

# D R A F T

## SUMMARY

Modifies terminology regarding recipients of grants from Child Abuse Multidisciplinary Intervention Program. Directs administrator of program to establish, by rule, minimum facility standards and minimum forensic interview training standards consistent with national standards. Expands eligible grant recipients to include entities providing training and technical assistance to children’s advocacy centers or regional children’s advocacy centers. Removes naturopathic physicians from list of medical professionals who conduct medical assessments for child abuse assessments.

Takes effect on 91st day following adjournment sine die.

## A BILL FOR AN ACT

1  
2 Relating to the Child Abuse Multidisciplinary Intervention Program; creat-  
3 ing new provisions; amending ORS 147.390, 147.401, 147.404, 192.537,  
4 192.539, 192.690, 409.185, 414.762, 418.706, 418.746, 418.747, 418.780, 418.782,  
5 418.784, 418.785, 418.786, 418.788, 418.790, 418.792, 418.793, 418.794, 418.795,  
6 418.800, 419B.020, 419B.023, 419B.035, 419B.050 and 743A.252; and pre-  
7 scribing an effective date.

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

9 **SECTION 1.** ORS 418.782 is amended to read:

10 418.782. As used in ORS 418.746 to 418.796:

11 (1) “Child abuse” means “abuse” as defined by ORS 419B.005.

12 (2) “Child abuse [*medical*] assessment” means [*an assessment by or under*  
13 *the direction of a licensed physician or other licensed health care professional*  
14 *trained in the evaluation, diagnosis and treatment of child abuse. “Child abuse*  
15 *medical assessment” includes the taking of a thorough medical history, a*  
16 *complete physical examination and an interview*] **services provided by a**

1 **children’s advocacy center** for the purpose of [*making a medical*  
2 *diagnosis,*] determining whether or not [*the*] a child has been abused and  
3 identifying the appropriate treatment or referral for follow-up for the child.

4 **“Child abuse assessment” may include one or more of the following:**

- 5 (a) **A medical assessment;**
- 6 (b) **A forensic interview;**
- 7 (c) **Care coordination; or**
- 8 (d) **Family support.**

9 (3) [*“Community assessment center”*] **“Children’s advocacy center”**  
10 means a [*neutral, child-sensitive community-based facility or service provider*]  
11 **facility that meets the facility standards described in ORS 418.788,** to  
12 which a child from the community may be referred to receive a thorough  
13 child abuse [*medical*] assessment for the purpose of determining whether the  
14 child has been abused or neglected, **and that facilitates a coordinated,**  
15 **comprehensive and multidisciplinary response to cases of child abuse.**

16 (4) **“Forensic interview” means an interview that is conducted by**  
17 **an individual who has completed training described in ORS 418.788 for**  
18 **the purpose of preserving a child’s statements and that is conducted**  
19 **in a manner that is legally sound, age appropriate, of a neutral, fact-**  
20 **finding nature and coordinated to avoid duplicative interviewing.**

21 [(4) *“Regional assessment center” means a facility operated by a community*  
22 *assessment center that provides child abuse medical assessments, assistance*  
23 *with difficult or complex child abuse medical assessments, education, training,*  
24 *consultation, technical assistance and referral services for community assess-*  
25 *ment centers or county multidisciplinary child abuse teams in a region or re-*  
26 *gions designated by the administrator of the Child Abuse Multidisciplinary*  
27 *Intervention Program.*]

28 (5) **“Medical assessment” means the taking of a child’s thorough**  
29 **medical history and a complete physical examination of the child, for**  
30 **the purpose of making a medical diagnosis, by or under the direction**  
31 **of an individual trained in the evaluation, diagnosis and treatment of**

1 **child abuse who is a licensed physician, physician assistant or nurse**  
2 **practitioner.**

3 (6) “**Regional children’s advocacy center**” means a facility operated  
4 by a children’s advocacy center that meets the facility standards de-  
5 scribed in ORS 418.788 and is selected by the Child Abuse Multidisci-  
6 plinary Intervention Program to provide training and complex case  
7 assistance.

8 (7) “**Training and complex case assistance**” includes one or more  
9 of the following:

10 (a) **Consultation;**

11 (b) **Education;**

12 (c) **Referral;**

13 (d) **Technical assistance; and**

14 (e) **If authorized by the Department of Justice, other services as**  
15 **needed.**

16 **SECTION 2.** ORS 418.780 is amended to read:

17 418.780. (1) The Legislative Assembly recognizes that:

18 (a) Protection of the child is of primary importance.

19 (b) A serious need exists for a coordinated multidisciplinary approach to  
20 the prevention and investigation of child abuse, for intervention and for the  
21 treatment of children who are victims of child abuse in a manner that is  
22 sensitive to the needs of children. No child in this state should be denied  
23 access to a child abuse [*medical*] assessment because of an inability to pay.  
24 The cost of not assessing and treating abused children with the aid of spe-  
25 cially trained personnel is too high.

26 (2) The purpose of ORS 418.746 to 418.796 is to establish and maintain:

27 (a) Sufficient county **child abuse** multidisciplinary [*child abuse*] teams to  
28 conduct timely investigations of allegations of child abuse and provide com-  
29 prehensive services to victims of child abuse through coordinated child abuse  
30 multidisciplinary intervention plans.

31 (b) Sufficient [*regional assessment*] **children’s advocacy** centers and

1 [community assessment centers] **regional children's advocacy centers** in  
2 Oregon to ensure that every child [reasonably suspected to have been sub-  
3 jected to child abuse] **referred to a center for concerns of neglect or**  
4 **abuse** receives a skilled, complete and [therapeutic] **forensically sound** child  
5 abuse [medical] assessment.

6 (c) **Sufficient coordination, expertise and support to provide train-**  
7 **ing and technical assistance to county child abuse multidisciplinary**  
8 **teams.**

9 **SECTION 3.** ORS 418.786 is amended to read:

10 418.786. To accomplish the purpose described in ORS 418.780, with the  
11 assistance of the Advisory Council on Child Abuse Assessment, the admin-  
12 istrator of the Child Abuse Multidisciplinary Intervention Program shall  
13 develop and administer a grant program to establish and maintain [regional  
14 assessment] **children's advocacy** centers and [community assessment centers  
15 under ORS 418.746 to 418.796] **regional children's advocacy centers, to**  
16 **support training and technical assistance efforts for county child**  
17 **abuse multidisciplinary teams and children's advocacy centers and to**  
18 **provide coordination and support for the work of regional children's**  
19 **advocacy centers.**

20 **SECTION 4.** ORS 418.788 is amended to read:

21 418.788. (1) Subject to the availability of funds under the provisions of  
22 ORS 418.796, the administrator of the Child Abuse Multidisciplinary Inter-  
23 vention Program shall make grants for the establishment and maintenance  
24 of [regional assessment] **children's advocacy** centers or [community assess-  
25 ment centers] **regional children's advocacy centers.**

26 (2)(a) A public or private agency may apply to the administrator for a  
27 grant to:

28 (A) Establish and maintain a [regional assessment] **children's advocacy**  
29 center or [community assessment center under ORS 418.746 to 418.796.] **re-**  
30 **gional children's advocacy center;**

31 (B) **Provide training and technical assistance to children's advocacy**

1 **centers or county child abuse multidisciplinary teams; or**

2 **(C) Provide coordination and support to regional children’s advo-**  
3 **cacy centers.**

4 **(b)** The administrator may consolidate applications from more than one  
5 public or private agency or may return the application with the recommen-  
6 dation that the application be consolidated.

7 **(3)** The administrator shall by rule establish criteria for awarding grants  
8 to establish and maintain [*regional assessment*] **children’s advocacy** centers  
9 or [*community assessment centers under ORS 418.746 to 418.796*] **regional**  
10 **children’s advocacy centers**, including but not limited to:

11 (a) Expenses eligible for reimbursement from funds under ORS 418.796;

12 (b) The extent to which the applicant’s [*proposed assessment center*] **pro-**  
13 **posal** will best accomplish the purposes of ORS 418.746 to 418.796;

14 (c) The extent to which an applicant meets criteria for receiving a grant  
15 to:

16 **(A)** Establish and maintain a [*regional assessment*] **children’s advocacy**  
17 center or [*community assessment center*] **regional children’s advocacy**  
18 **center**; [*and*]

19 **(B) Provide training and technical assistance to children’s advocacy**  
20 **centers and county child abuse multidisciplinary teams; or**

21 **(C) Provide coordination and support to regional children’s advo-**  
22 **cacy centers;**

23 **(d) Minimum facility standards for children’s advocacy centers and**  
24 **regional children’s advocacy centers consistent with national accredi-**  
25 **tation standards to ensure that children receive consistent, evidence-**  
26 **based intervention services statewide;**

27 **(e) Minimum forensic interview training standards that are con-**  
28 **sistent with national forensic interview training standards, evidence-**  
29 **based and supported by current forensic interview research; and**

30 [*(d)*] **(f)** For a [*regional assessment*] **regional children’s advocacy** center,  
31 the extent to which the applicant’s [*proposed assessment center*] **proposal**

1 meets the documented needs of the communities, [*community assessment*]  
2 **children’s advocacy** centers and county **child abuse** multidisciplinary  
3 [*child abuse*] teams in the region or regions to be served by the center.

4 (4) The administrator is not required to fund any grant in the total  
5 amount requested in the application.

6 **SECTION 5.** ORS 418.790 is amended to read:

7 418.790. Each application for funds to establish or maintain a [*regional*  
8 *assessment center*] **regional children’s advocacy center or to provide**  
9 **training and technical assistance to children’s advocacy centers or**  
10 **county child abuse multidisciplinary teams** shall include information re-  
11 quired by the rules of the Department of Justice and any other information  
12 requested by the department.

13 **SECTION 6.** ORS 418.793 is amended to read:

14 418.793. Once each year, [*a regional assessment center or community as-*  
15 *essment center established under ORS 418.746 to 418.796*] **each recipient of**  
16 **a grant from the Child Abuse Multidisciplinary Intervention Program**  
17 shall submit a report to the [*Child Abuse Multidisciplinary Intervention*]  
18 program describing how the [*assessment center*] **grant recipient** has met the  
19 purposes of ORS 418.746 to 418.796. The program may prescribe by rule a  
20 form for the report.

21 **SECTION 7.** ORS 147.390 is amended to read:

22 147.390. (1) Notwithstanding that a child is not a victim under ORS  
23 147.015 (1)(a), in cases of suspected child sexual abuse as described in ORS  
24 419B.005 (1)(a)(C), (D) or (E), or child physical abuse by an adult or caretaker  
25 as otherwise described in ORS 419B.005 (1)(a)(A), compensation may be made  
26 on behalf of the child for [*a child abuse medical assessment as defined in*  
27 *ORS 418.782, a medical examination required by ORS 419B.023 or a forensic*  
28 *interview conducted at a community assessment center as defined in ORS*  
29 *418.782,*] **services provided by a children’s advocacy center, including a**  
30 **child abuse assessment, a medical assessment or a forensic interview,**  
31 if:

1 (a) The expenses are actually paid or incurred by the applicant; and

2 (b) A claim is filed on behalf of the child in the manner provided in ORS  
3 147.015.

4 (2) The Department of Justice may pay compensation for child abuse  
5 [medical] assessments or medical [examinations] **assessments** required by  
6 ORS 419B.023 regardless of whether a finding of abuse is made and only if  
7 other insurance is unavailable. If the department pays compensation, the  
8 department shall pay the compensation directly to the provider of the ser-  
9 vices. The medical fee schedules for payment under this section shall be the  
10 schedules adopted under ORS 147.035.

11 **(3) As used in this section, “child abuse assessment,” “children’s**  
12 **advocacy center,” “forensic interview” and “medical assessment” have**  
13 **the meanings given those terms in ORS 418.782.**

14 **SECTION 8.** ORS 147.401 is amended to read:

15 147.401. (1) The district attorney in each county shall organize a sexual  
16 assault response team to consist of:

17 (a) A representative of the district attorney’s office;

18 (b) A representative of a prosecution-based victim assistance program or  
19 unit;

20 (c) A sexual assault forensic examiner;

21 (d) At the discretion of the district attorney, a representative of the  
22 county sheriff’s office or a representative of local law enforcement agencies  
23 or both;

24 (e) A representative of a nonprofit agency or program that receives mon-  
25 eys administered by the Department of Human Services or the Department  
26 of Justice and that offers safety planning, counseling, support or advocacy  
27 to victims of sexual assault; and

28 (f) Other persons the district attorney considers necessary for the opera-  
29 tion of the **sexual assault response** team or as recommended by the team.

30 (2) Each **sexual assault response** team must meet:

31 (a) At least quarterly at a time appointed by the district attorney of the

1 county; and

2 (b) Independently of the [county's] **county child abuse** multidisciplinary  
3 [*child abuse*] team **for the county**.

4 (3)(a) Each **sexual assault response** team shall develop and adopt pro-  
5 tocols addressing the response to adult and adolescent sexual assault victims  
6 in the county.

7 (b) Protocols adopted pursuant to paragraph (a) of this subsection may  
8 incorporate by reference, in part or in whole, protocols relating to child  
9 sexual abuse developed pursuant to ORS 418.747.

10 **SECTION 9.** ORS 147.404 is amended to read:

11 147.404. (1) Upon a sexual assault victim's decision to participate in a  
12 medical assessment, as soon as practicable and in a manner consistent with  
13 the county's sexual assault response team protocols adopted under ORS  
14 147.401 and the protocols and procedures of the county **child abuse** multi-  
15 disciplinary [*child abuse*] teams described in ORS 418.747, the provider of the  
16 medical assessment or, if applicable, a law enforcement officer shall contact  
17 a victim advocate and make reasonable efforts to ensure that the victim ad-  
18 vocate is present and available at the medical facility in which the medical  
19 assessment occurs.

20 (2) A victim advocate contacted under subsection (1) of this section:

21 (a) Shall clearly inform the victim that the victim may decline the ser-  
22 vices of the victim advocate at any time; and

23 (b) May not impede the medical assessment, the provision of medical  
24 services to the victim or the collection of evidence.

25 (3) As used in this section, "medical assessment" has the meaning given  
26 that term in ORS 147.395.

27 **SECTION 10.** ORS 192.537 is amended to read:

28 192.537. (1) Subject to the provisions of ORS 192.531 to 192.549, 659A.303  
29 and 746.135, an individual's genetic information and DNA sample are private  
30 and must be protected, and an individual has a right to the protection of that  
31 privacy. Any person authorized by law or by an individual or an individual's



1 representative to obtain, retain or use an individual's genetic information  
2 or any DNA sample must maintain the confidentiality of the information or  
3 sample and protect the information or sample from unauthorized disclosure  
4 or misuse.

5 (2)(a) A person may use an individual's DNA sample or genetic informa-  
6 tion that is derived from a biological specimen or clinical individually iden-  
7 tifiable health information for anonymous research or coded research only  
8 if the individual:

9 (A) Has granted informed consent for the specific anonymous research or  
10 coded research project;

11 (B) Has granted consent for genetic research generally;

12 (C) Was notified in accordance with ORS 192.538 that the individual's  
13 biological specimen or clinical individually identifiable health information  
14 may be used for anonymous research or coded research and the individual  
15 did not, at the time of notification, request that the biological specimen or  
16 clinical individually identifiable health information not be used for any-  
17 mous research or coded research; or

18 (D) Was not notified, due to emergency circumstances, in accordance with  
19 ORS 192.538 that the individual's biological specimen or clinical individually  
20 identifiable health information may be used for anonymous research or coded  
21 research and the individual died before receiving the notice.

22 (b) Paragraph (a) of this subsection does not apply to biological specimens  
23 or clinical individually identifiable health information obtained before July  
24 29, 2005, if an institutional review board operating under ORS 192.547 (1)(b)  
25 meets the requirements described in ORS 192.547 (7)(b).

26 (3) A person may not retain another individual's genetic information or  
27 DNA sample without first obtaining authorization from the individual or the  
28 individual's representative, unless:

29 (a) Retention is authorized by ORS 181A.155 or comparable provisions of  
30 federal criminal law relating to identification of persons, or is necessary for  
31 the purpose of a criminal or death investigation, a criminal or juvenile pro-

1 ceeding, an inquest or a child fatality review by a county **child abuse**  
2 multidisciplinary [*child abuse*] team;

3 (b) Retention is authorized by specific court order pursuant to rules  
4 adopted by the Chief Justice of the Supreme Court for civil actions;

5 (c) Retention is permitted by rules of the Oregon Health Authority for  
6 identification of, or testing to benefit blood relatives of, deceased individuals;

7 (d) Retention is permitted by rules of the authority for newborn screening  
8 procedures; or

9 (e) Retention is for anonymous research or coded research conducted after  
10 notification or with consent pursuant to subsection (2) of this section or ORS  
11 192.538.

12 (4) The DNA sample of an individual from which genetic information has  
13 been obtained shall be destroyed promptly upon the specific request of that  
14 individual or the individual's representative, unless:

15 (a) Retention is authorized by ORS 181A.155 or comparable provisions of  
16 federal criminal law relating to identification of persons, or is necessary for  
17 the purpose of a criminal or death investigation, a criminal or juvenile pro-  
18 ceeding, an inquest or a child fatality review by a county **child abuse**  
19 multidisciplinary [*child abuse*] team;

20 (b) Retention is authorized by specific court order pursuant to rules  
21 adopted by the Chief Justice of the Supreme Court for civil actions; or

22 (c) Retention is for anonymous research or coded research conducted after  
23 notification or with consent pursuant to subsection (2) of this section or ORS  
24 192.538.

25 (5) A DNA sample from an individual that is the subject of a research  
26 project, other than an anonymous research project, shall be destroyed  
27 promptly upon completion of the project or withdrawal of the individual from  
28 the project, whichever occurs first, unless the individual or the individual's  
29 representative directs otherwise by informed consent.

30 (6) A DNA sample from an individual for insurance or employment pur-  
31 poses shall be destroyed promptly after the purpose for which the sample

1 was obtained has been accomplished unless retention is authorized by spe-  
2 cific court order pursuant to rules adopted by the Chief Justice of the Su-  
3 preme Court for civil, criminal and juvenile proceedings.

4 (7) An individual or an individual's representative, promptly upon request,  
5 may inspect, request correction of and obtain genetic information from the  
6 records of the individual.

7 (8) Subject to the provisions of ORS 192.531 to 192.549, and to policies  
8 adopted by the person in possession of a DNA sample, an individual or the  
9 individual's representative may request that the individual's DNA sample be  
10 made available for additional genetic testing for medical diagnostic purposes.  
11 If the individual is deceased and has not designated a representative to act  
12 on behalf of the individual after death, a request under this subsection may  
13 be made by the closest surviving blood relative of the decedent or, if there  
14 is more than one surviving blood relative of the same degree of relationship  
15 to the decedent, by the majority of the surviving closest blood relatives of  
16 the decedent.

17 (9) The Oregon Health Authority shall coordinate the implementation of  
18 this section.

19 (10) Subsections (3) to (8) of this section apply only to a DNA sample or  
20 genetic information that is coded, identified or identifiable.

21 (11) This section does not apply to any law, contract or other arrangement  
22 that determines a person's rights to compensation relating to substances or  
23 information derived from an individual's DNA sample.

24 **SECTION 11.** ORS 192.539 is amended to read:

25 192.539. (1) Regardless of the manner of receipt or the source of genetic  
26 information, including information received from an individual or a blood  
27 relative of the individual, a person may not disclose or be compelled, by  
28 subpoena or any other means, to disclose the identity of an individual upon  
29 whom a genetic test has been performed or the identity of a blood relative  
30 of the individual, or to disclose genetic information about the individual or  
31 a blood relative of the individual in a manner that permits identification of

1 the individual, unless:

2 (a) Disclosure is authorized by ORS 181A.155 or comparable provisions  
3 of federal criminal law relating to identification of persons, or is necessary  
4 for the purpose of a criminal or death investigation, a criminal or juvenile  
5 proceeding, an inquest, or a child fatality review by a county **child abuse**  
6 multidisciplinary [*child abuse*] team;

7 (b) Disclosure is required by specific court order entered pursuant to rules  
8 adopted by the Chief Justice of the Supreme Court for civil actions;

9 (c) Disclosure is authorized by statute for the purpose of establishing  
10 parentage;

11 (d) Disclosure is specifically authorized by the tested individual or the  
12 tested individual's representative by signing a consent form prescribed by  
13 rules of the Oregon Health Authority;

14 (e) Disclosure is for the purpose of furnishing genetic information relating  
15 to a decedent for medical diagnosis of blood relatives of the decedent; or

16 (f) Disclosure is for the purpose of identifying bodies.

17 (2) The prohibitions of this section apply to any redisclosure by any per-  
18 son after another person has disclosed genetic information or the identity  
19 of an individual upon whom a genetic test has been performed, or has dis-  
20 closed genetic information or the identity of a blood relative of the individ-  
21 ual.

22 (3) A release or publication is not a disclosure if:

23 (a) It involves a good faith belief by the person who caused the release  
24 or publication that the person was not in violation of this section;

25 (b) It is not due to willful neglect;

26 (c) It is corrected in the manner described in ORS 192.541 (4);

27 (d) The correction with respect to genetic information is completed before  
28 the information is read or heard by a third party; and

29 (e) The correction with respect to DNA samples is completed before the  
30 sample is retained or genetically tested by a third party.

31 **SECTION 12.** ORS 192.690 is amended to read:

1 192.690. (1) ORS 192.610 to 192.690 do not apply to the deliberations of the  
2 Psychiatric Security Review Board, the State Board of Parole and Post-  
3 Prison Supervision, state agencies conducting hearings on contested cases in  
4 accordance with the provisions of ORS chapter 183, the review by the  
5 Workers' Compensation Board or the Employment Appeals Board of similar  
6 hearings on contested cases, meetings of the state lawyers assistance com-  
7 mittee operating under the provisions of ORS 9.568, meetings of the personal  
8 and practice management assistance committees operating under the pro-  
9 visions of ORS 9.568, the county **child abuse** multidisciplinary [*child*  
10 *abuse*] teams required to review child abuse cases in accordance with the  
11 provisions of ORS 418.747, the child fatality review teams required to review  
12 child fatalities in accordance with the provisions of ORS 418.785, the peer  
13 review committees in accordance with the provisions of ORS 441.055, medi-  
14 ation conducted under ORS 36.252 to 36.268, any judicial proceeding,  
15 meetings of the Oregon Health and Science University Board of Directors  
16 or its designated committee regarding candidates for the position of president  
17 of the university or regarding sensitive business, financial or commercial  
18 matters of the university not customarily provided to competitors related to  
19 financings, mergers, acquisitions or joint ventures or related to the sale or  
20 other disposition of, or substantial change in use of, significant real or per-  
21 sonal property, or related to health system strategies, or to Oregon Health  
22 and Science University faculty or staff committee meetings.

23 (2) Because of the grave risk to public health and safety that would be  
24 posed by misappropriation or misapplication of information considered dur-  
25 ing such review and approval, ORS 192.610 to 192.690 shall not apply to re-  
26 view and approval of security programs by the Energy Facility Siting  
27 Council pursuant to ORS 469.530.

28 **SECTION 13.** ORS 409.185 is amended to read:

29 409.185. (1) The Director of Human Services shall oversee the development  
30 of standards and procedures for assessment, investigation and enforcement  
31 of child protective services.

1 (2)(a) The Department of Human Services shall take action to implement  
2 the provision of child protective services as outlined in ORS 417.705 to  
3 417.800 and based on the recommendations in the 1992 “Oregon Child Pro-  
4 tective Services Performance Study” published by the University of Southern  
5 Maine.

6 (b) In all substantiated cases of child abuse and neglect, the role of the  
7 department is to complete a comprehensive family assessment of risk of  
8 abuse or neglect, or both, assess service needs and provide immediate pro-  
9 tective services as necessary.

10 (c) The department shall provide remedial services needed to ensure the  
11 safety of the child.

12 (d) In all cases of child abuse and neglect for which a criminal investi-  
13 gation is conducted, the role of law enforcement agencies is to provide a le-  
14 gally sound, child sensitive investigation of whether abuse or neglect or both  
15 have occurred and to gather other evidence and perform other responsibil-  
16 ities in accordance with interagency agreements.

17 (e) The department and law enforcement agencies shall conduct the in-  
18 vestigation and assessment concurrently, based upon the protocols and pro-  
19 cedures of the county **child abuse** multidisciplinary [*child abuse*] team in  
20 each jurisdiction.

21 (f) When the department and law enforcement agencies conduct a joint  
22 investigation and assessment, the activities of the department and agencies  
23 are to be clearly differentiated by the protocols of the county **child abuse**  
24 multidisciplinary [*child abuse*] team.

25 (g) Nothing in this subsection is intended to be inconsistent with ORS  
26 418.702, 418.747 and 418.748 and ORS chapter 419B.

27 (h) In all cases of child abuse for which an investigation is conducted, the  
28 department shall provide a child’s parent, guardian or caregiver with a clear  
29 written explanation of the investigation process, the court hearing process  
30 and the rights of the parent, guardian or caregiver in the abuse investigation  
31 and in the court proceedings related to the abuse investigation.

1 (3) Upon receipt of a recommendation of the Children’s Advocate under  
2 ORS 417.815 (2)(e), the department shall implement the recommendation or  
3 give the Children’s Advocate written notice of an intent not to implement  
4 the recommendation.

5 **SECTION 14.** ORS 414.762 is amended to read:

6 414.762. (1) As used in this section:

7 (a) “Child abuse [*medical*] assessment” has the meaning given that term  
8 in ORS 418.782.

9 (b) [*“Community assessment center”*] **“Children’s advocacy center”** has  
10 the meaning given that term in ORS 418.782.

11 (c) **“Forensic interview” has the meaning given that term in ORS**  
12 **418.782.**

13 (2) The Oregon Health Authority shall reimburse a [*community*  
14 *assessment*] **children’s advocacy** center for the services the center provides:

15 (a) In conducting a child abuse [*medical*] assessment of a child who is  
16 eligible for medical assistance; and

17 (b) That are related to the child abuse [*medical*] assessment including, but  
18 not limited to:

19 (A) A forensic interview; and

20 (B) Mental health treatment.

21 (3) The authority shall adopt billing and payment mechanisms to ensure  
22 that the reimbursement is proportionate to the scope and intensity of the  
23 services provided by the [*community assessment*] **children’s advocacy** center.

24 **SECTION 15.** ORS 418.706 is amended to read:

25 418.706. The State Technical Assistance Team for child fatalities is es-  
26 tablished in the Oregon Health Authority. The purpose of the State Techni-  
27 cal Assistance Team is to provide staff support for the statewide  
28 interdisciplinary team, as described in ORS 418.748, and, upon request, to  
29 provide technical assistance to the child fatality review teams established  
30 under ORS 418.785. The duties of the State Technical Assistance Team shall  
31 include but are not limited to:

1 (1) Designing, implementing and maintaining an information management  
2 system for child fatalities;

3 (2) Providing training, **technical** assistance and support for identified  
4 individuals on county **child abuse** multidisciplinary [*child abuse*] teams in  
5 accurate data collection and input;

6 (3) Compiling and analyzing data on child fatalities;

7 (4) Using data concerning child deaths to identify strategies for the pre-  
8 vention of child fatalities and serving as a resource center to promote the  
9 use of the strategies at the county level; and

10 (5) Upon request of a county **child abuse** multidisciplinary [*child abuse*]  
11 team, providing technical assistance and consultation services on a variety  
12 of issues related to child fatalities including interagency agreements, team  
13 building, case review and prevention strategies.

14 **SECTION 16.** ORS 418.746 is amended to read:

15 418.746. (1) The Child Abuse Multidisciplinary Intervention Account is  
16 established separate and distinct from the General Fund. Interest earned, if  
17 any, shall inure to the benefit of the account. All moneys deposited in the  
18 account are continuously appropriated to the Department of Justice for the  
19 purposes of ORS 418.751 and this section.

20 (2) The Child Abuse Multidisciplinary Intervention Program, with the  
21 advice of the Advisory Council on Child Abuse Assessment, created by ORS  
22 418.784, shall allocate moneys from the Child Abuse Multidisciplinary Inter-  
23 vention Account to eligible county **child abuse** multidisciplinary [*child*  
24 *abuse*] teams formed under ORS 418.747, or entities designated by the teams,  
25 serving the counties from which the moneys were collected. The program  
26 may award only one grant per county. The moneys shall be allocated by the  
27 same formula as, or a formula similar to, the formula used by the Attorney  
28 General for equitable distribution of the fund for victim's assistance pro-  
29 grams under ORS 147.227 (1). Moneys allocated under this subsection may  
30 not be used as replacement revenues for currently available funds previously  
31 allocated by the county for child abuse intervention.



1 (3) The Child Abuse Multidisciplinary Intervention Program shall deter-  
2 mine eligibility of the applicants and:

3 (a) Allocate funds if the applicant is deemed eligible;

4 (b) Conditionally allocate funds, with appropriate conditions, when nec-  
5 essary to establish eligibility; or

6 (c) Deny funding.

7 (4) In making the eligibility determination, the Child Abuse Multidisci-  
8 plinary Intervention Program shall consider the following nonexclusive list  
9 of factors:

10 (a) Whether the services offered by an applicant substantially further the  
11 goals and purposes of ORS 418.747, 418.790 and 418.792;

12 (b) Whether the county **child abuse** multidisciplinary [*child abuse*] team  
13 or the entity designated by the team has properly allocated other available  
14 funds;

15 (c) Any evaluations of previously funded services as required by sub-  
16 section (7) of this section;

17 (d) The extent to which the county's coordinated child abuse multidisci-  
18 plinary intervention plan provides for comprehensive services to the victims  
19 of child abuse;

20 (e) Whether the funds are being used as replacement revenues as prohib-  
21 ited by subsection (2) of this section;

22 (f) Whether there is a [*community assessment*] **children's advocacy** cen-  
23 ter or **similar** advocacy center in existence or [*planned in*] **proposed for** the  
24 county; and

25 (g) The extent to which funding a [*community assessment*] **children's**  
26 **advocacy** center is given priority in the intervention plan as required under  
27 subsection (5) of this section.

28 (5)(a) At least once a biennium, the county **child abuse** multidisciplinary  
29 [*child abuse*] team shall submit to the Child Abuse Multidisciplinary Inter-  
30 vention Program a coordinated child abuse multidisciplinary intervention  
31 plan. The intervention plan must:

1 (A) Describe all sources of funding, other than moneys that may be allo-  
2 cated from the Child Abuse Multidisciplinary Intervention Account, includ-  
3 ing in-kind contributions that are available for the intervention plan;

4 (B) Describe the critical needs of victims of child abuse in the county,  
5 including but not limited to **child abuse** assessment, advocacy and treat-  
6 ment, and how the intervention plan addresses those needs in a comprehen-  
7 sive manner;

8 (C) Include the county's written protocol and agreements required by ORS  
9 418.747 (2) and 418.785; and

10 (D) Describe how the intervention plan gives priority to funding a [*com-*  
11 *munity assessment*] **children's advocacy** center and how the funding sup-  
12 ports the center.

13 (b) When submitting the intervention plan, the county **child abuse**  
14 multidisciplinary [*child abuse*] team shall also submit:

15 (A) Those applications for funding received from entities under subsection  
16 (6) of this section that the team determines best meet the needs of the  
17 county's intervention plan and a recommendation that the applications for  
18 funding be granted; and

19 (B) If the team is seeking funding from the Child Abuse Multidisciplinary  
20 Intervention Program, an application setting forth the information required  
21 by rule of the program.

22 (6) An entity wishing to apply for funding from the Child Abuse Multi-  
23 disciplinary Intervention Program shall submit an application to the county  
24 **child abuse** multidisciplinary [*child abuse*] team for the county in which the  
25 entity proposes to provide services. The application shall:

26 (a) Describe the services to be funded with moneys from the Child Abuse  
27 Multidisciplinary Intervention Program according to the coordinated child  
28 abuse multidisciplinary intervention plan and the anticipated outcomes in  
29 terms of benefits to children and families; and

30 (b) Describe how the services further the goals and purposes of ORS  
31 418.747, 418.790 and 418.792.

1 (7)(a) A designated entity providing services according to a coordinated  
2 child abuse multidisciplinary intervention plan funded with moneys from the  
3 Child Abuse Multidisciplinary Intervention Program shall submit an annual  
4 report to the county **child abuse** multidisciplinary [*child abuse*] team. A  
5 **county child abuse** multidisciplinary [*child abuse*] team shall submit an  
6 annual report to the Child Abuse Multidisciplinary Intervention Program.

7 (b) The annual report filed by the county **child abuse** multidisciplinary  
8 [*child abuse*] team must:

9 (A) Document how the moneys were utilized and describe to what extent  
10 the services were able to meet anticipated outcomes in terms of benefits to  
11 children and families.

12 (B) Include local and state issues and recommendations relating to the  
13 prevention of child fatalities identified in the fatality review process under  
14 ORS 418.785.

15 (c) A county **child abuse** multidisciplinary [*child abuse*] team receiving  
16 a report from a designated entity shall review the report and take into ac-  
17 count success of the entity at meeting service outcomes before making future  
18 recommendations regarding allocation of moneys.

19 (d) The Child Abuse Multidisciplinary Intervention Program shall review  
20 reports received under this section before making future eligibility and al-  
21 location decisions and when evaluating services funded under this section.

22 (8) Two or more county **child abuse** multidisciplinary [*child abuse*] teams  
23 may join together to develop joint child abuse multidisciplinary intervention  
24 plans. The joint intervention plans shall be submitted as provided in sub-  
25 section (5) of this section.

26 (9) The Child Abuse Multidisciplinary Intervention Program may adopt  
27 rules to carry out the provisions of ORS 418.751 and this section including,  
28 but not limited to, the following:

29 (a) Notices and time limits for applications;

30 (b) Method of review and the role of advisory bodies; and

31 (c) Reallocation of moneys not applied for or disbursed.

1        **SECTION 17.** ORS 418.747 is amended to read:

2        418.747. (1) The district attorney in each county shall be responsible for  
3 developing county **child abuse** multidisciplinary [*child abuse*] teams to con-  
4 sist of but not be limited to law enforcement personnel, Department of Hu-  
5 man Services child protective service workers, school officials, local health  
6 department personnel, county mental health department personnel who have  
7 experience with children and family mental health issues, child abuse inter-  
8 vention center workers, if available, and juvenile department representatives,  
9 as well as others specially trained in child abuse, child sexual abuse and rape  
10 of children investigation.

11        (2) The teams shall develop a written protocol for immediate investigation  
12 of and notification procedures for child abuse cases, **including child sexual**  
13 **abuse**, and for interviewing child abuse victims. Each team also shall de-  
14 velop written agreements signed by member agencies that are represented  
15 on the team that specify:

16        (a) The role of each agency;

17        (b) Procedures to be followed to assess risks to the child;

18        (c) Guidelines for timely communication between member agencies;

19        (d) Guidelines for completion of responsibilities by member agencies;

20        (e) That upon clear disclosure that the alleged child abuse occurred in a  
21 child care facility as defined in ORS 329A.250, immediate notification of  
22 parents or guardians of children attending the child care facility is required  
23 regarding any abuse allegation and pending investigation; and

24        (f) Criteria and procedures to be followed when removal of the child is  
25 necessary for the child's safety.

26        (3) Each team member and the personnel conducting child abuse investi-  
27 gations and interviews of child abuse victims shall be trained in risk as-  
28 sessment, **the** dynamics of child abuse, child sexual abuse and rape of  
29 children, and [*legally sound and age appropriate interview and investigatory*  
30 *techniques*] **forensic interviewing**.

31        (4) All investigations of child abuse and interviews of child abuse victims

1 shall be carried out by appropriate personnel using the protocols and proce-  
2 dures called for in this section. If trained personnel are not available in a  
3 timely fashion and, in the judgment of a law enforcement officer or child  
4 protective services worker, there is reasonable cause to believe a delay in  
5 investigation or interview of the child abuse victim could place the child in  
6 jeopardy of physical harm, the investigation may proceed without full par-  
7 ticipation of all personnel. This authority applies only for as long as rea-  
8 sonable danger to the child exists. A law enforcement officer or child  
9 protective services worker shall make a reasonable effort to find and provide  
10 a trained investigator or interviewer.

11 (5) To ensure the protection and safe placement of a child, the Depart-  
12 ment of Human Services may request that team members obtain criminal  
13 history information on any person who is part of the household where the  
14 department may place or has placed a child who is in the department's cus-  
15 tody. All information obtained by the team members and the department in  
16 the exercise of their duties is confidential and may be disclosed only when  
17 necessary to ensure the safe placement of a child.

18 (6) Each team shall classify, assess and review cases under investigation.

19 (7)(a) Each team shall develop and implement procedures for evaluating  
20 and reporting compliance of member agencies with the protocols and proce-  
21 dures required under this section. Each team shall submit to the adminis-  
22 trator of the Child Abuse Multidisciplinary Intervention Program copies of  
23 the protocols and procedures required under this section and the results of  
24 the evaluation as requested.

25 (b) The administrator may:

26 (A) Consider the evaluation results when making eligibility determi-  
27 nations under ORS 418.746 (3);

28 (B) If requested by the Advisory Council on Child Abuse Assessment, ask  
29 a team to revise the protocols and procedures being used by the team based  
30 on the evaluation results; or

31 (C) Ask a team to evaluate the team's compliance with the protocols and

1 procedures in a particular case.

2 (c) The information and records compiled under this subsection are ex-  
3 empt from ORS 192.311 to 192.478.

4 (8) Each team shall develop policies that provide for an independent re-  
5 view of investigation procedures of sensitive cases after completion of court  
6 actions on particular cases. The policies shall include independent citizen  
7 input. Parents of child abuse victims shall be notified of the review proce-  
8 dure.

9 (9) Each team shall designate at least one physician, physician  
10 assistant[, *naturopathic physician*] or nurse practitioner who has been trained  
11 to conduct child abuse [*medical*] assessments, as defined in ORS 418.782, and  
12 who is, or who may designate another physician, physician assistant[,  
13 *naturopathic physician*] or nurse practitioner who is, regularly available to  
14 conduct the medical assessment described in ORS 419B.023.

15 (10) If photographs are taken pursuant to ORS 419B.028, and if the team  
16 meets to discuss the case, the photographs shall be made available to each  
17 member of the team at the first meeting regarding the child's case following  
18 the taking of the photographs.

19 (11) No later than September 1, 2008, each team shall submit to the De-  
20 partment of Justice a written summary identifying the designated medical  
21 professional described in subsection (9) of this section. After that date, this  
22 information shall be included in each regular report to the Department of  
23 Justice.

24 (12) If, after reasonable effort, the team is not able to identify a desig-  
25 nated medical professional described in subsection (9) of this section, the  
26 team shall develop a written plan outlining the necessary steps, recruitment  
27 and training needed to make such a medical professional available to the  
28 children of the county. The team shall also develop a written strategy to  
29 ensure that each child in the county who is a suspected victim of child abuse  
30 will receive a medical assessment in compliance with ORS 419B.023. This  
31 strategy, and the estimated fiscal impact of any necessary recruitment and

1 training, shall be submitted to the Department of Justice no later than Sep-  
2 tember 1, 2008. This information shall be included in each regular report to  
3 the Department of Justice for each reporting period in which a team is not  
4 able to identify a designated medical professional described in subsection (9)  
5 of this section.

6 **SECTION 18.** ORS 418.784 is amended to read:

7 418.784. (1) There is created the Advisory Council on Child Abuse As-  
8 sessment, consisting of at least nine members appointed by the Attorney  
9 General. The Attorney General shall serve as an ex officio member of the  
10 council. The council shall direct the administrator of the Child Abuse  
11 Multidisciplinary Intervention Program on the administration of funds to  
12 establish and maintain [*regional assessment*] **children's advocacy** centers  
13 or [*community assessment*] **regional children's advocacy** centers under ORS  
14 418.746 to 418.796.

15 (2) Of the members appointed to the council:

16 (a) One member shall be an employee of the Department of Human Ser-  
17 vices with duties related to child protective services;

18 (b) One member shall be a physician licensed to practice medicine in  
19 Oregon who specializes in children and families;

20 (c) One member shall be a person having experience dealing with child  
21 abuse;

22 (d) One member shall be a district attorney or the designee of a district  
23 attorney;

24 (e) One member shall be an employee of a law enforcement agency, in  
25 addition to the member who is a district attorney or the designee of a dis-  
26 trict attorney;

27 (f) One member shall be from an operating regional [*assessment*]  
28 **children's advocacy** center; and

29 (g) At least three members shall be citizens with appropriate interest in  
30 advocating for the medical interest of abused children.

31 (3) Members of the council who are not state employees:

1 (a) Are not entitled to compensation; and

2 (b) Are entitled to reimbursement for actual and necessary travel ex-  
3 penses incurred by them in the performance of their official duties as mem-  
4 bers of the council if there are sufficient funds available in the Child Abuse  
5 Multidisciplinary Intervention Account established in ORS 418.746.

6 (4) Members of the council who are state employees carrying out their  
7 state employment functions are entitled to compensation and reimbursement  
8 by their employing agencies for actual and necessary travel and other ex-  
9 penses incurred by them in the performance of their official duties as mem-  
10 bers of the council.

11 (5) The council shall elect one of its members to serve as chairperson, for  
12 such terms and with such duties and powers as the council determines.

13 (6) The council shall meet at least four times per year at a place, day and  
14 hour determined by the council.

15 (7) A majority of the members of the council constitutes a quorum for the  
16 transaction of business.

17 **SECTION 19.** ORS 418.785 is amended to read:

18 418.785. (1) Each county **child abuse** multidisciplinary [*child abuse*] team  
19 shall establish a child fatality review team to conduct child fatality reviews.  
20 The purpose of the review process is to help prevent severe and fatal child  
21 abuse and neglect by:

22 (a) Identifying local and state issues related to preventable child  
23 fatalities; and

24 (b) Promoting implementation of recommendations at the county level.

25 (2) In establishing the review process and carrying out reviews, the child  
26 fatality review team shall be assisted by the county medical examiner or lo-  
27 cal health officer as well as other professionals who are specially trained in  
28 areas relevant to the purpose of the team.

29 (3) The categories of fatalities reviewed by the child fatality review team  
30 include:

31 (a) Child fatalities in which child abuse or neglect may have occurred at



1 any time prior to death or may have been a factor in the fatality;

2 (b) Any category established by the county **child abuse** multidisciplinary  
3 [*child abuse*] team;

4 (c) All child fatalities where the child is less than 18 years of age and  
5 there is an autopsy performed by the medical examiner; and

6 (d) Any specific cases recommended for local review by the statewide  
7 interdisciplinary team established under ORS 418.748.

8 (4) A child fatality review team shall develop a written protocol for re-  
9 view of child fatalities. The protocol shall be designed to facilitate commu-  
10 nication and the exchange of information between persons who perform  
11 autopsies and those professionals and agencies concerned with the pre-  
12 vention, investigation and treatment of child abuse and neglect.

13 (5) Within the guidelines, and in a format, established by the statewide  
14 interdisciplinary team established under ORS 418.748, the child fatality re-  
15 view team shall provide the statewide interdisciplinary team with informa-  
16 tion regarding the categories of child fatalities described under subsection  
17 (3) of this section.

18 (6) Upon the conclusion of a criminal case involving a child fatality, or  
19 upon the conclusion of a direct appeal if one is taken, the district attorney  
20 may submit a letter to the Governor and the Director of Human Services  
21 outlining recommendations for the systemic improvement of child abuse in-  
22 vestigations.

23 **SECTION 20.** ORS 418.792 is amended to read:

24 418.792. Each application for funds to [*provide a community assessment*]  
25 **establish and maintain a children's advocacy** center shall include:

26 (1) Evidence indicating that the applicant has at least one medical prac-  
27 titioner trained in the evaluation, diagnosis and treatment of child abuse and  
28 neglect.

29 (2) A commitment by the medical practitioner:

30 (a) To attend annual continuing education courses regarding evaluation  
31 and diagnosis of child abuse and neglect; and

1 (b) To refer complex cases, as defined by the Advisory Council on Child  
2 Abuse Assessment by rule, to a regional [*assessment*] **children's advocacy**  
3 center.

4 (3) Evidence indicating the proposed [*community assessment*] **children's**  
5 **advocacy** center has access to special equipment used in the evaluation of  
6 child abuse.

7 (4) A description of where the [*community assessment*] **children's advo-**  
8 **cacy** center is to be located, including but not limited to a hospital, medical  
9 clinic or other appropriate public or private agency. However, the proposed  
10 center [*shall*] **may** not be located in an office of the Department of Human  
11 Services or in the office of any law enforcement agency.

12 (5) The level of support available to the proposed [*community*  
13 *assessment*] **children's advocacy** center through in-kind contributions from  
14 the community.

15 (6) A description of procedures to be followed by the proposed [*community*  
16 *assessment*] **children's advocacy** center, including the availability of per-  
17 sonnel from the [*community assessment*] **children's advocacy** center to tes-  
18 tify in cases involving alleged abuse of children evaluated by the center.

19 **SECTION 21.** ORS 418.794 is amended to read:

20 418.794. Video recordings produced pursuant to ORS 418.746 to 418.796  
21 shall remain in the custody of the [*regional assessment*] **children's advocacy**  
22 center or the [*community assessment*] **regional children's advocacy** center  
23 and shall remain confidential and not subject to public disclosure except  
24 under a lawfully issued subpoena and protective order.

25 **SECTION 22.** ORS 418.795 is amended to read:

26 418.795. (1) All information and records acquired by a county **child abuse**  
27 multidisciplinary [*child abuse*] team established under ORS 418.747 or a child  
28 fatality review team established under ORS 418.785 in the exercise of its  
29 duties are confidential and may be disclosed only when necessary to carry  
30 out the purposes of the child abuse investigation or the child fatality review  
31 process.

1 (2) A member agency of a county **child abuse** multidisciplinary [*child*  
2 *abuse*] team or a member of the team may use or disclose protected health  
3 information without obtaining an authorization from an individual or a per-  
4 sonal representative of the individual if use or disclosure is necessary for  
5 public health purposes, including the prevention, investigation and treatment  
6 of child abuse.

7 (3) A child fatality review team shall have access to and subpoena power  
8 to obtain all medical records, hospital records and records maintained by any  
9 state, county or local agency, including, but not limited to, police investi-  
10 gative data, coroner or medical examiner investigative data and social ser-  
11 vices records, as necessary to complete a child abuse investigation or a  
12 review of a specific fatality under ORS 418.785.

13 (4) As used in this section, “personal representative” and “protected  
14 health information” have the meanings given those terms in ORS 192.556.

15 **SECTION 23.** ORS 418.800 is amended to read:

16 418.800. (1) If, in a case of alleged child sexual abuse as described in ORS  
17 419B.005 (1)(a)(C), (D) or (E) by a parent, guardian or caregiver living in the  
18 child’s home, the Department of Human Services asks the parent, guardian  
19 or caregiver to move from the family home during the investigation and the  
20 parent, guardian or caregiver consents to leave the family home, the de-  
21 partment shall notify the district attorney responsible for the county **child**  
22 **abuse** multidisciplinary [*child abuse*] team for the county in which the child  
23 resides about the case. The notification shall be in writing and be given no  
24 later than three business days after the departure of the parent, guardian  
25 or caregiver from the family home.

26 (2) A parent, guardian or caregiver who consents to leave the family home  
27 as described in subsection (1) of this section or the spouse of the parent,  
28 guardian or caregiver may ask the district attorney responsible for the  
29 **county child abuse multidisciplinary** team for a review of the case by the  
30 team.

31 (3) No later than 90 days after receiving a request under subsection (2)

1 of this section, the **county child abuse multidisciplinary** team shall:

2 (a) Review the case and consider at least the following:

3 (A) Whether the investigation should continue;

4 (B) The welfare of the child and the adults living in the family home; and

5 (C) The proposed timeline for completing the investigation; and

6 (b) Provide to the person who requested the review a summary of the  
7 proposed timeline for completing the investigation.

8 (4)(a) This section may not be construed to create a new private right of  
9 action against a district attorney or any member of a county **child abuse**  
10 multidisciplinary [*child abuse*] team.

11 (b) A district attorney and members of a county **child abuse** multidisci-  
12 plinary [*child abuse*] team reviewing a case under subsection (2) of this sec-  
13 tion are immune from any liability, civil or criminal, that might otherwise  
14 be incurred or imposed with respect to reviewing a case, failing to review a  
15 case referred to the team under subsection (2) of this section or providing  
16 to the person who requested the review a summary of the proposed timeline  
17 for completing the investigation.

18 (c) The act of reviewing a case or failing to review a case referred to the  
19 **county child abuse multidisciplinary** team under subsection (2) of this  
20 section or providing or failing to provide a summary to the person who re-  
21 quested the review may not be used by a defendant in any subsequent crim-  
22 inal prosecution or juvenile proceeding.

23 **SECTION 24.** ORS 419B.020 is amended to read:

24 419B.020. (1) If the Department of Human Services or a law enforcement  
25 agency receives a report of child abuse, the department or the agency shall  
26 immediately:

27 (a) Cause an investigation to be made to determine the nature and cause  
28 of the abuse of the child; and

29 (b) Notify the Office of Child Care if the alleged child abuse occurred in  
30 a child care facility as defined in ORS 329A.250.

31 (2) If the abuse reported in subsection (1) of this section is alleged to have

1 occurred at a child care facility:

2 (a) The department and the law enforcement agency shall jointly deter-  
3 mine the roles and responsibilities of the department and the agency in their  
4 respective investigations; and

5 (b) The department and the agency shall each report the outcomes of their  
6 investigations to the Office of Child Care.

7 (3) If the law enforcement agency conducting the investigation finds rea-  
8 sonable cause to believe that abuse has occurred, the law enforcement  
9 agency shall notify by oral report followed by written report the local office  
10 of the department. The department shall provide protective social services  
11 of its own or of other available social agencies if necessary to prevent fur-  
12 ther abuses to the child or to safeguard the child's welfare.

13 (4) If a child is taken into protective custody by the department, the de-  
14 partment shall promptly make reasonable efforts to ascertain the name and  
15 address of the child's parents or guardian.

16 (5)(a) If a child is taken into protective custody by the department or a  
17 law enforcement official, the department or law enforcement official shall,  
18 if possible, make reasonable efforts to advise the parents or guardian imme-  
19 diately, regardless of the time of day, that the child has been taken into  
20 custody, the reasons the child has been taken into custody and general in-  
21 formation about the child's placement, and the telephone number of the local  
22 office of the department and any after-hours telephone numbers.

23 (b) Notice may be given by any means reasonably certain of notifying the  
24 parents or guardian, including but not limited to written, telephonic or in-  
25 person oral notification. If the initial notification is not in writing, the in-  
26 formation required by paragraph (a) of this subsection also shall be provided  
27 to the parents or guardian in writing as soon as possible.

28 (c) The department also shall make a reasonable effort to notify the  
29 noncustodial parent of the information required by paragraph (a) of this  
30 subsection in a timely manner.

31 (d) If a child is taken into custody while under the care and supervision

1 of a person or organization other than the parent, the department, if possible,  
2 shall immediately notify the person or organization that the child has been  
3 taken into protective custody.

4 (6) If a law enforcement officer or the department, when taking a child  
5 into protective custody, has reasonable cause to believe that the child has  
6 been affected by sexual abuse and rape of a child as defined in ORS 419B.005  
7 (1)(a)(C) and that physical evidence of the abuse exists and is likely to dis-  
8 appear, the court may authorize a physical examination for the purposes of  
9 preserving evidence if the court finds that it is in the best interest of the  
10 child to have such an examination. Nothing in this section affects the au-  
11 thority of the department to consent to physical examinations of the child  
12 at other times.

13 (7) A minor child of 12 years of age or older may refuse to consent to the  
14 examination described in subsection (6) of this section. The examination  
15 shall be conducted by or under the supervision of a physician licensed under  
16 ORS chapter 677, a physician assistant licensed under ORS 677.505 to  
17 677.525[ *a naturopathic physician licensed under ORS chapter 685*] or a nurse  
18 practitioner licensed under ORS chapter 678 and, whenever practicable,  
19 trained in conducting such examinations.

20 (8) When the department completes an investigation under this section,  
21 if the person who made the report of child abuse provided contact informa-  
22 tion to the department, the department shall notify the person about whether  
23 contact with the child was made, whether the department determined that  
24 child abuse occurred and whether services will be provided. The department  
25 is not required to disclose information under this subsection if the depart-  
26 ment determines that disclosure is not permitted under ORS 419B.035.

27 **SECTION 25.** ORS 419B.023 is amended to read:

28 419B.023. (1) As used in this section:

29 (a) “Designated medical professional” means the person described in ORS  
30 418.747 (9) or the person’s designee.

31 (b) “**Medical assessment**” has the meaning given that term in ORS

1 **418.782.**

2 [(b)] (c) "Suspicious physical injury" includes, but is not limited to:

3 (A) Burns or scalds;

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

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

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

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

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

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

11 (H) Unconsciousness or difficulty maintaining consciousness;

12 (I) Multiple injuries of different types;

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

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

16 (2) If a person conducting an investigation under ORS 419B.020 observes  
17 a child who has suffered suspicious physical injury and the person is certain  
18 or has a reasonable suspicion that the injury is or may be the result of  
19 abuse, the person shall, in accordance with the protocols and procedures of  
20 the county **child abuse** multidisciplinary [*child abuse*] team described in  
21 ORS 418.747:

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

24 (b) Ensure that a designated medical professional conducts a medical as-  
25 sessment within 48 hours, or sooner if dictated by the child's medical needs.

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

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

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

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

1 (b) Regardless of whether the child has previously been photographed or  
2 assessed during an investigation of an allegation of abuse.

3 (4)(a) Department or law enforcement personnel shall make a reasonable  
4 effort to locate a designated medical professional. If after reasonable efforts  
5 a designated medical professional is not available to conduct a medical as-  
6 sessment within 48 hours, the child shall be evaluated by an available phy-  
7 sician, a physician assistant licensed under ORS 677.505 to 677.525[,  
8 *naturopathic physician licensed under ORS chapter 685*] or a nurse practi-  
9 tioner licensed under ORS 678.375 to 678.390.

10 (b) If the child is evaluated by a health care provider as defined in ORS  
11 127.505 other than a designated medical professional, the health care pro-  
12 vider shall make photographs, clinical notes, diagnostic and testing results  
13 and any other relevant materials available to the designated medical profes-  
14 sional for consultation within 72 hours following evaluation of the child.

15 (c) The person conducting the medical assessment may consult with and  
16 obtain records from the child's health care provider under ORS 419B.050.

17 (5) Nothing in this section prevents a person conducting a child abuse  
18 investigation from seeking immediate medical treatment from a hospital  
19 emergency room or other medical provider for a child who is physically in-  
20 jured or otherwise in need of immediate medical care.

21 (6) If the child described in subsection (2) of this section is less than five  
22 years of age, the designated medical professional may, within 14 days, refer  
23 the child for a screening for early intervention services or early childhood  
24 special education, as those terms are defined in ORS 343.035. The referral  
25 may not indicate the child is subject to a child abuse investigation unless  
26 written consent is obtained from the child's parent authorizing such disclo-  
27 sure. If the child is already receiving those services, or is enrolled in the  
28 Head Start program, a person involved in the delivery of those services to  
29 the child shall be invited to participate in the county **child abuse** multidis-  
30 ciplinary [*child abuse*] team's review of the case and shall be provided with  
31 paid time to do so by the person's employer.



1 (7) Nothing in this section limits the rights provided to minors in ORS  
2 chapter 109 or the ability of a minor to refuse to consent to the medical as-  
3 sessment described in this section.

4 **SECTION 26.** ORS 419B.035 is amended to read:

5 419B.035. (1) Notwithstanding the provisions of ORS 192.001 to 192.170,  
6 192.210 to 192.478 and 192.610 to 192.810 relating to confidentiality and ac-  
7 cessibility for public inspection of public records and public documents, re-  
8 ports and records compiled under the provisions of ORS 419B.010 to 419B.050  
9 are confidential and may not be disclosed except as provided in this section.  
10 The Department of Human Services shall make the records available to:

11 (a) Any law enforcement agency or a child abuse registry in any other  
12 state for the purpose of subsequent investigation of child abuse;

13 (b) Any physician, physician assistant licensed under ORS 677.505 to  
14 677.525[, *naturopathic physician licensed under ORS chapter 685*] or nurse  
15 practitioner licensed under ORS 678.375 to 678.390, at the request of the  
16 physician, physician assistant[, *naturopathic physician*] or nurse practitioner,  
17 regarding any child brought to the physician, physician assistant[,  
18 *naturopathic physician*] or nurse practitioner or coming before the physician,  
19 physician assistant[, *naturopathic physician*] or nurse practitioner for exam-  
20 ination, care or treatment;

21 (c) Attorneys of record for the child or child's parent or guardian in any  
22 juvenile court proceeding;

23 (d) Citizen review boards established by the Judicial Department for the  
24 purpose of periodically reviewing the status of children, youths and youth  
25 offenders under the jurisdiction of the juvenile court under ORS 419B.100  
26 and 419C.005. Citizen review boards may make such records available to  
27 participants in case reviews;

28 (e) A court appointed special advocate in any juvenile court proceeding  
29 in which it is alleged that a child has been subjected to child abuse or neg-  
30 lect;

31 (f) The Office of Child Care for certifying, registering or otherwise regu-

1 lating child care facilities;

2 (g) The Office of Children’s Advocate;

3 (h) The Teacher Standards and Practices Commission for investigations  
4 conducted under ORS 342.176 involving any child or any student in grade 12  
5 or below;

6 (i) Any person, upon request to the Department of Human Services, if the  
7 reports or records requested regard an incident in which a child, as the re-  
8 sult of abuse, died or suffered serious physical injury as defined in ORS  
9 161.015. Reports or records disclosed under this paragraph must be disclosed  
10 in accordance with ORS 192.311 to 192.478;

11 (j) The Office of Child Care for purposes of ORS 329A.030 (10)(g), (h) and  
12 (i); and

13 (k) With respect to a report of abuse occurring at a school or in an edu-  
14 cational setting that involves a child with a disability, Disability Rights  
15 Oregon.

16 (2)(a) When disclosing reports and records pursuant to subsection (1)(i)  
17 of this section, the Department of Human Services may exempt from disclo-  
18 sure the names, addresses and other identifying information about other  
19 children, witnesses, victims or other persons named in the report or record  
20 if the department determines, in written findings, that the safety or well-  
21 being of a person named in the report or record may be jeopardized by dis-  
22 closure of the names, addresses or other identifying information, and if that  
23 concern outweighs the public’s interest in the disclosure of that information.

24 (b) If the Department of Human Services does not have a report or record  
25 of abuse regarding a child who, as the result of abuse, died or suffered seri-  
26 ous physical injury as defined in ORS 161.015, the department may disclose  
27 that information.

28 (3) The Department of Human Services may make reports and records  
29 compiled under the provisions of ORS 419B.010 to 419B.050 available to any  
30 person, administrative hearings officer, court, agency, organization or other  
31 entity when the department determines that such disclosure is necessary to

1 administer its child welfare services and is in the best interests of the af-  
2 fected child, or that such disclosure is necessary to investigate, prevent or  
3 treat child abuse and neglect, to protect children from abuse and neglect or  
4 for research when the Director of Human Services gives prior written ap-  
5 proval. The Department of Human Services shall adopt rules setting forth the  
6 procedures by which it will make the disclosures authorized under this sub-  
7 section or subsection (1) or (2) of this section. The name, address and other  
8 identifying information about the person who made the report may not be  
9 disclosed pursuant to this subsection and subsection (1) of this section.

10 (4) A law enforcement agency may make reports and records compiled  
11 under the provisions of ORS 419B.010 to 419B.050 available to other law  
12 enforcement agencies, district attorneys, city attorneys with criminal  
13 prosecutorial functions and the Attorney General when the law enforcement  
14 agency determines that disclosure is necessary for the investigation or  
15 enforcement of laws relating to child abuse and neglect or necessary to de-  
16 termine a claim for crime victim compensation under ORS 147.005 to 147.367.

17 (5) A law enforcement agency, upon completing an investigation and  
18 closing the file in a specific case relating to child abuse or neglect, shall  
19 make reports and records in the case available upon request to any law  
20 enforcement agency or community corrections agency in this state, to the  
21 Department of Corrections or to the State Board of Parole and Post-Prison  
22 Supervision for the purpose of managing and supervising offenders in custody  
23 or on probation, parole, post-prison supervision or other form of conditional  
24 or supervised release. A law enforcement agency may make reports and re-  
25 cords compiled under the provisions of ORS 419B.010 to 419B.050 available  
26 to law enforcement, community corrections, corrections or parole agencies  
27 in an open case when the law enforcement agency determines that the dis-  
28 closure will not interfere with an ongoing investigation in the case. The  
29 name, address and other identifying information about the person who made  
30 the report may not be disclosed under this subsection or subsection (6)(b) of  
31 this section.

1 (6)(a) Any record made available to a law enforcement agency or com-  
2 munity corrections agency in this state, to the Department of Corrections  
3 or the State Board of Parole and Post-Prison Supervision or to a physician,  
4 physician assistant[, *naturopathic physician*] or nurse practitioner in this  
5 state, as authorized by subsections (1) to (5) of this section, shall be kept  
6 confidential by the agency, department, board, physician, physician  
7 assistant[, *naturopathic physician*] or nurse practitioner. Any record or report  
8 disclosed by the Department of Human Services to other persons or entities  
9 pursuant to subsections (1) and (3) of this section shall be kept confidential.

10 (b) Notwithstanding paragraph (a) of this subsection:

11 (A) A law enforcement agency, a community corrections agency, the De-  
12 partment of Corrections and the State Board of Parole and Post-Prison  
13 Supervision may disclose records made available to them under subsection  
14 (5) of this section to each other, to law enforcement, community corrections,  
15 corrections and parole agencies of other states and to authorized treatment  
16 providers for the purpose of managing and supervising offenders in custody  
17 or on probation, parole, post-prison supervision or other form of conditional  
18 or supervised release.

19 (B) A person may disclose records made available to the person under  
20 subsection (1)(i) of this section if the records are disclosed for the purpose  
21 of advancing the public interest.

22 (7) An officer or employee of the Department of Human Services or of a  
23 law enforcement agency or any person or entity to whom disclosure is made  
24 pursuant to subsections (1) to (6) of this section may not release any infor-  
25 mation not authorized by subsections (1) to (6) of this section.

26 (8) As used in this section, “law enforcement agency” has the meaning  
27 given that term in ORS 181A.010.

28 (9) A person who violates subsection (6)(a) or (7) of this section commits  
29 a Class A violation.

30 **SECTION 27.** ORS 419B.050 is amended to read:

31 419B.050. (1) Upon notice by a law enforcement agency, the Department

1 of Human Services, a member agency of a county **child abuse** multidiscipli-  
 2 nary [*child abuse*] team or a member of a county **child abuse** multidiscipli-  
 3 nary [*child abuse*] team that a child abuse investigation is being conducted  
 4 under ORS 419B.020, a health care provider must permit the law enforcement  
 5 agency, the department, the member agency of the county **child abuse**  
 6 multidisciplinary [*child abuse*] team or the member of the county **child**  
 7 **abuse** multidisciplinary [*child abuse*] team to inspect and copy medical re-  
 8 cords, including, but not limited to, prenatal and birth records, of the child  
 9 involved in the investigation without the consent of the child, or the parent  
 10 or guardian of the child. A health care provider who in good faith disclosed  
 11 medical records under this section is not civilly or criminally liable for the  
 12 disclosure.

13 (2) As used in this section, “health care provider” has the meaning given  
 14 that term in ORS 192.556.

15 **SECTION 28.** ORS 743A.252 is amended to read:

16 743A.252. (1) As used in this section:

17 (a) “Child abuse [*medical*] assessment” has the meaning given that term  
 18 in ORS 418.782.

19 (b) [*“Community assessment center”*] **“Children’s advocacy center”** has  
 20 the meaning given that term in ORS 418.782.

21 (c) **“Forensic interview” has the meaning given that term in ORS**  
 22 **418.782.**

23 [(c)] (d) “Health benefit plan” has the meaning given that term in ORS  
 24 743B.005.

25 (2) A health benefit plan shall provide payment to or reimburse a [*com-*  
 26 *munity assessment*] **children’s advocacy** center for the services provided by  
 27 the center:

28 (a) In conducting a child abuse [*medical*] assessment of a child enrolled  
 29 in the plan; and

30 (b) That are related to the child abuse [*medical*] assessment including, but  
 31 not limited to:

1 (A) A forensic interview; and

2 (B) Mental health treatment.

3 (3) The payment or reimbursement made in accordance with this section  
4 must be proportionate to the scope and intensity of the services provided by  
5 the [*community assessment*] **children's advocacy** center.

6 (4) This section is exempt from ORS 743A.001.

7 **SECTION 29. (1) The amendments to statutes by sections 1 to 28 of**  
8 **this 2019 Act become operative on January 1, 2020.**

9 **(2) The administrator of the Child Abuse Multidisciplinary Inter-**  
10 **vention Program may take any action before the operative date spec-**  
11 **ified in subsection (1) of this section that is necessary for the**  
12 **administrator to exercise, on or after the operative date specified in**  
13 **subsection (1) of this section, all of the functions and powers conferred**  
14 **on the administrator by the amendments to statutes by sections 1 to**  
15 **28 of this 2019 Act.**

16 **SECTION 30. This 2019 Act takes effect on the 91st day after the**  
17 **date on which the 2019 regular session of the Eightieth Legislative**  
18 **Assembly adjourns sine die.**

19 \_\_\_\_\_