

**PROPOSED AMENDMENTS TO  
A-ENGROSSED HOUSE BILL 3396**

1 On page 1 of the printed A-engrossed bill, line 2, after “ORS” delete the  
2 rest of the line and delete line 3 and insert “315.613, 315.616, 315.622, 348.570,  
3 413.017, 413.231, 413.435, 442.563, 442.570, 442.574 and 677.141 and section 25,  
4 chapter 913, Oregon Laws 2009; repealing ORS 315.619, 348.303, 413.018,  
5 413.127, 413.233, 442.535, 442.540, 442.545, 442.561, 442.562, 442.564, 442.573,  
6 442.574, 676.550, 676.552, 676.554 and 676.556; and prescribing an effective  
7 date.”.

8 After line 4, insert:

9

10 **“HEALTH CARE PROVIDER INCENTIVE PROGRAMS”.**

11

12 In line 8, after “Oregon” delete the rest of the line and line 9 and insert  
13 “Health Authority to carry out ORS 442.574 and section 2 of this 2015 Act.

14 **“SECTION 2. (1) There is created in the Oregon Health Authority**  
15 **a loan repayment program for the purpose of assisting primary care**  
16 **providers who have committed to serving medical assistance recipients**  
17 **in rural or medically underserved areas of this state.**

18 **“(2) The authority shall prescribe by rule:**

19 **“(a) Participant eligibility criteria, including the types of primary**  
20 **care providers who may participate in the program;**

21 **“(b) The terms and conditions of participation in the program, in-**  
22 **cluding the duration of the term for which a participant makes a**

1 **commitment under subsection (1) of this section;**

2 **“(c) The types of loans for which payments may be provided;**

3 **“(d) The priority for distribution of funds allocated to the program**  
4 **from the Health Care Provider Incentive Fund established under sec-**  
5 **tion 1 of this 2015 Act if the funds are insufficient to provide assistance**  
6 **to all of the applicants who are eligible to participate in the program;**  
7 **and**

8 **“(e) The financial penalties imposed on a participant who fails to**  
9 **complete the term of the commitment.**

10 **“(3) The authority may enter into contracts with one or more public**  
11 **or private entities to administer the program or parts of the program.**

12 **“(4) The rules adopted by the authority under subsection (2) of this**  
13 **section must include naturopathic physicians licensed under ORS**  
14 **chapter 685 as a type of primary care provider who may participate in**  
15 **the program.”.**

16 In line 10, delete “2” and insert “3” and delete “(1)”.

17 Delete lines 15 through 24 and delete pages 2 through 4 and insert:

18 **“SECTION 4. (1) The Oregon Health Policy Board shall study the**  
19 **effectiveness of current financial incentives offered by the state to**  
20 **recruit and maintain primary care providers in rural and medically**  
21 **underserved areas. The board shall develop recommendations for the**  
22 **Legislative Assembly with respect to the continuation, restructuring,**  
23 **consolidation or repeal of existing incentives and may recommend new**  
24 **incentives. The recommendations must address:**

25 **“(a) Financial assistance programs for students in both the publicly**  
26 **funded and private institutions in this state that provide post-graduate**  
27 **training in medical fields;**

28 **“(b) Loans, grants or other financial incentives to hospitals and**  
29 **teaching health centers for the purpose of establishing or expanding**  
30 **primary care residency programs, including recommendations for the**

1 eligibility criteria, repayment provisions, interest rates and other re-  
2 quirements for financial incentives;

3 “(c) Low-interest loans, short-term emergency funding or grants for  
4 type A, B and C hospitals that are at risk of closure due to financial  
5 instability;

6 “(d) Direct subsidies or bonus payments to primary care practi-  
7 tioners for services provided in medically underserved areas;

8 “(e) Creating a retirement plan to offer to licensed or certified  
9 providers as an incentive to provide primary care, including oral and  
10 mental health care, in medically underserved areas and to medically  
11 underserved populations in this state;

12 “(f) The criteria for existing tax credits, including adding means  
13 testing or time limits;

14 “(g) Opportunities that are available to secure private or public,  
15 local or federal matching funds; and

16 “(h) The definitions of medically underserved areas and primary  
17 care.

18 “(2) In developing recommendations, the Oregon Health Policy  
19 Board may consult with the Graduate Medical Education Consortium,  
20 the Health Care Workforce Committee, the Oregon State Board of  
21 Nursing and other health care practitioner licensing boards.

22 “(3) The Oregon Health Policy Board may contract with a public  
23 or private entity to assist in the development of recommendations  
24 under this section.

25 “(4) The Oregon Health Policy Board shall report to the appropriate  
26 legislative committees on the progress in developing recommendations  
27 during the interim committee meetings in September and November  
28 of 2015. The board shall report its final recommendations to the Leg-  
29 islative Assembly, in the manner prescribed by ORS 192.245, no later  
30 than February 1, 2016.

1       **“SECTION 5. In addition to and not in lieu of any other appropri-**  
2 **ation, there is appropriated to the Oregon Health Authority, for the**  
3 **biennium beginning July 1, 2015, out of the General Fund, the amount**  
4 **of \$\_\_\_\_\_, which may be expended for carrying out section 4 of this**  
5 **2015 Act.**

6       **“SECTION 6.** ORS 442.574 is amended to read:

7       “442.574. (1) As used in this section:

8       “(a) ‘Participant’ means a person who has been selected by the [*Office of*  
9 *Rural Health*] **Oregon Health Authority** to receive a loan under subsection  
10 (4) of this section.

11       “(b) ‘Primary care practitioner’ means a:

12       “(A) Physician licensed under ORS chapter 677;

13       “(B) Physician assistant licensed under ORS 677.505 to 677.525; [*or*]

14       “(C) Nurse practitioner licensed under ORS 678.375; **or**

15       **“(D) Naturopathic physician licensed under ORS chapter 685.**

16       “(c) ‘Prospective primary care practitioner’ means a person who is en-  
17 rolled in a medical education program that meets the educational require-  
18 ments for licensure as a physician, physician assistant, [*or*] nurse  
19 practitioner **or naturopathic physician.**

20       “(d) ‘Service agreement’ means the agreement executed by a prospective  
21 primary care practitioner under subsection (3) of this section.

22       “(2) There is created the Primary Health Care Loan Forgiveness Program,  
23 to be administered by the [*office*] **authority** pursuant to rules adopted by the  
24 [*office*] **authority.**

25       “(3) A prospective primary care practitioner who wishes to participate in  
26 the program shall submit an application to the [*office*] **authority** in accord-  
27 ance with rules adopted by the [*office*] **authority.** To be eligible to be a  
28 participant in the program, a prospective primary care practitioner must:

29       “(a) Have completed the first year of the prospective primary care  
30 practitioner’s medical education;

1 “(b) Be enrolled in a medical education program in Oregon that empha-  
2 sizes training rural health care practitioners and is approved by the [office]  
3 **authority**;

4 “(c) Execute a service agreement stating that, immediately upon the pro-  
5 spective primary care practitioner’s completion of residency or training as  
6 established by the [office] **authority** by rule, the prospective primary care  
7 practitioner will practice as a primary care practitioner in a rural setting  
8 in this state approved by the [office] **authority** for at least as many years  
9 as the number of years for which the practitioner received loans from the  
10 Primary Health Care Loan Forgiveness Program; and

11 “(d) Meet other requirements established by the [office] **authority** by rule.

12 “(4) The [office] **authority** may select participants from among the pro-  
13 spective primary care practitioners who submit applications as provided in  
14 subsection (3) of this section. The [office] **authority** shall give preference to  
15 a prospective primary care practitioner who agrees to practice in a commu-  
16 nity that agrees to contribute funds to the [*Primary Health Care Loan*  
17 *Forgiveness Program Fund established in ORS 442.573*] **Health Care Pro-**  
18 **vider Incentive Fund established under section 1 of this 2015 Act.**

19 “(5) The [office] **authority** shall provide an annual loan of up to \$35,000  
20 to each participant to cover expenses related to the participant’s medical  
21 education, on terms established by the [office] **authority** by rule. The loan  
22 must be evidenced by a written obligation but no additional security may be  
23 required.

24 “(6) Repayment of loans provided under subsection (5) of this section is  
25 deferred while a participant is in compliance with the service agreement.

26 “(7) At the end of each full year that a participant complies with the  
27 service agreement, the [office] **authority** shall forgive one annual loan pro-  
28 vided to the participant under subsection (5) of this section.

29 “(8)(a) A person receiving a loan under subsection (5) of this section who  
30 fails to complete the residency or training as required by the [office] **au-**

1 **thority** by rule shall repay the amount received to the Primary Health Care  
2 Loan Forgiveness Program plus 10 percent interest on the unpaid balance,  
3 accrued from the date the loan was granted.

4 “(b) A person receiving a loan under subsection (5) of this section who  
5 completes the residency or training required by the [*office*] **authority** by rule  
6 but fails to fulfill the obligations required by the service agreement shall  
7 repay the amount received to the Primary Health Care Loan Forgiveness  
8 Program plus 10 percent interest on the unpaid balance, accrued from the  
9 date the loan was granted. Additionally, a penalty fee equal to 25 percent  
10 of the amount received shall be assessed against the person. No interest ac-  
11 crues on the penalty. The [*office*] **authority** shall establish rules to allow  
12 waiver of all or part of the penalty owed to the program due to circum-  
13 stances that prevent the participant from fulfilling the service obligation.

14 “(9) Payments on loans provided under subsection (5) of this section shall  
15 be deposited in the [*Primary Health Care Loan Forgiveness Program Fund*  
16 *established in ORS 442.573*] **Health Care Provider Incentive Fund estab-**  
17 **lished under section 1 of this 2015 Act.**

18 “(10) If a participant defaults on a loan provided under section (5) of this  
19 section:

20 “(a) Any amounts due may be collected by the Collections Unit in the  
21 Department of Revenue under ORS 293.250; or

22 “(b) The Oregon Health and Science University may contract with a col-  
23 lections agency to collect any amounts due.

24 “(11) Any amounts collected under subsection (10) of this section **or re-**  
25 **ceived under subsection (12) of this section** shall be deposited in the  
26 [*Primary Health Care Loan Forgiveness Program Fund established in ORS*  
27 *442.573*] **Health Care Provider Incentive Fund established under section**  
28 **1 of this 2015 Act.**

29 “(12) The [*office*] **authority** may accept funds from any public or private  
30 source for the purposes of carrying out the provisions of this section.

1                   **“TAX CREDITS FOR HEALTH CARE PROVIDERS**  
2                                   **IN UNDERSERVED COMMUNITIES**

3  
4           **“SECTION 7.** ORS 315.613 is amended to read:

5           **“315.613. (1) As used in this section, ‘underserved community’ means**  
6 **a population or geographic area that has been designated by the Office**  
7 **of Rural Health as medically underserved.**

8           **“[(1)] (2) A resident or nonresident individual who is certified as eligible**  
9 **under ORS 442.563, is licensed as a physician or a physician assistant**  
10 **under ORS chapter 677, [who is engaged in the practice of medicine, and**  
11 **who] and is engaged for at least 20 hours per week, averaged over the month,**  
12 **during the tax year in [a rural practice] the practice of medicine serving**  
13 **an underserved community, shall be allowed an annual credit against**  
14 **taxes otherwise due under ORS chapter 316 in the sum of \$5,000 during the**  
15 **time in which the individual retains such practice. [and membership if the**  
16 **individual is actively practicing in and is a member of the medical staff of one**  
17 **of the following hospitals:]**

18           **“[(a) A type A hospital designated as such by the Office of Rural Health;]**

19           **“[(b) A type B hospital designated as such by the Office of Rural Health**  
20 **if the hospital is:]**

21           **“[(A) Not within the boundaries of a metropolitan statistical area;]**

22           **“[(B) Located 30 or more highway miles from the closest hospital within the**  
23 **major population center in a metropolitan statistical area; or]**

24           **“[(C) Located in a county with a population of less than 75,000;]**

25           **“[(c) A type C rural hospital, if the Office of Rural Health makes the**  
26 **findings required by ORS 315.619;]**

27           **“[(d) A rural hospital that was designated a rural referral center by the**  
28 **federal government before January 1, 1989, and that serves a community with**  
29 **a population of at least 14,000 but not more than 19,000; or]**

30           **“[(e) A rural critical access hospital.]**

1        “[2] *In order to claim the credit allowed under this section, the individual*  
2 *must remain willing during the tax year to serve patients with Medicare cov-*  
3 *erage and patients receiving medical assistance in at least the same proportion*  
4 *to the individual’s total number of patients as the Medicare and medical as-*  
5 *sistance populations represent of the total number of persons determined by the*  
6 *Office of Rural Health to be in need of care in the county served by the prac-*  
7 *tice, not to exceed 20 percent Medicare patients or 15 percent medical assist-*  
8 *ance patients.]*

9        **“(3) In order to claim the credit allowed under this section, the in-**  
10 **dividual must remain willing during the tax year to:**

11        **“(a) Serve patients with Medicare coverage in a proportion to the**  
12 **individual’s total number of patients that is no less than the lesser of:**

13        **“(A) The percentage of the total number of persons in need of care**  
14 **in the county served by the practice that have Medicare coverage, as**  
15 **determined by the Office of Rural Health; and**

16        **“(B) 20 percent; and**

17        **“(b) Serve patients receiving medical assistance in a proportion to**  
18 **the individual’s total number of patients that is no less than the lesser**  
19 **of:**

20        **“(A) The percentage of the total number of persons in need of care**  
21 **in the county served by the practice that receive medical assistance,**  
22 **as determined by the Office of Rural Health; and**

23        **“(B) 15 percent.**

24        “[3] (4) A nonresident individual shall be allowed the credit under this  
25 section in the proportion provided in ORS 316.117. If a change in the status  
26 of a taxpayer from resident to nonresident or from nonresident to resident  
27 occurs, the credit allowed by this section shall be determined in a manner  
28 consistent with ORS 316.117.

29        “[4] (5) For purposes of this section, an ‘individual’s practice’ shall be  
30 determined on the basis of actual time spent in practice each week in hours



1 or days, whichever is considered by the Office of Rural Health to be more  
2 appropriate. In the case of a shareholder of a corporation or a member of a  
3 partnership, only the time of the individual shareholder or partner shall be  
4 considered and the full amount of the credit shall be allowed to each share-  
5 holder or partner who qualifies in an individual capacity.

6 “[5] *As used in this section:*]

7 “[a] *‘Type A hospital,’ ‘type B hospital’ and ‘type C hospital’ have the*  
8 *meaning for those terms provided in ORS 442.470.*]

9 “[b] *‘Rural critical access hospital’ means a facility that meets the criteria*  
10 *set forth in 42 U.S.C. 1395i-4 (c)(2)(B) and that has been designated a critical*  
11 *access hospital by the Office of Rural Health and the Oregon Health*  
12 *Authority.*]

13 **“SECTION 8.** ORS 315.616 is amended to read:

14 **“315.616. (1) As used in this section, ‘underserved community’ means**  
15 **a population or geographic area that has been designated by the Office**  
16 **of Rural Health as medically underserved.**

17 **“(2) A resident or nonresident individual who is certified as eligible under**  
18 **ORS [442.561, 442.562,] 442.563 [or 442.564,] and is [licensed as a physician**  
19 **under ORS chapter 677, licensed as a physician assistant under ORS chapter**  
20 **677,] licensed as a nurse practitioner under ORS chapter 678, licensed as a**  
21 **clinical nurse specialist under ORS chapter 678, licensed as a certified**  
22 **registered nurse anesthetist under ORS chapter 678, licensed as a dentist**  
23 **under ORS chapter 679, licensed as a podiatrist under ORS chapter 677,**  
24 **or licensed as an optometrist under ORS 683.010 to 683.340 is entitled to the**  
25 **tax credit described in ORS 315.613 [even if not a member of the hospital**  
26 **medical staff] if [the Office of Rural Health certifies that] the individual[:]**  
27 **is engaged for at least 20 hours per week, averaged over the month,**  
28 **during the tax year in a practice serving an underserved community.**

29 *“(1) Is engaged for at least 20 hours per week, averaged over the month,*  
30 *during the tax year in a rural practice; and]*

1        “[2)(a) *If a physician or a physician assistant, can cause a patient to be*  
2 *admitted to the hospital;*]

3        “[b) *If a certified registered nurse anesthetist, is employed by or has a*  
4 *contractual relationship with one of the hospitals described in ORS 315.613 (1);*  
5 *or]*

6        “[c) *If an optometrist, has consulting privileges with a hospital listed in*  
7 *ORS 315.613 (1). This paragraph does not apply to an optometrist who quali-*  
8 *fies as a ‘frontier rural practitioner,’ as defined by the Office of Rural*  
9 *Health.]*

10        **“(3) In order to claim the credit allowed under this section, a nurse**  
11 **practitioner, clinical nurse specialist, certified registered nurse**  
12 **anesthetist, dentist, podiatrist or optometrist must remain willing**  
13 **during the tax year to:**

14        **“(a) Serve patients with Medicare coverage in a proportion to the**  
15 **individual’s total number of patients that is no less than the lesser of:**

16        **“(A) The percentage of the total number of persons in need of care**  
17 **in the county served by the practice that have Medicare coverage, as**  
18 **determined by the Office of Rural Health; and**

19        **“(B) 20 percent; and**

20        **“(b) Serve patients receiving medical assistance in a proportion to**  
21 **the individual’s total number of patients that is no less than the lesser**  
22 **of:**

23        **“(A) The percentage of the total number of persons in need of care**  
24 **in the county served by the practice that receive medical assistance,**  
25 **as determined by the Office of Rural Health; and**

26        **“(B) 15 percent.**

27        **“SECTION 9. ORS 442.563 is amended to read:**

28        **“442.563. (1) The Office of Rural Health shall establish criteria for certi-**  
29 **fying individuals eligible for the tax credit authorized by ORS 315.613[,] and**  
30 **315.616 [or 315.619]. Upon application therefor and upon a finding that the**

1 **applicant meets the eligibility criteria established by the office**, the of-  
2 fice shall certify individuals eligible for the tax credit authorized by ORS  
3 315.613 **and 315.616.**

4 “(2) [*The classification of rural hospitals for purposes of determining el-*  
5 *igibility under this section shall be the classification of the hospital in effect*  
6 *on January 1, 1991.*] **The office shall establish criteria for designating**  
7 **populations or geographic areas as medically underserved with respect**  
8 **to each category of health care provider eligible for the tax credit au-**  
9 **thorized by ORS 315.613 and 315.616. In establishing such criteria, the**  
10 **office shall convene and consult with a group of health care workforce**  
11 **advisers.**

12 **“SECTION 10.** ORS 315.622 is amended to read:

13 “315.622. (1) A resident or nonresident individual who is certified as eli-  
14 gible under ORS [*442.561 to 442.570*] **442.566** and who is licensed as an emer-  
15 gency medical services provider under ORS chapter 682 shall be allowed a  
16 credit against the taxes that are otherwise due under ORS chapter 316 if the  
17 Office of Rural Health certifies that the individual provides volunteer emer-  
18 gency medical services in a rural area that comprise at least 20 percent of  
19 the total emergency medical services provided by the individual in the tax  
20 year.

21 “(2) The amount of the credit shall equal \$250.

22 “(3) A nonresident shall be allowed the credit under this section in the  
23 proportion provided in ORS 316.117. If a change in the status of a taxpayer  
24 from resident to nonresident or from nonresident to resident occurs, the  
25 credit allowed by this section shall be determined in a manner consistent  
26 with ORS 316.117.

27 “(4) As used in this section, ‘rural area’ means a geographic area that is  
28 located at least 25 miles from any city with a population of 30,000 or more.

29 **“SECTION 11.** ORS 442.570 is amended to read:

30 “442.570. (1) There is established in the State Treasury a fund, separate

1 and distinct from the General Fund, to be known as the Primary Care Ser-  
2 vices Fund. Moneys in the Primary Care Services Fund are continuously  
3 appropriated to the Oregon Department of Administrative Services for allo-  
4 cation to the Office of Rural Health for investments as provided by ORS  
5 293.701 to 293.857, for expenses and payments by the office in carrying out  
6 the purposes of ORS 315.613, 315.616, [315.619,] 353.450, 442.470, 442.503 and  
7 442.561 to 442.570. Interest earned by the fund shall be credited to the fund.

8 “(2) The office shall seek matching funds from the federal government and  
9 from communities that benefit from placement of participants under ORS  
10 442.561 to 442.570. The office shall establish a program to enroll interested  
11 communities in this program and deposit moneys from the matching funds  
12 in the Primary Care Services Fund. In addition, the office shall explore other  
13 funding sources including federal grant programs.

14 **“SECTION 12.** Section 25, chapter 913, Oregon Laws 2009, as amended  
15 by section 10, chapter 750, Oregon Laws 2013, is amended to read:

16 **“Sec. 25.** (1) Except as provided in subsection (2) of this section, a credit  
17 may not be claimed under ORS 315.613 for tax years beginning on or after  
18 January 1, [2016] **2018**.

19 “(2) A taxpayer who meets the eligibility requirements in ORS 315.613 for  
20 the tax year beginning on or after January 1, [2013] **2017**, and before January  
21 1, [2014] **2018**, shall be allowed the credit under ORS 315.613 for any tax year:

22 “(a) That begins on or before January 1, [2023] **2027**; and

23 “(b) For which the taxpayer meets the eligibility requirements of ORS  
24 315.613.

25

26 **“REPEAL OF PROVIDER RECRUITMENT PROGRAMS**

27

28 **“SECTION 13.** ORS 413.017 is amended to read:

29 “413.017. (1) The Oregon Health Policy Board shall establish the [*com-*  
30 *mittees described in subsections (2) and (3) of this section.*]

1 “[2)(a) *The*] Public Health Benefit Purchasers Committee. **The com-**  
2 **mittee** shall include individuals who purchase health care for the following:

3 “[A) (a) The Public Employees’ Benefit Board.

4 “[B) (b) The Oregon Educators Benefit Board.

5 “[C) (c) Trustees of the Public Employees Retirement System.

6 “[D) (d) A city government.

7 “[E) (e) A county government.

8 “[F) (f) A special district.

9 “[G) (g) Any private nonprofit organization that receives the majority  
10 of its funding from the state and requests to participate on the committee.

11 “[b) (2) The [*Public Health Benefit Purchasers*] committee shall:

12 “[A) (a) Identify and make specific recommendations to achieve uni-  
13 formity across all public health benefit plan designs based on the best  
14 available clinical evidence, recognized best practices for health promotion  
15 and disease management, demonstrated cost-effectiveness and shared demo-  
16 graphics among the enrollees within the pools covered by the benefit plans.

17 “[B) (b) Develop an action plan for ongoing collaboration to implement  
18 the benefit design alignment described in [*subparagraph (A) of this*  
19 *paragraph*] **paragraph (a) of this subsection** and shall leverage purchasing  
20 to achieve benefit uniformity if practicable.

21 “[C) (c) Continuously review and report to the Oregon Health Policy  
22 Board on the committee’s progress in aligning benefits while minimizing the  
23 cost shift to individual purchasers of insurance without shifting costs to the  
24 private sector or the Oregon Health Insurance Exchange.

25 “[c) (3) The Oregon Health Policy Board shall work with the [*Public*  
26 *Health Benefit Purchasers*] committee to identify uniform provisions for state  
27 and local public contracts for health benefit plans that achieve maximum  
28 quality and cost outcomes. The board shall collaborate with the committee  
29 to develop steps to implement joint contract provisions. The committee shall  
30 identify a schedule for the implementation of contract changes. The process

1 for implementation of joint contract provisions must include a review process  
2 to protect against unintended cost shifts to enrollees or agencies.

3 “[(d) *Proposals and plans developed in accordance with this subsection*  
4 *shall be completed by October 1, 2010, and shall be submitted to the Oregon*  
5 *Health Policy Board for its approval and possible referral to the Legislative*  
6 *Assembly no later than December 31, 2010.*]

7 “[(3)(a) *The Health Care Workforce Committee shall include individuals*  
8 *who have the collective expertise, knowledge and experience in a broad range*  
9 *of health professions, health care education and health care workforce devel-*  
10 *opment initiatives.*]

11 “[(b) *The Health Care Workforce Committee shall coordinate efforts to re-*  
12 *cruit and educate health care professionals and retain a quality workforce to*  
13 *meet the demand that will be created by the expansion in health care coverage,*  
14 *system transformations and an increasingly diverse population.*]

15 “[(c) *The Health Care Workforce Committee shall conduct an inventory of*  
16 *all grants and other state resources available for addressing the need to ex-*  
17 *pand the health care workforce to meet the needs of Oregonians for health*  
18 *care.*]

19 “(4) Members of the [committees described in subsections (2) and (3) of this  
20 section] **committee** who are not members of the Oregon Health Policy Board  
21 are not entitled to compensation but shall be reimbursed from funds avail-  
22 able to the board for actual and necessary travel and other expenses incurred  
23 by them by their attendance at committee meetings, in the manner and  
24 amount provided in ORS 292.495.

25 “**SECTION 14.** ORS 413.231 is amended to read:

26 “413.231. The Oregon Health Authority[, *through the Health Care*  
27 *Workforce Committee created pursuant to ORS 413.017,*] shall work with in-  
28 terested parties, which may include [*Travel Oregon*] **the Oregon Tourism**  
29 **Commission**, the State Workforce Investment Board, medical schools, phy-  
30 sician organizations, hospitals, county and city officials, local chambers of

1 commerce, organizations that promote Oregon or local communities in  
2 Oregon, and organizations that recruit health care professionals, to develop  
3 a strategic plan for recruiting primary care providers to Oregon. The stra-  
4 tegic plan must address:

5 “(1) Best recruitment practices and existing recruitment programs;

6 “(2) Development of materials and information promoting Oregon as a  
7 desirable place for primary care providers to live and work;

8 “(3) Development of a pilot program to promote coordinated visiting and  
9 recruitment opportunities for primary care providers;

10 “(4) Potential funding opportunities; and

11 “(5) The best entities to implement the strategic plan.

12 **“SECTION 15.** ORS 413.435 is amended to read:

13 “413.435. (1) The Oregon Health Authority, in collaboration with the State  
14 Workforce Investment Board, shall convene a work group to develop stan-  
15 dards for administrative requirements for student placement in clinical  
16 training settings in Oregon. The work group may include representatives of:

17 “(a) State education agencies;

18 “(b) A public educational institution offering health care professional  
19 training;

20 “(c) Independent or proprietary educational institutions offering health  
21 care professional training; **and**

22 “(d) An employer of health care professionals[; *and*]

23 “[*(e) The Health Care Workforce Committee established under ORS*  
24 *413.017*].

25 “(2)(a) The work group shall develop standards for:

26 “(A) Drug screening;

27 “(B) Immunizations;

28 “(C) Criminal records checks;

29 “(D) Health Insurance Portability and Accountability Act orientation; and

30 “(E) Other standards as the work group deems necessary.

1       “(b) The standards must apply to students of nursing and allied health  
2 professions. The standards may apply to students of other health professions.

3       “(c) The standards must pertain to clinical training in settings including  
4 but not limited to hospitals and ambulatory surgical centers, as those terms  
5 are defined in ORS 442.015.

6       “(3) The work group shall make recommendations on the standards de-  
7 veloped under this section and the initial and ongoing implementation of the  
8 standards to the Oregon Health Policy Board established in ORS 413.006.

9       “(4) The authority may establish by rule standards for student placement  
10 in clinical training settings that incorporate the standards developed under  
11 this section and approved by the Oregon Health Policy Board.

12       “**SECTION 16.** ORS 348.570 is amended to read:

13       “348.570. (1) There is established in the State Treasury a fund, separate  
14 and distinct from the General Fund, to be known as the Oregon Student  
15 Assistance Fund for investment as provided by ORS 293.701 to 293.857 and  
16 for the payment of the expenses of the Higher Education Coordinating  
17 Commission in carrying out the purposes of ORS 348.210 to 348.250, 348.285,  
18 348.505 to 348.615, 348.696 and 348.992. Interest earned by the fund shall be  
19 credited to the fund.

20       “(2) There is established in the State Treasury a fund, separate and dis-  
21 tinct from the General Fund, to be known as the Alternative Student Loan  
22 Program Fund for investment as provided by ORS 293.701 to 293.857 and for  
23 the payment of expenses of the commission in carrying out the purposes of  
24 ORS 348.625 to 348.695. This fund, including the interest earnings on the  
25 fund, if any, is continuously appropriated to the commission for those pur-  
26 poses for which such funds were provided to, received or collected by the  
27 commission.

28       “[(3)(a) *There is established in the General Fund an account to be known*  
29 *as the Nursing Services Account. Funds in the account shall be used for the*  
30 *payment of expenses of the Nursing Services Program created in ORS*



1 442.540.]

2 “[*(b) The account shall consist of:*]

3 “[*(A) Funds appropriated to the commission for deposit into the account;*]

4 “[*(B) Collections and penalties received by the Executive Director of the*  
5 *Office of Student Access and Completion under ORS 442.545; and]*

6 “[*(C) Any donations or grants received by the commission for purposes of*  
7 *the Nursing Services Program.*]

8 “[*(c) Any funds in the account that are not expended in any biennium shall*  
9 *be retained in the account and may be expended in subsequent biennia.*]

10 “[*(4)*] **(3)** There is established in the State Treasury a fund, separate and  
11 distinct from the General Fund, to be known as the Foster Youth Scholar-  
12 ship Fund. Moneys received from appropriations, donations and grants shall  
13 be credited to the fund. Moneys in the fund are continuously appropriated  
14 to the commission for the purposes of investment, as provided by ORS 293.701  
15 to 293.857, and for carrying out the provisions of ORS 348.270 (1)(b). Interest  
16 earned by the fund shall be credited to the fund.

17 “[*(5)*] **(4)** There is established in the State Treasury a fund, separate and  
18 distinct from the General Fund, to be known as the ASPIRE Program Fund.  
19 Moneys received from donations and grants shall be credited to the ASPIRE  
20 Program Fund. Moneys in the fund are continuously appropriated to the  
21 commission for the purposes of investment, as provided by ORS 293.701 to  
22 293.857, and for carrying out the provisions of ORS 348.500. Interest earned  
23 by the fund shall be credited to the fund.

24 “[*(6)(a)*] **(5)(a)** There is established in the State Treasury the Nursing  
25 Faculty Loan Repayment Fund, separate and distinct from the General Fund.  
26 Interest earned on the Nursing Faculty Loan Repayment Fund shall be  
27 credited to the fund. Moneys in the fund are continuously appropriated to  
28 the commission for carrying out ORS 348.440 to 348.448. The Nursing Faculty  
29 Loan Repayment Fund consists of:

30 “[*(A)*] Moneys appropriated to the commission for the Nursing Faculty

1 Loan Repayment Program created in ORS 348.444; and

2 “(B) Grants, gifts or donations received by the commission for the pro-  
3 gram.

4 “(b) Any unexpended funds in the fund at the end of a biennium shall be  
5 retained in the fund and may be expended in subsequent biennia.

6 **“SECTION 17.** ORS 677.141 is amended to read:

7 “677.141. (1) A physician issued a license under ORS 677.139 is subject to  
8 all the provisions of this chapter and to all the rules of the Oregon Medical  
9 Board. A physician issued a license under ORS 677.139 has the same duties  
10 and responsibilities and is subject to the same penalties and sanctions as any  
11 other physician licensed under this chapter.

12 “(2) A physician issued a license under ORS 677.139 may not:

13 “(a) Act as a dispensing physician as defined in ORS 677.010;

14 “(b) Administer controlled substances for the treatment of intractable  
15 pain to a person located within this state;

16 “(c) Employ a physician assistant as defined in ORS 677.495 to treat a  
17 person located within this state; **or**

18 “[*d*] *Participate in the primary care provider loan repayment program*  
19 *created in ORS 413.233; or*]

20 “[*e*] **(d)** Assert a lien for services under ORS 87.555.

21 “(3) A physician licensed under ORS 677.139 shall comply with all patient  
22 confidentiality requirements of this state, except as those requirements are  
23 expressly prohibited by the law of any other state of the United States where  
24 a person’s medical records are maintained.

25 **“SECTION 18. ORS 315.619, 413.018, 442.535, 442.540, 442.545, 442.561,**  
26 **442.562 and 442.564 are repealed.**

27 **“SECTION 19. ORS 348.303, 442.573, 442.574, 676.550, 676.552, 676.554,**  
28 **676.556 and sections 1 and 2 of this 2015 Act are repealed.**

29 **“SECTION 20. ORS 413.127 and 413.233 are repealed.**

30 **“SECTION 21. Section 4 of this 2015 Act is repealed on January 2,**

1 2017.

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3 **“APPLICABILITY, OPERATIVE AND EFFECTIVE DATES**

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5 **“SECTION 22. The amendments to ORS 315.613 and 315.616 by**  
6 **sections 7 and 8 of this 2015 Act apply to tax years beginning on or**  
7 **after January 1, 2016.**

8 **“SECTION 23. The repeal of ORS 348.303, 442.573, 442.574, 676.550,**  
9 **676.552, 676.554 and 676.556 and sections 1 and 2 of this 2015 Act by**  
10 **section 19 of this 2015 Act becomes operative January 2, 2018.**

11 **“SECTION 24. The amendments to ORS 677.141 by section 17 of this**  
12 **2015 Act and the repeal of ORS 413.127 and 413.233 by section 20 of this**  
13 **2015 Act become operative on January 1, 2016.**

14 **“SECTION 25. This 2015 Act takes effect on the 91st day after the**  
15 **date on which the 2015 regular session of the Seventy-eighth Legisla-**  
16 **tive Assembly adjourns sine die.”.**

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