patient care, such as synchronous videoconferencing or an-
8 other method of communication and oversight appropriate to the care setting and the
9 training and education of the supervised student or trainee.

10 (c) A qualified supervisor shall be available to render assistance as requested by a patient
11 when the supervised student or trainee is providing nutrition care services to the patient.
12 If the qualified supervisor is unable to be available as described in this paragraph, the qual-
13 ified supervisor shall ensure that another qualified health care provider is available in the
14 qualified supervisor's absence.

15 **SECTION 5.** (1) A licensed dietitian may engage in the practice of dietetics or the prac-
16 tice of nutrition and may provide medical nutrition therapy in person or via telehealth.

17 (2) A licensed nutritionist may engage in the practice of nutrition and may provide
18 medical nutrition therapy in person or via telehealth.

19 **SECTION 6.** ORS 691.405 is amended to read:

20 691.405. As used in ORS 691.405 to 691.485:

21 [(1) "Dietetics practice" means the integration and application of principles derived from the sci-
22 ences of nutrition, biochemistry, food, management, physiology and behavioral and social sciences to
23 achieve and maintain the health of people through:]

24 [(a) Assessing the nutritional needs of clients;]

25 [(b) Establishing priorities, goals and objectives that meet nutritional needs of clients;]

26 [(c) Advising and assisting individuals or groups on appropriate nutritional intake by integrating
27 information from a nutritional assessment with information on food and other sources of nutrients and
28 meal preparation; and]

29 [(d) Evaluating and making changes in food, diets and nutrition services, maintaining appropriate
30 standards of nutritional quality in food and maintaining appropriate standards of nutrition services.]

31 [(2) "Licensed dietitian" means a dietitian licensed as provided in ORS 691.435.]

32 (1) "Licensed dietitian" means an individual licensed under ORS 691.435 to engage in the
33 practice of dietetics and the practice of nutrition.

34 (2) "Licensed nutritionist" means an individual licensed under section 2 of this 2025 Act
35 to engage in the practice of nutrition.

36 (3) "Medical nutrition therapy" means the provision of any of the following services for
37 the purpose of managing or treating a disease or medical condition:

38 (a) Nutrition assessment;

39 (b) Nutrition diagnosis by identifying and labeling nutrition problems managed and
40 treated by a licensed dietitian or licensed nutritionist;

41 (c) Nutrition intervention; and

42 (d) Nutrition monitoring and evaluation.

43 (4) "Nonmedical weight control" means nutrition care services that do not constitute the
44 management or treatment of a disease or medical condition and that are provided for the
45 purpose of reducing, maintaining or gaining weight, or for assisting a healthy population

1 **group in achieving or maintaining a healthy weight.**

2 **(5) “Nutrition assessment” means:**

3 **(a) The ongoing, dynamic and systemic process of ordering, obtaining, verifying and in-**
4 **terpreting biochemical, anthropometric, physical, nutrigenomic and dietary data to make**
5 **decisions about the nature and cause of nutrition-related problems relative to patient and**
6 **community needs;**

7 **(b) The reassessment and analysis of patient and community needs; and**

8 **(c) The ordering of laboratory testing to check and track a patient’s nutritional status.**

9 **(6) “Nutrition care service” means any of the following services when provided within a**
10 **systematic process:**

11 **(a) Assessing and evaluating the nutritional needs of individuals and groups and deter-**
12 **mining resources and constraints in a practice setting by ordering as necessary any**
13 **nutrition-related laboratory tests to check and track nutrition status.**

14 **(b) Identifying nutrition problems and establishing priorities, goals and objectives that**
15 **meet nutritional needs and are consistent with available resources and constraints.**

16 **(c) Creating individualized dietary plans and issuing and implementing orders to meet the**
17 **nutritional needs of healthy patients or patients with diseases or medical conditions, by or-**
18 **dering as needed therapeutic diets and monitoring the effectiveness of therapeutic diets.**

19 **(d) Determining and providing appropriate nutrition intervention in health and disease**
20 **and providing nutrition counseling on food and prescription drug interactions.**

21 **(e) Developing, implementing and managing nutrition care systems.**

22 **(f) Evaluating, revising and maintaining appropriate standards of quality in food and nu-**
23 **trition services.**

24 **(7) “Nutrition intervention” means:**

25 **(a) Purposefully planned actions intended to positively change a nutrition-related behav-**
26 **ior, risk factor, environmental condition or aspect of a patient’s health status or that of**
27 **target groups or communities at large;**

28 **(b) Approving, ordering and monitoring of therapeutic diets; and**

29 **(c) Counseling on interactions between foods and prescription drugs.**

30 **(8) “Practice of dietetics” means:**

31 **(a) The integration and application of scientific principles derived from the study of food,**
32 **nutrition, biochemistry, metabolism, nutrigenomics, physiology, pharmacology, food systems**
33 **and behavioral and social sciences to achieve and maintain optimal nutrition status of indi-**
34 **viduals and groups;**

35 **(b) The provision of nutrition care services and medical nutrition therapy to prevent,**
36 **manage or treat chronic or acute diseases or medical conditions and promote wellness in**
37 **inpatient and outpatient settings; and**

38 **(c) The development and ordering of therapeutic diets via oral, enteral and parenteral**
39 **routes and the provision of other advanced medical nutrition therapy and related support**
40 **activities consistent with current competencies required of academic and supervised practice**
41 **programs accredited by the Accreditation Council for Education in Nutrition and Dietetics,**
42 **or its successor organization, and approved by the Board of Licensed Dietitians and**
43 **Nutritionists, and in accord with the Commission on Dietetic Registration’s, or its successor**
44 **organization’s, Scope and Standards of Practice for the Registered Dietitian, as approved by**
45 **the board.**

1 (9) “Practice of nutrition” means:

2 (a) The integration and application of scientific principles derived from the study of nu-
3 trition science, cellular and systemic metabolism, biochemistry, physiology and behavioral
4 sciences for achieving and maintaining health throughout the lifespan;

5 (b) The provision of nutrition care services and medical nutrition therapy to prevent,
6 manage or treat chronic diseases or medical conditions and promote wellness in outpatient
7 settings; and

8 (c) Consistent with competency:

9 (A) The ordering of medical laboratory tests related to nutritional therapeutic treat-
10 ments; and

11 (B) The provision of recommendations on vitamin, mineral and other dietary supple-
12 ments.

13 (10) “Qualified supervisor” means a person who provides supervision, assumes full pro-
14 fessional responsibility for the work of the supervised student or trainee and meets the re-
15 quirements described in section 4 of this 2025 Act.

16 **SECTION 7.** ORS 691.415 is amended to read:

17 691.415. [A person who is not licensed under ORS 691.435 may not practice or attempt to practice
18 as a licensed dietitian using in connection with the name of the person the words or letters “L.D.,” or
19 “Licensed Dietitian.”] (1) Unless a person is licensed under ORS 691.405 to 691.485, the person
20 may not:

21 (a) Provide medical nutrition therapy;

22 (b) Designate or hold themselves out as a licensed dietitian or licensed nutritionist; or

23 (c)(A) If the person is not a licensed dietitian, use the titles or abbreviations, “licensed
24 dietitian,” “dietitian,” “dietitian nutritionist,” “dietician,” “L.D.” or “L.D.N.”; or

25 (B) If the person is not a license nutritionist, use the titles or abbreviations, “licensed
26 nutritionist,” “nutritionist” or “L.N.”

27 (2) Subsection (1) of this section does not prohibit:

28 (a) A licensed health care provider from providing medical nutrition therapy if medical
29 nutrition therapy is within the scope of the health care provider’s license and is incidental
30 to the profession in which the health care provider is licensed.

31 (b) The practice of dietetics or the practice of nutrition by a student or trainee as part
32 of a course of study or planned supervised practice experience to satisfy the requirements
33 specified in ORS 691.435 or section 2 of this 2025 Act if the supervised student or trainee does
34 not provide unrestricted medical nutritional therapy and uses a title that clearly indicates
35 the supervised student or trainee is a student or trainee.

36 (c) A dietitian or nutritionist who is serving in or employed by the Armed Forces of the
37 United States, the United States Public Health Service or the United States Department of
38 Veterans Affairs from providing medical nutrition therapy or using titles issued by the fed-
39 eral government in the scope of the person’s service or employment.

40 (d) A person from using any of the titles described in subsection (1) of this section or
41 providing nutrition or breastfeeding services if the person is employed or contracted with the
42 Women, Infants and Children Program established under ORS 413.500 pursuant to 7 C.F.R.
43 246.5, and the provision of services is in the course of the person’s employment or contract.

44 (e) A person from providing medical weight control services for obesity if the person does
45 not use a title or abbreviation listed in subsection (1) of this section and the provision of

1 **medical weight control services is part of:**

2 (A) **An instructional program approved in writing by a licensed dietitian, licensed**
3 **nutritionist or licensed health care provider whose scope of practice includes medical nutri-**
4 **tion therapy; or**

5 (B) **A plan of care overseen by a licensed health care provider whose scope of practice**
6 **authorizes the health care provider to provide and delegate medical nutrition therapy, if the**
7 **medical weight control services are not discretionary and do not require the person to ex-**
8 **ercise professional judgment.**

9 (f) **A person from assisting in the provision of medical nutrition therapy if the person,**
10 **under the direct supervision of a licensed dietitian, licensed nutritionist or licensed health**
11 **care provider whose scope of practice includes medical nutrition therapy, performs only**
12 **nondiscretionary support activities that do not require the person to exercise professional**
13 **judgment and the person does not use the titles or abbreviations listed in subsection (1) of**
14 **this section.**

15 (g) **A person from disseminating nonindividualized written general nonmedical nutrition**
16 **information in connection with the marketing and distribution of dietary supplements, food,**
17 **herbs or food materials if the information does not constitute medical nutrition therapy and**
18 **the person does not use the titles or abbreviations listed in subsection (1) of this section.**

19 (h) **A person from providing individualized nutrition assessments and interventions for**
20 **wellness and primary prevention of chronic disease, health coaching, holistic and wellness**
21 **education, guidance, motivation, behavior change management, nonmedical weight control**
22 **services or other nutrition care services if the services do not constitute medical nutrition**
23 **therapy, the person does not hold themselves out as authorized or qualified to provide med-**
24 **ical nutrition therapy and the person does not use a title or abbreviation listed in subsection**
25 **(1) of this section.**

26 (i) **A health care provider located out of state from providing medical nutrition therapy**
27 **via telehealth to a patient located in this state if the provider holds a compact privilege un-**
28 **der the Dietitian Licensure Compact or is a health care provider authorized and in good**
29 **standing in another state or territory with a scope of practice that includes medical nutrition**
30 **therapy and provides the medical nutrition therapy under this paragraph:**

31 (A) **In consultation with a health care provider licensed in this state whose scope of**
32 **practice includes medical nutrition therapy and who has a patient-provider relationship with**
33 **the patient;**

34 (B) **For a patient with whom the out-of-state health care provider has a patient-provider**
35 **relationship and who is temporarily located in this state; or**

36 (C) **Pursuant to a patient-provider relationship, and the provision of medical nutrition**
37 **therapy is follow-up medical nutrition therapy to ensure continuity of the patient's care.**

38 (3) **By providing medical nutrition therapy via telehealth as described in subsection (2)(i)**
39 **of this section, a health care provider located out of state consents to the jurisdiction of the**
40 **Board of Licensed Dietitians and Nutritionists and the Health Licensing Office.**

41 **SECTION 8.** ORS 691.435 is amended to read:

42 691.435. The Health Licensing Office, in consultation with the Board of Licensed Dietitians **and**
43 **Nutritionists**, shall issue a dietitian license to an applicant who:

44 [(1) *Files an application as prescribed by the office;*]

45 [(2) *Pays the applicable fees established under ORS 676.576; and*]

1 *[(3) Demonstrates to the satisfaction of the office that the applicant has:]*

2 *[(a) Received a baccalaureate or postbaccalaureate degree from a regionally accredited college or*
3 *university in the United States with a major course of study in human nutrition, dietetics, foods and*
4 *nutrition or food systems management approved by the board as meeting the standards for approval*
5 *of the course of study under ORS 691.405 to 691.485;]*

6 *[(b) Completed a planned, continuous program of dietetic experience approved by the office of 900*
7 *hours under the supervision of a licensed dietitian; and]*

8 *[(c) Passed an examination prescribed by the office.]*

9 **(1) Is at least 18 years of age;**

10 **(2) Submits to the office an application prescribed by the office;**

11 **(3) Pays the fee described in ORS 676.576; and**

12 **(4) Submits to the office proof, as determined sufficient by the office, that:**

13 **(a) The applicant holds at least a master's degree from an educational institution that**
14 **at the time the degree was awarded was accredited by a United States institutional accred-**
15 **iting body for higher education recognized by the United States Department of Education and**
16 **approved by the board, and has completed a program of study accredited by the Accreditation**
17 **Council for Education in Nutrition and Dietetics, or its successor organization, as approved**
18 **by the board;**

19 **(b) Subject to subsection (6) of this section, the applicant has successfully completed,**
20 **within the five years immediately preceding the date of application, a planned and docu-**
21 **mented supervised experience in the practice of dietetics and the practice of nutrition ap-**
22 **proved by the board and accredited by the Accreditation Council for Education in Nutrition**
23 **and Dietetics, or its successor organization, that, except as provided in subsection (5) of this**
24 **section, includes at least 1,000 hours of supervised practice under a qualified supervisor de-**
25 **scribed in section 4 of this 2025 Act; and**

26 **(c) Subject to subsection (6) of this section, the applicant has successfully passed, within**
27 **the five years immediately preceding the date of application, the registration examination for**
28 **dietitians administered by the Commission on Dietetic Registration, or its successor organ-**
29 **ization, and approved by the board.**

30 **(5) An applicant who completed a supervised experience in another state or territory of**
31 **the United States may provide to the office proof of completion of the supervised experience,**
32 **as determined sufficient by the board, that demonstrates the supervised experience:**

33 **(a) Included at least 1,000 hours of supervised practice under an individual authorized in**
34 **the other state or territory to practice medical nutrition therapy; and**

35 **(b) Otherwise meets the supervised experience requirements of subsection (4) of this**
36 **section and of section 4 of this 2025 Act.**

37 **(6)(a) If more than five years have passed between the date on which an applicant com-**
38 **pleted the supervised experience described in subsection (4) of this section and the date on**
39 **which the applicant submits an application to the office, the office may in its discretion ex-**
40 **tend the five-year limit.**

41 **(b) If more than five years have passed between the date on which an applicant passed**
42 **the examination described in subsection (4) of this section and the date on which the appli-**
43 **cant submits an application to the office, the office shall require that the applicant submit**
44 **proof of completion of 75 hours of continuing education for each additional five years that**
45 **have passed since the date of the examination.**

1 **SECTION 9.** ORS 691.445 is amended to read:

2 691.445. The Health Licensing Office, in consultation with the Board of Licensed Dietitians **and**
3 **Nutritionists**, may waive the examination requirement and grant a [*dietitian*] license **to engage in**
4 **the practice of dietetics and the practice of nutrition** to an applicant who:

5 (1) Files an application as prescribed by the office;

6 (2) Pays the applicable fees established under ORS 676.576; and

7 (3) Presents satisfactory evidence of:

8 (a) [*Current registration as a dietitian with a credentialing body approved by the board;*] **A valid**
9 **and current registration, as approved by the board, from the Commission on Dietetic Regis-**
10 **tration, or its successor organization, that allows the applicant to use the title “registered**
11 **dietitian” or “registered dietitian nutritionist” and the abbreviation “R.D.” or “R.D.N.”; or**

12 (b) Current [*licensure*] **authorization as a dietitian** under the laws of any other state or terri-
13 tory in the United States, if the requirements for [*licensure*] **authorization** of dietitians in [*the*] **that**
14 state or territory [*in which the applicant is licensed*] are not less than those required by ORS 691.405
15 to 691.485 **for a dietitian license.**

16 **SECTION 10.** ORS 691.465 is amended to read:

17 691.465. To renew a license issued under ORS 691.405 to 691.485, the [*licensee must*] **licensed**
18 **dietitian or licensed nutritionist shall** submit to the Health Licensing Office:

19 (1) A completed renewal application;

20 (2) The applicable renewal fee established under ORS 676.576; and

21 (3) Satisfactory evidence of having completed any required continuing education credits on or
22 before the expiration date of the license as specified by office rule.

23 **SECTION 11.** ORS 691.475 is amended to read:

24 691.475. The Health Licensing Office, in consultation with the Board of Licensed Dietitians **and**
25 **Nutritionists**, shall:

26 (1) Adopt rules necessary for the administration of ORS 691.405 to 691.485;

27 (2) Issue, deny, revoke, suspend and renew [*dietitian*] licenses **issued under ORS 691.405 to**
28 **691.485;**

29 (3) Determine the qualifications, training, education and fitness of applicants for [*licenses, re-*
30 *newals of licenses and reciprocal licenses for dietitians*] **licenses and renewals of licenses under**
31 **ORS 691.405 to 691.485;**

32 (4) Determine requirements for reciprocity and equivalency for [*licensed dietetics practice*]
33 **dietitian and nutritionist licensing;**

34 (5) Establish a code of professional responsibility and standards of practice for licensed
35 dietitians **and licensed nutritionists;**

36 (6) Develop, approve or recognize examinations to test an applicant’s knowledge relating to
37 dietitian **and nutritionist** techniques and methods and any other subjects the board may determine
38 to be necessary to assess an applicant’s fitness to practice as a licensed dietitian **or licensed**
39 **nutritionist;** and

40 (7) Provide for waivers of examinations.

41 **SECTION 12.** ORS 691.477 is amended to read:

42 691.477. In the manner prescribed in ORS chapter 183 for contested cases and in consultation
43 with the Board of Licensed Dietitians **and Nutritionists**, the Health Licensing Office may impose
44 a form of discipline listed in ORS 676.612 against any person [*practicing*] **engaged in the practice**
45 **of dietetics or the practice of nutrition** for any of the grounds listed in ORS 676.612 and for any

1 violation of the provisions of ORS 691.405 to 691.485, or the rules adopted under ORS 691.405 to
2 691.485.

3 **SECTION 13.** ORS 691.485 is amended to read:

4 691.485. (1) There is established, within the Health Licensing Office, the Board of Licensed
5 Dietitians **and Nutritionists** to advise the office with regard to the regulation of [*dietitians*] li-
6 **censed dietitians, licensed nutritionists, the practice of dietetics and the practice of**
7 **nutrition.** The board consists of seven members appointed by the Governor. All members of the
8 board must be residents of this state. Of the members of the board:

9 (a) Two must be members of the general public who are not otherwise qualified for membership
10 on the board and who are not a spouse, domestic partner, child, parent or sibling of a licensed
11 dietitian **or licensed nutritionist;**

12 (b) One must be a physician **licensed under ORS chapter 677 who is** trained in clinical nutri-
13 tion; [*and*]

14 (c) [*Four*] **Three** must be licensed dietitians who have been engaged in the practice of dietetics
15 for at least five years[.]; **and**

16 (d) **One must be a licensed nutritionist who has been engaged in the practice of nutrition**
17 **for at least five years.**

18 (2) The term of office of each member is four years, but a member serves at the pleasure of the
19 Governor. A member is eligible for reappointment. If a person serves two consecutive full terms, a
20 period of at least four years must elapse before the person is again eligible for appointment to serve
21 on the board. If there is a vacancy on the board for any reason, the Governor shall make an ap-
22 pointment to become immediately effective for the unexpired term. A member shall hold the
23 member's office until the appointment and qualification of a successor.

24 (3) Members of the board are entitled to compensation and expenses as provided in ORS 292.495.
25 The office may provide by rule for compensation to board members for the performance of official
26 duties at a rate that is greater than the rate provided in ORS 292.495.

27 (4) The board shall meet at least once per year.

28 **SECTION 14.** (1) **Sections 2 to 5 of this 2025 Act and the amendments to ORS 691.405,**
29 **691.415, 691.435, 691.445, 691.465, 691.475, 691.477 and 691.485 by sections 6 to 13 of this 2025**
30 **Act apply to individuals who apply for initial licensure under ORS 691.405 to 691.485 on or**
31 **after the operative date specified in section 36 of this 2025 Act.**

32 (2) **A person who holds a license issued under ORS 691.435 prior to the operative date**
33 **specified in section 36 of this 2025 Act is not required to meet the requirements of ORS**
34 **691.435 as amended by section 8 of this 2025 Act.**

35 (3) **The amendments to ORS 691.485 by section 13 of this 2025 Act apply to members ap-**
36 **pointed to the Board of Licensed Dietitians and Nutritionists on or after the operative date**
37 **specified in section 36 of this 2025 Act.**

38
39 **CONFORMING AMENDMENTS**
40

41 **SECTION 15.** ORS 192.556, as amended by section 47, chapter 73, Oregon Laws 2024, is
42 amended to read:

43 192.556. As used in ORS 192.553 to 192.581:

44 (1) "Authorization" means a document written in plain language that contains at least the fol-
45 lowing:

- 1 (a) A description of the information to be used or disclosed that identifies the information in a
2 specific and meaningful way;
- 3 (b) The name or other specific identification of the person or persons authorized to make the
4 requested use or disclosure;
- 5 (c) The name or other specific identification of the person or persons to whom the covered entity
6 may make the requested use or disclosure;
- 7 (d) A description of each purpose of the requested use or disclosure, including but not limited
8 to a statement that the use or disclosure is at the request of the individual;
- 9 (e) An expiration date or an expiration event that relates to the individual or the purpose of the
10 use or disclosure;
- 11 (f) The signature of the individual or personal representative of the individual and the date;
- 12 (g) A description of the authority of the personal representative, if applicable; and
- 13 (h) Statements adequate to place the individual on notice of the following:
- 14 (A) The individual's right to revoke the authorization in writing;
- 15 (B) The exceptions to the right to revoke the authorization;
- 16 (C) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits
17 on whether the individual signs the authorization; and
- 18 (D) The potential for information disclosed pursuant to the authorization to be subject to
19 redisclosure by the recipient and no longer protected.
- 20 (2) "Covered entity" means:
- 21 (a) A state health plan;
- 22 (b) A health insurer;
- 23 (c) A health care provider that transmits any health information in electronic form to carry out
24 financial or administrative activities in connection with a transaction covered by ORS 192.553 to
25 192.581; or
- 26 (d) A health care clearinghouse.
- 27 (3) "Health care" means care, services or supplies related to the health of an individual.
- 28 (4) "Health care operations" includes but is not limited to:
- 29 (a) Quality assessment, accreditation, auditing and improvement activities;
- 30 (b) Case management and care coordination;
- 31 (c) Reviewing the competence, qualifications or performance of health care providers or health
32 insurers;
- 33 (d) Underwriting activities;
- 34 (e) Arranging for legal services;
- 35 (f) Business planning;
- 36 (g) Customer services;
- 37 (h) Resolving internal grievances;
- 38 (i) Creating deidentified information; and
- 39 (j) Fundraising.
- 40 (5) "Health care provider" includes but is not limited to:
- 41 (a) A psychologist, occupational therapist, regulated social worker, professional counselor or
42 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675
43 or an employee of the psychologist, occupational therapist, regulated social worker, professional
44 counselor or marriage and family therapist;
- 45 (b) A physician or physician associate licensed under ORS chapter 677, an acupuncturist li-

- 1 censed under ORS 677.759 or an employee of the physician, physician associate or acupuncturist;
- 2 (c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of
- 3 the nurse or nursing home administrator;
- 4 (d) A dentist licensed under ORS chapter 679 or an employee of the dentist;
- 5 (e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental
- 6 hygienist or denturist;
- 7 (f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee
- 8 of the speech-language pathologist or audiologist;
- 9 (g) An emergency medical services provider licensed under ORS chapter 682;
- 10 (h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;
- 11 (i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic
- 12 physician;
- 13 (j) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic
- 14 physician;
- 15 (k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage
- 16 therapist;
- 17 (L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct
- 18 entry midwife;
- 19 (m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical
- 20 therapist;
- 21 (n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical
- 22 imaging licensee;
- 23 (o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory
- 24 care practitioner;
- 25 (p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-
- 26 somnographic technologist;
- 27 (q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;
- 28 (r) A dietitian **or nutritionist** licensed under ORS 691.405 to 691.485 or an employee of the
- 29 dietitian **or nutritionist**;
- 30 (s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral
- 31 service practitioner;
- 32 (t) A health care facility as defined in ORS 442.015;
- 33 (u) A home health agency as defined in ORS 443.014;
- 34 (v) A hospice program as defined in ORS 443.850;
- 35 (w) A clinical laboratory as defined in ORS 438.010;
- 36 (x) A pharmacy as defined in ORS 689.005; and
- 37 (y) Any other person or entity that furnishes, bills for or is paid for health care in the normal
- 38 course of business.
- 39 (6) "Health information" means any oral or written information in any form or medium that:
- 40 (a) Is created or received by a covered entity, a public health authority, an employer, a life
- 41 insurer, a school, a university or a health care provider that is not a covered entity; and
- 42 (b) Relates to:
- 43 (A) The past, present or future physical or mental health or condition of an individual;
- 44 (B) The provision of health care to an individual; or
- 45 (C) The past, present or future payment for the provision of health care to an individual.

- 1 (7) "Health insurer" means an insurer as defined in ORS 731.106 who offers:
2 (a) A health benefit plan as defined in ORS 743B.005;
3 (b) A short term health insurance policy, the duration of which does not exceed three months
4 including renewals;
5 (c) A student health insurance policy;
6 (d) A Medicare supplemental policy; or
7 (e) A dental only policy.
- 8 (8) "Individually identifiable health information" means any oral or written health information
9 in any form or medium that is:
10 (a) Created or received by a covered entity, an employer or a health care provider that is not
11 a covered entity; and
12 (b) Identifiable to an individual, including demographic information that identifies the individual,
13 or for which there is a reasonable basis to believe the information can be used to identify an indi-
14 vidual, and that relates to:
15 (A) The past, present or future physical or mental health or condition of an individual;
16 (B) The provision of health care to an individual; or
17 (C) The past, present or future payment for the provision of health care to an individual.
- 18 (9) "Payment" includes but is not limited to:
19 (a) Efforts to obtain premiums or reimbursement;
20 (b) Determining eligibility or coverage;
21 (c) Billing activities;
22 (d) Claims management;
23 (e) Reviewing health care to determine medical necessity;
24 (f) Utilization review; and
25 (g) Disclosures to consumer reporting agencies.
- 26 (10) "Personal representative" includes but is not limited to:
27 (a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with
28 authority to make medical and health care decisions;
29 (b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a rep-
30 resentative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment
31 decisions;
32 (c) A person appointed as a personal representative under ORS chapter 113; and
33 (d) A person described in ORS 192.573.
- 34 (11)(a) "Protected health information" means individually identifiable health information that is
35 maintained or transmitted in any form of electronic or other medium by a covered entity.
36 (b) "Protected health information" does not mean individually identifiable health information in:
37 (A) Education records covered by the federal Family Educational Rights and Privacy Act (20
38 U.S.C. 1232g);
39 (B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or
40 (C) Employment records held by a covered entity in its role as employer.
- 41 (12) "State health plan" means:
42 (a) Medical assistance as defined in ORS 414.025;
43 (b) The Cover All People program; or
44 (c) Any medical assistance or premium assistance program operated by the Oregon Health Au-
45 thority.

1 (13) "Treatment" includes but is not limited to:

2 (a) The provision, coordination or management of health care; and

3 (b) Consultations and referrals between health care providers.

4 **SECTION 16.** ORS 401.651 is amended to read:

5 401.651. As used in ORS 401.651 to 401.670:

6 (1) "Health care facility" means a health care facility as defined in ORS 442.015 that has been
7 licensed under ORS chapter 441.

8 (2) "Health care provider" means:

9 (a) An individual licensed, certified or otherwise authorized or permitted by the laws of this
10 state or another state to administer health care services in the ordinary course of business or
11 practice of a profession; and

12 (b) A person entered in the emergency health care provider registry under ORS 401.658.

13 (3) "Health professional regulatory board" means a health professional regulatory board, as de-
14 fined in ORS 676.160, the Long Term Care Administrators Board, the Board of Licensed Dietitians
15 **and Nutritionists** and the Behavior Analysis Regulatory Board.

16 **SECTION 17.** ORS 413.164 is amended to read:

17 413.164. (1) As used in this section and ORS 413.163 and 413.167:

18 (a) "Board" means the:

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

20 (B) State Board of Chiropractic Examiners;

21 (C) State Board of Licensed Social Workers;

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

23 (E) Oregon Board of Dentistry;

24 (F) State Board of Massage Therapists;

25 (G) Oregon Board of Naturopathic Medicine;

26 (H) Oregon State Board of Nursing;

27 (I) Oregon Board of Optometry;

28 (J) State Board of Pharmacy;

29 (K) Oregon Medical Board;

30 (L) Occupational Therapy Licensing Board;

31 (M) Oregon Board of Physical Therapy;

32 (N) Oregon Board of Psychology;

33 (O) Board of Medical Imaging;

34 (P) Long Term Care Administrators Board;

35 (Q) State Board of Direct Entry Midwifery;

36 (R) State Board of Denture Technology;

37 (S) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

38 (T) Board of Licensed Dietitians **and Nutritionists**; and

39 (U) Oregon Health Authority, to the extent that the authority:

40 (i) Licenses emergency medical services providers under ORS 682.216; and

41 (ii) Regulates traditional health workers under ORS 414.665.

42 (b) "Coordinated care organization" has the meaning given that term in ORS 414.025.

43 (c) "Health care provider" means an individual licensed, certified, registered or otherwise au-
44 thorized to practice by a board.

45 (d) "Health insurer" has the meaning given that term in ORS 746.600.

1 (2) At least once each calendar year and in accordance with timelines established by the au-
2 thority by rule, a coordinated care organization, a health care provider or health care provider's
3 designee, or a health insurer shall collect data on race, ethnicity, preferred spoken and written
4 languages, disability status, sexual orientation and gender identity from the coordinated care
5 organization's, health care provider's or health insurer's patients, clients and members, in accord-
6 ance with standards adopted by the authority pursuant to ORS 413.161. A coordinated care organ-
7 ization, health care provider or health insurer shall submit the data to the authority in the manner
8 prescribed by the authority by rule.

9 (3)(a) The authority shall adopt rules, including but not limited to rules:

10 (A) Establishing standards for collecting, securely transmitting and reporting the data described
11 in subsection (2) of this section;

12 (B) Establishing the timelines for collection and submission of data described in subsection (2)
13 of this section;

14 (C) Permitting coordinated care organizations, health care providers and health insurers to re-
15 port to the authority that a patient, client or member refused to answer questions regarding race,
16 ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender
17 identity;

18 (D) Establishing criteria for extensions of timelines established under this subsection and a
19 process for reviewing requests for extensions; and

20 (E) Establishing criteria for exempting certain health care providers or classes of health care
21 providers from the requirements of subsection (2) of this section and a process for reviewing re-
22 quests for exemptions.

23 (b) In adopting rules under subsection (2) of this section, the authority shall:

24 (A) Consult with the advisory committee established under ORS 413.161;

25 (B) Allow coordinated care organizations, health care providers and health insurers to collect
26 the data described in subsection (2) of this section on electronic or paper forms; and

27 (C) Require coordinated care organizations, health care providers and health insurers to inform
28 patients, clients and members:

29 (i) That data collected under subsection (2) of this section is reported to the authority;

30 (ii) How the authority, coordinated care organization, health care provider and health insurer
31 use the data;

32 (iii) Of the purposes for which the data may not be used; and

33 (iv) That the patient, client or member is not required to answer questions regarding race,
34 ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender
35 identity.

36 (4) Data collected under this section is confidential and not subject to disclosure under ORS
37 192.311 to 192.478. The authority may release the data collected under this section only if the data
38 to be released is anonymized and aggregated so that the data released does not reasonably allow
39 an individual whose information is included in the data to be identified.

40 (5) A coordinated care organization or health insurer transacting insurance in this state may
41 not consider any data collected under subsection (2) of this section:

42 (a) In determining whether to deny, limit, cancel, rescind or refuse to renew an insurance policy;

43 (b) To establish premium rates for an insurance policy; or

44 (c) To establish the terms and conditions of an insurance policy.

45 (6) The authority may provide incentives to coordinated care organizations, health care provid-

1 ers and health insurers to assist in deferring the costs of making changes to electronic health re-
2 cords systems or similar systems to facilitate the collection of data described in subsection (2) of this
3 section.

4 (7)(a) The authority shall monitor coordinated care organizations, health care providers and
5 health insurers for compliance with the standards established under subsection (1) of this section.

6 (b) The authority may impose on a coordinated care organization, health care provider or health
7 insurer a civil penalty for a violation of the requirements of this section or rules adopted under this
8 section:

9 (A) Not to exceed \$200 for the first violation;

10 (B) Not to exceed \$400 for the second violation; and

11 (C) Not to exceed \$500 for the third and subsequent violations.

12 (c) Prior to imposing a penalty under paragraph (b) of this subsection, the authority shall pro-
13 vide notice to the coordinated care organization, health care provider or health insurer of the al-
14 leged violation and provide the coordinated care organization, health care provider or health insurer
15 a reasonable time in which to correct the violation.

16 **SECTION 18.** ORS 413.550 is amended to read:

17 413.550. As used in ORS 413.550 to 413.559:

18 (1) "Certified health care interpreter" means an individual who has been approved and certified
19 by the Oregon Health Authority under ORS 413.558.

20 (2) "Coordinated care organization" has the meaning given that term in ORS 414.025.

21 (3) "Health care" means medical, surgical, oral or hospital care or any other remedial care re-
22 cognized by state law, including physical and behavioral health care.

23 (4)(a) "Health care interpreter" means an individual who is readily able to:

24 (A) Communicate in English and communicate with a person with limited English proficiency
25 or who communicates in signed language;

26 (B) Accurately interpret the oral statements of a person with limited English proficiency, or the
27 statements of a person who communicates in signed language, into English;

28 (C) Accurately interpret oral statements in English to a person with limited English proficiency
29 or who communicates in signed language;

30 (D) Sight translate documents from a person with limited English proficiency; and

31 (E) Interpret the oral statements of other persons into the language of the person with limited
32 English proficiency or into signed language.

33 (b) "Health care interpreter" also includes an individual who can provide the services described
34 in paragraph (a) of this subsection using relay or indirect interpretation.

35 (5) "Health care interpreter registry" means the registry described in ORS 413.558 that is ad-
36 ministered by the authority.

37 (6)(a) "Health care provider" means any of the following that are reimbursed with public funds,
38 in whole or in part:

39 (A) An individual licensed or certified by the:

40 (i) State Board of Examiners for Speech-Language Pathology and Audiology;

41 (ii) State Board of Chiropractic Examiners;

42 (iii) State Board of Licensed Social Workers;

43 (iv) Oregon Board of Licensed Professional Counselors and Therapists;

44 (v) Oregon Board of Dentistry;

45 (vi) State Board of Massage Therapists;

- 1 (vii) Oregon Board of Naturopathic Medicine;
2 (viii) Oregon State Board of Nursing;
3 (ix) Oregon Board of Optometry;
4 (x) State Board of Pharmacy;
5 (xi) Oregon Medical Board;
6 (xii) Occupational Therapy Licensing Board;
7 (xiii) Oregon Board of Physical Therapy;
8 (xiv) Oregon Board of Psychology;
9 (xv) Board of Medical Imaging;
10 (xvi) State Board of Direct Entry Midwifery;
11 (xvii) Respiratory Therapist and Polysomnographic Technologist Licensing Board;
12 (xviii) Board of Registered Polysomnographic Technologists;
13 (xix) Board of Licensed Dietitians **and Nutritionists**; and
14 (xx) State Mortuary and Cemetery Board;
15 (B) An emergency medical services provider licensed by the Oregon Health Authority under
16 ORS 682.216;
17 (C) A clinical laboratory licensed under ORS 438.110;
18 (D) A health care facility as defined in ORS 442.015;
19 (E) A home health agency licensed under ORS 443.015;
20 (F) A hospice program licensed under ORS 443.860; or
21 (G) Any other person that provides health care or that bills for or is compensated for health
22 care provided, in the normal course of business.
23 (b) “Health care provider” does not include any individual listed in paragraph (a) of this sub-
24 section when providing services as an employee of or under contract with:
25 (A) A school district, as defined in ORS 332.002;
26 (B) A public charter school, as defined in ORS 338.005; or
27 (C) An education service district, as defined in ORS 334.003.
28 (7) “Interpretation service company” means an entity, or a person acting on behalf of an entity,
29 that is in the business of arranging for health care interpreters to work with health care providers
30 in this state.
31 (8) “Person with limited English proficiency” means a person who, by reason of place of birth
32 or culture, communicates in a language other than English and does not communicate in English
33 with adequate ability to communicate effectively with a health care provider.
34 (9) “Prepaid managed care health services organization” has the meaning given that term in
35 ORS 414.025.
36 (10) “Qualified health care interpreter” means an individual who has been issued a valid letter
37 of qualification from the authority under ORS 413.558.
38 (11) “Sight translate” means to translate a written document into spoken or signed language.
39 **SECTION 19.** ORS 431A.850, as amended by section 3, chapter 438, Oregon Laws 2023, is
40 amended to read:
41 431A.850. As used in ORS 431A.855 to 431A.900:
42 (1) “Dental director” means a dentist, as defined in ORS 679.010, employed by a coordinated care
43 organization, dental clinic or office, or a system of dental clinics or offices, for the purpose of
44 overseeing the operations of the dental clinic or office, or the system of dental clinics or offices, and
45 ensuring the delivery of quality dental care within the clinic, office or system.

1 (2) “Dispense” and “dispensing” have the meanings given those terms in ORS 689.005.

2 (3) “Drug outlet” has the meaning given that term in ORS 689.005.

3 (4) “Health professional regulatory board” means a health professional regulatory board, as de-
4 fined in ORS 676.160, the Long Term Care Administrators Board, the Board of Licensed Dietitians
5 **and Nutritionists** and the Behavior Analysis Regulatory Board.

6 (5) “Medical director” means a physician employed by a coordinated care organization, hospital,
7 health care clinic or system of hospitals or health care clinics for the purposes of overseeing the
8 operations of the coordinated care organization, hospital, clinic or system and ensuring the delivery
9 of quality health care within the coordinated care organization, hospital, clinic or system.

10 (6) “Patient” means:

11 (a) The individual to whom the prescription drug is prescribed; or

12 (b) If the prescription drug is prescribed by a veterinarian for an animal, the individual to whom
13 the prescription drug is dispensed on behalf of the animal.

14 (7) “Pharmacist” means:

15 (a) A pharmacist as defined in ORS 689.005; or

16 (b) An individual licensed to practice pharmacy in another state, if the requirements for
17 licensure are similar, as determined by the Oregon Health Authority, to the requirements for being
18 licensed as a pharmacist as defined in ORS 689.005.

19 (8) “Pharmacy director” means a pharmacist employed by a coordinated care organization,
20 pharmacy or system of pharmacies for the purposes of overseeing the operations of the coordinated
21 care organization, pharmacy or system and ensuring the delivery of quality pharmaceutical care
22 within the coordinated care organization, pharmacy or system.

23 (9) “Practitioner” means:

24 (a) A practitioner as defined in ORS 689.005; or

25 (b) An individual licensed to practice a profession in another state, if the requirements for
26 licensure are similar, as determined by the authority, to the requirements for being licensed as a
27 practitioner as defined in ORS 689.005.

28 (10) “Prescription” has the meaning given that term in ORS 475.005.

29 (11) “Prescription drug” has the meaning given that term in ORS 689.005.

30 (12) “Veterinarian” means a person licensed to practice veterinary medicine under ORS chapter
31 686.

32 **SECTION 20.** ORS 433.045 is amended to read:

33 433.045. (1) As used in this section:

34 (a) “Health care provider” means an individual licensed by a health professional regulatory
35 board, as defined in ORS 676.160, the Long Term Care Administrators Board, the Board of Licensed
36 Dietitians **and Nutritionists** or the Behavior Analysis Regulatory Board.

37 (b) “HIV test” means a test of an individual for the presence of HIV, or for antibodies or
38 antigens that result from HIV infection, or for any other substance specifically indicating infection
39 with HIV.

40 (c) “Insurance producer” has the meaning given that term in ORS 746.600.

41 (d) “Insurance-support organization” has the meaning given that term in ORS 746.600.

42 (e) “Insurer” has the meaning given that term in ORS 731.106.

43 (2) Except as provided in ORS 433.017, 433.055 (2) and 433.080, a health care provider or the
44 provider’s designee shall, before subjecting an individual to an HIV test:

45 (a) Notify the individual being tested; and

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

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

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

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

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

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

19 **SECTION 21.** ORS 433.443, as amended by section 81, chapter 73, Oregon Laws 2024, is
20 amended to read:

21 433.443. (1) As used in this section:

22 (a) "Covered entity" means:

23 (A) The Children's Health Insurance Program;

24 (B) A health insurer that is an insurer as defined in ORS 731.106 and that issues health insur-
25 ance as defined in ORS 731.162;

26 (C) The state medical assistance program; and

27 (D) A health care provider.

28 (b) "Health care provider" includes but is not limited to:

29 (A) A psychologist, occupational therapist, regulated social worker, professional counselor or
30 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675
31 or an employee of the psychologist, occupational therapist, regulated social worker, professional
32 counselor or marriage and family therapist;

33 (B) A physician or physician associate licensed under ORS chapter 677, an acupuncturist li-
34 censed under ORS 677.759 or an employee of the physician, physician associate or acupuncturist;

35 (C) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of
36 the nurse or nursing home administrator;

37 (D) A dentist licensed under ORS chapter 679 or an employee of the dentist;

38 (E) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental
39 hygienist or denturist;

40 (F) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee
41 of the speech-language pathologist or audiologist;

42 (G) An emergency medical services provider licensed under ORS chapter 682;

43 (H) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;

44 (I) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic
45 physician;

- 1 (J) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic
2 physician;
- 3 (K) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage
4 therapist;
- 5 (L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct
6 entry midwife;
- 7 (M) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical
8 therapist;
- 9 (N) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical
10 imaging licensee;
- 11 (O) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respir-
12 atory care practitioner;
- 13 (P) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-
14 somnographic technologist;
- 15 (Q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;
- 16 (R) A dietitian **or nutritionist** licensed under ORS 691.405 to 691.485 or an employee of the
17 dietitian **or nutritionist**;
- 18 (S) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral
19 service practitioner;
- 20 (T) A health care facility as defined in ORS 442.015;
- 21 (U) A home health agency as defined in ORS 443.014;
- 22 (V) A hospice program as defined in ORS 443.850;
- 23 (W) A clinical laboratory as defined in ORS 438.010;
- 24 (X) A pharmacy as defined in ORS 689.005; and
- 25 (Y) Any other person or entity that furnishes, bills for or is paid for health care in the normal
26 course of business.
- 27 (c) "Individual" means a natural person.
- 28 (d) "Individually identifiable health information" means any oral or written health information
29 in any form or medium that is:
- 30 (A) Created or received by a covered entity, an employer or a health care provider that is not
31 a covered entity; and
- 32 (B) Identifiable to an individual, including demographic information that identifies the individual,
33 or for which there is a reasonable basis to believe the information can be used to identify an indi-
34 vidual, and that relates to:
- 35 (i) The past, present or future physical or mental health or condition of an individual;
- 36 (ii) The provision of health care to an individual; or
- 37 (iii) The past, present or future payment for the provision of health care to an individual.
- 38 (e) "Legal representative" means attorney at law, person holding a general power of attorney,
39 guardian, conservator or any person appointed by a court to manage the personal or financial affairs
40 of a person, or agency legally responsible for the welfare or support of a person.
- 41 (2)(a) During a public health emergency declared under ORS 433.441, the Public Health Director
42 may, as necessary to appropriately respond to the public health emergency:
- 43 (A) Adopt reporting requirements for and provide notice of those requirements to health care
44 providers, institutions and facilities for the purpose of obtaining information directly related to the
45 public health emergency;

1 (B) After consultation with appropriate medical experts, create and require the use of diagnostic
2 and treatment protocols to respond to the public health emergency and provide notice of those
3 protocols to health care providers, institutions and facilities;

4 (C) Order, or authorize local public health administrators to order, public health measures ap-
5 propriate to the public health threat presented;

6 (D) Authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons
7 who are three years of age or older;

8 (E) Upon approval of the Governor, take other actions necessary to address the public health
9 emergency and provide notice of those actions to health care providers, institutions and facilities,
10 including public health actions authorized by ORS 431A.015;

11 (F) Take any enforcement action authorized by ORS 431A.010, including the imposition of civil
12 penalties of up to \$500 per day against individuals, institutions or facilities that knowingly fail to
13 comply with requirements resulting from actions taken in accordance with the powers granted to
14 the Public Health Director under subparagraphs (A), (B) and (E) of this paragraph; and

15 (G) The authority granted to the Public Health Director under this section:

16 (i) Supersedes any authority granted to a local public health authority if the local public health
17 authority acts in a manner inconsistent with guidelines established or rules adopted by the director
18 under this section; and

19 (ii) Does not supersede the general authority granted to a local public health authority or a
20 local public health administrator except as authorized by law or necessary to respond to a public
21 health emergency.

22 (b) The authority of the Public Health Director to take administrative action, and the effec-
23 tiveness of any action taken, under paragraph (a)(A), (B) and (D) to (G) of this subsection terminates
24 upon the expiration of the declared state of public health emergency, unless the actions are con-
25 tinued under other applicable law.

26 (3) Civil penalties under subsection (2) of this section shall be imposed in the manner provided
27 in ORS 183.745. The Public Health Director must establish that the individual, institution or facility
28 subject to the civil penalty had actual notice of the action taken that is the basis for the penalty.
29 The maximum aggregate total for penalties that may be imposed against an individual, institution
30 or facility under subsection (2) of this section is \$500 for each day of violation, regardless of the
31 number of violations of subsection (2) of this section that occurred on each day of violation.

32 (4)(a) During a declared state of public health emergency, the Public Health Director and local
33 public health administrators shall be given immediate access to individually identifiable health in-
34 formation necessary to:

35 (A) Determine the causes of an illness related to the public health emergency;

36 (B) Identify persons at risk;

37 (C) Identify patterns of transmission;

38 (D) Provide treatment; and

39 (E) Take steps to control the disease.

40 (b) Individually identifiable health information accessed as provided by paragraph (a) of this
41 subsection may not be used for conducting nonemergency epidemiologic research or to identify
42 persons at risk for post-traumatic mental health problems, or for any other purpose except the pur-
43 poses listed in paragraph (a) of this subsection.

44 (c) Individually identifiable health information obtained by the Public Health Director or local
45 public health administrators under this subsection may not be disclosed without written authori-

1 zation of the identified individual except:

2 (A) Directly to the individual who is the subject of the information or to the legal representative
3 of that individual;

4 (B) To state, local or federal agencies authorized to receive such information by state or federal
5 law;

6 (C) To identify or to determine the cause or manner of death of a deceased individual; or

7 (D) Directly to a health care provider for the evaluation or treatment of a condition that is the
8 subject of a declaration of a state of public health emergency issued under ORS 433.441.

9 (d) Upon expiration of the state of public health emergency, the Public Health Director or local
10 public health administrators may not use or disclose any individually identifiable health information
11 that has been obtained under this section. If a state of emergency that is related to the state of
12 public health emergency has been declared under ORS 401.165, the Public Health Director and local
13 public health administrators may continue to use any individually identifiable information obtained
14 as provided under this section until termination of the state of emergency.

15 (5) All civil penalties recovered under this section shall be paid into the State Treasury and
16 credited to the General Fund and are available for general governmental expenses.

17 (6) The Public Health Director may request assistance in enforcing orders issued pursuant to
18 this section from state or local law enforcement authorities. If so requested by the Public Health
19 Director, state and local law enforcement authorities, to the extent resources are available, shall
20 assist in enforcing orders issued pursuant to this section.

21 (7) If the Oregon Health Authority adopts temporary rules to implement the provisions of this
22 section, the rules adopted are not subject to the provisions of ORS 183.335 (6)(a). The authority may
23 amend temporary rules adopted pursuant to this subsection as often as necessary to respond to the
24 public health emergency.

25 **SECTION 22.** ORS 441.044 is amended to read:

26 441.044. (1) Rules adopted pursuant to ORS 441.025 shall include procedures for the filing of
27 complaints as to the standard of care in any health care facility and provide for the confidentiality
28 of the identity of any complainant.

29 (2) A health care facility, or person acting in the interest of the facility, may not take any dis-
30 ciplinary or other adverse action against any employee who in good faith brings evidence of inap-
31 propriate care or any other violation of law or rules to the attention of the proper authority solely
32 because of the employee's action as described in this subsection.

33 (3) Any employee who has knowledge of inappropriate care or any other violation of law or
34 rules shall utilize established reporting procedures of the health care facility administration before
35 notifying the Department of Human Services, Oregon Health Authority or other state agency of the
36 alleged violation, unless the employee believes that patient health or safety is in immediate jeopardy
37 or the employee makes the report to the department or the authority under the confidentiality pro-
38 visions of subsection (1) of this section.

39 (4) The protection of health care facility employees under subsection (2) of this section shall
40 commence with the reporting of the alleged violation by the employee to the administration of the
41 health care facility or to the department, authority or other state agency pursuant to subsection (3)
42 of this section.

43 (5) Any person suffering loss or damage due to any violation of subsection (2) of this section has
44 a right of action for damages in addition to other appropriate remedy.

45 (6) The provisions of this section do not apply to a nursing staff, as defined in ORS 441.179, who

1 claims to be aggrieved by a violation of ORS 441.181 committed by a hospital.

2 (7) Information obtained by the department or the authority during an investigation of a com-
3 plaint or reported violation under this section is confidential and not subject to public disclosure
4 under ORS 192.311 to 192.478. Upon the conclusion of the investigation, the department or the au-
5 thority may publicly release a report of the department's or the authority's findings but may not
6 include information in the report that could be used to identify the complainant or any patient at
7 the health care facility. The department or the authority may use any information obtained during
8 an investigation in an administrative or judicial proceeding concerning the licensing of a health care
9 facility, and may report information obtained during an investigation to a health professional regu-
10 latory board as defined in ORS 676.160, the Long Term Care Administrators Board, the Board of
11 Licensed Dietitians **and Nutritionists** or the Behavior Analysis Regulatory Board as that informa-
12 tion pertains to a licensee of the board.

13 **SECTION 23.** ORS 676.108 is amended to read:

14 676.108. For purposes of ORS 676.110, 676.115, 676.120 and 676.130, "health professional regula-
15 tory board" means a health professional regulatory board, as defined in ORS 676.160, the Long Term
16 Care Administrators Board, the Board of Licensed Dietitians **and Nutritionists** and the Behavior
17 Analysis Regulatory Board.

18 **SECTION 24.** ORS 676.150 is amended to read:

19 676.150. (1) As used in this section:

20 (a) "Board" means the:

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

22 (B) State Board of Chiropractic Examiners;

23 (C) State Board of Licensed Social Workers;

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

25 (E) Oregon Board of Dentistry;

26 (F) Board of Licensed Dietitians **and Nutritionists**;

27 (G) State Board of Massage Therapists;

28 (H) Oregon Board of Naturopathic Medicine;

29 (I) Oregon State Board of Nursing;

30 (J) Long Term Care Administrators Board;

31 (K) Oregon Board of Optometry;

32 (L) State Board of Pharmacy;

33 (M) Oregon Medical Board;

34 (N) Occupational Therapy Licensing Board;

35 (O) Oregon Board of Physical Therapy;

36 (P) Oregon Board of Psychology;

37 (Q) Board of Medical Imaging;

38 (R) State Board of Direct Entry Midwifery;

39 (S) State Board of Denture Technology;

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

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

43 (V) Oregon State Veterinary Medical Examining Board;

44 (W) State Mortuary and Cemetery Board; or

45 (X) Behavior Analysis Regulatory Board.

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

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

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

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

5 (d) "Unprofessional conduct" means conduct unbecoming a licensee or detrimental to the best
6 interests of the public, including conduct contrary to recognized standards of ethics of the licensee's
7 profession or conduct that endangers the health, safety or welfare of a patient or client.

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

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

17 (4) The board responsible for a licensee who is reported to have engaged in prohibited or un-
18 professional conduct shall investigate in accordance with the board's rules. If the board has rea-
19 sonable cause to believe that the licensee has engaged in prohibited conduct, the board shall present
20 the facts to an appropriate law enforcement agency without undue delay, but in no event later than
21 10 working days after the board finds reasonable cause to believe that the licensee engaged in pro-
22 hibited conduct.

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

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

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

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

31 (c) If the Health Licensing Office receives a report described in this subsection, the report is
32 confidential and the office may only disclose the report pursuant to ORS 676.595 and 676.599.

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

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

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

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

43 **SECTION 25.** ORS 676.350 is amended to read:

44 676.350. (1) As used in this section:

45 (a) "Expedited partner therapy" means the practice of prescribing or dispensing antibiotic drugs

1 for the treatment of a sexually transmitted infection to the partner of a patient without first exam-
2 ining the partner of the patient.

3 (b) "Partner of a patient" means a person whom a patient diagnosed with a sexually transmitted
4 infection identifies as a sexual partner of the patient.

5 (c) "Practitioner" has the meaning given that term in ORS 475.005.

6 (2) A health professional regulatory board, as defined in ORS 676.160, the Long Term Care Ad-
7 ministrators Board, the Board of Licensed Dietitians **and Nutritionists** and the Behavior Analysis
8 Regulatory Board may adopt rules permitting practitioners to practice expedited partner therapy.
9 If a board adopts rules permitting practitioners to practice expedited partner therapy, the board
10 shall consult with the Oregon Health Authority to determine which sexually transmitted infections
11 are appropriately addressed with expedited partner therapy.

12 (3) A prescription issued in the practice of expedited partner therapy authorized by the rules
13 of a board is valid even if the name of the patient for whom the prescription is intended is not on
14 the prescription.

15 (4) The authority shall make available informational material about expedited partner therapy
16 that a practitioner may distribute to patients.

17 **SECTION 26.** ORS 676.400 is amended to read:

18 676.400. (1) It is the intention of the Legislative Assembly to achieve the goal of universal access
19 to adequate levels of high quality health care at an affordable cost for all Oregonians, regardless
20 of ethnic or cultural background.

21 (2) The Legislative Assembly finds that:

22 (a) Access to health care is of value when it leads to treatment that substantially improves
23 health outcomes;

24 (b) Health care is most effective when it accounts for the contribution of culture to health status
25 and health outcomes;

26 (c) Ethnic and racial minorities experience more than their statistically fair share of undesirable
27 health outcomes;

28 (d) The lack of licensed health care professionals from ethnic and racial minorities or who are
29 bilingual contributes to the inadequacy of health outcomes in communities of color in this state; and

30 (e) The development of a partnership between health professional regulatory boards and com-
31 munities of color to increase the representation of people of color and bilingual people in health
32 care professions has significant potential to improve the health outcomes of people of color and bi-
33 lingual citizens of this state.

34 (3) Health professional regulatory boards shall establish programs to increase the representation
35 of people of color and bilingual people on the boards and in the professions that they regulate. Such
36 programs must include activities to promote the education, recruitment and professional practice
37 of members of these targeted populations in Oregon.

38 (4) Each health professional regulatory board shall maintain records of the racial and ethnic
39 makeup of applicants and professionals regulated by the board. Such information shall be requested
40 from applicants and the professionals regulated who shall be informed in writing that the provision
41 of such information is voluntary and not required.

42 (5) Each health professional regulatory board shall report biennially to the Legislative Assembly
43 in the manner required by ORS 192.245. The report shall contain:

44 (a) Data detailing the efforts of the board to comply with the requirements of subsection (3) of
45 this section; and

1 (b) Data collected under subsection (4) of this section documenting the ethnic and racial makeup
2 of the applicants and of the professionals regulated by the board.

3 (6) For purposes of this section, “health professional regulatory board” means a health profes-
4 sional regulatory board, as defined in ORS 676.160, the Long Term Care Administrators Board, the
5 Board of Licensed Dietitians **and Nutritionists** and the Behavior Analysis Regulatory Board.

6 **SECTION 27.** ORS 676.410 is amended to read:

7 676.410. (1) As used in this section, “health care workforce regulatory board” means the:

8 (a) State Board of Examiners for Speech-Language Pathology and Audiology;

9 (b) State Board of Chiropractic Examiners;

10 (c) State Board of Licensed Social Workers;

11 (d) Oregon Board of Licensed Professional Counselors and Therapists;

12 (e) Oregon Board of Dentistry;

13 (f) Board of Licensed Dietitians **and Nutritionists**;

14 (g) State Board of Massage Therapists;

15 (h) Oregon Board of Naturopathic Medicine;

16 (i) Oregon State Board of Nursing;

17 (j) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

18 (k) Oregon Board of Optometry;

19 (L) State Board of Pharmacy;

20 (m) Oregon Medical Board;

21 (n) Occupational Therapy Licensing Board;

22 (o) Oregon Board of Physical Therapy;

23 (p) Oregon Board of Psychology; and

24 (q) Board of Medical Imaging.

25 (2) An individual applying to renew a license with a health care workforce regulatory board
26 must provide the information prescribed by the Oregon Health Authority pursuant to subsection (3)
27 of this section to the health care workforce regulatory board. Except as provided in subsection (4)
28 of this section, a health care workforce regulatory board may not approve an application to renew
29 a license until the applicant provides the information.

30 (3) The authority shall collaborate with each health care workforce regulatory board to adopt
31 rules establishing:

32 (a) The information that must be provided to a health care workforce regulatory board under
33 subsection (2) of this section, which may include:

34 (A) Demographics, including race and ethnicity.

35 (B) Education and training information.

36 (C) License information.

37 (D) Employment information.

38 (E) Primary and secondary practice information.

39 (F) Anticipated changes in the practice.

40 (G) Languages spoken.

41 (b) The manner and form of providing information under subsection (2) of this section.

42 (4)(a) Subject to paragraph (b) of this subsection, a health care workforce regulatory board shall
43 report health care workforce information collected under subsection (2) of this section to the au-
44 thority.

45 (b) Except as provided in paragraph (c) of this subsection, personally identifiable information

1 collected under subsection (2) of this section is confidential and a health care workforce regulatory
2 board and the authority may not release such information.

3 (c) A health care workforce regulatory board may release personally identifiable information
4 collected under subsection (2) of this section to a law enforcement agency for investigative purposes
5 or to the authority for state health planning purposes.

6 (5) A health care workforce regulatory board may adopt rules to perform the board's duties
7 under this section.

8 (6) In addition to renewal fees that may be imposed by a health care workforce regulatory board,
9 the authority shall establish fees to be paid by individuals applying to renew a license with a health
10 care workforce regulatory board. The amount of fees established under this subsection must be
11 reasonably calculated to reimburse the actual cost of obtaining or reporting information as required
12 by subsection (2) of this section.

13 (7) Using information collected under subsection (2) of this section, the authority shall create
14 and maintain a health care workforce database. The authority shall provide data from the health
15 care workforce database and may provide data from other relevant sources, including data related
16 to the diversity of this state's health care workforce, upon request to state agencies and to the
17 Legislative Assembly. The authority may contract with a private or public entity to establish and
18 maintain the database and to perform data analysis.

19 **SECTION 28.** Section 3, chapter 380, Oregon Laws 2015, is amended to read:

20 **Sec. 3.** (1) For individuals applying to renew a license to practice a regulated profession with
21 the Oregon Board of Dentistry, Board of Licensed Dietitians **and Nutritionists**, Oregon State Board
22 of Nursing, State Board of Pharmacy, Oregon Medical Board, Occupational Therapy Licensing Board
23 and Physical Therapist Licensing Board, the amendments to ORS 676.410 by section 1, chapter 380,
24 Oregon Laws 2015, apply to applications to renew a license to practice a regulated profession that
25 are submitted on or after January 1, 2016.

26 (2) For individuals applying to renew a license to practice a regulated profession with the State
27 Board of Examiners for Speech-Language Pathology and Audiology, State Board of Chiropractic
28 Examiners, State Board of Licensed Social Workers, Oregon Board of Licensed Professional Coun-
29 selors and Therapists, State Board of Massage Therapists, Oregon Board of Naturopathic Medicine,
30 Respiratory Therapist and Polysomnographic Technologist Licensing Board, Oregon Board of
31 Optometry, Oregon Board of Psychology and Board of Medical Imaging, the amendments to ORS
32 676.410 by section 1, chapter 380, Oregon Laws 2015, apply to applications to renew a license to
33 practice a regulated profession that are submitted on or after the date on which rules are adopted
34 for health care workers regulated by a health care workforce regulatory board pursuant to ORS
35 676.410 (3).

36 **SECTION 29.** ORS 676.565 is amended to read:

37 676.565. Pursuant to ORS 676.568, the Health Licensing Office shall provide administrative and
38 regulatory oversight and centralized service for the following boards, councils and programs:

39 (1) Board of Athletic Trainers, as provided in ORS 688.701 to 688.734;

40 (2) Board of Cosmetology, as provided in ORS 690.005 to 690.225;

41 (3) State Board of Denture Technology, as provided in ORS 680.500 to 680.565;

42 (4) State Board of Direct Entry Midwifery, as provided in ORS 687.405 to 687.495;

43 (5) Respiratory Therapist and Polysomnographic Technologist Licensing Board, as provided in
44 ORS 688.800 to 688.840;

45 (6) Environmental Health Registration Board, as provided in ORS chapter 700;

- 1 (7) Board of Electrologists and Body Art Practitioners, as provided in ORS 690.350 to 690.410;
- 2 (8) Advisory Council on Hearing Aids, as provided in ORS 694.015 to 694.170;
- 3 (9) Sexual Offense Treatment Board, as provided in ORS 675.365 to 675.410;
- 4 (10) Long Term Care Administrators Board, as provided in ORS 678.710 to 678.820;
- 5 (11) Board of Licensed Dietitians **and Nutritionists**, as provided in ORS 691.405 to 691.485;
- 6 (12) Behavior Analysis Regulatory Board, as provided in ORS 676.806;
- 7 (13) Board of Certified Advanced Estheticians, as provided in ORS 676.630 to 676.660;
- 8 (14) Art therapy, as provided in ORS 681.740 to 681.758;
- 9 (15) Lactation consultation, as provided in ORS 676.665 to 676.689;
- 10 (16) Music therapy, as provided in ORS 681.700 to 681.730;
- 11 (17) Genetic counseling, as provided in ORS 676.730 to 676.748;
- 12 (18) State Board of Sign Language Interpreters, as provided in ORS 676.750 to 676.789; and
- 13 (19) Temporary staffing agencies, as provided in ORS 676.695 to 676.725.

14 **SECTION 30.** ORS 676.595 is amended to read:

15 676.595. (1) As used in this section, “board” means the:

- 16 (a) Sexual Offense Treatment Board established under ORS 675.395.
- 17 (b) Behavior Analysis Regulatory Board created under ORS 676.806.
- 18 (c) Long Term Care Administrators Board established under ORS 678.800.
- 19 (d) State Board of Denture Technology established under ORS 680.556.
- 20 (e) State Board of Direct Entry Midwifery established under ORS 687.470.
- 21 (f) Board of Athletic Trainers established under ORS 688.705.
- 22 (g) Respiratory Therapist and Polysomnographic Technologist Licensing Board established under
- 23 ORS 688.820.
- 24 (h) Board of Licensed Dietitians **and Nutritionists** established under ORS 691.485.
- 25 (i) Environmental Health Registration Board established under ORS 700.210.

26 (2) Except to the extent that disclosure is necessary to conduct a full and proper investigation,

27 the Health Licensing Office may not disclose information, including complaints and information

28 identifying complainants, obtained by the office as part of an investigation conducted under:

- 29 (a) ORS 675.365 to 675.410, 676.802 to 676.830, 678.710 to 678.820, 680.500 to 680.565, 687.405 to
- 30 687.495, 688.701 to 688.734, 688.800 to 688.840 or 691.405 to 691.485 or ORS chapter 700.
- 31 (b) ORS 676.560 to 676.625 if the investigation is related to the regulation of:
- 32 (A) Sexual abuse specific treatment under ORS 675.365 to 675.410;
- 33 (B) Applied behavior analysis under ORS 676.802 to 676.830;
- 34 (C) Nursing home administration and residential care facility administration under ORS 678.710
- 35 to 678.820;
- 36 (D) The practice of denture technology under ORS 680.500 to 680.565;
- 37 (E) Direct entry midwifery under ORS 687.405 to 687.495;
- 38 (F) Athletic training under ORS 688.701 to 688.734;
- 39 (G) Respiratory care and polysomnography under ORS 688.800 to 688.840;
- 40 (H) Dietetics under ORS 691.405 to 691.485; or
- 41 (I) Environmental or waste water sanitation under ORS chapter 700.

42 (3) Notwithstanding subsection (2) of this section, if the office or board decides not to impose

43 a disciplinary sanction after conducting an investigation described in subsection (2) of this section:

- 44 (a) The office shall disclose information obtained as part of the investigation if the person re-
- 45 questing the information demonstrates by clear and convincing evidence that the public interest in

1 disclosure outweighs other interests in nondisclosure, including the public interest in nondisclosure.

2 (b) The office may disclose to a complainant who made a complaint related to the investigation
3 a written summary of information obtained as part of the investigation to the extent that disclosure
4 is necessary to explain the office's or board's decision. The person who is the subject of the inves-
5 tigation may review and obtain a copy of a written summary disclosed under this paragraph after
6 the office has redacted any information identifying the complainant.

7 (4) Notwithstanding subsection (2) of this section, if a decision is made to impose a disciplinary
8 sanction and to issue a notice of intent to impose a disciplinary sanction after conducting an in-
9 vestigation described in subsection (2) of this section, upon written request by the person who is the
10 subject of the investigation, the office shall disclose to the person all information obtained by the
11 office or board during the investigation, except that the office may not disclose:

12 (a) Information that is otherwise privileged or confidential under state or federal law.

13 (b) Information identifying a person who provided information that led to the investigation, un-
14 less the person will provide testimony at a hearing arising out of the investigation.

15 (c) Information identifying a complainant.

16 (d) Reports of expert witnesses.

17 (5) Information disclosed to a person under subsection (4) of this section may be further dis-
18 closed by the person only to the extent that disclosure is necessary to prepare for a hearing arising
19 out of the investigation.

20 (6) The office shall disclose:

21 (a) Any notice related to the imposition of a disciplinary sanction.

22 (b) A final order related to the imposition of a disciplinary sanction.

23 (c) An emergency suspension order.

24 (d) A consent order or stipulated agreement that involves the conduct of a person against whom
25 discipline is sought.

26 (e) Information to further an investigation into board conduct under ORS 192.685.

27 (7) The office or board must summarize the factual basis for the office's or board's disposition
28 of:

29 (a) A final order related to the imposition of a disciplinary sanction;

30 (b) An emergency suspension order; or

31 (c) A consent order or stipulated agreement that involves the conduct of a person against whom
32 discipline is sought.

33 (8)(a) An office or board record or order, or any part of an office or board record or order, that
34 is obtained during an investigation described in subsection (2) of this section, during a contested
35 case proceeding or as a result of entering into a consent order or stipulated agreement is not ad-
36 missible as evidence and may not preclude an issue or claim in a civil proceeding.

37 (b) This subsection does not apply to a proceeding between the office or board and a person
38 against whom discipline is sought as otherwise authorized by law.

39 (9)(a) Notwithstanding subsection (2) of this section, the office is not publicly disclosing infor-
40 mation when the office permits other public officials and members of the press to attend executive
41 sessions where information obtained as part of an investigation is discussed. Public officials and
42 members of the press attending such executive sessions may not disclose information obtained as
43 part of an investigation to any other member of the public.

44 (b) For purposes of this subsection, "public official" means a member, member-elect or employee
45 of a public entity as defined in ORS 676.177.

1 (10) The office may establish fees reasonably calculated to reimburse the actual cost of disclos-
2 ing information to a person against whom discipline is sought as required by subsection (4) of this
3 section.

4 **SECTION 31.** ORS 676.850 is amended to read:

5 676.850. (1) As used in this section, “board” means the:

6 (a) State Board of Examiners for Speech-Language Pathology and Audiology;

7 (b) State Board of Chiropractic Examiners;

8 (c) State Board of Licensed Social Workers;

9 (d) Oregon Board of Licensed Professional Counselors and Therapists;

10 (e) Oregon Board of Dentistry;

11 (f) Board of Licensed Dietitians **and Nutritionists**;

12 (g) State Board of Massage Therapists;

13 (h) Oregon Board of Naturopathic Medicine;

14 (i) Oregon State Board of Nursing;

15 (j) Long Term Care Administrators Board;

16 (k) Oregon Board of Optometry;

17 (L) State Board of Pharmacy;

18 (m) Oregon Medical Board;

19 (n) Occupational Therapy Licensing Board;

20 (o) Oregon Board of Physical Therapy;

21 (p) Oregon Board of Psychology;

22 (q) Board of Medical Imaging;

23 (r) State Board of Direct Entry Midwifery;

24 (s) State Board of Denture Technology;

25 (t) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

26 (u) Home Care Commission;

27 (v) Oregon Health Authority, to the extent that the authority licenses emergency medical ser-
28 vice providers; and

29 (w) Health Licensing Office, to the extent that the office licenses lactation consultants.

30 (2)(a) A board shall adopt rules to require a person authorized to practice the profession regu-
31 lated by the board to complete cultural competency continuing education. Completion of the con-
32 tinuing education described in this subsection shall be a condition of renewal of an authorization
33 to practice the profession regulated by the board every other time that the person’s authorization
34 is subject to renewal.

35 (b) Cultural competency continuing education courses may be taken in addition to or, if a board
36 determines that the cultural competency continuing education fulfills existing continuing education
37 requirements, instead of any other continuing education requirement imposed by the board.

38 (c) A board shall consider the availability of the continuing education described in this sub-
39 section when adopting rules regarding the required number of credits of continuing education.

40 (d) A board shall encourage, but may not require, the completion of continuing education ap-
41 proved by the Oregon Health Authority under ORS 413.450. A board shall accept as meeting the
42 requirements of this subsection continuing education that meets the skills requirements established
43 by the authority by rule.

44 (3) The requirements of subsection (2) of this section do not apply to a person authorized to
45 practice a profession regulated by a board if the person is:

- 1 (a) Retired and not practicing the profession in any state;
- 2 (b) Not practicing the profession in this state; or
- 3 (c) Residing in this state but not practicing the profession in any state.

4 **SECTION 32.** ORS 676.992 is amended to read:

5 676.992. (1) Except as provided in subsection (3) of this section, and in addition to any other
6 penalty or remedy provided by law, the Health Licensing Office may impose a civil penalty not to
7 exceed \$5,000 for each violation of the following statutes and any rule adopted under the following
8 statutes:

- 9 (a) ORS 688.701 to 688.734 (athletic training);
- 10 (b) ORS 690.005 to 690.225 (cosmetology);
- 11 (c) ORS 680.500 to 680.565 (denture technology);
- 12 (d) Subject to ORS 676.616 and 687.445, ORS 687.405 to 687.495 (direct entry midwifery);
- 13 (e) ORS 690.350 to 690.410 (tattooing, electrolysis, body piercing, earlobe piercing, dermal im-
14 planting and scarification);
- 15 (f) ORS 694.015 to 694.170 (dealing in hearing aids);
- 16 (g) ORS 688.800 to 688.840 (respiratory therapy and polysomnography);
- 17 (h) ORS chapter 700 (environmental sanitation);
- 18 (i) ORS 675.365 to 675.410 (sexual abuse specific treatment);
- 19 (j) ORS 678.710 to 678.820 (nursing home administrators and residential care facility adminis-
20 trators);
- 21 (k) ORS 691.405 to 691.485 (dietitians **and nutritionists**);
- 22 (L) ORS 676.612 (prohibited acts);
- 23 (m) ORS 676.802 to 676.830 (applied behavior analysis);
- 24 (n) ORS 681.700 to 681.730 (music therapy);
- 25 (o) ORS 676.630 to 676.660 (advanced nonablative esthetics procedure);
- 26 (p) ORS 681.740 to 681.758 (art therapy);
- 27 (q) ORS 676.665 to 676.689 (lactation consultation);
- 28 (r) ORS 676.730 to 676.748 (genetic counseling); and
- 29 (s) ORS 676.750 to 676.789 (signed language interpretation).

30 (2) The office may take any other disciplinary action that it finds proper, including but not
31 limited to assessment of costs of disciplinary proceedings, not to exceed \$5,000, for violation of any
32 statute listed in subsection (1) of this section or any rule adopted under any statute listed in sub-
33 section (1) of this section.

34 (3) Subsection (1) of this section does not limit the amount of the civil penalty resulting from a
35 violation of ORS 694.042.

36 (4) In imposing a civil penalty under this section, the office shall consider the following factors:

- 37 (a) The immediacy and extent to which the violation threatens the public health or safety;
- 38 (b) Any prior violations of statutes, rules or orders;
- 39 (c) The history of the person incurring a penalty in taking all feasible steps to correct any vio-
40 lation; and
- 41 (d) Any other aggravating or mitigating factors.

42 (5) Civil penalties under this section shall be imposed as provided in ORS 183.745.

43 (6) The moneys received by the office from civil penalties under this section shall be deposited
44 in the Health Licensing Office Account and are continuously appropriated to the office for the ad-
45 ministration and enforcement of the laws the office is charged with administering and enforcing that

1 govern the person against whom the penalty was imposed.

2 **SECTION 33.** ORS 743B.454 is amended to read:

3 743B.454. (1) As used in this section:

4 (a) “Complete application” means a provider’s application to a health insurer to become a cre-
5 dentialled provider that includes:

6 (A) Information required by the health insurer;

7 (B) Proof that the provider is licensed by a health professional regulatory board as defined in
8 ORS 676.160, the Long Term Care Administrators Board, the Board of Licensed Dietitians **and**
9 **Nutritionists** or the Behavior Analysis Regulatory Board;

10 (C) Proof of current registration with the Drug Enforcement Administration of the United States
11 Department of Justice, if applicable to the provider’s practice; and

12 (D) Proof that the provider is covered by a professional liability insurance policy or certification
13 meeting the health insurer’s requirements.

14 (b) “Credentialing period” means the period beginning on the date a health insurer receives a
15 complete application and ending on the date the health insurer approves or rejects the complete
16 application or 90 days after the health insurer receives the complete application, whichever is ear-
17 lier.

18 (c) “Health insurer” means an insurer that offers managed health insurance or preferred pro-
19 vider organization insurance, other than a health maintenance organization as defined in ORS
20 750.005.

21 (2) A health insurer shall approve or reject a complete application within 90 days of receiving
22 the application.

23 (3)(a) A health insurer shall pay all claims for medical services covered by the health insurer
24 that are provided by a provider during the credentialing period.

25 (b) A provider may submit claims for medical services provided during the credentialing period
26 during or after the credentialing period.

27 (c) A health insurer may pay claims for medical services provided during the credentialing pe-
28 riod:

29 (A) During or after the credentialing period.

30 (B) At the rate paid to nonparticipating providers.

31 (d) If a provider submits a claim for medical services provided during the credentialing period
32 within six months after the end of the credentialing period, the health insurer may not deny payment
33 of the claim on the basis of the health insurer’s rules relating to timely claims submission.

34 (4) Subsection (3) of this section does not require a health insurer to pay claims for medical
35 services provided during the credentialing period if:

36 (a) The provider was previously rejected or terminated as a participating provider in any health
37 benefit plan underwritten or administered by the health insurer;

38 (b) The rejection or termination was due to the objectively verifiable failure of the provider to
39 provide medical services within the recognized standards of the provider’s profession; and

40 (c) The provider was given the opportunity to contest the rejection or termination before a panel
41 of peers in a proceeding conducted in conformity with the Health Care Quality Improvement Act
42 of 1986, 42 U.S.C. 11101 et seq.

43 **SECTION 34.** ORS 746.600, as amended by section 161, chapter 73, Oregon Laws 2024, is
44 amended to read:

45 746.600. As used in ORS 746.600 to 746.690:

1 (1)(a) "Adverse underwriting decision" means any of the following actions with respect to in-
2 surance transactions involving insurance coverage that is individually underwritten:

3 (A) A declination of insurance coverage.

4 (B) A termination of insurance coverage.

5 (C) Failure of an insurance producer to apply for insurance coverage with a specific insurer that
6 the insurance producer represents and that is requested by an applicant.

7 (D) In the case of life or health insurance coverage, an offer to insure at higher than standard
8 rates.

9 (E) In the case of insurance coverage other than life or health insurance coverage:

10 (i) Placement by an insurer or insurance producer of a risk with a residual market mechanism,
11 an unauthorized insurer or an insurer that specializes in substandard risks.

12 (ii) The charging of a higher rate on the basis of information that differs from that which the
13 applicant or policyholder furnished.

14 (iii) An increase in any charge imposed by the insurer for any personal insurance in connection
15 with the underwriting of insurance. For purposes of this sub-subparagraph, the imposition of a ser-
16 vice fee is not a charge.

17 (b) "Adverse underwriting decision" does not mean any of the following actions, but the insurer
18 or insurance producer responsible for the occurrence of the action must nevertheless provide the
19 applicant or policyholder with the specific reason or reasons for the occurrence:

20 (A) The termination of an individual policy form on a class or statewide basis.

21 (B) A declination of insurance coverage solely because the coverage is not available on a class
22 or statewide basis.

23 (C) The rescission of a policy.

24 (2) "Affiliate of" a specified person or "person affiliated with" a specified person means a person
25 who directly, or indirectly, through one or more intermediaries, controls, or is controlled by, or is
26 under common control with, the person specified.

27 (3) "Applicant" means a person who seeks to contract for insurance coverage, other than a
28 person seeking group insurance coverage that is not individually underwritten.

29 (4) "Consumer" means an individual, or the personal representative of the individual, who seeks
30 to obtain, obtains or has obtained one or more insurance products or services from a licensee that
31 are to be used primarily for personal, family or household purposes, and about whom the licensee
32 has personal information.

33 (5) "Consumer report" means any written, oral or other communication of information bearing
34 on a natural person's creditworthiness, credit standing, credit capacity, character, general reputa-
35 tion, personal characteristics or mode of living that is used or expected to be used in connection
36 with an insurance transaction.

37 (6) "Consumer reporting agency" means a person that, for monetary fees or dues, or on a co-
38 operative or nonprofit basis:

39 (a) Regularly engages, in whole or in part, in assembling or preparing consumer reports;

40 (b) Obtains information primarily from sources other than insurers; and

41 (c) Furnishes consumer reports to other persons.

42 (7) "Control" means, and the terms "controlled by" or "under common control with" refer to,
43 the possession, directly or indirectly, of the power to direct or cause the direction of the manage-
44 ment and policies of a person, whether through the ownership of voting securities, by contract other
45 than a commercial contract for goods or nonmanagement services, or otherwise, unless the power

1 of the person is the result of a corporate office held in, or an official position held with, the con-
2 trolled person.

3 (8) "Covered entity" means:

4 (a) A health insurer;

5 (b) A health care provider that transmits any health information in electronic form to carry out
6 financial or administrative activities in connection with a transaction covered by ORS 746.607 or
7 by rules adopted under ORS 746.608; or

8 (c) A health care clearinghouse.

9 (9) "Credit history" means any written or other communication of any information by a con-
10 sumer reporting agency that:

11 (a) Bears on a consumer's creditworthiness, credit standing or credit capacity; and

12 (b) Is used or expected to be used, or collected in whole or in part, as a factor in determining
13 eligibility, premiums or rates for personal insurance.

14 (10) "Customer" means a consumer who has a continuing relationship with a licensee under
15 which the licensee provides one or more insurance products or services to the consumer that are
16 to be used primarily for personal, family or household purposes.

17 (11) "Declination of insurance coverage" or "decline coverage" means a denial, in whole or in
18 part, by an insurer or insurance producer of an application for requested insurance coverage.

19 (12) "Health care" means care, services or supplies related to the health of an individual.

20 (13) "Health care operations" includes but is not limited to:

21 (a) Quality assessment, accreditation, auditing and improvement activities;

22 (b) Case management and care coordination;

23 (c) Reviewing the competence, qualifications or performance of health care providers or health
24 insurers;

25 (d) Underwriting activities;

26 (e) Arranging for legal services;

27 (f) Business planning;

28 (g) Customer services;

29 (h) Resolving internal grievances;

30 (i) Creating deidentified information; and

31 (j) Fundraising.

32 (14) "Health care provider" includes but is not limited to:

33 (a) A psychologist, occupational therapist, regulated social worker, professional counselor or
34 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675
35 or an employee of the psychologist, occupational therapist, regulated social worker, professional
36 counselor or marriage and family therapist;

37 (b) A physician or physician associate licensed under ORS chapter 677, an acupuncturist li-
38 censed under ORS 677.759 or an employee of the physician, physician associate or acupuncturist;

39 (c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of
40 the nurse or nursing home administrator;

41 (d) A dentist licensed under ORS chapter 679 or an employee of the dentist;

42 (e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental
43 hygienist or denturist;

44 (f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee
45 of the speech-language pathologist or audiologist;

- 1 (g) An emergency medical services provider licensed under ORS chapter 682;
2 (h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;
3 (i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic
4 physician;
5 (j) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic
6 physician;
7 (k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage
8 therapist;
9 (L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct
10 entry midwife;
11 (m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical
12 therapist;
13 (n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical
14 imaging licensee;
15 (o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory
16 care practitioner;
17 (p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-
18 somnographic technologist;
19 (q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;
20 (r) A dietitian **or nutritionist** licensed under ORS 691.405 to 691.485 or an employee of the
21 dietitian **or nutritionist**;
22 (s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral
23 service practitioner;
24 (t) A health care facility as defined in ORS 442.015;
25 (u) A home health agency as defined in ORS 443.014;
26 (v) A hospice program as defined in ORS 443.850;
27 (w) A clinical laboratory as defined in ORS 438.010;
28 (x) A pharmacy as defined in ORS 689.005;
29 (y) A diabetes self-management program as defined in ORS 743.694; and
30 (z) Any other person or entity that furnishes, bills for or is paid for health care in the normal
31 course of business.
- 32 (15) "Health information" means any oral or written information in any form or medium that:
33 (a) Is created or received by a covered entity, a public health authority, a life insurer, a school,
34 a university or a health care provider that is not a covered entity; and
35 (b) Relates to:
36 (A) The past, present or future physical or mental health or condition of an individual;
37 (B) The provision of health care to an individual; or
38 (C) The past, present or future payment for the provision of health care to an individual.
- 39 (16) "Health insurer" means an insurer who offers:
40 (a) A health benefit plan as defined in ORS 743B.005;
41 (b) A short term health insurance policy, the duration of which does not exceed three months
42 including renewals;
43 (c) A student health insurance policy;
44 (d) A Medicare supplemental policy; or
45 (e) A dental only policy.

1 (17) "Homeowner insurance" means insurance for residential property consisting of a combina-
2 tion of property insurance and casualty insurance that provides coverage for the risks of owning
3 or occupying a dwelling and that is not intended to cover an owner's interest in rental property or
4 commercial exposures.

5 (18) "Individual" means a natural person who:

6 (a) In the case of life or health insurance, is a past, present or proposed principal insured or
7 certificate holder;

8 (b) In the case of other kinds of insurance, is a past, present or proposed named insured or
9 certificate holder;

10 (c) Is a past, present or proposed policyowner;

11 (d) Is a past or present applicant;

12 (e) Is a past or present claimant; or

13 (f) Derived, derives or is proposed to derive insurance coverage under an insurance policy or
14 certificate that is subject to ORS 746.600 to 746.690.

15 (19) "Individually identifiable health information" means any oral or written health information
16 that is:

17 (a) Created or received by a covered entity or a health care provider that is not a covered en-
18 tity; and

19 (b) Identifiable to an individual, including demographic information that identifies the individual,
20 or for which there is a reasonable basis to believe the information can be used to identify an indi-
21 vidual, and that relates to:

22 (A) The past, present or future physical or mental health or condition of an individual;

23 (B) The provision of health care to an individual; or

24 (C) The past, present or future payment for the provision of health care to an individual.

25 (20) "Institutional source" means a person or governmental entity that provides information
26 about an individual to an insurer, insurance producer or insurance-support organization, other than:

27 (a) An insurance producer;

28 (b) The individual who is the subject of the information; or

29 (c) A natural person acting in a personal capacity rather than in a business or professional ca-
30 pacity.

31 (21) "Insurance producer" or "producer" means a person licensed by the Director of the De-
32 partment of Consumer and Business Services as a resident or nonresident insurance producer.

33 (22) "Insurance score" means a number or rating that is derived from an algorithm, computer
34 application, model or other process that is based in whole or in part on credit history.

35 (23)(a) "Insurance-support organization" means a person who regularly engages, in whole or in
36 part, in assembling or collecting information about natural persons for the primary purpose of pro-
37 viding the information to an insurer or insurance producer for insurance transactions, including:

38 (A) The furnishing of consumer reports to an insurer or insurance producer for use in con-
39 nection with insurance transactions; and

40 (B) The collection of personal information from insurers, insurance producers or other
41 insurance-support organizations for the purpose of detecting or preventing fraud, material misrep-
42 resentation or material nondisclosure in connection with insurance underwriting or insurance claim
43 activity.

44 (b) "Insurance-support organization" does not mean insurers, insurance producers, governmental
45 institutions or health care providers.

1 (24) "Insurance transaction" means any transaction that involves insurance primarily for per-
2 sonal, family or household needs rather than business or professional needs and that entails:

3 (a) The determination of an individual's eligibility for an insurance coverage, benefit or payment;
4 or

5 (b) The servicing of an insurance application, policy or certificate.

6 (25) "Insurer" has the meaning given that term in ORS 731.106.

7 (26) "Investigative consumer report" means a consumer report, or portion of a consumer report,
8 for which information about a natural person's character, general reputation, personal character-
9 istics or mode of living is obtained through personal interviews with the person's neighbors, friends,
10 associates, acquaintances or others who may have knowledge concerning such items of information.

11 (27) "Licensee" means an insurer, insurance producer or other person authorized or required to
12 be authorized, or licensed or required to be licensed, pursuant to the Insurance Code.

13 (28) "Loss history report" means a report provided by, or a database maintained by, an
14 insurance-support organization or consumer reporting agency that contains information regarding
15 the claims history of the individual property that is the subject of the application for a homeowner
16 insurance policy or the consumer applying for a homeowner insurance policy.

17 (29) "Nonaffiliated third party" means any person except:

18 (a) An affiliate of a licensee;

19 (b) A person that is employed jointly by a licensee and by a person that is not an affiliate of the
20 licensee; and

21 (c) As designated by the director by rule.

22 (30) "Payment" includes but is not limited to:

23 (a) Efforts to obtain premiums or reimbursement;

24 (b) Determining eligibility or coverage;

25 (c) Billing activities;

26 (d) Claims management;

27 (e) Reviewing health care to determine medical necessity;

28 (f) Utilization review; and

29 (g) Disclosures to consumer reporting agencies.

30 (31)(a) "Personal financial information" means:

31 (A) Information that is identifiable with an individual, gathered in connection with an insurance
32 transaction from which judgments can be made about the individual's character, habits, avocations,
33 finances, occupations, general reputation, credit or any other personal characteristics; or

34 (B) An individual's name, address and policy number or similar form of access code for the
35 individual's policy.

36 (b) "Personal financial information" does not mean information that a licensee has a reasonable
37 basis to believe is lawfully made available to the general public from federal, state or local gov-
38 ernment records, widely distributed media or disclosures to the public that are required by federal,
39 state or local law.

40 (32) "Personal information" means:

41 (a) Personal financial information;

42 (b) Individually identifiable health information; or

43 (c) Protected health information.

44 (33) "Personal insurance" means the following types of insurance products or services that are
45 to be used primarily for personal, family or household purposes:

- 1 (a) Private passenger automobile coverage;
- 2 (b) Homeowner, mobile homeowners, manufactured homeowners, condominium owners and
3 renters coverage;
- 4 (c) Personal dwelling property coverage;
- 5 (d) Personal liability and theft coverage, including excess personal liability and theft coverage;
6 and
- 7 (e) Personal inland marine coverage.
- 8 (34) "Personal representative" includes but is not limited to:
- 9 (a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with
10 authority to make medical and health care decisions;
- 11 (b) A person appointed as a health care representative under ORS 127.505 to 127.660 or 127.700
12 to 127.737 to make health care decisions or mental health treatment decisions;
- 13 (c) A person appointed as a personal representative under ORS chapter 113; and
- 14 (d) A person described in ORS 746.611.
- 15 (35) "Policyholder" means a person who:
- 16 (a) In the case of individual policies of life or health insurance, is a current policyowner;
- 17 (b) In the case of individual policies of other kinds of insurance, is currently a named insured;
18 or
- 19 (c) In the case of group policies of insurance under which coverage is individually underwritten,
20 is a current certificate holder.
- 21 (36) "Pretext interview" means an interview wherein the interviewer, in an attempt to obtain
22 personal information about a natural person, does one or more of the following:
- 23 (a) Pretends to be someone the interviewer is not.
- 24 (b) Pretends to represent a person the interviewer is not in fact representing.
- 25 (c) Misrepresents the true purpose of the interview.
- 26 (d) Refuses upon request to identify the interviewer.
- 27 (37) "Privileged information" means information that is identifiable with an individual and that:
- 28 (a) Relates to a claim for insurance benefits or a civil or criminal proceeding involving the in-
29 dividual; and
- 30 (b) Is collected in connection with or in reasonable anticipation of a claim for insurance benefits
31 or a civil or criminal proceeding involving the individual.
- 32 (38)(a) "Protected health information" means individually identifiable health information that is
33 transmitted or maintained in any form of electronic or other medium by a covered entity.
- 34 (b) "Protected health information" does not mean individually identifiable health information in:
- 35 (A) Education records covered by the federal Family Educational Rights and Privacy Act (20
36 U.S.C. 1232g);
- 37 (B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or
- 38 (C) Employment records held by a covered entity in its role as employer.
- 39 (39) "Residual market mechanism" means an association, organization or other entity involved
40 in the insuring of risks under ORS 735.005 to 735.145, 737.312 or other provisions of the Insurance
41 Code relating to insurance applicants who are unable to procure insurance through normal insur-
42 ance markets.
- 43 (40) "Termination of insurance coverage" or "termination of an insurance policy" means either
44 a cancellation or a nonrenewal of an insurance policy, in whole or in part, for any reason other than
45 the failure of a premium to be paid as required by the policy.

- 1 (41) "Treatment" includes but is not limited to:
2 (a) The provision, coordination or management of health care; and
3 (b) Consultations and referrals between health care providers.
4

5 **MISCELLANEOUS**
6

7 **SECTION 35.** Section 36 of this 2025 Act is added to and made a part of ORS 691.405 to
8 **691.485.**

9 **SECTION 36.** (1) Notwithstanding ORS 691.405 to 691.485, a person licensed by the Board
10 of Licensed Dietitians and Nutritionists before the effective date of this 2025 Act, and a
11 person whose application for licensure by the board was received by the board before the
12 effective date of this 2025 Act, shall remain licensed, eligible for licensure reactivation or
13 eligible for licensure subject to the requirements in effect at the time of initial licensure or
14 application for licensure, if the person remains in good standing and, if the person is a
15 licensee, maintains an active or inactive license.

16 (2) Notwithstanding ORS 691.405 to 691.485, the board shall continue to license as a
17 dietitian a person licensed by the board as a dietitian on or before the effective date of this
18 2025 Act, and may not require the person to meet any additional requirements for licensure,
19 if the person holds a registered dietitian credential issued by the Commission on Dietetic
20 Registration, or its successor organization, as approved by the board. The board shall license
21 as a nutritionist a person described in this subsection who does not hold the registered
22 dietitian credential, and may not require the person to meet any additional requirements for
23 licensure.
24

25 **CAPTIONS**
26

27 **SECTION 37.** The unit captions used in this 2025 Act are provided only for the conven-
28 ience of the reader and do not become part of the statutory law of this state or express any
29 legislative intent in the enactment of this 2025 Act.
30

31 **OPERATIVE AND EFFECTIVE DATES**
32

33 **SECTION 38.** (1) Sections 2 to 5 of this 2025 Act and the amendments to ORS 192.556,
34 401.651, 413.164, 413.550, 431A.850, 433.045, 433.443, 441.044, 676.108, 676.150, 676.350, 676.400,
35 676.410, 676.565, 676.595, 676.850, 676.992, 691.405, 691.415, 691.435, 691.445, 691.465, 691.475,
36 691.477, 691.485, 743B.454 and 746.600 and section 3, chapter 380, Oregon Laws 2015, by
37 sections 6 to 13 and 15 to 34 of this 2025 Act become operative on January 1, 2026.

38 (2) The Board of Licensed Dietitians and Nutritionists and the Health Licensing Office
39 may take any action before the operative date specified in subsection (1) of this section that
40 is necessary for the board or the office to exercise, on or after the operative date specified
41 in subsection (1) of this section, all of the duties, functions and powers conferred on the
42 board and the office by sections 2 to 5 of this 2025 Act and the amendments to ORS 192.556,
43 401.651, 413.164, 413.550, 431A.850, 433.045, 433.443, 441.044, 676.108, 676.150, 676.350, 676.400,
44 676.410, 676.565, 676.595, 676.850, 676.992, 691.405, 691.415, 691.435, 691.445, 691.465, 691.475,
45 691.477, 691.485, 743B.454 and 746.600 and section 3, chapter 380, Oregon Laws 2015, by

1 sections 6 to 13 and 15 to 34 of this 2025 Act.

2 **SECTION 39.** This 2025 Act takes effect on the 91st day after the date on which the 2025
3 regular session of the Eighty-third Legislative Assembly adjourns sine die.

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