

HOUSE AMENDMENTS TO HOUSE BILL 2301

By COMMITTEE ON HEALTH CARE

April 7

- 1 On page 1 of the printed bill, line 3, after “433.045,” insert “433.800.”
- 2 In line 4, after “441.233,” insert “442.445.”
- 3 In line 5, after “700.030,” insert “700.035.”
- 4 In line 6, delete “section 6” and insert “sections 3 and 4”.
- 5 In line 7, after “743B.206” insert “and sections 6 and 12, chapter 838, Oregon Laws 2007”.
- 6 On page 2, line 33, delete “the office decides” and insert “a decision is made”.
- 7 In line 34, after “sanction” insert “and to issue a notice of intent to impose a disciplinary
- 8 sanction”.
- 9 On page 16, line 26, after “413.550” insert a period and delete the rest of the line and lines 27
- 10 and 28.
- 11 On page 18, delete lines 10 through 18 and insert:
- 12 “(A) Has a bachelor’s degree from an accredited college or university, 45 quarter hours or the
- 13 equivalent semester hours in science courses related to environmental sanitation and two years of
- 14 experience in environmental sanitation under the supervision of a registered environmental health
- 15 specialist;”.
- 16 After line 33, insert:
- 17 “**SECTION 26a.** ORS 700.035 is amended to read:
- 18 “700.035. (1) Subject to ORS 676.612, upon application and payment of the applicable fees es-
- 19 tablished under ORS 676.592, the Health Licensing Office shall issue an environmental health spe-
- 20 cialist trainee registration to any applicant who performs to the satisfaction of the Environmental
- 21 Health Registration Board on an examination approved by the board and furnishes evidence satis-
- 22 factory to the office that the applicant:
- 23 “(a) Has a bachelor’s degree [*with*] **or at least** 45 quarter hours, or the equivalent semester
- 24 hours, in science courses relating to environmental sanitation from an accredited college or uni-
- 25 versity; or
- 26 “(b) Has at least 15 quarter hours, or the equivalent semester hours, in science courses relating
- 27 to environmental sanitation from an accredited college or university and has at least five years of
- 28 experience in environmental sanitation or related activities, as determined by the board, under the
- 29 supervision of a registered environmental health specialist or a person possessing equal qualifica-
- 30 tions, as determined by the board.
- 31 “(2) A person may not be registered as an environmental health specialist trainee for more than
- 32 two years’ full-time employment in the environmental sanitation profession, or the equivalent hours
- 33 if employment in environmental sanitation is less than full-time or 40 hours per week.
- 34 “(3) The office, in consultation with the board, shall establish by rule requirements for regis-
- 35 tration as an environmental health specialist trainee when an individual’s date of employment pre-

1 cedes attainment of registration.

2 “(4) An environmental health specialist trainee shall be supervised by a registered environ-
3 mental health specialist or a person possessing equal qualifications as determined by the board.”.

4 On page 26, after line 40, insert:

5 “**SECTION 42a.** ORS 433.800 is amended to read:

6 “433.800. As used in ORS 433.800 to 433.830, unless the context requires otherwise:

7 “(1) ‘Adrenal crisis’ means a sudden, severe worsening of symptoms associated with adrenal in-
8 sufficiency, such as severe pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration,
9 low blood pressure or loss of consciousness.

10 “(2) ‘Adrenal insufficiency’ means a hormonal disorder that occurs when the adrenal glands do
11 not produce enough adrenal hormones.

12 “(3) ‘Allergen’ means a substance, usually a protein, that evokes a particular adverse response
13 in a sensitive individual.

14 “(4) ‘Allergic response’ means a medical condition caused by exposure to an allergen, with
15 physical symptoms that range from localized itching to severe anaphylactic shock and that may be
16 life threatening.

17 “(5) ‘Hypoglycemia’ means a condition in which a person experiences low blood sugar, producing
18 symptoms such as drowsiness, loss of muscle control so that chewing or swallowing is impaired, ir-
19 rational behavior in which food intake is resisted, convulsions, fainting or coma.

20 “(6) ‘Nurse practitioner’ means a nurse practitioner licensed under ORS chapter 678.

21 “(7) ‘Other treatment’ means oral administration of food containing glucose or other forms of
22 carbohydrate, such as jelly or candy.

23 “(8) ‘Other treatment has failed’ means a hypoglycemic student’s symptoms have worsened after
24 the administration of a food containing glucose or other form of carbohydrate or a hypoglycemic
25 student has become incoherent, unconscious or unresponsive.

26 “(9) ‘Physician’ means a physician licensed under ORS chapter 677.

27 “**(10) ‘Physician assistant’ means a physician assistant licensed under ORS 677.505 to**
28 **677.525.”.**

29 In line 43, after “physician” insert “, physician assistant”.

30 In line 45, after “physician” insert “, physician assistant”.

31 On page 27, line 10, after the second comma insert “physician assistant,”.

32 In line 20, after the second comma insert “physician assistant,”.

33 On page 28, delete lines 33 through 45.

34 On page 29, delete lines 1 through 13 and insert:

35 “**SECTION 46. (1) Section 6, chapter 838, Oregon Laws 2007, as amended by section 8,**
36 **chapter 61, Oregon Laws 2013, is repealed.**

37 “**(2) Section 12, chapter 838, Oregon Laws 2007, is repealed.**

38 “**SECTION 47.** Section 3, chapter 838, Oregon Laws 2007, as amended by section 1157, chapter
39 595, Oregon Laws 2009, and section 6, chapter 61, Oregon Laws 2013, is amended to read:

40 “**Sec. 3.** (1) There is established in the Oregon Health Authority the Oregon Health Care Ac-
41 quired Infection Reporting Program. The program shall:

42 “(a) Provide useful and credible infection measures, specific to each health care facility, to
43 consumers;

44 “(b) Promote quality improvement in health care facilities; and

45 “(c) Utilize existing quality improvement efforts to the extent practicable.

1 “(2) The authority shall adopt rules to:

2 “(a) Require health care facilities to report to the authority health care acquired infection

3 measures, including [*but not limited to*] health care acquired infection rates;

4 “(b) Specify the health care acquired infection measures that health care facilities must report;

5 and

6 “(c) Prescribe the form, manner and frequency of reports of health care acquired infection

7 measures by health care facilities.

8 “(3) In prescribing the form, manner and frequency of reports of health care acquired infection

9 measures by health care facilities, to the extent practicable and appropriate to avoid unnecessary

10 duplication of reporting by facilities, the authority shall align the requirements with the require-

11 ments for health care facilities to report similar data to the Department of Human Services and to

12 the Centers for Medicare and Medicaid Services.

13 “(4) The authority shall utilize, to the extent practicable and appropriate, a credible and reliable

14 risk-adjusted methodology in analyzing the health care acquired infection measures reported by

15 health care facilities.

16 “(5) The authority shall provide health care acquired infection measures and related information

17 to health care facilities in a manner that promotes quality improvement in the health care facilities.

18 “(6) The authority [*shall*] **may** adopt rules prescribing the form, manner and frequency for public

19 disclosure of reported health care acquired infection measures. [*The authority shall disclose updated*

20 *information to the public no less frequently than every calendar quarter.*]

21 “(7) Individually identifiable health information submitted to the authority by health care facil-

22 ities pursuant to this section may not be disclosed to, made subject to subpoena by or used by any

23 state agency for purposes of any enforcement or regulatory action in relation to a participating

24 health care facility.

25 “**SECTION 47a.** Section 4, chapter 838, Oregon Laws 2007, as amended by section 1158, chapter

26 595, Oregon Laws 2009, and section 7, chapter 61, Oregon Laws 2013, is amended to read:

27 “**Sec. 4.** (1) There is established the Health Care Acquired Infection Advisory Committee to

28 advise the Director of the Oregon Health Authority regarding the Oregon Health Care Acquired

29 Infection Reporting Program. The advisory committee shall consist of 16 members appointed by the

30 director as follows:

31 “(a) Seven of the members shall be health care providers or their designees, including:

32 “(A) A hospital administrator who has expertise in infection control and who represents a hos-

33 pital that contains fewer than 100 beds;

34 “(B) A hospital administrator who has expertise in infection control and who represents a hos-

35 pital that contains 100 or more beds;

36 “(C) A long term care administrator;

37 “(D) A hospital quality director;

38 “(E) A physician with expertise in infectious disease;

39 “(F) A registered nurse with interest and involvement in infection control; and

40 “(G) A physician who practices in an ambulatory surgical center and who has interest and in-

41 volvement in infection control.

42 “(b) Nine of the members shall be individuals who do not represent health care providers, in-

43 cluding:

44 “(A) A consumer representative;

45 “(B) A labor representative;

1 “(C) An academic researcher;

2 “(D) A health care purchasing representative;

3 “(E) A representative of the Department of Human Services;

4 “(F) A representative of the business community;

5 “(G) A representative of the Oregon Patient Safety Commission who does not represent a health

6 care provider on the commission;

7 “[*(H) The state epidemiologist; and*]

8 “[*(I) (H) A health insurer representative[.]; and*]

9 **“(I) The State Health Officer or the State Health Officer’s designee.**

10 “(2) The Director of the Oregon Health Authority and the advisory committee shall evaluate on

11 a regular basis the quality and accuracy of the data collected and reported by health care facilities

12 under section 3, chapter 838, Oregon Laws 2007, and the methodologies of the Oregon Health Au-

13 thority for data collection, analysis and public disclosure.

14 “(3) Members of the advisory committee are not entitled to compensation and shall serve as

15 volunteers on the advisory committee.

16 “(4) Each member of the advisory committee shall serve a term of two years.

17 “(5) The advisory committee shall make recommendations to the director regarding:

18 “(a) The health care acquired infection measures that health care facilities must report, which

19 may include but are not limited to:

20 “(A) Surgical site infections;

21 “(B) Central line related bloodstream infections;

22 “(C) Urinary tract infections; and

23 “(D) Health care facility process measures designed to ensure quality and to reduce health care

24 acquired infections;

25 “(b) Methods for evaluating and quantifying health care acquired infection measures that align

26 with other data collection and reporting methodologies of health care facilities and that support

27 participation in other quality interventions;

28 “(c) Requiring different reportable health care acquired infection measures for differently situ-

29 ated health care facilities as appropriate;

30 “(d) A method to ensure that infections present upon admission to the health care facility are

31 excluded from the rates of health care acquired infection disclosed to the public for the health care

32 facility under [*sections 3 and 6,*] **section 3**, chapter 838, Oregon Laws 2007;

33 “(e) Establishing a process for evaluating the health care acquired infection measures reported

34 under section 3, chapter 838, Oregon Laws 2007, and for modifying the reporting requirements over

35 time as appropriate; **and**

36 “[*(f) Establishing a timetable to phase in the reporting and public disclosure of health care ac-*

37 *quired infection measures; and*]

38 “[*(g) (f) Procedures to protect the confidentiality of patients, health care professionals and*

39 *health care facility employees.*]

40 **“SECTION 47b.** ORS 442.445, as amended by section 8, chapter 838, Oregon Laws 2007, and

41 section 2c, chapter 61, Oregon Laws 2013, is amended to read:

42 “442.445. (1) Any health care facility that fails to perform as required in ORS 442.205 and

43 442.400 to 442.463 **or section 3, chapter 838, Oregon Laws 2007**, and rules of the Oregon Health

44 Authority may be subject to a civil penalty.

45 “(2) The Oregon Health Authority shall adopt a schedule of penalties not to exceed \$500 per day

1 of violation, determined by the severity of the violation.

2 “(3) Civil penalties under this section shall be imposed as provided in ORS 183.745.

3 “(4) Civil penalties imposed under this section may be remitted or mitigated upon such terms
4 and conditions as the authority considers proper and consistent with the public health and safety.

5 “(5) Civil penalties incurred under any law of this state are not allowable as costs for the pur-
6 pose of rate determination or for reimbursement by a third-party payer.”.

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