

## HOUSE AMENDMENTS TO HOUSE BILL 2340

By COMMITTEE ON HEALTH CARE

March 20

1 On page 1 of the printed bill, line 3, delete the first “and” and after “ORS” insert “192.556,  
2 433.443,” and before “743.402” insert “742.005,” and before the period insert “; and repealing ORS  
3 743A.050, 743A.120, 743A.144, 743A.164 and 743A.184”.

4 In line 18, delete the comma and insert “and” and delete “and 743A.164”.

5 On page 3, line 21, delete “and”.

6 In line 23, delete the period and insert “; and  
7 “(c) Consumers who purchase insurance are protected.”.

8 In line 42, delete “and”.

9 In line 44, delete the period and insert “; and  
10 “(c) Consumers who purchase insurance are protected.”.

11 On page 4, line 42, delete “and”.

12 In line 43, delete the period and insert “; and  
13 “(c) Consumers who purchase insurance are protected.”.

14 Delete lines 44 and 45 and delete pages 5 through 10 and insert:

15 “**SECTION 7.** ORS 750.055, as amended by section 7, chapter 59, Oregon Laws 2015, is amended  
16 to read:

17 “750.055. (1) The following provisions [*of the Insurance Code*] apply to health care service con-  
18 tractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

19 “(a) ORS 705.137, **705.138** and 705.139[.].

20 “(b) **ORS** 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390,  
21 731.398 to 731.430, 731.428, 731.450, 731.454, **731.485**, as provided in subsection (2) of this section,  
22 **ORS** 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, [731.592,  
23 731.594,] 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, **731.808** and  
24 731.844 to 731.992[, 731.870 and 743A.252].

25 “[*(b) ORS 731.485, except in the case of a group practice health maintenance organization that is*  
26 *federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and*  
27 *operates an in-house drug outlet.*]

28 “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not  
29 including ORS 732.582.

30 “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695  
31 to 733.780.

32 “(e) ORS [*chapter 734*] **734.014 to 734.440**.

33 “(f) ORS 735.600 to 735.650.

34 “(g) ORS 742.001 to 742.009, 742.013, **742.016**, 742.061, 742.065, 742.150 to 742.162[, 742.400,  
35 742.520 to 742.540,] and **742.518 to 742.542**.

1       “(h) **ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.019, 743.020, 743.022, 743.023,**  
2 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, **743.405, 743.406,**  
3 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650  
4 to 743.656, 743.680 to 743.689, 743.788[,] **and 743.790[.]**.”

5       “(i) **ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,**  
6 743A.048, 743A.051, **743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,**  
7 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,  
8 **743A.108, 743A.110, 743A.124, 743A.140, 743A.141, [743A.144,] 743A.148, 743A.150, 743A.160,**  
9 **[743A.164,] 743A.168, 743A.170, 743A.175, [743A.184,] 743A.185, 743A.188, 743A.190, 743A.192,**  
10 **743A.250, 743A.252 and 743A.260 and section 2, chapter 771, Oregon Laws 2013.**

11       “(j) **ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195 to 743B.206, 743B.220,**  
12 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,  
13 743B.258, **743B.280 to 743B.285, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340,**  
14 743B.341, **743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450,**  
15 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, **[743B.540,] 743B.550, 743B.555,**  
16 743B.601, **743B.602** and 743B.800 *[and section 2, chapter 771, Oregon Laws 2013]*.

17       “*[(h)]* (k) The **following** provisions of ORS chapter 744 *[relating to the regulation of insurance*  
18 *producers and third party administrators.]*:

19       “(A) **ORS 744.001 to 744.009, 744.011, 744.013, 744.014, 744.018, 744.022 to 744.033, 744.037,**  
20 **744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;**

21       “(B) **ORS 744.605, 744.609, 744.619, 744.621, 744.626, 744.631, 744.635, 744.650, 744.655 and**  
22 **744.665, relating to the regulation of insurance consultants; and**

23       “(C) **ORS 744.700 to 744.740, relating to the regulation of third party administrators.**

24       “*[(i)]* (L) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,  
25 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and  
26 746.690.

27       “*[(j)]* ORS 743A.024, *except in the case of group practice health maintenance organizations that are*  
28 *federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred*  
29 *by a physician, physician assistant or nurse practitioner associated with a group practice health*  
30 *maintenance organization.]*

31       “(2) **The following provisions of the Insurance Code apply to health care service con-**  
32 **tractors except in the case of group practice health maintenance organizations that are**  
33 **federally qualified pursuant to Title XIII of the Public Health Service Act:**

34       “(a) **ORS 731.485, if the group practice health maintenance organization wholly owns and**  
35 **operates an in-house drug outlet.**

36       “(b) **ORS 743A.024, unless the patient is referred by a physician, physician assistant or**  
37 **nurse practitioner associated with a group practice health maintenance organization.**

38       “*[(2)]* (3) For the purposes of this section, health care service contractors shall be deemed  
39 insurers.

40       “*[(3)]* (4) Any for-profit health care service contractor organized under the laws of any other  
41 state that is not governed by the insurance laws of the other state is subject to all requirements  
42 of ORS chapter 732.

43       “*[(4)]* (5) The Director of the Department of Consumer and Business Services may, after notice  
44 and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005,  
45 750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.

1       “**SECTION 8.** ORS 750.055, as amended by section 33, chapter 698, Oregon Laws 2013, section  
2 6, chapter 25, Oregon Laws 2014, section 81, chapter 45, Oregon Laws 2014, section 8, chapter 59,  
3 Oregon Laws 2015, section 6, chapter 100, Oregon Laws 2015, section 6, chapter 224, Oregon Laws  
4 2015, section 10, chapter 362, Oregon Laws 2015, section 9, chapter 470, Oregon Laws 2015, and  
5 section 29, chapter 515, Oregon Laws 2015, is amended to read:

6       “750.055. (1) The following provisions [*of the Insurance Code*] apply to health care service con-  
7 tractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

8       “(a) ORS 705.137, **705.138 and 705.139**[].

9       “(b) **ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390,**  
10 **731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section,**  
11 **ORS 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, [731.592,**  
12 **731.594,] 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and**  
13 **731.844 to 731.992, 731.870 and 743A.252**].

14       “[(b) *ORS 731.485, except in the case of a group practice health maintenance organization that is*  
15 *federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and*  
16 *operates an in-house drug outlet.*]

17       “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not  
18 including ORS 732.582.

19       “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695  
20 to 733.780.

21       “(e) ORS [*chapter 734*] **734.014 to 734.440**.

22       “(f) ORS 735.600 to 735.650.

23       “(g) ORS 742.001 to 742.009, 742.013, **742.016**, 742.061, 742.065, 742.150 to 742.162[, *742.400,*  
24 *742.520 to 742.540,*] **and 742.518 to 742.542**.

25       “(h) **ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.019, 743.020, 743.022, 743.023,**  
26 **743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406,**  
27 **743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650**  
28 **to 743.656, 743.680 to 743.689, 743.788[,] and 743.790**[].

29       “(i) **ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,**  
30 **743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,**  
31 **743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,**  
32 **743A.108, 743A.110, 743A.124, 743A.140, 743A.141, [743A.144,] 743A.148, 743A.150, 743A.160,**  
33 **[743A.164,] 743A.168, 743A.170, 743A.175, [743A.184,] 743A.185, 743A.188, 743A.190, 743A.192,**  
34 **743A.250, 743A.252 and 743A.260 and section 2, chapter 771, Oregon Laws 2013.**

35       “(j) **ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195 to 743B.206, 743B.220,**  
36 **743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,**  
37 **743B.258, 743B.280 to 743B.285, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340,**  
38 **743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450,**  
39 **743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, [743B.540,] 743B.550, 743B.555,**  
40 **743B.601, 743B.602 and 743B.800 [and section 2, chapter 771, Oregon Laws 2013].**

41       “[(h)] (k) The **following** provisions of ORS chapter 744 [*relating to the regulation of insurance*  
42 *producers and third party administrators.*]:

43       “(A) **ORS 744.001 to 744.009, 744.011, 744.013, 744.014, 744.018, 744.022 to 744.033, 744.037,**  
44 **744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;**

45       “(B) **ORS 744.605, 744.609, 744.619, 744.621, 744.626, 744.631, 744.635, 744.650, 744.655 and**

1 **744.665, relating to the regulation of insurance consultants; and**

2 **“(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.**

3 **“(i) (L) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,**  
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5 **746.690.**

6 **“(j) ORS 743A.024, except in the case of group practice health maintenance organizations that are**  
7 **federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred**  
8 **by a physician, physician assistant or nurse practitioner associated with a group practice health**  
9 **maintenance organization.]**

10 **“(2) The following provisions of the Insurance Code apply to health care service con-**  
11 **tractors except in the case of group practice health maintenance organizations that are**  
12 **federally qualified pursuant to Title XIII of the Public Health Service Act:**

13 **“(a) ORS 731.485, if the group practice health maintenance organization wholly owns and**  
14 **operates an in-house drug outlet.**

15 **“(b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or**  
16 **nurse practitioner associated with a group practice health maintenance organization.**

17 **“(2) (3) For the purposes of this section, health care service contractors shall be deemed**  
18 **insurers.**

19 **“(3) (4) Any for-profit health care service contractor organized under the laws of any other**  
20 **state that is not governed by the insurance laws of the other state is subject to all requirements**  
21 **of ORS chapter 732.**

22 **“(4) (5) The Director of the Department of Consumer and Business Services may, after notice**  
23 **and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005,**  
24 **750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.**

25 **“SECTION 9. ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section**  
26 **7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59,**  
27 **Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws**  
28 **2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, and**  
29 **section 30, chapter 515, Oregon Laws 2015, is amended to read:**

30 **“750.055. (1) The following provisions [of the Insurance Code] apply to health care service con-**  
31 **tractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:**

32 **“(a) ORS 705.137, 705.138 and 705.139[.].**

33 **“(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390,**  
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37 **731.844 to 731.992 [ 731.870 and 743A.252].**

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39 **federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and**  
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42 **including ORS 732.582.**

43 **“(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695**  
44 **to 733.780.**

45 **“(e) ORS [chapter 734] 734.014 to 734.440.**

1 “(f) ORS 735.600 to 735.650.

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19 743B.601, **743B.602** and 743B.800.

20 “[*h*] (k) The **following** provisions of ORS chapter 744 [*relating to the regulation of insurance*

21 *producers and third party administrators.*]:

22 “(A) **ORS 744.001 to 744.009, 744.011, 744.013, 744.014, 744.018, 744.022 to 744.033, 744.037,**

23 **744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;**

24 “(B) **ORS 744.605, 744.609, 744.619, 744.621, 744.626, 744.631, 744.635, 744.650, 744.655 and**

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26 “(C) **ORS 744.700 to 744.740, relating to the regulation of third party administrators.**

27 “[*i*] (L) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,

28 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and

29 746.690.

30 “[*j*] *ORS 743A.024, except in the case of group practice health maintenance organizations that are*

31 *federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred*

32 *by a physician, physician assistant or nurse practitioner associated with a group practice health*

33 *maintenance organization.*]

34 “(2) **The following provisions of the Insurance Code apply to health care service con-**

35 **tractors except in the case of group practice health maintenance organizations that are**

36 **federally qualified pursuant to Title XIII of the Public Health Service Act:**

37 “(a) **ORS 731.485, if the group practice health maintenance organization wholly owns and**

38 **operates an in-house drug outlet.**

39 “(b) **ORS 743A.024, unless the patient is referred by a physician, physician assistant or**

40 **nurse practitioner associated with a group practice health maintenance organization.**

41 “[*2*] (3) For the purposes of this section, health care service contractors shall be deemed

42 insurers.

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44 state that is not governed by the insurance laws of the other state is subject to all requirements

45 of ORS chapter 732.

1 “[(4)] (5) The Director of the Department of Consumer and Business Services may, after notice  
2 and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005,  
3 750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.

4 “**SECTION 10.** ORS 750.333, as amended by section 10, chapter 59, Oregon Laws 2015, is  
5 amended to read:

6 “750.333. (1) The following provisions [*of the Insurance Code*] apply to trusts carrying out a  
7 multiple employer welfare arrangement:

8 “(a) **ORS 705.137, 705.138 and 705.139.**

9 “[*(a)*] (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,  
10 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,  
11 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.804, **731.808 and 731.844** to  
12 731.992[, *743.029 and 743A.252*].

13 “[*(b)*] (c) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to  
14 733.780.

15 “[*(c)*] (d) ORS [*chapter 734*] **734.014 to 734.440.**

16 “[*(d)*] (e) ORS 742.001 to 742.009, 742.013, **742.016**, 742.061 and [*742.400*] **742.065.**

17 “[*(e)*] (f) ORS 743.004, **743.005, 743.007**, 743.008, **743.010, 743.018, 743.020, 743.023**, 743.028,  
18 **743.029**, 743.053, **743.405**, 743.406, 743.524, 743.526[, *743.528*,] **and** 743.535[.].

19 “(g) **ORS 743A.010**, 743A.012, **743A.014**, 743A.020, **743A.024**, 743A.034, **743A.036, 743A.040**,  
20 **743A.048**, 743A.051, 743A.052, **743A.058, 743A.060, 743A.062, 743A.063**, 743A.064, 743A.065,  
21 **743A.066, 743A.068, 743A.070**, 743A.080, 743A.082, **743A.084, 743A.088, 743A.090**, 743A.100,  
22 743A.104, **743A.105, 743A.108**, 743A.110, **743A.124, 743A.140, 743A.141**, [*743A.144*,] **743A.148**,  
23 743A.150, **743A.160, 743A.168**, 743A.170, 743A.175, **743A.180**, [*743A.184*,] **743A.185, 743A.188**,  
24 **743A.190**, 743A.192, 743A.250, **743A.252 and 743A.260.**

25 “(h) **ORS 743B.001, 743B.003 to 743B.127** (except 743B.125 to 743B.127), 743B.195 to 743B.206,  
26 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256,  
27 743B.257, 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343,  
28 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.451, 743B.453,  
29 743B.470, 743B.505, 743B.550, 743B.555 and 743B.601.

30 “[*(f)* ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.048,  
31 743A.058, 743A.066, 743A.068, 743A.070, 743A.084, 743A.088, 743A.090, 743A.105, 743A.140, 743A.141,  
32 743A.148, 743A.168, 743A.180, 743A.185, 743A.188 and 743A.190. *Multiple employer welfare arrange-*  
33 *ments to which ORS 743.004, 743.022, 743.535 and 743B.003 to 743B.127 apply are subject to the*  
34 *sections referred to in this paragraph only as provided in ORS 743.004, 743.022, 743.535 and 743B.003*  
35 *to 743B.127.*]

36 “[*(g)* *Provisions of ORS chapter 744 relating to the regulation of insurance producers and insur-*  
37 *ance consultants, and ORS 744.700 to 744.740.*]

38 “(i) **The following provisions of ORS chapter 744:**

39 “(A) **ORS 744.001 to 744.009, 744.011, 744.013, 744.014, 744.018, 744.022 to 744.033, 744.037,**  
40 **744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;**

41 “(B) **ORS 744.605, 744.609, 744.619, 744.621, 744.626, 744.631, 744.635, 744.650, 744.655 and**  
42 **744.665, relating to the regulation of insurance consultants; and**

43 “(C) **ORS 744.700 to 744.740, relating to the regulation of third party administrators.**

44 “[*(h)*] (j) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

45 “[*(i)* ORS 731.592 and 731.594.]

1           “[(j) ORS 731.870.]  
2           “(2) For the purposes of this section:  
3           “(a) A trust carrying out a multiple employer welfare arrangement shall be considered an  
4 insurer.  
5           “(b) References to certificates of authority shall be considered references to certificates of  
6 multiple employer welfare arrangement.  
7           “(c) Contributions shall be considered premiums.  
8           “(3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the  
9 transaction of health insurance.  
10          “(4) **The Department of Consumer and Business Services may adopt rules that are nec-**  
11 **essary to implement the provisions of ORS 750.301 to 750.341.**  
12          “**SECTION 11.** ORS 192.556 is amended to read:  
13          “192.556. As used in ORS 192.553 to 192.581:  
14          “(1) ‘Authorization’ means a document written in plain language that contains at least the fol-  
15 lowing:  
16           “(a) A description of the information to be used or disclosed that identifies the information in  
17 a specific and meaningful way;  
18           “(b) The name or other specific identification of the person or persons authorized to make the  
19 requested use or disclosure;  
20           “(c) The name or other specific identification of the person or persons to whom the covered  
21 entity may make the requested use or disclosure;  
22           “(d) A description of each purpose of the requested use or disclosure, including but not limited  
23 to a statement that the use or disclosure is at the request of the individual;  
24           “(e) An expiration date or an expiration event that relates to the individual or the purpose of  
25 the use or disclosure;  
26           “(f) The signature of the individual or personal representative of the individual and the date;  
27           “(g) A description of the authority of the personal representative, if applicable; and  
28           “(h) Statements adequate to place the individual on notice of the following:  
29           “(A) The individual’s right to revoke the authorization in writing;  
30           “(B) The exceptions to the right to revoke the authorization;  
31           “(C) The ability or inability to condition treatment, payment, enrollment or eligibility for bene-  
32 fits on whether the individual signs the authorization; and  
33           “(D) The potential for information disclosed pursuant to the authorization to be subject to  
34 redisclosure by the recipient and no longer protected.  
35          “(2) ‘Covered entity’ means:  
36           “(a) A state health plan;  
37           “(b) A health insurer;  
38           “(c) A health care provider that transmits any health information in electronic form to carry  
39 out financial or administrative activities in connection with a transaction covered by ORS 192.553  
40 to 192.581; or  
41           “(d) A health care clearinghouse.  
42          “(3) ‘Health care’ means care, services or supplies related to the health of an individual.  
43          “(4) ‘Health care operations’ includes but is not limited to:  
44           “(a) Quality assessment, accreditation, auditing and improvement activities;  
45           “(b) Case management and care coordination;

1 “(c) Reviewing the competence, qualifications or performance of health care providers or health  
2 insurers;

3 “(d) Underwriting activities;

4 “(e) Arranging for legal services;

5 “(f) Business planning;

6 “(g) Customer services;

7 “(h) Resolving internal grievances;

8 “(i) Creating deidentified information; and

9 “(j) Fundraising.

10 “(5) ‘Health care provider’ includes but is not limited to:

11 “(a) A psychologist, occupational therapist, regulated social worker, professional counselor or  
12 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675  
13 or an employee of the psychologist, occupational therapist, regulated social worker, professional  
14 counselor or marriage and family therapist;

15 “(b) A physician or physician assistant licensed under ORS chapter 677, an acupuncturist li-  
16 censed under ORS 677.759 or an employee of the physician, physician assistant or acupuncturist;

17 “(c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of  
18 the nurse or nursing home administrator;

19 “(d) A dentist licensed under ORS chapter 679 or an employee of the dentist;

20 “(e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the  
21 dental hygienist or denturist;

22 “(f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an em-  
23 ployee of the speech-language pathologist or audiologist;

24 “(g) An emergency medical services provider licensed under ORS chapter 682;

25 “(h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;

26 “(i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic  
27 physician;

28 “(j) A naturopathic physician licensed under ORS chapter 685 or an employee of the  
29 naturopathic physician;

30 “(k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage  
31 therapist;

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

34 “(m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical  
35 therapist;

36 “(n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical  
37 imaging licensee;

38 “(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respir-  
39 atory care practitioner;

40 “(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-  
41 somnographic technologist;

42 “(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

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

44 “(s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral  
45 service practitioner;



1 “(t) A health care facility as defined in ORS 442.015;  
2 “(u) A home health agency as defined in ORS 443.014;  
3 “(v) A hospice program as defined in ORS 443.850;  
4 “(w) A clinical laboratory as defined in ORS 438.010;  
5 “(x) A pharmacy as defined in ORS 689.005; **and**  
6 “[*(y) A diabetes self-management program as defined in ORS 743A.184; and*]  
7 “[*(z)*] (y) Any other person or entity that furnishes, bills for or is paid for health care in the  
8 normal course of business.  
9 “(6) ‘Health information’ means any oral or written information in any form or medium that:  
10 “(a) Is created or received by a covered entity, a public health authority, an employer, a life  
11 insurer, a school, a university or a health care provider that is not a covered entity; and  
12 “(b) Relates to:  
13 “(A) The past, present or future physical or mental health or condition of an individual;  
14 “(B) The provision of health care to an individual; or  
15 “(C) The past, present or future payment for the provision of health care to an individual.  
16 “(7) ‘Health insurer’ means:  
17 “(a) An insurer as defined in ORS 731.106 who offers:  
18 “(A) A health benefit plan as defined in ORS 743B.005;  
19 “(B) A short term health insurance policy, the duration of which does not exceed six months  
20 including renewals;  
21 “(C) A student health insurance policy;  
22 “(D) A Medicare supplemental policy; or  
23 “(E) A dental only policy.  
24 “(b) The Oregon Medical Insurance Pool operated by the Oregon Medical Insurance Pool Board  
25 under ORS 735.600 to 735.650.  
26 “(8) ‘Individually identifiable health information’ means any oral or written health information  
27 in any form or medium that is:  
28 “(a) Created or received by a covered entity, an employer or a health care provider that is not  
29 a covered entity; and  
30 “(b) Identifiable to an individual, including demographic information that identifies the individ-  
31 ual, or for which there is a reasonable basis to believe the information can be used to identify an  
32 individual, and that relates to:  
33 “(A) The past, present or future physical or mental health or condition of an individual;  
34 “(B) The provision of health care to an individual; or  
35 “(C) The past, present or future payment for the provision of health care to an individual.  
36 “(9) ‘Payment’ includes but is not limited to:  
37 “(a) Efforts to obtain premiums or reimbursement;  
38 “(b) Determining eligibility or coverage;  
39 “(c) Billing activities;  
40 “(d) Claims management;  
41 “(e) Reviewing health care to determine medical necessity;  
42 “(f) Utilization review; and  
43 “(g) Disclosures to consumer reporting agencies.  
44 “(10) ‘Personal representative’ includes but is not limited to:  
45 “(a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with

1 authority to make medical and health care decisions;

2 “(b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a rep-  
3 resentative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment  
4 decisions;

5 “(c) A person appointed as a personal representative under ORS chapter 113; and

6 “(d) A person described in ORS 192.573.

7 “(11)(a) ‘Protected health information’ means individually identifiable health information that is  
8 maintained or transmitted in any form of electronic or other medium by a covered entity.

9 “(b) ‘Protected health information’ does not mean individually identifiable health information in:

10 “(A) Education records covered by the federal Family Educational Rights and Privacy Act (20  
11 U.S.C. 1232g);

12 “(B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or

13 “(C) Employment records held by a covered entity in its role as employer.

14 “(12) ‘State health plan’ means:

15 “(a) Medical assistance as defined in ORS 414.025;

16 “(b) The Health Care for All Oregon Children program; or

17 “(c) Any medical assistance or premium assistance program operated by the Oregon Health  
18 Authority.

19 “(13) ‘Treatment’ includes but is not limited to:

20 “(a) The provision, coordination or management of health care; and

21 “(b) Consultations and referrals between health care providers.

22 “**SECTION 12.** ORS 192.556, as amended by section 30, chapter 698, Oregon Laws 2013, is  
23 amended to read:

24 “192.556. As used in ORS 192.553 to 192.581:

25 “(1) ‘Authorization’ means a document written in plain language that contains at least the fol-  
26 lowing:

27 “(a) A description of the information to be used or disclosed that identifies the information in  
28 a specific and meaningful way;

29 “(b) The name or other specific identification of the person or persons authorized to make the  
30 requested use or disclosure;

31 “(c) The name or other specific identification of the person or persons to whom the covered  
32 entity may make the requested use or disclosure;

33 “(d) A description of each purpose of the requested use or disclosure, including but not limited  
34 to a statement that the use or disclosure is at the request of the individual;

35 “(e) An expiration date or an expiration event that relates to the individual or the purpose of  
36 the use or disclosure;

37 “(f) The signature of the individual or personal representative of the individual and the date;

38 “(g) A description of the authority of the personal representative, if applicable; and

39 “(h) Statements adequate to place the individual on notice of the following:

40 “(A) The individual’s right to revoke the authorization in writing;

41 “(B) The exceptions to the right to revoke the authorization;

42 “(C) The ability or inability to condition treatment, payment, enrollment or eligibility for bene-  
43 fits on whether the individual signs the authorization; and

44 “(D) The potential for information disclosed pursuant to the authorization to be subject to  
45 redisclosure by the recipient and no longer protected.

1 “(2) ‘Covered entity’ means:  
2 “(a) A state health plan;  
3 “(b) A health insurer;  
4 “(c) A health care provider that transmits any health information in electronic form to carry  
5 out financial or administrative activities in connection with a transaction covered by ORS 192.553  
6 to 192.581; or  
7 “(d) A health care clearinghouse.  
8 “(3) ‘Health care’ means care, services or supplies related to the health of an individual.  
9 “(4) ‘Health care operations’ includes but is not limited to:  
10 “(a) Quality assessment, accreditation, auditing and improvement activities;  
11 “(b) Case management and care coordination;  
12 “(c) Reviewing the competence, qualifications or performance of health care providers or health  
13 insurers;  
14 “(d) Underwriting activities;  
15 “(e) Arranging for legal services;  
16 “(f) Business planning;  
17 “(g) Customer services;  
18 “(h) Resolving internal grievances;  
19 “(i) Creating deidentified information; and  
20 “(j) Fundraising.  
21 “(5) ‘Health care provider’ includes but is not limited to:  
22 “(a) A psychologist, occupational therapist, regulated social worker, professional counselor or  
23 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675  
24 or an employee of the psychologist, occupational therapist, regulated social worker, professional  
25 counselor or marriage and family therapist;  
26 “(b) A physician or physician assistant licensed under ORS chapter 677, an acupuncturist li-  
27 censed under ORS 677.759 or an employee of the physician, physician assistant or acupuncturist;  
28 “(c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of  
29 the nurse or nursing home administrator;  
30 “(d) A dentist licensed under ORS chapter 679 or an employee of the dentist;  
31 “(e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the  
32 dental hygienist or denturist;  
33 “(f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an em-  
34 ployee of the speech-language pathologist or audiologist;  
35 “(g) An emergency medical services provider licensed under ORS chapter 682;  
36 “(h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;  
37 “(i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic  
38 physician;  
39 “(j) A naturopathic physician licensed under ORS chapter 685 or an employee of the  
40 naturopathic physician;  
41 “(k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage  
42 therapist;  
43 “(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct  
44 entry midwife;  
45 “(m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical

1 therapist;

2 “(n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical  
3 imaging licensee;

4 “(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respir-  
5 atory care practitioner;

6 “(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-  
7 somnographic technologist;

8 “(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

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

10 “(s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral  
11 service practitioner;

12 “(t) A health care facility as defined in ORS 442.015;

13 “(u) A home health agency as defined in ORS 443.014;

14 “(v) A hospice program as defined in ORS 443.850;

15 “(w) A clinical laboratory as defined in ORS 438.010;

16 “(x) A pharmacy as defined in ORS 689.005; **and**

17 “[*y*] A *diabetes self-management program as defined in ORS 743A.184; and*]

18 “[*z*] (y) Any other person or entity that furnishes, bills for or is paid for health care in the  
19 normal course of business.

20 “(6) ‘Health information’ means any oral or written information in any form or medium that:

21 “(a) Is created or received by a covered entity, a public health authority, an employer, a life  
22 insurer, a school, a university or a health care provider that is not a covered entity; and

23 “(b) Relates to:

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

25 “(B) The provision of health care to an individual; or

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

27 “(7) ‘Health insurer’ means an insurer as defined in ORS 731.106 who offers:

28 “(a) A health benefit plan as defined in ORS 743B.005;

29 “(b) A short term health insurance policy, the duration of which does not exceed six months  
30 including renewals;

31 “(c) A student health insurance policy;

32 “(d) A Medicare supplemental policy; or

33 “(e) A dental only policy.

34 “(8) ‘Individually identifiable health information’ means any oral or written health information  
35 in any form or medium that is:

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

38 “(b) Identifiable to an individual, including demographic information that identifies the individ-  
39 ual, or for which there is a reasonable basis to believe the information can be used to identify an  
40 individual, and that relates to:

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

42 “(B) The provision of health care to an individual; or

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

44 “(9) ‘Payment’ includes but is not limited to:

45 “(a) Efforts to obtain premiums or reimbursement;

1 “(b) Determining eligibility or coverage;

2 “(c) Billing activities;

3 “(d) Claims management;

4 “(e) Reviewing health care to determine medical necessity;

5 “(f) Utilization review; and

6 “(g) Disclosures to consumer reporting agencies.

7 “(10) ‘Personal representative’ includes but is not limited to:

8 “(a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with

9 authority to make medical and health care decisions;

10 “(b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a rep-

11 resentative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment

12 decisions;

13 “(c) A person appointed as a personal representative under ORS chapter 113; and

14 “(d) A person described in ORS 192.573.

15 “(11)(a) ‘Protected health information’ means individually identifiable health information that is

16 maintained or transmitted in any form of electronic or other medium by a covered entity.

17 “(b) ‘Protected health information’ does not mean individually identifiable health information in:

18 “(A) Education records covered by the federal Family Educational Rights and Privacy Act (20

19 U.S.C. 1232g);

20 “(B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or

21 “(C) Employment records held by a covered entity in its role as employer.

22 “(12) ‘State health plan’ means:

23 “(a) Medical assistance as defined in ORS 414.025;

24 “(b) The Health Care for All Oregon Children program; or

25 “(c) Any medical assistance or premium assistance program operated by the Oregon Health

26 Authority.

27 “(13) ‘Treatment’ includes but is not limited to:

28 “(a) The provision, coordination or management of health care; and

29 “(b) Consultations and referrals between health care providers.

30 “**SECTION 13.** ORS 433.443 is amended to read:

31 “433.443. (1) As used in this section:

32 “(a) ‘Covered entity’ means:

33 “(A) The Children’s Health Insurance Program;

34 “(B) A health insurer that is an insurer as defined in ORS 731.106 and that issues health in-

35 surance as defined in ORS 731.162;

36 “(C) The state medical assistance program; and

37 “(D) A health care provider.

38 “(b) ‘Health care provider’ includes but is not limited to:

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

40 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675

41 or an employee of the psychologist, occupational therapist, regulated social worker, professional

42 counselor or marriage and family therapist;

43 “(B) A physician or physician assistant licensed under ORS chapter 677, an acupuncturist li-

44 censed under ORS 677.759 or an employee of the physician, physician assistant or acupuncturist;

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

1 the nurse or nursing home administrator;

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

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

5 “(F) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an em-  
6 ployee of the speech-language pathologist or audiologist;

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

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

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

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

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

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

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

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

21 “(O) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respir-  
22 atory care practitioner;

23 “(P) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-  
24 somnographic technologist;

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

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

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

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

30 “(U) A home health agency as defined in ORS 443.014;

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

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

33 “(X) A pharmacy as defined in ORS 689.005; **and**

34 “[*(Y) A diabetes self-management program as defined in ORS 743A.184; and*]

35 “[*(Z)*] **(Y)** Any other person or entity that furnishes, bills for or is paid for health care in the  
36 normal course of business.

37 “(c) ‘Individual’ means a natural person.

38 “(d) ‘Individually identifiable health information’ means any oral or written health information  
39 in any form or medium that is:

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

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

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

1       “(ii) The provision of health care to an individual; or  
2       “(iii) The past, present or future payment for the provision of health care to an individual.  
3       “(e) ‘Legal representative’ means attorney at law, person holding a general power of attorney,  
4 guardian, conservator or any person appointed by a court to manage the personal or financial affairs  
5 of a person, or agency legally responsible for the welfare or support of a person.  
6       “(2)(a) During a public health emergency declared under ORS 433.441, the Public Health Direc-  
7 tor may, as necessary to appropriately respond to the public health emergency:  
8       “(A) Adopt reporting requirements for and provide notice of those requirements to health care  
9 providers, institutions and facilities for the purpose of obtaining information directly related to the  
10 public health emergency;  
11       “(B) After consultation with appropriate medical experts, create and require the use of diag-  
12 nostic and treatment protocols to respond to the public health emergency and provide notice of  
13 those protocols to health care providers, institutions and facilities;  
14       “(C) Order, or authorize local public health administrators to order, public health measures ap-  
15 propriate to the public health threat presented;  
16       “(D) Authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons  
17 who are three years of age or older;  
18       “(E) Upon approval of the Governor, take other actions necessary to address the public health  
19 emergency and provide notice of those actions to health care providers, institutions and facilities,  
20 including public health actions authorized by ORS 431A.015;  
21       “(F) Take any enforcement action authorized by ORS 431A.010, including the imposition of civil  
22 penalties of up to \$500 per day against individuals, institutions or facilities that knowingly fail to  
23 comply with requirements resulting from actions taken in accordance with the powers granted to  
24 the Public Health Director under subparagraphs (A), (B) and (E) of this paragraph; and  
25       “(G) The authority granted to the Public Health Director under this section:  
26       “(i) Supersedes any authority granted to a local public health authority if the local public health  
27 authority acts in a manner inconsistent with guidelines established or rules adopted by the director  
28 under this section; and  
29       “(ii) Does not supersede the general authority granted to a local public health authority or a  
30 local public health administrator except as authorized by law or necessary to respond to a public  
31 health emergency.  
32       “(b) The authority of the Public Health Director to take administrative action, and the effec-  
33 tiveness of any action taken, under paragraph (a)(A), (B) and (D) to (G) of this subsection terminates  
34 upon the expiration of the declared state of public health emergency, unless the actions are con-  
35 tinued under other applicable law.  
36       “(3) Civil penalties under subsection (2) of this section shall be imposed in the manner provided  
37 in ORS 183.745. The Public Health Director must establish that the individual, institution or facility  
38 subject to the civil penalty had actual notice of the action taken that is the basis for the penalty.  
39 The maximum aggregate total for penalties that may be imposed against an individual, institution  
40 or facility under subsection (2) of this section is \$500 for each day of violation, regardless of the  
41 number of violations of subsection (2) of this section that occurred on each day of violation.  
42       “(4)(a) During a declared state of public health emergency, the Public Health Director and local  
43 public health administrators shall be given immediate access to individually identifiable health in-  
44 formation necessary to:  
45       “(A) Determine the causes of an illness related to the public health emergency;

- 1 “(B) Identify persons at risk;  
2 “(C) Identify patterns of transmission;  
3 “(D) Provide treatment; and  
4 “(E) Take steps to control the disease.

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

9 “(c) Individually identifiable health information obtained by the Public Health Director or local  
10 public health administrators under this subsection may not be disclosed without written authori-  
11 zation of the identified individual except:

12 “(A) Directly to the individual who is the subject of the information or to the legal represen-  
13 tative of that individual;

14 “(B) To state, local or federal agencies authorized to receive such information by state or fed-  
15 eral law;

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

17 “(D) Directly to a health care provider for the evaluation or treatment of a condition that is the  
18 subject of a [*proclamation*] **declaration** of a state of public health emergency issued under ORS  
19 433.441.

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

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

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

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

36 “**SECTION 14.** ORS 742.005 is amended to read:

37 “742.005. The Director of the Department of Consumer and Business Services shall disapprove  
38 any form requiring the director’s approval:

39 “(1) If the director finds it does not comply with the law;

40 “(2) If the director finds it contains any provision, including statement of premium, or has any  
41 label, description of its contents, title, heading, backing or other indication of its provisions, which  
42 is unintelligible, uncertain, ambiguous or abstruse, or likely to mislead a person to whom the policy  
43 is offered, delivered or issued;

44 “(3) If, in the director’s judgment, its use would be prejudicial to the interests of the insurer’s  
45 policyholders;



1           “(4) If the director finds it contains provisions which are unjust, unfair or inequitable;  
2           “(5) If the director finds sales presentation material disapproved by the director pursuant to  
3           ORS 742.009 is being used with respect to the form; or  
4           “(6) If, with respect to any of the following forms, the director finds the benefits provided  
5           therein are not reasonable in relation to the premium charged:  
6           “(a) Individual health insurance policy forms, including benefit certificates issued by fraternal  
7           benefit societies and individual policies issued by health care service contractors, but excluding  
8           policies referred to in ORS 743.402 as exempt from the application of ORS 743.405 to 743.498[,] **and**  
9           743A.160 [*and 743A.164*];  
10           “(b) Small employer group health benefit plan forms for small employers as that term is defined  
11           in ORS 743B.005, including small employer group policies issued by health care service contractors;  
12           or  
13           “(c) Credit life and credit health insurance forms subject to ORS 743.371 to 743.380.  
14           “**SECTION 15. ORS 743A.050, 743A.120, 743A.144, 743A.164 and 743A.184 are repealed.**”  
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