

Senate Bill 856

Sponsored by COMMITTEE ON HEALTH CARE (at the request of NW Public Affairs)

SUMMARY

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

Allows naturopathic physicians to perform certain actions that physicians are authorized to perform.

A BILL FOR AN ACT

1
2 Relating to naturopathic physicians; creating new provisions; and amending ORS 30.267, 30.800,
3 30.802, 30.902, 109.640, 109.650, 109.675, 109.680, 109.685, 124.105, 125.150, 125.305, 127.505,
4 127.663, 127.760, 136.220, 146.181, 146.184, 146.750, 147.403, 169.076, 169.077, 169.750, 179.360,
5 179.390, 179.486, 192.547, 307.250, 307.260, 315.262, 316.771, 332.507, 336.485, 339.870, 343.146,
6 353.450, 410.530, 410.720, 414.356, 414.550, 414.615, 414.618, 417.875, 418.017, 418.300, 418.307,
7 418.325, 418.747, 419B.020, 419B.023, 419B.035, 419B.352, 421.467, 421.590, 426.005, 426.020,
8 427.005, 427.235, 427.255, 427.270, 427.275, 430.010, 430.401, 430.545, 430.560, 430.735, 431.180,
9 431A.680, 433.017, 433.040, 433.110, 433.290, 435.205, 435.305, 435.485, 435.496, 438.010, 441.064,
10 441.098, 442.470, 442.574, 443.065, 443.075, 443.445, 443.850, 453.307, 453.728, 453.730, 475.744,
11 475.950, 475.975, 475.976, 475.978, 616.750, 628.270, 659A.312, 659A.413, 676.340, 676.345, 676.550,
12 676.552, 678.010, 678.038, 678.725, 680.205, 680.545, 682.025, 685.110, 688.800, 688.805, 688.807,
13 689.005, 742.405, 742.420, 742.504, 743.683, 743B.222, 744.364, 744.367, 744.382, 746.230 and 759.720
14 and section 13, chapter 819, Oregon Laws 2015.

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

15 **SECTION 1.** ORS 30.267 is amended to read:

16
17 30.267. (1) For the purposes of ORS 30.260 to 30.300, all services constituting patient care, in-
18 cluding, but not limited to, inpatient care, outpatient care and all forms of consultation, that are
19 provided on the Oregon Health and Science University campus or in any Oregon Health and Science
20 University clinic are within the scope of their state employment or duties when performed by:

21 (a) Salaried physicians, **naturopathic physicians** or dentists employed at any full-time equiv-
22 alent by the Oregon Health and Science University;

23 (b) Nonsalaried or courtesy physicians, **naturopathic physicians** or dentists affiliated with the
24 Oregon Health and Science University;

25 (c) Medical, dental or nursing students or trainees affiliated with the Oregon Health and Science
26 University;

27 (d) Volunteer physicians, **naturopathic physicians** or dentists affiliated with the Oregon Health
28 and Science University; or

29 (e) Any nurses, students, orderlies, volunteers, aides or employees of the Oregon Health and
30 Science University.

31 (2) As used in this section:

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.
New sections are in **boldfaced** type.

1 (a) “Nonsalaried or courtesy physician, **naturopathic physician** or dentist” means a
 2 physician, **naturopathic physician** or dentist who receives a fee or other compensation for those
 3 services constituting patient care which are within the scope of state employment or duties under
 4 this section. The term does not include a physician, **naturopathic physician** or dentist described
 5 under subsection (1)(a) of this section.

6 (b) “Volunteer physician, **naturopathic physician** or dentist” means a physician, **naturopathic**
 7 **physician** or dentist who does not receive a salary, fee or other compensation for those services
 8 constituting patient care which are within the scope of state employment or duties under this sec-
 9 tion.

10 **SECTION 2.** ORS 30.800 is amended to read:

11 30.800. (1) As used in this section and ORS 30.805, “emergency medical assistance” means:

12 (a) Medical or dental care not provided in a place where emergency medical or dental care is
 13 regularly available, including but not limited to a hospital, industrial first-aid station or the office
 14 of a physician, **naturopathic physician**, physician assistant or dentist, given voluntarily and with-
 15 out the expectation of compensation to an injured person who is in need of immediate medical or
 16 dental care and under emergency circumstances that suggest that the giving of assistance is the
 17 only alternative to death or serious physical aftereffects; or

18 (b) Medical care provided voluntarily in good faith and without expectation of compensation by
 19 a physician licensed under ORS chapter 677, a physician assistant licensed under ORS 677.505 to
 20 677.525 [*or*], a nurse practitioner licensed under ORS 678.375 to 678.390 **or a naturopathic physi-**
 21 **cian licensed under ORS chapter 685** and in the person’s professional capacity as a provider of
 22 health care for an athletic team at a public or private school or college athletic event or as a vol-
 23 unteer provider of health care at other athletic events.

24 (2) No person may maintain an action for damages for injury, death or loss that results from acts
 25 or omissions of a person while rendering emergency medical assistance unless it is alleged and
 26 proved by the complaining party that the person was grossly negligent in rendering the emergency
 27 medical assistance.

28 (3) The giving of emergency medical assistance by a person does not, of itself, establish a pro-
 29 fessional relationship between the person giving the assistance and the person receiving the assist-
 30 ance insofar as the relationship carries with it any duty to provide or arrange for further medical
 31 care for the injured person after the giving of emergency medical assistance.

32 **SECTION 3.** ORS 30.802 is amended to read:

33 30.802. (1) As used in this section:

34 (a) “Automated external defibrillator” means an automated external defibrillator approved for
 35 sale by the federal Food and Drug Administration.

36 (b) “Public setting” means a location that is:

37 (A) Accessible to members of the general public, employees, visitors and guests, but that is not
 38 a private residence;

39 (B) A public school facility as defined in ORS 327.365;

40 (C) A health club as defined in ORS 431A.450; or

41 (D) A place of public assembly as defined in ORS 431A.455.

42 (2) A person may not bring a cause of action against another person for damages for injury,
 43 death or loss that result from acts or omissions involving the use, attempted use or nonuse of an
 44 automated external defibrillator when the other person:

45 (a) Used or attempted to use an automated external defibrillator;

1 (b) Was present when an automated external defibrillator was used or should have been used;

2 (c) Provided training in the use of an automated external defibrillator;

3 (d) Is a physician, physician assistant licensed under ORS 677.505 to 677.525 [or], nurse practi-
4 tioner licensed under ORS 678.375 to 678.390 **or a naturopathic physician licensed under ORS**
5 **chapter 685** and provided services related to the placement or use of an automated external
6 defibrillator; or

7 (e) Possesses or controls one or more automated external defibrillators placed in a public set-
8 ting.

9 (3) The immunity provided by this section does not apply if:

10 (a) The person against whom the action is brought acted with gross negligence or with reckless,
11 wanton or intentional misconduct; or

12 (b) The use, attempted use or nonuse of an automated external defibrillator occurred at a lo-
13 cation where emergency medical care is regularly available.

14 (4) Nothing in this section affects the liability of a manufacturer, designer, developer, distributor
15 or supplier of an automated external defibrillator, or an accessory for an automated external
16 defibrillator, under the provisions of ORS 30.900 to 30.920 or any other applicable state or federal
17 law.

18 **SECTION 4.** ORS 30.902 is amended to read:

19 30.902. A physician licensed pursuant to ORS chapter 677 **or a naturopathic physician li-**
20 **censed under ORS chapter 685** is not a manufacturer, distributor, seller or lessor of a product for
21 the purposes of ORS 30.900 to 30.920 if the product is provided by the physician **or naturopathic**
22 **physician** to a patient as part of a medical procedure and the physician **or naturopathic physician**
23 was not involved in the design or manufacture of the product.

24 **SECTION 5.** ORS 109.640 is amended to read:

25 109.640. (1) [Any] **A** physician, physician assistant licensed under ORS 677.505 to 677.525 [or],
26 nurse practitioner licensed under ORS 678.375 to 678.390 **or naturopathic physician licensed un-**
27 **der ORS chapter 685** may provide birth control information and services to any person without
28 regard to the age of the person.

29 (2) A minor 15 years of age or older may give consent, without the consent of a parent or
30 guardian of the minor, to:

31 (a) Hospital care, medical or surgical diagnosis or treatment by a physician licensed by the
32 Oregon Medical Board **or a naturopathic physician licensed under ORS chapter 685**, and dental
33 or surgical diagnosis or treatment by a dentist licensed by the Oregon Board of Dentistry, except
34 as provided by ORS 109.660.

35 (b) Diagnosis or treatment by a physician assistant who is licensed under ORS 677.505 to 677.525
36 and who is acting pursuant to a practice agreement as defined in ORS 677.495.

37 (c) Diagnosis and treatment by a nurse practitioner who is licensed by the Oregon State Board
38 of Nursing under ORS 678.375 and who is acting within the scope of practice for a nurse practi-
39 tioner.

40 (d) Except when the minor is obtaining contact lenses for the first time, diagnosis and treatment
41 by an optometrist who is licensed by the Oregon Board of Optometry under ORS 683.010 to 683.340
42 and who is acting within the scope of practice for an optometrist.

43 **SECTION 6.** ORS 109.650 is amended to read:

44 109.650. A hospital or [any] **a** physician, physician assistant, nurse practitioner, **naturopathic**
45 **physician**, dentist or optometrist described in ORS 109.640 may advise a parent or legal guardian

1 of a minor of the care, diagnosis or treatment of the minor or the need for any treatment of the
2 minor, without the consent of the minor, and is not liable for advising the parent or legal guardian
3 without the consent of the minor.

4 **SECTION 7.** ORS 109.675 is amended to read:

5 109.675. (1) A minor 14 years of age or older may obtain, without parental knowledge or consent,
6 outpatient diagnosis or treatment of a mental or emotional disorder or a chemical dependency, ex-
7 cluding methadone maintenance, by a physician or physician assistant licensed by the Oregon Med-
8 ical Board, a psychologist licensed by the State Board of Psychologist Examiners, a nurse
9 practitioner registered by the Oregon State Board of Nursing, a clinical social worker licensed by
10 the State Board of Licensed Social Workers, a professional counselor or marriage and family ther-
11 apist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, **a**
12 **naturopathic physician licensed by the Oregon Board of Naturopathic Medicine** or a commu-
13 nity mental health program established and operated pursuant to ORS 430.620 when approved to do
14 so by the Oregon Health Authority pursuant to rule.

15 (2) However, the person providing treatment shall have the parents of the minor involved before
16 the end of treatment unless the parents refuse or unless there are clear clinical indications to the
17 contrary, which shall be documented in the treatment record. The provisions of this subsection do
18 not apply to:

19 (a) A minor who has been sexually abused by a parent; or

20 (b) An emancipated minor, whether emancipated under the provisions of ORS 109.510 and
21 109.520 or 419B.550 to 419B.558 or, for the purpose of this section only, emancipated by virtue of
22 having lived apart from the parents or legal guardian while being self-sustaining for a period of 90
23 days prior to obtaining treatment as provided by this section.

24 **SECTION 8.** ORS 109.680 is amended to read:

25 109.680. A physician, physician assistant, psychologist, nurse practitioner, clinical social worker
26 licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the
27 Oregon Board of Licensed Professional Counselors and Therapists, **naturopathic physician li-**
28 **icensed under ORS chapter 685** or community mental health program described in ORS 109.675 may
29 advise the parent or parents or legal guardian of *[any]* a minor described in ORS 109.675 of the di-
30 agnosis or treatment whenever the disclosure is clinically appropriate and will serve the best in-
31 terests of the minor's treatment because the minor's condition has deteriorated or the risk of a
32 suicide attempt has become such that inpatient treatment is necessary, or the minor's condition re-
33 quires detoxification in a residential or acute care facility. If such disclosure is made, the physician,
34 physician assistant, psychologist, nurse practitioner, clinical social worker licensed under ORS
35 675.530, professional counselor or marriage and family therapist licensed by the Oregon Board of
36 Licensed Professional Counselors and Therapists, **naturopathic physician licensed under ORS**
37 **chapter 685** or community mental health program shall not be subject to any civil liability for ad-
38 vising the parent, parents or legal guardian without the consent of the minor.

39 **SECTION 9.** ORS 109.685 is amended to read:

40 109.685. A physician, physician assistant, psychologist, nurse practitioner, clinical social worker
41 licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the
42 Oregon Board of Licensed Professional Counselors and Therapists, **naturopathic physician li-**
43 **icensed under ORS chapter 685** or community mental health program described in ORS 109.675 who
44 in good faith provides diagnosis or treatment to a minor as authorized by ORS 109.675 shall not be
45 subject to any civil liability for providing such diagnosis or treatment without consent of the parent

1 or legal guardian of the minor.

2 **SECTION 10.** ORS 124.105 is amended to read:

3 124.105. (1) An action may be brought under ORS 124.100 for physical abuse if the defendant
4 engaged in conduct against a vulnerable person that would constitute any of the following:

5 (a) Assault, under the provisions of ORS 163.160, 163.165, 163.175 and 163.185.

6 (b) Menacing, under the provisions of ORS 163.190.

7 (c) Recklessly endangering another person, under the provisions of ORS 163.195.

8 (d) Criminal mistreatment, under the provisions of ORS 163.200 and 163.205.

9 (e) Rape, under the provisions of ORS 163.355, 163.365 and 163.375.

10 (f) Sodomy, under the provisions of ORS 163.385, 163.395 and 163.405.

11 (g) Unlawful sexual penetration, under the provisions of ORS 163.408 and 163.411.

12 (h) Sexual abuse, under the provisions of ORS 163.415, 163.425 and 163.427.

13 (i) Strangulation, under ORS 163.187.

14 (2) An action may be brought under ORS 124.100 for physical abuse if the defendant used any
15 unreasonable physical constraint on the vulnerable person or subjected the vulnerable person to
16 prolonged or continued deprivation of food or water.

17 (3) An action may be brought under ORS 124.100 for physical abuse if the defendant used a
18 physical or chemical restraint, or psychotropic medication on the vulnerable person without an or-
19 der from a physician **or naturopathic physician** licensed in the State of Oregon or under any of
20 the following conditions:

21 (a) For the purpose of punishing the vulnerable person.

22 (b) For any purpose not consistent with the purposes authorized by a physician **or naturopathic**
23 **physician**.

24 (c) For a period significantly beyond that for which the restraint or medication was authorized
25 by a physician **or naturopathic physician**.

26 **SECTION 11.** ORS 125.150 is amended to read:

27 125.150. (1)(a) The court shall appoint a visitor upon the filing of a petition in a protective
28 proceeding that seeks the appointment of:

29 (A) A guardian for an adult respondent;

30 (B) A guardian for a minor respondent who is more than 16 years of age, in cases where the
31 court determines there is the likelihood that a petition seeking appointment of a guardian for the
32 respondent as an adult will be filed before the date that the respondent attains majority, in ac-
33 cordance with ORS 125.055 (6), or as an adult; or

34 (C) A temporary fiduciary who will exercise the powers of a guardian for an adult respondent.

35 (b) The court may appoint a visitor in any other protective proceeding or in a proceeding under
36 ORS 109.329.

37 (2) A visitor may be an officer, employee or special appointee of the court. The person appointed
38 may not have any personal interest in the proceedings. The person appointed must have training or
39 expertise adequate to allow the person to appropriately evaluate the functional capacity and needs
40 of a respondent or protected person, or each petitioner and the person to be adopted under ORS
41 109.329. The court shall provide a copy of the petition and other filings in the proceedings that may
42 be of assistance to the visitor.

43 (3) A visitor appointed by the court under this section shall interview a person nominated or
44 appointed as fiduciary and the respondent or protected person, or each petitioner and the person to
45 be adopted under ORS 109.329, personally at the place where the respondent or protected person,

1 or each petitioner or the person to be adopted under ORS 109.329, is located.

2 (4) Subject to any law relating to confidentiality, the visitor may interview any physician,
3 **naturopathic physician** or psychologist who has examined the respondent or protected person, or
4 each petitioner under ORS 109.329, the person or officer of the institution having the care, custody
5 or control of the respondent or protected person, or each petitioner under ORS 109.329, and any
6 other person who may have relevant information.

7 (5) If requested by a visitor under subsection (4) of this section, a physician, **naturopathic**
8 **physician** or psychologist who has examined the respondent or protected person, or each petitioner
9 under ORS 109.329, may, with patient authorization or, in the case of a minor respondent, with the
10 authorization of the minor's parent or the person having custody of the minor, or in response to a
11 court order in accordance with ORCP 44 or a subpoena under ORCP 55, provide any relevant in-
12 formation the physician, **naturopathic physician** or psychologist has regarding the respondent or
13 protected person, or each petitioner under ORS 109.329.

14 (6) A visitor shall determine whether it appears that the respondent or protected person, or each
15 petitioner or the person to be adopted under ORS 109.329, is able to attend the hearing and, if able
16 to attend, whether the respondent or protected person, or each petitioner or the person to be
17 adopted under ORS 109.329, is willing to attend the hearing.

18 (7) If a petition is filed seeking the appointment of a guardian for an adult respondent, a visitor
19 shall investigate the following matters:

20 (a) The inability of the respondent to provide for the needs of the respondent with respect to
21 physical health, food, clothing and shelter;

22 (b) The location of the respondent's residence and the ability of the respondent to live in the
23 residence while under guardianship;

24 (c) Alternatives to guardianship considered by the petitioner and reasons why those alternatives
25 are not available;

26 (d) Health or social services provided to the respondent during the year preceding the filing of
27 the petition, when the petitioner has information as to those services;

28 (e) The inability of the respondent to resist fraud or undue influence; and

29 (f) Whether the respondent's inability to provide for the needs of the respondent is an isolated
30 incident of negligence or improvidence, or whether a pattern exists.

31 (8) If a petition is filed seeking the appointment of a fiduciary, a visitor shall determine whether
32 the respondent objects to:

33 (a) The appointment of a fiduciary; and

34 (b) The nominated fiduciary or prefers another person to act as fiduciary.

35 (9) If a petition is filed seeking the appointment of a conservator in addition to the appointment
36 of a guardian, a visitor shall investigate whether the respondent is financially incapable. The visitor
37 shall interview the person nominated to act as conservator and shall interview the respondent per-
38 sonally at the place where the respondent is located.

39 (10) A visitor shall determine whether the respondent or protected person, or each petitioner
40 or the person to be adopted under ORS 109.329, wishes to be represented by counsel and, if so,
41 whether the respondent or protected person, or each petitioner or the person to be adopted under
42 ORS 109.329, has retained counsel and, if not, the name of an attorney the respondent or protected
43 person, or each petitioner or the person to be adopted under ORS 109.329, wishes to retain.

44 (11) If the respondent or protected person, or each petitioner or the person to be adopted under
45 ORS 109.329, has not retained counsel, a visitor shall determine whether the respondent or protected

1 person, or each petitioner or the person to be adopted under ORS 109.329, desires the court to ap-
2 point counsel.

3 (12) If the respondent or protected person, or each petitioner or the person to be adopted under
4 ORS 109.329, does not plan to retain counsel and has not requested the appointment of counsel by
5 the court, a visitor shall determine whether the appointment of counsel would help to resolve the
6 matter and whether appointment of counsel is necessary to protect the interests of the respondent
7 or protected person, or each petitioner or the person to be adopted under ORS 109.329.

8 **SECTION 12.** ORS 125.305 is amended to read:

9 125.305. (1) After determining that conditions for the appointment of a guardian have been es-
10 tablished, the court may appoint a guardian as requested if the court determines by clear and con-
11 vincing evidence that:

12 (a) The respondent is a minor in need of a guardian or the respondent is incapacitated;

13 (b) The appointment is necessary as a means of providing continuing care and supervision of the
14 respondent; and

15 (c) The nominated person is both qualified and suitable, and is willing to serve.

16 (2) The court shall make a guardianship order that is no more restrictive upon the liberty of the
17 protected person than is reasonably necessary to protect the person. In making the order the court
18 shall consider the information in the petition, the report of the visitor, the report of any physician,
19 **naturopathic physician** or psychologist who has examined the respondent, if there was an exam-
20 ination and the evidence presented at any hearing.

21 (3) The court may require that a guardian post bond.

22 (4) The Department of Human Services may be appointed guardian of a minor if the minor has
23 no living parents and if no willing, qualified and suitable relative or other person has petitioned the
24 court for appointment as a guardian.

25 **SECTION 13.** ORS 127.505 is amended to read:

26 127.505. As used in ORS 127.505 to 127.660 and 127.995:

27 (1) "Adult" means an individual who is 18 years of age or older, who has been adjudicated an
28 emancipated minor or who is married.

29 (2) "Advance directive" means a document that contains a health care instruction or a power
30 of attorney for health care.

31 (3) "Appointment" means a power of attorney for health care, letters of guardianship or a court
32 order appointing a health care representative.

33 (4) "Artificially administered nutrition and hydration" means a medical intervention to provide
34 food and water by tube, mechanical device or other medically assisted method. "Artificially ad-
35 ministered nutrition and hydration" does not include the usual and typical provision of nutrition and
36 hydration, such as the provision of nutrition and hydration by cup, hand, bottle, drinking straw or
37 eating utensil.

38 (5) "Attending physician" means the physician who has primary responsibility for the care and
39 treatment of the principal.

40 (6) "Attorney-in-fact" means an adult appointed to make health care decisions for a principal
41 under a power of attorney for health care, and includes an alternative attorney-in-fact.

42 (7) "Dementia" means a degenerative condition that causes progressive deterioration of intel-
43 lectual functioning and other cognitive skills, including but not limited to aphasia, apraxia, memory,
44 agnosia and executive functioning, that leads to a significant impairment in social or occupational
45 function and that represents a significant decline from a previous level of functioning. Diagnosis is

1 by history and physical examination.

2 (8) "Health care" means diagnosis, treatment or care of disease, injury and congenital or de-
3 generative conditions, including the use, maintenance, withdrawal or withholding of life-sustaining
4 procedures and the use, maintenance, withdrawal or withholding of artificially administered nutri-
5 tion and hydration.

6 (9) "Health care decision" means consent, refusal of consent or withholding or withdrawal of
7 consent to health care, and includes decisions relating to admission to or discharge from a health
8 care facility.

9 (10) "Health care facility" means a health care facility as defined in ORS 442.015, a domiciliary
10 care facility as defined in ORS 443.205, a residential facility as defined in ORS 443.400, an adult
11 foster home as defined in ORS 443.705 or a hospice program as defined in ORS 443.850.

12 (11) "Health care instruction" or "instruction" means a document executed by a principal to
13 indicate the principal's instructions regarding health care decisions.

14 (12) "Health care provider" means a person licensed, certified or otherwise authorized or per-
15 mitted by the law of this state to administer health care in the ordinary course of business or
16 practice of a profession, and includes a health care facility.

17 (13) "Health care representative" means:

18 (a) An attorney-in-fact;

19 (b) A person who has authority to make health care decisions for a principal under the pro-
20 visions of ORS 127.635 (2) or (3); or

21 (c) A guardian or other person, appointed by a court to make health care decisions for a prin-
22 cipal.

23 (14) "Incapable" means that in the opinion of the court in a proceeding to appoint or confirm
24 authority of a health care representative, or in the opinion of the principal's attending physician, a
25 principal lacks the ability to make and communicate health care decisions to health care providers,
26 including communication through persons familiar with the principal's manner of communicating if
27 those persons are available. "Capable" means not incapable.

28 (15) "Instrument" means an advance directive, acceptance, disqualification, withdrawal, court
29 order, court appointment or other document governing health care decisions.

30 (16) "Life support" means life-sustaining procedures.

31 (17) "Life-sustaining procedure" means any medical procedure, pharmaceutical, medical device
32 or medical intervention that maintains life by sustaining, restoring or supplanting a vital function.
33 "Life-sustaining procedure" does not include routine care necessary to sustain patient cleanliness
34 and comfort.

35 (18) "Medically confirmed" means the medical opinion of the attending physician has been con-
36 firmed by a second physician who has examined the patient and who has clinical privileges or ex-
37 pertise with respect to the condition to be confirmed.

38 (19) "Permanently unconscious" means completely lacking an awareness of self and external
39 environment, with no reasonable possibility of a return to a conscious state, and that condition has
40 been medically confirmed by a neurological specialist who is an expert in the examination of unre-
41 sponsive individuals.

42 (20) "Physician" means an individual licensed to practice medicine by the Oregon Medical Board
43 **or a naturopathic physician licensed to practice naturopathic medicine by the Oregon Board**
44 **of Naturopathic Medicine.**

45 (21) "Power of attorney for health care" means a power of attorney document that authorizes

1 an attorney-in-fact to make health care decisions for the principal when the principal is incapable.

2 (22) "Principal" means:

3 (a) An adult who has executed an advance directive;

4 (b) A person of any age who has a health care representative;

5 (c) A person for whom a health care representative is sought; or

6 (d) A person being evaluated for capability who will have a health care representative if the
7 person is determined to be incapable.

8 (23) "Terminal condition" means a health condition in which death is imminent irrespective of
9 treatment, and where the application of life-sustaining procedures or the artificial administration of
10 nutrition and hydration serves only to postpone the moment of death of the principal.

11 (24) "Tube feeding" means artificially administered nutrition and hydration.

12 **SECTION 14.** ORS 127.663 is amended to read:

13 127.663. As used in ORS 127.663 to 127.684:

14 (1) "Authorized user" means a person authorized by the Oregon Health Authority to provide
15 information to or receive information from the POLST registry.

16 (2) "Life-sustaining treatment" means any medical procedure, pharmaceutical, medical device or
17 medical intervention that maintains life by sustaining, restoring or supplanting a vital function.
18 "Life-sustaining treatment" does not include routine care necessary to sustain patient cleanliness
19 and comfort.

20 **(3) "Naturopathic physician" has the meaning given the term in ORS 685.010.**

21 [(3)] **(4)** "Nurse practitioner" has the meaning given that term in ORS 678.010.

22 [(4)] **(5)** "Physician" has the meaning given that term in ORS 677.010.

23 [(5)] **(6)** "Physician assistant" has the meaning given that term in ORS 677.495.

24 [(6)] **(7)** "POLST" means a physician order for life-sustaining treatment signed by a physician,
25 **naturopathic physician**, nurse practitioner or physician assistant.

26 [(7)] **(8)** "POLST registry" means the registry established in ORS 127.666.

27 **SECTION 15.** ORS 127.760 is amended to read:

28 127.760. (1) As used in this section:

29 (a) "Health care instruction" means a document executed by a patient to indicate the patient's
30 instructions regarding health care decisions, including an advance directive or power of attorney for
31 health care executed under ORS 127.505 to 127.660.

32 (b) "Health care provider" means a person licensed, certified or otherwise authorized by the law
33 of this state to administer health care in the ordinary course of business or practice of a profession.

34 (c) "Hospital" has the meaning given that term in ORS 442.015.

35 (d) "Mental health treatment" means convulsive treatment, treatment of mental illness with
36 psychoactive medication, psychosurgery, admission to and retention in a health care facility for care
37 or treatment of mental illness, and related outpatient services.

38 (2)(a)(A) A hospital may appoint a health care provider who has received training in health care
39 ethics, including identification and management of conflicts of interest and acting in the best inter-
40 est of the patient, to give informed consent to medically necessary health care services on behalf
41 of a patient admitted to the hospital in accordance with subsection (3) of this section.

42 (B) If a person appointed under subparagraph (A) of this paragraph is the patient's attending
43 physician **or naturopathic physician licensed under ORS chapter 685**, the hospital must also
44 appoint another health care provider who meets the requirements of subparagraph (A) of this para-
45 graph to participate in making decisions about giving informed consent to health care services on

1 behalf of the patient.

2 (b) A hospital may appoint a multidisciplinary committee with ethics as a core component of the
3 duties of the committee, or a hospital ethics committee, to participate in making decisions about
4 giving informed consent to medically necessary health care services on behalf of a patient admitted
5 to the hospital in accordance with subsection (3) of this section.

6 (3) A person appointed by a hospital under subsection (2) of this section may give informed
7 consent to medically necessary health care services on behalf of and in the best interest of a patient
8 admitted to the hospital if:

9 (a) In the medical opinion of the attending physician **or naturopathic physician**, the patient
10 lacks the ability to make and communicate health care decisions to health care providers;

11 (b) The hospital has performed a reasonable search, in accordance with the hospital's policy for
12 locating relatives and friends of a patient, for a health care representative appointed under ORS
13 127.505 to 127.660 or an adult relative or adult friend of the patient who is capable of making health
14 care decisions for the patient, including contacting social service agencies of the Oregon Health
15 Authority or the Department of Human Services if the hospital has reason to believe that the pa-
16 tient has a case manager with the authority or the department, and has been unable to locate any
17 person who is capable of making health care decisions for the patient; and

18 (c) The hospital has performed a reasonable search for and is unable to locate any health care
19 instruction executed by the patient.

20 (4) Notwithstanding subsection (3) of this section, if a patient's wishes regarding health care
21 services were made known during a period when the patient was capable of making and communi-
22 cating health care decisions, the hospital and the person appointed under subsection (2) of this
23 section shall comply with those wishes.

24 (5) A person appointed under subsection (2) of this section may not consent on a patient's behalf
25 to:

26 (a) Mental health treatment;

27 (b) Sterilization;

28 (c) Abortion;

29 (d) Except as provided in ORS 127.635 (3), the withholding or withdrawal of life-sustaining pro-
30 cedures as defined in ORS 127.505; or

31 (e) Except as provided in ORS 127.580 (2), the withholding or withdrawal of artificially admin-
32 istered nutrition and hydration, as defined in ORS 127.505, other than hyperalimentation, necessary
33 to sustain life.

34 (6) If the person appointed under subsection (2) of this section knows the patient's religious
35 preference, the person shall make reasonable efforts to confer with a member of the clergy of the
36 patient's religious tradition before giving informed consent to health care services on behalf of the
37 patient.

38 (7) A person appointed under subsection (2) of this section is not a health care representative
39 as defined in ORS 127.505.

40 **SECTION 16.** ORS 136.220 is amended to read:

41 136.220. A challenge for implied bias shall be allowed for any of the following causes and for
42 no other:

43 (1) Consanguinity or affinity within the fourth degree to the person alleged to be injured by the
44 offense charged in the accusatory instrument, to the complainant or to the defendant.

45 (2) Standing in the relation of guardian and ward, attorney and client, physician and patient,

1 **naturopathic physician and patient**, physician assistant and patient, nurse practitioner and pa-
 2 tient, master and servant, debtor and creditor, principal and agent or landlord and tenant with the:

3 (a) Defendant;

4 (b) Person alleged to be injured by the offense charged in the accusatory instrument; or

5 (c) Complainant.

6 (3) Being a member of the family, a partner in business with or in the employment of any person
 7 referred to in subsection (2)(a), (b) or (c) of this section or a surety in the action or otherwise for
 8 the defendant.

9 (4) Having served on the grand jury which found the indictment or on a jury of inquest which
 10 inquired into the death of a person whose death is the subject of the indictment or information.

11 (5) Having been one of a jury formerly sworn in the same action, and whose verdict was set
 12 aside or which was discharged without a verdict after the cause was submitted to it.

13 (6) Having served as a juror in a civil action, suit or proceeding brought against the defendant
 14 for substantially the same act charged as an offense.

15 (7) Having served as a juror in a criminal action upon substantially the same facts, transaction
 16 or criminal episode.

17 **SECTION 17.** ORS 146.181 is amended to read:

18 146.181. (1) When a person is reported as missing to any city, county or state police agency, the
 19 agency, within 12 hours thereafter, shall enter into state and federal records maintained for that
 20 purpose, a report of the missing person in a format and according to procedures established by the
 21 authorities responsible respectively for the state and federal records.

22 (2) The law enforcement agency to which the report is made:

23 (a) May request from the person making the report information or material likely to be useful
 24 in identifying the missing person or the human remains of the missing person, including, but not
 25 limited to:

26 (A) The name of the missing person and any alternative names the person uses;

27 (B) The date of birth of the missing person;

28 (C) A physical description of the missing person, including the height, weight, gender, race, eye
 29 color, current hair color and natural hair color of the missing person, any identifying marks on the
 30 missing person, any prosthetics used by, or surgical implants in, the missing person and any physical
 31 anomalies of the missing person;

32 (D) The blood type of the missing person;

33 (E) The driver license number of the missing person;

34 (F) The Social Security number of the missing person;

35 (G) A recent photograph of the missing person;

36 (H) A description of the clothing the missing person is believed to have been wearing at the time
 37 the person disappeared;

38 (I) A description of items that the missing person is believed to have had with the person at the
 39 time the person disappeared;

40 (J) Telephone numbers and electronic mail addresses of the missing person;

41 (K) The name and address of any school the missing person attends;

42 (L) The name and address of any employer of the missing person;

43 (M) The name and address of the physician, physician assistant, **naturopathic physician**, nurse
 44 practitioner or dentist who provides health care services to the missing person;

45 (N) A description of any vehicle that the missing person might have been driving or riding in

1 when the person disappeared;

2 (O) The reasons why the person making the missing person report believes the person is missing;

3 (P) Any circumstances that indicate that the missing person may be at risk of injury or death;

4 (Q) Any circumstances that may indicate that the disappearance is not voluntary;

5 (R) Information about a known or possible abductor or a person who was last seen with the
6 missing person; and

7 (S) The date of the last contact with the missing person.

8 (b) May request in writing from any dentist, denturist, physician, physician assistant,
9 **naturopathic physician**, nurse practitioner, optometrist or other medical practitioner possessing it
10 such medical, dental or other physically descriptive information as is likely to be useful in identi-
11 fying the missing person or the human remains of the missing person.

12 (3) The law enforcement agency, upon obtaining information pursuant to subsection (2) of this
13 section, shall make a supplementary entry of that information into the state and federal records
14 described in subsection (1) of this section. The supplementary report shall be in a format and ac-
15 cording to procedures established by the authorities responsible respectively for the state and fed-
16 eral records.

17 **SECTION 18.** ORS 146.184 is amended to read:

18 146.184. (1) A dentist, denturist, physician, **naturopathic physician**, optometrist or other med-
19 ical practitioner, upon receipt of a written request from a law enforcement agency for identifying
20 information pursuant to ORS 146.181, shall [*furnish*] **provide** to the agency [*such*] **any** information
21 known to the practitioner upon the request forms provided by the agency.

22 (2) Information obtained under this section is restricted to use for the identification of missing
23 persons or the identification of unidentified human remains and may not be made available to the
24 public.

25 (3) Compliance with a written request for information under this section by a dentist, denturist,
26 physician, **naturopathic physician**, optometrist or other medical practitioner does not constitute a
27 breach of confidentiality.

28 **SECTION 19.** ORS 146.750 is amended to read:

29 146.750. (1) Except as required in subsection (3) of this section, a physician, including an intern
30 and resident, a physician assistant licensed under ORS 677.505 to 677.525, **a naturopathic physi-**
31 **cian licensed under ORS chapter 685** or a registered nurse licensed under ORS chapter 678, who
32 has reasonable cause to suspect that a person brought to the physician, physician assistant,
33 **naturopathic physician** or registered nurse or coming before the physician, physician assistant,
34 **naturopathic physician** or registered nurse for examination, care or treatment has had injury[, *as*
35 *defined in ORS 146.710,*] inflicted upon the person other than by accidental means, shall report or
36 cause reports to be made in accordance with the provisions of subsection (2) of this section.

37 (2) An oral report must be made immediately by telephone or otherwise, and followed as soon
38 thereafter as possible by a report in writing, to an appropriate law enforcement agency.

39 (3) When an injury [*as defined in ORS 146.710*], or abuse as defined in ORS 419B.005, occurs to
40 an unmarried person who is under 18 years of age, the provisions of ORS 419B.005 to 419B.050 apply.

41 **SECTION 20.** ORS 147.403 is amended to read:

42 147.403. (1) Each hospital, emergency medical service provider, intermediate care facility, skilled
43 nursing facility, long term care facility and residential care facility in this state shall adopt policies
44 for the treatment or referral of acute sexual assault patients, if such policies are not otherwise
45 provided for by statute or administrative rule.

1 (2)(a) Each hospital, emergency medical service provider, intermediate care facility, skilled
 2 nursing facility, long term care facility and residential care facility in this state that performs
 3 forensic medical examinations of sexual assault patients shall:

4 (A) Adopt, in addition to the facility's own guidelines, if any, the State of Oregon Medical
 5 Guideline for Sexual Assault Evaluation of Adolescent and Adult Patients developed and published
 6 by the Attorney General's Sexual Assault Task Force.

7 (B) Except as provided in paragraph (b) of this subsection, employ or contract with at least one
 8 sexual assault forensic examiner who has completed didactic training sufficient to satisfy the train-
 9 ing requirement for certification by the Oregon SAE/SANE Certification Commission established by
 10 the Attorney General.

11 (b) Paragraph (a)(B) of this subsection does not apply to a hospital that performs forensic med-
 12 ical examinations only of sexual assault patients who are minors. [*Such*] A hospital **described in**
 13 **this paragraph** may use physicians, physician assistants licensed under ORS 677.505 to 677.525,
 14 **naturopathic physicians licensed under ORS chapter 685** and nurses to conduct the examinations
 15 in consultation with a social worker trained in assisting sexual assault victims who are minors.

16 **SECTION 21.** ORS 169.076 is amended to read:

17 169.076. Each local correctional facility shall:

18 (1) Provide sufficient staff to perform all audio and visual functions involving security, control,
 19 custody and supervision of all confined detainees and prisoners, with personal inspection at least
 20 once each hour. The supervision may include the use of electronic monitoring equipment when ap-
 21 proved by the Department of Corrections and the governing body of the jurisdiction in which the
 22 facility is located.

23 (2) Have a comprehensive written policy with respect to:

24 (a) Legal confinement authority.

25 (b) Denial of admission.

26 (c) Telephone calls.

27 (d) Admission and release medical procedures.

28 (e) Medication and prescriptions.

29 (f) Personal property accountability which complies with ORS 133.455.

30 (g) Vermin and communicable disease control.

31 (h) Release process to include authority, identification and return of personal property.

32 (i) Rules of the facility governing correspondence and visitations.

33 (3) Formulate and publish plans to meet emergencies involving escape, riots, assaults, fires, re-
 34 bellions and other types of emergencies; and regulations for the operation of the facility.

35 (4) Not administer any physical punishment to any prisoner at any time.

36 (5) Provide for emergency medical and dental health, having written policies providing for:

37 (a) Review of the facility's medical and dental plans by a licensed physician, physician
 38 assistant, **naturopathic physician** or nurse practitioner.

39 (b) The security of medication and medical supplies.

40 (c) A medical and dental record system to include request for medical and dental attention,
 41 treatment prescribed, prescriptions, special diets and other services provided.

42 (d) First aid supplies and staff first aid training.

43 (6) Prohibit firearms from the security area of the facility except in times of emergency as de-
 44 termined by the administrator of the facility.

45 (7) Ensure that confined detainees and prisoners:

1 (a) Will be fed daily at least three meals served at regular times, with no more than 14 hours
2 between meals except when routinely absent from the facility for work or other purposes.

3 (b) Will be fed nutritionally adequate meals in accordance with a plan reviewed by a registered
4 dietitian or the Oregon Health Authority.

5 (c) Be provided special diets as prescribed by the facility's designated physician, physician as-
6 sistant, **naturopathic physician** or nurse practitioner.

7 (d) Shall have food procured, stored, prepared, distributed and served under sanitary conditions,
8 as defined by the authority under ORS 624.041.

9 (8) Ensure that the facility be clean, and provide each confined detainee or prisoner:

10 (a) Materials to maintain personal hygiene.

11 (b) Clean clothing twice weekly.

12 (c) Mattresses and blankets that are clean and fire-retardant.

13 (9) Require each prisoner to shower at least twice weekly.

14 (10) Forward, without examination or censorship, each prisoner's outgoing written communi-
15 cations to the Governor, jail administrator, Attorney General, judge, Department of Corrections or
16 the attorney of the prisoner.

17 (11) Keep the facility safe and secure in accordance with the State of Oregon Structural Spe-
18 cialty Code and Fire and Life Safety Code.

19 (12) Have and provide each prisoner with written rules for inmate conduct and disciplinary
20 procedures. If a prisoner cannot read or is unable to understand the written rules, the information
21 shall be conveyed to the prisoner orally.

22 (13) Not restrict the free exercise of religion unless failure to impose the restriction will cause
23 a threat to facility or order.

24 (14) Safeguard and ensure that the prisoner's legal rights to access to legal materials are pro-
25 tected.

26 **SECTION 22.** ORS 169.077 is amended to read:

27 169.077. Each lockup facility shall:

28 (1) Maintain 24-hour supervision when persons are confined. The supervision may include the
29 use of electronic monitoring equipment when approved by the Department of Corrections and the
30 governing body of the jurisdiction in which the facility is located.

31 (2) Make a personal inspection of each person confined at least once each hour.

32 (3) Prohibit firearms from the security area of the facility except in times of emergency as de-
33 termined by the administrator of the facility.

34 (4) Ensure that confined detainees and prisoners will be fed daily at least three nutritionally
35 adequate meals served at regular times, with no more than 14 hours between meals except when
36 routinely absent from the facility for work or other such purposes.

37 (5) Forward, without examination or censorship, each prisoner's outgoing written communi-
38 cations to the Governor, jail administrator, Attorney General, judge, Department of Corrections or
39 the attorney of the prisoner.

40 (6) Provide rules of the facility governing correspondence and visitations.

41 (7) Keep the facility safe and secure in accordance with the State of Oregon Structural Specialty
42 Code and Fire and Life Safety Code.

43 (8) Formulate and publish plans to meet emergencies involving escape, riots, assaults, fires, re-
44 bellions and other types of emergencies; and policies and regulations for the operation of the facility.

45 (9) Ensure that the facility be clean, provide mattresses and blankets that are clean and fire-

1 retardant, and furnish materials to maintain personal hygiene.

2 (10) Provide for emergency medical and dental health, having written policies providing for re-
3 view of the facility's medical and dental plans by a licensed physician, physician assistant,
4 **naturopathic physician** or nurse practitioner.

5 **SECTION 23.** ORS 169.750 is amended to read:

6 169.750. A juvenile detention facility may not:

7 (1) Impose upon a detained juvenile for purposes of discipline or punishment any infliction of
8 or threat of physical injury or pain, deliberate humiliation, physical restraint, withholding of meals,
9 or isolation, or detention under conditions that violate the provisions of subsections (2) to (8) of this
10 section or ORS 169.076 (7) to (11), (13) or (14) or 169.740;

11 (2) Use any physical force, other means of physical control or isolation upon a detained juvenile
12 except as reasonably necessary and justified to prevent escape from the facility, physical injury to
13 another person, to protect a detained juvenile from physical self-injury or to prevent destruction of
14 property, or to effectuate the confinement of the juvenile in roomlock or isolation as provided for
15 in ORS 169.090, 169.730 to 169.800, 419A.050 and 419A.052, and for only so long as it appears that
16 the danger exists. A use of force or other physical means of control may not employ:

17 (a) The use of restraining devices for a purpose other than to prevent physical injury or escape,
18 or, in any case, for a period in excess of six hours. However, the time during which a detained ju-
19 venile is being transported to another facility pursuant to court order shall not be counted within
20 the six hours; or

21 (b) Isolation for a period in excess of six hours;

22 (3) Use roomlock except for the discipline and punishment of a detained juvenile for violation
23 of a rule of conduct or behavior of the facility as provided for in ORS 169.076 (12) or for conduct
24 that constitutes a crime under the laws of this state or that would justify physical force, control or
25 isolation under subsection (2) of this section;

26 (4) Cause to be made an internal examination of a detained juvenile's anus or vagina, except
27 upon probable cause that contraband, as defined in ORS 162.135 (1), will be found upon such exam-
28 ination and then only by a physician licensed under ORS chapter 677, **naturopathic physician li-**
29 **censed under ORS chapter 685**, physician assistant licensed under ORS 677.505 to 677.525 or nurse
30 licensed under ORS chapter 678;

31 (5)(a) Administer to any detained juvenile medication, except upon the informed consent of the
32 juvenile or in the case of an imminent threat to the life of the juvenile or where the juvenile has
33 a contagious or communicable disease that poses an imminent threat to the health of other persons
34 in the facility. However, prescription medication may not be administered except upon a written
35 prescription or written order by a physician licensed under ORS chapter 677, physician assistant
36 licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390,
37 **naturopathic physician licensed under ORS chapter 685** or dentist licensed under ORS chapter
38 679, and administered by a person authorized under ORS chapter 677, 678 or 679 to administer
39 medication. Facility staff not otherwise authorized by law to administer medications may administer
40 noninjectable medications in accordance with rules adopted by the Oregon State Board of Nursing
41 pursuant to ORS 678.150 (8);

42 (b) Nonmedical personnel shall receive training for administering medications, including recog-
43 nition of and response to drug reactions and unanticipated side effects, from the responsible physi-
44 cian, physician assistant, **naturopathic physician** or nurse and the official responsible for the
45 facility. All personnel shall be responsible for administering the dosage medications according to

1 orders and for recording the administrations of the dosage in a manner and on a form approved by
2 the responsible physician, physician assistant, **naturopathic physician** or nurse practitioner; and

3 (c) Notwithstanding any other provision of law, medication may not be administered unless a
4 physician, physician assistant licensed under ORS 677.505 to 677.525, **naturopathic physician li-**
5 **censed under ORS chapter 685** or nurse licensed under ORS chapter 678 is either physically on
6 the premises or readily available by telephone and within 30 minutes travel time of the patient;

7 (6) Administer to any detained juvenile any medication or medical procedure for purposes of
8 experimentation;

9 (7) Discipline or punish any juvenile for conduct or behavior by roomlock, for a period in excess
10 of 12 hours, or by denial of any privilege, regularly awarded other detained adults or juveniles, for
11 more than one day, except after:

12 (a) Advising the juvenile in writing of the alleged offensive conduct or behavior;

13 (b) Providing the juvenile the opportunity to a hearing before a staff member who was not a
14 witness to the alleged offensive conduct or behavior;

15 (c) Providing the juvenile the opportunity to produce witnesses and evidence and to cross-
16 examine witnesses;

17 (d) Providing the detained juvenile the opportunity to testify, at the sole option of the juvenile;
18 and

19 (e) A finding that the alleged conduct or behavior was proven by a preponderance of the evi-
20 dence and that it violated a rule of conduct or behavior of the facility as provided for in ORS
21 169.076 (12) or constituted a crime under the laws of this state; and

22 (8) Detain juveniles with emotional disturbances, mental retardation or physical disabilities on
23 the same charges and circumstances for which other juveniles would have been released or provided
24 with another alternative.

25 **SECTION 24.** ORS 179.360 is amended to read:

26 179.360. (1) Each superintendent shall:

27 (a) Have custody of the residents of the institution under jurisdiction of the superintendent.

28 (b) Direct the care, custody and training of the residents unless otherwise directed by law or
29 by rule.

30 (c) Adopt sanitary measures for the health and comfort of the residents.

31 (d) Promote the mental, moral and physical welfare and development of the residents.

32 (e) Enjoy the other powers and privileges and perform the other duties that are prescribed by
33 law or by rule or that naturally attach themselves to the position of superintendent.

34 (f) Designate a physician licensed by the Oregon Medical Board, **or naturopathic physician**
35 **licensed under ORS chapter 685**, to serve as chief medical officer, who will be directly responsible
36 to the superintendent for administration of the medical treatment programs at the institution and
37 assume such other responsibilities as are assigned by the superintendent.

38 (2) The Director of the Department of Corrections and the Director of the Oregon Health Au-
39 thority shall prescribe for their respective institutions:

40 (a) The duties of the superintendents where the duties are not prescribed by law.

41 (b) The additional duties, beyond those prescribed by law, that each agency director considers
42 necessary for the good of the public service.

43 **SECTION 25.** ORS 179.390 is amended to read:

44 179.390. (1) The superintendent of an institution within the jurisdiction of the Department of
45 Corrections shall, subject to the approval of the Director of the Department of Corrections, appoint

1 in the manner provided by law all assistants, officers and other employees at the institution under
 2 the jurisdiction of the superintendent. The superintendent may suspend or remove an assistant, of-
 3 ficer or other employee in the manner provided by law, reporting all acts of suspension or removal
 4 to the Director of the Department of Corrections for approval or disapproval.

5 (2) The Director of the Department of Corrections and the Director of the Oregon Health Au-
 6 thority shall:

7 (a) Fix the salaries of assistants, officers and employees where their salary is not fixed by law.

8 (b) Suspend or discharge any subordinate of a superintendent when public service requires such
 9 action, except when suspending or discharging the subordinate violates the State Personnel Re-
 10 lations Law.

11 (3) The Director of the Oregon Health Authority or a designee at a facility under jurisdiction
 12 of the Oregon Health Authority shall, as provided by law, appoint, suspend or discharge an employee
 13 of the authority. The director may designate up to three employees at each facility to act in the
 14 name of the director in accordance with ORS 240.400.

15 (4) In addition to or in lieu of employing physicians, the Director of the Department of Cor-
 16 rections or the designee [*thereof*] **of the director** may contract for the personal services of physi-
 17 cians licensed to practice medicine by the Oregon Medical Board **or naturopathic physicians**
 18 **licensed under ORS chapter 685** to serve as medical advisors for the Oregon Health Authority.
 19 Advisors under [*such*] contracts **entered into under this subsection** shall be directly responsible
 20 for administration of medical treatment programs at penal and correctional institutions, as defined
 21 in ORS 421.005.

22 **SECTION 26.** ORS 179.486 is amended to read:

23 179.486. (1) The institution from which a transfer or conveyance is made shall pay from its ap-
 24 propriation the cost of such of the following items as may be incurred in a particular case:

25 (a) Transportation and other expenses incidental to the transfer or conveyance, including the
 26 expenses of attendants where an attendant is directed to accompany the inmate.

27 (b) Hospital expenses incurred at the Oregon Health and Science University.

28 (c) Examination, treatment and hospital expenses incurred in favor of a physician, **naturopathic**
 29 **physician**, clinic or hospital, other than the Oregon Health and Science University.

30 (2) An inmate transferred or conveyed to the Oregon Health and Science University shall be
 31 accompanied by a report made by the physician **or naturopathic physician** in charge of the insti-
 32 tution from which the transfer or conveyance is made, or by another physician **or naturopathic**
 33 **physician** designated by the physician **or naturopathic physician** in charge. The report shall con-
 34 tain the history of the case and the information required by blanks prepared by the School of Med-
 35 icine or School of Dentistry, as the case may be.

36 **SECTION 27.** ORS 192.547 is amended to read:

37 192.547. (1)(a) The Oregon Health Authority shall adopt rules for conducting research using
 38 DNA samples, genetic testing and genetic information. Rules establishing minimum research stan-
 39 dards shall conform to the Federal Policy for the Protection of Human Subjects, 45 C.F.R. 46, that
 40 is current at the time the rules are adopted. The rules may be changed from time to time as may
 41 be necessary.

42 (b) The rules adopted by the Oregon Health Authority shall address the operation and appoint-
 43 ment of institutional review boards. The rules shall conform to the compositional and operational
 44 standards for such boards contained in the Federal Policy for the Protection of Human Subjects that
 45 is current at the time the rules are adopted. The rules must require that research conducted under

1 paragraph (a) of this subsection be conducted with the approval of the institutional review board.

2 (c) Persons proposing to conduct anonymous research, coded research or genetic research that
3 is otherwise thought to be exempt from review must obtain from an institutional review board prior
4 to conducting such research a determination that the proposed research is exempt from review.

5 (2) A person proposing to conduct research under subsection (1) of this section, including
6 anonymous research or coded research, must disclose to the institutional review board the proposed
7 use of DNA samples, genetic testing or genetic information.

8 (3) The Oregon Health Authority shall adopt rules requiring that all institutional review boards
9 operating under subsection (1)(b) of this section register with the department. The Advisory Com-
10 mittee on Genetic Privacy and Research shall use the registry to educate institutional review boards
11 about the purposes and requirements of the genetic privacy statutes and administrative rules relat-
12 ing to genetic research.

13 (4) The Oregon Health Authority shall consult with the Advisory Committee on Genetic Privacy
14 and Research before adopting the rules required under subsections (1) and (3) of this section, in-
15 cluding rules identifying those parts of the Federal Policy for the Protection of Human Subjects that
16 are applicable to this section.

17 (5) Genetic research in which the DNA sample or genetic information is coded shall satisfy the
18 following requirements:

19 (a)(A) The subject has granted informed consent for the specific research project;

20 (B) The subject has consented to genetic research generally; or

21 (C) The DNA sample or genetic information is derived from a biological specimen or from clin-
22 ical individually identifiable health information that was obtained or retained in compliance with
23 ORS 192.537 (2).

24 (b) The research has been approved by an institutional review board after disclosure by the in-
25 vestigator to the board of risks associated with the coding.

26 (c) The code is:

27 (A) Not derived from individual identifiers;

28 (B) Kept securely and separately from the DNA samples and genetic information; and

29 (C) Not accessible to the investigator unless specifically approved by the institutional review
30 board.

31 (d) Data is stored securely in password protected electronic files or by other means with access
32 limited to necessary personnel.

33 (e) The data is limited to elements required for analysis and meets the criteria in 45 C.F.R.
34 164.514(e) for a limited data set.

35 (f) The investigator is a party to the data use agreement as provided by 45 C.F.R. 164.514(e) for
36 limited data set recipients.

37 (6) Research conducted in accordance with this section is rebuttably presumed to comply with
38 ORS 192.535 and 192.539.

39 (7)(a) Notwithstanding ORS 192.535, a person may use a DNA sample or genetic information
40 obtained, with blanket informed consent, before June 25, 2001, for genetic research.

41 (b) Notwithstanding ORS 192.535, a person may use a DNA sample or genetic information ob-
42 tained without specific informed consent and derived from a biological specimen or clinical individ-
43 ually identifiable health information for anonymous research or coded research if an institutional
44 review board operating under subsection (1)(b) of this section:

45 (A) Waives or alters the consent requirements pursuant to the Federal Policy for the Protection

1 of Human Subjects; and

2 (B) Waives authorization pursuant to the federal Health Insurance Portability and Accountabil-
3 ity Act privacy regulations, 45 C.F.R. parts 160 and 164.

4 (c) Except as provided in subsection (5)(a) of this section or paragraph (b) of this subsection, a
5 person must have specific informed consent from an individual to use a DNA sample or genetic in-
6 formation of the individual obtained on or after June 25, 2001, for genetic research.

7 (8) Except as otherwise allowed by rule of the Oregon Health Authority, if DNA samples or
8 genetic information obtained for either clinical or research purposes is used in research, a person
9 may not recontact the individual or the physician, physician assistant, **naturopathic physician** or
10 nurse practitioner of the individual by using research information that is identifiable or coded. The
11 Oregon Health Authority shall adopt by rule criteria for recontacting an individual or the physician,
12 physician assistant, **naturopathic physician** or nurse practitioner of an individual. In adopting the
13 criteria, the department shall consider the recommendations of national organizations such as those
14 created by executive order by the President of the United States and the recommendations of the
15 Advisory Committee on Genetic Privacy and Research.

16 (9) The requirements for consent to, or notification of, obtaining a DNA sample or genetic in-
17 formation for genetic research are governed by the provisions of ORS 192.531 to 192.549 and the
18 administrative rules that were in effect on the effective date of the institutional review board's most
19 recent approval of the study.

20 **SECTION 28.** ORS 307.250 is amended to read:

21 307.250. (1) As used in this section and ORS 307.260, 307.262 and 307.270, "veteran" has the
22 meaning given that term in ORS 408.225.

23 (2) Upon compliance with ORS 307.260, there shall be exempt from taxation not to exceed
24 \$15,000 of the assessed value of the homestead or personal property of any of the following residents
25 of this state other than those described in subsection (3) of this section:

26 (a) Any veteran who is officially certified by the United States Department of Veterans Affairs
27 or any branch of the Armed Forces of the United States as having disabilities of 40 percent or more.

28 (b) Any veteran having served with the United States Armed Forces who, as certified by one
29 duly licensed physician **or naturopathic physician**, is rated as having disabilities of 40 percent or
30 more. However, a veteran shall be entitled to the exemption granted under this paragraph only if
31 the veteran during the calendar year immediately preceding the assessment year for which the ex-
32 emption is claimed had total gross income, including pensions, disability compensation or retirement
33 pay, or any combination of such payments from the United States Government on account of such
34 service, of not more than 185 percent of federal poverty guidelines.

35 (c) The surviving spouse remaining unmarried of a veteran, but the exemption shall apply only
36 to the period preceding the date of the first remarriage of the surviving spouse.

37 (3) Upon compliance with ORS 307.260, there shall be exempt from taxation not to exceed
38 \$18,000 of the assessed value of the homestead or personal property of any of the following residents
39 of this state:

40 (a) Any veteran who is officially certified by the United States Department of Veterans Affairs
41 or any branch of the Armed Forces of the United States as having service-connected disabilities of
42 40 percent or more.

43 (b) The surviving spouse remaining unmarried of a veteran, if the veteran died as a result of
44 service-connected injury or illness or if the veteran received at least one year of the maximum ex-
45 emption from taxation allowed under paragraph (a) of this subsection after 1981 for a veteran cer-

1 tified as having service-connected disabilities of 40 percent or more.

2 (4) The amount of the exemption allowed under subsection (2) or (3) of this section shall equal
3 103 percent of the amount of the exemption for the prior tax year.

4 **SECTION 29.** ORS 307.260 is amended to read:

5 307.260. (1)(a) Each veteran or surviving spouse qualifying for the exemption under ORS 307.250
6 shall file with the county assessor, on forms supplied by the assessor, a claim therefor in writing
7 on or before April 1 of the assessment year for which the exemption is claimed, except that when
8 the property designated is acquired after March 1 but prior to July 1 the claim shall be filed within
9 30 days after the date of acquisition.

10 (b) A claim need not be filed under this section in order to be allowed the exemption described
11 in ORS 307.250 if:

12 (A) The homestead or personal property of the veteran or surviving spouse was allowed the
13 exemption under ORS 307.250 for the preceding tax year;

14 (B) The individual claiming the exemption is a veteran described in ORS 307.250 (2)(a) or (3)(a)
15 or a surviving spouse who meets the requirements of ORS 307.250 (2)(c) or (3)(b); and

16 (C) As of the filing date for the current tax year, the ownership and use of the homestead or
17 personal property and all other qualifying conditions for the homestead or personal property to be
18 allowed the exemption remain unchanged.

19 (c)(A) If the individual claiming the exemption is a veteran described in ORS 307.250 (2)(b), the
20 claimant shall file a claim annually that satisfies the requirements of subsection (2) of this section
21 on or before the date required in paragraph (a) of this subsection.

22 (B) If the county assessor has not received a claim filed under this paragraph on or before April
23 1 of the current year, not later than April 10 of each year, the county assessor shall notify the
24 veteran in the county who secured an exemption under ORS 307.250 (2)(b) in the preceding year but
25 who did not make application therefor on or before April 1 of the current year. The county assessor
26 may provide the notification on an unsealed postal card. A veteran so notified may secure the ex-
27 emption, if still qualified, by making application therefor to the county assessor not later than May
28 1 of the current year, accompanied by a late-filing fee of \$10, which shall be deposited in the general
29 fund of the county for general governmental expenses. If the claim for any tax year is not filed
30 within the time specified, the exemption may not be allowed on the assessment roll for that year.

31 (2)(a) The claim shall set out the basis of the claim and designate the property to which the
32 exemption may apply. Except as provided in subsection (3) of this section, claims for exemptions
33 under ORS 307.250 (2)(a) and (3)(a) shall have affixed thereto the certificate last issued by United
34 States Department of Veterans Affairs or the branch of the Armed Forces of the United States, as
35 the case may be, but dated within three years prior to the date of the claim for exemption, certifying
36 the rate of disability of the claimant.

37 (b) Claims for exemption under ORS 307.250 (2)(b) shall, except as provided in subsection (3) of
38 this section, have affixed thereto, in addition to the certificate last issued by a licensed physician
39 **or naturopathic physician** and dated within one year prior to the date of the claim for exemption,
40 certifying the rate of disability of the claimant, a statement by the claimant under oath or affirma-
41 tion setting forth the total gross income received by the claimant from all sources during the last
42 calendar year.

43 (c) There also shall be affixed to each claim the affidavit or affirmation of the claimant that the
44 statements contained therein are true.

45 (3) The provisions of subsection (2) of this section that require a veteran to affix to the claim

1 certificates of the United States Department of Veterans Affairs, a branch of the Armed Forces of
 2 the United States or a licensed physician **or naturopathic physician** do not apply to a veteran who
 3 has filed the required certificate after attaining the age of 65 years or to a veteran who has filed,
 4 on or after September 27, 1987, a certificate certifying a disability rating that, under federal law, is
 5 permanent and cannot be changed.

6 (4)(a) Notwithstanding subsection (1) of this section, a surviving spouse may file a claim for the
 7 exemption under ORS 307.250 at any time during the tax year if:

8 (A) The veteran died during the previous tax year; or

9 (B) The property designated as the homestead was acquired after March 1 but prior to July 1
 10 of the assessment year and the veteran died within 30 days of the date the property was acquired.

11 (b) The claim shall be allowed by the county assessor if the surviving spouse meets all of the
 12 qualifications for an exemption under ORS 307.250 other than the timely filing of a claim under
 13 subsection (1) of this section.

14 (c) If taxes on the exempt value have been paid, the taxes shall be refunded in the manner
 15 prescribed in paragraph (d) of this subsection. If taxes on the exempt value have not been paid, the
 16 taxes and any interest thereon shall be abated.

17 (d) The tax collector shall notify the governing body of the county of any refund required under
 18 this section and the governing body shall cause a refund of the taxes and any interest paid to be
 19 made from the unsegregated tax collections account described in ORS 311.385. The refund under this
 20 subsection shall be made without interest. The county assessor and tax collector shall make the
 21 necessary corrections in the records of their offices.

22 **SECTION 30.** ORS 315.262 is amended to read:

23 315.262. (1) As used in this section:

24 (a) "Child care" means care provided to a qualifying child of the taxpayer for the purpose of
 25 allowing the taxpayer to be gainfully employed, to seek employment or to attend school on a full-
 26 time or part-time basis, except that the term does not include care provided by:

27 (A) The child's parent or guardian, unless the care is provided in a certified or registered child
 28 care facility; or

29 (B) A person who has a relationship to the taxpayer that is described in section 152(a) of the
 30 Internal Revenue Code who has not yet attained 19 years of age at the close of the tax year.

31 (b) "Child care expenses" means the costs associated with providing child care to a qualifying
 32 child of a qualified taxpayer.

33 (c) "Disability" means a physical or cognitive condition that results in a person requiring as-
 34 sistance with activities of daily living.

35 (d) "Earned income" has the meaning given that term in section 32 of the Internal Revenue
 36 Code.

37 (e) "Qualified taxpayer" means a taxpayer:

38 (A) Who is an Oregon resident with at least \$6,000 of earned income for the tax year or who is
 39 a nonresident of Oregon with at least \$6,000 of earned income from Oregon sources for the tax year;

40 (B) With federal adjusted gross income for the tax year that does not exceed 250 percent of the
 41 federal poverty level;

42 (C) With Oregon adjusted gross income for the tax year that does not exceed 250 percent of the
 43 federal poverty level; and

44 (D) Who does not have more than the maximum amount of disqualified income under section
 45 32(i) of the Internal Revenue Code that is allowed to a taxpayer entitled to the earned income tax

1 credit for federal tax purposes.

2 (f) “Qualifying child” has the meaning given that term in section 152(c) of the Internal Revenue
 3 Code, determined without regard to section 152(c)(1)(D) of the Internal Revenue Code or section
 4 152(e) of the Internal Revenue Code, except that it is limited to an individual who is under 13 years
 5 of age, or who is a child with a disability, as that term is defined in ORS 316.099.

6 (2) A taxpayer is not disqualified from claiming the credit under this section solely because the
 7 taxpayer’s spouse has a disability, if the disability is such that it prevents the taxpayer’s spouse
 8 from providing child care, being gainfully employed, seeking employment and attending school. The
 9 Department of Revenue may require that a physician **or naturopathic physician** verify the exist-
 10 ence of the disability and its severity.

11 (3) A qualified taxpayer shall be allowed a credit against the taxes otherwise due under ORS
 12 chapter 316 equal to the applicable percentage of the qualified taxpayer’s child care expenses
 13 (rounded to the nearest \$50).

14 (4) The applicable percentage to be used in calculating the amount of the credit provided in this
 15 section shall be determined in accordance with the following table:

16		
17		
18	Applicable	Greater of Oregon
19	Percentage	Adjusted Gross Income or
20		Federal Adjusted
21		Gross Income, as Percent
22		of Federal Poverty Level
23		
24	40	200 or less
25	36	Greater than 200 and less than
26		or equal to 210
27	32	Greater than 210 and less than
28		or equal to 220
29	24	Greater than 220 and less than
30		or equal to 230
31	16	Greater than 230 and less than
32		or equal to 240
33	8	Greater than 240 and less than
34		or equal to 250
35	0	Greater than 250 percent
36		of federal poverty level
37		

38
 39 (5) The department may:

40 (a) Adopt rules for carrying out the provisions of this section; and

41 (b) Prescribe the form used to claim a credit and the information required on the form. The form
 42 may provide for verification of an individual’s disability by a physician **or naturopathic**
 43 **physician**, if applicable, as described in subsection (2) of this section.

44 (6) In the case of a credit allowed under this section:

45 (a) A nonresident shall be allowed the credit under this section in the proportion provided in

1 ORS 316.117.

2 (b) If a change in the status of a taxpayer from resident to nonresident or from nonresident to
3 resident occurs, the credit allowed by this section shall be determined in a manner consistent with
4 ORS 316.117.

5 (c) If a change in the taxable year of a taxpayer occurs as described in ORS 314.085, or if the
6 Department of Revenue terminates the taxpayer's taxable year under ORS 314.440, the credit al-
7 lowed under this section shall be prorated or computed in a manner consistent with ORS 314.085.

8 (d) In the case of a qualified taxpayer who is married, a credit shall be allowed under this sec-
9 tion only if:

10 (A) The taxpayer files a joint return;

11 (B) The taxpayer files a separate return and is legally separated or subject to a separate main-
12 tenance agreement; or

13 (C) The taxpayer files a separate return and the taxpayer and the taxpayer's spouse reside in
14 separate households on the last day of the tax year with the intent of remaining in separate
15 households in the future.

16 (7) If the amount allowable as a credit under this section, when added to the sum of the amounts
17 allowable as payment of tax under ORS 316.187 (withholding), ORS 316.583 (estimated tax), other tax
18 prepayment amounts and other refundable credit amounts, exceeds the taxes imposed by ORS chap-
19 ters 314 and 316 for the tax year (reduced by any nonrefundable credits allowable for purposes of
20 ORS chapter 316 for the tax year), the amount of the excess shall be refunded to the taxpayer as
21 provided in ORS 316.502.

22 (8)(a) The minimum amount of earned income a taxpayer must earn in order to be a qualified
23 taxpayer shall be adjusted for tax years beginning in each calendar year by multiplying \$6,000 by
24 the ratio of the monthly averaged U.S. City Average Consumer Price Index for the 12 consecutive
25 months ending August 31 of the prior calendar year over the monthly averaged index for the second
26 quarter of the calendar year 1998.

27 (b) As used in this subsection, "U.S. City Average Consumer Price Index" means the U.S. City
28 Average Consumer Price Index for All Urban Consumers (All Items) as published by the Bureau of
29 Labor Statistics of the United States Department of Labor.

30 (c) If any adjustment determined under paragraph (a) of this subsection is not a multiple of \$50,
31 the adjustment shall be rounded to the nearest multiple of \$50.

32 (d) Notwithstanding paragraphs (a) to (c) of this subsection, the adjusted minimum amount of
33 earned income a taxpayer must earn may not exceed the amount an individual would earn if the
34 individual worked 1,040 hours at the minimum wage established under ORS 653.025 and in effect on
35 January 1 of the calendar year in which begins the tax year of the taxpayer, rounded to the next
36 lower multiple of \$50.

37 **SECTION 31.** ORS 316.771 is amended to read:

38 316.771. Each person qualifying for the additional personal exemption credit allowed in ORS
39 316.758 and 316.765 may claim the credit on the personal income tax return. However, the claim
40 shall be substantiated by a letter from a licensed physician, **naturopathic physician** or osteopath
41 describing the nature and extent of the physical disability. The requirement for substantiation may
42 be waived partially, conditionally or absolutely, as provided under ORS 315.063.

43 **SECTION 32.** ORS 332.507 is amended to read:

44 332.507. (1) As used in this section:

45 (a) "School employee" includes all employees of a public school district or an education service

1 district.

2 (b) “Sick leave” means absence from duty because of a school employee’s illness or injury or
 3 as otherwise provided for by law or by provisions of a collective bargaining agreement. In case of
 4 conflict with a rule adopted to interpret a law, the collective bargaining agreement to which the
 5 parties agree shall govern.

6 (2) Each district shall allow each school employee at least 10 days’ sick leave at full pay for
 7 each school year or one day per month employed, whichever is greater.

8 (3) At the option of the local governing board, sick leave in excess of five consecutive work days
 9 shall be allowed only upon certificate of the school employee’s attending physician, **naturopathic**
 10 **physician** or practitioner that the illness or injury prevents the school employee from working.

11 (4) Sick leave not taken shall accumulate for an unlimited number of days. A local governing
 12 board is required to permit a school employee to take up to 75 days sick leave accumulated in other
 13 Oregon districts. The accumulation shall not exceed that carried by the most recent employing dis-
 14 trict. However, the transfer of sick leave from another Oregon district shall not be effective until
 15 the school employee has completed 30 working days in the new district.

16 (5) For purposes of determining retirement benefits, a local governing board is required to per-
 17 mit a school employee to transfer an unlimited number of days of unused accumulated sick leave
 18 from another Oregon district employer.

19 **SECTION 33.** ORS 336.485 is amended to read:

20 336.485. (1) As used in this section:

21 (a) “Coach” means a person who instructs or trains members on a school athletic team, as
 22 identified by criteria established by the State Board of Education by rule.

23 (b) “Health care professional” means a medical doctor, osteopathic physician, psychologist,
 24 physician assistant, **naturopathic physician** or nurse practitioner licensed or certified under the
 25 laws of this state.

26 (2)(a) Each school district shall ensure that coaches receive annual training to learn how to
 27 recognize the symptoms of a concussion and how to seek proper medical treatment for a person
 28 suspected of having a concussion.

29 (b) The board shall establish by rule:

30 (A) The requirements of the training described in paragraph (a) of this subsection, which shall
 31 be provided by using community resources to the extent practicable; and

32 (B) Timelines to ensure that, to the extent practicable, every coach receives the training de-
 33 scribed in paragraph (a) of this subsection before the beginning of the season for the school athletic
 34 team.

35 (3) Except as provided in subsection (4) of this section:

36 (a) A coach may not allow a member of a school athletic team to participate in any athletic
 37 event or training on the same day that the member:

38 (A) Exhibits signs, symptoms or behaviors consistent with a concussion following an observed
 39 or suspected blow to the head or body; or

40 (B) Has been diagnosed with a concussion.

41 (b) A coach may allow a member of a school athletic team who is prohibited from participating
 42 in an athletic event or training, as described in paragraph (a) of this subsection, to participate in
 43 an athletic event or training no sooner than the day after the member experienced a blow to the
 44 head or body and only after the member:

45 (A) No longer exhibits signs, symptoms or behaviors consistent with a concussion; and

1 (B) Receives a medical release form from a health care professional.

2 (4) A coach may allow a member of a school athletic team to participate in any athletic event
3 or training at any time after an athletic trainer registered by the Board of Athletic Trainers deter-
4 mines that the member has not suffered a concussion. The athletic trainer may, but is not required
5 to, consult with a health care professional in making the determination that the member has not
6 suffered a concussion.

7 **SECTION 34.** ORS 339.870 is amended to read:

8 339.870. (1) A school administrator, teacher or other school employee designated by the school
9 administrator is not liable in a criminal action or for civil damages as a result of the administration
10 of nonprescription medication, if the school administrator, teacher or other school employee in good
11 faith administers nonprescription medication to a pupil pursuant to written permission and in-
12 structions of the pupil's parents or guardian.

13 (2) A school administrator, teacher or other school employee designated by the school adminis-
14 trator is not liable in a criminal action or for civil damages as a result of the administration of
15 prescription medication, if the school administrator, teacher or other school employee in compliance
16 with the instructions of a physician, physician assistant, nurse practitioner, **naturopathic physician**
17 or clinical nurse specialist, in good faith administers prescription medication to a pupil pursuant to
18 written permission and instructions of the pupil's parents or guardian.

19 (3) The civil and criminal immunities imposed by subsections (1) and (2) of this section do not
20 apply to an act or omission amounting to gross negligence or willful and wanton misconduct.

21 **SECTION 35.** ORS 343.146 is amended to read:

22 343.146. (1) To receive special education, children with disabilities shall be determined eligible
23 for special education services under a school district program approved under ORS 343.045 and as
24 provided under ORS 343.221.

25 (2) Before initially providing special education, the school district shall ensure that a full and
26 individual evaluation is conducted to determine the child's eligibility for special education and the
27 child's special educational needs.

28 (3) Eligibility for special education shall be determined pursuant to rules adopted by the State
29 Board of Education.

30 (4) Each school district shall conduct a reevaluation of each child with a disability in accord-
31 ance with rules adopted by the State Board of Education.

32 (5) If a medical or vision examination or health assessment is required as part of an initial
33 evaluation or reevaluation, the evaluation shall be given:

34 (a) In the case of a medical examination, by a physician licensed to practice by a state board
35 of medical examiners or a state medical board **or by a naturopathic physician licensed under**
36 **ORS chapter 685;**

37 (b) In the case of a health assessment, by a nurse licensed by a state board of nursing and
38 specially certified as a nurse practitioner or by a licensed physician assistant; and

39 (c) In the case of a vision examination, by an ophthalmologist or optometrist licensed by a state
40 board.

41 **SECTION 36.** ORS 353.450 is amended to read:

42 353.450. (1) It is the finding of the Legislative Assembly that there is need to provide programs
43 that will assist a rural community to recruit and retain physicians, **naturopathic physicians**, phy-
44 sician assistants and nurse practitioners. For that purpose:

45 (a) The Legislative Assembly supports the development at the Oregon Health and Science Uni-

1 versity of an Area Health Education Center program as provided for under the United States Public
2 Health Service Act, Section 781.

3 (b) The university shall provide continuing education opportunities for persons licensed to
4 practice medicine under ORS chapter 677 **and persons licensed to practice naturopathic medi-**
5 **cine under ORS chapter 685** who practice in rural areas of this state in cooperation with the re-
6 spective professional organizations, including the Oregon Medical Association and the Oregon
7 Society of Physician Assistants.

8 (c) The university shall seek funding through grants and other means to implement and operate
9 a fellowship program for physicians, **naturopathic physicians**, physician assistants and nurse
10 practitioners intending to practice in rural areas.

11 (2) With the moneys transferred to the Area Health Education Center program by ORS 442.625,
12 the program shall:

13 (a) Establish educational opportunities for emergency medical services providers in rural coun-
14 ties;

15 (b) Contract with educational facilities qualified to conduct emergency medical training pro-
16 grams using a curriculum approved by the Emergency Medical Services and Trauma Systems Pro-
17 gram; and

18 (c) Review requests for training funds with input from the State Emergency Medical Service
19 Committee and other individuals with expertise in emergency medical services.

20 **SECTION 37.** ORS 410.530 is amended to read:

21 410.530. (1) The Department of Human Services has the following authority which it may dele-
22 gate to any program certified by the department to provide assessment services:

23 (a) To provide information and education to the general public, hospitals, nursing facilities,
24 physicians, physician assistants, **naturopathic physicians** and nurses regarding availability of the
25 assessment program.

26 (b) To accept referrals from individuals, families, physicians, **naturopathic physicians**, human
27 service professionals, nursing home professionals, social service agencies or other organizations.

28 (c) To assess the long term care needs of referred persons.

29 (d) To identify available noninstitutional services to meet the needs of referred persons, includ-
30 ing public and private case management services.

31 (e) To prepare, explain and document recommendations for persons receiving assessment pro-
32 gram services as to the need for skilled nursing care, for intermediate care as provided in a facility
33 or for other care which is available in the community.

34 (f) To inform referred persons of the extent to which home and community-based services are
35 available, and of their right to choose among the appropriate alternatives that may be available, in
36 consultation with an attending physician and a family member.

37 (g) To provide public education targeted at older persons, caregivers and families regarding al-
38 ternative long term care services.

39 (h) To determine and publish minimum qualifications for members of the admission assessment
40 team.

41 (2)(a) After consultation with the committee appointed under subsection (3) of this section, the
42 Department of Human Services shall adopt by rule criteria and procedures for certifying and de-
43 certifying public or private admission assessment programs and contracting with certified programs.
44 The department shall establish a maximum fee that a certified program may charge for assessment
45 services. The rules shall specify that a certified program may not charge the person receiving as-

1 assessment services for any portion of the fee associated with the services necessary to meet the
 2 minimum federal criteria.

3 (b) In certifying a program, the department shall determine that the program includes:

4 (A) Adequately trained personnel;

5 (B) Information regarding appropriate service and placement alternatives, including nursing fa-
 6 cilities and community-based options;

7 (C) Provisions to the applicant of information about appropriate options; and

8 (D) Prohibition of an assessment being provided by any certified program which has any finan-
 9 cial interest in the facility to which placement is recommended.

10 (c) The program shall not require the recommendation of the admission team be binding and the
 11 applicant has the right to choose from any options that are available.

12 (3) The Director of Human Services shall appoint an advisory committee to advise the depart-
 13 ment in certifying and decertifying programs that provide or fail to provide the service described in
 14 this section. The director shall appoint representatives from trade associations in Oregon for hos-
 15 pitals and health systems, nursing facilities and residential facilities and from an organization in
 16 Oregon representing the interests of senior citizens.

17 **SECTION 38.** ORS 410.720 is amended to read:

18 410.720. (1) It is the policy of this state to provide mental health and addiction services for all
 19 Oregon senior citizens and persons with disabilities through a comprehensive and coordinated
 20 statewide network of local mental health services and alcohol and drug abuse education and treat-
 21 ment. These services should involve family and friends and be provided in the least restrictive and
 22 most appropriate settings.

23 (2) The Department of Human Services and the Oregon Health Authority shall facilitate the
 24 formation of local community partnerships between the senior, disability, mental health, alcohol and
 25 drug abuse and health care communities by supporting the development of program approaches that
 26 meet minimum standards adopted by the Oregon Health Authority under ORS 430.357 including, but
 27 not limited to:

28 (a) Mental health and addiction screenings and assessments in long term care settings;

29 (b) Outreach services to seniors and persons with disabilities in their homes, including
 30 gatekeeper programs, neighborhood programs and programs designed for rural communities;

31 (c) Multilingual and multicultural medical and psychiatric services for ethnic minorities with
 32 physical disabilities and hearing impairments;

33 (d) Education and training for health care consumers, health care professionals and mental
 34 health and addiction services providers on mental health and addiction issues, programs and ser-
 35 vices for seniors and persons with disabilities; and

36 (e) Education and consultation services for primary care physicians **and naturopathic physi-**
 37 **cians** treating seniors and persons with disabilities.

38 (3) In carrying out the provisions of subsections (1) and (2) of this section, the department and
 39 the authority shall:

40 (a) Develop plans for service coordination within the department and the authority;

41 (b) Recommend budget provisions for the delivery of needed services offered by the department
 42 and the authority; and

43 (c) Develop plans for expanding mental health and addiction services for seniors and persons
 44 with disabilities to meet the increasing demand.

45 **SECTION 39.** ORS 414.356 is amended to read:

1 414.356. (1) Notwithstanding ORS 192.610 to 192.690, the Pharmacy and Therapeutics Committee
2 shall meet in an executive session for purposes of:

3 (a) Reviewing the prescribing or dispensing practices of individual physicians, **naturopathic**
4 **physicians** or pharmacists;

5 (b) Discussing drug use review data pertaining to individual physicians, **naturopathic physi-**
6 **cians** or pharmacists;

7 (c) Reviewing profiles of individual patients; or

8 (d) Reviewing confidential drug pricing information, including substantial cost differences be-
9 tween drugs within the same therapeutic class, that is necessary for the committee to make final
10 recommendations under ORS 414.361 or to comply with ORS 414.414.

11 (2) A meeting held in executive session is subject to the requirements of ORS 192.650 (2).

12 **SECTION 40.** ORS 414.550 is amended to read:

13 414.550. As used in ORS 414.550 to 414.565:

14 (1) "Cystic fibrosis services" means a program for medical care, including the cost of prescribed
15 medications and equipment, respiratory therapy, physical therapy, counseling services that pertain
16 directly to cystic fibrosis related health needs and outpatient services including physician, physician
17 assistant, **naturopathic physician** or nurse practitioner fees, X-rays and necessary clinical tests to
18 insure proper ongoing monitoring and maintenance of the patient's health.

19 (2) "Eligible individual" means a resident of the State of Oregon over 18 years of age.

20 **SECTION 41.** ORS 414.615 is amended to read:

21 414.615. (1) Eligible persons shall select, to the extent practicable as determined by the Oregon
22 Health Authority, from among available providers participating in the program.

23 (2) The authority by rule shall define the circumstances under which it may choose to reimburse
24 for any medical services not covered under the prepaid capitation or costs of related services pro-
25 vided by or under referral from any physician **or naturopathic physician** participating in the pro-
26 gram in which the eligible person is enrolled.

27 (3) The authority shall establish requirements as to the minimum time period that an eligible
28 person is assigned to specific providers in the system.

29 (4) Actions taken by providers, potential providers, contractors and bidders in specific accord-
30 ance with this chapter in forming consortiums or in otherwise entering into contracts to provide
31 medical care shall be considered to be conducted at the direction of this state, shall be considered
32 to be lawful trade practices and shall not be considered to be the transaction of insurance for pur-
33 poses of ORS 279A.025, 279A.140, 414.145 and 414.610 to 414.620.

34 **SECTION 42.** ORS 414.618 is amended to read:

35 414.618. (1) In areas that are not served by a coordinated care organization, the Oregon Health
36 Authority may execute prepaid capitated health service contracts for at least hospital, physician,
37 physician assistant, **naturopathic physician** or nurse practitioner medical care, or any combination
38 of such medical care, with hospital and medical organizations, health maintenance organizations and
39 any other appropriate public or private persons.

40 (2) For purposes of ORS 279A.025, 279A.140, 414.145 and 414.610 to 414.620, instrumentalities and
41 political subdivisions of the state are authorized to enter into prepaid capitated health service con-
42 tracts with the authority and shall not thereby be considered to be transacting insurance.

43 (3) In the event that there is an insufficient number of qualified bids for coordinated care or-
44 ganizations or prepaid capitated health services contracts for hospital, physician, physician
45 assistant, **naturopathic physician** or nurse practitioner medical care in some areas of the state, the

1 authority may continue a fee for service payment system.

2 (4) Payments to providers may be subject to contract provisions requiring the retention of a
3 specified percentage in an incentive fund or to other contract provisions by which adjustments to
4 the payments are made based on utilization efficiency.

5 (5) Contracts described in this section are not subject to ORS chapters 279A and 279B, except
6 that the contracts are subject to ORS 279A.235 and 279A.250 to 279A.290.

7 **SECTION 43.** ORS 417.875 is amended to read:

8 417.875. (1) As used in this section:

9 (a) "Coach" means a person who volunteers for, or is paid to instruct or train members of, a
10 nonschool athletic team.

11 (b) "Health care professional" means a medical doctor, osteopathic physician, psychologist,
12 physician assistant, **naturopathic physician** or nurse practitioner licensed or certified under the
13 laws of this state.

14 (c) "League governing body" means a governing body that:

15 (A) Oversees an association of nonschool athletic teams that provide instruction or training for
16 team members and that may compete with each other; and

17 (B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit corporation estab-
18 lished as provided by ORS chapter 65.

19 (d) "Nonschool athletic team" means an athletic team that includes members who are under 18
20 years of age and that is not affiliated with a public school in this state.

21 (e) "Referee" means a person who volunteers or is paid to act as a referee, as an umpire or in
22 a similar supervisory position for events involving nonschool athletic teams.

23 (f) "Referee governing body" means a governing body that:

24 (A) Trains and certifies individuals to serve as referees for nonschool athletic team events; and

25 (B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit corporation estab-
26 lished as provided by ORS chapter 65.

27 (2)(a) Each league governing body and each referee governing body shall ensure that the
28 coaches and the referees, respectively, receive annual training to learn how to recognize the symp-
29 toms of a concussion and how to seek proper medical treatment for a person suspected of having a
30 concussion.

31 (b) Each league governing body and each referee governing body shall adopt a policy that es-
32 tablishes:

33 (A) The requirements of the training described in paragraph (a) of this subsection; and

34 (B) Procedures that ensure that every coach and referee receives the training described in par-
35 agraph (a) of this subsection.

36 (3) Except as provided in subsection (4) of this section:

37 (a) A coach may not allow a member of a nonschool athletic team to participate in any athletic
38 event or training on the same day that the member:

39 (A) Exhibits signs, symptoms or behaviors consistent with a concussion following an observed
40 or suspected blow to the head or body; or

41 (B) Has been diagnosed with a concussion.

42 (b) A coach may allow a member of a nonschool athletic team who is prohibited from partic-
43 ipating in an athletic event or training, as described in paragraph (a) of this subsection, to partic-
44 ipate in an athletic event or training no sooner than the day after the member experienced a blow
45 to the head or body and only after the member:

1 (A) No longer exhibits signs, symptoms or behaviors consistent with a concussion; and

2 (B) Receives a medical release form from a health care professional.

3 (4) A coach may allow a member of a nonschool athletic team to participate in any athletic
4 event or training at any time after an athletic trainer registered by the Board of Athletic Trainers
5 determines that the member has not suffered a concussion. The athletic trainer may, but is not re-
6 quired to, consult with a health care professional in making the determination that the member has
7 not suffered a concussion.

8 (5) The league governing body shall develop or use existing guidelines and other relevant ma-
9 terials, and shall make available those guidelines and materials, to inform and educate persons un-
10 der 18 years of age desiring to be a member on a nonschool athletic team, the parents and legal
11 guardians of the persons and the coaches about the symptoms and warning signs of a concussion.

12 (6) For each year of participation, and prior to a person under 18 years of age participating as
13 a member on a nonschool athletic team, at least one parent or legal guardian of the person must
14 acknowledge the receipt of the guidelines and materials described in subsection (5) of this section
15 and the review of those guidelines and materials by:

16 (a) The parent or legal guardian of the person; and

17 (b) If the person is 12 years of age or older, the person.

18 (7) A league governing body may hold an informational meeting prior to the start of any season
19 for each nonschool athletic team regarding the symptoms and warning signs of a concussion.

20 (8)(a) Any person who regularly serves as a coach or as a referee and who complies with the
21 provisions of this section is immune from civil or criminal liability related to a head injury unless
22 the person acted or failed to act because of gross negligence or willful or wanton misconduct.

23 (b) Nothing in this section shall be construed to affect the civil or criminal liability related to
24 a head injury of a person who does not regularly serve as a coach or a referee.

25 **SECTION 44.** ORS 418.017 is amended to read:

26 418.017. (1) A parent may leave an infant at an authorized facility in the physical custody of an
27 agent, employee, physician or other medical professional working at the authorized facility if the
28 infant:

29 (a) Is 30 days of age or younger as determined to a reasonable degree of medical certainty; and

30 (b) Has no evidence of abuse.

31 (2) A parent leaving an infant under this section is not required to provide any identifying in-
32 formation about the infant or the parent.

33 (3) An agent, employee, physician or other medical professional working at an authorized facility
34 shall receive an infant brought to the authorized facility under this section.

35 (4) If acting in good faith in receiving an infant, an authorized facility receiving an infant under
36 this section and any agent, employee, physician or other medical professional working at the au-
37 thorized facility are immune from any criminal or civil liability that otherwise might result from
38 their actions relating to receiving the infant. A city, county or other political subdivision of this
39 state that operates a sheriff's office, police station or fire station that receives an infant under this
40 section is immune from any criminal or civil liability that otherwise might result from the actions
41 taken by its employees or agents in receiving the infant.

42 (5) When an infant has been left at an authorized facility as provided in this section:

43 (a) The authorized facility shall notify the Department of Human Services that an infant has
44 been left at the facility as provided in subsection (1) of this section no later than 24 hours after
45 receiving the infant.

1 (b) The infant is deemed abandoned for purposes of ORS 419B.100, and the department is deemed
 2 to have protective custody of the infant under ORS 419B.150 from the moment the infant was left
 3 at the facility. The department shall comply with the applicable provisions of ORS chapter 419B with
 4 regard to the infant.

5 (6) The authorized facility shall release the infant to the department when release is appropriate
 6 considering the infant's medical condition and shall provide the department with all information the
 7 facility has regarding the infant.

8 (7) As used in this section:

9 (a) "Abuse" has the meaning given that term in ORS 419B.005.

10 (b) "Authorized facility" means a hospital as described in ORS 442.015, freestanding birthing
 11 center as defined in ORS 442.015, physician's office, sheriff's office, police station or fire station.

12 (c) "Physician" means a person licensed by the Oregon Medical Board to practice medicine and
 13 surgery **or a naturopathic physician licensed under ORS chapter 685 to practice naturopathic**
 14 **medicine.**

15 **SECTION 45.** ORS 418.300 is amended to read:

16 418.300. [No] A private individual, including midwives, physicians, **naturopathic physicians,**
 17 nurses, hospital officials and all officers and employees or representatives of unauthorized agencies,
 18 organizations or institutions, [shall] **may not** engage in child-placing work, except that relatives of
 19 the first and second degrees may thus provide for children of their own blood.

20 **SECTION 46.** ORS 418.307 is amended to read:

21 418.307. (1) A physician licensed by the Oregon Medical Board, **a naturopathic physician li-**
 22 **censed under ORS chapter 685,** [or] a dentist licensed by the Oregon Board of Dentistry[,] or a
 23 hospital licensed by the Department of Human Services is authorized to treat a child who is ward
 24 of the court or is a dependent or delinquent child in accord with the [physician's] best medical
 25 judgment **of the physician, naturopathic physician, dentist or responsible official of the hos-**
 26 **pital** and without consent if:

27 (a) Because of the general state of the child's health or any particular condition, the physician,
 28 **naturopathic physician,** dentist[,] or responsible official of the hospital determines that in the
 29 medical judgment of the physician, **naturopathic physician,** dentist or responsible official prompt
 30 action is reasonably necessary to avoid unnecessary suffering or discomfort or to effect a more ex-
 31 pedient or effective cure; and

32 (b) It is impossible or highly impractical to obtain consent for treating the child from the
 33 child-caring agency, the child's parent or the child's legal guardian.

34 (2) No charge of assault or battery shall be made against a physician, **naturopathic physician,**
 35 dentist[,] or hospital official or employee who provides medical treatment pursuant to subsection (1)
 36 of this section.

37 (3) A minor child described in subsection (1) of this section who is 15 years of age or older may
 38 consent to medical treatment pursuant to ORS 109.640.

39 **SECTION 47.** ORS 418.325, as amended by section 23, chapter 106, Oregon Laws 2016, is
 40 amended to read:

41 418.325. (1) A child-caring agency that is subject to ORS 418.205 to 418.327, 418.470, 418.475 or
 42 418.950 to 418.970 shall safeguard the health of each child, ward or other dependent or delinquent
 43 child to whom the agency provides care or services by providing for medical examinations of each
 44 child by a qualified physician **or naturopathic physician** at the following intervals:

45 (a) Three examinations during the first year of the child's life;

1 (b) One examination during the second year of the child's life;

2 (c) One examination at the age of four;

3 (d) One examination at the age of six;

4 (e) One examination at the age of nine; and

5 (f) One examination at the age of 14.

6 (2) If an examination under subsection (1) of this section has not occurred within six months
7 prior to the transfer for adoption of the custody of a child by a child-caring agency to the prospec-
8 tive adoptive parents of such child, a child-caring agency shall provide for a medical examination
9 of such child within six months prior to such transfer.

10 (3) Any testing that occurs at intervals other than those specified in subsections (1) and (2) of
11 this section shall not be considered to be in lieu of the required examinations. However, nothing in
12 subsections (1) and (2) of this section is intended to limit more frequent examinations that are dic-
13 tated by the general state of the child's health or by any particular condition.

14 (4) Within 90 days of obtaining custody of a child under six years of age, a child-caring agency
15 shall provide for the child to be:

16 (a) Inoculated as determined appropriate by the local health department; and

17 (b) Tested for:

18 (A) Phenylketonuria pursuant to ORS 433.285;

19 (B) Visual and aural acuity consistent with the child's age;

20 (C) Sickle-cell anemia;

21 (D) Effects of rubella, if any;

22 (E) Effects of parental venereal disease, if any; and

23 (F) The hereditary or congenital effects of parental use of drugs or controlled substances.

24 (5) Within six months prior to the transfer for adoption of the custody of a child by a child-
25 caring agency to the prospective adoptive parents of such child, the child-caring agency shall pro-
26 vide for such child to have a complete physical examination by a physician **or naturopathic**
27 **physician**, including but not limited to inspection for evidence of child abuse in accordance with
28 rules of the Department of Human Services, and be tested for visual and aural acuity consistent with
29 the child's age.

30 (6) A child-caring agency shall record the results of tests provided a child pursuant to sub-
31 sections (1) to (5) of this section in the child's health record. The child's health record shall be kept
32 as a part of the agency's total records of that child. The child's health record shall be made avail-
33 able to both natural parents and to both prospective foster or adoptive parents of that child. A
34 qualified member of a child-caring agency under the supervision of a qualified physician **or**
35 **naturopathic physician** shall explain to adoptive parents the medical factors possible as a result
36 of a child's birth history, hereditary or congenital defects, or disease or disability experience.

37 **SECTION 48.** ORS 418.747 is amended to read:

38 418.747. (1) The district attorney in each county shall be responsible for developing county
39 multidisciplinary child abuse teams to consist of but not be limited to law enforcement personnel,
40 Department of Human Services child protective service workers, school officials, local health de-
41 partment personnel, county mental health department personnel who have experience with children
42 and family mental health issues, child abuse intervention center workers, if available, and juvenile
43 department representatives, as well as others specially trained in child abuse, child sexual abuse and
44 rape of children investigation.

45 (2) The teams shall develop a written protocol for immediate investigation of and notification

1 procedures for child abuse cases and for interviewing child abuse victims. Each team also shall de-
2 velop written agreements signed by member agencies that are represented on the team that specify:

3 (a) The role of each agency;

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

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

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

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

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

12 (3) Each team member and the personnel conducting child abuse investigations and interviews
13 of child abuse victims shall be trained in risk assessment, dynamics of child abuse, child sexual
14 abuse and rape of children and legally sound and age appropriate interview and investigatory tech-
15 niques.

16 (4) All investigations of child abuse and interviews of child abuse victims shall be carried out
17 by appropriate personnel using the protocols and procedures called for in this section. If trained
18 personnel are not available in a timely fashion and, in the judgment of a law enforcement officer
19 or child protective services worker, there is reasonable cause to believe a delay in investigation or
20 interview of the child abuse victim could place the child in jeopardy of physical harm, the investi-
21 gation may proceed without full participation of all personnel. This authority applies only for as
22 long as reasonable danger to the child exists. A law enforcement officer or child protective services
23 worker shall make a reasonable effort to find and provide a trained investigator or interviewer.

24 (5) To ensure the protection and safe placement of a child, the Department of Human Services
25 may request that team members obtain criminal history information on any person who is part of
26 the household where the department may place or has placed a child who is in the department's
27 custody. All information obtained by the team members and the department in the exercise of their
28 duties is confidential and may be disclosed only when necessary to ensure the safe placement of a
29 child.

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

31 (7)(a) Each team shall develop and implement procedures for evaluating and reporting compli-
32 ance of member agencies with the protocols and procedures required under this section. Each team
33 shall submit to the administrator of the Child Abuse Multidisciplinary Intervention Program copies
34 of the protocols and procedures required under this section and the results of the evaluation as re-
35 quested.

36 (b) The administrator may:

37 (A) Consider the evaluation results when making eligibility determinations under ORS 418.746
38 (3);

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

41 (C) Ask a team to evaluate the team's compliance with the protocols and procedures in a par-
42 ticular case.

43 (c) The information and records compiled under this subsection are exempt from ORS 192.410
44 to 192.505.

45 (8) Each team shall develop policies that provide for an independent review of investigation

1 procedures of sensitive cases after completion of court actions on particular cases. The policies shall
2 include independent citizen input. Parents of child abuse victims shall be notified of the review
3 procedure.

4 (9) Each team shall designate at least one physician, physician assistant, **naturopathic physi-**
5 **cian** or nurse practitioner who has been trained to conduct child abuse medical assessments, as
6 defined in ORS 418.782, and who is, or who may designate another physician, physician assistant,
7 **naturopathic physician** or nurse practitioner who is, regularly available to conduct the medical
8 assessment described in ORS 419B.023.

9 (10) If photographs are taken pursuant to ORS 419B.028, and if the team meets to discuss the
10 case, the photographs shall be made available to each member of the team at the first meeting re-
11 garding the child's case following the taking of the photographs.

12 (11) No later than September 1, 2008, each team shall submit to the Department of Justice a
13 written summary identifying the designated medical professional described in subsection (9) of this
14 section. After that date, this information shall be included in each regular report to the Department
15 of Justice.

16 (12) If, after reasonable effort, the team is not able to identify a designated medical professional
17 described in subsection (9) of this section, the team shall develop a written plan outlining the nec-
18 essary steps, recruitment and training needed to make such a medical professional available to the
19 children of the county. The team shall also develop a written strategy to ensure that each child in
20 the county who is a suspected victim of child abuse will receive a medical assessment in compliance
21 with ORS 419B.023. This strategy, and the estimated fiscal impact of any necessary recruitment and
22 training, shall be submitted to the Department of Justice no later than September 1, 2008. This in-
23 formation shall be included in each regular report to the Department of Justice for each reporting
24 period in which a team is not able to identify a designated medical professional described in sub-
25 section (9) of this section.

26 **SECTION 49.** ORS 419B.020 is amended to read:

27 419B.020. (1) If the Department of Human Services or a law enforcement agency receives a re-
28 port of child abuse, the department or the agency shall immediately:

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

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

33 (2) If the abuse reported in subsection (1) of this section is alleged to have occurred at a child
34 care facility:

35 (a) The department and the law enforcement agency shall jointly determine the roles and re-
36 sponsibilities of the department and the agency in their respective investigations; and

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

39 (3) If the law enforcement agency conducting the investigation finds reasonable cause to believe
40 that abuse has occurred, the law enforcement agency shall notify by oral report followed by written
41 report the local office of the department. The department shall provide protective social services
42 of its own or of other available social agencies if necessary to prevent further abuses to the child
43 or to safeguard the child's welfare.

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

1 (5)(a) If a child is taken into protective custody by the department or a law enforcement official,
2 the department or law enforcement official shall, if possible, make reasonable efforts to advise the
3 parents or guardian immediately, regardless of the time of day, that the child has been taken into
4 custody, the reasons the child has been taken into custody and general information about the child's
5 placement, and the telephone number of the local office of the department and any after-hours tele-
6 phone numbers.

7 (b) Notice may be given by any means reasonably certain of notifying the parents or guardian,
8 including but not limited to written, telephonic or in-person oral notification. If the initial notifica-
9 tion is not in writing, the information required by paragraph (a) of this subsection also shall be
10 provided to the parents or guardian in writing as soon as possible.

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

13 (d) If a child is taken into custody while under the care and supervision of a person or organ-
14 ization other than the parent, the department, if possible, shall immediately notify the person or
15 organization that the child has been taken into protective custody.

16 (6) If a law enforcement officer or the department, when taking a child into protective custody,
17 has reasonable cause to believe that the child has been affected by sexual abuse and rape of a child
18 as defined in ORS 419B.005 (1)(a)(C) and that physical evidence of the abuse exists and is likely to
19 disappear, the court may authorize a physical examination for the purposes of preserving evidence
20 if the court finds that it is in the best interest of the child to have such an examination. Nothing
21 in this section affects the authority of the department to consent to physical examinations of the
22 child at other times.

23 (7) A minor child of 12 years of age or older may refuse to consent to the examination described
24 in subsection (6) of this section. The examination shall be conducted by or under the supervision
25 of a physician licensed under ORS chapter 677, a physician assistant licensed under ORS 677.505 to
26 677.525, **a naturopathic physician licensed under ORS chapter 685** or a nurse practitioner li-
27 censed under ORS chapter 678 and, whenever practicable, trained in conducting such examinations.

28 (8) When the department completes an investigation under this section, if the person who made
29 the report of child abuse provided contact information to the department, the department shall no-
30 tify the person about whether contact with the child was made, whether the department determined
31 that child abuse occurred and whether services will be provided. The department is not required to
32 disclose information under this subsection if the department determines that disclosure is not per-
33 mitted under ORS 419B.035.

34 **SECTION 50.** ORS 419B.023 is amended to read:

35 419B.023. (1) As used in this section:

36 (a) "Designated medical professional" means the person described in ORS 418.747 (9) or the
37 person's designee.

38 (b) "Suspicious physical injury" includes, but is not limited to:

39 (A) Burns or scalds;

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

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

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

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

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

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

- 1 (H) Unconsciousness or difficulty maintaining consciousness;
- 2 (I) Multiple injuries of different types;
- 3 (J) Injuries causing serious or protracted disfigurement or loss or impairment of the function
- 4 of any bodily organ; or
- 5 (K) Any other injury that threatens the physical well-being of the child.
- 6 (2) If a person conducting an investigation under ORS 419B.020 observes a child who has suf-
- 7 fered suspicious physical injury and the person is certain or has a reasonable suspicion that the
- 8 injury is or may be the result of abuse, the person shall, in accordance with the protocols and pro-
- 9 cedures of the county multidisciplinary child abuse team described in ORS 418.747:
- 10 (a) Immediately photograph or cause to have photographed the suspicious physical injuries in
- 11 accordance with ORS 419B.028; and
- 12 (b) Ensure that a designated medical professional conducts a medical assessment within 48
- 13 hours, or sooner if dictated by the child's medical needs.
- 14 (3) The requirement of subsection (2) of this section shall apply:
- 15 (a) Each time suspicious physical injury is observed by Department of Human Services or law
- 16 enforcement personnel:
- 17 (A) During the investigation of a new allegation of abuse; or
- 18 (B) If the injury was not previously observed by a person conducting an investigation under ORS
- 19 419B.020; and
- 20 (b) Regardless of whether the child has previously been photographed or assessed during an in-
- 21 vestigation of an allegation of abuse.
- 22 (4)(a) Department or law enforcement personnel shall make a reasonable effort to locate a des-
- 23 ignated medical professional. If after reasonable efforts a designated medical professional is not
- 24 available to conduct a medical assessment within 48 hours, the child shall be evaluated by an
- 25 available physician, a physician assistant licensed under ORS 677.505 to 677.525, **naturopathic**
- 26 **physician licensed under ORS chapter 685** or a nurse practitioner licensed under ORS 678.375 to
- 27 678.390.
- 28 (b) If the child is evaluated by a health care provider as defined in ORS 127.505 other than a
- 29 designated medical professional, the health care provider shall make photographs, clinical notes,
- 30 diagnostic and testing results and any other relevant materials available to the designated medical
- 31 professional for consultation within 72 hours following evaluation of the child.
- 32 (c) The person conducting the medical assessment may consult with and obtain records from the
- 33 child's health care provider under ORS 419B.050.
- 34 (5) Nothing in this section prevents a person conducting a child abuse investigation from seek-
- 35 ing immediate medical treatment from a hospital emergency room or other medical provider for a
- 36 child who is physically injured or otherwise in need of immediate medical care.
- 37 (6) If the child described in subsection (2) of this section is less than five years of age, the des-
- 38 ignated medical professional may, within 14 days, refer the child for a screening for early inter-
- 39 vention services or early childhood special education, as those terms are defined in ORS 343.035.
- 40 The referral may not indicate the child is subject to a child abuse investigation unless written
- 41 consent is obtained from the child's parent authorizing such disclosure. If the child is already re-
- 42 ceiving those services, or is enrolled in the Head Start program, a person involved in the delivery
- 43 of those services to the child shall be invited to participate in the county multidisciplinary child
- 44 abuse team's review of the case and shall be provided with paid time to do so by the person's em-
- 45 ployer.

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

3 **SECTION 51.** ORS 419B.035 is amended to read:

4 419B.035. (1) Notwithstanding the provisions of ORS 192.001 to 192.170, 192.210 to 192.505 and
5 192.610 to 192.810 relating to confidentiality and accessibility for public inspection of public records
6 and public documents, reports and records compiled under the provisions of ORS 419B.010 to
7 419B.050 are confidential and may not be disclosed except as provided in this section. The Depart-
8 ment of Human Services shall make the records available to:

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

11 (b) Any physician, physician assistant licensed under ORS 677.505 to 677.525, **naturopathic**
12 **physician licensed under ORS chapter 685** or nurse practitioner licensed under ORS 678.375 to
13 678.390, at the request of the physician, physician assistant, **naturopathic physician** or nurse
14 practitioner, regarding any child brought to the physician, physician assistant, **naturopathic phy-**
15 **siician** or nurse practitioner or coming before the physician, physician assistant, **naturopathic**
16 **physician** or nurse practitioner for examination, care or treatment;

17 (c) Attorneys of record for the child or child's parent or guardian in any juvenile court pro-
18 ceeding;

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

23 (e) A court appointed special advocate in any juvenile court proceeding in which it is alleged
24 that a child has been subjected to child abuse or neglect;

25 (f) The Office of Child Care for certifying, registering or otherwise regulating child care facili-
26 ties;

27 (g) The Office of Children's Advocate;

28 (h) The Teacher Standards and Practices Commission for investigations conducted under ORS
29 342.176 involving any child or any student in grade 12 or below;

30 (i) Any person, upon request to the Department of Human Services, if the reports or records
31 requested regard an incident in which a child, as the result of abuse, died or suffered serious phys-
32 ical injury as defined in ORS 161.015. Reports or records disclosed under this paragraph must be
33 disclosed in accordance with ORS 192.410 to 192.505; and

34 (j) The Office of Child Care for purposes of ORS 329A.030 (8)(g).

35 (2)(a) When disclosing reports and records pursuant to subsection (1)(i) of this section, the De-
36 partment of Human Services may exempt from disclosure the names, addresses and other identifying
37 information about other children, witnesses, victims or other persons named in the report or record
38 if the department determines, in written findings, that the safety or well-being of a person named in
39 the report or record may be jeopardized by disclosure of the names, addresses or other identifying
40 information, and if that concern outweighs the public's interest in the disclosure of that information.

41 (b) If the Department of Human Services does not have a report or record of abuse regarding
42 a child who, as the result of abuse, died or suffered serious physical injury as defined in ORS
43 161.015, the department may disclose that information.

44 (3) The Department of Human Services may make reports and records compiled under the pro-
45 visions of ORS 419B.010 to 419B.050 available to any person, administrative hearings officer, court,

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

9 (4) A law enforcement agency may make reports and records compiled under the provisions of
10 ORS 419B.010 to 419B.050 available to other law enforcement agencies, district attorneys, city at-
11 torneys with criminal prosecutorial functions and the Attorney General when the law enforcement
12 agency determines that disclosure is necessary for the investigation or enforcement of laws relating
13 to child abuse and neglect.

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

25 (6)(a) Any record made available to a law enforcement agency or community corrections agency
26 in this state, to the Department of Corrections or the State Board of Parole and Post-Prison Super-
27 vision or to a physician, physician assistant, **naturopathic physician** or nurse practitioner in this
28 state, as authorized by subsections (1) to (5) of this section, shall be kept confidential by the agency,
29 department, board, physician, physician assistant, **naturopathic physician** or nurse practitioner.
30 Any record or report disclosed by the Department of Human Services to other persons or entities
31 pursuant to subsections (1) and (3) of this section shall be kept confidential.

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

33 (A) A law enforcement agency, a community corrections agency, the Department of Corrections
34 and the State Board of Parole and Post-Prison Supervision may disclose records made available to
35 them under subsection (5) of this section to each other, to law enforcement, community corrections,
36 corrections and parole agencies of other states and to authorized treatment providers for the pur-
37 pose of managing and supervising offenders in custody or on probation, parole, post-prison super-
38 vision or other form of conditional or supervised release.

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

41 (7) An officer or employee of the Department of Human Services or of a law enforcement agency
42 or any person or entity to whom disclosure is made pursuant to subsections (1) to (6) of this section
43 may not release any information not authorized by subsections (1) to (6) of this section.

44 (8) As used in this section, "law enforcement agency" has the meaning given that term in ORS
45 181A.010.

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

2 **SECTION 52.** ORS 419B.352 is amended to read:

3 419B.352. The court may direct that the child or ward be examined or treated by a physician,
4 psychiatrist, psychologist, physician assistant licensed under ORS 677.505 to 677.525, **naturopathic**
5 **physician licensed under ORS chapter 685** or nurse practitioner licensed under ORS 678.375 to
6 678.390, or receive other special care or treatment in a hospital or other suitable facility. If the
7 court determines that mental health examination and treatment should be provided by services de-
8 livered through the Department of Human Services, the department shall determine the appropriate
9 placement or services in consultation with the court and other affected agencies. If an affected
10 agency objects to the type of placement or services, the court shall determine the appropriate type
11 of placement or service. During the examination or treatment of the child or ward, the department
12 may, if appropriate, be appointed guardian of the child or ward.

13 **SECTION 53.** ORS 421.467 is amended to read:

14 421.467. (1) Subject to ORS 421.468, the governing body of a county or city in this state may
15 transfer a local inmate to the temporary custody of the Department of Corrections solely for em-
16 ployment at a forest work camp established under ORS 421.455 to 421.480. The county or city
17 transferring the local inmate shall pay the cost of transportation and other expenses incidental to
18 the local inmate's conveyance to the forest work camp and the return of the local inmate to the
19 county or city, including the expenses of law enforcement officers accompanying the local inmate,
20 and is responsible for costs of any medical treatment of the local inmate while the local inmate is
21 employed at the forest work camp not compensated under ORS 655.505 to 655.555.

22 (2) Before a local inmate is sent to a forest work camp, the governing body of the county or city
23 shall cause the local inmate to be given such inoculations as are necessary in the public interest,
24 and must submit to the Department of Corrections a certificate, signed by a physician licensed under
25 ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525, **naturopathic physi-**
26 **cian licensed under ORS chapter 685** or nurse practitioner licensed under ORS 678.375 to 678.390
27 that the local inmate is physically and mentally able to perform the work described in ORS 421.470,
28 and is free from communicable disease.

29 **SECTION 54.** ORS 421.590 is amended to read:

30 421.590. (1) For the purposes of this section:

31 (a) "Medical treatment program" means a treatment program based on a successful medical
32 model that has been proven to reduce recidivism and that is within the range of treatments gener-
33 ally recognized as acceptable within the medical community, including:

34 (A) Treatment by prescribed medication when recommended by a qualified psychiatrist, physi-
35 cian, physician assistant, **naturopathic physician** or nurse practitioner; or

36 (B) Psychological treatment.

37 (b) "Program participant" means a person sentenced for a term of imprisonment based on con-
38 viction of a sex crime or a felony attempt to commit a sex crime, or a person who is eligible for
39 parole or post-prison supervision after a term of imprisonment based on conviction of a sex crime
40 or a felony attempt to commit a sex crime, who agrees to participate in a medical treatment program
41 after having been evaluated to be a suitable candidate and who has been provided with adequate
42 information to give informed consent to participation.

43 (c) "Sex crime" means rape in any degree, sodomy in any degree, unlawful sexual penetration
44 in any degree and sexual abuse in the first or second degree.

45 (2) The Department of Corrections shall establish a medical treatment program for persons

1 convicted of a sex crime or a felony attempt to commit a sex crime. Any person sentenced for a sex
 2 crime or a felony attempt to commit a sex crime may be evaluated to determine if available medical
 3 or psychological treatment would be likely to reduce the biological, emotional or psychological im-
 4 pulses that were the probable cause of the person's criminal conduct. If the evaluation determines
 5 that the person is a suitable candidate, the department shall offer to allow the person to participate
 6 in the medical treatment program. The person must agree to become a program participant.

7 (3) The State Board of Parole and Post-Prison Supervision shall offer as a condition of parole
 8 or post-prison supervision to persons convicted of a sex crime or a felony attempt to commit a sex
 9 crime the opportunity to participate in a medical treatment program established by the Department
 10 of Corrections under this section. Any person eligible for release for a sex crime or felony attempt
 11 to commit a sex crime may be evaluated to determine if available medical or psychological treatment
 12 would be likely to reduce the biological, emotional or psychological impulses that were the probable
 13 cause of the person's criminal conduct. If the evaluation determines that the person is a suitable
 14 candidate, the board shall offer to allow the person to participate in the medical treatment program.
 15 The person must agree to become a program participant.

16 (4) The Department of Corrections shall adopt rules prescribing the procedures and guidelines
 17 for implementing the medical treatment programs required under the provisions of this section.

18 **SECTION 55.** ORS 426.005 is amended to read:

19 426.005. (1) As used in ORS 426.005 to 426.390, unless the context requires otherwise:

20 (a) "Community mental health program director" means the director of an entity that provides
 21 the services described in ORS 430.630 (3) to (5).

22 (b) "Director of the facility" means a superintendent of a state mental hospital, the chief of
 23 psychiatric services in a community hospital or the person in charge of treatment and rehabilitation
 24 programs at other treatment facilities.

25 (c) "Facility" means a state mental hospital, community hospital, residential facility,
 26 detoxification center, day treatment facility or such other facility as the authority determines suit-
 27 able that provides diagnosis and evaluation, medical care, detoxification, social services or rehabil-
 28 itation to persons who are in custody during a prehearing period of detention or who have been
 29 committed to the Oregon Health Authority under ORS 426.130.

30 (d) "Licensed independent practitioner" means:

31 (A) A physician, as defined in ORS 677.010; [or]

32 (B) A nurse practitioner certified under ORS 678.375 and authorized to write prescriptions under
 33 ORS 678.390; or

34 (C) **A naturopathic physician licensed under ORS chapter 685.**

35 (e) "Nonhospital facility" means any facility, other than a hospital, that is approved by the au-
 36 thority to provide adequate security, psychiatric, nursing and other services to persons under ORS
 37 426.232 or 426.233.

38 (f) "Person with mental illness" means a person who, because of a mental disorder, is one or
 39 more of the following:

40 (A) Dangerous to self or others.

41 (B) Unable to provide for basic personal needs that are necessary to avoid serious physical harm
 42 in the near future, and is not receiving such care as is necessary to avoid such harm.

43 (C) A person:

44 (i) With a chronic mental illness, as defined in ORS 426.495;

45 (ii) Who, within the previous three years, has twice been placed in a hospital or approved in-

1 patient facility by the authority or the Department of Human Services under ORS 426.060;

2 (iii) Who is exhibiting symptoms or behavior substantially similar to those that preceded and led
3 to one or more of the hospitalizations or inpatient placements referred to in sub-subparagraph (ii)
4 of this subparagraph; and

5 (iv) Who, unless treated, will continue, to a reasonable medical probability, to physically or
6 mentally deteriorate so that the person will become a person described under either subparagraph
7 (A) or (B) of this paragraph or both.

8 (g) "Prehearing period of detention" means a period of time calculated from the initiation of
9 custody during which a person may be detained under ORS 426.228, 426.231, 426.232 or 426.233.

10 (2) Whenever a community mental health program director, director of the facility, superinten-
11 dent of a state hospital or administrator of a facility is referred to, the reference includes any
12 designee such person has designated to act on the person's behalf in the exercise of duties.

13 **SECTION 56.** ORS 426.020 is amended to read:

14 426.020. (1) The superintendent of a hospital referred to in ORS 426.010 shall be a person the
15 Oregon Health Authority considers qualified to administer the hospital. If the superintendent of any
16 hospital is a physician licensed by the Oregon Medical Board, the superintendent shall serve as
17 chief medical officer.

18 (2) If the superintendent is not a physician, the Director of the Oregon Health Authority or the
19 designee of the director shall designate a physician to serve as chief medical officer. The designated
20 chief medical officer may be an appointed state employee in the unclassified service, a self-employed
21 contractor or an employee of a public or private entity that contracts with the authority to provide
22 chief medical officer services. Unless the designated chief medical officer is specifically appointed
23 as a state employee in the unclassified service, the designated chief medical officer shall not be
24 deemed a state employee for purposes of any state statute, rule or policy.

25 (3)(a) Notwithstanding any other provision of law, the designated chief medical officer may su-
26 pervise physicians **and naturopathic physicians** who are employed by the hospital or who provide
27 services at the hospital pursuant to a contract.

28 (b) The designated chief medical officer may delegate all or part of the authority to supervise
29 other physicians **and naturopathic physicians** at the hospital to a physician who is employed by
30 the state, a self-employed contractor or an employee of a public or private entity that contracts with
31 the authority to provide physician services.

32 **SECTION 57.** ORS 427.005 is amended to read:

33 427.005. As used in this chapter:

34 (1) "Adaptive behavior" means the effectiveness or degree with which an individual meets the
35 standards of personal independence and social responsibility expected for age and cultural group.

36 (2) "Care" means:

37 (a) Supportive services, including, but not limited to, provision of room and board;

38 (b) Supervision;

39 (c) Protection; and

40 (d) Assistance in bathing, dressing, grooming, eating, management of money, transportation or
41 recreation.

42 (3) "Community developmental disabilities program director" means the director of an entity
43 that provides services described in ORS 430.664 to persons with intellectual disabilities or other
44 developmental disabilities.

45 (4) "Developmental disability" means an intellectual disability, autism, cerebral palsy, epilepsy

1 or other neurological condition diagnosed by a qualified professional that:

2 (a) Originates before an individual is 22 years of age, or 18 years of age for an intellectual dis-
3 ability;

4 (b) Originates in and directly affects the brain and is expected to continue indefinitely;

5 (c) Results in a significant impairment in adaptive behavior as measured by a qualified profes-
6 sional;

7 (d) Is not attributed primarily to other conditions including, but not limited to, a mental or
8 emotional disorder, sensory impairment, substance abuse, personality disorder, learning disability
9 or attention deficit hyperactivity disorder; and

10 (e) Requires training and support similar to that required by an individual with an intellectual
11 disability.

12 (5) "Director of the facility" means the person in charge of care, treatment and training pro-
13 grams at a facility.

14 (6) "Facility" means a group home, activity center, community mental health clinic or other fa-
15 cility or program that the Department of Human Services approves to provide necessary services
16 to persons with intellectual disabilities or other developmental disabilities.

17 (7) "Incapacitated" means a person is unable, without assistance, to properly manage or take
18 care of personal affairs, including but not limited to financial and medical decision-making, or is
19 incapable, without assistance, of self-care.

20 (8) "Independence" means the extent to which persons with intellectual disabilities or other
21 developmental disabilities exert control and choice over their own lives.

22 (9) "Integration" means:

23 (a) Use by persons with intellectual disabilities or other developmental disabilities of the same
24 community resources that are used by and available to other persons;

25 (b) Participation by persons with intellectual disabilities or other developmental disabilities in
26 the same community activities in which persons without disabilities participate, together with reg-
27 ular contact with persons without disabilities; and

28 (c) Residence by persons with intellectual disabilities or other developmental disabilities in
29 homes or in home-like settings that are in proximity to community resources, together with regular
30 contact with persons without disabilities in their community.

31 (10)(a) "Intellectual disability" means significantly subaverage general intellectual functioning,
32 defined as intelligence quotients under 70 as measured by a qualified professional and existing con-
33 currently with significant impairment in adaptive behavior, that is manifested before the individual
34 is 18 years of age.

35 (b) An individual with intelligence quotients of 70 through 75 may be considered to have an in-
36 tellectual disability if there is also significant impairment in adaptive behavior, as diagnosed and
37 measured by a qualified professional.

38 (c) The impairment in adaptive behavior must be directly related to the intellectual disability.

39 (d) Intellectual disability is synonymous with mental retardation.

40 (11) "Intellectual functioning" means functioning as assessed by one or more of the individually
41 administered general intelligence tests developed for the purpose.

42 (12) "Minor" means an unmarried person under 18 years of age.

43 **(13) "Naturopathic physician" has the meaning given the term in ORS 685.010.**

44 [(13)] (14) "Physician" means a person licensed by the Oregon Medical Board to practice medi-
45 cine and surgery.

1 [(14)] (15) “Productivity” means regular engagement in income-producing work, preferable com-
2 petitive employment with supports and accommodations to the extent necessary, by a person with
3 an intellectual disability or another developmental disability which is measured through improve-
4 ments in income level, employment status or job advancement or engagement by a person with an
5 intellectual disability or another developmental disability in work contributing to a household or
6 community.

7 [(15)] (16) “Service coordination” means person-centered planning, case management, procuring,
8 coordinating and monitoring of services under an individualized support plan to establish desired
9 outcomes, determine needs and identify resources for a person with developmental disabilities and
10 advocating for the person.

11 [(16)] (17) “Significantly subaverage” means a score on a test of intellectual functioning that is
12 two or more standard deviations below the mean for the test.

13 [(17)] (18) “Training” means:

14 (a) The systematic, planned maintenance, development or enhancement of self-care, social or
15 independent living skills; or

16 (b) The planned sequence of systematic interactions, activities, structured learning situations
17 or education designed to meet each person’s specified needs in the areas of physical, emotional, in-
18 tellectual and social growth.

19 [(18)] (19) “Treatment” means the provision of specific physical, mental, social interventions and
20 therapies that halt, control or reverse processes that cause, aggravate or complicate malfunctions
21 or dysfunctions.

22 **SECTION 58.** ORS 427.235 is amended to read:

23 427.235. (1) Any two persons may notify the court having probate jurisdiction for the county or
24 the circuit court, if it is not the probate court but its jurisdiction has been extended to include
25 commitment of a person with an intellectual disability under ORS 3.275, that a person within the
26 county has an intellectual disability and is in need of commitment for residential care, treatment
27 and training. Such notice shall be in writing and sworn to before an officer qualified to administer
28 an oath and shall set forth the facts sufficient to show the need for investigation. The circuit court
29 shall forward notice to the community developmental disabilities program director in the county if
30 it finds the notice sufficient to show the need for investigation. The director or the designee of the
31 director shall immediately investigate to determine whether the person has an intellectual disability
32 and is in need of commitment for residential care, treatment and training.

33 (2) Any person who acts in good faith shall not be held civilly liable for making of the notifi-
34 cation under subsection (1) of this section.

35 (3) Any investigation conducted by the community developmental disabilities program director
36 or the designee of the director under subsection (1) of this section shall commence with an interview
37 or examination of the person alleged to have an intellectual disability, where possible, in the home
38 of the person or other place familiar to the person. Further investigation if warranted shall include
39 a diagnostic evaluation as described in ORS 427.105 and may also include interviews with the
40 person’s relatives, neighbors, teachers and physician **or naturopathic physician**. The investigation
41 shall also determine if any alternatives to commitment are available. The investigator shall also
42 determine and recommend to the court whether the person is incapacitated and in need of a
43 guardian or conservator.

44 (4) The investigation report shall be submitted to the court within 30 days of receipt of notice
45 from the court. A copy of the investigation report and diagnostic evaluation, if any, shall also be

1 made available to the Department of Human Services and to the person alleged to have an intel-
2 lectual disability and, if the person is a minor or incapacitated, to the parents or guardian of the
3 person as soon as possible after its completion but in any case prior to a hearing held under ORS
4 427.245.

5 (5) Any person conducting an evaluation or investigation under this section shall in no way be
6 held civilly liable for conducting the investigation or performing the diagnostic evaluation.

7 (6) If requested by a person conducting an investigation under this section, a physician **or**
8 **naturopathic physician** who has examined the person alleged to have an intellectual disability may,
9 with patient authorization or in response to a court order, provide any relevant information the
10 physician **or naturopathic physician** has regarding the person alleged to have an intellectual dis-
11 ability.

12 **SECTION 59.** ORS 427.255 is amended to read:

13 427.255. (1) If the court finds that there is probable cause to believe that the failure to take into
14 custody pending an investigation or hearing a person alleged to have an intellectual disability and
15 be in need of commitment for residential care, treatment and training would pose an imminent and
16 serious danger to the person or to others, the court may issue a warrant of detention to either the
17 community developmental disabilities program director or the sheriff of the county directing that the
18 director, the sheriff or the designee of the director or sheriff take the person into custody and
19 produce the person at the time and place stated in the warrant. At the time the person is taken into
20 custody, the custodian shall advise the person or, if the person is incapacitated or a minor, the
21 parents or guardian of the person of the person's right to counsel, to have legal counsel appointed
22 if the person is unable to afford legal counsel, and, if requested, to have legal counsel appointed
23 immediately.

24 (2) A person taken into custody under subsection (1) of this section shall be provided all care,
25 custody, evaluation and treatment required for the mental and physical health and safety of the
26 person and the director of the facility retaining custody shall report any care, custody, evaluation
27 or treatment provided the person to the court as required by ORS 427.280. Any diagnostic evaluation
28 performed on such person shall be consistent with Department of Human Services rules and ORS
29 427.105. Any prescription or administration of drugs shall be the sole responsibility of the treating
30 physician **or naturopathic physician**. The person shall have the right to the least hazardous
31 treatment procedures while in custody, and the treating physician **or naturopathic physician** shall
32 be notified immediately of the use of any mechanical restraints on the person. A note of each use
33 of mechanical restraint and the reasons therefor shall be made a part of the person's clinical record
34 over the signature of the treating physician **or naturopathic physician**.

35 **SECTION 60.** ORS 427.270 is amended to read:

36 427.270. (1) The examining facility conducting the diagnostic evaluation shall make its report in
37 writing to the court. Where components of the diagnostic evaluation have been performed within the
38 previous year according to Department of Human Services rules and ORS 427.105, and the records
39 of the evaluation are available to the examining facility pursuant to ORS 179.505 and department
40 rules, the results of such evaluation may be introduced in court in lieu of repetition of those com-
41 ponents by the examining facility. If the facility finds, and shows by its report, that the person ex-
42 amined has an intellectual disability and is in need of commitment for residential care, treatment
43 and training, the report shall include a recommendation as to the type of treatment or training fa-
44 cility most suitable for the person. The report shall also advise the court whether in the opinion of
45 the examining facility the person and, if the person is a minor or incapacitated, the parents or legal

1 guardian of the person would cooperate with voluntary treatment or training and whether the per-
 2 son would benefit either from voluntary treatment or training or from appointment of a legal
 3 guardian or conservator.

4 (2) Upon request by the person or the parent, legal guardian or legal counsel of the person, the
 5 court shall appoint an additional physician, **naturopathic physician** or psychologist, or both, to
 6 examine the person and make separate reports in writing to the court. However, the court shall not
 7 appoint more than one additional physician **or naturopathic physician** and one additional psy-
 8 chologist to examine the person.

9 **SECTION 61.** ORS 427.275 is amended to read:

10 427.275. (1) Any physician, **naturopathic physician** or psychologist employed by the court to
 11 make a diagnostic evaluation of a person alleged to have an intellectual disability and to be in need
 12 of commitment for residential care, treatment and training, shall be allowed a fee as the court in its
 13 discretion determines reasonable for the evaluation. The costs of the evaluation shall be paid by the
 14 county of residence of the person or, if the person has no residence within the state, by the county
 15 in which the person is taken into custody. The county shall not be held responsible for the costs
 16 of prior examinations or tests reported to the court, or of diagnostic evaluations performed or ar-
 17 ranged by the community developmental disabilities program or Department of Human Services.

18 (2) Witnesses subpoenaed to give testimony shall receive the same fees as are paid in criminal
 19 cases and are subject to compulsory attendance in the same manner as provided in ORS 136.567 to
 20 136.603. The attendance of out-of-state witnesses may be secured in the same manner as provided in
 21 ORS 136.623 to 136.637. The party who subpoenas the witness or requests the court to subpoena the
 22 witness is responsible for payment of the cost of the subpoena and payment for the attendance of
 23 the witness at a hearing. When the witness has been subpoenaed on behalf of a person who is re-
 24 presented by appointed counsel, the fees and costs allowed for that witness shall be paid pursuant
 25 to ORS 135.055.

26 **SECTION 62.** ORS 430.010 is amended to read:

27 430.010. As used in this chapter:

28 (1) "Outpatient service" means:

29 (a) A program or service providing treatment by appointment and by:

30 (A) Medical or osteopathic physicians licensed by the Oregon Medical Board under ORS 677.010
 31 to 677.450;

32 (B) Psychologists licensed by the State Board of Psychologist Examiners under ORS 675.010 to
 33 675.150;

34 (C) Nurse practitioners registered by the Oregon State Board of Nursing under ORS 678.010 to
 35 678.410;

36 (D) Regulated social workers authorized to practice regulated social work by the State Board
 37 of Licensed Social Workers under ORS 675.510 to 675.600; [or]

38 (E) Professional counselors or marriage and family therapists licensed by the Oregon Board of
 39 Licensed Professional Counselors and Therapists under ORS 675.715 to 675.835; or

40 **(F) Naturopathic physicians licensed by the Oregon Board of Naturopathic Medicine un-**
 41 **der ORS chapter 685; or**

42 (b) A program or service providing treatment by appointment that is licensed, approved, estab-
 43 lished, maintained, contracted with or operated by the authority under:

44 (A) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

45 (B) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for drug addiction; or

1 (C) ORS 430.610 to 430.880 for mental or emotional disturbances.

2 (2) "Residential facility" means a program or facility providing an organized full-day or part-day
3 program of treatment. Such a program or facility shall be licensed, approved, established, main-
4 tained, contracted with or operated by the authority under:

5 (a) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

6 (b) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for drug addiction; or

7 (c) ORS 430.610 to 430.880 for mental or emotional disturbances.

8 **SECTION 63.** ORS 430.401 is amended to read:

9 430.401. (1) A police officer, physician, **naturopathic physician**, physician assistant, nurse
10 practitioner, judge, treatment facility, treatment facility staff member or sobering facility that is
11 registered with the Oregon Health Authority under ORS 430.262 based on a written request for
12 registration received by the authority before January 1, 2016, or the staff of the sobering facility,
13 may not be held criminally or civilly liable for actions pursuant to ORS 430.315, 430.335, 430.397 to
14 430.401 and 430.402 provided the actions are in good faith, on probable cause and without malice.

15 (2) A sobering facility registered with the authority under ORS 430.262 based on a written re-
16 quest for registration received by the authority on or after January 1, 2016, and the staff of the
17 sobering facility, may not be held criminally or civilly liable for actions pursuant to ORS 430.315,
18 430.335, 430.397 to 430.401 and 430.402 provided the actions are in good faith, on probable cause and
19 without gross negligence.

20 **SECTION 64.** ORS 430.545 is amended to read:

21 430.545. (1) Evaluation sites provided for under ORS 430.450 to 430.555 shall conduct such pro-
22 cedures as may be necessary to determine if an individual is a drug-dependent person. A person shall
23 be evaluated only with that person's written consent. Subject to approval of the Oregon Health
24 Authority, the director of a treatment facility or the director of an evaluation site may designate
25 personnel to provide treatment or evaluation as appropriate under the lawful limitations of their
26 certification, licensure or professional practice.

27 (2) Antagonist drugs may be administered for diagnosis of addiction by a registered nurse at an
28 approved site when the nurse has completed required training and a physician **or naturopathic**
29 **physician** is available on call. Antagonist drugs shall not be administered without informed written
30 consent of the person.

31 **SECTION 65.** ORS 430.560 is amended to read:

32 430.560. (1) The Oregon Health Authority shall adopt rules [*setting forth*] **to establish** require-
33 ments, in accordance with ORS 430.357, for drug treatment programs that contract with the au-
34 thority and that involve:

35 (a) Detoxification;

36 (b) Detoxification with acupuncture and counseling; and

37 (c) The supplying of synthetic opiates to such persons under close supervision and control.
38 However, the supplying of synthetic opiates shall be used only when detoxification or detoxification
39 with acupuncture and counseling has proven ineffective or upon a written request of a physician
40 licensed by the Oregon Medical Board **or a naturopathic physician licensed by the Oregon**
41 **Board of Naturopathic Medicine** showing medical need for synthetic opiates if the request is ap-
42 proved in writing by the parole and probation officer, if any, of the drug-dependent person. The copy
43 of the request and the approval must be included in the client's permanent treatment and releasing
44 authority records.

45 (2) Notwithstanding subsection (1) of this section, synthetic opiates may be made available to a

1 pregnant woman with her informed consent without prior resort to the treatment programs de-
2 scribed in subsection (1)(a) and (b) of this section.

3 **SECTION 66.** ORS 430.735 is amended to read:

4 430.735. As used in ORS 430.735 to 430.765:

5 (1) "Abuse" means one or more of the following:

6 (a) Abandonment, including desertion or willful forsaking of a person with a developmental dis-
7 ability or the withdrawal or neglect of duties and obligations owed a person with a developmental
8 disability by a caregiver or other person.

9 (b) Any physical injury to an adult caused by other than accidental means, or that appears to
10 be at variance with the explanation given of the injury.

11 (c) Willful infliction of physical pain or injury upon an adult.

12 (d) Sexual abuse of an adult.

13 (e) Neglect.

14 (f) Verbal abuse of a person with a developmental disability.

15 (g) Financial exploitation of a person with a developmental disability.

16 (h) Involuntary seclusion of a person with a developmental disability for the convenience of the
17 caregiver or to discipline the person.

18 (i) A wrongful use of a physical or chemical restraint upon a person with a developmental dis-
19 ability, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677,
20 physician assistant licensed under ORS 677.505 to 677.525, **naturopathic physician licensed under**
21 **ORS chapter 685** or nurse practitioner licensed under ORS 678.373 to 678.390 and any treatment
22 activities that are consistent with an approved treatment plan or in connection with a court order.

23 (j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427,
24 163.465 or 163.467.

25 (k) Any death of an adult caused by other than accidental or natural means.

26 (2) "Adult" means a person 18 years of age or older with:

27 (a) A developmental disability who is currently receiving services from a community program
28 or facility or was previously determined eligible for services as an adult by a community program
29 or facility; or

30 (b) A mental illness who is receiving services from a community program or facility.

31 (3) "Adult protective services" means the necessary actions taken to prevent abuse or exploi-
32 tation of an adult, to prevent self-destructive acts and to safeguard an adult's person, property and
33 funds, including petitioning for a protective order as defined in ORS 125.005. Any actions taken to
34 protect an adult shall be undertaken in a manner that is least intrusive to the adult and provides
35 for the greatest degree of independence.

36 (4) "Caregiver" means an individual, whether paid or unpaid, or a facility that has assumed re-
37 sponsibility for all or a portion of the care of an adult as a result of a contract or agreement.

38 (5) "Community program" means a community mental health program or a community develop-
39 mental disabilities program as established in ORS 430.610 to 430.695.

40 (6) "Facility" means a residential treatment home or facility, residential care facility, adult foster
41 home, residential training home or facility or crisis respite facility.

42 (7) "Financial exploitation" means:

43 (a) Wrongfully taking the assets, funds or property belonging to or intended for the use of a
44 person with a developmental disability.

45 (b) Alarming a person with a developmental disability by conveying a threat to wrongfully take

1 or appropriate money or property of the person if the person would reasonably believe that the
2 threat conveyed would be carried out.

3 (c) Misappropriating, misusing or transferring without authorization any money from any ac-
4 count held jointly or singly by a person with a developmental disability.

5 (d) Failing to use the income or assets of a person with a developmental disability effectively
6 for the support and maintenance of the person.

7 (8) "Intimidation" means compelling or deterring conduct by threat.

8 (9) "Law enforcement agency" means:

9 (a) Any city or municipal police department;

10 (b) A police department established by a university under ORS 352.121 or 353.125;

11 (c) Any county sheriff's office;

12 (d) The Oregon State Police; or

13 (e) Any district attorney.

14 (10) "Neglect" means:

15 (a) Failure to provide the care, supervision or services necessary to maintain the physical and
16 mental health of a person with a developmental disability that may result in physical harm or sig-
17 nificant emotional harm to the person;

18 (b) The failure of a caregiver to make a reasonable effort to protect a person with a develop-
19 mental disability from abuse; or

20 (c) Withholding of services necessary to maintain the health and well-being of an adult which
21 leads to physical harm of an adult.

22 (11) "Person with a developmental disability" means a person described in subsection (2)(a) of
23 this section.

24 (12) "Public or private official" means:

25 (a) Physician licensed under ORS chapter 677, physician assistant licensed under ORS 677.505
26 to 677.525, naturopathic physician, psychologist or chiropractor, including any intern or resident;

27 (b) Licensed practical nurse, registered nurse, nurse's aide, home health aide or employee of an
28 in-home health service;

29 (c) Employee of the Department of Human Services or Oregon Health Authority, local health
30 department, community mental health program or community developmental disabilities program or
31 private agency contracting with a public body to provide any community mental health service;

32 (d) Peace officer;

33 (e) Member of the clergy;

34 (f) Regulated social worker;

35 (g) Physical, speech or occupational therapist;

36 (h) Information and referral, outreach or crisis worker;

37 (i) Attorney;

38 (j) Licensed professional counselor or licensed marriage and family therapist;

39 (k) Any public official;

40 (L) Firefighter or emergency medical services provider;

41 (m) Member of the Legislative Assembly;

42 (n) Personal support worker, as defined by rule adopted by the Home Care Commission; or

43 (o) Home care worker, as defined in ORS 410.600.

44 (13) "Services" includes but is not limited to the provision of food, clothing, medicine, housing,
45 medical services, assistance with bathing or personal hygiene or any other service essential to the

1 well-being of an adult.

2 (14)(a) "Sexual abuse" means:

3 (A) Sexual contact with a nonconsenting adult or with an adult considered incapable of con-
4 senting to a sexual act under ORS 163.315;

5 (B) Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit mate-
6 rial or language;

7 (C) Any sexual contact between an employee of a facility or paid caregiver and an adult served
8 by the facility or caregiver;

9 (D) Any sexual contact between a person with a developmental disability and a relative of the
10 person with a developmental disability other than a spouse; or

11 (E) Any sexual contact that is achieved through force, trickery, threat or coercion.

12 (b) "Sexual abuse" does not mean consensual sexual contact between an adult and a paid
13 caregiver who is the spouse of the adult.

14 (15) "Sexual contact" has the meaning given that term in ORS 163.305.

15 (16) "Verbal abuse" means to threaten significant physical or emotional harm to a person with
16 a developmental disability through the use of:

17 (a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

18 (b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate
19 sexual comments.

20 **SECTION 67.** ORS 431.180 is amended to read:

21 431.180. (1) Nothing in ORS 431.001 to 431.550 and 431.990 or any other public health law of this
22 state shall be construed as authorizing the Oregon Health Authority or its representatives, or any
23 local public health authority or its representatives, to interfere in any manner with an individual's
24 right to select the physician, physician assistant, **naturopathic physician** or nurse practitioner of
25 the individual's choice or the individual's choice of mode of treatment, nor as interfering with the
26 practice of a person whose religion treats or administers sick or suffering people by purely spiritual
27 means.

28 (2) This section does not apply to the laws of this state imposing sanitary requirements or rules
29 adopted under the laws of this state imposing sanitary requirements.

30 **SECTION 68.** ORS 431A.680 is amended to read:

31 431A.680. (1) Physicians, nurse midwives, **naturopathic physicians** and other licensed health
32 care professionals who provide prenatal and postnatal care to patients may provide to each patient,
33 and family members of the patient, if appropriate, the informational materials published by the
34 Oregon Health Authority under ORS 431A.675 or other maternal mental health education materials
35 that are approved by the authority.

36 (2) Hospitals and other health care facilities that provide maternity care may give postnatal and
37 post-pregnancy loss patients, and family members of the patients, if appropriate, prior to the dis-
38 charge of the patient, the informational materials published by the authority under ORS 431A.675
39 or other maternal mental health education materials that are approved by the authority.

40 **SECTION 69.** ORS 433.017 is amended to read:

41 433.017. (1) A licensed physician, physician assistant licensed under ORS 677.505 to 677.525,
42 **naturopathic physician licensed under ORS chapter 685** or nurse practitioner licensed under
43 ORS 678.375 to 678.390 attending a pregnant woman in this state for conditions relating to her
44 pregnancy during the period of gestation or at the time of delivery shall, as required by rule of the
45 Oregon Health Authority, take or cause to be taken a sample of blood of every woman so attended

1 at the time of the first professional visit or within 10 days thereafter. The blood specimen [thus]
 2 obtained **under this subsection** [shall] **must** be submitted to a licensed laboratory for [such] tests
 3 related to any infectious condition which may affect a pregnant woman or fetus, as the authority
 4 shall by rule require, including but not limited to an HIV test as defined in ORS 433.045.

5 (2) Every other person permitted by law to attend a pregnant woman in this state, but not per-
 6 mitted by law to take blood samples, shall, as required by rule of the authority, cause a sample of
 7 blood of such pregnant woman to be taken by a licensed physician, physician assistant licensed un-
 8 der ORS 677.505 to 677.525, **naturopathic physician licensed under ORS chapter 685** or nurse
 9 practitioner licensed under ORS 678.375 to 678.390 and have such sample submitted to a licensed
 10 laboratory for the tests described under subsection (1) of this section.

11 (3) In all cases under subsections (1) and (2) of this section the physician, physician assistant,
 12 **naturopathic physician** or nurse practitioner shall request consent of the patient to take a blood
 13 sample. [No] A sample [shall] **may not** be taken without [such] **the patient's** consent.

14 **SECTION 70.** ORS 433.040 is amended to read:

15 433.040. (1) As used in this section, "vaccine" includes vaccines, immune products and
 16 chemoprophylactic medications.

17 (2) When the State Health Officer of the Oregon Health Authority determines that there is clear
 18 evidence that adverse and avoidable health outcomes from a preventable and acute communicable
 19 disease are expected to affect identifiable categories of high-risk individuals throughout Oregon and
 20 that assistance with the administration of vaccine is warranted due to a vaccine shortage to protect
 21 or treat such individuals, the health officer shall implement the Oregon Vaccine Education and
 22 Prioritization Plan as provided in subsection (3) of this section.

23 (3) The authority shall develop and adopt by rule the Oregon Vaccine Education and
 24 Prioritization Plan to protect the public health during a vaccine shortage. The plan shall consist of:

25 (a) Guidelines for physicians, **naturopathic physicians**, nurses, hospitals, health systems, phar-
 26 macies and others that hold vaccines for the distribution and administration of vaccines. The
 27 guidelines shall include, but are not limited to, a definition of high-risk groups for priority protection
 28 or treatment in the event a vaccine shortage is imminent;

29 (b) Rules for imposing a civil penalty of \$500 against persons who knowingly violate the guide-
 30 lines for each repeat violation of the guidelines; and

31 (c) Procedures for:

32 (A) Mobilizing public and private health resources to assist in vaccine distribution and admin-
 33 istration; and

34 (B) Notifying health professional regulatory boards and licensing authorities of repeated vio-
 35 lations of the guidelines by health professionals regulated by the board or licensed by the licensing
 36 authority.

37 (4) If the Oregon Health Authority adopts temporary rules to implement subsection (2) of this
 38 section, the rules adopted are not subject to the requirements of ORS 183.335 (6)(a). The authority
 39 may amend the temporary rules adopted pursuant to subsection (3) of this section as often as is
 40 necessary to respond to a vaccine shortage.

41 **SECTION 71.** ORS 433.110 is amended to read:

42 433.110. Every physician, physician assistant, **naturopathic physician** or nurse attending a
 43 person affected with any communicable disease shall use all precautionary measures to prevent the
 44 spread of the disease as the Oregon Health Authority may prescribe by rule.

45 **SECTION 72.** ORS 433.290 is amended to read:

1 433.290. (1) The Legislative Assembly finds that many newborn children are given their first
2 tests for metabolic diseases too early for the detection of these diseases because parents remove
3 these newborn infants from the hospital before the optimum testing period commences. To assure
4 proper first testing and follow-up testing and increase knowledge about the nature and results of
5 these diseases, the Oregon Health Authority shall institute and carry on an intensive educational
6 program among physicians, **naturopathic physicians**, hospitals, public health nurses, the parents
7 of newborn children and the public concerning the disease of phenylketonuria and other metabolic
8 diseases. This educational program shall include information concerning:

9 (a) The nature of these diseases; and

10 (b) Examinations for the detection of these diseases in infancy in order that measures may be
11 taken to prevent the mental retardation resulting from these diseases.

12 (2) The authority shall make a special effort specifically to inform expectant parents and parents
13 of newborn children of the necessity of newborn infants receiving appropriate tests within the opti-
14 mum time range after birth to prevent the mental retardation or other serious complications re-
15 sulting from these diseases.

16 **SECTION 73.** ORS 435.205 is amended to read:

17 435.205. (1) The Oregon Health Authority and every local health department shall offer family
18 planning and birth control services within the limits of available funds. Both agencies jointly may
19 offer such services. The Director of the Oregon Health Authority or a designee shall initiate and
20 conduct discussions of family planning with each person who might have an interest in and benefit
21 from such service. The authority shall furnish consultation and assistance to local health depart-
22 ments.

23 (2) Family planning and birth control services may include interviews with trained personnel;
24 distribution of literature; referral to a licensed physician, physician assistant licensed under ORS
25 677.505 to 677.525, **naturopathic physician licensed under ORS chapter 685** or nurse practitioner
26 licensed under ORS 678.375 to 678.390 for consultation, examination, medical treatment and pre-
27 scription; and, to the extent so prescribed, the distribution of rhythm charts, the initial supply of a
28 drug or other medical preparation, contraceptive devices and similar products.

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

32 (4) In carrying out its duties under this section, and with the consent of the local public health
33 authority as defined in ORS 431.003, the local health department may adopt a fee schedule for ser-
34 vices provided by the local health department. The fees shall be reasonably calculated not to exceed
35 costs of services provided and may be adjusted on a sliding scale reflecting ability to pay.

36 (5) The local health department shall collect fees according to the schedule adopted under sub-
37 section (4) of this section. Such fees may be used to meet the expenses of providing the services
38 authorized by this section.

39 **SECTION 74.** ORS 435.305 is amended to read:

40 435.305. (1) A person may be sterilized by appropriate means upon request and upon the advice
41 of a physician licensed under ORS chapter 677, **naturopathic physician licensed under ORS**
42 **chapter 685** or physician assistant licensed under ORS 677.505 to 677.525.

43 (2) A health care provider described in subsection (1) of this section or a hospital may not be
44 held liable for performing a sterilization without obtaining the consent of the spouse of the person
45 sterilized.

1 (3) Free clinics to sterilize males under subsection (1) of this section may be conducted as a part
2 of the program provided for in ORS 435.205.

3 (4)(a) A nurse practitioner licensed by the Oregon State Board of Nursing under ORS 678.375
4 and acting within the scope of practice authorized by the board may provide medical advice to any
5 person about a sterilization procedure.

6 (b) A nurse practitioner may acknowledge and sign a consent to sterilization procedure form if,
7 no fewer than 30 days before the procedure, the form is provided to and signed by the person on
8 whom the procedure will be performed.

9 (c) A nurse practitioner may not acknowledge or sign a consent to sterilization procedure form
10 if the form is provided to or signed by the person on whom the procedure will be performed fewer
11 than 30 days before the procedure.

12 (d) A nurse practitioner may not perform a sterilization procedure on any person.

13 **SECTION 75.** ORS 435.485 is amended to read:

14 435.485. (1) [No] **A physician or naturopathic physician** is **not** required to give advice with
15 respect to or participate in any termination of a pregnancy if the refusal to do so is based on an
16 election not to give such advice or to participate in such terminations and the physician **or**
17 **naturopathic physician** so advises the patient.

18 (2) [No] **A** hospital employee or member of the hospital medical staff is **not** required to partic-
19 ipate in any termination of a pregnancy if the employee or staff member notifies the hospital of the
20 election not to participate in such terminations.

21 **SECTION 76.** ORS 435.496 is amended to read:

22 435.496. (1) Each induced termination of pregnancy which occurs in this state, regardless of the
23 length of gestation, shall be reported to the Center for Health Statistics within 30 days by the per-
24 son in charge of the institution in which the induced termination of pregnancy was performed. If the
25 induced termination of pregnancy was performed outside an institution, the attending physician **or**
26 **the naturopathic physician** shall prepare and file the report.

27 (2) If the person who is required to file the report under subsection (1) of this section has
28 knowledge that the person who underwent the induced termination of pregnancy also underwent a
29 follow-up visit or had follow-up contact with a health care provider, the person shall include the fact
30 of the follow-up visit or contact, and whether any complications were noted, in the report. If the
31 person filing the report is not personally aware of the follow-up visit or contact but was informed
32 of the visit or contact, the person shall include the source of that information in the report.

33 (3) Reports submitted under this section shall not disclose the names or identities of the parents.

34 **SECTION 77.** ORS 438.010 is amended to read:

35 438.010. As used in ORS 438.010 to 438.510, unless the context requires otherwise:

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

37 (2) "Clinical laboratory" or "laboratory" means a facility where the microbiological, serological,
38 chemical, hematological, immunohematological, immunological, toxicological, cytogenetical,
39 exfoliative cytological, histological, pathological or other examinations are performed on materials
40 derived from the human body, for the purpose of diagnosis, prevention of disease or treatment of
41 patients by physicians, dentists and other persons who are authorized by license to diagnose or treat
42 humans.

43 (3) "Clinical laboratory specialty" or "laboratory specialty" means the examination of materials
44 derived from the human body for the purpose of diagnosis and treatment of patients or assessment
45 of health, employing one of the following sciences: Serology, microbiology, chemistry, hematology,

1 immunohematology, immunology, toxicology, cytogenetics, exfoliative cytology, histology or
2 pathology.

3 (4) "Clinician" means a nurse practitioner licensed and certified by the Oregon State Board of
4 Nursing, or a physician assistant licensed by the Oregon Medical Board.

5 (5) "Custody chain" means the handling of specimens in a way that supports legal testimony to
6 prove that the sample integrity and identification of the sample have not been violated, as well as
7 the documentation describing those procedures from specimen collection to the final report.

8 (6) "Dentist" means a person licensed to practice dentistry by the Oregon Board of Dentistry.

9 (7) "Director of clinical laboratory" or "director" means the person who plans, organizes, directs
10 and participates in any or all of the technical operations of a clinical laboratory, including but not
11 limited to reviewing laboratory procedures and their results, training and supervising laboratory
12 personnel, and evaluating the technical competency of such personnel.

13 (8) "Health screen testing" means tests performed for the purpose of identifying health risks,
14 providing health information and referring the person being tested to medical care.

15 (9) "High complexity laboratory" means a facility that performs testing classified as highly
16 complex in the specialties of microbiology, chemistry, hematology, diagnostic immunology,
17 immunohematology, clinical cytogenetics, cytology, histopathology, oral pathology, pathology,
18 radiobioassay and histocompatibility and that may also perform moderate complexity tests and
19 waived tests.

20 (10) "High complexity test" means a procedure performed on materials derived from the human
21 body that meet the criteria for this category of testing in the specialties of microbiology, chemistry,
22 hematology, immunohematology, diagnostic immunology, clinical cytogenetics, cytology,
23 histopathology, oral pathology, pathology, radiobioassay and histocompatibility as established by the
24 authority.

25 (11) "Laboratory evaluation system" means a system of testing clinical laboratory methods,
26 procedures and proficiency by periodic performance and reporting on test specimens submitted for
27 examination.

28 (12) "Moderate complexity laboratory" means a facility that performs testing classified as mod-
29 erately complex in the specialties of microbiology, hematology, chemistry, immunohematology or di-
30 agnostic immunology and may also perform any waived test.

31 (13) "Moderate complexity test" means a procedure performed on materials derived from the
32 human body that meet the criteria for this category of testing in the specialties of microbiology,
33 hematology, chemistry, immunohematology or diagnostic immunology as established by the author-
34 ity.

35 (14) "Operator of a substances of abuse on-site screening facility" or "operator" means the per-
36 son who plans, organizes, directs and participates in any or all of the technical and administrative
37 operations of a substances of abuse on-site screening facility.

38 (15) "Owner of a clinical laboratory" means the person who owns the clinical laboratory, or a
39 county or municipality operating a clinical laboratory or the owner of any institution operating a
40 clinical laboratory.

41 (16) "Physician" means:

42 (a) A person licensed to practice medicine by the Oregon Medical Board; or

43 (b) A person licensed to practice naturopathic medicine by the Oregon Board of
44 Naturopathic Medicine.

45 (17) "Physician performed microscopy procedure" means a test personally performed by a phy-

1 sician or other clinician during a patient's visit on a specimen obtained during the examination of
2 the patient.

3 (18) "Physician performed microscopy procedures" means a limited group of tests that are per-
4 formed only by a physician or clinician.

5 (19) "Specimen" means materials derived from a human being or body.

6 (20) "Substances of abuse" means ethanol and controlled substances, except those used as al-
7 lowed by law and as defined in ORS chapter 475 or as used in ORS 689.005.

8 (21) "Substances of abuse on-site screening facility" or "on-site facility" means a location where
9 on-site tests are performed on specimens for the purpose of screening for the detection of substances
10 of abuse.

11 (22) "Substances of abuse on-site screening test" or "on-site test" means a substances of abuse
12 test that is easily portable and can meet the requirements of the federal Food and Drug Adminis-
13 tration for commercial distribution or an alcohol screening test that meets the requirements of the
14 conforming products list found in the United States Department of Transportation National Highway
15 Traffic Safety Administration Docket No. 94-004 and meets the standards of the United States De-
16 partment of Transportation Alcohol Testing Procedure, 49 C.F.R. part 40, in effect on October 23,
17 1999.

18 (23) "Waived test" means a procedure performed on materials derived from the human body that
19 meet the criteria for this category of testing as established by the authority.

20 **SECTION 78.** ORS 441.064 is amended to read:

21 441.064. (1) As used in this section[,]:

22 (a) **"Naturopathic physician" has the meaning given the term in ORS 685.010; and**

23 (b) "Physician" has the meaning given that term in ORS 677.010.

24 (2) The rules of any hospital in this state may grant privileges to nurse practitioners licensed
25 and certified under ORS 678.375 for purposes of patient care.

26 (3) Rules shall be in writing and may include, but need not be limited to:

27 (a) Limitations on the scope of privileges;

28 (b) Monitoring and supervision of nurse practitioners in the hospital by physicians **and**
29 **naturopathic physicians** who are members of the medical staff;

30 (c) A requirement that a nurse practitioner co-admit patients with a physician **or a**
31 **naturopathic physician** who is a member of the medical staff; and

32 (d) Qualifications of nurse practitioners to be eligible for privileges including but not limited to
33 requirements of prior clinical and hospital experience.

34 (4) The rules may also regulate credentialing and the conduct of nurse practitioners while using
35 the facilities of the hospital and may prescribe procedures whereby a nurse practitioner's privileges
36 may be suspended or terminated. The hospital may refuse such privileges to nurse practitioners only
37 upon the same basis that privileges are refused to other medical providers.

38 (5) Notwithstanding subsection (3) of this section, rules adopted by a hospital that grant privi-
39 leges to licensed registered nurses who are certified by the Oregon State Board of Nursing as nurse
40 midwife nurse practitioners must:

41 (a) Include admitting privileges;

42 (b) Be consistent with the privileges of the other medical staff; and

43 (c) Permit the nurse midwife nurse practitioner to exercise the voting rights of the other mem-
44 bers of the medical staff.

45 (6) Rules described in this section are subject to hospital and medical staff bylaws and rules

1 governing credentialing and staff privileges.

2 **SECTION 79.** ORS 441.098 is amended to read:

3 441.098. (1) As used in this section and ORS 441.099 and 441.991:

4 (a) "Facility" means a hospital, outpatient clinic owned by a hospital, ambulatory surgical center, freestanding birthing center or facility that receives Medicare reimbursement as an independent
5 diagnostic testing facility.

6 (b) "Financial interest" means a five percent or greater direct or indirect ownership interest.

7 (c)(A) "Health practitioner" means a physician, **naturopathic physician licensed under ORS**
8 **chapter 685**, dentist, direct entry midwife, licensed registered nurse who is certified by the Oregon
9 State Board of Nursing as a nurse midwife nurse practitioner, certified nurse practitioner, licensed
10 physician assistant or medical imaging licensee under ORS 688.405 to 688.605.

11 (B) "Health practitioner" does not include a provider in a health maintenance organization as
12 defined in ORS 750.005.

13 (d) "Physician" has the meaning given that term in ORS 677.010.

14 (2) A health practitioner's decision to refer a patient to a facility for a diagnostic test or health
15 care treatment or service shall be based on the patient's clinical needs and personal health choices.

16 (3) If a health practitioner refers a patient for a diagnostic test or health care treatment or
17 service at a facility in which the health practitioner or an immediate family member of the health
18 practitioner has a financial interest, the health practitioner or the practitioner's designee shall in-
19 form the patient orally and in writing of that interest at the time of the referral.

20 (4)(a) If a health practitioner refers a patient to a facility for a diagnostic test or health care
21 treatment or service, the health practitioner or the practitioner's designee shall inform the patient,
22 in the form and manner prescribed by the Oregon Health Authority by rule, that:

23 (A) The patient may receive the test, treatment or service at a different facility of the patient's
24 choice; and

25 (B) If the patient chooses a different facility, the patient should contact the patient's insurer
26 regarding the extent of coverage or the limitations on coverage for the test, treatment or service
27 at the facility chosen by the patient.

28 (b) Rules concerning the form and manner for informing a patient as required by this subsection
29 shall:

30 (A) Be designed to ensure that the information is conveyed in a timely and meaningful manner;

31 (B) Be administratively simple; and

32 (C) Accommodate a provider's adoption and use of electronic health record systems.

33 (5) A health practitioner may not deny, limit or withdraw a referral to a facility solely for the
34 reason that the patient chooses to obtain the test, treatment or service from a different facility.

35 (6) The authority may not impose additional restrictions or limitations on any referral described
36 in this section that are in addition to the requirements specified in subsections (3) and (4) of this
37 section.

38 (7) In obtaining informed consent for a diagnostic test or health care treatment or service that
39 will take place at a facility, a health practitioner shall disclose the manner in which care will be
40 provided in the event that complications occur that require health services beyond what the facility
41 has the capability to provide.

42 (8) Subsections (3) to (5) of this section do not apply to a referral for a diagnostic test or health
43 care treatment or service:

44 (a) For a patient who is receiving inpatient hospital services or services in an emergency de-
45

1 partment if the referral is for a diagnostic test or health care treatment or service to be performed
2 while the patient is in the hospital or emergency department;

3 (b) Made to a particular facility after the initial referral of the patient to that facility; or

4 (c) Made by the facility or provider to whom a patient was referred.

5 **SECTION 80.** ORS 442.470 is amended to read:

6 442.470. As used in ORS 442.470 to 442.507:

7 (1) "Acute inpatient care facility" means a licensed hospital with an organized medical staff,
8 with permanent facilities that include inpatient beds, and with comprehensive medical services, in-
9 cluding physician services and continuous nursing services under the supervision of registered
10 nurses, to provide diagnosis and medical or surgical treatment primarily for but not limited to
11 acutely ill patients and accident victims.

12 (2) "Council" means the Rural Health Coordinating Council.

13 (3) "Office" means the Office of Rural Health.

14 (4) "Primary care physician" means:

15 (a) A doctor licensed under ORS chapter 677 whose specialty is family practice, general prac-
16 tice, internal medicine, pediatrics or obstetrics and gynecology; **or**

17 (b) **A naturopathic physician licensed under ORS chapter 685.**

18 (5)(a) "Rural hospital" means a hospital characterized as one of the following:

19 (A) A type A hospital, which is a small and remote hospital that has 50 or fewer beds and is
20 more than 30 miles from another acute inpatient care facility;

21 (B) A type B hospital, which is a small and rural hospital that has 50 or fewer beds and is 30
22 miles or less from another acute inpatient care facility;

23 (C) A type C hospital, which is considered to be a rural hospital and has more than 50 beds, but
24 is not a referral center; or

25 (D) A rural critical access hospital as defined in ORS 315.613.

26 (b) "Rural hospital" does not include a hospital of any class that was designated by the federal
27 government as a rural referral hospital before January 1, 1989.

28 **SECTION 81.** ORS 442.574 is amended to read:

29 442.574. (1) As used in this section:

30 (a) "Participant" means a person who has been selected by the Office of Rural Health to receive
31 a loan under subsection (4) of this section.

32 (b) "Primary care practitioner" means a:

33 (A) Physician licensed under ORS chapter 677;

34 (B) Physician assistant licensed under ORS 677.505 to 677.525; [or]

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

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

37 (c) "Prospective primary care practitioner" means a person who is enrolled in a medical edu-
38 cation program that meets the educational requirements for licensure as a physician, **naturopathic**
39 **physician**, physician assistant or nurse practitioner.

40 (d) "Service agreement" means the agreement executed by a prospective primary care practi-
41 tioner under subsection (3) of this section.

42 (2) There is created the Primary Health Care Loan Forgiveness Program, to be administered by
43 the office pursuant to rules adopted by the office.

44 (3) A prospective primary care practitioner who wishes to participate in the program shall
45 submit an application to the office in accordance with rules adopted by the office. To be eligible to

1 be a participant in the program, a prospective primary care practitioner must:

2 (a) Have completed the first year of the prospective primary care practitioner's medical educa-
3 tion;

4 (b) Be enrolled in a medical education program in Oregon that emphasizes training rural health
5 care practitioners and is approved by the office;

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

11 (d) Meet other requirements established by the office by rule.

12 (4) The office may select participants from among the prospective primary care practitioners
13 who submit applications as provided in subsection (3) of this section. The office shall give preference
14 to a prospective primary care practitioner who agrees to practice in a community that agrees to
15 contribute funds to the Primary Health Care Loan Forgiveness Program Fund established in ORS
16 442.573.

17 (5) The office shall provide an annual loan of up to \$35,000 to each participant to cover expenses
18 related to the participant's medical education, on terms established by the office by rule. The loan
19 must be evidenced by a written obligation but no additional security may be required.

20 (6) Repayment of loans provided under subsection (5) of this section is deferred while a partic-
21 ipant is in compliance with the service agreement.

22 (7) At the end of each full year that a participant complies with the service agreement, the office
23 shall forgive one annual loan provided to the participant under subsection (5) of this section.

24 (8)(a) A person receiving a loan under subsection (5) of this section who fails to complete the
25 residency or training as required by the office by rule shall repay the amount received to the Pri-
26 mary Health Care Loan Forgiveness Program plus 10 percent interest on the unpaid balance, ac-
27 crued from the date the loan was granted.

28 (b) A person receiving a loan under subsection (5) of this section who completes the residency
29 or training required by the office by rule but fails to fulfill the obligations required by the service
30 agreement shall repay the amount received to the Primary Health Care Loan Forgiveness Program
31 plus 10 percent interest on the unpaid balance, accrued from the date the loan was granted. Addi-
32 tionally, a penalty fee equal to 25 percent of the amount received shall be assessed against the
33 person. No interest accrues on the penalty. The office shall establish rules to allow waiver of all
34 or part of the penalty owed to the program due to circumstances that prevent the participant from
35 fulfilling the service obligation.

36 (9) Payments on loans provided under subsection (5) of this section shall be deposited in the
37 Primary Health Care Loan Forgiveness Program Fund established in ORS 442.573.

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

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

41 (b) The Oregon Health and Science University may contract with a collections agency to collect
42 any amounts due.

43 (11) Any amounts collected under subsection (10) of this section shall be deposited in the Pri-
44 mary Health Care Loan Forgiveness Program Fund established in ORS 442.573.

45 (12) The office may accept funds from any public or private source for the purposes of carrying

1 out the provisions of this section.

2 **SECTION 82.** ORS 443.065 is amended to read:

3 443.065. The home health agency shall:

4 (1) Be primarily engaged in providing skilled nursing services and at least one other service
5 delineated in ORS 443.075 (1)(b) and (c);

6 (2) Have policies established by professional personnel associated with the agency or organiza-
7 tion, including one or more physicians **or naturopathic physicians** and one or more registered
8 nurses, at least two of whom are neither owners nor employees of the agency, and two consumers,
9 to govern the services that it provides;

10 (3) Require supervision of services that it provides under subsection (1) of this section by a
11 physician, physician assistant, nurse practitioner, **naturopathic physician** or registered nurse,
12 preferably a public health nurse;

13 (4) Maintain clinical and financial records on all patients; and

14 (5) Have an overall plan and budget in effect.

15 **SECTION 83.** ORS 443.075 is amended to read:

16 443.075. (1) A home health agency must have an order for treatment, plan of treatment or plan
17 of care from a physician, **naturopathic physician licensed under ORS chapter 685**, physician as-
18 sistant licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to
19 678.390 for the following services and supplies:

20 (a) Home nursing care provided by or under the supervision of a registered nurse;

21 (b) Physical, occupational or speech therapy, medical social services or other therapeutic ser-
22 vices;

23 (c) Home health aide services; and

24 (d) Medical supplies, other than drugs and biologicals, and the use of medical appliances.

25 (2) A home health agency shall have each plan of treatment or plan of care reviewed by the
26 physician, **naturopathic physician**, physician assistant or nurse practitioner periodically, in ac-
27 cordance with rules adopted by the Oregon Health Authority.

28 **SECTION 84.** ORS 443.445 is amended to read:

29 443.445. (1) A residential facility may not admit individuals who require continuous nursing care
30 except as provided in subsection (3) of this section.

31 (2) Except as provided in subsection (3) of this section, if any resident of a residential facility
32 requires nursing care for eight or more consecutive days or a physician or the designee of a physi-
33 cian, **a naturopathic physician** or a registered nurse certifies that continued nursing care is re-
34 quired, the resident shall be transferred to an appropriate health care facility for as long as
35 necessary.

36 (3) A resident of a residential care facility, residential training facility or residential training
37 home who requires nursing care in addition to training or care needs, or any combination thereof,
38 may be served by that facility or home with approval from the Department of Human Services and
39 in accordance with the rules of the department and consistent with rules adopted by the Oregon
40 State Board of Nursing under ORS 678.150 (8).

41 (4) A resident of a residential treatment facility or residential treatment home who requires
42 nursing care in addition to treatment needs may be served by that facility or home with approval
43 from the Oregon Health Authority and in accordance with the rules of the authority and consistent
44 with rules adopted by the Oregon State Board of Nursing under ORS 678.150 (8).

45 (5) A residential facility may not admit individuals of categories other than those designated on

1 its license without prior written consent of the licensing agency.

2 (6) In the case of residential facilities supervised by and operated exclusively for persons who
3 rely upon prayer or spiritual means for healing in accordance with the creed or tenets of a well-
4 recognized church or religious denomination, no medical, psychological or rehabilitative procedures
5 shall be required.

6 **SECTION 85.** ORS 443.850 is amended to read:

7 443.850. As used in ORS 443.850 to 443.869:

8 (1) "Hospice program" means a coordinated program of home and inpatient care, available 24
9 hours a day, that utilizes an interdisciplinary team of personnel trained to provide palliative and
10 supportive services to a patient-family unit experiencing a life threatening disease with a limited
11 prognosis. A hospice program is an institution for purposes of ORS 146.100.

12 (2) "Hospice services" means items and services provided to a patient-family unit by a hospice
13 program or by other individuals or community agencies under a consulting or contractual arrange-
14 ment with a hospice program. Hospice services include acute, respite, home care and bereavement
15 services provided to meet the physical, psychosocial, spiritual and other special needs of a patient-
16 family unit during the final stages of illness, dying and the bereavement period.

17 (3) "Interdisciplinary team" means a group of individuals working together in a coordinated
18 manner to provide hospice care. An interdisciplinary team includes, but is not limited to, the
19 patient-family unit, the patient's attending physician or clinician and one or more of the following
20 hospice program personnel:

21 (a) Physician.

22 (b) Physician assistant.

23 (c) Nurse practitioner.

24 (d) Nurse.

25 (e) Nurse's aide.

26 (f) Occupational therapist.

27 (g) Physical therapist.

28 (h) Trained lay volunteer.

29 (i) Clergy or spiritual counselor.

30 (j) Credentialed mental health professional such as psychiatrist, psychologist, psychiatric nurse
31 or social worker.

32 **(k) Naturopathic physician.**

33 (4) "Patient-family unit" includes an individual who has a life threatening disease with a limited
34 prognosis and all others sharing housing, common ancestry or a common personal commitment with
35 the individual.

36 (5) "Person" includes individuals, organizations and groups of organizations.

37 **SECTION 86.** ORS 453.307 is amended to read:

38 453.307. As used in ORS 453.307 to 453.414:

39 (1) "Community right to know regulatory program" or "local program" means any law, rule,
40 ordinance, regulation or charter amendment established, enforced or enacted by a local government
41 that requires an employer to collect or report information relating to the use, storage, release,
42 possession or composition of hazardous substances and toxic substances if a primary intent of the
43 law, rule, ordinance, regulation or charter amendment is the public distribution of the information.

44 (2) "Emergency service personnel" includes those entities providing emergency services as de-
45 fined in ORS 401.025.

1 (3) "Employer" means:

2 (a) Any person operating a facility that is included in one or more of the 21 standard industrial
3 classification categories in Appendix B of the Natural Resources Defense Council v. Train Consent
4 Decree of June 8, 1976 (8 E.R.C. 2120); or

5 (b) Any person operating a facility designated by the State Fire Marshal.

6 (4) "Fire district" means any agency having responsibility for providing fire protection services.

7 (5) "Hazardous substance" means:

8 (a) Any substance designated as hazardous by the Director of the Department of Consumer and
9 Business Services or by the State Fire Marshal;

10 (b) Any substance for which a material safety data sheet is required by the Director of the De-
11 partment of Consumer and Business Services under ORS 654.035 and which appears on the list of
12 Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment by
13 the American Conference of Governmental Industrial Hygienists; or

14 (c) Radioactive waste and material as defined in ORS 469.300 and radioactive substance as de-
15 fined in ORS 453.005.

16 (6) "Health professional" means a physician licensed under ORS chapter 677, **naturopathic**
17 **physician licensed under ORS 685**, physician assistant licensed under ORS 677.505 to 677.525,
18 registered nurse, industrial hygienist, toxicologist, epidemiologist or emergency medical services
19 provider.

20 (7) "Law enforcement agency" has the meaning given that term in ORS 181A.010.

21 (8) "Local government" means a city, town, county, regional authority or other political subdi-
22 vision of this state.

23 (9) "Person" includes individuals, corporations, associations, firms, partnerships, joint stock
24 companies, public and municipal corporations, political subdivisions, the state and any agency
25 thereof, and the federal government and any agency thereof.

26 (10) "Trade secret" has the meaning given that term in ORS 192.501 (2).

27 **SECTION 87.** ORS 453.728 is amended to read:

28 453.728. (1) Any tanning device used by a tanning facility shall comply with all applicable fed-
29 eral laws and regulations.

30 (2) ORS 453.726 to 453.734 do not apply to a phototherapy device used by or under the direct
31 supervision of a physician licensed under ORS chapter 677 **or naturopathic physician licensed**
32 **under ORS chapter 685.**

33 **SECTION 88.** ORS 453.730 is amended to read:

34 453.730. (1) A tanning facility shall give each customer a written statement warning that:

35 (a) Not wearing the protective eye wear provided to each customer by the tanning facility may
36 cause damage to the eyes.

37 (b) Overexposure to the tanning process causes burns.

38 (c) Repeated exposure to the tanning process may cause skin cancer or premature aging of the
39 skin, or both.

40 (d) Abnormal skin sensitivity or burning may result from the tanning process if the customer is
41 also consuming or using certain:

42 (A) Foods.

43 (B) Cosmetics.

44 (C) Medications such as tranquilizers, antibiotics, diuretics, high blood pressure medication,
45 antineoplastics or birth control pills.

1 (e) Any person taking a prescription or over-the-counter drug should consult a physician or
2 **naturopathic physician** before using a tanning device.

3 (2) In addition to giving customers the written statement required by subsection (1) of this sec-
4 tion, the tanning facility shall post a warning sign in any area where a tanning device is used. The
5 Oregon Health Authority shall adopt by rule the language for the warning sign.

6 **SECTION 89.** ORS 475.744 is amended to read:

7 475.744. (1) [No] A person [shall] **may not** sell or give a hypodermic device to a minor unless
8 the minor demonstrates a lawful need [therefor] **for the hypodermic device** by authorization of a
9 physician, **naturopathic physician licensed under ORS chapter 685**, physician assistant licensed
10 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, parent or
11 legal guardian or by other means acceptable to the seller or donor.

12 (2) As used in this section, “hypodermic device” means a hypodermic needle or syringe or
13 medication packaged in a hypodermic syringe or any instrument adapted for the subcutaneous in-
14 jection of a controlled substance as defined in ORS 475.005.

15 **SECTION 90.** ORS 616.750 is amended to read:

16 616.750. If the State Department of Agriculture for reasonable cause believes that any person
17 working in any food establishment is affected with any infectious or contagious disease, the de-
18 partment may require the person to be examined by a competent physician, **naturopathic physi-
19 cian**, physician assistant or nurse practitioner and that the physician, **naturopathic physician**,
20 physician assistant or nurse practitioner furnish the department with a certificate stating whether
21 the person is affected with any infectious or contagious disease. If within five days after so required
22 the person has not furnished the department with such a certificate by a competent physician,
23 **naturopathic physician**, physician assistant or nurse practitioner, the person is guilty of a vio-
24 lation of ORS 616.745 and the department may apply to the circuit court to enjoin the person from
25 continuing to work in the food establishment until the certificate is furnished. The circuit court
26 hereby is authorized to issue the injunction.

27 **SECTION 91.** ORS 475.950 is amended to read:

28 475.950. (1) A person commits the offense of failure to report a precursor substances transaction
29 if the person does any of the following:

30 (a) Sells, transfers or otherwise furnishes any precursor substance described in ORS 475.940
31 (3)(a) to (hh) and (oo) and does not, at least three days before delivery of the substance, submit to
32 the Department of State Police a report that meets the reporting requirements established by rule
33 under ORS 475.945.

34 (b) Receives any precursor substance described in ORS 475.940 (3)(a) to (hh) and (oo) and does
35 not, within 10 days after receipt of the substance, submit to the Department of State Police a report
36 that meets the reporting requirements established by rule under ORS 475.945.

37 (2) This section does not apply to any of the following:

38 (a) Any pharmacist or other authorized person who sells or furnishes a precursor substance
39 upon the prescription of a physician licensed under ORS chapter 677, physician assistant licensed
40 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390,
41 **naturopathic physician licensed under ORS chapter 685**, dentist or veterinarian.

42 (b) Any practitioner, as defined in ORS 475.005, who administers or furnishes a precursor sub-
43 stance to patients upon prescription.

44 (c) Any person licensed by the State Board of Pharmacy who sells, transfers or otherwise fur-
45 nishes a precursor substance to a licensed pharmacy, physician licensed under ORS chapter 677,

1 physician assistant licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS
2 678.375 to 678.390, **naturopathic physician licensed under ORS chapter 685**, dentist or
3 veterinarian for distribution to patients upon prescription.

4 (d) Any person who is authorized by rule under ORS 475.945 to report in an alternate manner
5 if the person complies with the alternate reporting requirements.

6 (e) Any patient of a practitioner, as defined in ORS 475.005, who obtains a precursor substance
7 from a licensed pharmacist, physician licensed under ORS chapter 677, physician assistant licensed
8 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390,
9 **naturopathic physician licensed under ORS chapter 685**, dentist or veterinarian pursuant to a
10 prescription.

11 (f) Any person who sells or transfers ephedrine, pseudoephedrine or phenylpropanolamine in
12 compliance with ORS 475.973.

13 (g) Any practitioner, as defined in ORS 475.005, who dispenses a precursor substance to a person
14 with whom the practitioner has a professional relationship.

15 (h) Any person who obtains a precursor substance from a practitioner, as defined in ORS
16 475.005, with whom the person has a professional relationship.

17 (i) Any person who sells or transfers an isomer of a precursor substance, unless it is an optical
18 isomer.

19 (3) Penalties related to providing false information on a report required under this section are
20 provided under ORS 475.965.

21 (4) The Department of State Police and any law enforcement agency may inspect and remove
22 copies of the sales records of any retail or wholesale distributor of methyl sulfonyl methane or a
23 precursor substance during the normal business hours of the retail or wholesale distributor or may
24 require the retail or wholesale distributor to provide copies of the records.

25 (5) Failure to report a precursor substances transaction is a Class A misdemeanor.

26 **SECTION 92.** ORS 475.975 is amended to read:

27 475.975. (1) Except as otherwise provided in subsection (2) of this section, a person commits the
28 crime of unlawful possession of iodine in its elemental form if the person knowingly possesses iodine
29 in its elemental form.

30 (2) Subsection (1) of this section does not apply to:

31 (a) A physician, physician assistant licensed under ORS 677.505 to 677.525, nurse practitioner
32 licensed under ORS 678.375 to 678.390, **naturopathic physician licensed under ORS chapter 685**,
33 pharmacist, retail distributor, wholesaler, manufacturer, warehouseman or common carrier or an
34 agent of any of these persons who possesses iodine in its elemental form in the regular course of
35 lawful business activities;

36 (b) A person who possesses iodine in its elemental form in conjunction with experiments con-
37 ducted in a chemistry or chemistry related laboratory maintained by a:

38 (A) Regularly established public or private secondary school;

39 (B) Public or private institution of higher education that is accredited by a regional or national
40 accrediting agency recognized by the United States Department of Education; or

41 (C) Manufacturing, government agency or research facility in the course of lawful business ac-
42 tivities;

43 (c) A licensed veterinarian;

44 (d) A person working in a general hospital who possesses iodine in its elemental form in the
45 regular course of employment at the hospital; or

1 (e) A person who possesses iodine in its elemental form as a prescription drug pursuant to a
2 prescription issued by a licensed veterinarian, physician, physician assistant licensed under ORS
3 677.505 to 677.525, **naturopathic physician licensed under ORS chapter 685** or nurse practitioner
4 licensed under ORS 678.375 to 678.390.

5 (3) Except as otherwise provided in subsection (4) of this section, a person who sells or other-
6 wise transfers iodine in its elemental form to another person shall make a record of each sale or
7 transfer. The record must be made on a form provided by the Department of State Police, completed
8 pursuant to instructions provided by the department and retained by the person for at least three
9 years or sent to the department if directed to do so by the department. Failure to make and retain
10 or send a record required under this subsection is a Class A misdemeanor.

11 (4) A licensed veterinarian is not required to make a record of a sale or transfer of iodine in its
12 elemental form under subsection (3) of this section if the veterinarian makes a record of the sale
13 or transfer under other applicable laws or rules regarding the prescribing and dispensing of regu-
14 lated or controlled substances by veterinarians.

15 (5) A person commits the crime of unlawful distribution of iodine in its elemental form if the
16 person knowingly sells or otherwise transfers iodine in its elemental form to a person not listed in
17 subsection (2) of this section.

18 (6) Unlawful possession of iodine in its elemental form is a Class A misdemeanor.

19 (7) Unlawful distribution of iodine in its elemental form is a Class A misdemeanor.

20 **SECTION 93.** ORS 475.976 is amended to read:

21 475.976. (1) Except as otherwise provided in subsection (2) of this section, a person commits the
22 crime of unlawful possession of an iodine matrix if the person knowingly possesses an iodine matrix.

23 (2) Subsection (1) of this section does not apply to:

24 (a) A person who possesses an iodine matrix as a prescription drug, pursuant to a prescription
25 issued by a licensed veterinarian, physician, physician assistant licensed under ORS 677.505 to
26 677.525, **naturopathic physician licensed under ORS chapter 685** or nurse practitioner licensed
27 under ORS 678.375 to 678.390;

28 (b) A person who is actively engaged in the practice of animal husbandry of livestock as defined
29 in ORS 609.125;

30 (c) A person who possesses an iodine matrix in conjunction with experiments conducted in a
31 chemistry or chemistry related laboratory maintained by a:

32 (A) Regularly established public or private secondary school;

33 (B) Public or private institution of higher education that is accredited by a regional or national
34 accrediting agency recognized by the United States Department of Education; or

35 (C) Manufacturing, government agency or research facility in the course of lawful business ac-
36 tivities;

37 (d) A veterinarian, physician, physician assistant licensed under ORS 677.505 to 677.525, nurse
38 practitioner licensed under ORS 678.375 to 678.390, **naturopathic physician licensed under ORS**
39 **chapter 685**, pharmacist, retail distributor, wholesaler, manufacturer, warehouseman or common
40 carrier or an agent of any of these persons who possesses an iodine matrix in the regular course
41 of lawful business activities; or

42 (e) A person working in a general hospital who possesses an iodine matrix in the regular course
43 of employment at the hospital.

44 (3) Except as otherwise provided in subsection (4) of this section, a person who sells or other-
45 wise transfers an iodine matrix to another person shall make a record of each sale or transfer. The

1 record must be made on a form provided by the Department of State Police, completed pursuant to
 2 instructions provided by the department and retained by the person for at least three years or sent
 3 to the department if directed to do so by the department. Failure to make and retain or send a re-
 4 cord required under this subsection is a Class A misdemeanor.

5 (4) A licensed veterinarian is not required to make a record of a sale or transfer of an iodine
 6 matrix under subsection (3) of this section if the veterinarian makes a record of the sale or transfer
 7 under other applicable laws or rules regarding the prescribing and dispensing of regulated or con-
 8 trolled substances by veterinarians.

9 (5) A person commits the crime of unlawful distribution of an iodine matrix if the person
 10 knowingly sells or otherwise transfers an iodine matrix to a person not listed in subsection (2) of
 11 this section.

12 (6) Unlawful possession of an iodine matrix is a Class A misdemeanor.

13 (7) Unlawful distribution of an iodine matrix is a Class A misdemeanor.

14 **SECTION 94.** ORS 475.978 is amended to read:

15 475.978. (1) A person who sells or otherwise transfers more than the amount permitted by ad-
 16 ministrative rule adopted by the Department of State Police of methyl sulfonyl methane to a person
 17 other than a physician, physician assistant licensed under ORS 677.505 to 677.525, nurse practitioner
 18 licensed under ORS 678.375 to 678.390, **naturopathic physician licensed under ORS chapter 685**,
 19 pharmacist, veterinarian, retail distributor, wholesaler, manufacturer, warehouseman or common
 20 carrier or an agent of any of these persons shall make a record of each such sale or transfer. The
 21 record must be made on a form provided by the department, completed pursuant to instructions
 22 provided by the department and retained by the person for at least three years. Failure to make and
 23 retain a record required under this subsection is a Class A violation.

24 (2) The department shall adopt a rule establishing the minimum amount of methyl sulfonyl
 25 methane the sale or transfer of which requires a report under subsection (1) of this section. In es-
 26 tablishing the minimum amount, the department shall determine an amount that is reasonably de-
 27 signed not to infringe upon legitimate uses of methyl sulfonyl methane but that discourages the use
 28 of methyl sulfonyl methane in the illicit production and distribution of methamphetamine.

29 (3) This section applies to the sale or transfer of bulk methyl sulfonyl methane in its powder
 30 form only, and does not apply to the sale or transfer of products containing methyl sulfonyl methane
 31 in other forms including, but not limited to, liquids, tablets, capsules not containing methyl sulfonyl
 32 methane in pure powder form, ointments, creams, cosmetics, foods and beverages.

33 **SECTION 95.** ORS 628.270 is amended to read:

34 628.270. (1) The Oregon Health Authority may, by rule, define certain communicable diseases
 35 which may be spread to the public through the handling of food in refrigerated locker plants.

36 (2) [No] **A** person who has a communicable or infectious disease described in subsection (1) of
 37 this section [*shall*] **may not** be permitted to work in or about any refrigerated locker plant or to
 38 handle any food in connection with the operation of such plant.

39 (3) In the discretion of the State Department of Agriculture, an employee of a locker plant may
 40 be required to furnish a certificate of health from a physician, **naturopathic physician**, physician
 41 assistant or nurse practitioner duly accredited by the authority for the purpose of issuing such
 42 certificates. If such certificate is required under municipal ordinance upon examination deemed ad-
 43 equate by the authority, a certificate issued in compliance with such ordinance is sufficient under
 44 this section.

45 (4) Any health certificate required by this section shall be revoked by the authority at any time

1 that the holder thereof is found, upon physical examination of such holder, to have any
 2 communicable or infectious disease. Refusal of any person employed in such locker plant to submit
 3 to proper and reasonable physical examination, upon written demand by the authority or the de-
 4 partment, is cause for revocation of the employee's health certificate and also is sufficient reason
 5 for revocation of the locker plant's license unless the employee immediately is removed from any
 6 work or operation in or about such locker plant involving the handling of food.

7 **SECTION 96.** ORS 659A.312 is amended to read:

8 659A.312. (1) It is an unlawful employment practice for an employer to deny to grant already
 9 accrued paid leaves of absence to an employee who seeks to undergo a medical procedure to donate
 10 bone marrow. The total length of the leaves shall be determined by the employee, but shall not ex-
 11 ceed the amount of already accrued paid leave or 40 work hours, whichever is less, unless agreed
 12 to by the employer.

13 (2) The employer may require verification by a physician **or naturopathic physician** of the
 14 purpose and length of each leave requested by the employee to donate bone marrow. If there is a
 15 medical determination that the employee does not qualify as a bone marrow donor, the paid leave
 16 of absence used by the employee prior to that medical determination is not affected.

17 (3) An employer shall not retaliate against an employee for requesting or using accrued paid
 18 leave of absence as provided by this section.

19 (4) This section does not:

20 (a) Prevent an employer from providing leave for bone marrow donations in addition to leave
 21 required under this section.

22 (b) Affect an employee's rights with respect to any other employment benefit.

23 (5) This section applies only to employees who work an average of 20 or more hours per week.

24 **SECTION 97.** ORS 659A.413 is amended to read:

25 659A.413. (1) A place of public accommodation that has an employee toilet facility shall allow
 26 a customer to use that facility during normal business hours if:

27 (a) The customer requesting the use of the employee toilet facility suffers from an eligible med-
 28 ical condition;

29 (b) Three or more employees of the place of public accommodation are working at the time the
 30 customer requests use of the employee toilet facility;

31 (c) The customer presents a letter or other document from a physician, **naturopathic physician**,
 32 physician assistant, nurse or nurse practitioner indicating that the customer suffers from an eligible
 33 medical condition, or presents an identification card that was issued by a national organization that
 34 advocates for persons with eligible medical conditions and that indicates that the person suffers
 35 from an eligible medical condition;

36 (d) The employee toilet facility is reasonably safe and is not located in an area where providing
 37 access would create an obvious health or safety risk to the customer or an obvious security risk to
 38 the place of public accommodation; and

39 (e) A public restroom is not immediately available to the customer.

40 (2) This section does not apply to a gas station, as defined in ORS 646.932, with a building of
 41 800 square feet or less.

42 **SECTION 98.** ORS 676.550 is amended to read:

43 676.550. (1) As used in this section:

44 (a) "Medical assistance" has the meaning given that term in ORS 414.025.

45 (b) "Medicare" means medical coverage provided under Title XVIII of the Social Security Act.

1 (c)(A) "Practitioner" means a physician licensed under ORS chapter 677, a **naturopathic phy-**
 2 **sician licensed under ORS chapter 685** or a nurse practitioner certified under ORS 678.375 who
 3 has a rural practice that meets criteria established by the Office of Rural Health that applied as
 4 of January 1, 2004, for the purposes of ORS 315.613.

5 (B) "Practitioner" does not include a physician, **naturopathic physician** or nurse practitioner
 6 who is located in an urbanized area of Jackson County, as defined by the United States Census
 7 Bureau according to the most recent federal decennial census taken pursuant to the authority of the
 8 United States Department of Commerce under 13 U.S.C. 141(a), unless the practitioner is:

9 (i) A physician **or naturopathic physician** who specializes in obstetrics or who specializes in
 10 family or general practice and provides obstetrical services; or

11 (ii) A nurse practitioner who is certified for obstetric care.

12 (2) The Oregon Health Authority shall establish a program to provide payments to medical
 13 professional liability insurance insurers to subsidize the cost of premiums charged by the insurers
 14 to practitioners described in subsection (3) of this section.

15 (3) A practitioner is eligible for a subsidy under this section if the practitioner:

16 (a) Holds an active, unrestricted license or certification;

17 (b) Is covered by a medical professional liability insurance policy issued by an authorized
 18 insurer with minimum limits of coverage of \$1 million per occurrence and \$1 million annual aggre-
 19 gate; and

20 (c) Except for a nurse practitioner participating in the program who is employed by a licensed
 21 physician, is willing to serve patients with Medicare coverage and patients receiving medical as-
 22 sistance in at least the same proportion to the practitioner's total number of patients as the Medi-
 23 care and medical assistance populations represent of the total number of individuals determined by
 24 the Office of Rural Health to be in need of care in the areas served by the practice.

25 (4) A practitioner whose medical professional liability insurance coverage is provided through
 26 a health care facility, as defined in ORS 442.400, and who otherwise meets the requirements of
 27 subsection (3) of this section is eligible for a subsidy if the office determines that the practitioner:

28 (a) Is not an employee of the health care facility;

29 (b) Is covered by a medical professional liability insurance policy that names the practitioner
 30 and separately calculates the premium for the practitioner; and

31 (c) Fully reimburses the health care facility for the premium calculated for the practitioner.

32 (5) The Oregon Health Authority shall contract with the Office of Rural Health to establish by
 33 rule criteria and procedures for an annual attestation by participating practitioners of compliance
 34 with the requirements of subsection (3)(c) of this section.

35 **SECTION 99.** ORS 676.552 is amended to read:

36 676.552. (1)(a) The amount of the subsidy paid by the Oregon Health Authority under ORS
 37 676.550 shall be a percentage of the actual premium charged for medical professional liability in-
 38 surance with limits of coverage of \$1 million per occurrence and up to \$3 million annual aggregate.
 39 However, the premium subsidy for a practitioner referred to in paragraph (b)(C) or (D) of this sub-
 40 section shall be the lesser of the percentage of the premium due or paid for the current calendar
 41 year and the premium paid in the previous calendar year. When determining the lesser amount un-
 42 der this paragraph, any step increases in the premium owing to the claims-made nature of the policy
 43 may not be considered.

44 (b) The subsidy paid by the Oregon Health Authority under ORS 676.550 shall be:

45 (A) Eighty percent for physicians **and naturopathic physicians** specializing in obstetrics and

1 nurse practitioners certified for obstetric care;

2 (B) Sixty percent for physicians **and naturopathic physicians** specializing in family or general
3 practice who provide obstetrical services;

4 (C) Forty percent for physicians **and naturopathic physicians** and nurse practitioners engaging
5 in one or more of the following practices:

6 (i) Family practice without obstetrical services;

7 (ii) General practice without obstetrical services;

8 (iii) Internal medicine;

9 (iv) Geriatrics;

10 (v) Pulmonary medicine;

11 (vi) Pediatrics;

12 (vii) General surgery; and

13 (viii) Anesthesiology; and

14 (D) Fifteen percent for physicians **and naturopathic physicians** and nurse practitioners other
15 than those included in subparagraphs (A) to (C) of this paragraph.

16 (2) If the funds available for the subsidy program are insufficient to provide the maximum pre-
17 mium subsidy for all practitioners who qualify for the program, the authority shall reduce or elimi-
18 nate subsidies for practitioners described in subsection (1)(b)(D) of this section. If, after eliminating
19 subsidies for practitioners described in subsection (1)(b)(D) of this section, the funds are insufficient
20 to provide the maximum premium subsidies for the remaining practitioners, the authority shall also
21 reduce or eliminate the subsidies for practitioners described in subsection (1)(b)(C) of this section.

22 (3) An insurer shall reduce the premium charged to a practitioner by the amount of any premium
23 subsidy paid or to be paid under this section and ORS 676.550.

24 **SECTION 100.** ORS 676.340 is amended to read:

25 676.340. (1) Notwithstanding any other provision of law, a health practitioner described in sub-
26 section (7) of this section who has registered under ORS 676.345 and who provides health care ser-
27 vices without compensation is not liable for any injury, death or other loss arising out of the
28 provision of those services, unless the injury, death or other loss results from the gross negligence
29 of the health practitioner.

30 (2) A health practitioner may claim the limitation on liability provided by this section only if
31 the patient receiving health care services, or a person who has authority under law to make health
32 care decisions for the patient, signs a statement that notifies the patient that the health care ser-
33 vices are provided without compensation and that the health practitioner may be held liable for
34 death, injury or other loss only to the extent provided by this section. The statement required under
35 this subsection must be signed before the health care services are provided.

36 (3) A health practitioner may claim the limitation on liability provided by this section only if
37 the health practitioner obtains the patient's informed consent for the health care services before
38 providing the services, or receives the informed consent of a person who has authority under law
39 to make health care decisions for the patient.

40 (4) A health practitioner provides health care services without compensation for the purposes
41 of subsection (1) of this section even though the practitioner requires payment of laboratory fees,
42 testing services and other out-of-pocket expenses.

43 (5) A health practitioner provides health care services without compensation for the purposes
44 of subsection (1) of this section even though the practitioner provides services at a health clinic that
45 receives compensation from the patient, as long as the health practitioner does not personally re-

1 ceive compensation for the services.

2 (6) In any civil action in which a health practitioner prevails based on the limitation on liability
3 provided by this section, the court shall award all reasonable attorney fees incurred by the health
4 practitioner in defending the action.

5 (7) This section applies only to:

6 (a) A physician licensed under ORS 677.100 to 677.228;

7 (b) A nurse licensed under ORS 678.040 to 678.101;

8 (c) A nurse practitioner licensed under ORS 678.375 to 678.390;

9 (d) A clinical nurse specialist certified under ORS 678.370 and 678.372;

10 (e) A physician assistant licensed under ORS 677.505 to 677.525;

11 (f) A dental hygienist licensed under ORS 680.010 to 680.205;

12 (g) A dentist licensed under ORS 679.060 to 679.180;

13 (h) A pharmacist licensed under ORS chapter 689; *[and]*

14 (i) An optometrist licensed under ORS chapter 683; **and**

15 **(j) A naturopathic physician licensed under ORS chapter 685.**

16 **SECTION 101.** ORS 676.345 is amended to read:

17 676.345. (1) A health practitioner described in ORS 676.340 (7) may claim the liability limitation
18 provided by ORS 676.340 only if the health practitioner has registered with a health professional
19 regulatory board in the manner provided by this section. Registration under this section must be
20 made:

21 (a) By a physician or physician assistant, with the Oregon Medical Board;

22 (b) By a nurse, nurse practitioner or clinical nurse specialist, with the Oregon State Board of
23 Nursing;

24 (c) By a dentist or dental hygienist, with the Oregon Board of Dentistry;

25 (d) By a pharmacist, with the State Board of Pharmacy; *[and]*

26 (e) By an optometrist, with the Oregon Board of Optometry; **and**

27 **(f) By a naturopathic physician, with the Oregon Board of Naturopathic Medicine.**

28 (2) The health professional regulatory boards listed in subsection (1) of this section shall estab-
29 lish a registration program for the health practitioners who provide health care services without
30 compensation and who wish to be subject to the liability limitation provided by ORS 676.340. All
31 health practitioners registering under the program must provide the health professional regulatory
32 board with:

33 (a) A statement that the health practitioner will provide health care services to patients without
34 compensation, except for reimbursement for laboratory fees, testing services and other out-of-pocket
35 expenses;

36 (b) A statement that the health practitioner will provide the notice required by ORS 676.340 (2)
37 in the manner provided by ORS 676.340 (2) before providing the services; and

38 (c) A statement that the health practitioner will only provide health care services without
39 compensation that are within the scope of the health practitioner's license.

40 (3) Registration under this section must be made annually. The health professional regulatory
41 boards listed in subsection (1) of this section shall charge no fee for registration under this section.

42 **SECTION 102.** ORS 678.010 is amended to read:

43 678.010. As used in ORS 678.010 to 678.410, unless the context requires otherwise:

44 (1) "Board" means the Oregon State Board of Nursing.

45 (2) "Clinical nurse specialist" means a licensed registered nurse who has been certified by the

1 board as qualified to practice the expanded clinical specialty nursing role.

2 (3) “Diagnosing” in the context of the practice of nursing means identification of and discrimi-
3 nation between physical and psychosocial signs and symptoms essential to effective execution and
4 management of the nursing care.

5 (4) “Human responses” means those signs, symptoms and processes which denote the person’s
6 interaction with an actual or potential health problem.

7 (5) “Long term care facility” means a licensed skilled nursing facility or intermediate care fa-
8 cility as those terms are used in ORS 442.015, an adult foster home as defined in ORS 443.705 that
9 has residents over 60 years of age, a residential care facility as defined in ORS 443.400 or an as-
10 sisted living facility.

11 (6) “Nurse practitioner” means a registered nurse who has been certified by the board as qual-
12 ified to practice in an expanded specialty role within the practice of nursing.

13 (7) “Physician” means a person licensed to practice under ORS chapter 677 **or a person li-**
14 **censed to practice under ORS chapter 685.**

15 (8) “Practice of nursing” means diagnosing and treating human responses to actual or potential
16 health problems through such services as identification thereof, health teaching, health counseling
17 and providing care supportive to or restorative of life and well-being and including the performance
18 of such additional services requiring education and training which are recognized by the nursing
19 profession as proper to be performed by nurses licensed under ORS 678.010 to 678.410 and which
20 are recognized by rules of the board. “Practice of nursing” includes executing medical orders as
21 prescribed by a physician or dentist but does not include such execution by a member of the imme-
22 diate family for another member or execution by a person designated by or on behalf of a person
23 requiring care as provided by board rule where the person executing the care is not licensed under
24 ORS 678.010 to 678.410. The practice of nursing includes providing supervision of nursing assistants.

25 (9) “Practice of practical nursing” means the application of knowledge drawn from basic edu-
26 cation in the social and physical sciences in planning and giving nursing care and in assisting per-
27 sons toward achieving of health and well-being.

28 (10) “Practice of registered nursing” means the application of knowledge drawn from broad in-
29 depth education in the social and physical sciences in assessing, planning, ordering, giving, deleg-
30 ating, teaching and supervising care which promotes the person’s optimum health and independence.

31 (11) “Treating” means selection and performance of those therapeutic measures essential to the
32 effective execution and management of the nursing care and execution of the prescribed medical
33 orders.

34 **SECTION 103.** ORS 678.038, as amended by section 6, chapter 26, Oregon Laws 2016, is
35 amended to read:

36 678.038. A registered nurse who is employed by a public or private school, or by an education
37 service district or a local public health authority as defined in ORS 431.003 to provide nursing ser-
38 vices at a public or private school, may accept an order from a physician licensed to practice med-
39 icine, **naturopathic medicine** or osteopathy in another state or territory of the United States if the
40 order is related to the care or treatment of a student who has been enrolled at the school for not
41 more than 90 days.

42 **SECTION 104.** ORS 678.725 is amended to read:

43 678.725. (1)(a) Unless state or federal laws relating to confidentiality or the protection of health
44 information prohibit disclosure, any health care facility licensed under ORS 441.015, any licensee
45 licensed by the Health Licensing Office, any physician licensed by the Oregon Medical Board, **any**

1 **naturopathic physician licensed by the Oregon Board of Naturopathic Medicine**, any licensed
2 professional nurse and any licensed pharmacist shall report to the office suspected violations of ORS
3 678.710 to 678.820 and unsanitary or other unsatisfactory conditions in a nursing home.

4 (b) Unless state or federal laws relating to confidentiality or the protection of health information
5 prohibit disclosure, a licensee licensed under ORS 678.710 to 678.820 who has reasonable cause to
6 believe that a licensee of any board as defined in ORS 676.150 has engaged in prohibited conduct
7 as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS
8 676.150.

9 (c) Any person may report to the office suspected violations of ORS 678.710 to 678.820 or un-
10 sanitary conditions in a nursing home.

11 (2) Information acquired by the office pursuant to subsection (1) of this section is confidential
12 and is not subject to public disclosure.

13 (3) Any person who reports or provides information to the office under subsection (1) of this
14 section and who provides information in good faith may not be subject to an action for civil damages
15 as a result of making the report or providing the information.

16 **SECTION 105.** ORS 680.205 is amended to read:

17 680.205. (1) An expanded practice dental hygienist may render all services within the scope of
18 practice of dental hygiene, as defined in ORS 679.010, without the supervision of a dentist and as
19 authorized by the expanded practice dental hygienist permit to:

20 (a) Patients or residents of the following facilities or programs who, due to age, infirmity or
21 disability, are unable to receive regular dental hygiene treatment:

22 (A) Nursing homes as defined in ORS 678.710;

23 (B) Adult foster homes as defined in ORS 443.705;

24 (C) Residential care facilities as defined in ORS 443.400;

25 (D) Adult congregate living facilities as defined in ORS 441.525;

26 (E) Mental health residential programs administered by the Oregon Health Authority;

27 (F) Facilities for persons with mental illness, as those terms are defined in ORS 426.005;

28 (G) Facilities for persons with developmental disabilities, as those terms are defined in ORS
29 427.005;

30 (H) Local correctional facilities and juvenile detention facilities as those terms are defined in
31 ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities
32 as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Cor-
33 rections institutions as defined in ORS 421.005; or

34 (I) Public and nonprofit community health clinics.

35 (b) Adults who are homebound.

36 (c) Students or enrollees of nursery schools and day care programs and their siblings under 18
37 years of age, Job Corps and similar employment training facilities, primary and secondary schools,
38 including private schools and public charter schools, and persons entitled to benefits under the
39 Women, Infants and Children Program.

40 (d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by
41 **naturopathic physicians**, nurse practitioners, physician assistants or midwives.

42 (e) Patients whose income is less than the federal poverty level.

43 (f) Other populations that the Oregon Board of Dentistry determines are underserved or lack
44 access to dental hygiene services.

45 (2) Unless different criteria for referral of a patient or resident to a dentist are included in an

1 agreement described in subsection (3) of this section, at least once each calendar year, an expanded
 2 practice dental hygienist shall refer each patient or resident to a dentist who is available to treat
 3 the patient or resident.

4 (3) An expanded practice dental hygienist may render the services described in paragraphs (a)
 5 to (d) of this subsection to the patients described in subsection (1) of this section if the expanded
 6 practice dental hygienist has entered into an agreement in a format approved by the board with a
 7 dentist licensed under ORS chapter 679. The agreement must set forth the agreed-upon scope of the
 8 dental hygienist's practice with regard to:

9 (a) Administering local anesthesia;

10 (b) Administering temporary restorations without excavation;

11 (c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the
 12 agreement; and

13 (d) Referral parameters.

14 (4) This section does not authorize an expanded practice dental hygienist to administer nitrous
 15 oxide except under the indirect supervision of a dentist licensed under ORS chapter 679.

16 (5) An expanded practice dental hygienist may assess the need for and appropriateness of
 17 sealants, apply sealants and write prescriptions for all applications of fluoride in which fluoride is
 18 applied or supplied to patients.

19 (6) An expanded practice dental hygienist must also procure all other permits or certificates
 20 required by the board under ORS 679.250.

21 **SECTION 106.** ORS 680.545 is amended to read:

22 680.545. Denturists licensed prior to January 1, 2004, who have not received an oral pathology
 23 endorsement from the State Board of Denture Technology may not treat any person without having
 24 first received a statement, dated within 30 days of the date of treatment and signed by a dentist,
 25 physician, **naturopathic physician**, physician assistant licensed under ORS 677.505 to 677.525 or
 26 nurse practitioner licensed under ORS 678.375 to 678.390, that the person's oral cavity is substan-
 27 tially free from disease and mechanically sufficient to receive a denture.

28 **SECTION 107.** ORS 682.025 is amended to read:

29 682.025. As used in this chapter, unless the context requires otherwise:

30 (1) "Ambulance" or "ambulance vehicle" means a privately or publicly owned motor vehicle,
 31 aircraft or watercraft that is regularly provided or offered to be provided for the emergency trans-
 32 portation of persons who are ill or injured or who have disabilities.

33 (2) "Ambulance service" means a person, governmental unit or other entity that operates am-
 34 bulances and that holds itself out as providing prehospital care or medical transportation to persons
 35 who are ill or injured or who have disabilities.

36 (3) "Emergency care" means the performance of acts or procedures under emergency conditions
 37 in the observation, care and counsel of persons who are ill or injured or who have disabilities; in
 38 the administration of care or medications [as] prescribed by a licensed physician **or naturopathic**
 39 **physician**, insofar as any of these acts is based upon knowledge and application of the principles
 40 of biological, physical and social science as required by a completed course utilizing an approved
 41 curriculum in prehospital emergency care. [However,] "Emergency care" does not include acts of
 42 medical diagnosis or prescription of therapeutic or corrective measures.

43 (4) "Emergency medical services provider" means a person who has received formal training in
 44 prehospital and emergency care, and is licensed to attend any person who is ill or injured or who
 45 has a disability. Police officers, firefighters, funeral home employees and other persons serving in a

1 dual capacity one of which meets the definition of “emergency medical services provider” are
2 “emergency medical services providers” within the meaning of this chapter.

3 (5) “Fraud or deception” means the intentional misrepresentation or misstatement of a material
4 fact, concealment of or failure to make known any material fact, or any other means by which
5 misinformation or false impression knowingly is given.

6 (6) “Governmental unit” means the state or any county, municipality or other political subdivi-
7 sion or any department, board or other agency of any of them.

8 (7) “Highway” means every public way, thoroughfare and place, including bridges, viaducts and
9 other structures within the boundaries of this state, used or intended for the use of the general
10 public for vehicles.

11 (8) “Nonemergency care” means the performance of acts or procedures on a patient who is not
12 expected to die, become permanently disabled or suffer permanent harm within the next 24 hours,
13 including but not limited to observation, care and counsel of a patient and the administration of
14 medications prescribed by a physician licensed under ORS chapter 677 **or naturopathic physician**
15 **licensed under ORS chapter 685**, insofar as any of those acts are based upon knowledge and ap-
16 plication of the principles of biological, physical and social science and are performed in accordance
17 with scope of practice rules adopted by the Oregon Medical Board **or Oregon Board of**
18 **Naturopathic Medicine** in the course of providing prehospital care.

19 (9) “Owner” means the person having all the incidents of ownership in an ambulance service
20 or an ambulance vehicle or where the incidents of ownership are in different persons, the person,
21 other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle
22 or operation of an ambulance service under a security agreement or a lease for a term of 10 or more
23 successive days.

24 (10) “Patient” means a person who is ill or injured or who has a disability and who is trans-
25 ported in an ambulance.

26 (11) “Prehospital care” means care rendered by emergency medical services providers as an in-
27 cident of the operation of an ambulance and care rendered by emergency medical services providers
28 as incidents of other public or private safety duties, and includes, but is not limited to, “emergency
29 care.”

30 (12) “Scope of practice” means the maximum level of emergency or nonemergency care that an
31 emergency medical services provider may provide.

32 (13) “Standing orders” means the written protocols that an emergency medical services provider
33 follows to treat patients when direct contact with a physician is not maintained.

34 (14) “Supervising physician” means a medical or osteopathic physician licensed under ORS
35 chapter 677, actively registered and in good standing with the **Oregon Medical Board**, who provides
36 direction of emergency or nonemergency care provided by emergency medical services providers.

37 (15) “Unprofessional conduct” means conduct unbecoming a person licensed to perform emer-
38 gency care, or detrimental to the best interests of the public and includes:

39 (a) Any conduct or practice contrary to recognized standards of ethics of the medical profession
40 or any conduct or practice which does or might constitute a danger to the health or safety of a
41 patient or the public or any conduct, practice or condition which does or might impair an emergency
42 medical services provider’s ability safely and skillfully to practice emergency or nonemergency care;

43 (b) Willful performance of any medical treatment which is contrary to acceptable medical stan-
44 dards; and

45 (c) Willful and consistent utilization of medical service for treatment which is or may be con-

1 sidered inappropriate or unnecessary.

2 **SECTION 108.** ORS 685.110 is amended to read:

3 685.110. The Oregon Board of Naturopathic Medicine may refuse to grant a license, may suspend
4 or revoke a license, may limit a license, may impose probation, may issue a letter of reprimand and
5 may impose a civil penalty not to exceed \$5,000 for each offense for any of the following reasons:

6 (1) Using fraud or deception in securing a license.

7 (2) Impersonating another physician.

8 (3) Practicing naturopathic medicine under an assumed name.

9 [(4) *Performing an abortion.*]

10 [(5)] (4) Being convicted of a crime involving moral turpitude.

11 [(6)] (5) Any other reason that renders the applicant or licensee unfit to perform the duties of
12 a naturopathic physician.

13 [(7)] (6) Being convicted of a crime relating to practice of naturopathic medicine.

14 [(8)] (7) Committing negligence related to the practice of naturopathic medicine.

15 [(9)] (8) Having an impairment as defined in ORS 676.303.

16 [(10)] (9) Prescribing or dispensing drugs outside the scope of practice.

17 [(11)] (10) Obtaining a fee through fraud or misrepresentation.

18 [(12)] (11) Committing gross or repeated malpractice.

19 [(13)] (12) Representing to a patient that a manifestly incurable condition of sickness, disease
20 or injury can be permanently cured.

21 [(14)] (13) Engaging in any conduct or practice contrary to a recognized standard of ethics of
22 the profession or any conduct or practice that does or might constitute a danger to the health or
23 safety of a patient or the public or any conduct, practice or condition that does or might adversely
24 affect a physician's ability safely and skillfully to practice naturopathic medicine.

25 [(15)] (14) Willfully and consistently utilizing any naturopathic service, X-ray equipment or
26 treatment contrary to recognized standards of practice of the naturopathic profession.

27 [(16)] (17) Failing to notify the board within 30 days of a change in the location of practice or
28 of mailing address.

29 [(17)] (18) Attempting to practice naturopathic medicine or practicing or claiming to practice
30 naturopathic medicine or any of its components in this state without first complying with the pro-
31 visions of this chapter.

32 [(18)] (17) Having a license to practice naturopathic medicine in another jurisdiction suspended
33 or revoked.

34 [(19)] (18) Employing unlicensed persons to practice naturopathic medicine.

35 [(20)] (21) Practicing natural childbirth without first obtaining a certificate of special compe-
36 tency.

37 [(21)] (20) Failing to respond in a timely manner to a request for information regarding a com-
38 plaint or the investigation of a complaint by the board.

39 [(22)] (21) Failing to pay a civil penalty in the time specified by the order imposing the penalty.

40 [(23)] (22) Violating any provision of this chapter or rules adopted by the board.

41 **SECTION 109.** ORS 688.800 is amended to read:

42 688.800. As used in ORS 688.800 to 688.840:

43 (1) "Polysomnographic technologist" means a person licensed under ORS 688.819.

44 (2) "Polysomnography" means the treatment, management, diagnostic testing, education and care
45 of patients with disorders related to sleep. "Polysomnography" includes, but is not limited to:

1 (a) The use of the following during treatment, management, diagnostic testing, education and
2 care of patients with disorders related to sleep:

3 (A) Supplemental low-flow oxygen therapy, using up to six liters per minute of oxygen;

4 (B) Continuous or bilevel positive airway pressure titration on spontaneously breathing patients
5 using a mask or oral appliance, if the mask or oral appliance does not extend into the trachea or
6 attach to an artificial airway;

7 (C) Capnography;

8 (D) Cardiopulmonary resuscitation;

9 (E) Pulse oximetry;

10 (F) Sleep staging, including surface electroencephalography, surface electrooculography and
11 submental surface electromyography;

12 (G) Electrocardiography;

13 (H) Respiratory effort monitoring, including thoracic and abdominal movement monitoring;

14 (I) Plethysmography blood flow monitoring;

15 (J) Snore monitoring;

16 (K) Audio or video monitoring of movement or behavior;

17 (L) Body movement monitoring;

18 (M) Nocturnal penile tumescence monitoring, when performed in a facility approved by the Re-
19 spiratory Therapist and Polysomnographic Technologist Licensing Board;

20 (N) Nasal and oral airflow monitoring;

21 (O) Body temperature monitoring; or

22 (P) Portable monitoring devices and other medical equipment used to treat sleep disorders;

23 (b) Analyzing data for the purpose of assisting a physician who diagnoses and treats disorders
24 related to sleep;

25 (c) Implementation and monitoring of durable medical equipment used in the treatment of sleep
26 disorders; and

27 (d) Educating patients and immediate family members of patients regarding testing and treat-
28 ment of sleep disorders.

29 (3) "Qualified medical director for polysomnography" means the medical director of an inpatient
30 or outpatient polysomnography facility who is a physician licensed under ORS chapter 677 **or a**
31 **naturopathic physician licensed under ORS chapter 685**, has special interest and knowledge in
32 the diagnosis and treatment of sleep disorders and is actively practicing in the field of sleep disor-
33 ders.

34 (4) "Qualified medical director for respiratory care" means the medical director of any inpatient
35 or outpatient respiratory care service, department or home care agency who is a physician licensed
36 under ORS chapter 677 **or naturopathic physician licensed under ORS chapter 685** and who has
37 special interest and knowledge in the diagnosis and treatment of respiratory problems.

38 (5) "Respiratory care" means the treatment, management, diagnostic testing, control and care
39 of patients with deficiencies and abnormalities associated with the cardiopulmonary system. "Re-
40 spiratory care" includes, but is not limited to:

41 (a) Direct and indirect respiratory care services, including but not limited to the administration
42 of pharmacological, diagnostic and therapeutic agents related to respiratory care procedures neces-
43 sary to implement a treatment, disease prevention, pulmonary rehabilitative or diagnostic regimen
44 prescribed by a physician **or naturopathic physician**;

45 (b) Transcription and implementation of the written or verbal orders of a physician **or**

1 **naturopathic physician** pertaining to the practice of respiratory care;

2 (c) Observing and monitoring signs and symptoms, reactions, general behaviors, general physical
3 responses to respiratory care treatment and diagnostic testing, including determination of whether
4 such signs, symptoms, reactions, general behaviors or general physical responses exhibit abnormal
5 characteristics;

6 (d) Implementation based on observed abnormalities, or appropriate reporting, referral, respir-
7 atory care protocols or changes in treatment, pursuant to a prescription by a person authorized to
8 practice medicine under the laws of this state; and

9 (e) The initiation of emergency procedures under the rules of the board or as otherwise per-
10 mitted under ORS 688.800 to 688.840.

11 (6) "Respiratory care practitioner" means a person licensed under ORS 688.815.

12 (7) "Respiratory care services" means cardiopulmonary care services including, but not limited
13 to, the diagnostic and therapeutic use of the following:

14 (a) Except for the purpose of anesthesia, administration of medical gases, aerosols and
15 humidification;

16 (b) Environmental control mechanisms and hyperbaric therapy;

17 (c) Pharmacologic agents related to respiratory care procedures;

18 (d) Mechanical or physiological ventilatory support;

19 (e) Bronchopulmonary hygiene;

20 (f) Cardiopulmonary resuscitation;

21 (g) Maintenance of the natural airway;

22 (h) Maintenance of artificial airways;

23 (i) Specific diagnostic and testing techniques employed in the medical management of patients
24 to assist in diagnosis, monitoring, treatment and research of pulmonary abnormalities, including
25 measurements of ventilatory volumes, pressures and flows, collection of specimens of blood and
26 blood gases, expired and inspired gas samples, respiratory secretions and pulmonary function testing;
27 and

28 (j) Hemodynamic and other related physiologic measurements of the cardiopulmonary system.

29 **SECTION 110.** ORS 688.805 is amended to read:

30 688.805. (1) Nothing in ORS 688.800 to 688.840 is intended to limit, preclude or otherwise inter-
31 fere with the practices of other persons and health providers licensed by appropriate agencies of this
32 state.

33 (2) Nothing in ORS 688.800 to 688.840 prohibits:

34 (a) The practice of respiratory care by a student enrolled in a respiratory care education pro-
35 gram approved by the American Medical Association in collaboration with the Joint Review Com-
36 mittee for Respiratory Therapy Education or their successors or equivalent organizations, as
37 approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board.

38 (b) The practice of polysomnography by a student who is:

39 (A) Enrolled in an educational program for polysomnography approved by the board; and

40 (B) In the physical presence of a supervisor approved by the board.

41 (c) Self-care by a patient, or gratuitous care by a friend or family member who does not claim
42 to be a respiratory care practitioner.

43 (d) Respiratory care services rendered in the course of an emergency.

44 (3) Persons in the military services or working in federal facilities are exempt from the pro-
45 visions of ORS 688.800 to 688.840 when functioning in the course of assigned duties.

1 (4) Nothing in ORS 688.800 to 688.840 is intended to permit the practice of medicine by a person
 2 licensed to practice respiratory care or polysomnography unless the person is also licensed to
 3 practice medicine.

4 (5) The practice of respiratory care:

5 (a) May be performed in any clinic, hospital, skilled nursing facility, private dwelling or other
 6 setting approved by the board.

7 (b) Must be performed in accordance with the prescription or verbal order of a physician **or**
 8 **naturopathic physician** and shall be performed under a qualified medical director for respiratory
 9 care.

10 (6) The practice of polysomnography:

11 (a) May be performed in a clinic, hospital, skilled nursing facility, sleep center, sleep laboratory,
 12 physician's office, **naturopathic physician's office**, private dwelling or other setting approved by
 13 the board.

14 (b) Must be performed in accordance with the prescription or verbal order of a physician,
 15 **naturopathic physician** or physician assistant licensed under ORS chapter 677 or a nurse practi-
 16 tioner licensed under ORS 678.375 to 678.390 and under the direction of a qualified medical director
 17 for polysomnography.

18 **SECTION 111.** ORS 688.807 is amended to read:

19 688.807. Notwithstanding ORS 688.805:

20 (1) ORS 688.800 to 688.840 do not prohibit a respiratory care practitioner from practicing poly-
 21 somnography in accordance with the prescription or verbal order of a physician **or naturopathic**
 22 **physician** and under the direction of a qualified medical director for respiratory care or for poly-
 23 somnography.

24 (2) A polysomnographic technologist may not practice respiratory care without a license issued
 25 under ORS 688.815, unless the act is within the scope of practice of a polysomnographic
 26 technologist.

27 **SECTION 112.** ORS 689.005 is amended to read:

28 689.005. As used in this chapter:

29 (1) "Administer" means the direct application of a drug or device whether by injection,
 30 inhalation, ingestion, or any other means, to the body of a patient or research subject by:

31 (a) A practitioner or the practitioner's authorized agent; or

32 (b) The patient or research subject at the direction of the practitioner.

33 (2) "Approved continuing pharmacy education program" means those seminars, classes,
 34 meetings, workshops and other educational programs on the subject of pharmacy approved by the
 35 board.

36 (3) "Board of pharmacy" or "board" means the State Board of Pharmacy.

37 (4) "Clinical pharmacy agreement" means an agreement between a pharmacist or pharmacy and
 38 a health care organization or a physician as defined in ORS 677.010 **or a naturopathic physician**
 39 **as defined in ORS 685.010** that permits the pharmacist to engage in the practice of clinical phar-
 40 macy for the benefit of the patients of the health care organization [*or*], physician **or naturopathic**
 41 **physician**.

42 (5) "Continuing pharmacy education" means:

43 (a) Professional, pharmaceutical post-graduate education in the general areas of socio-economic
 44 and legal aspects of health care;

45 (b) The properties and actions of drugs and dosage forms; and

- 1 (c) The etiology, characteristics and therapeutics of the disease state.
- 2 (6) "Continuing pharmacy education unit" means the unit of measurement of credits for ap-
3 proved continuing education courses and programs.
- 4 (7) "Deliver" or "delivery" means the actual, constructive or attempted transfer of a drug or
5 device other than by administration from one person to another, whether or not for a consideration.
- 6 (8) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro
7 reagent or other similar or related article, including any component part or accessory, which is re-
8 quired under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.
- 9 (9) "Dispense" or "dispensing" means the preparation and delivery of a prescription drug pur-
10 suant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent
11 administration to or use by a patient or other individual entitled to receive the prescription drug.
- 12 (10) "Distribute" means the delivery of a drug other than by administering or dispensing.
- 13 (11) "Drug" means:
- 14 (a) Articles recognized as drugs in the official United States Pharmacopoeia, official National
15 Formulary, official Homeopathic Pharmacopoeia, other drug compendium or any supplement to any
16 of them;
- 17 (b) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of dis-
18 ease in a human or other animal;
- 19 (c) Articles, other than food, intended to affect the structure or any function of the body of hu-
20 mans or other animals; and
- 21 (d) Articles intended for use as a component of any articles specified in paragraph (a), (b) or (c)
22 of this subsection.
- 23 (12) "Drug order" means a written order, in a hospital or other inpatient care facility, for an
24 ultimate user of any drug or device issued and signed by a practitioner, or an order transmitted by
25 other means of communication from a practitioner, that is immediately reduced to writing by a
26 pharmacist, licensed nurse or other practitioner.
- 27 (13) "Drug outlet" means any pharmacy, nursing home, shelter home, convalescent home, ex-
28 tended care facility, drug abuse treatment center, penal institution, hospital, family planning clinic,
29 student health center, retail store, wholesaler, manufacturer, mail-order vendor or other establish-
30 ment with facilities located within or out of this state that is engaged in dispensing, delivery or
31 distribution of drugs within this state.
- 32 (14) "Drug room" means a secure and lockable location within an inpatient care facility that
33 does not have a licensed pharmacy.
- 34 (15) "Electronically transmitted" or "electronic transmission" means a communication sent or
35 received through technological apparatuses, including computer terminals or other equipment or
36 mechanisms linked by telephone or microwave relays, or any similar apparatus having electrical,
37 digital, magnetic, wireless, optical, electromagnetic or similar capabilities.
- 38 (16) "Hormonal contraceptive patch" means a transdermal patch applied to the skin of a patient,
39 by the patient or by a practitioner, that releases a drug composed of a combination of hormones that
40 is approved by the United States Food and Drug Administration to prevent pregnancy.
- 41 (17) "Institutional drug outlet" means hospitals and inpatient care facilities where medications
42 are dispensed to another health care professional for administration to patients served by the hos-
43 pitals or facilities.
- 44 (18) "Intern" means a person who is enrolled in or has completed a course of study at a school
45 or college of pharmacy approved by the board and who is licensed with the board as an intern.

1 (19) "Internship" means a professional experiential program approved by the board under the
2 supervision of a licensed pharmacist registered with the board as a preceptor.

3 (20) "Itinerant vendor" means a person who sells or distributes nonprescription drugs by passing
4 from house to house, or by haranguing the people on the public streets or in public places, or who
5 uses the customary devices for attracting crowds, recommending their wares and offering them for
6 sale.

7 (21) "Labeling" means the process of preparing and affixing of a label to any drug container
8 exclusive, however, of the labeling by a manufacturer, packer or distributor of a nonprescription
9 drug or commercially packaged legend drug or device.

10 (22) "Manufacture" means the production, preparation, propagation, compounding, conversion
11 or processing of a device or a drug, either directly or indirectly by extraction from substances of
12 natural origin or independently by means of chemical synthesis or by a combination of extraction
13 and chemical synthesis and includes any packaging or repackaging of the substances or labeling or
14 relabeling of its container, except that this term does not include the preparation or compounding
15 of a drug by an individual for their own use or the preparation, compounding, packaging or labeling
16 of a drug:

17 (a) By a practitioner as an incident to administering or dispensing of a drug in the course of
18 professional practice; or

19 (b) By a practitioner or by the practitioner's authorization under supervision of the practitioner
20 for the purpose of or as an incident to research, teaching or chemical analysis and not for sale.

21 (23) "Manufacturer" means a person engaged in the manufacture of drugs.

22 (24) "Nonprescription drug outlet" means shopkeepers and itinerant vendors registered under
23 ORS 689.305.

24 (25) "Nonprescription drugs" means drugs which may be sold without a prescription and which
25 are prepackaged for use by the consumer and labeled in accordance with the requirements of the
26 statutes and regulations of this state and the federal government.

27 (26) "Person" means an individual, corporation, partnership, association or any other legal en-
28 tity.

29 (27) "Pharmacist" means an individual licensed by this state to engage in the practice of phar-
30 macy or to engage in the practice of clinical pharmacy.

31 (28) "Pharmacy" means a place that meets the requirements of rules of the board, is licensed
32 and approved by the board where the practice of pharmacy may lawfully occur and includes
33 apothecaries, drug stores, dispensaries, hospital outpatient pharmacies, pharmacy departments and
34 prescription laboratories but does not include a place used by a manufacturer or wholesaler.

35 (29) "Pharmacy technician" means a person licensed by the State Board of Pharmacy who assists
36 the pharmacist in the practice of pharmacy pursuant to rules of the board.

37 (30) "Practice of clinical pharmacy" means:

38 (a) The health science discipline in which, in conjunction with the patient's other practitioners,
39 a pharmacist provides patient care to optimize medication therapy and to promote disease pre-
40 vention and the patient's health and wellness;

41 (b) The provision of patient care services, including but not limited to post-diagnostic disease
42 state management services; and

43 (c) The practice of pharmacy by a pharmacist pursuant to a clinical pharmacy agreement.

44 (31) "Practice of pharmacy" means:

45 (a) The interpretation and evaluation of prescription orders;

1 (b) The compounding, dispensing and labeling of drugs and devices, except labeling by a man-
2 ufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs
3 and devices;

4 (c) The prescribing and administering of vaccines and immunizations and the providing of pa-
5 tient care services pursuant to ORS 689.645;

6 (d) The administering of drugs and devices to the extent permitted under ORS 689.655;

7 (e) The participation in drug selection and drug utilization reviews;

8 (f) The proper and safe storage of drugs and devices and the maintenance of proper records
9 therefor;

10 (g) The responsibility for advising, where necessary or where regulated, of therapeutic values,
11 content, hazards and use of drugs and devices;

12 (h) The monitoring of therapeutic response or adverse effect to drug therapy;

13 (i) The optimizing of drug therapy through the practice of clinical pharmacy;

14 (j) Patient care services, including medication therapy management and comprehensive
15 medication review;

16 (k) The offering or performing of those acts, services, operations or transactions necessary in
17 the conduct, operation, management and control of pharmacy; and

18 (L) The prescribing and dispensing of hormonal contraceptive patches and self-administered oral
19 hormonal contraceptives pursuant to ORS 689.683.

20 (32) "Practitioner" means a person licensed and operating within the scope of such license to
21 prescribe, dispense, conduct research with respect to or administer drugs in the course of profes-
22 sional practice or research:

23 (a) In this state; or

24 (b) In another state or territory of the United States if the person does not reside in Oregon and
25 is registered under the federal Controlled Substances Act.

26 (33) "Preceptor" means a pharmacist or a person licensed by the board to supervise the
27 internship training of a licensed intern.

28 (34) "Prescription drug" or "legend drug" means a drug which is:

29 (a) Required by federal law, prior to being dispensed or delivered, to be labeled with either of
30 the following statements:

31 (A) "Caution: Federal law prohibits dispensing without prescription"; or

32 (B) "Caution: Federal law restricts this drug to use by or on the order of a licensed
33 veterinarian"; or

34 (b) Required by any applicable federal or state law or regulation to be dispensed on prescription
35 only or is restricted to use by practitioners only.

36 (35) "Prescription" or "prescription drug order" means a written, oral or electronically trans-
37 mitted direction, given by a practitioner authorized to prescribe drugs, for the preparation and use
38 of a drug. When the context requires, "prescription" also means the drug prepared under such
39 written, oral or electronically transmitted direction.

40 (36) "Retail drug outlet" means a place used for the conduct of the retail sale, administering or
41 dispensing or compounding of drugs or chemicals or for the administering or dispensing of pre-
42 scriptions and licensed by the board as a place wherein the practice of pharmacy may lawfully oc-
43 cur.

44 (37) "Self-administered oral hormonal contraceptive" means a drug composed of a combination
45 of hormones that is approved by the United States Food and Drug Administration to prevent preg-

1 nancy and that the patient to whom the drug is prescribed may take orally.

2 (38) "Shopkeeper" means a business or other establishment, open to the general public, for the
3 sale or nonprofit distribution of drugs.

4 (39) "Unit dose" means a sealed single-unit container so designed that the contents are admin-
5 istered to the patient as a single dose, direct from the container. Each unit dose container must bear
6 a separate label, be labeled with the name and strength of the medication, the name of the man-
7 ufacturer or distributor, an identifying lot number and, if applicable, the expiration date of the
8 medication.

9 (40) "Wholesale drug outlet" means any person who imports, stores, distributes or sells for re-
10 sale any drugs including legend drugs and nonprescription drugs.

11 **SECTION 113.** ORS 742.405 is amended to read:

12 742.405. (1) No insurer may require membership in a professional association as a condition of
13 issuance of medical malpractice insurance to a physician **or naturopathic physician**. However,
14 nothing in this subsection prohibits an insurer from requiring as a condition of coverage of a non-
15 member that the nonmember agrees to be subject to reasonable risk management, loss control or
16 other similar programs and conditions to which members are subject, whether imposed by the
17 insurer or the association.

18 (2) No insurer who issues medical malpractice insurance to a physician **or naturopathic phy-**
19 **sician** may assess any surcharge or offer any discount to the physician **or naturopathic physician**
20 based on whether or not the physician **or naturopathic physician** is a member of a professional
21 association.

22 (3) For purposes of this section, joint underwriting associations and risk retention groups shall
23 be considered insurers.

24 **SECTION 114.** ORS 742.420 is amended to read:

25 742.420. As used in ORS 742.420 to 742.440:

26 (1) "Discount medical plan" means a contract, agreement or other business arrangement be-
27 tween a discount medical plan organization and a plan member in which the organization, in ex-
28 change for fees, service or subscription charges, dues or other consideration, offers or purports to
29 offer the plan member access to providers and the right to receive medical and ancillary services
30 at a discount from providers.

31 (2) "Discount medical plan organization" means a person that contracts on behalf of plan mem-
32 bers with a provider, a provider network or another discount medical plan organization for access
33 to medical and ancillary services at a discounted rate and determines what plan members will pay
34 as a fee, service or subscription charge, dues or other consideration for a discount medical plan.

35 (3) "Licensee" means a discount medical plan organization that has obtained a license from the
36 Director of the Department of Consumer and Business Services in accordance with ORS 742.426.

37 (4) "Medical and ancillary services" means, except when administered by or under contract with
38 the State of Oregon, any care, service, treatment or product provided for any dysfunction, injury or
39 illness of the human body including, but not limited to, care provided by a physician, **naturopathic**
40 **physician**, physician assistant or nurse practitioner, inpatient care, hospital and surgical services,
41 emergency and ambulance services, audiology services, dental care services, vision care services,
42 mental health services, substance abuse counseling or treatment, chiropractic services, podiatric
43 care services, laboratory services, home health care services, medical equipment and supplies or
44 prescription drugs.

45 (5) "Plan member" means an individual who pays fees, service or subscription charges, dues or

1 other consideration in exchange for the right to participate in a discount medical plan.

2 (6)(a) "Provider" means a person that has contracted or otherwise agreed with a discount med-
3 ical plan organization to provide medical and ancillary services to plan members at a discount from
4 the person's ordinary or customary fees or charges.

5 (b) "Provider" does not include:

6 (A) A person that, apart from any agreement or contract with a discount medical plan organ-
7 ization, provides medical and ancillary services at a discount or at fixed or scheduled prices to pa-
8 tients or customers the person serves regularly; or

9 (B) A person that does not charge fees, service or subscription charges, dues or other consid-
10 eration in exchange for providing medical and ancillary services at a discount or at fixed or sched-
11 uled prices.

12 (7) "Provider network" means a person that negotiates directly or indirectly with a discount
13 medical plan organization on behalf of more than one provider that provides medical or ancillary
14 services to plan members.

15 **SECTION 115.** ORS 742.504 is amended to read:

16 742.504. Every policy required to provide the coverage specified in ORS 742.502 shall provide
17 uninsured motorist coverage that in each instance is no less favorable in any respect to the insured
18 or the beneficiary than if the following provisions were set forth in the policy. However, nothing
19 contained in this section requires the insurer to reproduce in the policy the particular language of
20 any of the following provisions:

21 (1)(a) Notwithstanding ORS 30.260 to 30.300, the insurer will pay all sums that the insured or
22 the heirs or legal representative of the insured is legally entitled to recover as damages from the
23 owner or operator of an uninsured vehicle because of bodily injury sustained by the insured caused
24 by accident and arising out of the ownership, maintenance or use of the uninsured vehicle. Deter-
25 mination as to whether the insured, the insured's heirs or the insured's legal representative is le-
26 gally entitled to recover such damages, and if so, the amount thereof, shall be made by agreement
27 between the insured and the insurer, or, in the event of disagreement, may be determined by arbi-
28 tration as provided in subsection (10) of this section.

29 (b) No judgment against any person or organization alleged to be legally responsible for bodily
30 injury, except for proceedings instituted against the insurer as provided in this policy, shall be
31 conclusive, as between the insured and the insurer, on the issues of liability of the person or or-
32 ganization or of the amount of damages to which the insured is legally entitled.

33 (2) As used in this policy:

34 (a) "Bodily injury" means bodily injury, sickness or disease, including death resulting therefrom.

35 (b) "Hit-and-run vehicle" means a vehicle that causes bodily injury to an insured arising out of
36 physical contact of the vehicle with the insured or with a vehicle the insured is occupying at the
37 time of the accident, provided:

38 (A) The identity of either the operator or the owner of the hit-and-run vehicle cannot be ascer-
39 tained;

40 (B) The insured or someone on behalf of the insured reported the accident within 72 hours to
41 a police, peace or judicial officer, to the Department of Transportation or to the equivalent depart-
42 ment in the state where the accident occurred, and filed with the insurer within 30 days thereafter
43 a statement under oath that the insured or the legal representative of the insured has a cause or
44 causes of action arising out of the accident for damages against a person or persons whose identities
45 are unascertainable, and setting forth the facts in support thereof; and

1 (C) At the insurer's request, the insured or the legal representative of the insured makes avail-
2 able for inspection the vehicle the insured was occupying at the time of the accident.

3 (c) "Insured," when unqualified and when applied to uninsured motorist coverage, means:

4 (A) The named insured as stated in the policy and any person designated as named insured in
5 the schedule and, while residents of the same household, the spouse of any named insured and rel-
6 atives of either, provided that neither the relative nor the spouse is the owner of a vehicle not de-
7 scribed in the policy and that, if the named insured as stated in the policy is other than an
8 individual or spouses in a marriage who are residents of the same household, the named insured
9 shall be only a person so designated in the schedule;

10 (B) Any child residing in the household of the named insured if the insured has performed the
11 duties of a parent to the child by rearing the child as the insured's own although the child is not
12 related to the insured by blood, marriage or adoption; and

13 (C) Any other person while occupying an insured vehicle, provided the actual use thereof is with
14 the permission of the named insured.

15 (d) "Insured vehicle," except as provided in paragraph (e) of this provision, means:

16 (A) The vehicle described in the policy or a newly acquired or substitute vehicle, as each of
17 those terms is defined in the public liability coverage of the policy, insured under the public liability
18 provisions of the policy; or

19 (B) A nonowned vehicle operated by the named insured or spouse if a resident of the same
20 household, provided that the actual use thereof is with the permission of the owner of the vehicle
21 and the vehicle is not owned by nor furnished for the regular or frequent use of the insured or any
22 member of the same household.

23 (e) "Insured vehicle" does not include a trailer of any type unless the trailer is a described ve-
24 hicle in the policy.

25 (f) "Occupying" means in or upon or entering into or alighting from.

26 (g) "Phantom vehicle" means a vehicle that causes bodily injury to an insured arising out of a
27 motor vehicle accident that is caused by a vehicle that has no physical contact with the insured or
28 the vehicle the insured is occupying at the time of the accident, provided:

29 (A) The identity of either the operator or the owner of the phantom vehicle cannot be ascer-
30 tained;

31 (B) The facts of the accident can be corroborated by competent evidence other than the testi-
32 mony of the insured or any person having an uninsured motorist claim resulting from the accident;
33 and

34 (C) The insured or someone on behalf of the insured reported the accident within 72 hours to
35 a police, peace or judicial officer, to the Department of Transportation or to the equivalent depart-
36 ment in the state where the accident occurred, and filed with the insurer within 30 days thereafter
37 a statement under oath that the insured or the legal representative of the insured has a cause or
38 causes of action arising out of the accident for damages against a person or persons whose identities
39 are unascertainable, and setting forth the facts in support thereof.

40 (h) "State" includes the District of Columbia, a territory or possession of the United States and
41 a province of Canada.

42 (i) "Stolen vehicle" means an insured vehicle that causes bodily injury to the insured arising
43 out of a motor vehicle accident if:

44 (A) The vehicle is operated without the consent of the insured;

45 (B) The operator of the vehicle does not have collectible motor vehicle bodily injury liability

1 insurance;

2 (C) The insured or someone on behalf of the insured reported the accident within 72 hours to
 3 a police, peace or judicial officer or to the equivalent department in the state where the accident
 4 occurred; and

5 (D) The insured or someone on behalf of the insured cooperates with the appropriate law
 6 enforcement agency in the prosecution of the theft of the vehicle.

7 (j) "Sums that the insured or the heirs or legal representative of the insured is legally entitled
 8 to recover as damages" means the amount of damages that:

9 (A) A claimant could have recovered in a civil action from the owner or operator at the time
 10 of the injury after determination of fault or comparative fault and resolution of any applicable de-
 11 fenses;

12 (B) Are calculated without regard to the tort claims limitations of ORS 30.260 to 30.300; and

13 (C) Are no larger than benefits payable under the terms of the policy as provided in subsection
 14 (7) of this section.

15 (k) "Uninsured vehicle," except as provided in paragraph (L) of this provision, means:

16 (A) A vehicle with respect to the ownership, maintenance or use of which there is no collectible
 17 motor vehicle bodily injury liability insurance, in at least the amounts or limits prescribed for bodily
 18 injury or death under ORS 806.070 applicable at the time of the accident with respect to any person
 19 or organization legally responsible for the use of the vehicle, or with respect to which there is
 20 collectible bodily injury liability insurance applicable at the time of the accident but the insurance
 21 company writing the insurance denies coverage or the company writing the insurance becomes vol-
 22 untarily or involuntarily declared bankrupt or for which a receiver is appointed or becomes insol-
 23 vent. It shall be a disputable presumption that a vehicle is uninsured in the event the insured and
 24 the insurer, after reasonable efforts, fail to discover within 90 days from the date of the accident,
 25 the existence of a valid and collectible motor vehicle bodily injury liability insurance applicable at
 26 the time of the accident.

27 (B) A hit-and-run vehicle.

28 (C) A phantom vehicle.

29 (D) A stolen vehicle.

30 (E) A vehicle that is owned or operated by a self-insurer:

31 (i) That is not in compliance with ORS 806.130 (1)(c); or

32 (ii) That provides recovery to an insured in an amount that is less than the sums that the in-
 33 sured or the heirs or legal representative of the insured is legally entitled to recover as damages
 34 for bodily injury or death that is caused by accident and that arises out of owning, maintaining or
 35 using an uninsured vehicle.

36 (L) "Uninsured vehicle" does not include:

37 (A) An insured vehicle, unless the vehicle is a stolen vehicle;

38 (B) Except as provided in paragraph (k)(E) of this subsection, a vehicle that is owned or oper-
 39 ated by a self-insurer within the meaning of any motor vehicle financial responsibility law, motor
 40 carrier law or any similar law;

41 (C) A vehicle that is owned by the United States of America, Canada, a state, a political sub-
 42 division of any such government or an agency of any such government;

43 (D) A land motor vehicle or trailer, if operated on rails or crawler-treads or while located for
 44 use as a residence or premises and not as a vehicle;

45 (E) A farm-type tractor or equipment designed for use principally off public roads, except while

1 actually upon public roads; or

2 (F) A vehicle owned by or furnished for the regular or frequent use of the insured or any
3 member of the household of the insured.

4 (m) "Vehicle" means every device in, upon or by which any person or property is or may be
5 transported or drawn upon a public highway, but does not include devices moved by human power
6 or used exclusively upon stationary rails or tracks.

7 (3) This coverage applies only to accidents that occur on and after the effective date of the
8 policy, during the policy period and within the United States of America, its territories or pos-
9 sessions, or Canada.

10 (4)(a) This coverage does not apply to bodily injury of an insured with respect to which the in-
11 sured or the legal representative of the insured shall, without the written consent of the insurer,
12 make any settlement with or prosecute to judgment any action against any person or organization
13 who may be legally liable therefor.

14 (b) This coverage does not apply to bodily injury to an insured while occupying a vehicle, other
15 than an insured vehicle, owned by, or furnished for the regular use of, the named insured or any
16 relative resident in the same household, or through being struck by the vehicle.

17 (c) This coverage does not apply so as to inure directly or indirectly to the benefit of any
18 workers' compensation carrier, any person or organization qualifying as a self-insurer under any
19 workers' compensation or disability benefits law or any similar law or the State Accident Insurance
20 Fund Corporation.

21 (d) This coverage does not apply with respect to underinsured motorist benefits unless:

22 (A) The limits of liability under any bodily injury liability insurance applicable at the time of
23 the accident regarding the injured person have been exhausted by payment of judgments or settle-
24 ments to the injured person or other injured persons;

25 (B) The described limits have been offered in settlement, the insurer has refused consent under
26 paragraph (a) of this subsection and the insured protects the insurer's right of subrogation to the
27 claim against the tortfeasor;

28 (C) The insured gives credit to the insurer for the unrealized portion of the described liability
29 limits as if the full limits had been received if less than the described limits have been offered in
30 settlement, and the insurer has consented under paragraph (a) of this subsection; or

31 (D) The insured gives credit to the insurer for the unrealized portion of the described liability
32 limits as if the full limits had been received if less than the described limits have been offered in
33 settlement and, if the insurer has refused consent under paragraph (a) of this subsection, the insured
34 protects the insurer's right of subrogation to the claim against the tortfeasor.

35 (e) When seeking consent under paragraph (a) or (d) of this subsection, the insured shall allow
36 the insurer a reasonable time in which to collect and evaluate information related to consent to the
37 proposed offer of settlement. The insured shall provide promptly to the insurer any information that
38 is reasonably requested by the insurer and that is within the custody and control of the insured.
39 Consent will be presumed to be given if the insurer does not respond within a reasonable time. For
40 purposes of this paragraph, a "reasonable time" is no more than 30 days from the insurer's receipt
41 of a written request for consent, unless the insured and the insurer agree otherwise.

42 (5)(a) As soon as practicable, the insured or other person making claim shall give to the insurer
43 written proof of claim, under oath if required, including full particulars of the nature and extent of
44 the injuries, treatment and other details entering into the determination of the amount payable
45 hereunder. The insured and every other person making claim hereunder shall submit to examinations

1 under oath by any person named by the insurer and subscribe the same, as often as may reasonably
2 be required. Proof of claim shall be made upon forms furnished by the insurer unless the insurer fails
3 to furnish the forms within 15 days after receiving notice of claim.

4 (b) Upon reasonable request of and at the expense of the insurer, the injured person shall submit
5 to physical examinations by physicians, **naturopathic physicians**, physician assistants or nurse
6 practitioners selected by the insurer and shall, upon each request from the insurer, execute au-
7 thorization to enable the insurer to obtain medical reports and copies of records.

8 (6) If, before the insurer makes payment of loss hereunder, the insured or the legal represen-
9 tative of the insured institutes any legal action for bodily injury against any person or organization
10 legally responsible for the use of a vehicle involved in the accident, a copy of the summons and
11 complaint or other process served in connection with the legal action shall be forwarded imme-
12 diately to the insurer by the insured or the legal representative of the insured.

13 (7)(a) The limit of liability stated in the declarations as applicable to "each person" is the limit
14 of the insurer's liability for all damages because of bodily injury sustained by one person as the
15 result of any one accident and, subject to the above provision respecting each person, the limit of
16 liability stated in the declarations as applicable to "each accident" is the total limit of the
17 company's liability for all damages because of bodily injury sustained by two or more persons as the
18 result of any one accident.

19 (b) Any amount payable under the terms of this coverage because of bodily injury sustained in
20 an accident by a person who is an insured under this coverage shall be reduced by the amount paid
21 and the present value of all amounts payable on account of the bodily injury under any workers'
22 compensation law, disability benefits law or any similar law.

23 (c) Any amount payable under the terms of this coverage because of bodily injury sustained in
24 an accident by a person who is an insured under this coverage shall be reduced by the credit given
25 to the insurer pursuant to subsection (4)(d)(C) or (D) of this section.

26 (d) The amount payable under the terms of this coverage may not be reduced by the amount of
27 liability proceeds offered, described in subsection (4)(d)(B) or (D) of this section, that has not been
28 paid to the injured person. If liability proceeds have been offered and not paid, the amount payable
29 under the terms of the coverage shall include the amount of liability limits offered but not accepted
30 due to the insurer's refusal to consent. The insured shall cooperate so as to permit the insurer to
31 proceed by subrogation or assignment to prosecute the claim against the uninsured motorist.

32 (8) No action shall lie against the insurer unless, as a condition precedent thereto, the insured
33 or the legal representative of the insured has fully complied with all the terms of this policy.

34 (9)(a) With respect to bodily injury to an insured:

35 (A) While occupying a vehicle owned by a named insured under this coverage, the insurance
36 under this coverage is primary.

37 (B) While occupying a vehicle not owned by a named insured under this coverage, the insurance
38 under this coverage shall apply only as excess insurance over any primary insurance available to
39 the occupant that is similar to this coverage, and this excess insurance coverage shall then apply
40 only to the sums that the insured or the heirs or legal representative of the insured is legally enti-
41 tled to recover as damages for bodily injury or death that is caused by accident and that arises out
42 of owning, maintaining or using an uninsured vehicle.

43 (b) With respect to bodily injury to an insured while occupying any motor vehicle used as a
44 public or livery conveyance, the insurance under this coverage shall apply only as excess insurance
45 over any other insurance available to the insured that is similar to this coverage, and this excess

1 insurance coverage shall then apply only to the amount by which the applicable limit of liability of
2 this coverage exceeds the sum of the applicable limits of liability of all other insurance.

3 (10) If any person making claim hereunder and the insurer do not agree that the person is le-
4 gally entitled to recover damages from the owner or operator of an uninsured vehicle because of
5 bodily injury to the insured, or do not agree as to the amount of payment that may be owing under
6 this coverage, then, in the event the insured and the insurer elect by mutual agreement at the time
7 of the dispute to settle the matter by arbitration, the arbitration shall take place as described in
8 ORS 742.505. Any judgment upon the award rendered by the arbitrators may be entered in any court
9 having jurisdiction thereof, provided, however, that the costs to the insured of the arbitration pro-
10 ceeding do not exceed \$100 and that all other costs of arbitration are borne by the insurer.
11 "Costs" as used in this provision does not include attorney fees or expenses incurred in the pro-
12 duction of evidence or witnesses or the making of transcripts of the arbitration proceedings. The
13 person and the insurer each agree to consider themselves bound and to be bound by any award made
14 by the arbitrators pursuant to this coverage in the event of such election. At the election of the
15 insured, the arbitration shall be held:

16 (a) In the county and state of residence of the insured;

17 (b) In the county and state where the insured's cause of action against the uninsured motorist
18 arose; or

19 (c) At any other place mutually agreed upon by the insured and the insurer.

20 (11) In the event of payment to any person under this coverage:

21 (a) The insurer shall be entitled to the extent of the payment to the proceeds of any settlement
22 or judgment that may result from the exercise of any rights of recovery of the person against any
23 uninsured motorist legally responsible for the bodily injury because of which payment is made;

24 (b) The person shall hold in trust for the benefit of the insurer all rights of recovery that the
25 person shall have against such other uninsured person or organization because of the damages that
26 are the subject of claim made under this coverage, but only to the extent that the claim is made or
27 paid herein;

28 (c) If the insured is injured by the joint or concurrent act or acts of two or more persons, one
29 or more of whom is uninsured, the insured shall have the election to receive from the insurer any
30 payment to which the insured would be entitled under this coverage by reason of the act or acts
31 of the uninsured motorist, or the insured may, with the written consent of the insurer, proceed with
32 legal action against any or all persons claimed to be liable to the insured for the injuries. If the
33 insured elects to receive payment from the insurer under this coverage, then the insured shall hold
34 in trust for the benefit of the insurer all rights of recovery the insured shall have against any other
35 person, firm or organization because of the damages that are the subject of claim made under this
36 coverage, but only to the extent of the actual payment made by the insurer;

37 (d) The person shall do whatever is proper to secure and shall do nothing after loss to prejudice
38 such rights;

39 (e) If requested in writing by the insurer, the person shall take, through any representative not
40 in conflict in interest with the person, designated by the insurer, such action as may be necessary
41 or appropriate to recover payment as damages from such other uninsured person or organization,
42 such action to be taken in the name of the person, but only to the extent of the payment made
43 hereunder. In the event of a recovery, the insurer shall be reimbursed out of the recovery for ex-
44 penses, costs and attorney fees incurred by the insurer in connection therewith; and

45 (f) The person shall execute and deliver to the insurer any instruments and papers as may be

1 appropriate to secure the rights and obligations of the person and the insurer established by this
2 provision.

3 (12)(a) The parties to this coverage agree that no cause of action shall accrue to the insured
4 under this coverage unless within two years from the date of the accident:

5 (A) Agreement as to the amount due under the policy has been concluded;

6 (B) The insured or the insurer has formally instituted arbitration proceedings;

7 (C) The insured has filed an action against the insurer; or

8 (D) Suit for bodily injury has been filed against the uninsured motorist and, within two years
9 from the date of settlement or final judgment against the uninsured motorist, the insured has
10 formally instituted arbitration proceedings or filed an action against the insurer.

11 (b) For purposes of this subsection:

12 (A) "Date of settlement" means the date on which a written settlement agreement or release is
13 signed by an insured or, in the absence of these documents, the date on which the insured or the
14 attorney for the insured receives payment of any sum required by the settlement agreement. An
15 advance payment as defined in ORS 31.550 shall not be deemed a payment of a settlement for pur-
16 poses of the time limitation in this subsection.

17 (B) "Final judgment" means a judgment that has become final by lapse of time for appeal or by
18 entry in an appellate court of an appellate judgment.

19 **SECTION 116.** ORS 743B.222 is amended to read:

20 743B.222. (1) As used in this section, "women's health care provider" means an obstetrician or
21 gynecologist, physician assistant specializing in women's health, advanced registered nurse practi-
22 tioner specialist in women's health, **naturopathic physician specializing in women's health** or
23 certified nurse midwife, practicing within the applicable lawful scope of practice.

24 (2) Every health insurance policy that covers hospital, medical or surgical expenses and requires
25 an enrollee to designate a participating primary care provider shall permit a female enrollee to
26 designate a women's health care provider as the enrollee's primary care provider if:

27 (a) The women's health care provider meets the standards established by the insurer in collab-
28 oration with interested parties, including but not limited to the Oregon section of the American
29 College of Obstetricians and Gynecologists; and

30 (b) The women's health care provider requests that the insurer make the provider available for
31 designation as a primary care provider.

32 (3) If a female enrollee has designated a primary care provider who is not a women's health care
33 provider, an insurance policy as described in subsection (2) of this section shall permit the enrollee
34 to have direct access to a women's health care provider, without a referral or prior authorization,
35 for obstetrical or gynecological care by a participating health care professional who specializes in
36 obstetrics or gynecology.

37 (4) The standards established by the insurer under subsection (2) of this section shall not pro-
38 hibit an insurer from establishing the maximum number of participating primary care providers and
39 participating women's health care providers necessary to serve a defined population or geographic
40 service area.

41 **SECTION 117.** ORS 743.683 is amended to read:

42 743.683. (1) [No] **A** Medicare supplement insurance policy, contract or certificate in force in the
43 state [shall] **may not** contain benefits which duplicate benefits provided by Medicare.

44 (2) The Director of the Department of Consumer and Business Services shall adopt by rule spe-
45 cific standards for policy provisions of Medicare supplement policies and certificates. The standards

1 shall be in addition to and in accordance with applicable laws of this state. [No] A requirement of
 2 the Insurance Code relating to minimum required policy benefits, other than the minimum standards
 3 contained in ORS 743.680 to 743.689, [shall] **may not** apply to Medicare supplement policies. The
 4 standards may cover, but not be limited to:

- 5 (a) Terms of renewability;
- 6 (b) Initial and subsequent conditions of eligibility;
- 7 (c) Nonduplication of coverage;
- 8 (d) Probationary periods;
- 9 (e) Benefit limitations, exceptions and reductions;
- 10 (f) Elimination periods;
- 11 (g) Requirements for replacement;
- 12 (h) Recurrent conditions; and
- 13 (i) Definitions of terms.

14 (3) Provisions established by the director governing eligibility for Medicare supplement insur-
 15 ance shall not be limited to persons qualifying for Medicare by reason of age.

16 (4) The director may adopt by rule standards that specify prohibited policy provisions not oth-
 17 erwise specifically authorized by statute which, in the opinion of the director, are unjust, unfair or
 18 unfairly discriminatory to any person insured or proposed for coverage under a Medicare supple-
 19 ment policy.

20 (5) Notwithstanding any other provision of law of this state, a Medicare supplement policy may
 21 not deny a claim for losses incurred more than six months from the effective date of coverage for
 22 a preexisting condition. The policy may not define a preexisting condition more restrictively than
 23 a condition for which medical advice was given or treatment was recommended by or received from
 24 a physician **or naturopathic physician** within six months before the effective date of coverage.

25 (6) The director shall adopt by rule standards for benefits and claims payment under Medicare
 26 supplement policies.

27 **SECTION 118.** ORS 744.364 is amended to read:

28 744.364. (1)(a) A life settlement provider entering into a life settlement contract shall first ob-
 29 tain:

30 (A) If the owner is the insured, a written statement from a licensed physician, **a naturopathic**
 31 **physician licensed under ORS chapter 685**, a physician assistant licensed under ORS 677.505 to
 32 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390 that the owner is of sound
 33 mind and under no constraint or undue influence to enter into a life settlement contract; and

34 (B) A document in which the insured consents to the release of the insured's medical records
 35 to a licensed life settlement provider, life settlement broker and the insurance company that issued
 36 the life insurance policy covering the life of the insured.

37 (b) Within 20 days after an owner executes documents necessary to transfer any rights under
 38 an insurance policy or, if the insured is terminally ill, within 20 days after an owner entering any
 39 agreement, option, promise or any other form of understanding, expressed or implied, to transfer the
 40 policy for value, the life settlement provider shall give written notice to the insurer that issued the
 41 insurance policy that the policy has or will become a settled policy. The notice must be accompanied
 42 by the documents required by paragraph (c) of this subsection.

43 (c) The life settlement provider shall deliver a copy of the medical release required under par-
 44 agraph (a)(B) of this subsection, a copy of the owner's application for the life settlement contract,
 45 the notice required under paragraph (b) of this subsection and a request for verification of coverage

1 to the insurer that issued the life policy that is the subject of the life transaction. The Director of
2 the Department of Consumer and Business Services shall develop and approve a form for the request
3 for verification.

4 (d) The insurer shall respond to a request for verification of coverage submitted on an approved
5 form by a life settlement provider or life settlement broker within 30 calendar days of the date the
6 request is received and shall indicate whether, based on the medical evidence and documents pro-
7 vided, the insurer intends to pursue an investigation at this time regarding the validity of the in-
8 surance contract or possible fraud. The insurer shall accept a request for verification of coverage
9 made on a form approved by the director. The insurer shall accept an original or facsimile or elec-
10 tronic copy of such request and any accompanying authorization signed by the owner. Failure by the
11 insurer to meet its obligations under this subsection is a violation of the Insurance Code.

12 (e) Prior to or at the time of execution of the life settlement contract, the life settlement pro-
13 vider shall obtain a witnessed document in which the owner consents to the life settlement contract,
14 represents that the owner has a full and complete understanding of the life settlement contract, that
15 the owner has a full and complete understanding of the benefits of the life insurance policy, ac-
16 knowledges that the owner is entering into the life settlement contract freely and voluntarily and,
17 for persons with a terminal illness or chronic illness or condition, acknowledges that the insured
18 has a terminal illness or chronic illness and that the terminal illness or chronic illness or condition
19 was diagnosed after the life insurance policy was issued.

20 (f) If a life settlement broker performs any of the activities required of the life settlement pro-
21 vider, the provider is deemed to have fulfilled the requirements of this section that were performed
22 by the broker.

23 (2) All medical information solicited or obtained by any licensee is privileged and confidential
24 under ORS 705.137.

25 (3)(a) All life settlement contracts entered into in this state must provide the owner with an
26 absolute right to rescind the contract before the earlier of 60 calendar days after the date upon
27 which the life settlement contract is executed by all parties or 30 calendar days after the life
28 settlement proceeds have been sent to the owner under subsection (5) of this section.

29 (b) The life settlement provider may condition rescission upon the owner both giving notice and
30 repaying to the life settlement provider within the rescission period all proceeds of the settlement
31 and any premiums, loans and loan interest paid by or on behalf of the life settlement provider in
32 connection with or as a consequence of the life settlement.

33 (c) If the insured dies during the rescission period, the life settlement contract is deemed to have
34 been rescinded, subject to repayment within 60 calendar days of the death of the insured to the life
35 settlement provider or purchaser of all life settlement proceeds and any premiums, loans and loan
36 interest that have been paid by the life settlement provider or purchaser.

37 (d) In the event of any rescission, if the life settlement provider has paid commissions or other
38 compensation to a life settlement broker in connection with the rescinded transaction, the life
39 settlement broker shall refund all such commissions and compensation to the life settlement provider
40 within five business days following receipt of written demand from the life settlement provider. The
41 demand must be accompanied by either the owner's notice of rescission if rescinded at the election
42 of the owner, or the notice of the death of the insured if rescinded by reason of the death of the
43 insured within the applicable rescission period.

44 (4) The life settlement purchaser shall have the right to rescind a life settlement contract within
45 three days after the disclosures mandated by ORS 744.354 (7) are received by the purchaser.

1 (5)(a) The life settlement provider shall instruct the owner to send the executed documents re-
 2 quired to effect the change in ownership, assignment or change in beneficiary directly to an inde-
 3 pendent escrow agent selected by the provider.

4 (b) Within three business days after the date the escrow agent receives the document, or from
 5 the date the life settlement provider receives the documents, if the owner erroneously provides the
 6 documents directly to the provider, the provider shall pay or transfer the proceeds of the life
 7 settlement into an escrow or trust account maintained in a state or federally chartered financial
 8 institution whose deposits are insured by the Federal Deposit Insurance Corporation.

9 (c) Upon payment of the settlement proceeds into the escrow account, the escrow agent shall
 10 deliver the original change in ownership, assignment or change in beneficiary forms to the life
 11 settlement provider or related provider trust or other designated representative of the life settle-
 12 ment provider. Upon the escrow agent's receipt of the acknowledgment of the properly completed
 13 transfer of ownership, assignment or designation of beneficiary from the insurance company, the
 14 escrow agent shall pay the settlement proceeds to the owner.

15 (6) Failure to pay the owner the full contract amount for the life settlement contract within the
 16 time set forth under subsection (5) of this section renders the life settlement contract voidable by
 17 the owner until the time full payment is tendered to and accepted by the owner. Funds are deemed
 18 sent by a life settlement provider to an owner as of the date that the escrow agent either releases
 19 funds for wire transfer to the owner or places a check for delivery to the owner via the United
 20 States Postal Service or another nationally recognized delivery service.

21 (7)(a) Contacts with the insured for the purpose of determining the health status of the insured
 22 by the life settlement provider or life settlement broker after the life settlement has occurred may
 23 be made only by the life settlement provider or broker licensed in this state or its authorized rep-
 24 resentatives and are limited to once every three months for insureds with a life expectancy of more
 25 than one year, and to no more than once per month for insureds with a life expectancy of one year
 26 or less.

27 (b) The limitations set forth in this subsection do not apply to any contacts with an insured for
 28 reasons other than determining the insured's health status.

29 **SECTION 119.** ORS 744.367 is amended to read:

30 744.367. (1) A person may not enter into a life settlement contract at any time prior to the ap-
 31 plication or issuance of a policy that is the subject of a life settlement contract or within a five-year
 32 period commencing with the date of issuance of the insurance policy or certificate. However, this
 33 five-year restriction does not apply if the owner certifies to the life settlement provider that any one
 34 or more of the following conditions has been met within the five-year period:

35 (a) The policy was issued upon the owner's exercise of conversion rights arising out of a group
 36 or individual policy if the total of the time covered under the conversion policy plus the time cov-
 37 ered under the prior policy is at least 60 months. The time covered under a group policy is calcu-
 38 lated without regard to any change in insurance carriers, provided the coverage has been
 39 continuous and under the same group sponsorship;

40 (b) The owner submits independent evidence to the life settlement provider that one or more of
 41 the following conditions have been met within the five-year period:

42 (A) The owner or insured is terminally ill or chronically ill;

43 (B) The owner's spouse dies;

44 (C) The owner divorces the owner's spouse;

45 (D) The owner retires from full-time employment;

1 (E) The owner becomes physically or mentally disabled and a physician, **naturopathic physi-**
 2 **cian licensed under ORS chapter 685**, physician assistant licensed under ORS 677.505 to 677.525
 3 or nurse practitioner licensed under ORS 678.375 to 678.390 determines that the disability prevents
 4 the owner from maintaining full-time employment; or

5 (F) A final order, judgment or decree is entered by a court of competent jurisdiction, on the
 6 application of a creditor of the owner, adjudicating the owner bankrupt or insolvent, or approving
 7 a petition seeking reorganization of the owner or appointing a receiver, trustee or liquidator to all
 8 or a substantial part of the owner's assets; or

9 (c) The owner enters into a life settlement contract more than two years after the date of issu-
 10 ance of a policy and, with respect to the policy, at all times prior to the date that is two years after
 11 policy issuance, the following conditions are met:

12 (A) Policy premiums have been funded exclusively with unencumbered assets, including an in-
 13 terest in the life insurance policy being financed only to the extent of its net cash surrender value,
 14 provided by, or full recourse liability incurred by, the insured or a person closely related to the in-
 15 sured by blood or law or a party having a lawful substantial economic interest in the continued life,
 16 health and bodily safety of the person insured, or a trust established primarily for the benefit of such
 17 parties;

18 (B) There is no agreement or understanding with any other person to guarantee any such li-
 19 ability or to purchase or stand ready to purchase the policy, including through an assumption or
 20 forgiveness of the loan; and

21 (C) Neither the insured nor the policy has been evaluated for settlement.

22 (2) Copies of the independent evidence described in subsection (1)(b) of this section and docu-
 23 ments required by ORS 744.364 (1) must be submitted to the insurer when the life settlement pro-
 24 vider or other party entering into a life settlement contract with an owner submits a request to the
 25 insurer for verification of coverage. The copies must be accompanied by a letter of attestation from
 26 the life settlement provider that the copies are true and correct copies of the documents received
 27 by the life settlement provider.

28 (3) If the life settlement provider submits to the insurer a copy of the owner's or insured's cer-
 29 tification described in and the documents required by ORS 744.364 (1) when the provider submits a
 30 request to the insurer to effect the transfer of the policy or certificate to the life settlement pro-
 31 vider, the copy conclusively establishes that the life settlement contract satisfies the requirements
 32 of this section and the insurer shall respond in a timely manner to the request.

33 (4) An insurer may not, as a condition of responding to a request for verification of coverage
 34 or effecting the transfer of a policy pursuant to a life settlement contract, require that the owner,
 35 insured, life settlement provider or life settlement broker sign any forms, disclosures, consent or
 36 waiver form that has not been expressly approved by the Director of the Department of Consumer
 37 and Business Services for use in connection with life settlement contracts in this state.

38 (5) Upon receipt of a properly completed request for a change of ownership or beneficiary of a
 39 policy, the insurer shall respond in writing within 30 calendar days with written acknowledgement
 40 confirming that the change has been effected or specifying the reasons why the requested change
 41 cannot be processed. The insurer may not unreasonably delay effecting change of ownership or
 42 beneficiary and may not otherwise seek to interfere with any life settlement contract lawfully en-
 43 tered into in this state.

44 **SECTION 120.** ORS 744.382 is amended to read:

45 744.382. (1) A licensee may not pay or offer to pay a finder's fee, commission or other compen-

1 sation to a person described in this subsection, in connection with a policy insuring the life of an
 2 individual with a terminal illness or condition. The prohibition under this subsection applies with
 3 respect to payments or offers of payment to:

4 (a) The physician, **naturopathic physician**, attorney or accountant of the policyholder, of the
 5 certificate holder or of the insured individual when the individual is other than the policyholder or
 6 certificate holder.

7 (b) Any person other than a physician, **naturopathic physician**, attorney or accountant de-
 8 scribed in paragraph (a) of this subsection, who provides medical, legal or financial planning ser-
 9 vices to the policyholder, to the certificate holder or to the insured individual when the individual
 10 is other than the policyholder or certificate holder.

11 (c) Any person other than one described in paragraph (a) or (b) of this subsection who acts as
 12 an agent of the policyholder, certificate holder or insured individual.

13 (2) A licensee may not solicit an investor who could influence the treatment of the illness or
 14 condition of the individual whose life would be the subject of a life settlement contract.

15 (3) All information solicited or obtained from a policyholder or certificate holder by a licensee
 16 is subject to ORS 746.600 to 746.690. For purposes of this subsection, a licensee is considered an
 17 insurance-support organization within the meaning of ORS 746.600.

18 (4) A licensee may not discriminate in the making of a life settlement contract on the basis of
 19 race, religion, creed, sex, sexual orientation, national origin, marital status, age, familial status or
 20 occupation or discriminate between persons who have dependents and persons who do not have de-
 21 pendents.

22 **SECTION 121.** ORS 746.230, as amended by section 6, chapter 59, Oregon Laws 2015, is
 23 amended to read:

24 746.230. (1) No insurer or other person shall commit or perform any of the following unfair claim
 25 settlement practices:

26 (a) Misrepresenting facts or policy provisions in settling claims;

27 (b) Failing to acknowledge and act promptly upon communications relating to claims;

28 (c) Failing to adopt and implement reasonable standards for the prompt investigation of claims;

29 (d) Refusing to pay claims without conducting a reasonable investigation based on all available
 30 information;

31 (e) Failing to affirm or deny coverage of claims within a reasonable time after completed proof
 32 of loss statements have been submitted;

33 (f) Not attempting, in good faith, to promptly and equitably settle claims in which liability has
 34 become reasonably clear;

35 (g) Compelling claimants to initiate litigation to recover amounts due by offering substantially
 36 less than amounts ultimately recovered in actions brought by such claimants;

37 (h) Attempting to settle claims for less than the amount to which a reasonable person would
 38 believe a reasonable person was entitled after referring to written or printed advertising material
 39 accompanying or made part of an application;

40 (i) Attempting to settle claims on the basis of an application altered without notice to or consent
 41 of the applicant;

42 (j) Failing, after payment of a claim, to inform insureds or beneficiaries, upon request by them,
 43 of the coverage under which payment has been made;

44 (k) Delaying investigation or payment of claims by requiring a claimant or the claimant's phy-
 45 sician, **naturopathic physician**, physician assistant or nurse practitioner to submit a preliminary

1 claim report and then requiring subsequent submission of loss forms when both require essentially
 2 the same information;

3 (L) Failing to promptly settle claims under one coverage of a policy where liability has become
 4 reasonably clear in order to influence settlements under other coverages of the policy; or

5 (m) Failing to promptly provide the proper explanation of the basis relied on in the insurance
 6 policy in relation to the facts or applicable law for the denial of a claim.

7 (2) No insurer shall refuse, without just cause, to pay or settle claims arising under coverages
 8 provided by its policies with such frequency as to indicate a general business practice in this state,
 9 which general business practice is evidenced by:

10 (a) A substantial increase in the number of complaints against the insurer received by the De-
 11 partment of Consumer and Business Services;

12 (b) A substantial increase in the number of lawsuits filed against the insurer or its insureds by
 13 claimants; or

14 (c) Other relevant evidence.

15 **SECTION 122.** ORS 759.720 is amended to read:

16 759.720. (1) Any customer, telecommunications utility or local exchange carrier who suffers
 17 damages from a violation of ORS 646.608, 646.639 and 759.700 to 759.720 by an information provider
 18 has a cause of action against such information provider. The court may award the greater of three
 19 times the actual damages or \$500, or order an injunction or restitution. Except as provided in sub-
 20 section (2) of this section, the court may award reasonable attorney fees to the prevailing party in
 21 an action under this section.

22 (2) The court may not award attorney fees to a prevailing defendant under the provisions of
 23 subsection (1) of this section if the action under this section is maintained as a class action pursuant
 24 to ORCP 32.

25 (3) When an information provider has failed to comply with any provision of ORS 646.608,
 26 646.639 and 759.700 to 759.720, any obligation by a customer that may have arisen from the dialing
 27 of a pay-per-call telephone number is void and unenforceable.

28 (4) Any obligation that may have arisen from the dialing of a pay-per-call telephone number is
 29 void and unenforceable if made by:

30 (a) An unemancipated child under 18 years of age; or

31 (b) A person whose physician **or naturopathic physician** substantiates that:

32 (A) The person has a mental or emotional disorder generally recognized in the medical or psy-
 33 chological community that makes the person incapable of rational judgments and comprehending the
 34 consequences of the person's action; and

35 (B) The disorder was diagnosed before the obligation was incurred.

36 (5) Upon written notification to the information provider or the billing agent for the information
 37 provider that a bill for information delivery services is void and unenforceable under subsection (2)
 38 or (4) of this section, no further billing or collection activities shall be undertaken in regard to that
 39 obligation.

40 (6) The telecommunications utility or local exchange carrier may require the customer to take
 41 pay-per-call telephone blocking service after the initial obligation has been voided.

42 **SECTION 123.** Section 13, chapter 819, Oregon Laws 2015, is amended to read:

43 **Sec. 13.** Eligibility for hospice care must be determined on the basis of a patient's overall
 44 prognosis and care or treatment goals as determined by the patient's attending physician **or the**
 45 **patient's naturopathic physician** and may not be determined on the basis of whether a patient is

1 undergoing or has undergone a treatment as described in section 3 [*of this 2015 Act*], **chapter 819,**
2 **Oregon Laws 2015.**

3 **SECTION 124. Any board or agency that must adopt or amend rules necessary to comply**
4 **with sections 1 to 123 of this 2017 Act shall adopt or amend the rules not later than March**
5 **1, 2018.**

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