

House Bill 2451

Sponsored by Representative GELSER

SUMMARY

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

Creates two full-time positions in Department of Justice for purpose of performing duties of designated medical professionals.

A BILL FOR AN ACT

1
2 Relating to designated medical professionals; creating new provisions; and amending ORS 419B.023.

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

4 **SECTION 1. (1) The Department of Justice shall create two full-time positions for the**
5 **purpose of providing child abuse medical assessments and carrying out the other duties im-**
6 **posed under ORS 419B.023.**

7 **(2) The two persons employed by the department shall act as designated medical profes-**
8 **sionals who are available to travel around this state to provide assistance to:**

9 **(a) Child abuse medical assessment clinics that have incurred unexpected increases in**
10 **child abuse medical assessments; and**

11 **(b) Communities in this state in which there is no convenient access to designated med-**
12 **ical professionals.**

13 **(3) The two persons employed by the department shall be qualified to:**

14 **(a) Conduct child abuse medical assessments required under ORS 419B.023;**

15 **(b) Review evaluations made by persons other than designated medical professionals; and**

16 **(c) Mentor and support other designated medical professionals in carrying out the duties**
17 **imposed under ORS 419B.023.**

18 **SECTION 2. ORS 419B.023 is amended to read:**

19 **419B.023. (1) As used in this section and section 1 of this 2009 Act:**

20 **(a) "Designated medical professional" means the person described in ORS 418.747 (9) or the**
21 **person's designee.**

22 **(b) "Suspicious physical injury" includes, but is not limited to:**

23 **(A) Burns or scalds;**

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

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

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

27 **(E) Multiple fractures in a child of any age;**

28 **(F) Dislocations, soft tissue swelling or moderate to severe cuts;**

29 **(G) Loss of the ability to walk or move normally according to the child's developmental ability;**

30 **(H) Unconsciousness or difficulty maintaining consciousness;**

31 **(I) Multiple injuries of different types;**

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 (J) Injuries causing serious or protracted disfigurement or loss or impairment of the function
 2 of any bodily organ; or

3 (K) Any other injury that threatens the physical well-being of the child.

4 (2) If a person conducting an investigation under ORS 419B.020 observes a child who has suf-
 5 fered suspicious physical injury and the person has a reasonable suspicion that the injury may be
 6 the result of abuse, the person shall, in accordance with the protocols and procedures of the county
 7 multidisciplinary child abuse team described in ORS 418.747:

8 (a) Immediately photograph or cause to have photographed the suspicious physical injuries in
 9 accordance with ORS 419B.028; and

10 (b) Ensure that a designated medical professional conducts a medical assessment within 48
 11 hours, or sooner if dictated by the child’s medical needs.

12 (3) The requirement of subsection (2) of this section shall apply:

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

15 (A) During the investigation of a new allegation of abuse; or

16 (B) If the injury was not previously observed by a person conducting an investigation under ORS
 17 419B.020; and

18 (b) Regardless of whether the child has previously been photographed or assessed during an in-
 19 vestigation of an allegation of abuse.

20 (4)(a) Department or law enforcement personnel shall make a reasonable effort to locate a des-
 21 ignated medical professional. If after reasonable efforts a designated medical professional is not
 22 available to conduct a medical assessment within 48 hours, the child shall be evaluated by an
 23 available physician.

24 (b) If the child is evaluated by a physician, physician assistant or nurse practitioner other than
 25 a designated medical professional, the evaluating physician, physician assistant or nurse practitioner
 26 shall make photographs, clinical notes, diagnostic and testing results and any other relevant mate-
 27 rials available to the designated medical professional for consultation within 72 hours following
 28 evaluation of the child.

29 (c) The person conducting the medical assessment may consult with and obtain records from the
 30 child’s regular pediatrician or family physician under ORS 419B.050.

31 (5) Nothing in this section prevents a person conducting a child abuse investigation from seek-
 32 ing immediate medical treatment from a hospital emergency room or other medical provider for a
 33 child who is physically injured or otherwise in need of immediate medical care.

34 (6) If the child described in subsection (2) of this section is less than five years of age, the des-
 35 ignated medical professional may, within 14 days, refer the child for a screening for early inter-
 36 vention services or early childhood special education, as those terms are defined in ORS 343.035.
 37 The referral may not indicate the child is subject to a child abuse investigation unless written
 38 consent is obtained from the child’s parent authorizing such disclosure. If the child is already re-
 39 ceiving those services, or is enrolled in the Head Start program, a person involved in the delivery
 40 of those services to the child shall be invited to participate in the county multidisciplinary child
 41 abuse team’s review of the case and shall be provided with paid time to do so by the person’s em-
 42 ployer.

43 (7) Nothing in this section limits the rights provided to minors in ORS chapter 109 or the ability
 44 of a minor to refuse to consent to the medical assessment described in this section.