House Bill 2348

Sponsored by Representative GREENLICK, Senator STEINER HAYWARD (Presession filed.)

SUMMARY

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

Establishes eight regional public health authorities. Transfers responsibility for public health services in each county to regional public health authority with jurisdiction for county, regional public health administrator, regional registrar and regional medical examiner, from local, county and district entities and officers.

Becomes operative on January 1, 2016.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to regional public health authorities; creating new provisions; amending ORS 30.302, 109.610, 124.050, 146.003, 146.025, 146.035, 146.045, 146.055, 146.065, 146.075, 146.080, 146.085, 146.088, 146.095, 146.100, 146.109, 146.113, 146.125, 146.135, 169.040, 176.740, 179.505, 181.537, 222.860, 222.870, 222.905, 247.570, 307.490, 336.035, 401.657, 403.115, 411.435, 414.150, 414.152, 414.153, 417.775, 417.777, 417.795, 418.325, 418.714, 418.747, 418.785, 419B.005, 426.070, 426.170, 426.335, 430.735, 430.920, 430.925, 431.120, 431.150, 431.157, 431.170, 431.180, 431.260, 431.262, 431.264, 431.266, 431.330, 431.335, 431.340, 431.345, 431.350, 431.375, 431.380, 431.385, 431.480, 431.520, 431.530, 431.550, 431.705, 431.715, 431.990, 432.030, 432.035, 432.040, 432.080, 432.085, 432.105, 432.119, 432.121, 432.206, 432.307, 432.317, 432.333, 433.001, 433.004, 433.006, 433.008, 433.012, 433.035, 433.055, 433.060, 433.065, 433.070, 433.080, 433.090, 433.094, 433.121, 433.123, 433.126, 433.128, 433.131, 433.133, 433.137, 433.138, 433.140, 433.142, 433.235, 433.245, 433.260, 433.267, 433.269, 433.280, 433.323, 433.326, 433.345, 433.390, 433.419, 433.423, 433.442, 433.443, 433.449, 433.452, 433.750, 433.855, 433.860, 435.105, 435.205, 438.130, 438.310, 441.061, 441.131, 441.630, 442.485, 442.490, 443.005, 443.500, 446.310, 446.425, 448.100, 448.150, 448.153, 448.170, 448.273, 451.435, 452.010, 452.110, 452.210, 452.240, 452.245, 452.250, 452.300, 453.322, 454.275, 459.385, 468.060, 475.309, 609.652, 616.755, 624.106, 624.121, 624.130, 624.320, 624.400, 624.490, 624.495, 624.510, 624.550, 624.570, 624.650, 624.992, 659A.250 and 689.605 and section 77, chapter 37, Oregon Laws 2012; repealing ORS 431.405, 431.410, 431.412, 431.414, 431.415, 431.416, 431.418, 431.440, 431.510, 452.230 and 624.005; and prescribing an effective date.

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

SECTION 1. (1) There are established eight regional public health authorities.

(2) Each regional public health authority is the policymaking authority for the counties within the jurisdiction of the regional public health authority with respect to public health services within the counties.

(3) Each regional public health authority shall consist of the following members, each of whom must reside in a county within the jurisdiction of the regional public health authority:

(a) An administrator appointed pursuant to section 3 of this 2013 Act.

(b) One member of the governing body of each county within the jurisdiction of the re-

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.

gional public health authority who is selected by the governing body of the county.

(c) One member of each common school district board having jurisdiction over an entire county within the jurisdiction of the regional public health authority who is selected by the district board.

(d) One physician who has been licensed to practice medicine in this state by the Oregon Medical Board.

(e) One dentist who has been licensed to practice dentistry in this state by the Oregon Board of Dentistry.

(f) Two other members who are individuals who are licensed by this state as health care practitioners or are well informed on public health services.

(4) The members described in subsection (3)(d) to (f) of this section shall be appointed by the members described in subsection (3)(a) to (c) of this section. Except for the administrator appointed pursuant to section 3 of this 2013 Act, the term of office of each of the appointed members shall be four years. Terms of office expire annually on February 1. The first appointments shall be for terms of one, two, three or four years, as designated by the members described in subsection (3)(a) to (c) of this section.

(5) As used in this section and sections 2 and 3 of this 2013 Act, "public health services" includes, but is not limited to:

(a) Emergency management.

(b) Communicable diseases prevention and management.

(c) Smoking cessation programs.

(d) Vital statistics.

(e) Immunization.

(f) Family planning.

(g) Public swimming pools, public spa pools, public wading pools and bathhouses.

(h) Water quality control.

(i) Vector control.

(j) Environmental health services.

(k) Special event licensing.

(L) Food handler training.

SECTION 2. (1) Each regional public health authority shall:

(a) Administer and enforce the rules of the regional public health authority and the Oregon Health Authority.

(b) Ensure that public health services are provided within the counties under its jurisdiction.

(2) The Oregon Health Authority may delegate to a regional public health authority or all regional public health authorities any duty of the Oregon Health Authority pursuant to law with respect to public health services.

(3) The Oregon Health Authority shall adopt:

(a) Rules necessary to enable the regional public health authorities to carry out their policies and responsibilities, including rules that confer rulemaking authority on the regional public health authorities.

(b) Schedules of fees for public health services that may be charged within the jurisdictions of the regional public health authorities and that are reasonably calculated not to exceed the cost of the services performed.

SECTION 3. (1) Each regional public health authority shall appoint, in accordance with standards for selection of administrators prescribed by the Oregon Health Authority, a qualified regional public health administrator to supervise the activities of the regional public health authority in accordance with law.

(2) Each regional public health administrator shall:

(a) Serve as the executive secretary and act as the administrator of the regional public health authority and supervise the officers and employees appointed under paragraph (b) of this subsection.

(b) Appoint, with the approval of the other members of the regional public health authority, administrators, medical officers, public health nurses, environmental health specialists and other employees necessary to carry out the duties and responsibilities of the regional public health authority.

(c) Provide the Oregon Health Authority at appropriate intervals with information concerning the activities of the regional public health authority and submit an annual budget to the governing bodies of the counties within the jurisdiction of the regional public health authority for approval.

(d) Act as the agent of the Oregon Health Authority in enforcing state public health laws and rules of the Oregon Health Authority.

(e) Perform other duties as required by law.

(3) Each regional public health administrator shall possess the powers of constables or other peace officers in all matters pertaining to public health services for which the regional public health authority is responsible.

(4) The regional public health administrator shall serve until removed by the Oregon Health Authority. The regional public health administrator shall engage in no occupation that conflicts with the administrator's official duties and shall devote sufficient time to duties as administrator to fulfill the requirements of subsection (2) of this section.

(5) Each regional public health administrator shall receive a salary fixed by the Oregon Health Authority in consultation with the counties within the jurisdiction of the regional public health authority and shall be reimbursed for actual and necessary expenses incurred in the performance of duties under this section.

SECTION 4. The governing body of each county within the jurisdiction of a regional public health authority shall provide adequate quarters and facilities for the duties of the regional public health authority within the county and shall appropriate sufficient funds for the administration of the authority within the county.

SECTION 5. (1) The Oregon Health Authority, in consultation with county boards of health and health districts, shall determine the borders of the regional public health authorities established under section 1 of this 2013 act.

(2) The responsibility for public health services as defined in section 1 of this 2013 Act of the entities and individuals listed in subsection (3) of this section shall be transferred, in a manner determined by the Oregon Health Authority, to the regional public health authority with jurisdiction for the county, the regional public health administrator, the regional registrar and the regional medical examiner, as applicable.

(3) Subsection (2) of this section applies to:

(a) A local public health authority;

(b) A local public health administrator;

(c) A local public health officer;

(d) A local board of health;

(e) A local health department;

(f) A local health officer or official;

(g) A local registrar;

(h) A county board of health;

(i) A county health department;

(j) A county registrar;

(k) A district board of health; and

(L) A district medical examiner.

SECTION 6. ORS 431.120 is amended to read:

431.120. The Oregon Health Authority shall:

(1) Enforce state health policies and rules.

(2) Have the custody of all books, papers, documents and other property belonging to the State Health Commission, which may be deposited in the authority's office.

(3) Give any instructions that may be necessary, and forward them to the [*various local*] **regional** public health administrators [*throughout the state*].

(4) Routinely conduct epidemiological investigations for each case of sudden infant death syndrome including, but not limited to, the identification of risk factors such as birth weight, maternal age, prenatal care, history of apnea and socioeconomic characteristics. The **Oregon Health** Authority may conduct the investigations through [*local health departments*] **regional public health authorities** only upon adoption by rule of a uniform epidemiological data collection method.

(5) Adopt rules related to loans and grants awarded under ORS 285B.560 to 285B.599 or 541.700 to 541.855 for the improvement of drinking water systems for the purpose of maintaining compliance with applicable state and federal drinking water quality standards. In adopting rules under this subsection, the **Oregon Health** Authority shall coordinate the authority's rulemaking process with the Water Resources Department and the Oregon Business Development Department in order to ensure that rules adopted under this subsection are consistent with rules adopted under ORS 285B.563 and 541.845.

(6) Control health care capital expenditures by administering the state certificate of need program pursuant to ORS 442.325 to 442.344.

SECTION 7. ORS 431.150 is amended to read:

431.150. (1) The [*local*] **regional** public health administrators are charged with the strict and thorough enforcement of the public health laws of this state in [*their districts*] **the counties within the jurisdiction of the regional public health authorities that they administer**, under the supervision and direction of the Oregon Health Authority. [*They*] **A regional public health administrator** shall make an immediate report to the **Oregon Health** Authority of any violation of such laws coming to [*their*] **the administrator's** notice by observation, or upon the complaint of any person, or otherwise.

(2) The **Oregon Health** Authority is charged with the thorough and efficient execution of the public health laws of this state in every part of the state, and with supervisory powers over all [*local*] **regional** public health administrators, to the end that all the requirements are complied with.

(3) The **Oregon Health** Authority may investigate cases of irregularity or violation of law. All [*local*] **regional** public health administrators shall aid the authority, upon request, in [*such*] **the** investigation.

(4) When any case of violation of the public health laws of this state is reported to any district attorney or official acting in [*said*] **that** capacity, [*such*] **the** official shall forthwith initiate and promptly follow up the necessary proceedings against the parties responsible for the alleged violations of law.

(5) Upon request of the **Oregon Health** Authority, the Attorney General shall likewise assist in the enforcement of the public health laws of this state.

SECTION 8. ORS 431.157 is amended to read:

431.157. Pursuant to ORS 448.100 (1) and 446.425 (1), [*the county*] **each regional public health authority** is delegated the authority granted to the Director of the Oregon Health Authority in ORS 431.155.

SECTION 9. ORS 431.170 is amended to read:

431.170. (1) The Director of the Oregon Health Authority shall take direct charge of the functions that are necessary to preserve the public health [*in any county or district whenever any county or district official*] **within the jurisdiction of a regional public health authority whenever an official of the regional public health authority** fails or refuses to administer or enforce the public health laws or rules that the [*director or board*] **regional public health authority** is charged to enforce.

(2) The director may call to the aid of the director such assistance as is necessary for the enforcement of such statutes and rules, the expense of which shall be borne by [*the*] **any** county [*or district making the use of this procedure necessary*] **in which assistance under this section is required**, to be paid out of the [*respective county or district*] treasury **of the county** upon vouchers properly certified by the director.

SECTION 10. ORS 431.180 is amended to read:

431.180. Nothing in the public health laws shall be construed to empower or authorize the Oregon Health Authority or its representatives, or any [*county or district board of health*] **regional public health authority** or its representatives**,** to interfere in any manner with the individual's right to select the physician or mode of treatment of the choice of the individual, nor interfere with the practice of any person whose religion treats or administers to people who are sick or suffering by purely spiritual means. However, sanitary laws and rules must be complied with.

SECTION 11. ORS 431.260 is amended to read:

431.260. As used in ORS 431.035 to 431.530:

(1) "Children's facility" has the meaning given that term in ORS 433.235.

(2) "Communicable disease" means a disease or condition, the infectious agent of which may be transmitted by any means from one person or from an animal to another person, that may result in illness, death or severe disability.

(3) "Condition of public health importance" means a disease, syndrome, symptom, injury or other threat to public health that is identifiable on an individual or community level.

(4) "Disease outbreak" means a significant or notable increase in the number of cases of a disease or other condition of public health importance.

(5) "Epidemic" means the occurrence in a community or region of a group of similar conditions of public health importance that are in excess of normal expectancy and derived from a common or propagated source.

[*(6) "Local public health administrator" means the public health administrator of a county or health district appointed under ORS 431.418 or the authorized representative of that public health administrator.*]

[*(7) "Local public health authority" means a county government, or a health district created under ORS 431.414 or a person or agency a county or health district has contracted with to act as the local public health authority.*]

[*(8)*] **(6)** "Public health law" means any statute, rule or local ordinance that has the purpose of promoting or protecting the public health and that establishes the authority of the Oregon Health Authority, the Public Health Director, the Public Health Officer, a [*local*] **regional** public health authority or [*local*] **regional** public health administrator to enforce the statute, rule or local ordinance.

[*(9)*] **(7)** "Public health measure" means a test, medical examination, treatment, isolation, quarantine or other measure imposed on an individual or group of individuals in order to prevent the spread of or exposure to a communicable disease, toxic substance or transmissible agent.

(8) "Regional public health administrator" means the individual appointed under section 3 of this 2013 Act.

(9) "Regional public health authority" means an entity established under section 1 of this 2013 Act.

(10) "Reportable disease" means a disease or condition, the reporting of which enables a **regional** public health authority to take action to protect or to benefit the public health.

(11) "School" has the meaning given that term in ORS 433.235.

(12) "Specimen" means blood, sputum, urine, stool or other bodily fluids and wastes, tissues, and cultures necessary to perform required tests.

(13) "Test" means any diagnostic or investigative analyses or medical procedures that determine the presence or absence of, or exposure to, a condition of potential public health importance, or its precursor in an individual.

(14) "Toxic substance" means a substance that may cause illness, disability or death to persons who are exposed to it.

SECTION 12. ORS 431.262 is amended to read:

431.262. (1) The Oregon Health Authority and [*local*] **regional** public health administrators shall have the power to enforce public health laws. The enforcement powers authorized by this section include, but are not limited to, the authority to:

(a) Investigate possible violations of public health laws;

(b) Issue subpoenas requiring testimony or the production of physical or other evidence;

(c) Issue administrative orders to enforce compliance with public health laws;

(d) Issue a notice of violation of a public health law and impose a civil penalty as established by rule not to exceed $500 a day per violation;

(e) Enter private property at any reasonable time with consent of the owner or custodian of the property to inspect, investigate, evaluate or conduct tests, or take specimens or samples for testing, as may be reasonably necessary to determine compliance with any public health law;

(f) Enter a public place to inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing as may be reasonably necessary to determine compliance with the provisions of any public health law;

(g) Seek an administrative warrant from an appropriate court authorizing the inspection, investigation, evaluation or testing, or taking of specimens or samples for testing, if denied entry to property;

(h) Restrict access to contaminated property;

(i) Require removal or abatement of a toxic substance on any property and prescribe the proper

measures for the removal or abatement;

(j) Maintain a civil action to enforce compliance with public health laws, including a petition to a court for an order imposing a public health measure appropriate to the public health threat presented;

(k) Refer any possible criminal violations of public health laws to a district attorney or other appropriate law enforcement official; and

(L) Request the Attorney General to assist in the enforcement of the public health laws.

(2) Any administrative actions undertaken by the state under this section shall comply with the provisions of ORS chapter 183.

(3) State and local law enforcement officials, to the extent resources are available, must assist the Oregon Health Authority and [*local*] **regional** public health administrators in ensuring compliance with administrative or judicial orders issued pursuant to this section.

(4) Nothing in this section shall be construed to limit any other enforcement authority granted by law to a [*local*] **regional** public health authority or to the state.

SECTION 13. ORS 431.264 is amended to read:

431.264. (1) Unless the Governor has declared a public health emergency under ORS 433.441, the Public Health Director may, upon approval of the Governor or the designee of the Governor, take the public health actions described in subsection (2) of this section if the Public Health Director determines that:

(a)(A) A communicable disease, reportable disease, disease outbreak, epidemic or other condition of public health importance has affected more than one county;

(B) There is an immediate need for a consistent response from the state in order to adequately protect the public health;

(C) The resources of the [*local*] **regional** public health authority or authorities are likely to be quickly overwhelmed or unable to effectively manage the required response; and

(D) There is a significant risk to the public health; or

(b) A communicable disease, reportable disease, disease outbreak, epidemic or other condition of public health importance is reported in Oregon and is an issue of significant regional or national concern or is an issue for which there is significant involvement from federal authorities requiring state-federal coordination.

(2) The Public Health Director, after making the determinations required under subsection (1) of this section, may take the following public health actions:

(a) Coordinate the public health response across jurisdictions.

(b) Prescribe measures for the:

(A) Identification, assessment and control of the communicable disease or reportable disease, disease outbreak, epidemic or other condition of public health importance; and

(B) Allocation and distribution of antitoxins, serums, vaccines, immunizing agents, antibiotics, antidotes and other pharmaceutical agents, medical supplies or personal protective equipment.

(c) After consultation with appropriate medical experts, create and require the use of diagnostic and treatment guidelines and provide notice of those guidelines to health care providers, institutions and facilities.

(d) Require a person to obtain treatment and use appropriate prophylactic measures to prevent the introduction or spread of a communicable disease or reportable disease, unless:

(A) The person has a medical diagnosis for which a vaccination is contraindicated; or

(B) The person has a religious or conscientious objection to the required treatments or

prophylactic measures.

(e) Notwithstanding ORS 332.075, direct a district school board to close a children's facility or school under the jurisdiction of the board. The authority granted to the Public Health Director under this paragraph supersedes the authority granted to the district school board under ORS 332.075 to the extent the authority granted to the board is inconsistent with the authority granted to the director.

(f) Issue guidelines for private businesses regarding appropriate work restrictions.

(g) Organize public information activities regarding the public health response to circumstances described in subsection (1) of this section.

(h) Adopt reporting requirements for, and provide notice of those reporting requirements to, health care providers, institutions and facilities for the purpose of obtaining information directly related to the public health threat presented.

(i) Take control of antitoxins, serums, vaccines, immunizing agents, antibiotics, antidotes and other pharmaceutical agents, medical supplies or personal protective equipment.

(3) The authority granted to the Public Health Director under this section is not intended to override the general authority provided to a [*local*] **regional** public health authority except as already permitted by law, or under the circumstances described in subsection (1) of this section.

(4) If the Oregon Health Authority adopts temporary rules to implement subsection (2) of this section, the rules adopted are not subject to the provisions of ORS 183.335 (6)(a). The authority may amend the temporary rules adopted under this subsection as often as is necessary to respond to the public health threat.

(5) If it is necessary for the **Oregon Health** Authority to purchase antitoxins, serums, vaccines, immunizing agents, antibiotics, antidotes or other pharmaceutical agents, medical supplies or personal protective equipment, the purchases are not subject to the provisions of ORS chapter 279A, 279B or 279C.

(6) If property is taken under the authority granted to the Public Health Director under subsection (2) of this section, the owner of the property is entitled to reasonable compensation from the state.

SECTION 14. ORS 431.266 is amended to read:

431.266. The Public Health Director, after consultation with [*local*] **regional** public health authorities and [*local*] **regional** public health administrators, shall adopt rules governing the development of emergency plans and an incident management system.

SECTION 15. ORS 431.330 is amended to read:

431.330. (1) The Conference of [*Local*] **Regional** Health Officials is created. The conference shall consist of all [*local health officers and*] **regional** public health administrators[,] appointed pursuant to [*ORS 431.418*] **section 3 of this 2013 Act** and such other [*local*] health personnel as may be included by the rules of the conference.

(2) The Conference of [*Local*] **Regional** Health Officials shall select one of its members as chairperson, another as vice chairperson and another as secretary with such powers and duties necessary to the performance of the functions of such offices as the conference shall determine. The chairperson, after consultation with the Director of the Oregon Health Authority, shall appoint from the conference membership an executive committee. The executive committee with the chairperson shall advise the director in the administration of ORS 431.330 to 431.350.

SECTION 16. ORS 431.335 is amended to read:

431.335. (1) The Conference of [*Local*] **Regional** Health Officials shall meet at least annually at

a place, day and hour determined by the executive committee and the Director of the Oregon Health Authority. The conference may meet specially at such other times as the director or the executive committee considers necessary.

(2) The director shall cause at least 10 days' notice of each meeting date to be given to the members. The chairperson or an authorized representative of the chairperson shall preside at all meetings of the conference.

(3) Each conference member shall receive from the [*local board which*] **regional public health authority that** the conference member represents**,** from funds available under [*ORS 431.510*] **section 4 of this 2013 Act**, the actual and necessary travel and other expenses incurred by the conference member in attendance at no more than two meetings of the conference per year. Additionally, subject to applicable law regulating travel and other expenses for state officers, a [*local*] **regional** health official who is a member of the executive committee of the conference or who is the chairperson shall receive from funds available to the Oregon Health Authority, actual and necessary travel and other expenses for attendance at no more than six meetings per year of the executive committee called by the authority.

SECTION 17. ORS 431.340 is amended to read:

431.340. The Conference of [*Local*] **Regional** Health Officials may submit to the Oregon Health Authority such recommendations on the rules and standards specified in ORS 431.345 and 431.350.

SECTION 18. ORS 431.345 is amended to read:

431.345. In order to establish criteria for [*local boards of health*] **regional public health authorities** to qualify for such financial assistance as may be made available, the Oregon Health Authority, upon receipt of written approval from the Conference of [*Local*] **Regional** Health Officials shall adopt minimum standards governing:

(1) Education and experience for professional and technical personnel employed in [*local health departments*] **regional public health authorities**, such standards to be consistent with any applicable merit system.

(2) Organization, operation and extent of activities [*which*] **that** are required or expected of [*local health departments*] **regional public health authorities** to carry out their responsibilities in implementing the public health laws of this state and the rules of the Oregon Health Authority.

SECTION 19. ORS 431.350 is amended to read:

431.350. Upon receipt of written approval from the Conference of [*Local*] **Regional** Health Officials the Oregon Health Authority shall adopt rules necessary for the administration of ORS 431.330 to 431.350.

SECTION 20. ORS 431.375 is amended to read:

431.375. (1) The Legislative Assembly of the State of Oregon finds that each citizen of this state is entitled to basic public health services [*which*] **that** promote and preserve the health of the people of Oregon. To provide for basic public health services the state, in partnership with county governments, shall maintain and improve public health services through [*county or district administered*] public health programs **administered by regional public health authorities**.

(2) [*County governments or health districts established under ORS 431.414 are the local public health authority*] **A regional public health authority established under section 1 of this 2013 Act is** responsible for management of [*local*] **regional** public health services unless the [*county*] **regional public health authority** contracts with private persons or an agency to act as the [*local*] **regional** public health authority or the [*county*] **regional public health authority** relinquishes authority to the state. If authority is relinquished, the state may then contract with private persons

or an agency or perform the services.

(3) All expenditure of public funds utilized to provide public health services on the [*local*] **regional** level must be approved by the [*local*] **regional** public health authority unless the [*county*] **regional public health authority** has relinquished authority to the state or an exception has been approved by the Oregon Health Authority with the concurrence of the Conference of [*Local*] **Regional** Health Officials.

(4) The Oregon Health Authority:

(a) Shall contract for the provision of maternal and child public health services with any tribal governing council of a federally recognized Indian tribe that requests to receive funding and to deliver services under the federal Title V Maternal and Child Health Services Block Grant Program.

(b) May contract directly with any tribal governing council of a federally recognized Indian tribe for provision of public health services and programs not required under paragraph (a) of this subsection.

(5) Contracts authorized by subsection (4) of this section must specify that:

(a) Payments will be made to the tribe on a per capita or other equitable formula basis;

(b) The tribe must provide services that are comparable to the services provided by a [*local*] **regional** public health authority; and

(c) The tribe must comply with any state or federal requirements with which a [*local*] **regional** public health authority providing the same services must comply.

SECTION 21. ORS 431.380 is amended to read:

431.380. [*(1)*] From funds available to the Oregon Health Authority for [*local*] **regional** public health purposes, regardless of the source, the **Oregon Health** Authority shall provide payments to the [*local*] **regional** public health authority on a per capita or other equitable formula basis to be used for public health services. Funding formulas shall be determined by the **Oregon Health** Authority with the concurrence of the Conference of [*Local*] **Regional** Health Officials.

[*(2) With respect to counties that have established joint public health services with another county, either by agreement or the formation of a district board of health, distribution of funds made available under the provisions of this section shall be prorated to such counties as provided by agreement or under ORS 431.510.*]

SECTION 22. ORS 431.385 is amended to read:

431.385. (1) [*The local*] **A regional** public health authority shall submit an annual plan to the Oregon Health Authority for performing services pursuant to ORS 431.375 to 431.385 and [*431.416*] **section 2 of this 2013 Act**. The annual plan shall be submitted on a date established by the Oregon Health Authority by rule or on a date mutually agreeable to the **Oregon Health** Authority and the [*local*] **regional** public health authority.

(2) If the [*local*] **regional** public health authority decides not to submit an annual plan under the provisions of ORS 431.375 to 431.385 and [*431.416*] **section 2 of this 2013 Act**, the **Oregon Health** Authority shall become the [*local*] **regional** public health authority [*for that county or health district*].

(3) The **Oregon Health** Authority shall review and approve or disapprove each plan. Variances to the [*local*] **regional** public health plan must be approved by the **Oregon Health** Authority. In consultation with the Conference of [*Local*] **Regional** Health Officials, the **Oregon Health** Authority shall establish the elements of a plan and an appeals process whereby a [*local*] **regional public** health authority may obtain a hearing if its plan is disapproved.

(4) Each local commission on children and families shall reference the [*local*] **regional** public

health plan in the local coordinated comprehensive plan created pursuant to ORS 417.775.

SECTION 23. ORS 431.385, as amended by section 102, chapter 37, Oregon Laws 2012, is amended to read:

431.385. (1) [*The local*] **A regional** public health authority shall submit an annual plan to the Oregon Health Authority for performing services pursuant to ORS 431.375 to 431.385 and [*431.416*] **section 2 of this 2013 Act**. The annual plan shall be submitted on a date established by the Oregon Health Authority by rule or on a date mutually agreeable to the **Oregon Health** Authority and the [*local*] **regional** public health authority.

(2) If the [*local*] **regional** public health authority decides not to submit an annual plan under the provisions of ORS 431.375 to 431.385 and [*431.416*] **section 2 of this 2013 Act**, the **Oregon Health** Authority shall become the [*local*] **regional** public health authority [*for that county or health district*].

(3) The **Oregon Health** Authority shall review and approve or disapprove each plan. Variances to the [*local*] **regional** public health plan must be approved by the **Oregon Health** Authority. In consultation with the Conference of [*Local*] **Regional** Health Officials, the **Oregon Health** Authority shall establish the elements of a plan and an appeals process whereby a [*local*] **regional public** health authority may obtain a hearing if its plan is disapproved.

SECTION 24. ORS 431.480 is amended to read:

431.480. (1) All city boards of health are abolished.

(2) Any school district may appropriate money to be expended for public health measures in [*such*] **the** school district by the [*county or district board of health*] **regional public health authority**.

SECTION 25. ORS 431.520 is amended to read:

431.520. Public records, as defined in ORS 192.005, of **regional public health authorities,** district and county departments of health and community mental health clinics may be destroyed or otherwise disposed of in accordance with rules prescribed by the State Archivist. However, no records shall be required to be maintained for more than seven years from the date of the last entry for purposes of preserving evidence for any action, suit or proceeding.

SECTION 26. ORS 431.530 is amended to read:

431.530. (1) [*The local*] **A regional** public health administrator may take any action [*which*] **that** the Oregon Health Authority or [*its*] **the** Director **of the Oregon Health Authority** could have taken, if an emergency endangering the public health occurs within the jurisdiction of [*any local*] **the regional** public health administrator and:

(a) The circumstances of the emergency are such that the **Oregon Health** Authority or [*its*] **the** director cannot take action in time to meet the emergency; and

(b) Delay in taking action to meet the emergency will increase the hazard to public health.

(2) [*Any local*] **A regional** public health administrator who acts under subsection (1) of this section shall report the facts constituting the emergency and any action taken under the authority granted by subsection (1) of this section to the Director of the Oregon Health Authority by the fastest possible means.

SECTION 27. ORS 431.550 is amended to read:

431.550. [*Nothing in ORS 431.412, 431.418 and this section shall be construed to limit the authority of*] The Oregon Health Authority [*to*] **may** require facts and statistics from [*local*] **regional** public health administrators under its general supervisory power over all matters relating to the preservation of life and health of the people of the state.

SECTION 28. ORS 431.705 is amended to read:

431.705. As used in ORS 431.705 to 431.760, unless the context requires otherwise:

(1) "Affected territory" means an area that is the subject of a proceedings under ORS 431.705 to 431.760 where there is a danger to public health or an alleged danger to public health.

(2) "Boundary commission" means a local government boundary commission created under ORS 199.410 to 199.430, 199.435 to 199.464, 199.480 to 199.505 and 199.510.

(3) "Commission" means the Environmental Quality Commission.

(4) "Danger to public health" means a condition which is conducive to the propagation of communicable or contagious disease-producing organisms and which presents a reasonably clear possibility that the public generally is being exposed to disease-caused physical suffering or illness, including a condition such as:

(a) Impure or inadequate domestic water.

(b) Inadequate installations for the disposal or treatment of sewage, garbage or other contaminated or putrefying waste.

(c) Inadequate improvements for drainage of surface water and other fluid substances.

(5) "District" means any one of the following:

(a) A metropolitan service district formed under ORS chapter 268.

(b) A county service district formed under ORS chapter 451.

(c) A sanitary district formed under ORS 450.005 to 450.245.

(d) A sanitary authority, water authority or joint water and sanitary authority formed under ORS 450.600 to 450.989.

(e) A domestic water supply district formed under ORS chapter 264.

(6) "Requesting body" means the county court[,] or [*local or district board of health*] **regional public health authority** that makes a request under ORS 431.715.

(7) "Service facilities" means water or sewer installations or works.

SECTION 29. ORS 431.715 is amended to read:

431.715. (1) The county court or the [*local or district board of health*] **regional public health authority** having jurisdiction over territory where it believes conditions dangerous to the public health exist shall adopt a resolution requesting the Oregon Health Authority to initiate proceedings for the formation of a district or annexation of territory to, or delivery of appropriate water or sewer services by, an existing district without vote or consent in the affected territory. The resolution shall:

(a) Describe the boundaries of the affected territory;

(b) Describe the conditions alleged to be causing a danger to public health;

(c) Request the **Oregon Health** Authority to ascertain whether conditions dangerous to public health exist in the affected territory and whether such conditions could be removed or alleviated by the provision of service facilities; and either

(d) Recommend a district that the affected territory could be included in or annexed to for the purpose of providing the requested service facilities; or

(e) Recommend that an existing district provide service facilities in the affected territory.

(2) The requesting body shall cause a certified copy of the resolution, together with the time schedule and preliminary plans and specifications, prepared in accordance with subsection (3) of this section, to be forwarded to the **Oregon Health** Authority.

(3) The requesting body shall cause a study to be made and preliminary plans and specifications prepared for the service facilities considered necessary to remove or alleviate the conditions causing

a danger to public health. The requesting body shall prepare a schedule setting out the steps necessary to put the facilities into operation and the time required for each step in implementation of the plans.

(4) If the preliminary plans involve facilities that are subject to the jurisdiction of the Environmental Quality Commission, a copy of the documents submitted to the authority under subsection (2) of this section shall be submitted to the commission for review, in accordance with ORS 431.725, of those facilities that are subject to its jurisdiction. No order or findings shall be adopted under ORS 431.735 or 431.756 until the plans of the requesting body for such facilities, if any, have been approved by the commission.

SECTION 30. ORS 431.990 is amended to read:

431.990. Unless otherwise specifically provided by any other statute, failure to obey any rules relating to public health of the Oregon Health Authority or failure to obey any lawful written order relating to public health issued by the Director of the Oregon Health Authority or any [*district or county*] **regional** public health administrator is a Class A misdemeanor.

SECTION 31. ORS 431.405, 431.410, 431.412, 431.414, 431.415, 431.416, 431.418, 431.440 and 431.510 are repealed.

SECTION 32. ORS 432.030 is amended to read:

432.030. (1) The State Registrar of the Center for Health Statistics shall:

(a) Under the supervision of the Director of the Oregon Health Authority, have charge of the Center for Health Statistics.

(b) Administer and enforce the provisions of this chapter and the rules adopted pursuant thereto for the efficient administration of the system of vital statistics.

(c) Direct and supervise the system of vital statistics and the Center for Health Statistics and be custodian of its records.

(d) Direct, supervise and control the activities of all persons when they are engaged in activities pertaining to the operation of the system of vital statistics.

(e) Conduct training programs to promote uniformity of policy and procedures throughout the state in matters pertaining to the system of vital statistics.

(f) Prescribe, furnish and distribute such forms as are required by this chapter and the rules adopted pursuant thereto or prescribe other means for transmission of data to accomplish the purpose of complete and accurate reporting and registration.

(g) Prepare and publish reports of vital statistics of this state and such other reports as may be required by the Oregon Health Authority.

(h) Provide to local **and regional** health agencies such copies of or data derived from certificates and reports required under this chapter as the state registrar shall determine are necessary for local **and regional** health planning and program activities. The state registrar shall establish a schedule with each local **and regional** health agency for transmittal of the copies or data. The copies or data shall remain the property of the Center for Health Statistics and the uses that may be made of them shall be determined by the state registrar.

(i) Provide local **and regional** health agencies training and consultation in working with health data.

(2) The state registrar may delegate such functions and duties vested in the state registrar to employees of the Center for Health Statistics and to employees of any office established or designated under ORS 432.035.

SECTION 33. ORS 432.035 is amended to read:

432.035. The State Registrar of the Center for Health Statistics shall designate for each [*county*] **regional public health authority** a [*county*] **regional** registrar. In consultation with the state registrar, the [*county*] **regional** registrar may designate one or more deputy [*county*] **regional** registrars [*in any county*]. [*So far as practical, a county health official shall be designated county registrar.*]

SECTION 34. ORS 432.040 is amended to read:

432.040. The [*county and local*] **regional** registrars **designated under ORS 432.035** and their deputies shall:

(1) Comply with all instructions of the State Registrar of the Center for Health Statistics.

(2) Check upon the compliance by others with the provisions of this chapter and with the rules of the state registrar.

(3) Make an immediate report to the state registrar of any violation of this chapter or of the rules of the state registrar coming to their notice by observation or upon complaint of any person, or otherwise.

SECTION 35. ORS 432.080 is amended to read:

432.080. Notwithstanding ORS 432.146, the State Registrar of the Center for Health Statistics or the [*county*] **regional** registrar shall furnish[,] without charge [*therefor,*] a certified copy of a vital record to the United States Department of Veterans Affairs, the Director of Veterans' Affairs or any county service officer appointed under ORS 408.410 when the record is requested by the agency or officer in connection with, or for use as evidence in, any proceeding involving a claim based upon war veterans' benefits.

SECTION 36. ORS 432.085 is amended to read:

432.085. The Oregon Health Authority shall adopt, taking into consideration local service needs and interests, rules to allow a [*county*] **regional** registrar to sell **certified copies of birth certificates and death certificates**, within six months of the date of [*the event*] **a birth or death** occurring in [*the*] **a** county **within the jurisdiction of the regional public health authority for which the regional registrar is designated under ORS 432.035**[*, certified copies of birth certificates and death certificates*].

SECTION 37. ORS 432.105 is amended to read:

432.105. (1) [*Each local registrar shall promptly transmit each birth certificate and each death certificate filed with the local registrar to the county registrar.*] The [*county*] **regional** registrar shall maintain an abstract of each death certificate and may prepare and maintain an abstract for each birth certificate as follows:

(a) The abstract of death shall include the information contained on the report of death card prescribed by the State Registrar of the Center for Health Statistics.

(b) The abstract of birth shall contain only the full names of the child and the parent or parents, sex of the child, the county and date of birth, the residence address of the mother, date of filing and local file number.

(2) Abstracts shall be filed and indexed in alphabetical order and safely kept by the [*county*] **regional** registrar.

SECTION 38. ORS 432.119 is amended to read:

432.119. (1) Abstracts of birth and death certificates as provided in ORS 432.105 are public records and open to public inspection except as provided in this section. The [*county*] **regional** registrar shall mark the abstract of birth in a manner designated by the State Registrar of the Center for Health Statistics to indicate that the record is not to be used by any person compiling

a list for publication or a business contact list under the following conditions:

(a) If a birth certificate indicates any of the following:

(A) The father of the child is not identified.

(B) The infant dies after birth.

(C) Congenital anomaly is reported.

(D) Maternal disability or death is indicated.

(b) If the parent of the infant requests that the record not be made available for publication or business contact lists.

(2) The Oregon Health Authority or [*local health department, as provided in ORS 431.416,*] **a regional public health authority** may use any birth record or abstract as a source of information for activities necessary for the preservation of health or prevention of disease.

SECTION 39. ORS 432.121 is amended to read:

432.121. (1) To protect the integrity of vital records and vital reports, to ensure their proper use and to ensure the efficient and proper administration of the system of vital statistics, it shall be unlawful for any person to permit inspection of, or to disclose information from vital records or vital reports in the custody of the State Registrar of the Center for Health Statistics[*, county registrar or local registrar*] **or a regional registrar** or to copy or issue a copy of all or part of any such record or report unless authorized by this chapter and by rules adopted pursuant thereto or by order of a court of competent jurisdiction. Rules adopted under this section shall provide for adequate standards of security and confidentiality of vital records and vital reports. The state registrar shall adopt rules to ensure that, for records of dissolution of marriage issued in proceedings under ORS 107.085 or 107.485, Social Security numbers of the parties are kept confidential and exempt from public inspection.

(2) The State Registrar of the Center for Health Statistics shall authorize the inspection, disclosure and copying of the information referred to in subsection (1) of this section as follows:

(a) To the subject of the record; spouse, child, parent, sibling or legal guardian of the subject of the record; an authorized representative of the subject of the record, spouse, child, parent, sibling or legal guardian of the subject of the record; and, in the case of death, marriage or divorce records, to other next of kin.

(b) When a person demonstrates that a death, marriage or divorce record is needed for the determination or protection of a personal or property right.

(c) When 100 years have elapsed after the date of birth or 50 years have elapsed after the date of death, marriage or divorce.

(d) When the person requesting the information demonstrates that the person intends to use the information solely for research purposes. In order to receive the information, the person must submit a written request to the state registrar requesting a research agreement. The state registrar shall issue a research agreement if the person demonstrates that the information will be used only for research and will be held confidential. The research agreement shall prohibit the release by the person of any information other than that authorized by the agreement that might identify any person or institution.

(e) To the federal agency responsible for national vital statistics, upon request. The copies or data may be used solely for the conduct of official duties. Before furnishing the records, reports or data, the state registrar shall enter into an agreement with the federal agency indicating the statistical or research purposes for which the records, reports or data may be used. The agreement shall also set forth the support to be provided by the federal agency for the collection, processing

and transmission of the records, reports or data. Upon written request of the federal agency, the state registrar may approve, in writing, additional statistical or research uses of the records, reports or data supplied under the agreement.

(f) To federal, state and local governmental agencies, upon request. The copies or data may be used solely for the conduct of official duties of the requesting governmental agency.

(g) To offices of vital statistics outside this state when such records or other reports relate to residents of those jurisdictions or persons born in those jurisdictions. Before furnishing the records, reports or data, the state registrar shall enter into an agreement with the office of vital statistics. The agreement shall specify the statistical and administrative purposes for which the records, reports or data may be used and the agreement shall further provide instructions for the proper retention and disposition of the copies. Copies received by the Center for Health Statistics from offices of vital statistics in other states shall be handled in the same manner as prescribed in this section.

(h) To an investigator licensed under ORS 703.430, upon request.

(3) The state registrar, upon request of a family member or legal representative, shall issue a certified copy or other copy of a death certificate containing the cause of death information as provided in subsection (2) of this section or as follows:

(a) When a person has demonstrated through documented evidence a need for the cause of death to establish a legal right or claim.

(b) When the request for the copy is made by or on behalf of an organization that provides benefits to the decedent's survivors or beneficiaries.

(4) Nothing in this section prohibits the release of information or data that would not identify any person or institution named in a vital record or a vital report.

(5) Nothing in this section shall prohibit a health care provider from disclosing information contained in the provider's records as otherwise allowed by law.

(6) Nothing in this section shall be construed to permit disclosure of information contained in the "Information for Medical and Health Use Only" section of the birth certificate, fetal death report or the "Information for Statistical Purposes Only" section or other confidential section of the application, license and record of marriage or certificate of divorce, unless specifically authorized by the state registrar for statistical or research purposes. The data shall not be subject to subpoena or court order and shall not be admissible before any court, tribunal or judicial body.

(7) All forms and procedures used in the issuance of certified copies of vital records and vital reports shall be uniform and provided by or approved by the state registrar. All certified copies issued shall have security features that safeguard the document against alteration, counterfeiting, duplication or simulation without ready detection.

(8) Each copy issued shall show the date of filing. Copies issued from records marked "Amended" shall be similarly marked and shall show the effective date of the amendment. Copies issued from records marked "Delayed" shall be similarly marked and shall include the date of filing and a description of the evidence used to establish the delayed certificate.

(9) Any copy issued of a certificate of foreign birth shall indicate this fact and show the actual place of birth and the fact that the certificate is not proof of United States citizenship for an adoptive child.

(10) Appeals from decisions of the state registrar to refuse to disclose information or to permit inspection or copying of records as prescribed by this section and rules adopted pursuant thereto shall be made under ORS chapter 183.

(11) The state registrar shall adopt rules to implement this section in accordance with the ap-

plicable sections of ORS chapter 183.

(12) Indexes of deaths, marriages or divorces that list names, dates of events, county of events or certificate numbers may be disclosed.

SECTION 40. ORS 432.206 is amended to read:

432.206. (1) A certificate of birth for each birth that occurs in this state shall be filed with the [*county registrar of*] **regional registrar designated under ORS 432.035 for the regional public health authority with jurisdiction for** the county in which the birth occurred or with the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five days after the birth and shall be registered if the certificate has been completed and filed in accordance with this section. Any birth certificate not containing the name of the father or on which the surname of the father is at variance with that of the child, at the request of either parent, may be filed with the state registrar and not with the **regional** registrar [*of the county in which the birth occurred*].

(2) When a birth occurs in an institution or en route thereto, the person in charge of the institution or authorized designee shall obtain the personal data, prepare the certificate, certify either by signature or by an approved electronic process that the child was born alive at the place and time and on the date stated and file the certificate as directed in subsection (1) of this section. The physician or other person in attendance shall provide the medical information required by the certificate within 72 hours after the birth.

(3) When a birth occurs outside of an institution:

(a) The certificate shall be prepared and filed within five days after the birth by one of the following in the indicated order of priority, in accordance with rules adopted by the state registrar:

(A) The physician in attendance at the birth or immediately after the birth, or in the absence of such a person;

(B) The midwife in attendance at the birth or immediately after the birth, or in the absence of such a person;

(C) Any other person in attendance at the birth or immediately after the birth, or in the absence of such a person; or

(D) The father, the mother or, in the absence of the father and the inability of the mother, the person with authority over the premises where the birth occurred.

(b) The state registrar shall by rule determine what evidence shall be required to establish the facts of birth.

(4) When a birth occurs on a moving conveyance:

(a) Within the United States and the child is first removed from the conveyance in this state, the birth shall be registered in this state and the place where it is first removed shall be considered the place of birth.

(b) While in international waters or airspace or in a foreign country or its airspace and the child is first removed from the conveyance in this state, the birth shall be registered in this state but the certificate shall show the actual place of birth insofar as can be determined.

(5) If the mother is not married at the time of birth, the name of the father shall not be entered on the certificate unless:

(a) The mother was married to and cohabiting with her husband at the time of conception, in which case the husband's name shall be entered on the certificate, provided that the husband was not impotent or sterile; or

(b) Both the father and mother have signed a voluntary acknowledgment of paternity form that

has been executed in accordance with ORS 432.287 and filed with the registrar.

(6) In the case of a child born to a married woman as a result of artificial insemination with the consent of her husband, the husband's name shall be entered on the certificate.

(7) If the mother was not married at the time of either conception or birth or between conception and birth, the name of the father shall not be entered on the certificate unless a voluntary acknowledgment of paternity form or other form prescribed under ORS 432.287 signed by the mother and the person to be named as the father is filed with the state registrar.

(8) In any case in which paternity of a child is determined by a court of competent jurisdiction, or by an administrative determination of paternity, the Center for Health Statistics shall enter the name of the father on the new certificate of birth. The Center for Health Statistics shall change the surname of the child if so ordered by the court or, in a proceeding under ORS 416.430, by the administrator as defined in ORS 25.010.

(9) If the father is not named on the certificate of birth, no other information about the father shall be entered on the legal portion of the certificate. Information pertaining to the father may be entered in the "Medical and Confidential" section of the certificate of birth.

(10) Certificates of birth filed after five days, but within one year after the date of birth, shall be registered on the standard form of birth certificate in the manner prescribed in this section. The certificates shall not be marked "Delayed." The state registrar may require additional evidence in support of the facts of birth.

SECTION 41. ORS 432.307 is amended to read:

432.307. (1) A certificate of death for each death that occurs in this state must be submitted to the [*county registrar of*] **regional registrar designated under ORS 432.035 for the regional public health authority with jurisdiction for** the county in which the death occurred or to the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five days after death or the finding of a dead body and before final disposition, and must be registered if it has been completed and filed in accordance with this section.

(a) If the place of death is unknown, but the dead body is found in this state, the certificate of death must be completed and filed in accordance with this section. The place where the body is found must be shown as the place of death. If the date of death is unknown, it must be determined by approximation. If the date cannot be determined by approximation, the date the dead body is found must be entered and identified as the date of death.

(b) When death occurs in a moving conveyance:

(A) In the United States and the body is first removed from the conveyance in this state, the death must be registered in this state and the place where it is first removed must be considered the place of death.

(B) While in international waters or airspace or in a foreign country or its airspace and the body is first removed from the conveyance in this state, the death must be registered in this state but the certificate must show the actual place of death insofar as can be determined.

(c) In all other cases, the place where death is pronounced is considered the place where death occurred.

(2) The funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall submit the certificate of death. The funeral service practitioner or person acting as a funeral service practitioner shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification from the person responsible therefor. The funeral service practitioner or person acting as a funeral ser-

vice practitioner shall provide the certificate of death containing information as specified by rule to identify the decedent to the certifier within 48 hours after death.

(3) The physician, physician assistant practicing under the supervision of a person licensed to practice medicine under ORS chapter 677 or certified nurse practitioner, in charge of the care of the patient for the illness or condition that resulted in death shall complete, sign and return the medical certification of death to the funeral service practitioner or person acting as a funeral service practitioner within 48 hours after receipt of the certificate of death by the physician, physician assistant or nurse practitioner, except when inquiry is required by ORS chapter 146. In the absence or inability of the physician, physician assistant or nurse practitioner, or with the approval of the physician, the medical certification of death may be completed by an associate physician, the chief medical officer of the institution in which death occurred or the physician who performed an autopsy upon the decedent, provided that the individual has access to the medical history of the case and death is due to natural causes. The person completing the medical certification of death shall attest to its accuracy either by signature or by an approved electronic process.

(4) When inquiry is required by ORS chapter 146, the medical examiner shall determine the cause of death and shall complete and sign the medical certification of death within 48 hours after taking charge of the case.

(5) If the cause of death cannot be determined within the time prescribed, the medical certification of death must be completed as provided by rule of the state registrar. The attending physician, physician assistant practicing under the supervision of a person licensed to practice medicine under ORS chapter 677, nurse practitioner or medical examiner shall give the funeral service practitioner or person acting as a funeral service practitioner notice of the reason for the delay, and final disposition of the body may not be made until authorized by the attending physician, physician assistant, nurse practitioner or medical examiner.

(6) Upon receipt of autopsy results or other information that would change the information in the "Cause of Death" section of the certificate of death from that originally reported, the certifier shall immediately file a supplemental report of cause of death with the Center for Health Statistics to amend the certificate.

(7) When a death is presumed to have occurred within this state but the body cannot be located, a certificate of death may be registered by the state registrar only upon receipt from the State Medical Examiner. Such a death certificate must be marked "Presumptive" and must show on its face the date of registration.

(8) When a death occurring in this state has not been registered within the time period prescribed by this section, a certificate of death may be filed in accordance with rules of the state registrar. The certificate must be registered subject to evidentiary requirements prescribed by the state registrar by rule to substantiate the alleged facts of death.

(9) A certificate of death registered one year or more after the date of death or the date the dead body was found must be marked "Delayed" and must show on its face the date of the delayed registration.

(10) When an applicant does not submit the minimum documentation required by rule of the state registrar for delayed registration or when the state registrar has cause to question the validity or adequacy of the applicant's sworn statement or the documentary evidence and if the deficiencies are not corrected, the state registrar may not register the delayed certificate of death and shall advise the applicant of the right of appeal under ORS 183.480 to 183.484.

(11) A certificate of death required to be filed under this section must contain the Social Secu-

rity number of the decedent whenever the Social Security number is reasonably available from other records concerning the decedent or can be obtained from the person in charge of the final disposition of the decedent.

(12) If a decedent's death was caused by suicide, the person who submits the death certificate to the [*county*] **regional** registrar or to the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, shall make reasonable efforts to ascertain and shall notify the center through the electronic death certificate system:

(a) Whether the decedent was a veteran; and

(b) If the decedent was a veteran, whether the decedent served in combat and, if so, where the decedent served.

SECTION 42. ORS 432.317 is amended to read:

432.317. (1) The funeral service practitioner or person acting as a funeral service practitioner who first assumes possession of a dead body or fetus shall make a written report to the [*county registrar in*] **regional registrar designated under ORS 432.035 for the regional public health authority with jurisdiction for** the county in which death occurred or in which the body or fetus was found within 24 hours after taking possession of the body or fetus. The report shall be on a form prescribed and furnished by the State Registrar of the Center for Health Statistics and in accordance with rules adopted by the Oregon Health Authority.

(2) Prior to final disposition of the body, the funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of a dead body shall, prior to final disposition of the body, obtain written authorization for final disposition of the body from the physician, physician assistant practicing under the supervision of a person licensed to practice medicine under ORS chapter 677, certified nurse practitioner or medical examiner who certifies the cause of death as provided in ORS 432.307 (3) on a form prescribed and furnished by the state registrar. If the funeral service practitioner or person acting as a funeral service practitioner is unable to obtain such written authorization prior to final disposition of the body, the practitioner or person, with the oral consent of the physician, the physician assistant, the nurse practitioner, the medical examiner or a licensed health professional authorized to give such consent on behalf of the physician or medical examiner who is responsible for certifying the cause of death, may authorize final disposition of the body on a form prescribed and furnished by the state registrar.

(3) Prior to final disposition of a fetus, irrespective of the duration of pregnancy, the funeral service practitioner, the person in charge of the institution or other person assuming responsibility for final disposition of the fetus shall authorize final disposition of the fetus on a form prescribed and furnished or approved by the state registrar.

(4) With the consent of the physician, physician assistant practicing under the supervision of a person licensed to practice medicine under ORS chapter 677, nurse practitioner or medical examiner who is to certify the cause of death, a dead body may be moved from the place of death for the purpose of being prepared for final disposition.

(5) An authorization for final disposition issued under the laws of another state which accompanies a dead body or fetus brought into this state shall be authority for final disposition of the body or fetus in this state. Permits for transporting a body or fetus out of another state issued under the laws of another state shall be authority for transporting a body or fetus into Oregon.

(6) No sexton or other person in charge of any place in which interment or other disposition of dead bodies is made shall inter or allow interment or other disposition of a dead body or fetus unless it is accompanied by authorization for final disposition.

(7) Each person in charge of any place for final disposition shall include in the authorization the date of disposition and shall complete and return all authorizations to the county registrar within 10 days after the date of the disposition. When there is no person in charge of the place for final disposition, a responsible party other than the funeral service practitioner or person acting as a funeral service practitioner shall complete and return the authorization to the county registrar within 10 days after the date of disposition.

(8) Authorization for disinterment and reinterment shall be required prior to disinterment of a dead body or fetus. The authorization shall be issued by the state registrar to a licensed funeral service practitioner or person acting as a funeral service practitioner, upon proper application.

(9) Prior to removing a dead body or fetus from the State of Oregon under ORS 692.270, a person acting as a funeral service practitioner as defined in ORS 432.005 (11)(b) shall submit a written notice of removal to the [*county registrar in*] **regional registrar designated under ORS 432.035 for the regional public health authority with jurisdiction for** the county in which death occurred or in which the body or fetus was found. The notice shall be on a form prescribed and furnished by the State Registrar of the Center for Health Statistics and in accordance with rules adopted by the Oregon Health Authority. A copy of the written notice of removal shall serve as a transit permit for the remains of the decedent named on the notice.

SECTION 43. ORS 432.333 is amended to read:

432.333. (1) Each fetal death of 350 grams or more, or, if weight is unknown, of 20 completed weeks gestation or more, calculated from the date last normal menstrual period began to the date of delivery, that occurs in this state shall be reported within five days after delivery to the [*county registrar of*] **regional registrar designated under ORS 432.035 for the regional public health authority with jurisdiction for** the county in which the fetal death occurred or to the Center for Health Statistics or as otherwise directed by the State Registrar of the Center for Health Statistics. All induced terminations of pregnancy shall be reported in the manner prescribed in ORS 435.496 and shall not be reported as fetal deaths.

(2) When a fetus is delivered in an institution, the person in charge of the institution or a designated representative shall prepare and file the report.

(3) When a fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report.

(4) When a fetal death required to be reported by this section occurs without attendance by a physician at or immediately after the delivery or when inquiry is required by ORS 146.003 to 146.189 and 146.710 to 146.992, the medical examiner shall investigate the cause of fetal death and shall prepare and file the report.

(5) When a fetal death occurs in a moving conveyance and the fetus is first removed from the conveyance in this state or when a fetus is found in this state and the place of fetal death is unknown, the fetal death shall be reported in this state. The place where the fetus was first removed from the conveyance or the fetus was found shall be considered the place of fetal death.

(6) All information regarding the father shall be entered on the fetal death report if the father is identified.

SECTION 44. ORS 176.740 is amended to read:

176.740. (1) The Governor may proclaim that a natural disaster or an act of war, terrorism or sabotage has caused the death of unknown persons on a specific date at a specific place.

(2) For the purposes of any civil or administrative proceeding, there is a presumption that a missing person is dead if it is shown that:

(a) The person was at or near the place described in a proclamation under this section on the date specified in the proclamation; and

(b) The person's absence cannot be satisfactorily explained after diligent search.

(3) In administering the estate of an absentee under ORS chapter 117, the court may enter an order directing the State Medical Examiner to deposit a death certificate with [*the county*] **a regional** registrar for a decedent presumed to be dead under this section. The [*county*] **regional** registrar may not charge a fee for depositing a death certificate under this subsection or for issuing a copy of a death certificate deposited under this subsection. The State Medical Examiner shall indicate on the death certificate that the death certificate was issued pursuant to an order entered under this section.

(4) This section does not establish, limit or abrogate the special peril doctrine.

SECTION 45. ORS 247.570 is amended to read:

247.570. (1) Not later than five business days after receiving a certificate of death under ORS 432.307, a [*county*] **regional** registrar designated under ORS 432.035 shall furnish to the county clerk of [*that*] **the** county [*the name, age, date of birth and residence address of*] **in which** the person for whom the registrar has received the certificate of death **resided the name, age, date of birth and residence address of the person**. If the person was registered to vote in the county, the county clerk immediately shall cancel the registration of the person.

(2) Not later than five business days after receiving information from the [*county*] **regional** registrar under subsection (1) of this section, the county clerk shall furnish the information to the Secretary of State. The Secretary of State shall furnish a copy of the appropriate names received under this subsection to each county clerk. Each county clerk immediately shall cancel the registrations of those persons.

(3) The Oregon Health Authority, during the last week of each month, shall furnish to the Secretary of State a list of the name, age, date of birth, county of residence and residence address of each resident of this state who has died during the preceding month and for whom a certificate of death was not filed with a [*county*] **regional** registrar. The Secretary of State shall furnish a copy of the appropriate names to each county clerk. Each county clerk immediately shall cancel registrations of those persons.

SECTION 46. ORS 433.001 is amended to read:

433.001. As used in ORS 433.001 to 433.045 and 433.110 to 433.770 unless the context requires otherwise:

(1) "Communicable disease" has the meaning given that term in ORS 431.260.

(2) "Control" means a person without a reportable disease about whom information is collected for purposes of comparison to a person or persons with the reportable disease.

(3) "Disease outbreak" has the meaning given that term in ORS 431.260.

(4) "Epidemic" has the meaning given that term in ORS 431.260.

(5) "Health care provider" has the meaning given that term in ORS 433.443.

(6) "Individually identifiable health information" has the meaning given that term in ORS 433.443.

(7) "Isolation" means the physical separation and confinement of a person or group of persons who are infected or reasonably believed to be infected with a communicable disease or possibly communicable disease from nonisolated persons to prevent or limit the transmission of the disease to nonisolated persons.

[*(8) "Local public health administrator" has the meaning given that term in ORS 431.260.*]

[*(9)*] **(8)** "Property" means animals, inanimate objects, vessels, public conveyances, buildings and all other real or personal property.

[*(10)*] **(9)** "Public health measure" has the meaning given that term in ORS 431.260.

[*(11)*] **(10)** "Quarantine" means the physical separation and confinement of a person or group of persons who have been or may have been exposed to a communicable disease or possibly communicable disease and who do not show signs or symptoms of a communicable disease, from persons who have not been exposed to a communicable disease or possibly communicable disease, to prevent or limit the transmission of the disease to other persons.

(11) "Regional public health administrator" has the meaning given that term in ORS 431.260.

(12) "Reportable disease" has the meaning given that term in ORS 431.260.

(13) "Simultaneous electronic transmission" means transmission by television, telephone or any other electronic or digital means if the form of transmission allows:

(a) The court and the person making the appearance to communicate with each other during the proceeding; and

(b) A person who is represented by legal counsel to consult privately with the person's attorney during the proceeding.

(14) "Toxic substance" has the meaning given that term in ORS 431.260.

SECTION 47. ORS 433.004 is amended to read:

433.004. (1) The Oregon Health Authority shall by rule:

(a) Specify reportable diseases;

(b) Identify those categories of persons who must report reportable diseases and the circumstances under which the reports must be made;

(c) Prescribe the procedures and forms for making such reports and transmitting the reports to the authority; and

(d) Prescribe measures and methods for investigating the source and controlling reportable diseases.

(2) Persons required under the rules to report reportable diseases shall do so by reporting to [*the local*] **a regional** public health administrator. The [*local*] **regional** public health administrator shall transmit such reports to the **Oregon Health** Authority.

(3) The **Oregon Health** Authority or [*local*] **a regional** public health administrator may investigate a case of a reportable disease, disease outbreak or epidemic. The investigation may include, but is not limited to:

(a) Interviews of:

(A) The subject of a reportable disease report;

(B) Controls;

(C) Health care providers; or

(D) Employees of a health care facility.

(b) Requiring a health care provider, any public or private entity, or an individual who has information necessary for the investigation to:

(A) Permit inspection of the information by the authority or [*local*] **regional** public health administrator; and

(B) Release the information to the authority or [*local*] **regional** public health administrator.

(c) Inspection, sampling and testing of real or personal property with consent of the owner or custodian of the property or with an administrative warrant.

(4)(a) The **Oregon Health** Authority shall establish by rule the manner in which information may be requested and obtained under subsection (3) of this section.

(b) Information requested may include, but is not limited to, individually identifiable health information related to:

(A) The case;

(B) An individual who may be the potential source of exposure or infection;

(C) An individual who has been or may have been exposed to or affected by the disease;

(D) Policies, practices, systems or structures that may have affected the likelihood of disease transmission; and

(E) Factors that may influence an individual's susceptibility to the disease or likelihood of being diagnosed with the disease.

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

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

SECTION 48. ORS 433.006 is amended to read:

433.006. In response to each report of a reportable disease, [*the local*] **a regional** public health administrator shall assure that investigations and control measures, as prescribed by Oregon Health Authority rule, shall be conducted.

SECTION 49. ORS 433.008 is amended to read:

433.008. (1)(a) Except as provided in subsection (2) of this section, information obtained by the Oregon Health Authority or a [*local*] **regional** public health administrator in the course of an investigation of a reportable disease or disease outbreak is confidential and is exempt from disclosure under ORS 192.410 to 192.505.

(b) Except as required for the administration or enforcement of public health laws or rules, a state or [*local*] **regional** public health official or employee may not be examined in an administrative or judicial proceeding about the existence or contents of a reportable disease report or other information received by the **Oregon Health** Authority or [*local*] **a regional** public health administrator in the course of an investigation of a reportable disease or disease outbreak.

(2) The **Oregon Health** Authority or a [*local*] **regional** public health administrator may release information obtained during an investigation of a reportable disease or disease outbreak to:

(a) State, local or federal agencies authorized to receive the information under state or federal law;

(b) Health care providers if necessary for the evaluation or treatment of a reportable disease;

(c) Law enforcement officials to the extent necessary to carry out the authority granted to the Public Health Director and [*local*] **regional** public health administrators under ORS 433.121, 433.128, 433.131, 433.138 and 433.142;

(d) A person who may have been exposed to a communicable disease;

(e) A person with information necessary to assist the authority or [*local*] **regional** public health administrator in identifying an individual who may have been exposed to a communicable disease; and

(f) The individual who is the subject of the information or the legal representative of that indi-

vidual.

(3) The **Oregon Health** Authority or [*local*] **regional** public health administrator may release individually identifiable information under subsection (2)(d) or (e) of this section only if there is clear and convincing evidence that the release is necessary to avoid an immediate danger to other individuals or to the public.

(4) The **Oregon Health** Authority or [*local*] **regional** public health administrator may release only the minimum amount of information necessary to carry out the purpose of the release pursuant to subsection (2) of this section.

(5) A decision not to disclose information under this subsection, if made in good faith, shall not subject the entity or person withholding the information to any liability.

(6) Nothing in this section:

(a) Prevents the **Oregon Health** Authority or a [*local*] **regional** public health administrator from publishing statistical compilations and reports relating to reportable disease investigations if the compilations and reports do not identify individual cases or sources of information;

(b) Affects the confidentiality or admissibility into evidence of information not otherwise confidential or privileged that is obtained from sources other than the authority; or

(c) Prevents dispositions of information pursuant to ORS 192.105.

SECTION 50. ORS 433.012 is amended to read:

433.012. The Oregon Health Authority shall provide the necessary laboratory examinations requested by [*local health departments*] **regional public health authorities** for the diagnosis of those communicable diseases identified by rule of the **Oregon Health** Authority to be a reportable disease.

SECTION 51. ORS 433.035 is amended to read:

433.035. (1)(a) The Public Health Director or a [*local*] **regional** public health administrator may require testing or medical examination of any person who may have, or may have been exposed to, a communicable disease identified by rule of the Oregon Health Authority to be a reportable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency declared by the Governor as authorized by ORS 433.441. The Public Health Director or the [*local*] **regional** public health administrator must issue a written order for testing or medical examination pursuant to this section.

(b) A written order must:

(A) Include findings stating the communicable disease that the Public Health Director or the [*local*] **regional** public health administrator believes the person has and the reasons for that belief.

(B) State whether medical or laboratory confirmation of the disease is feasible and possible and whether such confirmation would enable control measures to be taken to minimize infection of others with the disease.

(C) Include a statement that the person may refuse to submit to the testing or medical examination and that if the testing or examination is refused, the Public Health Director or the [*local*] **regional** public health administrator may seek the imposition of a public health measure, including isolation or quarantine pursuant to ORS 433.121 or 433.123.

(2) When a person is directed to submit to a test or examination under this section and the person agrees to do so, the person shall submit to any testing or examination as may be necessary to establish the presence or absence of the communicable disease for which the testing or examination was directed. The examination shall be carried out by [*the local health officer*] **an officer of the regional public health authority** or a physician licensed by the Oregon Medical Board or the Oregon Board of Naturopathic Medicine. A written report of the results of the test or exam-

ination shall be provided to the person ordering the test or examination, and upon request, to the person tested or examined. Laboratory examinations, if any, shall be carried out by the laboratory of the **Oregon Health** Authority whenever the examinations are within the scope of the tests conducted by the laboratory. If treatment is needed, the person or the parent or guardian of the person shall be liable for the costs of treatment based on the examination carried out under this section, if the person liable is able to pay the treatment costs. Cost of any examination performed by a physician in private practice shall be paid from public funds available to the [*local*] **regional** public health administrator, if any, or from county funds available for general governmental expenses in the county [*that the local public health administrator serves or in the county*] where the person tested or examined resides [*if the local public health administrator serves more than one county or the test or examination was ordered by the Public Health Director or local public health administrator*].

(3) If a person has a communicable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency, the Public Health Director or [*the local*] **a regional** public health administrator may issue an order requiring the person to complete an appropriate prescribed course of medication or other treatment for the communicable disease, including directly observed therapy if appropriate, and to follow infection control provisions for the disease. The order shall also include statements that the person may refuse the medication or other treatment and that the person's failure to comply with the order issued under this subsection may result in the Public Health Director or the [*local*] **regional** public health administrator seeking the imposition of a public health measure, including isolation or quarantine as authorized by ORS 433.121 and 433.123.

(4) The Public Health Director or [*the local*] **a regional** public health administrator must make every effort to obtain voluntary compliance from a person for any testing, medical examination and treatment required under this section.

(5) Any action taken by the Public Health Director or [*the local*] **a regional** public health administrator under this section to compel testing, medical examination or treatment of a person who has a communicable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency must be the least restrictive alternative available to accomplish the results necessary to minimize the transmission of the disease to others.

SECTION 52. ORS 433.055, as amended by section 2, chapter 26, Oregon Laws 2012, is amended to read:

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

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

(3) Prior consent to HIV antibody testing need not be obtained from an individual if the test is for the purpose of research as authorized by the authority and if the testing is performed in a

manner by which the identity of the test subject is not known, and may not be retrieved by the researcher.

SECTION 53. ORS 433.060 is amended to read:

433.060. As used in ORS 433.060 to 433.085 unless the context requires otherwise:

(1) "Authority" means the Oregon Health Authority.

(2) "Health care facility" means a facility as defined in ORS 442.015 and a mental health facility, alcohol treatment facility or drug treatment facility licensed or operated under ORS chapter 426 or 430.

(3) "Hepatitis test" means a test of an individual for the presence of hepatitis B or C or for any other substance specifically indicating the presence of hepatitis B or C.

(4) "HIV test" means a test of an individual for the presence of human immunodeficiency virus (HIV), or for antibodies or antigens that result from HIV infection, or for any other substance specifically indicating infection with HIV.

(5) "Licensed health care provider" or "health care provider" means a person licensed or certified to provide health care under ORS chapter 677, 678, 679, 680, 684 or 685 or ORS 682.216, or under comparable statutes of any other state.

[*(6) "Local public health administrator" means the public health administrator of the county or district health department for the jurisdiction in which the reported substantial exposure occurred.*]

[*(7) "Local public health officer" means the health officer, as described in ORS 431.418, of the county or district health department for the jurisdiction in which the substantial exposure occurred.*]

[*(8)*] **(6)** "Occupational exposure" means a substantial exposure of a worker in the course of the worker's occupation.

(7) "Regional public health administrator" means the individual appointed under section 3 of this 2013 Act by the regional public health authority with jurisdiction for the county in which the reported substantial exposure occurred.

[*(9)*] **(8)** "Source person" means a person who is the source of the blood or body fluid in the instance of a substantial exposure of another person.

[*(10)*] **(9)** "Substantial exposure" means an exposure to blood or certain body fluids as defined by rule of the **Oregon Health** Authority to have a potential for transmitting the human immunodeficiency virus based upon current scientific information.

[*(11)*] **(10)** "Worker" means a person who is licensed or certified to provide health care under ORS chapters 677, 678, 679, 680, 684 or 685 or ORS 682.216, an employee of a health care facility, of a licensed health care provider or of a clinical laboratory, as defined in ORS 438.010, a firefighter, a law enforcement officer, as defined in ORS 414.805, a corrections officer or a parole and probation officer.

SECTION 54. ORS 433.065, as amended by section 3, chapter 26, Oregon Laws 2012, is amended to read:

433.065. (1) The Oregon Health Authority shall by rule prescribe procedures:

(a) Whereby a worker who has experienced an occupational exposure may request or cause to be requested the source person's voluntary consent to an HIV test;

(b) Whereby a person who, while being administered health care, has experienced a substantial exposure from a worker shall be given notice of such exposure and be given opportunity to request or cause to be requested the worker's voluntary consent to an HIV test; and

(c) Whereby a person who has experienced a substantial exposure shall be offered information about HIV infection, methods of preventing HIV infection and HIV tests.

(2) Rules prescribing procedures under subsection (1)(a) of this section may require the participation or intervention of the health care facility and licensed health care provider providing care to the source person and may require the further participation or intervention of the [*local*] **regional** public health administrator [*or local public health officer*].

(3) Where the source person under subsection (1)(a) of this section is not known to be under the care of a health care facility or provider or cannot be located, and in the case of procedures under subsection (2) of this section, the rules may require the participation and intervention of the [*local*] **regional** public health administrator.

(4) The rules under this section may also include, but need not be limited to, time frames within which the notice and other procedures are to be performed and by whom, prescribed forms for reporting of exposures, and for recording of results of procedures undertaken and restrictions upon disclosure of such reports and records only to specific persons.

(5) If the source person is deceased, the source person's next of kin may provide voluntary consent under this section.

SECTION 55. ORS 433.070 is amended to read:

433.070. (1) Workers, health care facilities, licensed health care providers, [*local*] **regional** public health administrators and officers **appointed by regional public health authorities under section 3 of this 2013 Act** and others upon whom duties are imposed by rules adopted under ORS 433.065 shall [*comply with such requirements*] **faithfully perform the duties**.

(2) Any person having information as to the location of a source person shall, when requested for the purpose of carrying out ORS 433.045 and 433.060 to 433.085 and rules hereunder, provide that information.

SECTION 56. ORS 433.080 is amended to read:

433.080. When the Oregon Health Authority declares by rule that mandatory testing of source persons could help a defined class of workers from being infected or infecting others with the human immunodeficiency virus, the following apply:

(1) When a source person, after having been first requested to consent to testing by rules adopted under ORS 433.065, has refused or within a time period prescribed by rule of the **Oregon Health** Authority has failed to submit to the requested test, except when the exposed person has knowledge that the exposed person has a history of a positive HIV test, the exposed person may seek mandatory testing of the source person by filing a petition with the circuit court for the county in which the exposure occurred. The form for the petition shall be as prescribed by the **Oregon Health** Authority and shall be [*obtained from the local public health department*] **obtainable from a regional public health authority**.

(2) The petition shall name the source person as the respondent and shall include a short and plain statement of facts alleging:

(a) The petitioner is a worker subjected to an occupational exposure or a person who has been subjected to a substantial exposure by a worker administering health care and the respondent is the source person;

(b) The petitioner is in the class of workers defined by rule of the **Oregon Health** Authority under this section;

(c) All procedures for obtaining the respondent's consent to an HIV test by rules adopted under ORS 433.065 have been exhausted by the petitioner and the respondent has refused to consent to the test, or within the time period prescribed by rule of the **Oregon Health** Authority has failed to submit to the test;

(d) The petitioner has no knowledge that the petitioner has a history of a positive HIV test and has since the exposure, within a time period prescribed by rule of the **Oregon Health** Authority, submitted a specimen from the petitioner for an HIV test; and

(e) The injury that petitioner is suffering or will suffer if the source person is not ordered to submit to an HIV test.

(3) The petition shall be accompanied by the certificate of the [*local*] **regional** public health administrator **with jurisdiction for the county** declaring that, based upon information in the possession of the administrator, the facts stated in the allegations under subsection (2)(a), (b) and (c) of this section are true.

(4) Upon the filing of the petition, the court shall issue a citation to the respondent stating the nature of the proceedings, the statutes involved and the relief requested and, that if the respondent does not appear at the time and place for hearing stated in the citation, that the court will order the relief requested in the petition.

(5) The citation shall be served on the respondent together with a copy of the petition by the county sheriff or deputy. The person serving the citation and petition shall, immediately after service thereof, make a return showing the time, place and manner of such service and file it with the clerk of the court.

(6) The hearing shall be held within three days of the service of the citation upon the respondent. The court may for good cause allow an additional period of 48 hours if additional time is requested by the respondent.

(7) Both the petitioner and the [*local*] **regional** public health administrator certifying to the matter alleged in the petition shall appear at the hearing. The hearing of the case shall be informal with the object of resolving the issue before the court promptly and economically between the parties. The parties shall be entitled to subpoena witnesses, to offer evidence and to cross-examine. The judge may examine witnesses to insure a full inquiry into the facts necessary for a determination of the matter before the court.

(8) After hearing all of the evidence, the court shall determine the truth of the allegations contained in the petition. The court shall order the respondent to submit to the requested test by a licensed health care provider without delay if, based upon clear and convincing evidence, the court finds that:

(a) The allegations in the petition are true;

(b) The injury the petitioner is suffering or will suffer is an injury that only the relief requested will adequately remedy; and

(c) The interest of the petitioner in obtaining the relief clearly outweighs the privacy interest of the respondent in withholding consent.

(9) If the court does not make the finding described in subsection (8) of this section, the court shall dismiss the petition.

(10) Failure to obey the order of the court shall be subject to contempt proceedings pursuant to law.

SECTION 57. ORS 433.090 is amended to read:

433.090. As used in ORS 433.090 to 433.102:

(1) "Authorized user" means a person or entity authorized to provide information to or to receive information from an immunization registry or tracking and recall system under ORS 433.090 to 433.102. "Authorized user" includes, but is not limited to:

(a) The Oregon Health Authority and its agents;

(b) [*Local health departments*] **Regional public health authorities** and their agents;

(c) Licensed health care providers and their agents;

(d) Health care institutions;

(e) Insurance carriers;

(f) State health plans as defined in ORS 192.556;

(g) Parents, guardians or legal custodians of children under 18 years of age;

(h) Clients 18 years of age or older;

(i) Post-secondary education institutions;

(j) Schools; and

(k) Children's facilities.

(2) "Children's facility" has the meaning given that term in ORS 433.235.

(3) "Client" means a person registered with any Oregon tracking and recall system.

(4) "Immunization record" includes but is not limited to records of the following:

(a) Any immunization received;

(b) Date immunization was received;

(c) Complication or side effect associated with immunization;

(d) Date and place of birth of a client;

(e) Hospital where a client was born;

(f) Client's name; and

(g) Mother's name.

(5) "Immunization registry" means a listing of clients and information relating to their immunization status, without regard to whether the registry is maintained in this state or elsewhere.

[*(6) "Local health department" has the meaning given that term in ORS 433.235.*]

[*(7)*] **(6)** "Parent or guardian" has the meaning given the term "parent" in ORS 433.235.

[*(8)*] **(7)** "Post-secondary education institution" means:

(a) A public university listed in ORS 352.002;

(b) A community college operated under ORS chapter 341;

(c) A school or division of Oregon Health and Science University; or

(d) An Oregon-based, generally accredited, private institution of higher education.

[*(9)*] **(8)** "Provider" means a physician or a health care professional who is acting within the scope of the physician's or professional's licensure and is responsible for providing immunization services or for coordinating immunization services within a clinic, public health site, school or other immunization site.

(9) "Regional public health authority" has the meaning given that term in ORS 431.260.

(10) "School" has the meaning given that term in ORS 433.235.

(11) "Tracking and recall record" means information needed to send reminder cards to, place telephone calls to or personally contact the client or the parent or guardian of a client for the purposes of informing the client, parent or guardian that the client is late in receiving recommended immunizations, hearing or lead screenings, or other public health interventions, including but not limited to the client's:

(a) Name;

(b) Address;

(c) Telephone number;

(d) Insurance carrier; and

(e) Health care provider.

(12) "Tracking and recall system" means a system attached to an immunization registry designed to contact clients listed in the immunization registry for the purposes of assisting in the timely completion of immunization series, hearing or lead screenings, or other public health interventions designated by rule of the **Oregon Health** Authority.

SECTION 58. ORS 433.094 is amended to read:

433.094. (1) The Oregon Health Authority, a [*local health department*] **regional public health authority**, or both, or their agents or other providers may develop an immunization registry and an associated tracking and recall system.

(2) The immunization registry and tracking and recall system shall include, but not be limited to, the following:

(a) Registering all clients born in, living in or receiving services in this state;

(b) Tracking and updating immunization histories of the registered clients;

(c) Allowing a provider, the **Oregon Health** Authority or a [*local health department*] **regional public health authority** to provide information to and obtain information from the immunization records contained in the immunization registry, and the tracking and recall records contained in the tracking and recall system, without the consent of the client or the parent or guardian of the client;

(d) Allowing an immunization record of a client who is under the care of an authorized user or enrolled in an authorized user's program to be released to the authorized user;

(e) Notifying in writing the parent or guardian of a client, at least through five years of age, when the tracking and recall system indicates that a client has missed a scheduled immunization;

(f) Integrating with any immunization registry and its associated tracking and recall systems; and

(g) Working with health care providers to develop information transfer systems.

(3) The immunization registry and tracking and recall system may allow information to be released to an authorized user from an immunization record or a tracking and recall record for purposes including, but not limited to:

(a) Outreach to clients under the care of the authorized user or enrolled in the authorized user's program who have missed immunizations, hearing or lead screenings, or other public health interventions designated by rule of the **Oregon Health** Authority; or

(b) Public health assessment and evaluation related to immunizations and vaccine-preventable diseases conducted by the **Oregon Health** Authority or by a [*local health department*] **regional public health authority** for clients within the [*local health department's*] jurisdiction **of the regional public health authority**.

SECTION 59. ORS 433.121 is amended to read:

433.121. (1) The Public Health Director or a [*local*] **regional** public health administrator may issue an emergency administrative order causing a person or group of persons to be placed in isolation or quarantine if the Public Health Director or the [*local*] **regional** public health administrator has probable cause to believe that a person or group of persons requires immediate detention in order to avoid a clear and immediate danger to others and that considerations of safety do not allow initiation of the petition process set out in ORS 433.123. An administrative order issued under this section must:

(a) Identify the person or group of persons subject to isolation or quarantine;

(b) Identify the premises where isolation or quarantine will take place, if known;

(c)(A) Describe the reasonable efforts made to obtain voluntary compliance with a request for an emergency public health action including requests for testing or medical examination, treatment,

counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities; or

(B) Explain why reasonable efforts to obtain voluntary compliance are not possible and why the pursuit of these efforts creates a risk of serious harm to others;

(d) Describe the suspected communicable disease or toxic substance, if known, that is the basis for the issuance of the emergency administrative order and the anticipated duration of isolation or quarantine based on the suspected communicable disease or toxic substance;

(e) Provide information supporting the reasonable belief of the Public Health Director or the [*local*] **regional** public health administrator that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or toxic substance that could spread to or contaminate others if remedial action is not taken;

(f) Provide information supporting the reasonable belief of the Public Health Director or the [*local*] **regional** public health administrator that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine;

(g) Describe the medical basis for which isolation or quarantine is justified and explain why isolation or quarantine is the least restrictive means available to prevent a risk to the health and safety of others;

(h) Establish the time and date at which the isolation or quarantine commences; and

(i) Contain a statement of compliance with the conditions of and principles for isolation and quarantine specified in ORS 433.128.

(2)(a) In lieu of issuing an emergency administrative order under subsection (1) of this section, the Public Health Director or [*a local*] **the regional** public health administrator may petition the circuit court for a written ex parte order.

(b) The petition to the court and the court's order must include the information described in subsection (1) of this section.

(c) The Public Health Director or [*local*] **the regional** public health administrator:

(A) Shall make reasonable efforts to serve the person or group of persons subject to isolation or quarantine with the petition before the petition is filed; and

(B) Is not required to provide prior notice of an ex parte proceeding at which the petition is being considered by the court.

(3) Within 12 hours of the issuance of an order under subsection (1) or (2) of this section, the person or group of persons detained or sought for detention must be personally served with the written notice required by ORS 433.126 and with a copy of any order issued under subsection (1) or (2) of this section. If copies of the notice and order cannot be personally served in a timely manner to a group of persons because the number of persons in the group makes personal service impracticable, the Public Health Director or the [*local*] **regional** public health administrator shall post the notice and order in a conspicuous place where the notice and order can be viewed by those detained or shall find other means to meaningfully communicate the information in the notice and order to those detained.

(4) A person or group of persons detained pursuant to an order issued under subsection (1) or (2) of this section may not be detained for longer than 72 hours unless a petition is filed under ORS 433.123.

(5) If the detention of a person or group of persons for longer than 72 hours is deemed necessary, immediately following the issuance of an order under subsection (1) or (2) of this section, the

Public Health Director or the [*local*] **regional** public health administrator must petition the circuit court in accordance with ORS 433.123.

(6) A person or group of persons detained under subsection (1) or (2) of this section has the right to be represented by legal counsel in accordance with ORS 433.466.

SECTION 60. ORS 433.123 is amended to read:

433.123. (1) The Public Health Director or a [*local*] **regional** public health administrator may petition the circuit court for an order authorizing:

(a) The isolation or quarantine of a person or group of persons; or

(b) The continued isolation or quarantine of a person or group of persons detained under ORS 433.121.

(2) A petition filed under subsections (1) and (9) of this section must:

(a) Identify the person or group of persons subject to isolation or quarantine;

(b) Identify the premises where isolation or quarantine will take place, if known;

(c)(A) Describe the reasonable efforts made to obtain voluntary compliance with a request for an emergency public health action, including requests for testing or medical examination, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine and inspection and closure of facilities; or

(B) Explain why reasonable efforts to obtain voluntary compliance are not possible and why the pursuit of these efforts creates a risk of serious harm to others;

(d) Describe the suspected communicable disease or toxic substance, if known, and the anticipated duration of isolation or quarantine based on the suspected communicable disease, infectious agent or toxic substance;

(e) Provide information supporting the reasonable belief of the Public Health Director or the [*local*] **regional** public health administrator that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or toxic substance that could spread to or contaminate others if remedial action is not taken;

(f) Provide information supporting the reasonable belief of the Public Health Director or the [*local*] **regional** public health administrator that the person or group of persons would pose a serious risk to the health and safety of others if not detained for purposes of isolation or quarantine;

(g) Describe the medical basis for which isolation or quarantine is justified and explain why isolation or quarantine is the least restrictive means available to prevent a serious risk to the health and safety of others;

(h) Establish the time and date on which the isolation or quarantine commences; and

(i) Contain a statement of compliance with the conditions of and principles for isolation and quarantine specified in ORS 433.128.

(3) The person or group of persons detained or sought for detention must be personally served with a copy of the petition filed with the court under subsection (1) of this section and with the written notice required by ORS 433.126. If copies of the petition and notice cannot be personally served in a timely manner to a group of persons because the number of persons in the group makes personal service impracticable, the Public Health Director or the [*local*] **regional** public health administrator shall post the petition and notice in a conspicuous place where the petition and notice can be viewed by those detained or find other means to meaningfully communicate the information in the petition and notice to those detained.

(4) A person or group of persons subject to a petition filed under subsection (1) or (9) of this section has the right to be represented by legal counsel in accordance with ORS 433.466.

(5) Upon the filing of a petition under subsection (1) of this section to continue isolation or quarantine for a person or group of persons detained under an emergency administrative or ex parte order issued under ORS 433.121, the court shall issue an order extending the isolation or quarantine order until the court holds a hearing pursuant to subsection (6) of this section.

(6)(a) The court shall hold a hearing on a petition filed under subsection (1) of this section within 72 hours of the filing of the petition, exclusive of Saturdays, Sundays and legal holidays.

(b) In extraordinary circumstances and for good cause shown, or with consent of the affected persons, the Public Health Director or the [*local*] **regional** public health administrator may apply to continue the hearing date for up to 10 days. The court may grant a continuance at its discretion, giving due regard to the rights of the affected persons, the protection of the public health, the severity of the public health threat and the availability of necessary witnesses and evidence.

(c) The hearing required under this subsection may be waived by consent of the affected persons.

(d) The provisions of ORS 40.230, 40.235 and 40.240 do not apply to a hearing held under this subsection. Any evidence presented at the hearing that would be privileged and not subject to disclosure except as required by this paragraph shall be disclosed only to the court, the parties and their legal counsel or persons authorized by the court and may not be disclosed to the public.

(7) The Public Health Director or [*local*] **the regional** public health administrator may request that a person or group of persons who is the subject of a petition filed under subsection (1) or (9) of this section not personally appear before the court because personal appearance would pose a risk of serious harm to others. If the court grants the director's or [*local*] **the regional** public health administrator's request or if the court determines that personal appearance by the person or group of persons who is the subject of the petition poses a risk of serious harm to others, the court proceeding must be conducted by legal counsel for the person or group of persons or must be held at a location, or by any means, including simultaneous electronic transmission, that allows all parties to fully participate.

(8) The court shall grant the petition if, by clear and convincing evidence, the court finds that isolation or quarantine is necessary to prevent a serious risk to the health and safety of others. In lieu of or in addition to isolation or quarantine, the court may order the imposition of other public health measures appropriate to the public health threat presented. The court order must:

(a) Specify the maximum duration for the isolation or quarantine, which may not exceed 60 days unless there is substantial medical evidence indicating that the condition that is the basis of the public health threat is spread by airborne transmission and cannot be rendered noninfectious within 60 days or may recur after 60 days, in which case the maximum duration of the isolation or quarantine may not exceed a period of 180 days;

(b) Identify the person or group of persons subject to the order by name or shared or similar characteristics or circumstances;

(c) Specify the factual findings warranting imposition of isolation, quarantine or another public health measure;

(d) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section; and

(e) Be served on all affected persons or groups in accordance with subsection (3) of this section.

(9) Prior to the expiration of a court order issued under subsection (8) or (10) of this section, the Public Health Director or the [*local*] **regional** public health administrator may petition the circuit court to continue isolation or quarantine. A petition filed under this subsection must comply with the requirements of subsections (2) to (8) of this section.

(10)(a) The court shall hold a hearing on a petition filed under subsection (9) of this section within 72 hours of filing, exclusive of Saturdays, Sundays and legal holidays.

(b) In extraordinary circumstances and for good cause shown, or with consent of the affected persons, the Public Health Director or the [*local*] **regional** public health administrator may apply to continue the hearing date for up to 10 days. The court may grant a continuance at its discretion, giving due regard to the rights of the affected persons, the protection of the public health, the severity of the public health threat and the availability of necessary witnesses and evidence.

(c) The hearing required under this subsection may be waived by consent of the affected parties.

(d) The court may continue the isolation or quarantine order if the court finds there is clear and convincing evidence that continued isolation or quarantine is necessary to prevent a serious threat to the health and safety of others. In lieu of or in addition to continued isolation or quarantine, the court may order the imposition of a public health measure appropriate to the public health threat presented.

(e) An order issued under this subsection must comply with the requirements of subsection (8) of this section.

(11) An order issued under subsection (10) of this section must be for a period not to exceed 60 days and must be served on all affected parties in accordance with subsection (3) of this section.

(12) In no case may a person or group of persons be in quarantine or isolation for longer than 180 days unless, following a hearing, a court finds that extraordinary circumstances exist and that the person or group of persons subject to isolation or quarantine continues to pose a serious threat to the health and safety of others if detention is not continued.

(13) Failure to obey a court order issued under this section subjects the person in violation of the order to contempt proceedings under ORS 33.015 to 33.155.

SECTION 61. ORS 433.126 is amended to read:

433.126. (1) The Public Health Director or the [*local*] **regional** public health administrator shall provide the person or group of persons detained or sought for detention under ORS 433.121 or 433.123 with a written notice informing the person or group of persons of:

(a) The right to legal counsel, including how to request and communicate with counsel;

(b) The right to petition the circuit court for release from isolation or quarantine and the procedures for filing a petition;

(c) The conditions of and principles of isolation and quarantine specified in ORS 433.128;

(d) The right to petition the court for a remedy regarding a breach of the conditions of isolation or quarantine imposed on the person or group of persons and the procedures for filing a petition; and

(e) The sanctions that may be imposed for violating an order issued under ORS 433.121 or 433.123.

(2) The Public Health Director or the [*local*] **regional** public health administrator must ensure, to the extent practicable, that the person or group of persons receives the notice required under this section in a language and in a manner the person or group of persons can understand.

(3) The Public Health Director may adopt rules prescribing the form of notice required by this section.

SECTION 62. ORS 433.128 is amended to read:

433.128. When isolating or quarantining a person or group of persons in accordance with ORS 433.121 or 433.123, the Public Health Director or the [*local*] **regional** public health administrator shall adhere to the following conditions and principles:

(1) Isolation or quarantine must be by the least restrictive means necessary to prevent the spread of a communicable disease or possibly communicable disease to others or to limit exposure to or contamination with a toxic substance by others, and may include, but is not limited to, confinement to private homes or other public or private premises.

(2) Confinement may not be in a prison, jail or other facility where those charged with a crime or a violation of a municipal ordinance are incarcerated unless:

(a) The person or group of persons represents an immediate and serious physical threat to the staff or physical facilities of a hospital or other facility in which the person or group of persons has been confined; or

(b) A person has been found in contempt of court because of failure to obey a court order.

(3) Isolated persons must be confined separately from quarantined persons. If a facility is not capable of separating isolated persons from quarantined persons, either the isolated persons or the quarantined persons must be moved to a separate facility.

(4) The health status of an isolated or quarantined person must be monitored regularly to determine if the person requires continued isolation or quarantine.

(5) A quarantined person who subsequently becomes infected or is reasonably believed to have become infected with a communicable disease or possibly communicable disease that the Public Health Director or the [*local*] **regional** public health administrator believes poses a significant threat to the health and safety of other quarantined persons must be promptly placed in isolation.

(6) An isolated or quarantined person must be released as soon as practicable when the Public Health Director or [*local*] **the regional** public health administrator determines that the person has been successfully decontaminated or that the person no longer poses a substantial risk of transmitting a communicable disease or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others.

(7) The needs of a person who is isolated or quarantined must be addressed to the greatest extent practicable in a systematic and competent fashion, including, but not limited to, providing adequate food, medication, competent medical care, clothing, shelter and means of communication with other persons who are in isolation or quarantine and persons who are not under isolation or quarantine.

(8) Premises used for isolation or quarantine must, to the extent practicable, be maintained in a safe and hygienic manner to lessen the likelihood of further transmission of a communicable disease or possibly communicable disease or of further harm to persons who are isolated and quarantined.

(9) Cultural and religious beliefs should be considered to the extent practicable in addressing the needs of persons who are isolated or quarantined and in establishing and maintaining premises used for isolation or quarantine.

(10)(a) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means to treat a communicable disease or possibly communicable disease in accordance with religious or other spiritual tenets and practices.

(b) Nothing in ORS 433.126 to 433.138, 433.142 and 433.466 prohibits a person who relies exclusively on spiritual means to treat a communicable disease or possibly communicable disease and who is infected with a communicable disease or has been exposed to a toxic substance from being isolated or quarantined in a private place of the person's own choice, provided the private place is approved by the Public Health Director or the [*local*] **regional public** health administrator and the person who is isolated or quarantined complies with all laws, rules and regulations governing con-

trol, sanitation, isolation and quarantine.

(11) Prior to placing a person or group of persons subject to isolation or quarantine in a health care facility as defined in ORS 442.015, the Public Health Director or the [*local*] **regional** public health administrator must provide to the managers of the health care facility notice of the intention to seek authorization from the circuit court to place a person or group of persons in isolation or quarantine in the facility and must consult with the managers of the health care facility regarding how to best meet the requirements of this section.

(12) The Public Health Director or [*local*] **the regional** public health administrator shall provide adequate means of communication between a person or a group of persons who is isolated or quarantined and legal counsel for the person or group of persons.

SECTION 63. ORS 433.131 is amended to read:

433.131. (1) Entry into premises used for isolation or quarantine shall be allowed under the following conditions:

(a) The Public Health Director or [*the local*] **a regional** public health administrator may authorize physicians or other health care workers or other persons access to persons or groups of persons who are in isolation or quarantine pursuant to ORS 433.121 or 433.123 as necessary to meet the needs of isolated or quarantined persons;

(b) Only persons authorized by the Public Health Director or [*the local*] **a regional** public health administrator may enter premises used for isolation or quarantine;

(c) An authorized person entering premises used for isolation or quarantine shall be provided with infection control training and may be required to wear personal protective equipment or to receive vaccinations as determined by the Public Health Director or the [*local*] **regional** public health administrator; and

(d) A person entering premises used for isolation or quarantine with or without authorization of the Public Health Director or [*the local*] **a regional** public health administrator may become subject to isolation or quarantine.

(2) Persons subject to isolation or quarantine and other persons entering premises used for isolation or quarantine are subject to rules and orders adopted by the Public Health Director or the [*local*] **regional** public health administrator. Failure to comply with rules and orders adopted by the Public Health Director or the [*local*] **regional** public health administrator is a Class D violation.

(3) If a health care facility as defined in ORS 442.015 is used as a premises for isolation or quarantine, the Public Health Director or the [*local*] **regional** public health administrator must consult with the managers of the health care facility regarding how best to meet the requirements of this section.

(4) Nothing in this section prohibits a physician or other health care worker in a health care facility from having access to a person or a group of persons who is in isolation or quarantine pursuant to ORS 433.121 or 433.123 if the infection control procedures and other precautions determined necessary by the Public Health Director are adhered to by the facility and the physician or other health care worker seeking access to the isolated or quarantined person.

SECTION 64. ORS 433.133 is amended to read:

433.133. (1)(a) Any person or group of persons who is isolated or quarantined pursuant to ORS 433.121 or 433.123 may apply to the circuit court for an order to show cause why the individual or group should not be released.

(b) The court shall rule on the application to show cause within 48 hours of the filing of the application.

(c) The court shall grant the application if there is a reasonable basis to support the allegations in the application, and the court shall schedule a hearing on the order requiring the Public Health Director or [*local*] **the regional** public health administrator to appear and to show cause within five working days of the filing of the application.

(d) The issuance of an order to show cause and ordering the director or [*local*] **the regional** public health administrator to appear and show cause does not stay or enjoin an isolation or quarantine order.

(2)(a) A person or group of persons who is isolated or quarantined may request a hearing in the circuit court for remedies regarding breaches of the conditions of isolation or quarantine required by ORS 433.128.

(b) The court shall hold a hearing if there is a reasonable basis to believe there has been a breach of the conditions of isolation or quarantine required by ORS 433.128.

(c) A request for a hearing does not stay or enjoin an order for isolation or quarantine.

(d) Upon receipt of a request under this subsection alleging extraordinary circumstances justifying the immediate granting of relief, the court shall hold a hearing on the matters alleged as soon as practicable.

(e) If a hearing is not granted under paragraph (d) of this subsection, the court shall hold a hearing on the matters alleged within five days from receipt of the request.

(3) In any proceedings brought for relief under this section, in extraordinary circumstances and for good cause shown, or with consent of the petitioner or petitioners the Public Health Director or [*local*] **the regional** public health administrator may move the court to extend the time for a hearing. The court in its discretion may grant the extension giving due regard to the rights of the affected persons, the protection of the public health, the severity of the emergency and the availability of necessary witnesses and evidence.

(4) If a person or group of persons who is detained cannot personally appear before the court because such an appearance poses a risk of serious harm to others, the court proceeding may be conducted by legal counsel for the person or group of persons and be held at a location, or by any means, including simultaneous electronic transmission, that allows all parties to fully participate.

(5) If the court finds, by clear and convincing evidence, that a person or group of persons no longer poses a serious risk to the health and safety to others, the court may order the release of that person or group of persons from isolation or quarantine.

(6) If the court finds by clear and convincing evidence that a person or group of persons is not being held in accordance with the conditions of isolation or quarantine required by ORS 433.128, the court may order an appropriate remedy to ensure compliance with ORS 433.128.

SECTION 65. ORS 433.137 is amended to read:

433.137. (1) The circuit court shall cause to be recorded in the court records:

(a) A full account of proceedings at hearings conducted pursuant to ORS 433.121, 433.123, 433.133 and 433.136;

(b) The petitions, affidavits, judgments and orders of the court; and

(c) A copy of the orders issued.

(2) Any portion of the account of the proceedings, the transcript of testimony, the petition, any affidavit, judgment, order of the court, recording of the proceeding or any other court record may be disclosed only:

(a) Upon request of a person subject to the proceedings or the legal representative or attorney of the person;

(b) To the Public Health Director or a [*local*] **regional** public health administrator; or

(c) Pursuant to court order, when the court finds that the petitioner's interest in public disclosure outweighs the privacy interests of the individual who is the subject of the petition.

SECTION 66. ORS 433.138 is amended to read:

433.138. State and local law enforcement officials, to the extent resources are available, must assist the Public Health Director or [*the local*] **a regional** public health administrator in enforcing orders issued under ORS 433.121, 433.123 and 433.142.

SECTION 67. ORS 433.140 is amended to read:

433.140. (1) The expenses incurred under ORS 433.128, when properly certified by the [*local*] **regional** public health administrator, shall be paid by the person who is isolated or quarantined, when the person is able to pay the expenses.

(2) The Oregon Health Authority may provide general assistance, including medical care for the person who is isolated or quarantined, on the basis of need, provided that no payment shall be made for the care of any such person in or under the care of any public institution or public agency or municipality.

SECTION 68. ORS 433.142 is amended to read:

433.142. (1) As used in this section, "to isolate property" means to restrict access to property in a manner that reduces or prevents exposure to a toxic substance by persons.

(2) The Public Health Director or a [*local*] **regional** public health administrator may petition the circuit court to isolate property if there is reason to believe the property is contaminated with a toxic substance that poses a serious risk to the health and safety of others.

(3) The petition must:

(a) Describe the property subject to isolation;

(b)(A) Describe the reasonable efforts made to obtain voluntary compliance from the owner or custodian of the property with public health measures necessary to isolate the property; or

(B) Explain why reasonable efforts to obtain voluntary compliance are not possible and why the pursuit of these efforts creates a risk of serious harm to others;

(c) Describe the suspected toxic substance and the health effects of exposure to the toxic substance;

(d) Provide information supporting the reasonable belief of the Public Health Director or the [*local*] **regional** public health administrator that the toxic substance could spread to or contaminate others if remedial action is not taken;

(e) Provide information supporting the reasonable belief of the Public Health Director or the [*local*] **regional** public health administrator that the toxic substance poses a serious risk to the health and safety of others if the property is not isolated;

(f) Explain why isolation of the property is the least restrictive means available to prevent a serious risk to the health and safety of others; and

(g) Explain whether the property subject to isolation can be decontaminated or whether the property must be destroyed.

(4) The petition must be personally served on the owner or custodian of the property.

(5)(a) The court shall hold a hearing within 72 hours of the filing of the petition, exclusive of Saturdays, Sundays and legal holidays.

(b) For good cause shown, or with consent of the affected owner or custodian of the property, the Public Health Director or the [*local*] **regional** public health administrator may apply to continue the hearing date for up to 10 days, which continuance the court may grant at its discretion giving

due regard to the rights of the affected owner or custodian of the property, the protection of the public health, the severity of the public health threat and the availability of necessary witnesses and evidence.

(c) A hearing may be waived by the owner or custodian of the property.

(6) The court shall grant the petition if, by clear and convincing evidence, the court finds that isolation of property contaminated with a toxic substance is necessary to prevent a serious risk to the health and safety of others. An order authorizing isolation remains in effect until the toxic substance no longer poses a serious risk to the health and safety of others.

(7) The court order must:

(a) Identify the property to be isolated;

(b) Specify factual findings warranting isolation, including a description of the toxic substance believed to be contaminating the property;

(c) Include any conditions necessary to ensure that isolation is carried out within the stated purposes and restrictions of this section; and

(d) Describe the remedial actions necessary to neutralize or remove the contamination.

SECTION 69. ORS 433.235 is amended to read:

433.235. As used in ORS 433.235 to 433.284:

(1) "Administrator" means the principal or other person having general control and supervision of a school or children's facility.

(2) "Children's facility" or "facility" means:

(a) A certified child care facility as described in ORS 657A.030 and 657A.250 to 657A.450, except as exempted by rule of the Oregon Health Authority;

(b) A program operated by, or sharing the premises with, a certified child care facility, school or post-secondary institution where care is provided to children, six weeks of age to kindergarten entry, except as exempted by rule of the **Oregon Health** Authority; or

(c) A program providing child care or educational services to children, six weeks of age to kindergarten entry, in a residential or nonresidential setting, except as exempted by rule of the **Oregon Health** Authority.

[*(3) "Local health department" means the district or county board of health, public health officer, public health administrator or health department having jurisdiction within the area.*]

[*(4)*] **(3)** "Parent" means a parent or guardian of a child or any adult responsible for the child.

[*(5)*] **(4)** "Physician" means a physician licensed by the Oregon Medical Board or by the Oregon Board of Naturopathic Medicine or a physician similarly licensed by another state or country in which the physician practices or a commissioned medical officer of the Armed Forces or Public Health Service of the United States.

(5) "Regional public health authority" has the meaning given that term in ORS 431.260.

(6) "School" means a public, private, parochial, charter or alternative educational program offering kindergarten through grade 12 or any part thereof, except as exempted by rule of the **Oregon Health** Authority.

SECTION 70. ORS 433.245 is amended to read:

433.245. (1) The Director of the Oregon Health Authority shall appoint a committee to advise the Oregon Health Authority on the administration of the provisions of ORS 433.235 to 433.284, including the adoption of rules pursuant to ORS 433.269 (2), 433.273, 433.282 and 433.283.

(2) Members of the committee appointed pursuant to subsection (1) of this section shall include, but need not be limited to, representatives of the Oregon Health Authority, the Department of Hu-

man Services, the Department of Education, public, private and parochial schools, children's facilities, institutions of post-secondary education, education service districts, [*local health departments*] **regional public health authorities**, the boards of county commissioners or county courts and the public.

SECTION 71. ORS 433.260 is amended to read:

433.260. (1) Whenever any administrator has reason to suspect that any child or employee has or has been exposed to any restrictable disease and is required by the rules of the Oregon Health Authority to be excluded from a school or children's facility, the administrator shall send such person home and, if the disease is one that must be reported to the **Oregon Health** Authority, report the occurrence to the [*local health department*] **regional public health authority** by the most direct means available.

(2) Any person excluded under subsection (1) of this section may not be permitted to be in the school or facility until the person presents a certificate from a physician, nurse practitioner, [*local health department nurse*] **regional public health authority nurse** or school nurse stating that the person does not have or is not a carrier of any restrictable disease.

SECTION 72. ORS 433.267 is amended to read:

433.267. (1) As a condition of attendance in any school or children's facility in this state, every child through grade 12 shall submit to the administrator one of the following statements unless the school or facility which the child attends already has on file a record which indicates that the child has received immunizations against the restrictable diseases prescribed by rules of the Oregon Health Authority as provided in ORS 433.273:

(a) A statement signed by the parent, a practitioner of the healing arts who has within the scope of the practitioner's license the authority to administer immunizations or a representative of the local health department certifying the immunizations the child has received;

(b) A statement signed by a physician or a representative of [*the local health department*] **a regional public health authority** that the child should be exempted from receiving specified immunization because of indicated medical diagnosis; or

(c) A statement signed by the parent that the child has not been immunized as described in paragraph (a) of this subsection because the child is being reared as an adherent to a religion the teachings of which are opposed to such immunization.

(2)(a) A newly entering child or a transferring child shall be required to submit the statement described in subsection (1) of this section prior to attending the school or facility.

(b) Notwithstanding paragraph (a) of this subsection, a child transferring from a school in the United States must submit the statement required by subsection (1) of this section not later than the exclusion date set by rule of the authority.

(3) Persons who have been emancipated pursuant to ORS 419B.558 or who have reached the age of consent for medical care pursuant to ORS 109.640 may sign those statements on their own behalf otherwise requiring the signatures of parents under subsection (1) of this section.

(4) The administrator shall conduct a primary evaluation of the records submitted pursuant to subsection (1) of this section to determine whether the child is entitled to begin attendance by reason of having submitted a statement that complies with the requirements of subsection (1) of this section.

(5) If the records do not meet the initial minimum requirements established by rule, the child may not be allowed to attend until the requirements are met. If the records meet the initial minimum requirements, the child shall be allowed to attend.

(6) At the time specified by the **Oregon Health** Authority by rule, records for children meeting the initial minimum requirements and records previously on file shall be reviewed for completion of requirements by the administrator to determine whether the child is entitled to continue in attendance. If the records do not comply, the administrator shall notify the [*local health department*] **regional public health authority** and shall transmit any records concerning the child's immunization status to the [*local health department*] **regional public health authority**.

(7) The [*local health department*] **regional public health authority** shall provide for a secondary evaluation of the records to determine whether the child should be excluded for noncompliance with the requirements stated in subsection (1)(a) or (b) of this section. If the child is determined to be in noncompliance, the [*local health department*] **regional public health authority** shall issue an exclusion order and shall send copies of the order to the parent or the person who is emancipated or has reached the age of majority and the administrator. On the effective date of the order, the administrator shall exclude the child from the school or facility and not allow the child to attend the school or facility until the requirements of this section have been met.

(8) The administrator shall readmit the child to the school or facility when in the judgment of the [*local health department*] **regional public health authority** the child is in compliance with the requirements of this section.

(9) The administrator shall be responsible for updating the statement described in subsection (1)(a) of this section as necessary to reflect the current status of the immunization of the child and the time at which the child comes into compliance with immunizations against the restrictable diseases prescribed by rules of the **Oregon Health** Authority pursuant to ORS 433.273.

(10) Nothing in this section shall be construed as relieving agencies, in addition to school districts, which are involved in the maintenance and evaluation of immunization records on April 27, 1981, from continuing responsibility for these activities.

(11) All statements required by this section shall be on forms approved or provided by the **Oregon Health** Authority.

(12) In lieu of signed statements from practitioners of the healing arts, the authority may accept immunization record updates using practitioner documented immunization records generated by electronic means or on unsigned practitioner letterhead if the **Oregon Health** Authority determines such records are accurate.

(13) As used in this section:

(a) "Newly entering child" means a child who is initially attending:

(A) A facility in this state;

(B) A school at the entry grade level;

(C) Either a school at any grade level or a facility from homeschooling; or

(D) A school at any grade level or a facility after entering the United States from another country.

(b) "Transferring child" means a child moving from:

(A) One facility to another facility;

(B) One school in this state to another school in this state when the move is not the result of a normal progression of grade level; or

(C) A school in another state to a school in this state.

SECTION 73. ORS 433.269 is amended to read:

433.269. (1) [*Local health departments*] **Regional public health authorities** shall make available immunizations to be administered under the direction of [*the local health officer*] **persons appointed**

by the regional public health authorities in convenient areas and at convenient times. No person shall be refused service because of inability to pay.

(2) [*The local health department*] **Regional public health authorities** and all schools and children's facilities shall report annually to the Oregon Health Authority on the number of children in the area served and the number of children who are susceptible to restrictable disease as prescribed by the **Oregon Health** Authority's rules pursuant to ORS 433.273. A child exempted under ORS 433.267 shall be considered to be susceptible.

(3) The administrator shall maintain immunization records of children, including children in attendance conditionally because of incomplete immunization schedules and children exempted under ORS 433.267.

SECTION 74. ORS 433.280 is amended to read:

433.280. Nothing in ORS 179.505, 192.553 to 192.581, 326.565, 326.575 or 336.187 prevents:

(1) Inspection by or release to administrators by [*local health departments*] **regional public health authorities** of information relating to the status of a person's immunization against restrictable diseases without the consent of the person, if the person has been emancipated or has reached the age of majority, or the parent of a child.

(2) [*Local health departments*] **Regional public health authorities** from releasing information concerning the status of a person's immunization against restrictable diseases by telephone to the parent, administrators and public health officials.

SECTION 75. ORS 433.323 is amended to read:

433.323. (1) As used in this section:

(a) "Newborn hearing screening test registry" means a listing of newborn children and information related to their newborn hearing screening tests.

(b) "Tracking and recall system" means a system attached to the newborn hearing screening test registry designed to contact the parent or guardian of a newborn child listed in the newborn hearing screening test registry for the purposes of assisting in testing and in enrollment of the newborn child in early intervention services in a timely manner.

(2) The Oregon Health Authority shall implement a newborn hearing screening test registry and tracking and recall system. The registry and system shall include, but are not limited to, the following:

(a) Information on the results of newborn hearing screening tests performed at Oregon hospitals, birthing centers and diagnostic facilities.

(b) Notification of the parent or guardian and the health care provider of a newborn child and of the [*local public health agency of*] **regional public health authority with jurisdiction for** the county in which the parent or guardian resides when the system indicates that a newborn child has not received a newborn hearing screening test, has been referred to a diagnostic facility for a diagnostic evaluation but has not received the evaluation or has been diagnosed with hearing loss but has not been enrolled in an educational institution providing early intervention services.

(3) The **Oregon Health** Authority shall adopt rules:

(a) Implementing this section and ORS 433.321;

(b) Ensuring the privacy of individuals about whom information is collected pursuant to this section and ORS 433.321; and

(c) Specifying the forms to be used by hospitals, birthing centers, diagnostic facilities and educational institutions to provide the information required under this section and ORS 433.321.

(4) The **Oregon Health** Authority shall analyze the information collected under this section to

determine the efficacy of this section and ORS 433.321 in identifying hearing loss in the newborn child population and enrolling newborn children in early intervention services.

(5) The **Oregon Health** Authority shall issue an annual report detailing the results of newborn hearing screening tests, diagnostic evaluations and participation in early intervention services.

(6) The **Oregon Health** Authority shall implement the newborn hearing screening test registry within existing resources. The authority may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, and agree to conditions not inconsistent with the purposes of the registry.

SECTION 76. ORS 433.326 is amended to read:

433.326. The purpose of ORS 433.321, 433.323 and 433.327 and section 4, chapter 240, Oregon Laws 2003, is to waive the requirement of authorization to disclose information from, or provide information to, the record of a newborn child in the newborn hearing screening test registry and to waive confidentiality in regard to this information. The waiver allows providers, the Oregon Health Authority and [*local health departments*] **regional public health authorities** and their agents, parents or guardians and diagnostic facilities to share information from the newborn hearing screening test registry without violating confidentiality. The newborn hearing screening test registry and the associated tracking and recall system are designed to increase early and appropriate intervention to minimize delays in developing language skills by the children of this state.

SECTION 77. ORS 433.345 is amended to read:

433.345. (1) If an animal bites a person and the bite causes a break in the skin, or if an animal is suspected of rabies or has been in close contact with an animal suspected of rabies, the facts shall be immediately reported to the [*local health officer*] **regional public health authority** by any person having direct knowledge.

(2) The Oregon Health Authority, in consultation with the State Department of Agriculture, shall promulgate rules relating to the handling and disposition of animals that have bitten a person or are suspected of rabies or that have been in close contact with an animal suspected of rabies. Such rules may include requirements for confinement, isolation and inoculation. Owners or persons in possession of animals subject to such rules, shall handle or dispose or allow the handling or disposal of such animals strictly in accordance with such rules.

SECTION 78. ORS 433.390 is amended to read:

433.390. (1) All moneys received by a county under ORS 433.340 to 433.390 and 433.990 (6) shall be paid to the county dog control fund.

(2) The governing body of the county may, in the event of a rabies outbreak within the county, use such portion of the dog control fund as it deems necessary to purchase rabies vaccine for administration to animals under the direction of the state and [*local*] **regional** health officers.

SECTION 79. ORS 433.419 is amended to read:

433.419. When a [*local health department*] **regional public health authority** or the Oregon Health Authority learns of a case or suspected case of an infectious disease which may have exposed a worker to risk of infection, the [*local health department*] **regional public health authority** or the **Oregon Health** Authority shall make every reasonable effort to notify the worker and employer of the exposure as soon as medically appropriate given the urgency of the disease or suspected disease. Notification shall include recommendations to the worker and employer that are medically appropriate.

SECTION 80. ORS 433.423 is amended to read:

433.423. (1) The Oregon Health Authority shall adopt rules implementing ORS 433.407 to 433.423.

Such rules shall include, but need not be limited to:

(a) The development of curriculum dealing with the exposure of workers to infectious diseases;

(b) Development and conduct of training programs for [*local health department*] **regional public health authority** personnel to prepare them to train workers about the subject of infectious diseases;

(c) Information on the manner in which infectious diseases are transmitted; and

(d) Guidelines that can assist workers and their employers in distinguishing between conditions in which such workers are or are not at risk with respect to infectious diseases.

(2) The rules adopted by the **Oregon Health** Authority shall require that implementation of ORS 433.407 to 433.423 be accomplished in such a manner as to protect the confidentiality of persons with infectious diseases and workers exposed to such persons.

SECTION 81. ORS 433.442 is amended to read:

433.442. As used in ORS 433.441 to 433.452:

(1) "Bioterrorism" means the intentional use of any microorganism, virus, infectious substance or biological product to cause death, disease or other biological harm to a human, an animal, a plant or another living organism.

(2) "Communicable disease" has the meaning given that term in ORS 431.260.

[*(3) "Local public health authority" has the meaning given that term in ORS 431.260.*]

[*(4)*] **(3)** "Public health emergency" means an occurrence or imminent threat of an illness or health condition that:

(a) Is believed to be caused by any of the following:

(A) Bioterrorism;

(B) The appearance of a novel or previously controlled or eradicated infectious agent or biological toxin that may be highly contagious;

(C) An epidemic of communicable disease; or

(D) A natural disaster, a chemical attack or accidental chemical release or a nuclear attack or nuclear accident; and

(b) Poses a high probability of any of the following harms:

(A) A large number of deaths in the affected population;

(B) A large number of serious or long-term disabilities in the affected population; or

(C) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of persons in the affected population.

[*(5)*] **(4)** "Public health measure" has the meaning given that term in ORS 431.260.

(5) "Regional public health authority" has the meaning given that term in ORS 431.260.

SECTION 82. ORS 433.443 is amended to read:

433.443. (1) As used in this section:

(a) "Covered entity" means:

(A) The Children's Health Insurance Program;

(B) The Family Health Insurance Assistance Program established under ORS 414.842;

(C) A health insurer that is an insurer as defined in ORS 731.106 and that issues health insurance as defined in ORS 731.162;

(D) The state medical assistance program; and

(E) A health care provider.

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

(A) A psychologist, occupational therapist, regulated social worker, professional counselor or

marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675 or an employee of the psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist;

(B) A physician, podiatric physician and surgeon, physician assistant or acupuncturist licensed under ORS chapter 677 or an employee of the physician, podiatric physician and surgeon, physician assistant or acupuncturist;

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

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

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

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

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

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

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

(J) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic physician;

(K) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage therapist;

(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct entry midwife;

(M) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical therapist;

(N) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical imaging licensee;

(O) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory care practitioner;

(P) A polysomnographic technologist licensed under ORS 688.819 or an employee of the polysomnographic technologist;

(Q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

(R) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;

(S) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral service practitioner;

(T) A health care facility as defined in ORS 442.015;

(U) A home health agency as defined in ORS 443.005;

(V) A hospice program as defined in ORS 443.850;

(W) A clinical laboratory as defined in ORS 438.010;

(X) A pharmacy as defined in ORS 689.005;

(Y) A diabetes self-management program as defined in ORS 743A.184; and

(Z) Any other person or entity that furnishes, bills for or is paid for health care in the normal course of business.

(c) "Individual" means a natural person.

(d) "Individually identifiable health information" means any oral or written health information

in any form or medium that is:

(A) Created or received by a covered entity, an employer or a health care provider that is not a covered entity; and

(B) Identifiable to an individual, including demographic information that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify an individual, and that relates to:

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

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

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

(e) "Legal representative" means attorney at law, person holding a general power of attorney, guardian, conservator or any person appointed by a court to manage the personal or financial affairs of a person, or agency legally responsible for the welfare or support of a person.

(2)(a) During a public health emergency declared under ORS 433.441, the Public Health Director may, as necessary to appropriately respond to the public health emergency:

(A) Adopt reporting requirements for and provide notice of those requirements to health care providers, institutions and facilities for the purpose of obtaining information directly related to the public health emergency;

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

(C) Order, or authorize [*local*] **regional** public health administrators to order, public health measures appropriate to the public health threat presented;

(D) Upon approval of the Governor, take other actions necessary to address the public health emergency and provide notice of those actions to health care providers, institutions and facilities, including public health actions authorized by ORS 431.264;

(E) Take any enforcement action authorized by ORS 431.262, including the imposition of civil penalties of up to $500 per day against individuals, institutions or facilities that knowingly fail to comply with requirements resulting from actions taken in accordance with the powers granted to the Public Health Director under subparagraphs (A), (B) and (D) of this paragraph; and

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

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

(ii) Does not supersede the general authority granted to a [*local*] **regional** public health authority or a [*local*] **regional** public health administrator except as authorized by law or necessary to respond to a public health emergency.

(b) The authority of the Public Health Director to take administrative action, and the effectiveness of any action taken, under paragraph (a)(A), (B), (D), (E) and (F) of this subsection terminates upon the expiration of the proclaimed state of public health emergency, unless the actions are continued under other applicable law.

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

number of violations of subsection (2) of this section that occurred on each day of violation.

(4)(a) During a proclaimed state of public health emergency, the Public Health Director and [*local*] **regional** public health administrators shall be given immediate access to individually identifiable health information necessary to:

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

(B) Identify persons at risk;

(C) Identify patterns of transmission;

(D) Provide treatment; and

(E) Take steps to control the disease.

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

(c) Individually identifiable health information obtained by the Public Health Director or [*local*] **regional** public health administrators under this subsection may not be disclosed without written authorization of the identified individual except:

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

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

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

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

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

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

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

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

SECTION 83. ORS 433.449 is amended to read:

433.449. (1) As used in this section:

(a) "Contaminated material" means wastes or other materials exposed to or tainted by chemical, radiological, or biological substances or agents.

(b) "Transmissible agent" means a biological substance capable of causing disease or infection

through individual to individual transmission, animal to individual transmission, or other modes of transmission.

(2) Notwithstanding any provision in ORS chapter 97 or 692, during a state of public health emergency, the Public Health Director may:

(a) Prescribe measures to provide for the safe disposal of human remains as may be reasonable and necessary to respond to the public health emergency. Measures adopted under this subsection may include the embalming, burial, cremation, interment, disinterment, transportation and disposal of human remains.

(b) Require any person in charge of disposing of human remains to clearly label the human remains of a deceased person with a communicable disease or transmissible agent with an external, clearly visible tag indicating that the human remains are infected or contaminated and, if known, the communicable disease or transmissible agent or contaminated materials present in the remains.

(c) After a medical examiner has certified the cause and manner of death, order a person in charge of disposing of human remains to dispose of the human remains of a person who has died of a communicable disease or transmissible agent through burial or cremation within a specified time period. To the extent practicable, religious, cultural, family and individual beliefs of the deceased person or the person's family shall be considered when disposing of any human remains.

(3) The Public Health Director must consult and coordinate with the State Medical Examiner when exercising authority under this section. Nothing in this section is intended to override authority granted to the State Medical Examiner or [*district*] **regional** medical examiner under ORS 146.003 to 146.189 and 146.710 to 146.992.

SECTION 84. ORS 433.452 is amended to read:

433.452. (1) If the Public Health Director or [*the local*] **a regional** public health administrator reasonably believes a person within the jurisdiction of the director or the administrator may have been exposed to a communicable disease identified by rule of the Oregon Health Authority to be a reportable disease or condition or a condition that is the basis for a state of public health emergency declared by the Governor as authorized by ORS 433.441, the person may be detained for as long as reasonably necessary for the director or administrator to convey information to the person regarding the communicable disease or condition and to obtain contact information, including but not limited to the person's residence and employment addresses, date of birth, telephone numbers and any other contact information required by the director or administrator.

(2) If a person detained under subsection (1) of this section refuses to provide the information requested, the director or **the regional public health** administrator may impose a public health measure appropriate to the public health threat presented pursuant to ORS 433.035, 433.121 and 433.123.

SECTION 85. ORS 433.750 is amended to read:

433.750. (1) The governing body of a county in which an outdoor mass gathering is to take place shall issue a permit upon application when the organizer demonstrates compliance with or the ability to comply with the health and safety rules governing outdoor mass gatherings to be regulated according to the anticipated crowd and adopted by the Oregon Health Authority. The application shall include all of the following:

(a) Name and address of the applicant.

(b) Legal description of the place of the proposed gathering.

(c) Date of the proposed gathering.

(d) Estimated attendance at the proposed gathering.

(e) Nature of the proposed gathering.

(f) Such other appropriate information as the county governing body may require in order to insure compliance with rules of the authority.

(2) Notice of the application shall be sent by the county governing body to the county sheriff or county chief law enforcement officer, the [*county health officer*] **regional public health administrator of the regional public health authority with jurisdiction for the county** and the chief of the fire district in which the gathering is to be held.

(3) Each [*officer*] **person** receiving notice of the application under subsection (2) of this section who wishes to comment on the application shall submit such comment in writing to the county governing body not later than the hearing date. The comment may include recommendations related to the official functions of the [*officer*] **person** as to granting the permit and any recommended conditions that should be imposed.

(4) The county governing body shall hold a public hearing on the issue of compliance with this section. Notice of the time and place of such hearing including a general explanation of the matter to be considered shall be published at least 10 calendar days before the hearing in a newspaper of general circulation in the county or, if there is none, it shall be posted in at least three public places in the county.

(5) Any decision of a county governing body on an application for a permit to hold an outdoor mass gathering may be appealed to a circuit court for the county as provided in ORS 34.020 to 34.100.

(6) A county governing body may charge permit applicants a fee reasonably calculated to reimburse the county for its reasonable and necessary costs in receiving, processing and reviewing applications for permits to hold outdoor mass gatherings. However, a fee authorized by this subsection shall not exceed $5,000 and shall not be charged when the governing body finds, by a preponderance of the evidence presented to the governing body, that the applicant is unable to reimburse the governing body.

SECTION 86. ORS 433.855 is amended to read:

433.855. (1) The Oregon Health Authority, in accordance with the provisions of ORS chapter 183:

(a) Shall adopt rules necessary to implement the provisions of ORS 433.835 to 433.875 and 433.990 (5);

(b) Shall be responsible for compliance with such rules; and

(c) May impose a civil penalty not to exceed $500 per day for each violation of a rule of the **Oregon Health** Authority applicable to ORS 433.845 or 433.850, to be collected in the manner provided in ORS 441.705 to 441.745. All penalties recovered shall be paid into the State Treasury and credited to the Tobacco Use Reduction Account established under ORS 431.832.

(2) In carrying out its duties under this section, the **Oregon Health** Authority is not authorized to require any changes in ventilation or barriers in any public place or place of employment. However, nothing in this subsection is intended to limit the power of the **Oregon Health** Authority to impose any requirements under any other provision of law.

(3) In public places which the **Oregon Health** Authority regularly inspects, the authority shall check for compliance with the provisions of ORS 433.835 to 433.875 and 433.990 (5). In other public places and places of employment, the **Oregon Health** Authority shall respond in writing or orally by telephone to complaints, notifying the proprietor or person in charge of responsibilities of the proprietor or person in charge under ORS 433.835 to 433.875 and 433.990 (5). If repeated complaints are received, the **Oregon Health** Authority may take appropriate action to ensure compliance.

(4) When a [*county*] **regional public health authority** has received delegation of the duties and responsibilities under ORS 446.425 and 448.100, or contracted with the **Oregon Health** Authority under ORS 190.110, the [*county*] **regional public health authority** shall be responsible for enforcing the provisions of ORS 433.835 to 433.875 and 433.990 (5) and shall have the same enforcement power as the **Oregon Health** Authority.

SECTION 87. ORS 433.860 is amended to read:

433.860. The Oregon Health Authority or [*local board of health*] **a regional public health authority** may institute an action in the circuit court of the county where the violation occurred to enjoin repeated violations of ORS 433.850.

SECTION 88. ORS 435.105 is amended to read:

435.105. In lieu of its own inspection program, the State Board of Pharmacy may enter into an agreement with the Oregon Health Authority or a [*county or district board of health*] **regional public health authority**. The agreement shall authorize the **Oregon Health** Authority or the [*board*] **regional public health authority** to make inspections of the condom stock to determine that the stock consists only of brands that comply with standards promulgated under ORS 435.100 (1). The agreement shall include authority to enforce applicable rules of the State Board of Pharmacy and the **Oregon Health** Authority and such rules of the board shall be considered rules of the **Oregon Health** Authority or the [*county or district board of health*] **regional public health authority**.

SECTION 89. ORS 435.205 is amended to read:

435.205. (1) The Oregon Health Authority and every [*county health department*] **regional public health authority** shall offer family planning and birth control services within the limits of available funds. Both agencies jointly may offer such services. The Director of the Oregon Health Authority or a designee shall initiate and conduct discussions of family planning with each person who might have an interest in and benefit from such service. The **Oregon Health** Authority shall furnish consultation and assistance to [*county health departments*] **regional public health authorities**.

(2) Family planning and birth control services may include interviews with trained personnel; distribution of literature; referral to a licensed physician for consultation, examination, medical treatment and prescription; and, to the extent so prescribed, the distribution of rhythm charts, the initial supply of a drug or other medical preparation, contraceptive devices and similar products.

(3) Any literature, charts or other family planning and birth control information offered under this section in counties in which a significant segment of the population does not speak English shall be made available in the appropriate foreign language for that segment of the population.

(4) In carrying out its duties under this section, and with the consent of the county governing [*body*] **bodies within its jurisdiction**, [*any county health department*] **a regional public health authority** may adopt a fee schedule for services provided by the [*county health department*] **regional public health authority**. The fees shall be reasonably calculated not to exceed costs of services provided and may be adjusted on a sliding scale reflecting ability to pay.

(5) [*The county health department*] **A regional public health authority** shall collect fees according to the schedule adopted under subsection (4) of this section. Such fees may be used to meet the expenses of providing the services authorized by this section.

SECTION 90. ORS 438.130 is amended to read:

438.130. (1) The application for a license for a clinical laboratory shall be made on forms provided by the Oregon Health Authority and shall be executed by the owner or one of the owners or by an officer of the firm or corporation owning the clinical laboratory, or in the case of a [*county or municipality*] **regional public health authority**, by the public official responsible for operation

of the laboratory, or in the case of an institution, by the administrator of the institution. The application shall contain the names of the owner, the director or directors of the clinical laboratory, the location and physical description of the clinical laboratory, the laboratory specialties for which a license is requested and such other information as the **Oregon Health** Authority may require.

(2)(a) The application shall be accompanied by an annual or biennial license fee to be established by the **Oregon Health** Authority. The fee shall be based on test volume, test complexity, the number of specialties performed and private laboratory accreditation. For each level of laboratory testing, the fee shall be not more than 100 percent of the corresponding fee charged by the federal laboratory certification program known as the Clinical Laboratory Improvement Amendments of 1988 (P.L. 100-578, 42 U.S.C. 201 and 263a) in effect on July 1, 1999. The fee for substance of abuse screening laboratories not certified under the Clinical Laboratory Improvement Amendments of 1988 shall be comparable to the clinical laboratory fee established under this section.

(b) The **Oregon Health** Authority may establish prorated fees for licenses issued for a year or less and when there is a change in the laboratory's owner, director or address. A prorated license fee shall be issued to a laboratory accredited by an organization recognized by the **Oregon Health** Authority.

(3) Unless sooner voided, suspended or revoked, all licenses issued under this section expire on June 30 of the one-year or two-year cycle following the date of issuance or on such date as may be specified by **Oregon Health** Authority rule. Licenses issued under this section shall be renewable in the manner prescribed by the **Oregon Health** Authority.

(4) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting the fees and charges, the fees and charges established under this section shall not exceed the cost of administering the regulatory program of the **Oregon Health** Authority pertaining to the purpose for which the fee or charge is established, as authorized by the Legislative Assembly within the authority's budget, as the budget may be modified by the Emergency Board.

SECTION 91. ORS 438.310 is amended to read:

438.310. (1) The Oregon Health Authority or its authorized representative may:

(a) At reasonable times enter the premises of a clinical laboratory licensed or subject to being licensed under ORS 438.010 to 438.510 to inspect the facilities, methods, procedures, materials, staff, equipment, laboratory results and records of the clinical laboratory.

(b) Require the owner or director to submit reports on the operations and procedures of the laboratory.

(c) Require the owner or director to submit initial laboratory findings indicative of communicable disease as defined by law or by rule. Each report shall include the name of the person from whom the specimen was obtained, if the name was reported to the laboratory, and the name and address of the physician for whom such examination or test was made. Such reports shall not be construed as constituting a diagnosis nor shall any laboratory making such report be held liable under the laws of this state for having violated a trust or confidential relationship.

(2) The Director of the Oregon Health Authority or a designee, the authority, or any employee thereof, shall not disclose information contained in reports on communicable diseases submitted to the authority under subsection (1) of this section except as such information is made available to employees of the authority and to [*local*] **regional public** health officers for purposes of administering the public health laws of this state. However, information contained in such reports may be used in compiling statistical and other data in which persons are not identified by name or other-

wise.

(3) The authority shall by rule set standards for the recognition of private laboratory accrediting organizations whose standards meet or exceed federal standards. A laboratory that is accredited by a private laboratory accrediting organization recognized by the authority under this section may submit proof of such accreditation to the authority. Upon receipt of such proof, the authority shall issue a license pursuant to ORS 438.130.

SECTION 92. ORS 441.061 is amended to read:

441.061. (1) Upon agreement, the Director of Human Services may grant specific authorization to any [*county or district board of health*] **regional public health authority** to administer and enforce any law or rules of the Department of Human Services relating to inspections and issuance, revocation and suspension of licenses, or portion thereof, for long term care facilities.

(2) Pursuant to an agreement as provided in subsection (1) of this section, the director may provide funds and other resources to the [*county or district board of health*] **regional public health authority** necessary to enable the [*county or district board of health*] **regional public health authority** to perform the agreed upon functions.

SECTION 93. ORS 441.131 is amended to read:

441.131. (1) The appointments of designees shall be made in consultation with a local screening committee which may consist of but not be limited to persons representing:

(a) The area agency on aging.

(b) The local office of the Department of Human Services.

(c) [*The local health department*] **A regional public health authority**.

(d) Senior citizens groups in the area.

(e) Long term care facilities in the area.

(f) Local elected officials.

(2) To be appointed as a designee, a person must complete six days of initial training and attend quarterly training sessions which are approved by the Long Term Care Ombudsman and which shall be coordinated and funded by the Department of Human Services subject to the availability of funds therefor. Local screening committees shall be appointed by and serve at the pleasure of the ombudsman.

(3) Designees must sign a contract with the state which outlines the scope of their duties. In districts where a designee is an employee or agent of a local entity, a three-party contract shall be executed. Violation of the contract is cause for the termination of the appointment. A directory of all designees shall be maintained in the office of the Long Term Care Ombudsman.

(4) The qualifications of designees shall include experience with long term care facilities or residents thereof or potential residents including the ability to communicate well, to understand laws, rules and regulations, and to be assertive, yet objective.

(5) Experience in either social service, gerontology, nursing or paralegal work shall be preferred.

(6) The contract shall include statements that the purpose of the Long Term Care Ombudsman Program is to:

(a) Promote rapport and trust between the residents, staff of the nursing home and nursing home ombudsman program;

(b) Assist nursing home residents with participating more actively in determining the delivery of services in long term care facilities;

(c) Serve as an educational resource;

(d) Receive, resolve or relay concerns to the Long Term Care Ombudsman or the appropriate agency; and

(e) Assure equitable resolution of problems.

(7) The duties of the designees are to:

(a) Visit each assigned long term care facility on a regular basis:

(A) Upon arrival and departure, inform a specified staff member.

(B) Review, with a specified staff member, any problems or concerns which need to be considered.

(C) Visit individual residents and resident councils.

(b) Maintain liaison with appropriate agencies and the Long Term Care Ombudsman.

(c) Report, in writing, monthly to the Long Term Care Ombudsman.

(d) Keep residents and long term care staff informed of the Long Term Care Ombudsman Program.

(e) Periodically review the Patients' Bill of Rights with residents, families, guardians, administrators and staff.

(f) Perform other related duties as specified.

SECTION 94. ORS 441.630 is amended to read:

441.630. As used in ORS 441.630 to 441.680 and 441.995:

(1) "Abuse" means:

(a) Any physical injury to a resident of a long term care facility which has been caused by other than accidental means.

(b) Failure to provide basic care or services, which failure results in physical harm or unreasonable discomfort or serious loss of human dignity.

(c) Sexual contact with a resident caused by an employee, agent or other resident of a long term care facility by force, threat, duress or coercion.

(d) Illegal or improper use of a resident's resources for the personal profit or gain of another person.

(e) Verbal or mental abuse as prohibited by federal law.

(f) Corporal punishment.

(g) Involuntary seclusion for convenience or discipline.

(2) "Abuse complaint" means any oral or written communication to the department, one of its agents or a law enforcement agency alleging abuse.

(3) "Department" means the Department of Human Services or a designee of the department.

(4) "Facility" means a long term care facility, as defined in ORS 442.015.

(5) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) A police department established by a university under ORS 352.383.

(c) Any county sheriff's office.

(d) The Oregon State Police.

(e) Any district attorney.

(6) "Public or private official" means:

(a) Physician, including any intern or resident.

(b) Licensed practical nurse or registered nurse.

(c) Employee of the Department of Human Services, a community developmental disabilities program or a long term care facility or person who contracts to provide services to a long term care

facility.

(d) Employee of the Oregon Health Authority, [*county health department*] **a regional public health authority** or **a** community mental health program.

(e) Peace officer.

(f) Member of the clergy.

(g) Regulated social worker.

(h) Physical, speech and occupational therapists.

(i) Legal counsel for a resident or guardian or family member of the resident.

SECTION 95. ORS 146.003 is amended to read:

146.003. As used in ORS 146.003 to 146.189 and 146.710 to 146.992, unless the context requires otherwise:

(1) "Approved laboratory" means a laboratory approved by the State Medical Examiner as competent to perform the blood sample analysis required by ORS 146.113 (2).

(2) "Assistant [*district*] **regional** medical examiner" means a physician appointed by the [*district*] **regional** medical examiner to investigate and certify deaths within [*a county or district*] **the jurisdiction of a regional public health authority**.

(3) "Cause of death" means the primary or basic disease process or injury ending life.

(4) "Death requiring investigation" means the death of a person occurring in any one of the circumstances set forth in ORS 146.090.

(5) "Deputy medical examiner" means a person appointed by the [*district*] **regional** medical examiner to assist in the investigation of deaths within [*a county*] **the jurisdiction of a regional public health authority**.

[*(6) "District medical examiner" means a physician appointed by the State Medical Examiner to investigate and certify deaths within a county or district, including a Deputy State Medical Examiner.*]

[*(7)*] **(6)** "Law enforcement agency" means a county sheriff's office, municipal police department, police department established by a university under ORS 352.383 and the Oregon State Police.

[*(8)*] **(7)** "Legal intervention" includes an execution pursuant to ORS 137.463, 137.467 and 137.473 and other legal use of force resulting in death.

[*(9)*] **(8)** "Manner of death" means the designation of the probable mode of production of the cause of death, including natural, accidental, suicidal, homicidal, legal intervention or undetermined.

[*(10)*] **(9)** "Medical examiner" means a physician appointed as provided by ORS 146.003 to 146.189 to investigate and certify the cause and manner of deaths requiring investigation, including the State Medical Examiner.

[*(11)*] **(10)** "Pathologist" means a physician holding a current license to practice medicine and surgery and who is eligible for certification by the American Board of Pathology.

(11) "Regional medical examiner" means a physician appointed by the State Medical Examiner to investigate and certify deaths within the jurisdiction of a regional public health authority, including a Deputy State Medical Examiner.

(12) "Unidentified human remains" does not include human remains that are unidentified human remains that are part of an archaeological site or suspected of being Native American and covered under ORS chapters 97 and 390 and ORS 358.905 to 358.961.

SECTION 96. ORS 146.025 is amended to read:

146.025. In addition to the duties set forth in ORS 146.015 the State Medical Examiner Advisory Board shall:

(1) Recommend to the Oregon Department of Administrative Services the qualifications and compensation for the positions of State Medical Examiner and Deputy State Medical Examiner.

(2) Recommend to the county courts the compensation of the [*district*] **regional** medical examiners and assistant [*district*] **regional** medical examiners.

(3) Recommend to [*district*] **regional** medical examiners and district attorneys the qualifications for deputy medical examiners.

[*(4) Approve or disapprove of a single district medical examiner's office for two or more counties as provided by ORS 146.065 (5).*]

[*(5)*] **(4)** Recommend a proposed budget for the State Medical Examiner's office to the Department of State Police.

[*(6)*] **(5)** Annually review the State Medical Examiner's report prescribed by ORS 146.055 and report to the Superintendent of State Police and to the State Board of Health regarding the operation of the State Medical Examiner's office.

SECTION 97. ORS 146.035 is amended to read:

146.035. (1) There shall be established within the Department of State Police the State Medical Examiner's office for the purpose of directing and supporting the state death investigation program.

(2) The State Medical Examiner shall manage all aspects of the State Medical Examiner's program.

(3) Subject to the State Personnel Relations Law, the State Medical Examiner may employ or discharge other personnel of the State Medical Examiner's office.

(4) The State Medical Examiner's office shall:

(a) File and maintain appropriate reports on all deaths requiring investigation.

(b) Maintain an accurate list of all active [*district*] **regional** medical examiners, assistant [*district*] **regional** medical examiners and designated pathologists.

(c) Transmit monthly to the Department of Transportation a report for the preceding calendar month of all information obtained under ORS 146.113.

(5) Notwithstanding ORS 192.501 (35):

(a) Any parent, spouse, sibling, child or personal representative of the deceased, or any person who may be criminally or civilly liable for the death, or their authorized representatives respectively, may examine and obtain copies of any medical examiner's report, autopsy report or laboratory test report ordered by a medical examiner under ORS 146.117.

(b) The system described in ORS 192.517 (1) shall have access to reports described in this subsection as provided in ORS 192.517.

SECTION 98. ORS 146.045 is amended to read:

146.045. (1) After consultation with the State Medical Examiner Advisory Board, the State Medical Examiner shall appoint each Deputy State Medical Examiner.

(2) The State Medical Examiner shall:

(a) Appoint and discharge each [*district*] **regional** medical examiner as provided by ORS 146.065 (2).

(b) Designate those pathologists authorized to perform autopsies under ORS 146.117 (2).

(c) Approve those laboratories authorized to perform the analyses required under ORS 146.113 (2).

(3) The State Medical Examiner may:

(a) Assume control of a death investigation in cooperation with the district attorney.

(b) Order an autopsy in a death requiring investigation.

(c) Certify the cause and manner of a death requiring investigation.

(d) Amend a previously completed death certificate on a death requiring investigation.

(e) Order a body exhumed in a death requiring investigation.

(f) Designate a Deputy State Medical Examiner as Acting State Medical Examiner.

(g) After a reasonable and thorough investigation, complete and file a death certificate for a person whose body is not found.

(4) Distribution of moneys from the State Medical Examiner's budget for partial reimbursement of each county's autopsy expenditures shall be made subject to approval of the State Medical Examiner.

(5) Within 45 days of receipt of information that a person is missing at sea and presumed dead, the State Medical Examiner shall determine whether the information is credible and, if so, complete and file a death certificate for the person presumed dead. If the information is determined not to be credible, the State Medical Examiner may continue the death investigation.

SECTION 99. ORS 146.055 is amended to read:

146.055. (1) The State Medical Examiner shall assist and advise [*district*] **regional** medical examiners in the performance of their duties.

(2) The State Medical Examiner shall perform autopsies, if in the judgment of the State Medical Examiner such autopsy is necessary in any death requiring investigation, when requested by a medical examiner or district attorney.

(3) The State Medical Examiner shall regularly conduct training programs for the [*district*] **regional** medical examiners and law enforcement agencies.

(4) The State Medical Examiner shall submit an annual report to the State Medical Examiner Advisory Board detailing the activities and accomplishments of the state and each county office in the preceding year as well as a cost analysis of the office of the State Medical Examiner.

SECTION 100. ORS 146.065 is amended to read:

146.065. (1) [*In each county*] **Within the jurisdiction of each regional public health authority** there shall be a medical examiner for the purpose of investigating and certifying the cause and manner of deaths requiring investigation.

(2) Each [*district*] **regional** medical examiner shall be appointed by the State Medical Examiner with approval of the appropriate [*board or*] boards of commissioners and may be discharged by the State Medical Examiner without such approval.

(3) If the position of [*district*] **regional** medical examiner is vacant, the [*county health officer*] **regional public health administrator** shall temporarily act as medical examiner in cooperation with the State Medical Examiner until the vacancy is filled.

(4) If the positions of [*district*] **regional** medical examiner and [*county health officer*] **regional public health administrator** are both vacant, the district attorney shall temporarily act as medical examiner in cooperation with the State Medical Examiner until the vacancy is filled.

[*(5) Two or more counties, with the approval of the State Medical Examiner Advisory Board and commissioners of each county, may form a district medical examiner's office instead of an office for each such county.*]

[*(6)*] **(5)** When a county [*or district*] has a population of 200,000 or more persons, the State Medical Examiner may, with the approval of the State Medical Examiner Advisory Board, appoint a Deputy State Medical Examiner for that county [*or district*].

[*(7)*] **(6)** The compensation of the Deputy State Medical Examiner shall be paid by the state from funds available for such purpose.

[*(8)*] **(7)** The services of the Deputy State Medical Examiner may be contracted by the Department of State Police. These contracts may be terminated by either party at any time by written notice to the other party to the agreement and, upon termination, the appointment of such Deputy State Medical Examiner is terminated.

SECTION 101. ORS 146.075 is amended to read:

146.075. (1) The [*district*] **regional** medical examiner shall serve as the administrator of the [*district*] **regional** medical examiner's office. Subject to applicable provisions of [*a county*] **state** personnel policy or civil service law, the [*district*] **regional** medical examiner may employ such other personnel as the [*district*] **regional** medical examiner deems necessary to operate the office.

(2) All expenses of equipping, maintaining and operating the [*district*] **regional** medical examiner's office, including the compensation of the [*district*] **regional** medical examiner and assistant [*district*] **regional** medical examiners, shall be paid by the county or counties [*of the district*] **within the regional public health authority** from funds budgeted for such purpose.

(3) When a [*district*] **regional** medical examiner also serves as [*county health officer*] **regional public health administrator**, the [*county*] **counties within the regional public health authority** shall separately budget the compensation and expenses to be paid for medical examiner's duties.

(4) All expenses of death investigations shall be paid from [*county*] funds budgeted **by the counties within the regional public health authority** for such purpose except that, in counties under 200,000 population upon the approval of the State Medical Examiner, one-half of the costs of autopsies ordered under ORS 146.117 shall be paid annually by the state from funds for such purpose. If funds available for this payment are insufficient to meet one-half of these costs, even proportional payments to the counties shall be made.

(5) Expenses of burial or other disposition of an unclaimed body shall be paid by the county where the death occurs, as provided by ORS 146.100 (2), in the manner provided by ORS 146.121 (4).

(6) Each [*district*] **regional** office shall maintain copies of the:

(a) Reports of death investigation by the medical examiner;

(b) Autopsy reports;

(c) Laboratory analysis reports; and

(d) Inventories of money or property of the deceased taken into custody during the investigation.

(7) Reports and inventories maintained by the [*district*] **regional** office shall be available for inspection as provided by ORS 146.035 (5).

(8) Copies of reports of death investigations by medical examiners and autopsy reports shall be forwarded to the State Medical Examiner's office.

(9) Each [*district*] **regional** office shall maintain current records of:

(a) All assistant [*district*] **regional** medical examiners appointed.

(b) Appointments of each deputy medical examiner appointed for the [*county or district*] **regional public health authority**.

(c) The name, address and director of each licensed funeral home located within the [*county or district*] **jurisdiction of the regional public health authority**.

(10) Each [*district*] **regional** office shall immediately in writing notify the State Medical Examiner's office of all appointments and resignations of their medical examiners.

SECTION 102. ORS 146.080 is amended to read:

146.080. (1) Each [*district*] **regional** medical examiner may appoint one or more assistant [*district*] **regional** medical examiners.

(2) The qualifications of an assistant [*district*] **regional** medical examiner shall be prescribed by

the State Medical Examiner Advisory Board.

(3) When delegated by the [*district*] **regional** medical examiner, an assistant [*district*] **regional** medical examiner shall:

(a) Assist the [*district*] **regional** medical examiner in investigating and certifying deaths.

(b) Have the authority and responsibility to investigate and certify deaths requiring investigation.

SECTION 103. ORS 146.085 is amended to read:

146.085. (1) The [*district*] **regional** medical examiner shall appoint, subject to the approval of the district attorney and applicable civil service regulations, qualified deputy medical examiners, including the sheriff or a deputy sheriff and a member of the Oregon State Police for each county. Other peace officers may also be appointed as deputy medical examiners.

(2) The [*district*] **regional** medical examiner and the district attorney shall establish qualifications for deputy medical examiners.

(3) Each deputy medical examiner shall be individually appointed and the name of the deputy medical examiner shall be on file in the office of the [*district*] **regional** medical examiner.

(4) A deputy medical examiner shall investigate deaths subject to the control and direction of the [*district*] **regional** medical examiner or the district attorney.

(5) A deputy medical examiner may authorize the removal of the body of a deceased person from the apparent place of death.

(6) The deputy medical examiner may not authorize embalming, order a post-mortem examination or autopsy, or certify the cause and manner of death.

SECTION 104. ORS 146.088 is amended to read:

146.088. A [*district*] **regional** medical examiner, deputy medical examiner, assistant [*district*] **regional** medical examiner or designated pathologist is deemed to be an officer or employee of a public body for purposes of ORS 30.260 to 30.300 while acting as a [*district*] **regional** medical examiner, deputy medical examiner, assistant [*district*] **regional** medical examiner or designated pathologist.

SECTION 105. ORS 146.095 is amended to read:

146.095. (1) The [*district*] **regional** medical examiner and the district attorney for the county where death occurs, as provided by ORS 146.100 (2), shall be responsible for the investigation of all deaths requiring investigation.

(2) The medical examiner shall certify the manner and the cause of all deaths which the medical examiner is required to investigate. The certificate of death shall be filed as required by ORS 432.307.

(3) The medical examiner shall make a report of death investigation to the State Medical Examiner as soon as possible after being notified of a death requiring investigation.

(4) Within five days after notification of a death requiring investigation, the medical examiner shall make a written report of the investigation and file it in the [*district*] **regional** medical examiner's office.

(5) The [*district*] **regional** medical examiner shall supervise the assistant [*district*] **regional** medical examiners and deputy medical examiners in cooperation with the district attorney.

(6) The [*district*] **regional** medical examiner shall regularly conduct administrative training programs for the assistant [*district*] **regional** medical examiners, deputy medical examiners and law enforcement agencies.

SECTION 106. ORS 146.100 is amended to read:

146.100. (1) Death investigations shall be under the direction of the [*district*] **regional** medical

examiner and the district attorney for the county where the death occurs.

(2) For purposes of ORS 146.003 to 146.189, if the county where death occurs is unknown, the death shall be deemed to have occurred in the county where the body is found, except that if in an emergency the deceased is moved by conveyance to another county and is dead on arrival, the death shall be deemed to have occurred in the county from which the body was originally removed.

(3) The [*district*] **regional** medical examiner or a designated assistant **regional** medical examiner **of the regional public health authority with jurisdiction** for the county where death occurs shall be immediately notified of:

(a) All deaths requiring investigation; and

(b) All deaths of persons admitted to a hospital or institution for less than 24 hours, although the medical examiner need not investigate nor certify such deaths.

(4) No person having knowledge of a death requiring investigation shall intentionally or knowingly fail to make notification thereof as required by subsection (3) of this section.

(5) The [*district*] **regional** medical examiner or deputy medical examiner shall immediately notify the district attorney for the county where death occurs of all deaths requiring investigation except for those specified by ORS 146.090 (1)(d) to (g).

(6) All peace officers, health care providers as defined in ORS 192.556, supervisors of penal institutions and supervisors of hospitals or institutions caring for the ill or helpless shall cooperate with the medical examiner by providing a decedent's medical records and tissue samples and any other material necessary to conduct the death investigation of the decedent and shall make notification of deaths as required by subsection (3) of this section. A person who cooperates with the medical examiner in accordance with this subsection does not:

(a) Waive any claim of privilege applicable to, or the confidentiality of, the materials and records provided.

(b) Waive any claim that the materials and records are subject to an exemption from disclosure under ORS 192.410 to 192.505.

(7) Records or materials described in subsection (6) of this section may be released by the medical examiner only pursuant to a valid court order.

SECTION 107. ORS 146.109 is amended to read:

146.109. (1) Upon identifying the body, the medical examiner shall immediately attempt to locate the next of kin or responsible friends to obtain the designation of a funeral home to which the deceased is to be taken.

(2) If unable to promptly obtain a designation of funeral home from the next of kin or responsible friends, the medical examiner or deputy medical examiner shall designate the funeral home. In designating the funeral home, the medical examiner or deputy medical examiner shall be fair and equitable among the funeral homes listed in the office of the [*district*] **regional** medical examiner.

SECTION 108. ORS 146.113 is amended to read:

146.113. (1) A medical examiner or district attorney may, in any death requiring investigation, order samples of blood or urine taken for laboratory analysis.

(2) When a death requiring an investigation as a result of a motor vehicle accident occurs within five hours after the accident and the deceased is over 13 years of age, a blood sample shall be taken and forwarded to an approved laboratory for analysis. Such blood or urine samples shall be analyzed for the presence and quantity of ethyl alcohol, and if considered necessary by the State Medical Examiner, the presence of controlled substances.

(3) Laboratory reports of the analysis shall be made a part of the State Medical Examiner's and

[*district*] **regional** medical examiner's files.

SECTION 109. ORS 146.125 is amended to read:

146.125. (1) The medical examiner, deputy medical examiner, district attorney or sheriff may temporarily retain possession of any property found on the body or in the possession of the deceased which in the opinion of the medical examiner, deputy medical examiner, district attorney or sheriff may be useful in establishing the cause or manner of death or may be used in further proceedings.

(2) When a medical examiner, deputy medical examiner, district attorney or sheriff assumes control or custody of money or personal property found on the body or in the possession of the deceased, the medical examiner, deputy medical examiner, district attorney or sheriff shall:

(a) Make a verified inventory of such money or property.

(b) File the inventory in the [*district*] **regional** medical examiner's office.

(c) Deposit the money with the county treasurer **for the county where the death occurs** to the credit of the county general fund.

(3) If personal property is not retained by the medical examiner, deputy medical examiner, district attorney or sheriff, and is not claimed within 30 days, the inventory shall be filed with the board of county commissioners **for the county where the death occurs** to be disposed of as follows:

(a) If the property has value, the board may order it sold and after deducting the cost of sale, shall deposit the proceeds of the sale with the county treasurer to the credit of the county general fund.

(b) If the property has no value in the judgment of the board, the board may order the sheriff to destroy such property.

(4) Any expenses incurred by the county in transporting or disposing of the body may be deducted from the money or proceeds of the sale of personal property before it is delivered to a claimant.

(5) If it appears that the person whose death required investigation died wholly intestate and without heirs, the [*county whose*] official **who** has control or custody of the property shall [*notify*] **cause** an estate administrator of the Department of State Lands appointed under ORS 113.235 **to be notified** within 15 days after the death.

(6) If a legally qualified personal representative, spouse, or next of kin:

(a) Claims the money of the deceased, the treasurer shall, subject to the provisions of subsection (4) of this section, deliver such money to the claimant.

(b) Within 30 days, claims the personal property of the deceased, the property shall be delivered to such claimant subject to the provisions of subsections (1) and (5) of this section.

(7) If money of the deceased is not claimed within seven years and is presumed abandoned as provided by ORS 98.302 to 98.436 and 98.992, the board of county commissioners shall order the money paid as required by law.

SECTION 110. ORS 146.135 is amended to read:

146.135. (1) The district attorney for the county where the death occurs may order an inquest to obtain a jury finding of the cause and manner of death in any case requiring investigation.

(2) For the purpose of conducting an inquest, the district attorney shall have the powers of a judicial officer as described by ORS 1.240 and 1.250.

(3) The district attorney shall advise the jury of inquest as to its duties and instruct the jury on questions of law.

(4) The district attorney shall cause a record of the inquest proceedings to be made which shall

include the written order of inquest, a record of the testimony of witnesses and the written verdict of the jury.

(5) Within a reasonable time after the verdict is returned, the record of inquest shall be filed in the [*district*] **regional** medical examiner's office for the county where the inquest was held.

(6) A copy of the order of inquest and verdict of the jury shall be filed in the State Medical Examiner's office.

(7) The record of inquest shall be available for inspection as provided by ORS 146.035 (5).

SECTION 111. ORS 442.485 is amended to read:

442.485. The responsibilities of the Office of Rural Health shall include but not be limited to:

(1) Coordinating statewide efforts for providing health care in rural areas.

(2) Accepting and processing applications from communities interested in developing health care delivery systems. Application forms shall be developed by the agency.

(3) Through the agency, applying for grants and accepting gifts and grants from other governmental or private sources for the research and development of rural health care programs and facilities.

(4) Serving as a clearinghouse for information on health care delivery systems in rural areas.

(5) Helping [*local boards of health care delivery systems*] **regional public health authorities** develop ongoing funding sources.

(6) Developing enabling legislation to facilitate further development of rural health care delivery systems.

SECTION 112. ORS 442.490 is amended to read:

442.490. (1) In carrying out its responsibilities, the Office of Rural Health shall be advised by the Rural Health Coordinating Council. All members of the Rural Health Coordinating Council shall have knowledge, interest, expertise or experience in rural areas and health care delivery. The membership of the Rural Health Coordinating Council shall consist of:

(a) One primary care physician who is appointed by the Oregon Medical Association and one primary care physician appointed by the Oregon Osteopathic Association;

(b) One nurse practitioner who is appointed by the Oregon Nursing Association;

(c) One pharmacist who is appointed by the State Board of Pharmacy;

(d) Five consumers who are appointed by the Governor as follows:

(A) One consumer representative from each of the three health service areas; and

(B) Two consumer representatives at large from communities of less than 3,500 people;

(e) One representative appointed by the Conference of [*Local*] **Regional** Health Officials;

(f) One volunteer emergency medical services provider from a community of less than 3,500 people appointed by the Oregon State EMT Association;

(g) One representative appointed by the Oregon Association for Home Care;

(h) One representative from the Oregon Health and Science University, appointed by the president of the Oregon Health and Science University;

(i) One representative from the Oregon Association of Hospitals, appointed by the Oregon Association of Hospitals;

(j) One dentist appointed by the Oregon Dental Association;

(k) One optometrist appointed by the Oregon Association of Optometry;

(L) One physician assistant who is appointed by the Oregon Society of Physician Assistants; and

(m) One naturopathic physician appointed by the Oregon Association of Naturopathic Physicians.

(2) The Rural Health Coordinating Council shall elect a chairperson and vice chairperson.

(3) A member of the council is entitled to compensation and expenses as provided in ORS 292.495.

(4) The chairperson may appoint nonvoting, advisory members of the Rural Health Coordinating Council. However, advisory members without voting rights are not entitled to compensation or reimbursement as provided in ORS 292.495.

(5) Members shall serve for two-year terms.

(6) The Rural Health Coordinating Council shall report its findings to the Office of Rural Health.

SECTION 113. ORS 443.005 is amended to read:

443.005. As used in ORS 443.005 to 443.105:

(1) "Caregiver registry" means a person that prequalifies, establishes and maintains a roster of qualified private contractor caregivers that is provided to a client or the client's representative for consideration in the hiring of an individual to provide caregiver services within the client's place of residence.

(2) "Home health agency" means a public or private agency providing coordinated home health services on a home visiting basis. "Home health agency" does not include:

(a) Any visiting nurse service or home health service conducted by and for those who rely upon spiritual means through prayer alone for healing in accordance with the tenets and practices of a recognized church or religious denomination.

(b) Those home health services offered by [*county health departments*] **regional public health authorities** outside, and in addition to, programs formally designated and funded as home health agencies.

(3) "Home health services" means items and services furnished to an individual by a home health agency, or by others under arrangements with such agency, on a visiting basis, in a place of temporary or permanent residence used as the individual's home for the purpose of maintaining that individual at home.

SECTION 114. ORS 443.500 is amended to read:

443.500. (1) The Department of Human Services staff shall be permitted access to enter and investigate complaints of abuse in all facilities registered under ORS 443.480 to 443.500 for purposes of ascertaining compliance with applicable rules, statutes, ordinances and regulations. If the department has reasonable cause to believe any facility is operating without registration in violation of ORS 443.480 to 443.500, it may apply to the circuit court for a search warrant.

(2) Upon complaint of any person:

(a) The state or local fire inspectors shall be permitted access to enter and inspect facilities registered under ORS 443.480 to 443.500 regarding fire safety.

(b) The state or [*local*] **regional** health officers shall be permitted access to enter and inspect facilities registered under ORS 443.480 to 443.500 regarding health and sanitation.

SECTION 115. ORS 446.310 is amended to read:

446.310. As used in ORS 446.310 to 446.350, unless the context requires otherwise:

(1) "Authority" means the Oregon Health Authority.

(2) "Camping vehicle" means either a vacation trailer or a self-propelled vehicle or structure equipped with wheels for highway use and that is intended for human occupancy and is being used for vacation and recreational purposes, but not for residential purposes, and is equipped with plumbing, sink or toilet.

(3) "Construction" means work regulated by the state building code as defined in ORS 455.010.

(4) "Director" means the Director of the Oregon Health Authority.

(5) "Health official" means a [*local*] **regional** public health administrator appointed pursuant to [*ORS 431.418*] **section 3 of this 2013 Act**.

(6) "Hostel" means any establishment having beds rented or kept for rent on a daily basis to travelers for a charge or fee paid or to be paid for rental or use of facilities and that is operated, managed or maintained under the sponsorship of a nonprofit organization that holds a valid exemption from federal income taxes under the Internal Revenue Code of 1954 as amended.

(7) "Organizational camp" includes any area designated by the person establishing, operating, managing or maintaining the same for recreational use by groups or organizations that include but are not limited to youth camps, scout camps, summer camps, day camps, nature camps, survival camps, athletic camps, camps that are operated and maintained under the guidance, supervision or auspices of religious, public and private educational systems and community service organizations.

(8) "Picnic park" means any recreation park that is for day use only and provides no recreation vehicle or overnight camping spaces.

(9) "Recreation park" means any area designated by the person establishing, operating, managing or maintaining the same for picnicking, overnight camping or use of recreational vehicles by the general public or any segment of the public. "Recreation park" includes but is not limited to areas open to use free of charge or through payment of a tax or fee or by virtue of rental, lease, license, membership, association or common ownership and further includes, but is not limited to, those areas divided into two or more lots, parcels, units or other interests for purposes of such use.

(10) "Regulating agency" means, with respect to a tourist facility, the Oregon Health Authority.

(11) "Tourist facility" means any travelers' accommodation, hostel, picnic park, recreation park and organizational camp.

(12) "Travelers' accommodation" includes any establishment, which is not a hostel, having rooms, apartments or sleeping facilities rented or kept for rent on a daily or weekly basis to travelers or transients for a charge or fee paid or to be paid for rental or use of facilities.

SECTION 116. ORS 446.425 is amended to read:

446.425. (1) The Director of the Oregon Health Authority shall delegate to [*any county board of commissioners which*] **a regional public health authority that** requests any of the duties and functions of the director under ORS 446.310, 446.320, 446.330 to 446.340, 446.345, 446.350 and 446.990 if the director determines that the [*county*] **regional public health authority** is able to carry out the rules of the Oregon Health Authority relating to fee collection, inspections, enforcement and issuance and revocation of permits and licenses in compliance with standards for enforcement by the [*counties*] **regional public health authorities** and monitoring by the **Oregon Health** Authority. Such standards shall be established by the **Oregon Health** Authority in consultation with the appropriate [*county*] **regional public health** officials and in accordance with ORS 431.345. The **Oregon Health** Authority shall review and monitor each [*county's*] **regional public health authority's** performance under this subsection. In accordance with ORS chapter 183, the director may suspend or rescind a delegation under this subsection. If it is determined that a [*county*] **regional public health authority** is not carrying out such rules or the delegation is suspended, the unexpended portion of the fees collected under subsection (2) of this section shall be available to the **Oregon Health** Authority for carrying out the duties and functions under this section.

(2) The [*county*] **regional public health authority** may determine the amount of, and retain, any fee for any function undertaken pursuant to subsection (1) of this section. The amount of the fees shall not exceed the costs of administering the inspection program. The [*county*] **regional public**

health authority, quarterly, shall remit 15 percent of an amount equal to the state licensing fee or 15 percent of the [*county*] **regional public health authority** license fee**,** whichever is less, to the **Oregon Health** Authority for consultation service and maintenance of the statewide program.

(3) In any action, suit or proceeding arising out of [*county*] **the** administration of functions **by a regional public health authority** pursuant to subsection (1) of this section and involving the validity of a rule adopted by the **Oregon Health** Authority, the **Oregon Health** Authority shall be made a party to the action, suit or proceeding.

SECTION 117. ORS 448.100 is amended to read:

448.100. (1) The Director of the Oregon Health Authority shall delegate to [*any county board of commissioners*] **a regional public health authority** that requests any of the duties and functions of the director under ORS 448.005, 448.011, 448.020 to 448.035, 448.040 to 448.060 and this section if the director determines that the [*county*] **regional public health authority** is able to carry out the rules of the Oregon Health Authority relating to fee collection, licensing, inspections, enforcement and issuance and revocation of permits and certificates in compliance with standards for enforcement by the [*counties*] **regional public health authorities** and monitoring by the **Oregon Health** Authority. Such standards shall be established by the **Oregon Health** Authority in consultation with the appropriate [*county*] **regional public health** officials and in accordance with ORS 431.345. The **Oregon Health** Authority shall review and monitor each [*county's*] **regional public health authority's** performance under this subsection. In accordance with ORS chapter 183, the director may suspend or rescind a delegation under this subsection. If it is determined that a [*county*] **regional public health authority** is not carrying out such rules or the delegation is suspended, the unexpended portion of the fees collected under subsection (2) of this section shall be available to the **Oregon Health** Authority for carrying out the duties and functions under this section.

(2) The [*county*] **regional public health authority** may determine the amount of, and retain, any fee for any function undertaken pursuant to subsection (1) of this section or use the fee schedules pursuant to ORS 448.030 and 448.035. A [*county to whom*] **regional public health authority to which** licensing, inspection and enforcement authority has been delegated under this section shall collect and remit to the **Oregon Health** Authority a fee to support the activities of the **Oregon Health** Authority under this section. The fee shall be established by the **Oregon Health** Authority and the Conference of [*Local*] **Regional** Health Officials based upon a budget and formula for funding activities described in this section. The **Oregon Health** Authority and the Conference of [*Local*] **Regional** Health Officials shall consult with associations representing Oregon cities, special districts and the lodging industry in establishing the fee. In the event the **Oregon Health** Authority and the Conference of [*Local*] **Regional** Health Officials cannot reach agreement on the budget and formula, the **Oregon Health** Authority shall submit its budget proposal to the Legislative Assembly.

(3) In any action, suit or proceeding arising out of [*county*] **the** administration of functions **by a regional public health authority** pursuant to subsection (1) of this section and involving the validity of a rule promulgated by the **Oregon Health** Authority, the **Oregon Health** Authority shall be made a party to the action, suit or proceeding.

SECTION 118. ORS 448.150 is amended to read:

448.150. (1) The Oregon Health Authority shall:

(a) Conduct periodic sanitary surveys of drinking water systems and sources, take water samples and inspect records to ensure that the systems are not creating an unreasonable risk to health. The authority shall provide written reports of such examinations to the [*local*] **regional public** health administrators and water suppliers. The authority may impose a fee on water suppliers to recover

the costs of conducting the periodic sanitary surveys.

(b) Require regular water sampling by water suppliers to determine compliance with water quality standards established by the authority. These samples shall be analyzed in a laboratory approved by the authority. The results of the laboratory analysis of a sample shall be reported to the authority by the water supplier, unless direct laboratory reporting is authorized by the water supplier. The laboratory performing the analysis shall report the validated results of the analysis directly to the authority and to the water supplier if the analysis shows that a sample contains contaminant levels in excess of any maximum contaminant level specified in the water quality standards.

(c) Investigate any water system that fails to meet the water quality standards established by the authority.

(d) Require every water supplier that provides drinking water that is from a surface water source to conduct sanitary surveys of the watershed as may be considered necessary by the authority for the protection of public health. The water supplier shall make written reports of such sanitary surveys of watersheds promptly to the **Oregon Health** Authority and to the [*local health department*] **regional public health authorities**.

(e) Investigate reports of waterborne disease pursuant to ORS 431.110 and take necessary actions as provided for in ORS 446.310, 448.030, 448.115 to 448.285, 454.235, 454.255 and 455.680 to protect the public health and safety.

(f) Notify the Department of Environmental Quality of a potential ground water management area if, as a result of its water sampling under paragraphs (a) to (e) of this subsection, the **Oregon Health** Authority detects the presence in ground water of:

(A) Nitrate contaminants at levels greater than 70 percent of the levels established pursuant to ORS 468B.165; or

(B) Any other contaminants at levels greater than 50 percent of the levels established pursuant to ORS 468B.165.

(2) The notification required under subsection (1)(f) of this section shall identify the substances detected in the ground water and all ground water aquifers that may be affected.

SECTION 119. ORS 448.153 is amended to read:

448.153. (1) The State Drinking Water Advisory Committee is created to advise and assist the Oregon Health Authority on policies related to the protection, safety and regulation of public drinking water in Oregon.

(2) The committee created under this section shall consist of 15 members appointed by the Public Health Officer. The officer shall make the appointments after considering nominees from:

(a) Public water systems of cities with a population greater than 100,000;

(b) Privately owned water systems;

(c) Environmental advocacy groups;

(d) The American Council of Engineering Companies of Oregon;

(e) The Conference of [*Local*] **Regional** Health Officials created by ORS 431.330;

(f) The League of Oregon Cities;

(g) The League of Women Voters of Oregon;

(h) The Oregon Association of Water Utilities;

(i) The Oregon Environmental Health Association;

(j) The Oregon Environmental Laboratory Association;

(k) The Pacific Northwest Section of the American Water Works Association;

(L) The Special Districts Association of Oregon;

(m) Organizations representing plumbers or backflow testers;

(n) Water consumers; and

(o) Watershed councils.

(3) The committee shall adopt rules to govern its proceedings and shall select a chair and any other officers it considers necessary.

(4) The members shall be appointed to serve for terms of three years. A vacancy on the committee shall be filled by appointment by the Public Health Officer for the unexpired term.

(5) The committee shall meet regularly four times a year at times and places fixed by the chair of the committee. The committee may meet at other times specified by the chair or a majority of the members of the committee.

(6) The Oregon Health Authority shall provide assistance and space for meetings as requested by the chair of the committee.

(7) Members of the committee shall be entitled to actual and necessary expenses as provided by ORS 292.495 (2).

SECTION 120. ORS 448.170 is amended to read:

448.170. (1) The Oregon Health Authority may enter into an agreement with a [*local governmental unit*] **regional public health authority** for the [*local governmental unit*] **regional public health authority** to perform the duties of the **Oregon Health** Authority under the Oregon Drinking Water Quality Act. The duration of the agreement, the duties to be performed and the remuneration to be paid by the **Oregon Health** Authority are subject to agreement by the **Oregon Health** Authority and the [*local governmental unit*] **regional public health authority**.

(2) In any action, suit or proceeding arising out of [*county*] **the** administration of functions **by a county or a regional public health authority** pursuant to ORS 446.310, 448.030, 448.115 to 448.285, 454.235, 454.255, 455.170 and 757.005 and involving the validity of a rule adopted by the **Oregon Health** Authority, the **Oregon Health** Authority shall be made a party to the action, suit or proceeding.

SECTION 121. ORS 448.273 is amended to read:

448.273. The Legislative Assembly finds that an agreement between this state and the federal government to assume primary enforcement responsibility in this state for the federal Safe Drinking Water Act is in the best interest of this state, subject to the following assumptions:

(1) The federal government provides an annual program grant in an amount no less than that allocated for the state in the 1984 fiscal year.

(2) The federal government provides technical assistance to this state, as requested, in emergency situations and during outbreaks of waterborne diseases.

(3) The federal government must negotiate an annual work plan for the Oregon Health Authority that can be accomplished within the amount of program grant funding available.

(4) The **Oregon Health** Authority adopts standards no less stringent than the National Primary Drinking Water Regulations of the United States Environmental Protection Agency.

(5) The **Oregon Health** Authority provides engineering assistance through regional offices in at least four geographically distributed areas in this state.

(6) In cooperation with representatives of [*local health departments*] **regional public health authorities**, the **Oregon Health** Authority develops an equitable formula for distribution of available funds to support [*local health department*] **regional public health authority** water programs.

(7) The primacy agreement may be canceled by the **Oregon Health** Authority, upon 90 days'

notice, if at any time the federal requirements exceed the amount of federal funding and the cancellation is approved by the legislative review agency as defined in ORS 291.371 (1).

(8) The federal government can impose financial sanctions against this state if the state fails to meet the objectives of the annual negotiated work plan without reasonable explanation by tying the next annual funding to specific state production and by withholding of funds a possibility if continued unexplained failures occur but no sanction exists to interfere with other types of federal funding in this state.

(9) The federal government may seek to enforce the safe drinking water standards if this state fails to take timely compliance action against a public water system that violates such standards.

(10) Enforcement under subsection (9) of this section may be by injunctive relief or, in the case of willful violation, civil penalties authorized by 42 U.S.C. 300g-3(a) and (b).

SECTION 122. ORS 451.435 is amended to read:

451.435. (1) All district formation and change of organization proceedings shall be initiated, conducted and completed as provided by ORS 198.705 to 198.955. Except for an order allowing an existing district established to provide sewage works to also provide drainage works, no county or portion thereof shall be included within a district which is to provide services in more than one county without the consent of the governing body of the affected county.

(2) In the case of sewage works, upon certification to the county court by the Environmental Quality Commission or the [*county health officer*] **regional public health administrator** that an emergency exists the county court shall initiate the formation of a district in the manner specified in ORS 198.835, or annexation to an existing district in the manner specified in ORS 198.850 (3), whichever is most appropriate.

(3) A petition or order initiating the formation or change or organization of a district shall, in addition to the requirement specified by ORS 198.705 to 198.955, state which of the service facilities specified by ORS 451.010 the district shall be authorized to construct, maintain and operate.

(4) A final order in a formation or change of organization proceeding of a district shall, in addition to the requirements specified by ORS 198.705 to 198.955, state which of the service facilities specified by ORS 451.010 the district shall be authorized to construct, maintain and operate.

SECTION 123. ORS 452.010 is amended to read:

452.010. As used in this section and ORS 452.020 to 452.300, unless the context requires otherwise:

(1) "County court" includes board of county commissioners.

(2) "District" means a vector control district established for the prevention, control or eradication of public health vectors and predatory animals.

(3) "Health officer" means the [*health officer appointed under ORS 431.418*] **regional public health administrator appointed under section 3 of this 2013 Act**.

(4) "Integrated pest management methods" means the processes described in ORS 634.650 (1).

(5) "Pesticide use plan" means an annual plan created by a vector control district or a [*county court*] **regional public health authority** that describes anticipated pesticide use.

(6) "Predatory animals" has the meaning given that term in ORS 610.002.

(7) "Public health vectors" means arthropods and vertebrates of public health significance and those insects included within the family Chironomidae of the order Diptera. The term does not include any domesticated animal.

(8) "Vector habitat" means any area where public health vectors are found.

SECTION 124. ORS 452.110 is amended to read:

452.110. The board of trustees of a control district may:

(1) Take all necessary and proper steps and measures for the prevention, control or eradication of public health vectors and vector habitats within the district and for the control of predatory animals within the district, using integrated pest management methods. Prior to taking such measures the board shall consider technical information available to it for the purpose of determining the need for control measures and the need for specific actions.

(2) Enter upon any land, public or private, within the district at any reasonable time to inspect for or to prevent, control or eradicate public health vectors and vector habitats using integrated pest management methods.

(3) Purchase all needed equipment, supplies and materials.

(4) Employ such labor and service as may be proper or necessary in the furtherance of the objects of ORS 452.020 to 452.170.

(5) Employ labor and services and fix the compensation and prescribe the duties of all employees, agents and servants.

(6) Acquire by gift or purchase, hold, manage and dispose of real and personal property in the name of the district in the furtherance of the purposes for which the district is established.

(7) Work cooperatively with irrigation and drainage districts, municipal corporations or other public agencies, and use the technical expertise of the district to assist those agencies in the construction, improvement, repair and maintenance of ditches when such work is necessary for, or incident to, the prevention, control and eradication of predatory animals or public health vectors.

(8) Enter into a contract with a [*city, county*] **regional public health authority**, district described in ORS 198.010 or person to perform, or to act jointly or in cooperation with the [*city, county*] **regional public health authority**, district or person in performing, any abatement practice or other activity that the vector control district is authorized to perform for the eradication, control and prevention of public health vectors and vector habitats or predatory animals.

(9) Generally do all things necessary or incident to the powers granted and to carry out the objectives specified in this section.

SECTION 125. ORS 452.210 is amended to read:

452.210. **(1) A regional public health authority may contract with** any county court [*may contract with any*]**,** incorporated city[*, any*] **or** vector control district[*, or with the county court of any other county*] on any matter incident to the eradication, prevention and control of public health vectors and vector habitats using integrated pest management methods and for the supervision of [*such*] **the** work by [*county*] employees **of the regional public health authority**.

(2) The officers and agents of the county court, incorporated city or vector control district acting by authority of a contract entered into under this section shall have the same right of entry, inspection and treatment as the agents and employees of the regional public health authority seeking to control the public health vectors.

SECTION 126. ORS 452.240 is amended to read:

452.240. [*Any county court*] **A regional public health authority** may:

(1) Take all necessary or proper steps and measures for the prevention, control or eradication of public health vectors using integrated pest management methods.

(2) Abate as nuisances all vector habitats.

(3) Purchase such supplies and materials and employ or contract for such labor as may be necessary or proper in furtherance of prevention, control or eradication.

(4) Fix the compensation and prescribe the duties of all employees, agents and servants.

(5) Enter upon all places within [*the county and adjacent thereto*] **and adjacent to the jurisdiction of the regional public health authority** for the purpose of carrying out this section.

(6) Cut or remove such shrubbery or undergrowth as is necessary or proper in order to carry out this section.

(7) Treat, using integrated pest management methods places where public health vectors are found or are likely to exist.

(8) Generally do any and all things necessary or incident to the powers granted in ORS [*452.230*] **452.210** to 452.250 and to carry out the objectives specified in this section.

SECTION 127. ORS 452.245 is amended to read:

452.245. In exercising its powers under ORS 452.210 to 452.250, a [*county court*] **regional public health authority**:

(1) May not order the application of pesticides to waters in the [*county*] **jurisdiction of the regional public health authority** that are frequented by waterfowl or that contain any game fish without obtaining annual approval of the State Fish and Wildlife Commission.

(2) May not order the application of pesticides for public health vectors without first obtaining the approval of the State Fish and Wildlife Commission.

SECTION 128. ORS 452.250 is amended to read:

452.250. No person shall knowingly or willfully hinder or interfere with or prevent the exercise of any powers conferred under ORS [*452.230*] **452.210** to 452.250 or do or perform any act or thing which will destroy or impair the efficiency of any device or means used for the control or extermination of public health vectors or their larvae.

SECTION 129. ORS 452.300 is amended to read:

452.300. (1) The Oregon Health Authority shall maintain a program of public health vector control, which program shall include, but not be limited to:

(a) Monitoring and investigating public health vectors, vector habitats and vector-borne diseases.

(b) Providing technical assistance and information to vector control districts, [*local vector control programs*] **regional public health authorities** and the public.

(c) Maintaining training programs for vector control district personnel and other public health personnel.

(d) Coordinating and assisting vector control district programs and other [*local*] programs in research projects.

(e) Reviewing vector control program pesticide use plans submitted by agencies that intend to use pesticides for vector control. Agencies must obtain [*authority approval of their*] **approval from the Oregon Health Authority of the agencies'** annual pesticide use plan prior to pesticide applications.

(2) The **Oregon Health** Authority may provide an amount not to exceed $5,000 per year in matching funds to a district for a program to allow the district to carry out disease surveillance in cooperation with public health personnel.

SECTION 130. ORS 452.230 is repealed.

SECTION 131. ORS 453.322 is amended to read:

453.322. (1) The State Fire Marshal shall retain for at least five years the information provided by the employer under ORS 453.317.

(2) The State Fire Marshal shall provide copies of the information to each [*local*] **regional** public health authority, fire district and any public or private safety agency administering a 9-1-1 emer-

gency reporting system pursuant to ORS 403.105 to 403.250 and, upon request, provide copies of the information to the following agencies located within the geographic jurisdiction of the fire district:

(a) Fire districts and other emergency service personnel responding to a hazardous substance incident;

(b) Health professionals;

(c) Law enforcement agencies; and

(d) Local emergency management agencies as described in ORS 401.305.

(3) The State Fire Marshal may distribute the information provided by an employer under ORS 453.317 to persons outside the jurisdiction of the fire district if the State Fire Marshal considers the information essential to the safe control of an emergency.

(4) In addition to the requirements of subsections (2) and (3) of this section, the State Fire Marshal shall provide, upon request, access to the information provided by employers under ORS 453.317 to any agency of this state.

SECTION 132. ORS 454.275 is amended to read:

454.275. As used in ORS 454.275 to 454.380:

(1) "Affected area" means an area subject to an order of the commission issued under ORS 454.305.

(2) "Commission" means the Environmental Quality Commission.

(3) "Governing body" means a board of commissioners, county court or other managing board of a municipality.

(4) "Municipality" means a city, county, county service district, sanitary district, metropolitan service district or other special district authorized to treat or dispose of sewage in any county with a population exceeding 400,000 according to the latest federal decennial census.

(5) "Subsurface sewage disposal system" has the meaning given that term in ORS 454.605.

(6) "Threat to drinking water" means the existence in any area of any three of the following conditions:

(a) More than 50 percent of the affected area consists of rapidly draining soils;

(b) The ground water underlying the affected area is used or can be used for drinking water;

(c) More than 50 percent of the sewage in the affected area is discharged into cesspools, septic tanks or seepage pits and the sewage contains biological, chemical, physical or radiological agents that can make water unfit for human consumption; or

(d) Analysis of samples of ground water from wells producing water that may be used for human consumption in the affected area contains levels of one or more biological, chemical, physical or radiological contaminants which, if allowed to increase at historical rates, would produce a risk to human health as determined by [*the local*] **a regional public** health officer. Such contaminant levels must be in excess of 50 percent of the maximum allowable limits set in accordance with the Federal Safe Drinking Water Act.

(7) "Treatment works" has the meaning given that term in ORS 454.010.

SECTION 133. ORS 459.385 is amended to read:

459.385. The Department of Environmental Quality or [*county, district or city board of health*] **regional public health authority** personnel, authorized environmental health specialists or other authorized city or county personnel may enter upon the premises of any person regulated under ORS 459.005 to 459.105, 459.205 to 459.385, 466.005 to 466.385 and 466.992 or under regulations adopted pursuant to ORS 450.075, 450.810, 450.820 and 451.570, at reasonable times, to determine compliance with and to enforce ORS 450.075, 450.810, 450.820, 451.570, 459.005 to 459.105, 459.205 to 459.385,

466.005 to 466.385 and 466.992 and any rules or regulations adopted pursuant thereto. The department shall also have access to any pertinent records, including but not limited to blueprints, operation and maintenance records and logs, operating rules and procedures. As used in this section, "pertinent records" does not include financial information unless otherwise authorized by law.

SECTION 134. ORS 468.060 is amended to read:

468.060. On its own motion after public hearing, the Environmental Quality Commission may grant specific authorization to the Oregon Health Authority or to any [*county, district or city board of health*] **regional public health authority** to enforce any rule of the commission relating to air or water pollution or solid wastes.

SECTION 135. ORS 475.309 is amended to read:

475.309. (1) Except as provided in ORS 475.316, 475.320 and 475.342, a person engaged in or assisting in the medical use of marijuana is excepted from the criminal laws of the state for possession, delivery or production of marijuana, aiding and abetting another in the possession, delivery or production of marijuana or any other criminal offense in which possession, delivery or production of marijuana is an element if the following conditions have been satisfied:

(a) The person holds a registry identification card issued pursuant to this section, has applied for a registry identification card pursuant to subsection (9) of this section, is the designated primary caregiver of the cardholder or applicant, or is the person responsible for a marijuana grow site that is producing marijuana for the cardholder and is registered under ORS 475.304; and

(b) The person who has a debilitating medical condition, the person's primary caregiver and the person responsible for a marijuana grow site that is producing marijuana for the cardholder and is registered under ORS 475.304 are collectively in possession of, delivering or producing marijuana for medical use in amounts allowed under ORS 475.320.

(2) The Oregon Health Authority shall establish and maintain a program for the issuance of registry identification cards to persons who meet the requirements of this section. Except as provided in subsection (3) of this section, the authority shall issue a registry identification card to any person who pays a fee in the amount established by the authority and provides the following:

(a) Valid, written documentation from the person's attending physician stating that the person has been diagnosed with a debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition;

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

(c) The name, address and telephone number of the person's attending physician;

(d) The name and address of the person's designated primary caregiver, if the person has designated a primary caregiver at the time of application; and

(e) A written statement that indicates whether the marijuana used by the cardholder will be produced at a location where the cardholder or designated primary caregiver is present or at another location.

(3) The **Oregon Health** Authority shall issue a registry identification card to a person who is under 18 years of age if the person submits the materials required under subsection (2) of this section, and the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age signs a written statement that:

(a) The attending physician of the person under 18 years of age has explained to that person and to the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age the possible risks and benefits of the medical use of marijuana;

(b) The custodial parent or legal guardian with responsibility for health care decisions for the

person under 18 years of age consents to the use of marijuana by the person under 18 years of age for medical purposes;

(c) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to serve as the designated primary caregiver for the person under 18 years of age; and

(d) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to control the acquisition of marijuana and the dosage and frequency of use by the person under 18 years of age.

(4) A person applying for a registry identification card pursuant to this section may submit the information required in this section to a [*county health department*] **regional public health authority** for transmittal to the **Oregon Health** Authority. A [*county health department*] **regional public health authority** that receives the information pursuant to this subsection shall transmit the information to the **Oregon Health** Authority within five days of receipt of the information. Information received by a [*county health department*] **regional public health authority** pursuant to this subsection shall be confidential and not subject to disclosure, except as required to transmit the information to the **Oregon Health** Authority.

(5)(a) The **Oregon Health** Authority shall verify the information contained in an application submitted pursuant to this section and shall approve or deny an application within thirty days of receipt of the application.

(b) In addition to the authority granted to the **Oregon Health** Authority under ORS 475.316 to deny an application, the authority may deny an application for the following reasons:

(A) The applicant did not provide the information required pursuant to this section to establish the applicant's debilitating medical condition and to document the applicant's consultation with an attending physician regarding the medical use of marijuana in connection with such condition, as provided in subsections (2) and (3) of this section;

(B) The authority determines that the information provided was falsified; or

(C) The applicant has been prohibited by a court order from obtaining a registry identification card.

(c) Denial of a registry identification card shall be considered a final authority action, subject to judicial review. Only the person whose application has been denied, or, in the case of a person under the age of 18 years of age whose application has been denied, the person's parent or legal guardian, shall have standing to contest the authority's action.

(d) Any person whose application has been denied may not reapply for six months from the date of the denial, unless so authorized by the authority or a court of competent jurisdiction.

(6)(a) If the **Oregon Health** Authority has verified the information submitted pursuant to subsections (2) and (3) of this section and none of the reasons for denial listed in subsection (5)(b) of this section is applicable, the authority shall issue a serially numbered registry identification card within five days of verification of the information. The registry identification card shall state:

(A) The cardholder's name, address and date of birth;

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

(C) The name and address of the person's designated primary caregiver, if any;

(D) Whether the marijuana used by the cardholder will be produced at a location where the cardholder or designated primary caregiver is present or at another location; and

(E) Any other information that the authority may specify by rule.

(b) When the person to whom the authority has issued a registry identification card pursuant

to this section has specified a designated primary caregiver, the authority shall issue an identification card to the designated primary caregiver. The primary caregiver's registry identification card shall contain the information provided in paragraph (a) of this subsection.

(7)(a) A person who possesses a registry identification card shall:

(A) Notify the **Oregon Health** Authority of any change in the person's name, address, attending physician or designated primary caregiver.

(B) If applicable, notify the designated primary caregiver of the cardholder and the person responsible for the marijuana grow site that produces marijuana for the cardholder of any change in status including, but not limited to:

(i) The assignment of another individual as the designated primary caregiver of the cardholder;

(ii) The assignment of another individual as the person responsible for a marijuana grow site producing marijuana for the cardholder; or

(iii) The end of the eligibility of the cardholder to hold a valid registry identification card.

(C) Annually submit to the authority:

(i) Updated written documentation from the cardholder's attending physician of the person's debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition; and

(ii) The name of the person's designated primary caregiver if a primary caregiver has been designated for the upcoming year.

(b) If a person who possesses a registry identification card fails to comply with this subsection, the card shall be deemed expired. If a registry identification card expires, the identification card of any designated primary caregiver of the cardholder shall also expire.

(8)(a) A person who possesses a registry identification card pursuant to this section and who has been diagnosed by the person's attending physician as no longer having a debilitating medical condition or whose attending physician has determined that the medical use of marijuana is contraindicated for the person's debilitating medical condition shall return the registry identification card and any other associated Oregon Medical Marijuana Program cards to the **Oregon Health** Authority within 30 calendar days of notification of the diagnosis or notification of the contraindication.

(b) If, due to circumstances beyond the control of the registry identification cardholder, a cardholder is unable to obtain a second medical opinion about the cardholder's continuing eligibility to use medical marijuana before the 30-day period specified in paragraph (a) of this subsection has expired, the authority may grant the cardholder additional time to obtain a second opinion before requiring the cardholder to return the registry identification card and any associated cards.

(9) A person who has applied for a registry identification card pursuant to this section but whose application has not yet been approved or denied, and who is contacted by any law enforcement officer in connection with the person's administration, possession, delivery or production of marijuana for medical use may provide to the law enforcement officer a copy of the written documentation submitted to the **Oregon Health** Authority pursuant to subsection (2) or (3) of this section and proof of the date of mailing or other transmission of the documentation to the authority. This documentation shall have the same legal effect as a registry identification card until such time as the person receives notification that the application has been approved or denied.

(10) A registry identification cardholder has the primary responsibility of notifying the primary caregiver and person responsible for the marijuana grow site that produces marijuana for the cardholder of any change in status of the cardholder. If the **Oregon Health** Authority is notified

by the cardholder that a primary caregiver or person responsible for a marijuana grow site has changed, the authority shall notify the primary caregiver or the person responsible for the marijuana grow site by mail at the address of record confirming the change in status and informing the caregiver or person that their card is no longer valid and must be returned to the authority.

(11) The **Oregon Health** Authority shall revoke the registry identification card of a cardholder if a court has issued an order that prohibits the cardholder from participating in the medical use of marijuana or otherwise participating in the Oregon Medical Marijuana Program under ORS 475.300 to 475.346. The cardholder shall return the registry identification card to the authority within seven calendar days of notification of the revocation. If the cardholder is a patient, the patient shall return the patient's card and all other associated Oregon Medical Marijuana Program cards.

(12) The **Oregon Health** Authority and employees and agents of the authority acting within the course and scope of their employment are immune from any civil liability that might be incurred or imposed for the performance of or failure to perform duties required by this section.

SECTION 136. ORS 609.652, as amended by section 66, chapter 37, Oregon Laws 2012, and section 15, chapter 67, Oregon Laws 2012, is amended to read:

609.652. As used in ORS 609.654:

(1)(a) "Aggravated animal abuse" means any animal abuse as described in ORS 167.322.

(b) "Aggravated animal abuse" does not include:

(A) Good animal husbandry, as defined in ORS 167.310; or

(B) Any exemption listed in ORS 167.335.

(2) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) A police department established by a university under ORS 352.383.

(c) Any county sheriff's office.

(d) The Oregon State Police.

(e) A law enforcement division of a county or municipal animal control agency that employs sworn officers.

(f) A humane investigation agency as defined in section 1, chapter 67, Oregon Laws 2012, that employs humane special agents commissioned under section 1, chapter 67, Oregon Laws 2012.

(3) "Public or private official" means:

(a) A physician, including any intern or resident.

(b) A dentist.

(c) A school employee.

(d) A licensed practical nurse or registered nurse.

(e) An employee of the Department of Human Services, Oregon Health Authority, Early Learning Council, Youth Development Council, Child Care Division of the Employment Department, the Oregon Youth Authority, a [*county health department*] **regional public health authority**, a community mental health program, a community developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) A peace officer.

(g) A psychologist.

(h) A member of the clergy.

(i) A regulated social worker.

(j) An optometrist.

(k) A chiropractor.

(L) A certified provider of foster care, or an employee thereof.

(m) An attorney.

(n) A naturopathic physician.

(o) A licensed professional counselor.

(p) A licensed marriage and family therapist.

(q) A firefighter or emergency medical services provider.

(r) A court appointed special advocate, as defined in ORS 419A.004.

(s) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

(t) A member of the Legislative Assembly.

SECTION 137. ORS 616.755 is amended to read:

616.755. The State Department of Agriculture may, for the purpose of enforcing the provisions of ORS 616.745 and 616.750, request information from any city, county**, regional** or state health officer, bureau, board or commission within Oregon. Such officer, bureau, board or commission, when so requested, shall furnish the department any and all information which the officer, bureau, board or commission may have.

SECTION 138. ORS 624.005 is repealed.

SECTION 139. ORS 624.106 is amended to read:

624.106. (1)(a) The Oregon Health Authority shall issue a license to a benevolent organization to operate a single-event temporary restaurant pursuant to this section if the benevolent organization has notified the authority, orally or in writing, that the benevolent organization intends to operate a single-event temporary restaurant. The authority shall provide at least one place in each county at which such notification may be made.

(b) Notwithstanding ORS 624.490 or 624.650, the **Oregon Health** Authority, or a [*local*] **regional** public health authority as provided under ORS 624.510, may not charge a benevolent organization a license fee or inspection fee for a single-event temporary restaurant licensed under this subsection.

(2) The **Oregon Health** Authority shall issue a single-event temporary restaurant license to each restaurant service provider at a special event arranged by a benevolent organization. The license shall be provided without fee to each restaurant service provider who files with the benevolent organization a signed statement that the service provider receives no profit from restaurant services performed at the special event. The statement shall be subject to inspection by the **Oregon Health** Authority at the time inspections are made pursuant to ORS 624.111. A benevolent organization may not arrange more than one special event per calendar year for which restaurant service providers are licensed without charge under this subsection.

SECTION 140. ORS 624.121 is amended to read:

624.121. The Oregon Health Authority shall appoint a State Food Service Advisory Committee. The committee shall consist of volunteer representatives from a cross section of the food service industry, the general public, appropriate local and state groups, [*county*] **regional** environmental health specialists and other appropriate state agencies, including the State Department of Agriculture. In addition to such other duties as may be prescribed by the authority, the committee, not later than October 1 of each even-numbered year, shall submit to the authority and the Legislative Assembly recommendations regarding the implementation of ORS 624.020, 624.060, 624.073, 624.495 and 624.510.

SECTION 141. ORS 624.130 is amended to read:

624.130. (1) Any restaurant where food is served to be consumed on the premises shall require

that its food service employees, within a reasonable time after date of employment, be trained to administer emergency first aid to relieve [*any*] **a** person choking on food particles pursuant to a training program approved by the [*local*] **regional** public health authority or as described in Red Cross Manual 32-1138 as the "abdominal thrust" procedures.

(2) A [*local*] **regional** public health authority shall provide or cause to be provided the necessary training program at reasonable intervals, as determined by the [*local*] authority. The [*local*] **regional** public health authority must provide for the training requirement of this section to be met by inclusion of the necessary training in a food handler training program under ORS 624.570 or by the placement of posters in the workplace.

(3) The [*local*] **regional** public health authority may charge reasonable fees to cover actual expenses of providing the training and issuing verification of training.

(4) The [*local*] **regional** public health authority may waive in writing the training requirements of this section in cases of undue hardship, or where the [*local*] authority determines that the employee's assignment renders such training impracticable or unnecessary.

(5) Civil or criminal liability to the restaurant or restaurant employees may not result from good faith application by a trained person of the first aid described under subsection (1) of this section.

SECTION 142. ORS 624.320 is amended to read:

624.320. (1) A person may not operate a vending machine, warehouse, commissary or mobile unit without first procuring a license to do so from the Oregon Health Authority. The operator shall post the license in a conspicuous place in the warehouse or commissary. The operator shall affix a card, emblem or other device clearly showing the name and address of the licensee and the serial number of the license to each vending machine or mobile unit as the case may be.

(2) Application for the license shall be in writing in the form prescribed by the **Oregon Health** Authority and shall contain the following information:

(a) Name and address of the applicant.

(b) Location of all warehouses or commissaries.

(c) Locations where supplies are kept.

(d) Locations where vending machines or mobile units are stored, repaired or renovated.

(e) Identity and form of food to be dispensed through vending machines.

(f) Number of each type of vending machine on location.

(3) The operator must keep the specific locations of the vending machines and specific itineraries of the mobile units on file at the operator's business office and readily available to the **Oregon Health** Authority. If the mobile unit is moved to a delegate county other than a delegate county that licensed the mobile unit, the operator shall notify the [*local health department*] **regional public health authority** for the county to which the mobile unit is moved prior to operating the mobile unit within that county. The operator shall furnish the **regional public health** authority with written details of the conversion of any vending machine to dispense products other than those for which the license was issued.

SECTION 143. ORS 624.400 is amended to read:

624.400. The Oregon Health Authority shall make such surveys as are necessary to obtain uniform enforcement of ORS 624.310 to 624.430 throughout the state and shall prepare and disseminate information and shall cooperate with and assist [*local health departments*] **regional public health authorities** in educational programs for the purpose of encouraging compliance with ORS 624.310 to 624.430 on the part of operators and employees of vending machines and mobile units.

SECTION 144. ORS 624.490 is amended to read:

624.490. (1) The Oregon Health Authority may charge the following fees for the issuance or renewal of licenses:

(a) $157.50 for a bed and breakfast facility.

(b) $210 for a limited service restaurant.

(c) For a restaurant in accordance with seating capacity, as follows:

(A) $367.50 for 0 to 15 seats;

(B) $414.75 for 16 to 50 seats;

(C) $472.50 for 51 to 150 seats; and

(D) $525 for more than 150 seats.

(d) For an intermittent temporary restaurant, $52.50.

(e) For a seasonal temporary restaurant, $52.50.

(f) For a single-event temporary restaurant, except as provided in ORS 624.106:

(A) $36.75 for an event lasting one day; and

(B) $52.50 for an event lasting two days or longer.

(g) $262.50 for a commissary.

(h) $105 for each warehouse.

(i) $131.50 for each mobile unit.

(j) For vending machines in accordance with the number of machines covered by the license as follows:

(A) $26.25 for 1 to 10 machines;

(B) $52.50 for 11 to 20 machines;

(C) $78.75 for 21 to 30 machines;

(D) $105 for 31 to 40 machines;

(E) $131.25 for 41 to 50 machines;

(F) $157.50 for 51 to 75 machines;

(G) $210 for 76 to 100 machines;

(H) $367.50 for 101 to 250 machines;

(I) $577.50 for 251 to 500 machines;

(J) $787.50 for 501 to 750 machines;

(K) $966 for 751 to 1,000 machines;

(L) $1,260 for 1,001 to 1,500 machines; and

(M) $1,575 for more than 1,500 machines.

(2) Except as provided in this subsection, to reinstate an expired license the operator must pay a reinstatement fee of $100 in addition to the license fee required under subsection (1) of this section. The reinstatement fee does not apply to the reinstatement of an expired intermittent temporary restaurant, seasonal temporary restaurant or single-event temporary restaurant license. If the operator reinstates the license more than 30 days after the expiration date, the reinstatement fee shall increase by $100 on the 31st day following the expiration date and on that day of the month in each succeeding month until the license is reinstated.

(3) Notwithstanding subsection (1) of this section, the Oregon Health Authority or a [*local*] **regional** public health authority as provided under ORS 624.510 may exempt or reduce the license fee for restaurants operated by benevolent organizations that provide food or beverages primarily to children, the elderly, the indigent or other needy populations if the persons receiving the food or beverages are not required to pay the full cost of the food or beverages. As used in this subsection, "benevolent organization" has the meaning given that term in ORS 624.101.

SECTION 145. ORS 624.495 is amended to read:

624.495. (1) The Oregon Health Authority shall adopt rules establishing a foodborne illness prevention program for the purpose of protecting the public health. Unless an agreement entered into under ORS 624.530 provides otherwise, the program may include, but need not be limited to, provisions for preventing the spread of communicable disease through food service facilities that are subject to licensing by the **Oregon Health** Authority under this chapter and for effective and rapid response to terrorism events related to those facilities.

(2) A program established by the Oregon Health Authority under this section must provide for a [*local*] **regional** public health authority that enters into an intergovernmental agreement under ORS 624.510 to undertake primary responsibility for the delivery of program services within the jurisdiction of the [*local*] **regional** public health authority. A program must also provide for extensive monitoring and review by the Oregon Health Authority of [*local*] **regional** public health authority performance of program services under an intergovernmental agreement.

(3) The Oregon Health Authority shall consult with groups representing [*local*] **regional** health officials within the state and statewide restaurant associations in the development of rules adopted under this section and prior to preparing an intergovernmental agreement delegating administration and enforcement of all or part of the foodborne illness prevention program to a [*local*] **regional** public health authority.

SECTION 146. ORS 624.510 is amended to read:

624.510. (1) The Director of the Oregon Health Authority shall enter into an intergovernmental agreement with each [*local*] **regional** public health authority established under [*ORS 431.375*] **section 1 of this 2013 Act**, delegating to the [*local*] **regional** public health authority the administration and enforcement within the jurisdiction of the [*local*] **regional** public health authority of the powers, duties and functions of the director under ORS 624.010 to 624.121, 624.310 to 624.430, 624.650 and 624.992. The intergovernmental agreement must describe the powers, duties and functions of the [*local*] **regional** public health authority relating to fee collection, licensing, inspections, enforcement, civil penalties and issuance and revocation of permits and certificates, standards for enforcement by the [*local*] **regional** public health authority and the monitoring to be performed by the Oregon Health Authority. The Oregon Health Authority shall establish the descriptions and standards in consultation with the [*local*] **regional** public health authority officials and in accordance with ORS 431.345. The intergovernmental agreement must be a part of the [*local*] annual plan submitted by the [*local*] **regional** public health authority under ORS 431.385. The Oregon Health Authority shall review the performance of the [*local*] **regional** public health authority under any expiring intergovernmental agreement. The review shall include criteria to determine if provisions of ORS 624.073 are uniformly applied to all licensees within the jurisdiction of the [*local*] **regional** public health authority. In accordance with ORS chapter 183, the director may suspend or rescind an intergovernmental agreement under this subsection. If the Oregon Health Authority suspends or rescinds an intergovernmental agreement, the unexpended portion of the fees collected under subsection (2) of this section shall be available to the Oregon Health Authority for carrying out the powers, duties and functions under this section.

(2) A [*local*] **regional** public health authority shall collect fees on behalf of the Oregon Health Authority that are adequate to cover the administration and enforcement costs incurred by the [*local*] **regional** public health authority under this section and the cost of oversight by the Oregon Health Authority. If the fee collected by a [*local*] **regional** public health authority for a license or service is more than 20 percent above or below the fee for that license or service charged by the

Oregon Health Authority, the Oregon Health Authority shall analyze the [*local*] **regional** public health authority fee process and determine whether the [*local*] **regional** public health authority used the proper cost elements in determining the fee and whether the amount of the fee is justified. Cost elements may include, but need not be limited to, expenses related to administration, program costs, salaries, travel expenses and Oregon Health Authority consultation fees. If the Oregon Health Authority determines that the [*local*] **regional** public health authority did not use the proper cost elements in determining the fee or that the amount of the fee is not justified, the Oregon Health Authority may order the [*local*] **regional** public health authority to reduce any fee to a level supported by the Oregon Health Authority's analysis of the fee process.

(3) The Oregon Health Authority, after consultation with groups representing [*local*] **regional** health officials in the state, shall by rule assess a remittance from each [*local*] **regional** public health authority to which health enforcement powers, duties or functions have been delegated under subsection (1) of this section. The amount of the remittance must be specified in the intergovernmental agreement. The remittance shall supplement existing funds for consultation services and development and maintenance of the statewide food service program. The Oregon Health Authority shall consult with groups representing [*local*] **regional** health officials in the state and statewide restaurant associations in developing the statewide food service program.

(4) In any action, suit or proceeding arising out of [*local*] **regional** public health authority administration of functions pursuant to subsection (1) of this section and involving the validity of a rule adopted by the Oregon Health Authority, the Oregon Health Authority shall be made a party to the action, suit or proceeding.

SECTION 147. ORS 624.550 is amended to read:

624.550. An intergovernmental agreement described in ORS 624.510 must encourage and authorize a [*local*] **regional** public health authority to which health enforcement powers, duties or functions have been delegated pursuant to ORS 624.510 to appoint a food service advisory committee consisting of volunteer representatives from a cross section of the food service industry and the general public. A committee established by a [*local*] **regional** public health authority may:

(1) Make recommendations to the [*local*] **regional** public health authority regarding the administration and enforcement by the [*local*] **regional** authority of powers, duties and functions under an existing or proposed intergovernmental agreement; and

(2) Review and provide to the Oregon Health Authority an evaluation of the effectiveness of this chapter and any foodborne illness prevention program adopted by the Oregon Health Authority by rule under ORS 624.495.

SECTION 148. ORS 624.570 is amended to read:

624.570. (1)(a) Except as provided in subsection (6) of this section, any person involved in the preparation or service of food in a restaurant or food service facility licensed under ORS 624.020 or 624.320 must successfully complete a food handler training program and earn a certificate of program completion within 30 days after the date of hire. The person shall thereafter maintain a valid completion certificate at all times during the employment.

(b) A food handler training program offered by the Oregon Health Authority or the designated agent of the **Oregon Health** Authority, or offered by a [*local*] **regional** public health authority or designated agent of the [*local*] **regional** public health authority that has been approved by the Oregon Health Authority, is valid in any jurisdiction in the state for the purpose of obtaining the certificate of completion under subsection (2) of this section.

(2) If a person successfully completes the food handler training program required in subsection

(1) of this section and pays the appropriate fee, the Oregon Health Authority, a [*local*] **regional** public health authority or a designated agent shall issue a certificate of completion. A food handler certificate of completion expires three years after the date of issuance.

(3) All [*local*] **regional** public health authorities exercising powers, duties and functions pursuant to ORS 624.510, shall ensure the provision of food handler training programs within the jurisdiction of the [*local*] **regional** public health authority. The Oregon Health Authority shall establish and maintain food handler training programs in counties **within the jurisdiction of regional public health authorities** without authority delegated under ORS 624.510.

(4) The Oregon Health Authority shall establish by rule all provisions necessary to administer and enforce the provisions of this section, including but not limited to:

(a) Minimum standards for program content and delivery; and

(b) The establishment of minimum requirements for successful completion of the training.

(5) The Oregon Health Authority, a [*local*] **regional** public health authority or a designated agent shall charge a program fee to program participants. The program fee may not exceed $10. A program provider may assess a new program fee each time a participant takes or retakes all or part of a program or certification exam. A fee not exceeding $5 may be charged for duplicate certificates of completion.

(6) Persons involved in the preparation or service of food in an intermittent temporary restaurant, seasonal temporary restaurant or single-event temporary restaurant are not required to complete a food handler training program, but the intermittent temporary restaurant, seasonal temporary restaurant or single-event temporary restaurant shall have at least one person who has completed the food handler training program on the premises at all times.

SECTION 149. ORS 624.650 is amended to read:

624.650. (1) Notwithstanding any provision of ORS 624.010, 624.086, 624.091, 624.510 or 624.530, a single-event temporary restaurant as defined under ORS 624.010 that is a mobile unit as defined under ORS 624.310 is subject to a fee not to exceed $25 for inspection services if the mobile unit is licensed by:

(a) The Oregon Health Authority under ORS 624.320 or a [*local*] **regional** public health authority acting pursuant to an intergovernmental agreement to conduct inspections in accordance with ORS 624.370;

(b) The State Department of Agriculture or the United States Public Health Service as provided under ORS 624.330; or

(c) Another jurisdiction and permitted to be used in this state under ORS 624.410.

(2) This section does not prohibit the Oregon Health Authority or a [*local*] **regional** public health authority delegated authority under an intergovernmental agreement described in ORS 624.510 from enforcing ORS 624.420 or 624.425 or rules adopted by the Oregon Health Authority pursuant to ORS 624.355.

SECTION 150. ORS 624.992 is amended to read:

624.992. (1) In addition to any other penalty provided by law, the Oregon Health Authority may impose a civil penalty on any person for violation of ORS 624.020 (1), 624.060 (1), 624.060 (4), 624.070, 624.073, 624.320, 624.370, 624.425 or 624.430 or rules adopted under ORS 624.010 to 624.121 or 624.355.

(2) After public hearing, the **Oregon Health** Authority by rule shall adopt objective criteria for establishing the civil penalty that may be imposed under subsection (1) of this section.

(3) Civil penalties under subsection (1) of this section shall be imposed in the manner provided

by ORS 183.745.

(4) A [*local*] **regional** public health authority delegated civil penalty power under an intergovernmental agreement described in ORS 624.510 shall implement that power in accordance with protocols and limits established by the Oregon Health Authority by rule. The [*local*] **regional** public health authority's civil penalty power applies only to imminent and present dangers to public health and to operation without a license.

SECTION 151. ORS 659A.250 is amended to read:

659A.250. (1) For purposes of ORS 659A.250 to 659A.262, "access" means ingress to and egress from residential areas which are concentrated in a central location. It shall not include:

(a) The right to enter the individual residences of employees unless a resident of the household consents to the entry;

(b) The right to use any services provided by the employer for the exclusive use of the employees;

(c) The right to enter single residences shared by employees and employers where a separate entrance to the employee's quarter is not provided; or

(d) The right to enter work areas.

(2) "Authorized person" means government officials, medical doctors, certified education providers, [*county*] **regional** health care officials, representatives of religious organizations and any other providers of services for farmworkers funded in whole or part by state, federal or local government.

(3) "Housing" means living quarters owned, rented or in any manner controlled by an employer and occupied by the employee.

(4) "Invited person" means persons invited to a dwelling unit by an employee or a member of the employee's family residing with the employee.

SECTION 152. ORS 689.605 is amended to read:

689.605. (1) In a hospital or long term care facility having a pharmacy and employing a pharmacist, the pharmacy and pharmacist are subject to the requirements of this chapter, except that in a hospital when a pharmacist is not in attendance, pursuant to standing orders of the pharmacist, a registered nurse supervisor on the written order of a person authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for administration to or treatment of an inpatient or outpatient until regular pharmacy services are available in accordance with the rules adopted by the board. However, the State Board of Pharmacy may grant an exception to the requirement for a written order by issuing a special permit authorizing the registered nurse supervisor in a hospital to dispense medication on the oral order of a person authorized to prescribe a drug. An inpatient care facility which does not have a pharmacy must have a drug room. In an inpatient care facility having a drug room as may be authorized by rule of the Department of Human Services or the Oregon Health Authority, the drug room is not subject to the requirements of this chapter relating to pharmacies. However, a drug room must be supervised by a pharmacist and is subject to the rules of the State Board of Pharmacy. When a pharmacist is not in attendance, any person authorized by the prescriber or by the pharmacist on written order may withdraw such drug in such volume or amount as needed for administration to or treatment of a patient, entering such withdrawal in the record of the responsible pharmacist.

(2) In a hospital having a drug room, any drug may be withdrawn from storage in the drug room by a registered nurse supervisor on the written order of a licensed practitioner in such volume or amount as needed for administration to and treatment of an inpatient or outpatient in the manner

set forth in subsection (1) of this section and within the authorized scope of practice.

(3) A hospital having a drug room shall cause accurate and complete records to be kept of the receipt, withdrawal from stock and use or other disposal of all legend drugs stored in the drug room. Such record shall be open to inspection by agents of the board and other qualified authorities.

(4) In an inpatient care facility other than a hospital, the drug room shall contain only prescribed drugs already prepared for patients therein and such emergency drug supply as may be authorized by rule by the Department of Human Services.

(5) The requirements of this section shall not apply to facilities described in ORS 441.065.

(6) A registered nurse who is an employee of a [*local health department*] **regional public health authority** established under [*the authority of a county or district board of health*] **section 1 of this 2013 Act** and registered by the board under ORS 689.305 may, pursuant to the order of a person authorized to prescribe a drug or device, dispense a drug or device to a client of the [*local health department*] **regional public health authority** for purposes of caries prevention, birth control or prevention or treatment of a communicable disease. Such dispensing shall be subject to rules jointly adopted by the board and the Oregon Health Authority.

(7) The board shall adopt rules authorizing a pharmacist to delegate to a registered nurse the authority to withdraw prescription drugs from a manufacturer's labeled container for administration to persons confined in penal institutions including, but not limited to, adult and juvenile correctional facilities. A penal institution, in consultation with a pharmacist, shall develop policies and procedures regarding medication management, procurement and distribution. A pharmacist shall monitor a penal institution for compliance with the policies and procedures and shall perform drug utilization reviews. The penal institution shall submit to the board for approval a written agreement between the pharmacist and the penal institution regarding medication policies and procedures.

SECTION 153. ORS 30.302 is amended to read:

30.302. (1) As used in this section, "retired physician" means any person:

(a) Who holds a degree of Doctor of Medicine or Doctor of Osteopathy or has met the minimum educational requirements for licensure to practice naturopathic medicine;

(b) Who has been licensed and is currently retired in accordance with the provisions of ORS chapter 677 or 685;

(c) Who is registered with the Oregon Medical Board as a retired emeritus physician or who complies with the requirements of the Oregon Board of Naturopathic Medicine as a retired naturopath;

(d) Who registers with the [*county health officer in*] **regional public health administrator of the regional public health authority with jurisdiction for** the county in which the physician or naturopath practices; and

(e) Who provides medical care as a volunteer without compensation solely through referrals from the [*county health officer*] **regional public health administrator** specified in paragraph (d) of this subsection.

(2) Any retired physician who treats patients pursuant to this section shall be considered to be an agent of a public body for the purposes of ORS 30.260 to 30.300.

SECTION 154. ORS 109.610, as amended by section 5, chapter 26, Oregon Laws 2012, is amended to read:

109.610. (1) Notwithstanding any other provision of law, a minor who may have come into contact with any venereal disease, including HIV, may give consent to the furnishing of hospital, medical or surgical care related to the diagnosis or treatment of such disease, if the disease or condition

is one which is required by law or regulation adopted pursuant to law to be reported to the [*local or state health officer or board*] **regional public health authority**. Such consent shall not be subject to disaffirmance because of minority.

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

SECTION 155. ORS 124.050 is amended to read:

124.050. As used in ORS 124.050 to 124.095:

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

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

(b) Neglect.

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

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

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

(f) Verbal abuse.

(g) Financial exploitation.

(h) Sexual abuse.

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

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

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

(3) "Facility" means:

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

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

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

(4) "Financial exploitation" means:

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

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

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

(d) Failing to use the income or assets of an elderly person or a person with a disability effectively for the support and maintenance of the person.

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

(6) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) Any county sheriff's office.

(c) The Oregon State Police.

(d) Any district attorney.

(e) A police department established by a university under ORS 352.383.

(7) "Neglect" means:

(a) Failure to provide the care, supervision or services necessary to maintain the physical and mental health of an elderly person that may result in physical harm or significant emotional harm to the elderly person; or

(b) The failure of a caregiver to make a reasonable effort to protect an elderly person from abuse.

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

(a) ORS 410.040 (7); or

(b) ORS 410.715.

(9) "Public or private official" means:

(a) Physician, naturopathic physician, osteopathic physician, chiropractor, physician assistant or podiatric physician and surgeon, including any intern or resident.

(b) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.

(c) Employee of the Department of Human Services or community developmental disabilities program.

(d) Employee of the Oregon Health Authority, [*county health department*] **a regional public health authority** or **a** community mental health program.

(e) Peace officer.

(f) Member of the clergy.

(g) Regulated social worker.

(h) Physical, speech or occupational therapist.

(i) Senior center employee.

(j) Information and referral or outreach worker.

(k) Licensed professional counselor or licensed marriage and family therapist.

(L) Any public official who comes in contact with elderly persons in the performance of the official's official duties.

(m) Firefighter or emergency medical services provider.

(n) Psychologist.

(o) Provider of adult foster care or an employee of the provider.

(p) Audiologist.

(q) Speech-language pathologist.

(10) "Services" includes but is not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene or any other service essential to the well-being of an elderly person.

(11)(a) "Sexual abuse" means:

(A) Sexual contact with an elderly person who does not consent or is considered incapable of consenting to a sexual act under ORS 163.315;

(B) Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit material or language;

(C) Any sexual contact between an employee of a facility or paid caregiver and an elderly per-

son served by the facility or caregiver;

(D) Any sexual contact between an elderly person and a relative of the elderly person other than a spouse; or

(E) Any sexual contact that is achieved through force, trickery, threat or coercion.

(b) "Sexual abuse" does not mean consensual sexual contact between an elderly person and a paid caregiver who is the spouse of the elderly person.

(12) "Sexual contact" has the meaning given that term in ORS 163.305.

(13) "Verbal abuse" means to threaten significant physical or emotional harm to an elderly person or a person with a disability through the use of:

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

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

SECTION 156. ORS 169.040 is amended to read:

169.040. (1) The county court or board of county commissioners of each county is the inspector of the local correctional facilities in the county. The court or board shall visit local correctional facilities operated by the county at least once in each regular term and may visit local correctional facilities within the county that are not operated by the county. When the court or board visits a local correctional facility, it shall examine fully into the local correctional facility, including, but not limited to, the cleanliness of the facility and the health and discipline of the persons confined. If it appears to the court or board that any provisions of law have been violated or neglected, it shall immediately give notice of the violation or neglect to the district attorney of the district.

(2) [*The county health officer*] **A regional public health administrator** or the representative of the [*county health officer*] **regional public health administrator** may conduct health and sanitation inspections of local correctional facilities on a semiannual basis. If the [*county health officer*] **regional public health administrator** determines that the facility is in an insanitary condition or unfit for habitation for health reasons, the [*officer*] **administrator** may notify the appropriate local governmental agency in writing of the required health and sanitation conditions or practices necessary to ensure the health and sanitation of the facility. If the local governmental agency does not comply with the required health and sanitation conditions or practices within an appropriate length of time, the [*county health officer*] **regional public health administrator** may recommend the suspension of the operation of the local correctional facility to the [*county board of health*] **regional public health authority**. If after a hearing the [*county board of health*] **regional public health authority** finds that the local correctional facility is in an insanitary or unhealthful condition, it may suspend the operation of the facility until such time as the local correctional facility complies with the recommended health and sanitation conditions and practices.

SECTION 157. ORS 179.505 is amended to read:

179.505. (1) As used in this section:

(a) "Disclosure" means the release of, transfer of, provision of access to or divulgence in any other manner of information outside the health care services provider holding the information.

(b) "Health care services provider" means:

(A) Medical personnel or other staff employed by or under contract with a public provider to provide health care or maintain written accounts of health care provided to individuals; or

(B) Units, programs or services designated, operated or maintained by a public provider to provide health care or maintain written accounts of health care provided to individuals.

(c) "Individually identifiable health information" means any health information that is:

(A) Created or received by a health care services provider; and

(B) Identifiable to an individual, including demographic information that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify an individual, and that relates to:

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

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

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

(d) "Personal representative" includes but is not limited to:

(A) A person appointed as a guardian under ORS 125.305, 419B.370, 419C.481 or 419C.555 with authority to make medical and health care decisions;

(B) A person appointed as a health care representative under ORS 127.505 to 127.660 or a representative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment decisions; and

(C) A person appointed as a personal representative under ORS chapter 113.

(e) "Psychotherapy notes" means notes recorded in any medium:

(A) By a mental health professional, in the performance of the official duties of the mental health professional;

(B) Documenting or analyzing the contents of conversation during a counseling session; and

(C) That are maintained separately from the rest of the individual's record.

(f) "Psychotherapy notes" does not mean notes documenting:

(A) Medication prescription and monitoring;

(B) Counseling session start and stop times;

(C) Modalities and frequencies of treatment furnished;

(D) Results of clinical tests; or

(E) Any summary of the following items:

(i) Diagnosis;

(ii) Functional status;

(iii) Treatment plan;

(iv) Symptoms;

(v) Prognosis; or

(vi) Progress to date.

(g) "Public provider" means:

(A) The Blue Mountain Recovery Center, the Eastern Oregon Training Center and the Oregon State Hospital campuses;

(B) Department of Corrections institutions as defined in ORS 421.005;

(C) A contractor of the Department of Corrections, the Department of Human Services or the Oregon Health Authority that provides health care to individuals residing in a state institution operated by the agencies;

(D) A community mental health program or community developmental disabilities program as described in ORS 430.610 to 430.695 and the public and private entities with which it contracts to provide mental health or developmental disabilities programs or services;

(E) A program or service provided under ORS 431.250[,] **or** 431.375 to 431.385 or [*431.416*] **pursuant to sections 1 and 2 of this 2013 Act**;

(F) A program or service established or maintained under ORS 430.630 or 430.664;

(G) A program or facility providing an organized full-day or part-day program of treatment that

is licensed, approved, established, maintained or operated by or contracted with the Oregon Health Authority for alcoholism, drug addiction or mental or emotional disturbance;

(H) A program or service providing treatment by appointment that is licensed, approved, established, maintained or operated by or contracted with the authority for alcoholism, drug addiction or mental or emotional disturbance; or

(I) The impaired health professional program established under ORS 676.190.

(h) "Written account" means records containing only individually identifiable health information.

(2) Except as provided in subsections (3), (4), (6), (7), (8), (9), (11), (12), (14), (15), (16) and (17) of this section or unless otherwise permitted or required by state or federal law or by order of the court, written accounts of the individuals served by any health care services provider maintained in or by the health care services provider by the officers or employees thereof who are authorized to maintain written accounts within the official scope of their duties are not subject to access and may not be disclosed. This subsection applies to written accounts maintained in or by facilities of the Department of Corrections only to the extent that the written accounts concern the medical, dental or psychiatric treatment as patients of those under the jurisdiction of the Department of Corrections.

(3) If the individual or a personal representative of the individual provides an authorization, the content of any written account referred to in subsection (2) of this section must be disclosed accordingly, if the authorization is in writing and is signed and dated by the individual or the personal representative of the individual and sets forth with specificity the following:

(a) Name of the health care services provider authorized to make the disclosure, except when the authorization is provided by recipients of or applicants for public assistance to a governmental entity for purposes of determining eligibility for benefits or investigating for fraud;

(b) Name or title of the persons or organizations to which the information is to be disclosed or that information may be disclosed to the public;

(c) Name of the individual;

(d) Extent or nature of the information to be disclosed; and

(e) Statement that the authorization is subject to revocation at any time except to the extent that action has been taken in reliance thereon, and a specification of the date, event or condition upon which it expires without express revocation. However, a revocation of an authorization is not valid with respect to inspection or records necessary to validate expenditures by or on behalf of governmental entities.

(4) The content of any written account referred to in subsection (2) of this section may be disclosed without an authorization:

(a) To any person to the extent necessary to meet a medical emergency.

(b) At the discretion of the responsible officer of the health care services provider, which in the case of any Oregon Health Authority facility or community mental health program is the Director of the Oregon Health Authority, to persons engaged in scientific research, program evaluation, peer review and fiscal audits. However, individual identities may not be disclosed to such persons, except when the disclosure is essential to the research, evaluation, review or audit and is consistent with state and federal law.

(c) To governmental agencies when necessary to secure compensation for services rendered in the treatment of the individual.

(5) When an individual's identity is disclosed under subsection (4) of this section, a health care services provider shall prepare, and include in the permanent records of the health care services

provider, a written statement indicating the reasons for the disclosure, the written accounts disclosed and the recipients of the disclosure.

(6) The content of any written account referred to in subsection (2) of this section and held by a health care services provider currently engaged in the treatment of an individual may be disclosed to officers or employees of that provider, its agents or cooperating health care services providers who are currently acting within the official scope of their duties to evaluate treatment programs, to diagnose or treat or to assist in diagnosing or treating an individual when the written account is to be used in the course of diagnosing or treating the individual. Nothing in this subsection prevents the transfer of written accounts referred to in subsection (2) of this section among health care services providers, the Department of Human Services, the Department of Corrections, the Oregon Health Authority or a local correctional facility when the transfer is necessary or beneficial to the treatment of an individual.

(7) When an action, suit, claim, arbitration or proceeding is brought under ORS 34.105 to 34.240 or 34.310 to 34.730 and involves a claim of constitutionally inadequate medical care, diagnosis or treatment, or is brought under ORS 30.260 to 30.300 and involves the Department of Corrections or an institution operated by the department, nothing in this section prohibits the disclosure of any written account referred to in subsection (2) of this section to the Department of Justice, Oregon Department of Administrative Services, or their agents, upon request, or the subsequent disclosure to a court, administrative hearings officer, arbitrator or other administrative decision maker.

(8)(a) When an action, suit, claim, arbitration or proceeding involves the Department of Human Services, the Oregon Health Authority or an institution operated by the department or authority, nothing in this section prohibits the disclosure of any written account referred to in subsection (2) of this section to the Department of Justice, Oregon Department of Administrative Services, or their agents.

(b) Disclosure of information in an action, suit, claim, nonlabor arbitration or proceeding is limited by the relevancy restrictions of ORS 40.010 to 40.585, 183.710 to 183.725, 183.745 and 183.750 and ORS chapter 183. Only written accounts of a plaintiff, claimant or petitioner shall be disclosed under this paragraph.

(c) Disclosure of information as part of a labor arbitration or proceeding to support a personnel action taken against staff is limited to written accounts directly relating to alleged action or inaction by staff for which the personnel action was imposed.

(9)(a) The copy of any written account referred to in subsection (2) of this section, upon written request of the individual or a personal representative of the individual, shall be disclosed to the individual or the personal representative of the individual within a reasonable time not to exceed five working days. The individual or the personal representative of the individual shall have the right to timely access to any written accounts.

(b) If the disclosure of psychiatric or psychological information contained in the written account would constitute an immediate and grave detriment to the treatment of the individual, disclosure may be denied, if medically contraindicated by the treating physician or a licensed health care professional in the written account of the individual.

(c) The Department of Corrections may withhold psychiatric or psychological information if:

(A) The information relates to an individual other than the individual seeking it.

(B) Disclosure of the information would constitute a danger to another individual.

(C) Disclosure of the information would compromise the privacy of a confidential source.

(d) However, a written statement of the denial under paragraph (c) of this subsection and the

reasons therefor must be entered in the written account.

(10) A health care services provider may require a person requesting disclosure of the contents of a written account under this section to reimburse the provider for the reasonable costs incurred in searching files, abstracting if requested and copying if requested. However, an individual or a personal representative of the individual may not be denied access to written accounts concerning the individual because of inability to pay.

(11) A written account referred to in subsection (2) of this section may not be used to initiate or substantiate any criminal, civil, administrative, legislative or other proceedings conducted by federal, state or local authorities against the individual or to conduct any investigations of the individual. If the individual, as a party to an action, suit or other judicial proceeding, voluntarily produces evidence regarding an issue to which a written account referred to in subsection (2) of this section would be relevant, the contents of that written account may be disclosed for use in the proceeding.

(12) Information obtained in the course of diagnosis, evaluation or treatment of an individual that, in the professional judgment of the health care services provider, indicates a clear and immediate danger to others or to society may be reported to the appropriate authority. A decision not to disclose information under this subsection does not subject the provider to any civil liability. Nothing in this subsection may be construed to alter the provisions of ORS 146.750, 146.760, 419B.010, 419B.015, 419B.020, 419B.025, 419B.030, 419B.035, 419B.040 and 419B.045.

(13) The prohibitions of this section apply to written accounts concerning any individual who has been treated by any health care services provider irrespective of whether or when the individual ceases to receive treatment.

(14) Persons other than the individual or the personal representative of the individual who are granted access under this section to the contents of a written account referred to in subsection (2) of this section may not disclose the contents of the written account to any other person except in accordance with the provisions of this section.

(15) Nothing in this section prevents the Department of Human Services or the Oregon Health Authority from disclosing the contents of written accounts in its possession to individuals or agencies with whom children in its custody are placed.

(16) The system described in ORS 192.517 (1) shall have access to records, as defined in ORS 192.515, as provided in ORS 192.517.

(17)(a) Except as provided in paragraph (b) of this subsection, a health care services provider must obtain an authorization from an individual or a personal representative of the individual to disclose psychotherapy notes.

(b) A health care services provider may use or disclose psychotherapy notes without obtaining an authorization from the individual or a personal representative of the individual to carry out the following treatment, payment and health care operations:

(A) Use by the originator of the psychotherapy notes for treatment;

(B) Disclosure by the health care services provider for its own training program in which students, trainees or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling; or

(C) Disclosure by the health care services provider to defend itself in a legal action or other proceeding brought by the individual or a personal representative of the individual.

(c) An authorization for the disclosure of psychotherapy notes may not be combined with an authorization for a disclosure of any other individually identifiable health information, but may be

combined with another authorization for a disclosure of psychotherapy notes.

SECTION 158. ORS 181.537, as amended by section 19, chapter 70, Oregon Laws 2012, is amended to read:

181.537. (1) As used in this section:

(a) "Care" means the provision of care, treatment, education, training, instruction, supervision, placement services, recreation or support to children, the elderly or persons with disabilities.

(b) "Qualified entity" means a community mental health program, a community developmental disabilities program, a [*local health department*] **regional public health authority** or an individual or business or organization, whether public, private, for-profit, nonprofit or voluntary, that provides care, including a business or organization that licenses, certifies or registers others to provide care.

(2) For the purpose of requesting a state or nationwide criminal records check under ORS 181.534, the Department of Human Services, the Oregon Health Authority and the Employment Department may require the fingerprints of a person:

(a) Who is employed by or is applying for employment with either department or the authority;

(b) Who provides or seeks to provide services to either department or the authority as a contractor, subcontractor, vendor or volunteer who:

(A) May have contact with recipients of care;

(B) Has access to personal information about employees of either department or the authority, recipients of care from either department or the authority or members of the public, including Social Security numbers, dates of birth, driver license numbers, medical information, personal financial information or criminal background information;

(C) Has access to information the disclosure of which is prohibited by state or federal laws, rules or regulations, or information that is defined as confidential under state or federal laws, rules or regulations;

(D) Has access to property held in trust or to private property in the temporary custody of the state;

(E) Has payroll or fiscal functions or responsibility for:

(i) Receiving, receipting or depositing money or negotiable instruments;

(ii) Billing, collections, setting up financial accounts or other financial transactions; or

(iii) Purchasing or selling property;

(F) Provides security, design or construction services for government buildings, grounds or facilities;

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

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

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

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

(e) For the purposes of employment decisions made by a mass transit district or transportation district for qualified entities that, under contracts with the district or the Oregon Health Authority, employ persons to operate motor vehicles for the transportation of medical assistance program clients.

(3) The Department of Human Services and the Oregon Health Authority may conduct criminal

records checks on a person through the Law Enforcement Data System maintained by the Department of State Police, if deemed necessary by the Department of Human Services or the Oregon Health Authority to protect children, elderly persons, persons with disabilities or other vulnerable persons.

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

(5)(a) A qualified entity, using rules adopted by the Department of Human Services or the Oregon Health Authority, shall determine under this section whether a person is fit to hold a position, provide services, be employed or, if the qualified entity has authority to make such a determination, be licensed, certified or registered, based on the criminal records check obtained pursuant to ORS 181.534, any false statements made by the person regarding the criminal history of the person and any refusal to submit or consent to a criminal records check including fingerprint identification. If a person is determined to be unfit, then that person may not hold the position, provide services or be employed, licensed, certified or registered.

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

(6) In making the fitness determination under subsection (5) of this section, the qualified entity shall consider:

(a) The nature of the crime;

(b) The facts that support the conviction or pending indictment or indicate the making of the false statement;

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

(d) Intervening circumstances relevant to the responsibilities and circumstances of the position, services, employment, license, certification or registration. Intervening circumstances include but are not limited to the passage of time since the commission of the crime, the age of the person at the time of the crime, the likelihood of a repetition of offenses, the subsequent commission of another relevant crime and a recommendation of an employer.

(7) The Department of Human Services, the Oregon Health Authority and the Employment Department may make fitness determinations based on criminal offender records and information furnished by the Federal Bureau of Investigation through the Department of State Police only as provided in ORS 181.534.

(8) A qualified entity and an employee of a qualified entity acting within the course and scope of employment are immune from any civil liability that might otherwise be incurred or imposed for determining pursuant to subsection (5) of this section that a person is fit or not fit to hold a position, provide services or be employed, licensed, certified or registered. A qualified entity, employee of a qualified entity acting within the course and scope of employment and an employer or employer's agent who in good faith comply with this section and the decision of the qualified entity or employee of the qualified entity acting within the course and scope of employment are not liable for the failure to hire a prospective employee or the decision to discharge an employee on the basis of the

qualified entity's decision. An employee of the state acting within the course and scope of employment is not liable for defamation or invasion of privacy in connection with the lawful dissemination of information lawfully obtained under this section.

(9) The Department of Human Services and the Oregon Health Authority shall develop systems that maintain information regarding criminal records checks in order to minimize the administrative burden imposed by this section and ORS 181.534. Records maintained under this subsection are confidential and may not be disseminated except for the purposes of this section and in accordance with the rules of the Department of Human Services, the Oregon Health Authority and the Department of State Police. Nothing in this subsection permits the Department of Human Services to retain fingerprint cards obtained pursuant to this section.

(10) In addition to the rules required by ORS 181.534, the Department of Human Services and the Oregon Health Authority, in consultation with the Department of State Police, shall adopt rules:

(a) Specifying which qualified entities are subject to this section;

(b) Specifying which qualified entities may request criminal offender information;

(c) Specifying which qualified entities are responsible for deciding whether a subject individual is not fit for a position, service, license, certification, registration or employment; and

(d) Specifying when a qualified entity, in lieu of conducting a completely new criminal records check, may proceed to make a fitness determination under subsection (5) of this section using the information maintained by the Department of Human Services and the Oregon Health Authority pursuant to subsection (9) of this section.

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

(12) If the qualified entity requires a criminal records check of employees or other persons, the application forms of the qualified entity must contain a notice that employment is subject to fingerprinting and a criminal records check.

SECTION 159. ORS 222.860 is amended to read:

222.860. (1) The city council of any city shall adopt a resolution containing a proposal for annexation without vote or consent in the affected territory. The proposal may contain terms of annexation as provided in ORS 222.111 and shall:

(a) Describe the boundaries of the affected territory; and

(b) Describe the conditions alleged to be causing a danger to public health.

(2) The governing body of any district having jurisdiction over the affected territory may adopt a resolution containing a proposal for annexation to the city without vote or consent in the affected territory. The proposal shall:

(a) Describe the boundaries of the affected territory; and

(b) Describe the conditions alleged to be causing a danger to public health.

(3) The [*local board of health*] **regional public health authority** having jurisdiction shall verify the conditions alleged in the proposal to be causing a danger to public health, based upon its knowledge of those conditions.

(4) The council or governing body shall cause a certified copy of the resolution together with verification by the [*local board of health*] **regional public health authority** having jurisdiction, to be forwarded to the Oregon Health Authority and request the authority to ascertain whether conditions dangerous to public health exist in the affected territory.

SECTION 160. ORS 222.870 is amended to read:

222.870. (1) Upon receipt of the certified copy of the resolution, and verification by the [*local board of health*] **regional public health authority** having jurisdiction, the Oregon Health Authority shall review and investigate conditions in the affected territory. If it finds substantial evidence that a danger to public health exists in the territory, it shall issue an order for a hearing to be held within the affected territory, or at a place near the affected territory if there is no suitable place within that territory at which to hold the hearing, not sooner than 30 days from the date of the order.

(2) Upon issuance of an order for a hearing, the **Oregon Health** Authority shall immediately give notice of the resolution and order by publishing them in a newspaper of general circulation within the city and the affected territory once each week for two successive weeks and by posting copies of the order in four public places within the affected territory.

SECTION 161. ORS 222.905 is amended to read:

222.905. (1) The [*local board of health*] **regional public health authority** or the boundary commission having jurisdiction shall, if it believes a danger to public health exists within a territory otherwise eligible for annexation in accordance with ORS 222.111, proceed in the same manner as a city is authorized to proceed under ORS 222.860.

(2) Any 11 residents of territory otherwise eligible for annexation in accordance with ORS 222.111 who believe a danger to public health exists within such territory may apply to the [*local board of health*] **regional public health authority** to initiate proceedings to annex such territory as provided in subsection (1) of this section. The [*local board of health*] **regional public health authority** shall within a reasonable time, but not more than 90 days, investigate the matters alleged in the application and shall either initiate proceedings or certify to the petitioners that the investigation disclosed insufficient evidence to initiate proceedings.

SECTION 162. ORS 307.490 is amended to read:

307.490. (1) In lieu of real and personal property taxes, each nonprofit corporation eligible for a tax exemption under ORS 307.485 shall pay to the treasurer of the county on or before November 15 an amount equal to 10 percent of the rentals for the period ending the preceding October 15, submitting with the remittance a form supplied by the Department of Revenue stating the rental and certifying compliance with the requirements of the State Fire Marshal, [*local health officer*] **regional public health authority** or Child Care Division, as applicable.

(2) The treasurer shall, with the assistance of the assessor, allocate the money received by the treasurer under subsection (1) of this section, to the districts in which the exempt property is located in the same proportion that the tax rate for the current tax year for each district bears to the total tax rate for all districts.

(3) The moneys received by the district shall be considered as a budget resource for the next ensuing fiscal year.

SECTION 163. ORS 336.035 is amended to read:

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

(2) Any district school board may establish a course of education concerning sexually transmitted diseases including recognition of causes, sources and symptoms, and the availability of diagnostic and treatment centers. Any such course established may be taught to adults from the community served by the individual schools as well as to students enrolled in the school. The board shall cause

the parents or guardians of minor students to be notified in advance that the course is to be taught. Any such parent or guardian may direct in writing that the minor child in the care of the parent or guardian be excused from any class within the course. Any parent or guardian may inspect the instructional materials to be used before or during the time the course is taught.

(3) The district school board shall coordinate the course provided in subsection (2) of this section with the officials of the [*local health department*] **regional public health authority** and the Superintendent of Public Instruction. Teachers holding endorsements for health education shall be used where available. No teacher shall be subject to discipline or removal for teaching or refusing to teach courses concerning sexually transmitted diseases.

SECTION 164. ORS 401.657 is amended to read:

401.657. (1) The Oregon Health Authority may designate all or part of a health care facility or other location as an emergency health care center. If the Governor declares a state of emergency under ORS 401.165, or proclaims a state of public health emergency under ORS 433.441, emergency health care centers may be used for:

(a) Evaluation and referral of individuals affected by the emergency;

(b) Provision of health care services; and

(c) Preparation of patients for transportation.

(2) The Oregon Health Authority may enter into cooperative agreements with [*local*] **regional** public health authorities that allow [*local*] **regional** public health authorities to designate emergency health care centers under this section.

(3) An emergency health care center designated under this section must have an emergency operations plan and a credentialing plan that governs the use of emergency health care providers registered under ORS 401.654 and other health care providers who volunteer to perform health care services at the center under ORS 401.651 to 401.670. The emergency operations plan and credentialing plan must comply with rules governing those plans adopted by the Oregon Health Authority.

SECTION 165. ORS 403.115 is amended to read:

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

(2) Every public and private safety agency in this state shall establish or participate in a 9-1-1 emergency reporting system.

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

(4) The 9-1-1 emergency reporting system must include at a minimum:

(a) A primary public safety answering point that is automatically accessible anywhere in the 9-1-1 jurisdiction service area by calling 9-1-1;

(b) Central dispatch of public and private safety services in the 9-1-1 service area or relay or

transfer of 9-1-1 calls to an appropriate public or private safety agency; and

(c) Two 9-1-1 circuits from each central office to each primary public safety answering point.

(5) In addition to the requirements set forth in subsection (4) of this section, enhanced 9-1-1 telephone service must provide:

(a) Two call-taker stations and staffing for at least one of the stations at all times;

(b) Automatic display of the incoming telephone number and address in the designated public safety answering point at the time of receiving an incoming 9-1-1 call;

(c) A network developed to transport address and telephone number information to the designated public safety answering point automatically when a call is placed to 9-1-1; and

(d) Emergency telephone service in which one or fewer calls in 100 attempts receive a busy signal on the first attempt during the average busiest hour. A public safety answering point may not have fewer than two 9-1-1 circuits.

SECTION 166. ORS 411.435 is amended to read:

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

(1) Initial processing shall be done at the [*county health department by employees of the county*] **regional public health authority**, with eligibility determination completed at the local office of the Department of Human Services;

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

(3) Application forms shall be made available at the [*county health department*] **regional public health authority** with initial processing and eligibility determination shall be done at the local office of the Department of Human Services.

SECTION 167. ORS 414.150 is amended to read:

414.150. It is the purpose of ORS 414.150 to 414.153 to take advantage of opportunities to:

(1) Enhance the state and local public health partnership;

(2) Improve the access to care and health status of women and children; and

(3) Strengthen public health programs and services at the [*county health department*] **regional public health authority** level.

SECTION 168. ORS 414.152 is amended to read:

414.152. To capitalize on the successful public health programs provided by [*county health departments*] **regional public health authorities** and the sizable investment by state and local governments in the public health system, state agencies shall encourage agreements that allow [*county health departments*] **regional public health authorities** and other publicly supported programs to continue to be the providers of those prevention and health promotion services now available, plus other maternal and child health services such as prenatal outreach and care, child health services and family planning services to women and children who become eligible for poverty level medical assistance program benefits pursuant to ORS 414.153.

SECTION 169. ORS 414.153 is amended to read:

414.153. In order to make advantageous use of the system of public health care and services available through [*county health departments*] **regional public health authorities** and other publicly supported programs and to insure access to public health care and services through contract under

ORS chapter 414, the state shall:

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

(a) Immunizations;

(b) Sexually transmitted diseases; and

(c) Other communicable diseases;

(2) Allow enrollees in coordinated care organizations to receive from fee-for-service providers:

(a) Family planning services;

(b) Human immunodeficiency virus and acquired immune deficiency syndrome prevention services; and

(c) Maternity case management if the Oregon Health Authority determines that a coordinated care organization cannot adequately provide the services;

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

(a) Maternity case management;

(b) Well-child care;

(c) Prenatal care;

(d) School-based clinics;

(e) Health care and services for children provided through schools and Head Start programs; and

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

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

(a) May not limit the ability of coordinated care organizations to contract with other public or private providers for mental health or chemical dependency services;

(b) Must include agreed upon outcomes; and

(c) Must describe the authorization and payments necessary to maintain the mental health safety net system and to maintain the efficient and effective management of the following responsibilities of local mental health authorities, with respect to the service needs of members of the coordinated care organization:

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

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

(C) Management of the mental health crisis system;

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

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

SECTION 170. ORS 417.775, as amended by section 46, chapter 37, Oregon Laws 2012, and

section 25, chapter 97, Oregon Laws 2012, is amended to read:

417.775. (1) Under the direction of the board or boards of county commissioners, and in conjunction with the guidelines set by the Early Learning Council, the local commission on children and families shall promote wellness for children of all ages and their families in the county or region, if the families have given their express written consent, mobilize communities and develop policy and oversee the implementation of a local coordinated comprehensive plan described in this section. A local commission shall:

(a) Inform and involve citizens;

(b) Identify and map the range of resources in the community;

(c) Plan, advocate and fund research-based and tribal-based initiatives for children who are 18 years of age or younger, including prenatal, and their families;

(d) Develop local policies, priorities, outcomes and targets;

(e) Prioritize activities identified in the local plan and mobilize the community to take action;

(f) Prioritize the use of nondedicated resources;

(g) Monitor implementation of the local plan; and

(h) Monitor and evaluate the intermediate outcome targets identified in the local plan that are reviewed under ORS 417.797, and report on the progress in addressing priorities and achieving outcomes.

(2)(a) A local commission may not provide direct services for children and their families.

(b) Notwithstanding paragraph (a) of this subsection, a local commission may provide direct services for children and their families for a period not to exceed six months if:

(A)(i) The local commission determines that there is an emergency;

(ii) A provider of services discontinues providing the services in the county or region; or

(iii) No provider is able to offer the services in the county or region; and

(B) The family has given its express written consent.

(3) The local commission shall lead and coordinate a process to assess needs, strengths, goals, priorities and strategies, and identify county or regional outcomes to be achieved. The process shall be in conjunction with other coordinating bodies for services for children and their families and shall include representatives of education, mental health services, developmental disability services, alcohol and drug treatment programs, public health programs, local child care resource and referral agencies, child care providers, law enforcement and corrections agencies, private nonprofit entities, local governments, faith-based organizations, businesses, families, youth and the local community. The process shall include populations representing the diversity of the county or region.

(4) Through the process described in subsection (3) of this section, the local commission shall coordinate the development of a single local plan for coordinating community programs, strategies and services for children who are 18 years of age or younger, including prenatal, and their families among community groups, government agencies, private providers and other parties. The local plan shall be a comprehensive area-wide service delivery plan for all services to be provided for children and their families in the county or region, if the families have given their express written consent. The local plan shall be designed to achieve state and county or regional outcomes based on state policies and guidelines and to maintain a level of services consistent with state and federal requirements.

(5) The local commission shall prepare the local coordinated comprehensive plan and applications for funds to implement ORS 417.705 to 417.800. The local plan, policies and proposed service delivery systems shall be submitted to the board or boards of county commissioners for approval

prior to submission to the Early Learning Council. The local plan shall be based on identifying the most effective service delivery system allowing for the continuation of current public and private programs where appropriate. The local plan shall address needs, strengths and assets of all children, their families and communities, including those children and their families at highest risk.

(6) Subject to the availability of funds:

(a) The local coordinated comprehensive plan shall include:

(A) Identification of ways to connect all state and local planning processes related to services for children and their families into the local coordinated comprehensive plan to create positive outcomes for children and their families; and

(B) Provisions for a continuum of social supports at the community level for children from the prenatal stage through 18 years of age, and their families, that takes into account areas of need, service overlap, asset building and community strengths as outlined in ORS 417.305 (2).

(b) The local coordinated comprehensive plan shall reference:

(A) A voluntary local early childhood system plan created pursuant to ORS 417.777;

(B) Local alcohol and other drug prevention and treatment plans developed pursuant to ORS 430.242;

(C) Local service plans, developed pursuant to ORS 430.630, for the delivery of mental health services for children and their families;

(D) [*Local*] **Regional** public health plans, developed pursuant to ORS 431.385, that include public health issues such as prenatal care, immunizations, well-child checkups, tobacco use, nutrition, teen pregnancy, maternal and child health care and suicide prevention; and

(E) The local high-risk juvenile crime prevention plan developed pursuant to ORS 417.855.

(7) The local coordinated comprehensive plan shall include a list of staff positions budgeted to support the local commission on children and families. The list shall indicate the status of each position as a percentage of full-time equivalency dedicated to the implementation of the local coordinated comprehensive plan. The county board or boards of commissioners shall be responsible for providing the level of staff support detailed in the local plan and shall ensure that funds provided for these purposes are used to carry out the local plan.

(8) The local coordinated comprehensive plan shall:

(a) Improve results by addressing the needs, strengths and assets of all children, their families and communities in the county or region, including those children and their families at highest risk;

(b) Improve results by identifying the methods that work best at the state and local levels to coordinate resources, reduce paperwork and simplify processes, including data gathering and planning;

(c) Be based on local, state and federal resources;

(d) Be based on proven practices of effectiveness for the specific community;

(e) Contribute to a voluntary statewide system of formal and informal services and supports that is provided at the community level, that is integrated in local communities and that promotes improved outcomes for Oregon's children;

(f) Be presented to the citizens in each county for public review, comment and adjustment;

(g) Be designed to achieve outcomes based on research-identified proven practices of effectiveness; and

(h) Address other issues, local needs or children and family support areas as determined by the local commission.

(9) In developing the local coordinated comprehensive plan, the local commission shall:

(a) Secure active participation pursuant to subsection (3) of this section;

(b) Provide for community participation in the planning process, including media notification;

(c) Conduct an assessment of the community that identifies needs and strengths;

(d) Identify opportunities for service integration; and

(e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of a county or region.

(10) The Early Learning Council may disapprove the part of the local coordinated comprehensive plan relating to the planning process required by this section and the voluntary local early childhood system plan.

(11)(a) The Early Learning Council may disapprove the planning process and the voluntary local early childhood system plan only upon making specific findings that the local plan substantially fails to conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 or that the local plan fails to conform with the planning process requirements of this section. The staff of the Early Learning Council shall assist the local commission in remedying the deficiencies in the planning process or the voluntary local early childhood system plan. The Early Learning Council shall set a date by which any deficient portions of the planning process or the voluntary local early childhood system plan must be revised and resubmitted to the Early Learning Council by the local commission.

(b) The Early Learning Council does not have approval authority over the following service plans referenced in the local coordinated comprehensive plan:

(A) The local alcohol and other drug prevention and treatment plans developed pursuant to ORS 430.242;

(B) Local service plans, developed pursuant to ORS 430.630, relating to the delivery of mental health services;

(C) [*Local*] **Regional** public health plans developed pursuant to ORS 431.385; and

(D) Local high-risk juvenile crime prevention plans developed pursuant to ORS 417.855.

(12) The Early Learning Council, the Department of Human Services and the Juvenile Crime Prevention Advisory Committee may jointly approve the community plan that is part of the local coordinated comprehensive plan, but may not jointly approve the service plans that are referenced in the local plan. If the community plan is disapproved in whole, the agencies shall identify with particularity the manner in which the community plan is deficient and the service plans may be implemented. If only part of the community plan is disapproved, the remainder of the community plan and the service plans may be implemented. The staff of the agencies shall assist the local commission in remedying the disapproved portions of the community plan. The agencies shall jointly set a date by which the deficient portions of the community plan shall be revised and resubmitted to the agencies by the local commission. In reviewing the community plan, the agencies shall consider the impact of state and local budget reductions on the community plan.

(13) If a local commission determines that the needs of the county or region it serves differ from those identified by the Early Learning Council, it may ask the Early Learning Council to waive specific requirements in its list of children's support areas. The process for granting waivers shall be developed by the Early Learning Council prior to the start of the review and approval process for the local coordinated comprehensive plan and shall be based primarily on a determination of whether the absence of a waiver would prevent the local commission from best meeting the needs of the county or region.

(14) From time to time, the local commission may amend the local coordinated comprehensive

plan and applications for funds to implement ORS 417.705 to 417.800. The local commission must amend the local plan to reflect current community needs, strengths, goals, priorities and strategies. Amendments become effective upon approval of the board or boards of county commissioners and the Early Learning Council.

(15) The local commission shall keep an official record of any amendments to the local coordinated comprehensive plan under subsection (14) of this section.

(16) The local commission shall provide an opportunity for public and private contractors to review the components of the local coordinated comprehensive plan and any amendments to the local plan, to receive notice of any component that the county or counties intend to provide through a county agency and to comment publicly to the board or boards of county commissioners if they disagree with the proposed service delivery plan.

(17) Alcohol and drug prevention and treatment services included in the local coordinated comprehensive plan must meet minimum standards adopted by the Oregon Health Authority under ORS 430.357.

SECTION 171. ORS 417.775, as amended by sections 46 and 108a, chapter 37, Oregon Laws 2012, and section 25, chapter 97, Oregon Laws 2012, is amended to read:

417.775. (1) Under the direction of the board or boards of county commissioners, and in conjunction with the guidelines set by the Early Learning Council, the local commission on children and families shall promote wellness for children of all ages and their families in the county or region, if the families have given their express written consent, mobilize communities and develop policy and oversee the implementation of a local coordinated comprehensive plan described in this section. A local commission shall:

(a) Inform and involve citizens;

(b) Identify and map the range of resources in the community;

(c) Plan, advocate and fund research-based and tribal-based initiatives for children who are 18 years of age or younger, including prenatal, and their families;

(d) Develop local policies, priorities, outcomes and targets;

(e) Prioritize activities identified in the local plan and mobilize the community to take action;

(f) Prioritize the use of nondedicated resources;

(g) Monitor implementation of the local plan; and

(h) Monitor and evaluate the intermediate outcome targets identified in the local plan that are reviewed under ORS 417.797, and report on the progress in addressing priorities and achieving outcomes.

(2)(a) A local commission may not provide direct services for children and their families.

(b) Notwithstanding paragraph (a) of this subsection, a local commission may provide direct services for children and their families for a period not to exceed six months if:

(A)(i) The local commission determines that there is an emergency;

(ii) A provider of services discontinues providing the services in the county or region; or

(iii) No provider is able to offer the services in the county or region; and

(B) The family has given its express written consent.

(3) The local commission shall lead and coordinate a process to assess needs, strengths, goals, priorities and strategies, and identify county or regional outcomes to be achieved. The process shall be in conjunction with other coordinating bodies for services for children and their families and shall include representatives of education, mental health services, developmental disability services, alcohol and drug treatment programs, public health programs, local child care resource and referral

agencies, child care providers, law enforcement and corrections agencies, private nonprofit entities, local governments, faith-based organizations, businesses, families, youth and the local community. The process shall include populations representing the diversity of the county or region.

(4) Through the process described in subsection (3) of this section, the local commission shall coordinate the development of a single local plan for coordinating community programs, strategies and services for children who are 18 years of age or younger, including prenatal, and their families among community groups, government agencies, private providers and other parties. The local plan shall be a comprehensive area-wide service delivery plan for all services to be provided for children and their families in the county or region, if the families have given their express written consent. The local plan shall be designed to achieve state and county or regional outcomes based on state policies and guidelines and to maintain a level of services consistent with state and federal requirements.

(5) The local commission shall prepare the local coordinated comprehensive plan and applications for funds to implement ORS 417.705 to 417.800. The local plan, policies and proposed service delivery systems shall be submitted to the board or boards of county commissioners for approval prior to submission to the Early Learning Council. The local plan shall be based on identifying the most effective service delivery system allowing for the continuation of current public and private programs where appropriate. The local plan shall address needs, strengths and assets of all children, their families and communities, including those children and their families at highest risk.

(6) Subject to the availability of funds:

(a) The local coordinated comprehensive plan shall include:

(A) Identification of ways to connect all state and local planning processes related to services for children and their families into the local coordinated comprehensive plan to create positive outcomes for children and their families; and

(B) Provisions for a continuum of social supports at the community level for children from the prenatal stage through 18 years of age, and their families, that takes into account areas of need, service overlap, asset building and community strengths as outlined in ORS 417.305 (2).

(b) The local coordinated comprehensive plan shall reference:

(A) A voluntary local early childhood system plan created pursuant to ORS 417.777;

(B) Local alcohol and other drug prevention and treatment plans developed pursuant to ORS 430.242;

(C) Local service plans, developed pursuant to ORS 430.630, for the delivery of mental health services for children and their families;

(D) [*Local*] **Regional** public health plans, developed pursuant to ORS 431.385, that include public health issues such as prenatal care, immunizations, well-child checkups, tobacco use, nutrition, teen pregnancy, maternal and child health care and suicide prevention; and

(E) The local high-risk juvenile crime prevention plan developed pursuant to ORS 417.855.

(7) The local coordinated comprehensive plan shall include a list of staff positions budgeted to support the local commission on children and families. The list shall indicate the status of each position as a percentage of full-time equivalency dedicated to the implementation of the local coordinated comprehensive plan. The county board or boards of commissioners shall be responsible for providing the level of staff support detailed in the local plan and shall ensure that funds provided for these purposes are used to carry out the local plan.

(8) The local coordinated comprehensive plan shall:

(a) Improve results by addressing the needs, strengths and assets of all children, their families

and communities in the county or region, including those children and their families at highest risk;

(b) Improve results by identifying the methods that work best at the state and local levels to coordinate resources, reduce paperwork and simplify processes, including data gathering and planning;

(c) Be based on local, state and federal resources;

(d) Be based on proven practices of effectiveness for the specific community;

(e) Contribute to a voluntary statewide system of formal and informal services and supports that is provided at the community level, that is integrated in local communities and that promotes improved outcomes for Oregon's children;

(f) Be presented to the citizens in each county for public review, comment and adjustment;

(g) Be designed to achieve outcomes based on research-identified proven practices of effectiveness; and

(h) Address other issues, local needs or children and family support areas as determined by the local commission.

(9) In developing the local coordinated comprehensive plan, the local commission shall:

(a) Secure active participation pursuant to subsection (3) of this section;

(b) Provide for community participation in the planning process, including media notification;

(c) Conduct an assessment of the community that identifies needs and strengths;

(d) Identify opportunities for service integration; and

(e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of a county or region.

(10) The Early Learning Council may disapprove the part of the local coordinated comprehensive plan relating to the planning process required by this section and the voluntary local early childhood system plan.

(11)(a) The Early Learning Council may disapprove the planning process and the voluntary local early childhood system plan only upon making specific findings that the local plan substantially fails to conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 or that the local plan fails to conform with the planning process requirements of this section. The staff of the Early Learning Council shall assist the local commission in remedying the deficiencies in the planning process or the voluntary local early childhood system plan. The Early Learning Council shall set a date by which any deficient portions of the planning process or the voluntary local early childhood system plan must be revised and resubmitted to the Early Learning Council by the local commission.

(b) The Early Learning Council does not have approval authority over the following service plans referenced in the local coordinated comprehensive plan:

(A) The local alcohol and other drug prevention and treatment plans developed pursuant to ORS 430.242;

(B) Local service plans, developed pursuant to ORS 430.630, relating to the delivery of mental health services;

(C) [*Local*] **Regional** public health plans developed pursuant to ORS 431.385; and

(D) Local high-risk juvenile crime prevention plans developed pursuant to ORS 417.855.

(12) The Early Learning Council, the Department of Human Services and the Youth Development Council may jointly approve the community plan that is part of the local coordinated comprehensive plan, but may not jointly approve the service plans that are referenced in the local plan. If the community plan is disapproved in whole, the agencies shall identify with particularity the

manner in which the community plan is deficient and the service plans may be implemented. If only part of the community plan is disapproved, the remainder of the community plan and the service plans may be implemented. The staff of the agencies shall assist the local commission in remedying the disapproved portions of the community plan. The agencies shall jointly set a date by which the deficient portions of the community plan shall be revised and resubmitted to the agencies by the local commission. In reviewing the community plan, the agencies shall consider the impact of state and local budget reductions on the community plan.

(13) If a local commission determines that the needs of the county or region it serves differ from those identified by the Early Learning Council, it may ask the Early Learning Council to waive specific requirements in its list of children's support areas. The process for granting waivers shall be developed by the Early Learning Council prior to the start of the review and approval process for the local coordinated comprehensive plan and shall be based primarily on a determination of whether the absence of a waiver would prevent the local commission from best meeting the needs of the county or region.

(14) From time to time, the local commission may amend the local coordinated comprehensive plan and applications for funds to implement ORS 417.705 to 417.800. The local commission must amend the local plan to reflect current community needs, strengths, goals, priorities and strategies. Amendments become effective upon approval of the board or boards of county commissioners and the Early Learning Council.

(15) The local commission shall keep an official record of any amendments to the local coordinated comprehensive plan under subsection (14) of this section.

(16) The local commission shall provide an opportunity for public and private contractors to review the components of the local coordinated comprehensive plan and any amendments to the local plan, to receive notice of any component that the county or counties intend to provide through a county agency and to comment publicly to the board or boards of county commissioners if they disagree with the proposed service delivery plan.

(17) Alcohol and drug prevention and treatment services included in the local coordinated comprehensive plan must meet minimum standards adopted by the Oregon Health Authority under ORS 430.357.

SECTION 172. ORS 417.777, as amended by section 47, chapter 37, Oregon Laws 2012, is amended to read:

417.777. (1) Each local commission on children and families, as part of the local coordinated comprehensive plan developed under ORS 417.775 for the county or region, shall lead and coordinate the development of a voluntary local early childhood system plan that shall focus on the needs of children who are zero through eight years of age and their families. Local Oregon prekindergarten programs, early childhood special education programs and early intervention services shall collaborate and participate with the local commission in the development and implementation of the voluntary early childhood system plan.

(2) In the process of developing the voluntary local early childhood system plan, a local commission shall include parents, youth, community representatives and representatives of local providers of early childhood services that reflect the diversity of the county or region, including but not limited to representatives from:

(a) Hospitals and the health professions;

(b) Local interagency coordinating councils;

(c) Oregon prekindergarten programs;

(d) Contractors who are designated by the Superintendent of Public Instruction to be responsible for the administration of early childhood special education and early intervention services in a service area;

(e) Community corrections agencies;

(f) Mental health services;

[*(g) County health departments;*]

(g) Regional public health authorities;

(h) Healthy Start Family Support Services programs;

(i) Alcohol and drug treatment programs;

(j) Local child care resource and referral agencies;

(k) Child care providers;

(L) Developmental disability services;

(m) The kindergarten through grade 12 education community;

(n) Faith-based organizations; and

(o) Other providers of prenatal and perinatal services.

(3) A voluntary local early childhood system plan shall:

(a) Provide for the coordination of early childhood programs by creating a process to connect children and families with the most appropriate supports;

(b) Include a description of how the components of the voluntary statewide early learning system specified in ORS 417.728 will be implemented in the county or region;

(c) Build on existing programs;

(d) Identify ways to maximize the use of volunteers and other community resources; and

(e) Ensure that the diverse populations within a community receive services that are culturally and gender appropriate.

(4) Local communities are encouraged to:

(a) Use private nonprofit organizations to raise community awareness and support for the voluntary local early childhood system; and

(b) Involve the medical community to ensure appropriate referrals to services and supports that are provided through the voluntary local early childhood system.

SECTION 173. ORS 417.795, as amended by section 53, chapter 37, Oregon Laws 2012, is amended to read:

417.795. (1) The Early Learning Council shall establish Healthy Start Family Support Services programs through contracts entered into by local commissions on children and families in all counties of this state as funding becomes available.

(2) These programs shall be nonstigmatizing, voluntary and designed to achieve the appropriate early childhood benchmarks and shall:

(a) Ensure that express written consent is obtained from the family prior to any release of information that is protected by federal or state law and before the family receives any services;

(b) Ensure that services are voluntary and that, if a family chooses not to accept services or ends services, there are no adverse consequences for those decisions;

(c) Offer a voluntary comprehensive screening and risk assessment of all newly born children and their families;

(d) Ensure that the disclosure of information gathered in conjunction with the voluntary comprehensive screening and risk assessment of children and their families is limited pursuant to ORS 417.728 (7) to the following purposes:

(A) Providing services under the programs to children and families who give their express written consent;

(B) Providing statistical data that are not personally identifiable;

(C) Accomplishing other purposes for which the family has given express written consent; and

(D) Meeting the requirements of mandatory state and federal disclosure laws;

(e) Ensure that risk factors used in the risk assessment are limited to those risk factors that have been shown by research to be associated with poor outcomes for children and families;

(f) Identify, as early as possible, families that would benefit most from the programs;

(g) Provide parenting education and support services, including but not limited to community-based home visiting services and primary health care services;

(h) Provide other supports, including but not limited to referral to and linking of community and public services for children and families such as mental health services, alcohol and drug treatment programs that meet the standards promulgated by the Oregon Health Authority under ORS 430.357, child care, food, housing and transportation;

(i) Coordinate services for children consistent with the voluntary local early childhood system plan developed pursuant to ORS 417.777;

(j) Provide follow-up services and supports from zero through six years of age;

(k) Integrate data with any common data system for early childhood programs;

(L) Be included in a statewide independent evaluation to document:

(A) Level of screening and assessment;

(B) Incidence of child abuse and neglect;

(C) Change in parenting skills; and

(D) Rate of child development;

(m) Be included in a statewide training program in the dynamics of the skills needed to provide early childhood services, such as assessment and home visiting; and

(n) Meet voluntary statewide and local early childhood system quality assurance and quality improvement standards.

(3) The Healthy Start Family Support Services programs, [*local health departments*] **regional public health authorities** and other providers of prenatal and perinatal services in counties, as part of the voluntary local early childhood system, shall:

(a) Identify existing services and describe and prioritize additional services necessary for a voluntary home visit system;

(b) Build on existing programs;

(c) Maximize the use of volunteers and other community resources that support all families;

(d) Target, at a minimum, all first birth families in the county; and

(e) Ensure that home visiting services provided by [*local health departments*] **regional public health authorities** for children and pregnant women support and are coordinated with local Healthy Start Family Support Services programs.

(4) Through a Healthy Start Family Support Services program, a trained family support worker or nurse shall be assigned to each family assessed as at risk that consents to receive services through the worker or nurse. The worker or nurse shall conduct home visits and assist the family in gaining access to needed services.

(5) The services required by this section shall be provided by hospitals, public or private entities or organizations, or any combination thereof, capable of providing all or part of the family risk assessment and the follow-up services. In granting a contract, a local commission may utilize

collaborative contracting or requests for proposals and shall take into consideration the most effective and consistent service delivery system.

(6) The family risk assessment and follow-up services for families at risk shall be provided by trained family support workers or nurses organized in teams supervised by a manager and including a family services coordinator who is available to consult.

(7) Each Healthy Start Family Support Services program shall adopt disciplinary procedures for family support workers, nurses and other employees of the program. The procedures shall provide appropriate disciplinary actions for family support workers, nurses and other employees who violate federal or state law or the policies of the program.

SECTION 174. ORS 417.795, as amended by sections 53 and 95, chapter 37, Oregon Laws 2012, is amended to read:

417.795. (1) The Early Learning Council shall establish Healthy Start Family Support Services programs in all counties of this state as funding becomes available.

(2) These programs shall be nonstigmatizing, voluntary and designed to achieve the appropriate early childhood benchmarks and shall:

(a) Ensure that express written consent is obtained from the family prior to any release of information that is protected by federal or state law and before the family receives any services;

(b) Ensure that services are voluntary and that, if a family chooses not to accept services or ends services, there are no adverse consequences for those decisions;

(c) Offer a voluntary comprehensive screening and risk assessment of all newly born children and their families;

(d) Ensure that the disclosure of information gathered in conjunction with the voluntary comprehensive screening and risk assessment of children and their families is limited pursuant to ORS 417.728 (7) to the following purposes:

(A) Providing services under the programs to children and families who give their express written consent;

(B) Providing statistical data that are not personally identifiable;

(C) Accomplishing other purposes for which the family has given express written consent; and

(D) Meeting the requirements of mandatory state and federal disclosure laws;

(e) Ensure that risk factors used in the risk assessment are limited to those risk factors that have been shown by research to be associated with poor outcomes for children and families;

(f) Identify, as early as possible, families that would benefit most from the programs;

(g) Provide parenting education and support services, including but not limited to community-based home visiting services and primary health care services;

(h) Provide other supports, including but not limited to referral to and linking of community and public services for children and families such as mental health services, alcohol and drug treatment programs that meet the standards promulgated by the Oregon Health Authority under ORS 430.357, child care, food, housing and transportation;

(i) Coordinate services for children consistent with other services provided through the Oregon Early Learning System;

(j) Provide follow-up services and supports from zero through six years of age;

(k) Integrate data with any common data system for early childhood programs;

(L) Be included in a statewide independent evaluation to document:

(A) Level of screening and assessment;

(B) Incidence of child abuse and neglect;

(C) Change in parenting skills; and

(D) Rate of child development;

(m) Be included in a statewide training program in the dynamics of the skills needed to provide early childhood services, such as assessment and home visiting; and

(n) Meet statewide quality assurance and quality improvement standards.

(3) The Healthy Start Family Support Services programs, [*local health departments*] **regional public health authorities** and other providers of prenatal and perinatal services in counties shall:

(a) Identify existing services and describe and prioritize additional services necessary for a voluntary home visit system;

(b) Build on existing programs;

(c) Maximize the use of volunteers and other community resources that support all families;

(d) Target, at a minimum, all first birth families in the county; and

(e) Ensure that home visiting services provided by [*local health departments*] **regional public health authorities** for children and pregnant women support and are coordinated with local Healthy Start Family Support Services programs.

(4) Through a Healthy Start Family Support Services program, a trained family support worker or nurse shall be assigned to each family assessed as at risk that consents to receive services through the worker or nurse. The worker or nurse shall conduct home visits and assist the family in gaining access to needed services.

(5) The services required by this section shall be provided by hospitals, public or private entities or organizations, or any combination thereof, capable of providing all or part of the family risk assessment and the follow-up services. In granting a contract, collaborative contracting or requests for proposals may be used and must include the most effective and consistent service delivery system.

(6) The family risk assessment and follow-up services for families at risk shall be provided by trained family support workers or nurses organized in teams supervised by a manager and including a family services coordinator who is available to consult.

(7) Each Healthy Start Family Support Services program shall adopt disciplinary procedures for family support workers, nurses and other employees of the program. The procedures shall provide appropriate disciplinary actions for family support workers, nurses and other employees who violate federal or state law or the policies of the program.

SECTION 175. ORS 418.325 is amended to read:

418.325. (1) A child-caring agency shall safeguard the health of each ward or other dependent or delinquent child in its care by providing for medical examinations of each child by a qualified physician at the following intervals:

(a) Three examinations during the first year of the child's life;

(b) One examination during the second year of the child's life;

(c) One examination at the age of four;

(d) One examination at the age of six;

(e) One examination at the age of nine; and

(f) One examination at the age of 14.

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

(3) Any testing that occurs at intervals other than those specified in subsections (1) and (2) of

this section shall not be considered to be in lieu of the required examinations. However, nothing in subsections (1) and (2) of this section is intended to limit more frequent examinations that are dictated by the general state of the child's health or by any particular condition.

(4) Within 90 days of obtaining guardianship over a child under six years of age, a child-caring agency shall provide for such child to be:

(a) Inoculated as determined appropriate by the [*county public health department*] **regional public health authority**; and

(b) Tested for:

(A) Phenylketonuria pursuant to ORS 433.285;

(B) Visual and aural acuity consistent with the child's age;

(C) Sickle-cell anemia;

(D) Effects of rubella, if any;

(E) Effects of parental venereal disease, if any; and

(F) The hereditary or congenital effects of parental use of drugs or controlled substances.

(5) Within six months prior to the transfer for adoption of the custody of a child by a child-caring agency to the prospective adoptive parents of such child, the child-caring agency shall provide for such child to have a complete physical examination by a physician, including but not limited to inspection for evidence of child abuse in accordance with rules of the Department of Human Services, and be tested for visual and aural acuity consistent with the child's age.

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

(7) This section does not apply to a private residential boarding school as defined in ORS 418.205 (5)(a).

SECTION 176. ORS 418.714 is amended to read:

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

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

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

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

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

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

(e) Generating recommendations for improving community response to and prevention of domestic violence.

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

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

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

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

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

(e) Law enforcement personnel;

(f) Civil legal services attorneys;

(g) Protective services workers;

(h) Community corrections professionals;

(i) Judges, court administrators or their representatives;

(j) Perpetrator treatment providers;

(k) A survivor of domestic violence; and

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

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

(5) Upon formation and before reviewing its first case, a fatality review team shall adopt a written protocol for review of domestic violence fatalities. The protocol must be designed to facilitate communication among organizations and agencies involved in domestic violence cases so that incidents of domestic violence and domestic violence fatalities are identified and prevented. The protocol shall define procedures for case review and preservation of confidentiality, and shall identify team members.

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

(7) To ensure consistent and uniform results, fatality review teams may collect and summarize data to show the statistical occurrence of domestic violence fatalities in the team's county.

(8) Each organization or agency represented on a fatality review team may share with other members of the team information concerning the victim who is the subject of the review. Any information shared between team members is confidential.

(9) An individual who is a member of an organization or agency that is represented on a fatality review team is not required to disclose information. The intent of this section and ORS 418.718 is to allow the voluntary disclosure of information.

(10) An oral or written communication or a document related to a domestic violence fatality review that is shared within or produced by a fatality review team is confidential, not subject to disclosure and not discoverable by a third party. An oral or written communication or a document provided by a third party to a fatality review team is confidential, not subject to disclosure and not discoverable by a third party. All information and records acquired by a team in the exercise of its duties are confidential and may be disclosed only as necessary to carry out the purposes of the fatality review. However, recommendations of a team upon the completion of a review may be disclosed without personal identifiers at the discretion of two-thirds of the members of the team.

(11) Information, documents and records otherwise available from other sources are not immune from discovery or introduction into evidence solely because the information, documents or records were presented to or reviewed by a fatality review team.

(12) ORS 192.610 to 192.690 do not apply to meetings of a fatality review team.

(13) Each fatality review team shall develop written agreements signed by member organizations and agencies that specify the organizations' and agencies' understanding of and agreement with the

principles outlined in this section.

SECTION 177. ORS 418.747 is amended to read:

418.747. (1) The district attorney in each county shall be responsible for developing county multidisciplinary child abuse teams to consist of but not be limited to law enforcement personnel, Department of Human Services child protective service workers, school officials, [*county health department*] **regional public health authority** personnel, county mental health department personnel who have experience with children and family mental health issues, child abuse intervention center workers, if available, and juvenile department representatives, as well as others specially trained in child abuse, child sexual abuse and rape of children investigation.

(2) The teams shall develop a written protocol for immediate investigation of and notification procedures for child abuse cases and for interviewing child abuse victims. Each team also shall develop written agreements signed by member agencies that are represented on the team that specify:

(a) The role of each agency;

(b) Procedures to be followed to assess risks to the child;

(c) Guidelines for timely communication between member agencies;

(d) Guidelines for completion of responsibilities by member agencies;

(e) That upon clear disclosure that the alleged child abuse occurred in a child care facility as defined in ORS 657A.250, immediate notification of parents or guardians of children attending the child care facility is required regarding any abuse allegation and pending investigation; and

(f) Criteria and procedures to be followed when removal of the child is necessary for the child's safety.

(3) Each team member and the personnel conducting child abuse investigations and interviews of child abuse victims shall be trained in risk assessment, dynamics of child abuse, child sexual abuse and rape of children and legally sound and age appropriate interview and investigatory techniques.

(4) All investigations of child abuse and interviews of child abuse victims shall be carried out by appropriate personnel using the protocols and procedures called for in this section. If trained personnel are not available in a timely fashion and, in the judgment of a law enforcement officer or child protective services worker, there is reasonable cause to believe a delay in investigation or interview of the child abuse victim could place the child in jeopardy of physical harm, the investigation may proceed without full participation of all personnel. This authority applies only for as long as reasonable danger to the child exists. A law enforcement officer or child protective services worker shall make a reasonable effort to find and provide a trained investigator or interviewer.

(5) To ensure the protection and safe placement of a child, the Department of Human Services may request that team members obtain criminal history information on any person who is part of the household where the department may place or has placed a child who is in the department's custody. All information obtained by the team members and the department in the exercise of their duties is confidential and may be disclosed only when necessary to ensure the safe placement of a child.

(6) Each team shall classify, assess and review cases under investigation.

(7)(a) Each team shall develop and implement procedures for evaluating and reporting compliance of member agencies with the protocols and procedures required under this section. Each team shall submit to the administrator of the Child Abuse Multidisciplinary Intervention Program copies of the protocols and procedures required under this section and the results of the evaluation as requested.

(b) The administrator may:

(A) Consider the evaluation results when making eligibility determinations under ORS 418.746 (3);

(B) If requested by the Advisory Council on Child Abuse Assessment, ask a team to revise the protocols and procedures being used by the team based on the evaluation results; or

(C) Ask a team to evaluate the team's compliance with the protocols and procedures in a particular case.

(c) The information and records compiled under this subsection are exempt from ORS 192.410 to 192.505.

(8) Each team shall develop policies that provide for an independent review of investigation procedures of sensitive cases after completion of court actions on particular cases. The policies shall include independent citizen input. Parents of child abuse victims shall be notified of the review procedure.

(9) Each team shall designate at least one physician, physician assistant or nurse practitioner who has been trained to conduct child abuse medical assessments, as defined in ORS 418.782, and who is, or who may designate another physician, physician assistant or nurse practitioner who is, regularly available to conduct the medical assessment described in ORS 419B.023.

(10) If photographs are taken pursuant to ORS 419B.028, and if the team meets to discuss the case, the photographs shall be made available to each member of the team at the first meeting regarding the child's case following the taking of the photographs.

(11) No later than September 1, 2008, each team shall submit to the Department of Justice a written summary identifying the designated medical professional described in subsection (9) of this section. After that date, this information shall be included in each regular report to the Department of Justice.

(12) If, after reasonable effort, the team is not able to identify a designated medical professional described in subsection (9) of this section, the team shall develop a written plan outlining the necessary steps, recruitment and training needed to make such a medical professional available to the children of the county. The team shall also develop a written strategy to ensure that each child in the county who is a suspected victim of child abuse will receive a medical assessment in compliance with ORS 419B.023. This strategy, and the estimated fiscal impact of any necessary recruitment and training, shall be submitted to the Department of Justice no later than September 1, 2008. This information shall be included in each regular report to the Department of Justice for each reporting period in which a team is not able to identify a designated medical professional described in subsection (9) of this section.

SECTION 178. ORS 418.785 is amended to read:

418.785. (1) Each county multidisciplinary child abuse team shall establish a child fatality review team to conduct child fatality reviews. The purpose of the review process is to help prevent severe and fatal child abuse and neglect by:

(a) Identifying local and state issues related to preventable child fatalities; and

(b) Promoting implementation of recommendations at the county level.

(2) In establishing the review process and carrying out reviews, the child fatality review team shall be assisted by the [*county medical examiner or county health*] **regional medical examiner or a regional public health authority** officer as well as other professionals who are specially trained in areas relevant to the purpose of the team.

(3) The categories of fatalities reviewed by the child fatality review team include:

(a) Child fatalities in which child abuse or neglect may have occurred at any time prior to death or may have been a factor in the fatality;

(b) Any category established by the county multidisciplinary child abuse team;

(c) All child fatalities where the child is less than 18 years of age and there is an autopsy performed by the medical examiner; and

(d) Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS 418.748.

(4) A child fatality review team shall develop a written protocol for review of child fatalities. The protocol shall be designed to facilitate communication and the exchange of information between persons who perform autopsies and those professionals and agencies concerned with the prevention, investigation and treatment of child abuse and neglect.

(5) Within the guidelines, and in a format, established by the statewide interdisciplinary team established under ORS 418.748, the child fatality review team shall provide the statewide interdisciplinary team with information regarding the categories of child fatalities described under subsection (3) of this section.

(6) Upon the conclusion of a criminal case involving a child fatality, or upon the conclusion of a direct appeal if one is taken, the district attorney may submit a letter to the Governor and the Director of Human Services outlining recommendations for the systemic improvement of child abuse investigations.

SECTION 179. ORS 419B.005, as amended by section 60, chapter 37, Oregon Laws 2012, and section 1, chapter 92, Oregon Laws 2012, is amended to read:

419B.005. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163.

(D) Sexual abuse, as described in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution or to patronize a prostitute, as defined in ORS chapter 167.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.

(J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child's health or safety.

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who is under 18 years of age.

(3) "Higher education institution" means:

(a) A community college as defined in ORS 341.005;

(b) A public university listed in ORS 352.002;

(c) The Oregon Health and Science University; and

(d) A private institution of higher education located in Oregon.

(4) "Law enforcement agency" means:

(a) A city or municipal police department.

(b) A county sheriff's office.

(c) The Oregon State Police.

(d) A police department established by a university under ORS 352.383.

(e) A county juvenile department.

(5) "Public or private official" means:

(a) Physician, osteopathic physician, physician assistant, naturopathic physician, podiatric physician and surgeon, including any intern or resident.

(b) Dentist.

(c) School employee, including an employee of a higher education institution.

(d) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.

(e) Employee of the Department of Human Services, Oregon Health Authority, Early Learning Council, Youth Development Council, Child Care Division of the Employment Department, the Oregon Youth Authority, a [*county health department*] **regional public health authority**, a community mental health program, a community developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Regulated social worker.

(j) Optometrist.

(k) Chiropractor.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Licensed professional counselor.

(o) Licensed marriage and family therapist.

(p) Firefighter or emergency medical services provider.

(q) A court appointed special advocate, as defined in ORS 419A.004.

(r) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

(s) Member of the Legislative Assembly.

(t) Physical, speech or occupational therapist.

(u) Audiologist.

(v) Speech-language pathologist.

(w) Employee of the Teacher Standards and Practices Commission directly involved in investigations or discipline by the commission.

(x) Pharmacist.

(y) An operator of a preschool recorded program under ORS 657A.255.

(z) An operator of a school-age recorded program under ORS 657A.257.

(aa) Employee of a private agency or organization facilitating the provision of respite services, as defined in ORS 418.205, for parents pursuant to a properly executed power of attorney under ORS 109.056.

(bb) Employee of a public or private organization providing child-related services or activities:

(A) Including but not limited to youth groups or centers, scout groups or camps, summer or day camps, survival camps or groups, centers or camps that are operated under the guidance, supervision or auspices of religious, public or private educational systems or community service organizations; and

(B) Excluding community-based, nonprofit organizations whose primary purpose is to provide confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking.

(cc) A coach, assistant coach or trainer of an amateur, semiprofessional or professional athlete, if compensated and if the athlete is a child.

SECTION 180. ORS 426.070 is amended to read:

426.070. (1) Any of the following may initiate commitment procedures under this section by giving the notice described under subsection (2) of this section:

(a) Two persons;

(b) The [*county health officer*] **regional public health administrator**; or

(c) Any magistrate.

(2) For purposes of subsection (1) of this section, the notice must comply with the following:

(a) It must be in writing under oath;

(b) It must be given to the community mental health program director or a designee of the director in the county where the allegedly mentally ill person resides;

(c) It must state that a person within the county other than the person giving the notice is a mentally ill person and is in need of treatment, care or custody;

(d) If the commitment proceeding is initiated by two persons under subsection (1)(a) of this section, it may include a request that the court notify the two persons:

(A) Of the issuance or nonissuance of a warrant under this section; or

(B) Of the court's determination under ORS 426.130 (1); and

(e) If the notice contains a request under paragraph (d) of this subsection, it must also include the addresses of the two persons making the request.

(3) Upon receipt of a notice under subsections (1) and (2) of this section or when notified by a circuit court that the court received notice under ORS 426.234, the community mental health program director, or designee of the director, shall:

(a) Immediately notify the judge of the court having jurisdiction for that county under ORS

426.060 of the notification described in subsections (1) and (2) of this section.

(b) Immediately notify the Oregon Health Authority if commitment is proposed because the person appears to be a mentally ill person, as defined in ORS 426.005 (1)(e)(C). When such notice is received, the authority may verify, to the extent known by the authority, whether or not the person meets the criteria described in ORS 426.005 (1)(e)(C)(i) and (ii) and so inform the community mental health program director or designee of the director.

(c) Initiate an investigation under ORS 426.074 to determine whether there is probable cause to believe that the person is in fact a mentally ill person.

(4) Upon completion, a recommendation based upon the investigation report under ORS 426.074 shall be promptly submitted to the court. If the community mental health program director determines that probable cause does not exist to believe that a person released from detention under ORS 426.234 (2)(c) or (3)(b) is a mentally ill person, the community mental health program director shall not submit a recommendation to the court.

(5) When the court receives notice under subsection (3) of this section:

(a) If the court, following the investigation, concludes that there is probable cause to believe that the person investigated is a mentally ill person, it shall, through the issuance of a citation as provided in ORS 426.090, cause the person to be brought before it at a time and place as it may direct, for a hearing under ORS 426.095 to determine whether the person is mentally ill. The person shall be given the opportunity to appear voluntarily at the hearing unless the person fails to appear or unless the person is detained pursuant to paragraph (b) of this subsection.

(b)(A) The judge may cause the allegedly mentally ill person to be taken into custody pending the investigation or hearing by issuing a warrant of detention under this subsection. A judge may only issue a warrant under this subsection if the court finds that there is probable cause to believe that failure to take the person into custody would pose serious harm or danger to the person or to others.

(B) To cause the custody of a person under this paragraph, the judge must issue a warrant of detention to the community mental health program director or designee, the sheriff of the county or designee, directing that person to take the allegedly mentally ill person into custody and produce the person at the time and place stated in the warrant.

(C) At the time the person is taken into custody, the person shall be informed by the community mental health program director, the sheriff or a designee of the following:

(i) The person's rights with regard to representation by or appointment of counsel as described in ORS 426.100;

(ii) The warning under ORS 426.123; and

(iii) The person's right, if the community mental health program director, sheriff or designee reasonably suspects that the person is a foreign national, to communicate with an official from the consulate of the person's country. A community mental health program director, sheriff or designee is not civilly or criminally liable for failure to provide the information required by this sub-subparagraph. Failure to provide the information required by this sub-subparagraph does not in itself constitute grounds for the exclusion of evidence that would otherwise be admissible in a proceeding.

(D) The court may make any orders for the care and custody of the person prior to the hearing as it considers necessary.

(c) If the notice includes a request under subsection (2)(d)(A) of this section, the court shall notify the two persons of the issuance or nonissuance of a warrant under this subsection.

SECTION 181. ORS 426.170 is amended to read:

426.170. If any person is adjudged mentally ill and ordered committed to the Oregon Health Authority, a copy of the complete record in the case, certified to by the court clerk or court administrator, shall be given to the [*health officer of the county*] **regional public health administrator**, or to the sheriff, for delivery to the director of the facility to which such mentally ill person is assigned. The record shall include the name, residence, nativity, sex and age of such mentally ill person and all other information that may be required by the rules and regulations promulgated by the authority.

SECTION 182. ORS 426.335 is amended to read:

426.335. The following limitations on liability and circumstances are applicable to situations within this chapter and ORS 430.397 to 430.401:

(1) None of the following shall in any way be held criminally or civilly liable for the making of the notification under ORS 426.070, provided the person acts in good faith, on probable cause and without malice:

(a) The community mental health program director or designee of the director.

(b) The two petitioning persons.

(c) The [*county health officer*] **regional public health administrator**.

(d) Any magistrate.

(e) Any peace officer or parole and probation officer.

(f) Any physician attending the allegedly mentally ill person.

(g) The physician attached to a hospital or institution wherein the allegedly mentally ill person is a patient.

(2) The person conducting the investigation under ORS 426.070 and 426.074 shall not be held criminally or civilly liable for conducting the investigation, provided the investigator acts in good faith, on probable cause and without malice.

(3) The person representing the state's interest under ORS 426.100 shall not be held criminally or civilly liable for performing responsibilities under ORS 426.100 as long as the person acts in good faith and without malice.

(4) No person appointed under ORS 426.110 to conduct an examination under ORS 426.120 shall be held criminally or civilly liable for actions pursuant to ORS 426.120 if the examiner acts in good faith and without malice.

(5) No physician, hospital or judge shall be held criminally or civilly liable for actions pursuant to ORS 426.228, 426.231, 426.232, 426.234 or 426.235 if the physician, hospital or judge acts in good faith, on probable cause and without malice.

(6) No peace officer, person authorized under ORS 426.233, community mental health director or designee, hospital or other facility, physician or judge shall in any way be held criminally or civilly liable for actions pursuant to ORS 426.228 to 426.235 if the individual or facility acts in good faith, on probable cause and without malice.

(7) Any guardian, relative or friend of a mentally ill person who assumes responsibility for the mentally ill person under a conditional release under ORS 426.125 shall not be liable for any damages that are sustained by any person on account of the misconduct of the mentally ill person while on conditional release if the guardian, relative or friend acts in good faith and without malice.

(8) The persons designated in this subsection shall not be liable for damages that are sustained by any person or property on account of the misconduct of a mentally ill person while the mentally ill person is on outpatient commitment under ORS 426.127 if the designated person acts without willful and wanton neglect of duty. This subsection is applicable to all of the following:

(a) The community mental health program director and the designee of the director for the county in which the committed person resides.

(b) The superintendent or director of any staff of any facility where the mentally ill person receives treatment during the outpatient commitment.

(c) The Director of the Oregon Health Authority.

(d) The physician and the facility granting an outpatient commitment to a patient.

(9) For trial visits granted under ORS 426.273 and 426.275:

(a) None of the following shall be liable for a patient's expenses while on trial visit:

(A) The physician and the facility granting a trial visit to a patient;

(B) The superintendent or director of the facility granting a trial visit;

(C) The Director of the Oregon Health Authority; and

(D) The chief medical officer of the facility.

(b) The following persons shall not be liable for damages that are sustained by any person on account of the misconduct of such patient while on trial visit if the person acts without willful and wanton neglect of duty:

(A) The community mental health program director for the county in which the person resides;

(B) The superintendent, director or chief medical officer of any facility granting a trial visit to a patient;

(C) The physician responsible for the patient's trial visit;

(D) The Director of the Oregon Health Authority; or

(E) The employees and agents of persons listed in this paragraph.

SECTION 183. ORS 430.735 is amended to read:

430.735. As used in ORS 430.735 to 430.765:

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

(a) Abandonment, including desertion or willful forsaking of a person with a developmental disability or the withdrawal or neglect of duties and obligations owed a person with a developmental disability by a caregiver or other person.

(b) Any physical injury to an adult caused by other than accidental means, or that appears to be at variance with the explanation given of the injury.

(c) Willful infliction of physical pain or injury upon an adult.

(d) Sexual abuse of an adult.

(e) Neglect.

(f) Verbal abuse of a person with a developmental disability.

(g) Financial exploitation of a person with a developmental disability.

(h) Involuntary seclusion of a person with a developmental disability for the convenience of the caregiver or to discipline the person.

(i) A wrongful use of a physical or chemical restraint upon a person with a developmental disability, excluding an act of restraint prescribed by a licensed physician and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.

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

(k) Any death of an adult caused by other than accidental or natural means.

(2) "Adult" means a person 18 years of age or older with:

(a) A developmental disability who is currently receiving services from a community program or facility or was previously determined eligible for services as an adult by a community program

or facility; or

(b) A mental illness who is receiving services from a community program or facility.

(3) "Adult protective services" means the necessary actions taken to prevent abuse or exploitation of an adult, to prevent self-destructive acts and to safeguard an adult's person, property and funds, including petitioning for a protective order as defined in ORS 125.005. Any actions taken to protect an adult shall be undertaken in a manner that is least intrusive to the adult and provides for the greatest degree of independence.

(4) "Caregiver" means an individual, whether paid or unpaid, or a facility that has assumed responsibility for all or a portion of the care of an adult as a result of a contract or agreement.

(5) "Community program" means a community mental health program or a community developmental disabilities program as established in ORS 430.610 to 430.695.

(6) "Facility" means a residential treatment home or facility, residential care facility, adult foster home, residential training home or facility or crisis respite facility.

(7) "Financial exploitation" means:

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

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

(c) Misappropriating, misusing or transferring without authorization any money from any account held jointly or singly by a person with a developmental disability.

(d) Failing to use the income or assets of a person with a developmental disability effectively for the support and maintenance of the person.

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

(9) "Law enforcement agency" means:

(a) Any city or municipal police department;

(b) A police department established by a university under ORS 352.383;

(c) Any county sheriff's office;

(d) The Oregon State Police; or

(e) Any district attorney.

(10) "Neglect" means:

(a) Failure to provide the care, supervision or services necessary to maintain the physical and mental health of a person with a developmental disability that may result in physical harm or significant emotional harm to the person;

(b) The failure of a caregiver to make a reasonable effort to protect a person with a developmental disability from abuse; or

(c) Withholding of services necessary to maintain the health and well-being of an adult which leads to physical harm of an adult.

(11) "Person with a developmental disability" means a person described in subsection (2)(a) of this section.

(12) "Public or private official" means:

(a) Physician, naturopathic physician, osteopathic physician, psychologist, chiropractor or podiatric physician and surgeon, including any intern or resident;

(b) Licensed practical nurse, registered nurse, nurse's aide, home health aide or employee of an in-home health service;

(c) Employee of the Department of Human Services or Oregon Health Authority, [*county health department*] **public health authority**, community mental health program or community developmental disabilities program or private agency contracting with a public body to provide any community mental health service;

(d) Peace officer;

(e) Member of the clergy;

(f) Regulated social worker;

(g) Physical, speech or occupational therapist;

(h) Information and referral, outreach or crisis worker;

(i) Attorney;

(j) Licensed professional counselor or licensed marriage and family therapist;

(k) Any public official who comes in contact with adults in the performance of the official's duties; or

(L) Firefighter or emergency medical services provider.

(13) "Services" includes but is not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene or any other service essential to the well-being of an adult.

(14)(a) "Sexual abuse" means:

(A) Sexual contact with a nonconsenting adult or with an adult considered incapable of consenting to a sexual act under ORS 163.315;

(B) Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit material or language;

(C) Any sexual contact between an employee of a facility or paid caregiver and an adult served by the facility or caregiver;

(D) Any sexual contact between a person with a developmental disability and a relative of the person with a developmental disability other than a spouse; or

(E) Any sexual contact that is achieved through force, trickery, threat or coercion.

(b) "Sexual abuse" does not mean consensual sexual contact between an adult and a paid caregiver who is the spouse of the adult.

(15) "Sexual contact" has the meaning given that term in ORS 163.305.

(16) "Verbal abuse" means to threaten significant physical or emotional harm to a person with a developmental disability through the use of:

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

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

SECTION 184. ORS 430.920 is amended to read:

430.920. (1) The attending health care provider shall perform during the first trimester of pregnancy or as early as possible a risk assessment which shall include an assessment for drug and alcohol usage. If the results of the assessment indicate that the patient uses or abuses drugs or alcohol or uses unlawful controlled substances, the provider shall tell the patient about the potential health effects of continued substance abuse and recommend counseling by a trained drug or alcohol abuse counselor.

(2) The provider shall supply to the [*local*] **regional** public health administrator, and to the Alcohol and Drug Policy Commission for purposes of the commission's accountability and data collection system, demographic information concerning patients described in subsection (1) of this

section without revealing the identity of the patients. The [*local*] **regional public health** administrator shall use forms prescribed by the Oregon Health Authority and shall send copies of the forms and any compilation made from the forms to the authority at such times as the authority may require by rule.

(3) The provider, if otherwise authorized, may administer or prescribe controlled substances that relieve withdrawal symptoms and assist the patient in reducing the need for unlawful controlled substances according to medically acceptable practices.

SECTION 185. ORS 430.925 is amended to read:

430.925. Subject to the availability of federal funds, the Oregon Health Authority shall design and place in operation [*as soon as possible after August 5, 1989,*] two demonstration pilot projects in [*local health departments*] **regional public health authorities** to alleviate the health related problems of pregnant and postpartum women and their infants which arise from substance use. One project shall be within a metropolitan statistical area and one project shall be in a rural area outside of a metropolitan statistical area. The project designs shall take account of the findings, policies and intent of ORS 430.900 to 430.930. Projects shall incorporate promising or innovative services and activities intended to realize the following goals:

(1) Promote the involvement and coordinated participation of multiple organizations in the delivery of comprehensive services for substance-using pregnant and postpartum women and their infants;

(2) Increase the availability and accessibility of prevention, early intervention and treatment services for these populations;

(3) Improve the identification of substance-using women and their recruitment into and retention in appropriate treatment programs;

(4) Decrease the incidence and prevalence of drug and alcohol use among pregnant and postpartum women;

(5) Decrease the incidence of pregnancy among women who use alcohol and other drugs through intensive family planning counseling and referral;

(6) Improve the birth outcomes of women who used alcohol and other drugs during pregnancy and to decrease the incidence of infants affected by maternal substance use;

(7) Reduce the severity of impairment among children born to substance-using women; and

(8) Promote continuing education among health providers to improve identification of pregnant women at risk of substance abuse or abusing substances and improved services to these women and their infants.

SECTION 186. Section 77, chapter 37, Oregon Laws 2012, is amended to read:

Sec. 77. (1) As used in this section, "community-based coordinator of early learning services" means counties, cities, school districts, education service districts, community colleges, public universities, private educational institutions, faith-based organizations, nonprofit service providers, tribes and any other entity that meets the minimum criteria to be a community-based coordinator of early learning services, as determined by the Early Learning Council.

(2) The Early Learning Council shall implement and oversee a system that coordinates the delivery of early learning services to the communities of this state through the use of community-based coordinators of early learning services.

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

(a) Providers of early learning services are accountable;

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

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

(4) An entity may become a community-based coordinator of early learning services by submitting to the council an application that demonstrates the following:

(a) The entity is able to coordinate the provision of early learning services to the community that will be served by the entity. An entity may make the demonstration required by this paragraph by submitting evidence that local stakeholders, including but not limited to service providers, parents, community members, county governments, local governments and school districts, have participated in the development of the application.

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

(c) The entity will make advantageous use of the system of public health care and services available through [*county health departments*] **regional public health authorities** and other publicly supported programs delivered through, or in partnership with, [*counties*] **regional public health authorities**.

(d) The entity has a governing body or an advisory body that:

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

(B) Has members selected through a transparent process.

(e) The entity will collaborate on documentation related to coordinated services with public and private entities that are identified by the Early Learning Council as providers of services that advance the early learning of children.

(f) The entity will serve a community that is based on the population and service needs of the community.

(g) The entity is able to raise significant funds from public and private sources to support early learning services coordinated by the entity.

(h) The entity meets any other qualifications established by the Early Learning Council.

(5) The Early Learning Council may develop requirements in addition to the requirements described in subsections (3) and (4) of this section that an entity must meet to qualify as a community-based coordinator of early learning services. When developing the requirements, the council must use a statewide public process of community engagement that is consistent with the requirements of the federal Head Start Act.

(6) When determining whether to designate an entity as a community-based coordinator of early learning services, the Early Learning Council shall balance the following factors:

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

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

(c) The entity's resourcefulness.

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

(7) The Early Learning Council may alter the lines of the territory served by a community-based coordinator of early learning services only to ensure that all children of this state are served by a community-based coordinator of early learning services.

(8) An entity designated as a community-based coordinator of early learning services may not use more than 15 percent of the moneys received by the entity from the Early Learning Council to pay administrative costs of the entity.

SECTION 187. Sections 1 to 5 of this 2013 Act, the amendments to statutes and session laws by sections 6 to 30, 32 to 129, 131 to 137 and 139 to 186 of this 2013 Act and the repeal of statutes by sections 31, 130 and 138 of this 2013 Act become operative on January 1, 2016.

SECTION 188. (1) The Oregon Health Authority may take any action before the operative date specified in section 187 of this 2013 Act that is necessary for a regional public health authority, regional public health administrator, regional registrar or regional medical examiner to exercise, on and after the operative date specified in section 187 of this 2013 Act, all of the duties, functions and powers conferred on the authority, administrator, registrar or examiner by sections 1 to 5 of this 2013 Act and the amendments to statutes and session laws by sections 6 to 30, 32 to 129, 131 to 137 and 139 to 186 of this 2013 Act.

(2) Regional public health administrators, regional registrars and regional medical examiners may be appointed or designated before the operative date specified in section 187 of this 2013 Act and may take any actions before that date that are necessary to enable the administrators, registrars and examiners to exercise, on and after the operative date specified in section 187 of this 2013 Act, all of the duties, functions and powers conferred on their offices by sections 1 to 5 of this 2013 Act and the amendments to statutes by sections 6 to 30, 32 to 129, 131 to 137 and 139 to 186 of this 2013 Act.

SECTION 189. This 2013 Act takes effect on the 91st day after the date on which the 2013 regular session of the Seventy-seventh Legislative Assembly adjourns sine die.