

Requested by Senator STEINER HAYWARD

**PROPOSED AMENDMENTS TO
SENATE BILL 856**

1 On page 1 of the printed bill, line 5, delete “336.485,”.

2 In line 6, delete “417.875,”.

3 On page 24, delete lines 19 through 45 and delete pages 25 through 94 and
4 insert:

5 **“SECTION 33.** ORS 339.870 is amended to read:

6 “339.870. (1) A school administrator, teacher or other school employee
7 designated by the school administrator is not liable in a criminal action or
8 for civil damages as a result of the administration of nonprescription
9 medication, if the school administrator, teacher or other school employee in
10 good faith administers nonprescription medication to a pupil pursuant to
11 written permission and instructions of the pupil’s parents or guardian.

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

20 “(3) The civil and criminal immunities imposed by subsections (1) and (2)
21 of this section do not apply to an act or omission amounting to gross

1 negligence or willful and wanton misconduct.

2 **“SECTION 34.** ORS 343.146 is amended to read:

3 “343.146. (1) To receive special education, children with disabilities shall
4 be determined eligible for special education services under a school district
5 program approved under ORS 343.045 and as provided under ORS 343.221.

6 “(2) Before initially providing special education, the school district shall
7 ensure that a full and individual evaluation is conducted to determine the
8 child’s eligibility for special education and the child’s special educational
9 needs.

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

12 “(4) Each school district shall conduct a reevaluation of each child with
13 a disability in accordance with rules adopted by the State Board of Educa-
14 tion.

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

18 “(a) In the case of a medical examination, by a physician licensed to
19 practice by a state board of medical examiners or a state medical board **or**
20 **by a naturopathic physician licensed under ORS chapter 685;**

21 “(b) In the case of a health assessment, by a nurse licensed by a state
22 board of nursing and specially certified as a nurse practitioner or by a li-
23 censed physician assistant; and

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

26 **“SECTION 35.** ORS 353.450 is amended to read:

27 “353.450. (1) It is the finding of the Legislative Assembly that there is
28 need to provide programs that will assist a rural community to recruit and
29 retain physicians, **naturopathic physicians**, physician assistants and nurse
30 practitioners. For that purpose:

1 “(a) The Legislative Assembly supports the development at the Oregon
2 Health and Science University of an Area Health Education Center program
3 as provided for under the United States Public Health Service Act, Section
4 781.

5 “(b) The university shall provide continuing education opportunities for
6 persons licensed to practice medicine under ORS chapter 677 **and persons**
7 **licensed to practice naturopathic medicine under ORS chapter 685** who
8 practice in rural areas of this state in cooperation with the respective pro-
9 fessional organizations, including the Oregon Medical Association and the
10 Oregon Society of Physician Assistants.

11 “(c) The university shall seek funding through grants and other means to
12 implement and operate a fellowship program for physicians, **naturopathic**
13 **physicians**, physician assistants and nurse practitioners intending to prac-
14 tice in rural areas.

15 “(2) With the moneys transferred to the Area Health Education Center
16 program by ORS 442.625, the program shall:

17 “(a) Establish educational opportunities for emergency medical services
18 providers in rural counties;

19 “(b) Contract with educational facilities qualified to conduct emergency
20 medical training programs using a curriculum approved by the Emergency
21 Medical Services and Trauma Systems Program; and

22 “(c) Review requests for training funds with input from the State Emer-
23 gency Medical Service Committee and other individuals with expertise in
24 emergency medical services.

25 **“SECTION 36.** ORS 410.530 is amended to read:

26 “410.530. (1) The Department of Human Services has the following au-
27 thority which it may delegate to any program certified by the department to
28 provide assessment services:

29 “(a) To provide information and education to the general public, hospitals,
30 nursing facilities, physicians, physician assistants, **naturopathic physicians**

1 and nurses regarding availability of the assessment program.

2 “(b) To accept referrals from individuals, families, physicians,
3 **naturopathic physicians**, human service professionals, nursing home pro-
4 fessionals, social service agencies or other organizations.

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

6 “(d) To identify available noninstitutional services to meet the needs of
7 referred persons, including public and private case management services.

8 “(e) To prepare, explain and document recommendations for persons re-
9 ceiving assessment program services as to the need for skilled nursing care,
10 for intermediate care as provided in a facility or for other care which is
11 available in the community.

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

16 “(g) To provide public education targeted at older persons, caregivers and
17 families regarding alternative long term care services.

18 “(h) To determine and publish minimum qualifications for members of the
19 admission assessment team.

20 “(2)(a) After consultation with the committee appointed under subsection
21 (3) of this section, the Department of Human Services shall adopt by rule
22 criteria and procedures for certifying and decertifying public or private ad-
23 mission assessment programs and contracting with certified programs. The
24 department shall establish a maximum fee that a certified program may
25 charge for assessment services. The rules shall specify that a certified pro-
26 gram may not charge the person receiving assessment services for any por-
27 tion of the fee associated with the services necessary to meet the minimum
28 federal criteria.

29 “(b) In certifying a program, the department shall determine that the
30 program includes:

1 “(A) Adequately trained personnel;

2 “(B) Information regarding appropriate service and placement alterna-
3 tives, including nursing facilities and community-based options;

4 “(C) Provisions to the applicant of information about appropriate options;
5 and

6 “(D) Prohibition of an assessment being provided by any certified program
7 which has any financial interest in the facility to which placement is re-
8 commended.

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

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

18 “**SECTION 37.** ORS 410.720 is amended to read:

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

25 “(2) The Department of Human Services and the Oregon Health Authority
26 shall facilitate the formation of local community partnerships between the
27 senior, disability, mental health, alcohol and drug abuse and health care
28 communities by supporting the development of program approaches that meet
29 minimum standards adopted by the Oregon Health Authority under ORS
30 430.357 including, but not limited to:

1 “(a) Mental health and addiction screenings and assessments in long term
2 care settings;

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

6 “(c) Multilingual and multicultural medical and psychiatric services for
7 ethnic minorities with physical disabilities and hearing impairments;

8 “(d) Education and training for health care consumers, health care pro-
9 fessionals and mental health and addiction services providers on mental
10 health and addiction issues, programs and services for seniors and persons
11 with disabilities; and

12 “(e) Education and consultation services for primary care physicians **and**
13 **naturopathic physicians** treating seniors and persons with disabilities.

14 “(3) In carrying out the provisions of subsections (1) and (2) of this sec-
15 tion, the department and the authority shall:

16 “(a) Develop plans for service coordination within the department and the
17 authority;

18 “(b) Recommend budget provisions for the delivery of needed services of-
19 fered by the department and the authority; and

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

22 **“SECTION 38.** ORS 414.356 is amended to read:

23 “414.356. (1) Notwithstanding ORS 192.610 to 192.690, the Pharmacy and
24 Therapeutics Committee shall meet in an executive session for purposes of:

25 “(a) Reviewing the prescribing or dispensing practices of individual phy-
26 sicians, **naturopathic physicians** or pharmacists;

27 “(b) Discussing drug use review data pertaining to individual physicians,
28 **naturopathic physicians** or pharmacists;

29 “(c) Reviewing profiles of individual patients; or

30 “(d) Reviewing confidential drug pricing information, including substan-

1 tial cost differences between drugs within the same therapeutic class, that
2 is necessary for the committee to make final recommendations under ORS
3 414.361 or to comply with ORS 414.414.

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

6 **“SECTION 39.** ORS 414.550 is amended to read:

7 “414.550. As used in ORS 414.550 to 414.565:

8 “(1) ‘Cystic fibrosis services’ means a program for medical care, including
9 the cost of prescribed medications and equipment, respiratory therapy, phys-
10 ical therapy, counseling services that pertain directly to cystic fibrosis re-
11 lated health needs and outpatient services including physician, physician
12 assistant, **naturopathic physician** or nurse practitioner fees, X-rays and
13 necessary clinical tests to insure proper ongoing monitoring and mainte-
14 nance of the patient’s health.

15 “(2) ‘Eligible individual’ means a resident of the State of Oregon over 18
16 years of age.

17 **“SECTION 40.** ORS 414.615 is amended to read:

18 “414.615. (1) Eligible persons shall select, to the extent practicable as de-
19 termined by the Oregon Health Authority, from among available providers
20 participating in the program.

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

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

28 “(4) Actions taken by providers, potential providers, contractors and bid-
29 ders in specific accordance with this chapter in forming consortiums or in
30 otherwise entering into contracts to provide medical care shall be considered

1 to be conducted at the direction of this state, shall be considered to be lawful
2 trade practices and shall not be considered to be the transaction of insurance
3 for purposes of ORS 279A.025, 279A.140, 414.145 and 414.610 to 414.620.

4 **“SECTION 41.** ORS 414.618 is amended to read:

5 “414.618. (1) In areas that are not served by a coordinated care organiza-
6 tion, the Oregon Health Authority may execute prepaid capitated health
7 service contracts for at least hospital, physician, physician assistant,
8 **naturopathic physician** or nurse practitioner medical care, or any combi-
9 nation of such medical care, with hospital and medical organizations, health
10 maintenance organizations and any other appropriate public or private per-
11 sons.

12 “(2) For purposes of ORS 279A.025, 279A.140, 414.145 and 414.610 to
13 414.620, instrumentalities and political subdivisions of the state are author-
14 ized to enter into prepaid capitated health service contracts with the au-
15 thority and shall not thereby be considered to be transacting insurance.

16 “(3) In the event that there is an insufficient number of qualified bids for
17 coordinated care organizations or prepaid capitated health services contracts
18 for hospital, physician, physician assistant, **naturopathic physician** or
19 nurse practitioner medical care in some areas of the state, the authority may
20 continue a fee for service payment system.

21 “(4) Payments to providers may be subject to contract provisions requir-
22 ing the retention of a specified percentage in an incentive fund or to other
23 contract provisions by which adjustments to the payments are made based
24 on utilization efficiency.

25 “(5) Contracts described in this section are not subject to ORS chapters
26 279A and 279B, except that the contracts are subject to ORS 279A.235 and
27 279A.250 to 279A.290.

28 **“SECTION 42.** ORS 418.017 is amended to read:

29 “418.017. (1) A parent may leave an infant at an authorized facility in the
30 physical custody of an agent, employee, physician or other medical profes-

1 sional working at the authorized facility if the infant:

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

4 “(b) Has no evidence of abuse.

5 “(2) A parent leaving an infant under this section is not required to pro-
6 vide any identifying information about the infant or the parent.

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

10 “(4) If acting in good faith in receiving an infant, an authorized facility
11 receiving an infant under this section and any agent, employee, physician
12 or other medical professional working at the authorized facility are immune
13 from any criminal or civil liability that otherwise might result from their
14 actions relating to receiving the infant. A city, county or other political
15 subdivision of this state that operates a sheriff’s office, police station or fire
16 station that receives an infant under this section is immune from any crim-
17 inal or civil liability that otherwise might result from the actions taken by
18 its employees or agents in receiving the infant.

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

21 “(a) The authorized facility shall notify the Department of Human Ser-
22 vices that an infant has been left at the facility as provided in subsection
23 (1) of this section no later than 24 hours after receiving the infant.

24 “(b) The infant is deemed abandoned for purposes of ORS 419B.100, and
25 the department is deemed to have protective custody of the infant under ORS
26 419B.150 from the moment the infant was left at the facility. The department
27 shall comply with the applicable provisions of ORS chapter 419B with regard
28 to the infant.

29 “(6) The authorized facility shall release the infant to the department
30 when release is appropriate considering the infant’s medical condition and

1 shall provide the department with all information the facility has regarding
2 the infant.

3 “(7) As used in this section:

4 “(a) ‘Abuse’ has the meaning given that term in ORS 419B.005.

5 “(b) ‘Authorized facility’ means a hospital as described in ORS 442.015,
6 freestanding birthing center as defined in ORS 442.015, physician’s office,
7 sheriff’s office, police station or fire station.

8 “(c) ‘Physician’ means a person licensed by the Oregon Medical Board to
9 practice medicine and surgery **or a naturopathic physician licensed under**
10 **ORS chapter 685 to practice naturopathic medicine.**

11 **“SECTION 43.** ORS 418.300 is amended to read:

12 “418.300. [No] **A** private individual, including midwives, physicians,
13 **naturopathic physicians**, nurses, hospital officials and all officers and em-
14 ployees or representatives of unauthorized agencies, organizations or insti-
15 tutions, [shall] **may not** engage in child-placing work, except that relatives
16 of the first and second degrees may thus provide for children of their own
17 blood.

18 **“SECTION 44.** ORS 418.307 is amended to read:

19 “418.307. (1) A physician licensed by the Oregon Medical Board, **a**
20 **naturopathic physician licensed under ORS chapter 685**, [or] a dentist
21 licensed by the Oregon Board of Dentistry[,] or a hospital licensed by the
22 Department of Human Services is authorized to treat a child who is ward
23 of the court or is a dependent or delinquent child in accord with the
24 [physician’s] best medical judgment **of the physician, naturopathic physi-**
25 **cian, dentist or responsible official of the hospital** and without consent
26 if:

27 “(a) Because of the general state of the child’s health or any particular
28 condition, the physician, **naturopathic physician**, dentist[,] or responsible
29 official of the hospital determines that in the medical judgment of the phy-
30 sician, **naturopathic physician**, dentist or responsible official prompt

1 action is reasonably necessary to avoid unnecessary suffering or discomfort
2 or to effect a more expedient or effective cure; and

3 “(b) It is impossible or highly impractical to obtain consent for treating
4 the child from the child-caring agency, the child’s parent or the child’s legal
5 guardian.

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

9 “(3) A minor child described in subsection (1) of this section who is 15
10 years of age or older may consent to medical treatment pursuant to ORS
11 109.640.

12 **“SECTION 45.** ORS 418.325, as amended by section 23, chapter 106,
13 Oregon Laws 2016, is amended to read:

14 “418.325. (1) A child-caring agency that is subject to ORS 418.205 to
15 418.327, 418.470, 418.475 or 418.950 to 418.970 shall safeguard the health of
16 each child, ward or other dependent or delinquent child to whom the agency
17 provides care or services by providing for medical examinations of each child
18 by a qualified physician **or naturopathic physician** at the following inter-
19 vals:

20 “(a) Three examinations during the first year of the child’s life;

21 “(b) One examination during the second year of the child’s life;

22 “(c) One examination at the age of four;

23 “(d) One examination at the age of six;

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

25 “(f) One examination at the age of 14.

26 “(2) If an examination under subsection (1) of this section has not oc-
27 curred within six months prior to the transfer for adoption of the custody
28 of a child by a child-caring agency to the prospective adoptive parents of
29 such child, a child-caring agency shall provide for a medical examination of
30 such child within six months prior to such transfer.

1 “(3) Any testing that occurs at intervals other than those specified in
2 subsections (1) and (2) of this section shall not be considered to be in lieu
3 of the required examinations. However, nothing in subsections (1) and (2) of
4 this section is intended to limit more frequent examinations that are dictated
5 by the general state of the child’s health or by any particular condition.

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

8 “(a) Inoculated as determined appropriate by the local health department;
9 and

10 “(b) Tested for:

11 “(A) Phenylketonuria pursuant to ORS 433.285;

12 “(B) Visual and aural acuity consistent with the child’s age;

13 “(C) Sickle-cell anemia;

14 “(D) Effects of rubella, if any;

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

16 “(F) The hereditary or congenital effects of parental use of drugs or con-
17 trolled substances.

18 “(5) Within six months prior to the transfer for adoption of the custody
19 of a child by a child-caring agency to the prospective adoptive parents of
20 such child, the child-caring agency shall provide for such child to have a
21 complete physical examination by a physician **or naturopathic physician**,
22 including but not limited to inspection for evidence of child abuse in ac-
23 cordance with rules of the Department of Human Services, and be tested for
24 visual and aural acuity consistent with the child’s age.

25 “(6) A child-caring agency shall record the results of tests provided a
26 child pursuant to subsections (1) to (5) of this section in the child’s health
27 record. The child’s health record shall be kept as a part of the agency’s total
28 records of that child. The child’s health record shall be made available to
29 both natural parents and to both prospective foster or adoptive parents of
30 that child. A qualified member of a child-caring agency under the supervision

1 of a qualified physician **or naturopathic physician** shall explain to
2 adoptive parents the medical factors possible as a result of a child’s birth
3 history, hereditary or congenital defects, or disease or disability experience.

4 **“SECTION 46.** ORS 418.747 is amended to read:

5 “418.747. (1) The district attorney in each county shall be responsible for
6 developing county multidisciplinary child abuse teams to consist of but not
7 be limited to law enforcement personnel, Department of Human Services
8 child protective service workers, school officials, local health department
9 personnel, county mental health department personnel who have experience
10 with children and family mental health issues, child abuse intervention cen-
11 ter workers, if available, and juvenile department representatives, as well
12 as others specially trained in child abuse, child sexual abuse and rape of
13 children investigation.

14 “(2) The teams shall develop a written protocol for immediate investi-
15 gation of and notification procedures for child abuse cases and for inter-
16 viewing child abuse victims. Each team also shall develop written
17 agreements signed by member agencies that are represented on the team that
18 specify:

19 “(a) The role of each agency;

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

21 “(c) Guidelines for timely communication between member agencies;

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

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

27 “(f) Criteria and procedures to be followed when removal of the child is
28 necessary for the child’s safety.

29 “(3) Each team member and the personnel conducting child abuse inves-
30 tigations and interviews of child abuse victims shall be trained in risk as-

1 sessment, dynamics of child abuse, child sexual abuse and rape of children
2 and legally sound and age appropriate interview and investigatory tech-
3 niques.

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

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

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

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

29 “(b) The administrator may:

30 “(A) Consider the evaluation results when making eligibility determi-

1 nations under ORS 418.746 (3);

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

5 “(C) Ask a team to evaluate the team’s compliance with the protocols and
6 procedures in a particular case.

7 “(c) The information and records compiled under this subsection are ex-
8 empt from ORS 192.410 to 192.505.

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

14 “(9) Each team shall designate at least one physician, physician
15 assistant, **naturopathic physician** or nurse practitioner who has been
16 trained to conduct child abuse medical assessments, as defined in ORS
17 418.782, and who is, or who may designate another physician, physician as-
18 sistant, **naturopathic physician** or nurse practitioner who is, regularly
19 available to conduct the medical assessment described in ORS 419B.023.

20 “(10) If photographs are taken pursuant to ORS 419B.028, and if the team
21 meets to discuss the case, the photographs shall be made available to each
22 member of the team at the first meeting regarding the child’s case following
23 the taking of the photographs.

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

29 “(12) If, after reasonable effort, the team is not able to identify a desig-
30 nated medical professional described in subsection (9) of this section, the

1 team shall develop a written plan outlining the necessary steps, recruitment
2 and training needed to make such a medical professional available to the
3 children of the county. The team shall also develop a written strategy to
4 ensure that each child in the county who is a suspected victim of child abuse
5 will receive a medical assessment in compliance with ORS 419B.023. This
6 strategy, and the estimated fiscal impact of any necessary recruitment and
7 training, shall be submitted to the Department of Justice no later than Sep-
8 tember 1, 2008. This information shall be included in each regular report to
9 the Department of Justice for each reporting period in which a team is not
10 able to identify a designated medical professional described in subsection (9)
11 of this section.

12 **SECTION 47.** ORS 419B.020 is amended to read:

13 “419B.020. (1) If the Department of Human Services or a law enforcement
14 agency receives a report of child abuse, the department or the agency shall
15 immediately:

16 “(a) Cause an investigation to be made to determine the nature and cause
17 of the abuse of the child; and

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

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

22 “(a) The department and the law enforcement agency shall jointly deter-
23 mine the roles and responsibilities of the department and the agency in their
24 respective investigations; and

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

27 “(3) If the law enforcement agency conducting the investigation finds
28 reasonable cause to believe that abuse has occurred, the law enforcement
29 agency shall notify by oral report followed by written report the local office
30 of the department. The department shall provide protective social services

1 of its own or of other available social agencies if necessary to prevent fur-
2 ther abuses to the child or to safeguard the child's welfare.

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

6 “(5)(a) If a child is taken into protective custody by the department or a
7 law enforcement official, the department or law enforcement official shall,
8 if possible, make reasonable efforts to advise the parents or guardian imme-
9 diately, regardless of the time of day, that the child has been taken into
10 custody, the reasons the child has been taken into custody and general in-
11 formation about the child's placement, and the telephone number of the local
12 office of the department and any after-hours telephone numbers.

13 “(b) Notice may be given by any means reasonably certain of notifying
14 the parents or guardian, including but not limited to written, telephonic or
15 in-person oral notification. If the initial notification is not in writing, the
16 information required by paragraph (a) of this subsection also shall be pro-
17 vided to the parents or guardian in writing as soon as possible.

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

21 “(d) If a child is taken into custody while under the care and supervision
22 of a person or organization other than the parent, the department, if possible,
23 shall immediately notify the person or organization that the child has been
24 taken into protective custody.

25 “(6) If a law enforcement officer or the department, when taking a child
26 into protective custody, has reasonable cause to believe that the child has
27 been affected by sexual abuse and rape of a child as defined in ORS 419B.005
28 (1)(a)(C) and that physical evidence of the abuse exists and is likely to dis-
29 appear, the court may authorize a physical examination for the purposes of
30 preserving evidence if the court finds that it is in the best interest of the

1 child to have such an examination. Nothing in this section affects the au-
2 thority of the department to consent to physical examinations of the child
3 at other times.

4 “(7) A minor child of 12 years of age or older may refuse to consent to
5 the examination described in subsection (6) of this section. The examination
6 shall be conducted by or under the supervision of a physician licensed under
7 ORS chapter 677, a physician assistant licensed under ORS 677.505 to
8 677.525, **a naturopathic physician licensed under ORS chapter 685** or a
9 nurse practitioner licensed under ORS chapter 678 and, whenever practica-
10 ble, trained in conducting such examinations.

11 “(8) When the department completes an investigation under this section,
12 if the person who made the report of child abuse provided contact informa-
13 tion to the department, the department shall notify the person about whether
14 contact with the child was made, whether the department determined that
15 child abuse occurred and whether services will be provided. The department
16 is not required to disclose information under this subsection if the depart-
17 ment determines that disclosure is not permitted under ORS 419B.035.

18 **“SECTION 48.** ORS 419B.023 is amended to read:

19 “419B.023. (1) As used in this section:

20 “(a) ‘Designated medical professional’ means the person described in ORS
21 418.747 (9) or the person’s designee.

22 “(b) ‘Suspicious physical injury’ includes, but is not limited to:

23 “(A) Burns or scalds;

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

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

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

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

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

29 “(G) Loss of the ability to walk or move normally according to the child’s
30 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
4 impairment of the function 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
7 a child who has suffered suspicious physical injury and the person is certain
8 or has a reasonable suspicion that the injury is or may be the result of
9 abuse, the person shall, in accordance with the protocols and procedures of
10 the county multidisciplinary child abuse team described in ORS 418.747:

11 “(a) Immediately photograph or cause to have photographed the suspi-
12 cious physical injuries in accordance with ORS 419B.028; and

13 “(b) Ensure that a designated medical professional conducts a medical
14 assessment within 48 hours, or sooner if dictated by the child’s medical
15 needs.

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

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

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

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

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

24 “(4)(a) Department or law enforcement personnel shall make a reasonable
25 effort to locate a designated medical professional. If after reasonable efforts
26 a designated medical professional is not available to conduct a medical as-
27 sessment within 48 hours, the child shall be evaluated by an available phy-
28 sician, a physician assistant licensed under ORS 677.505 to 677.525,
29 **naturopathic physician licensed under ORS chapter 685** or a nurse
30 practitioner licensed under ORS 678.375 to 678.390.

1 “(b) If the child is evaluated by a health care provider as defined in ORS
2 127.505 other than a designated medical professional, the health care pro-
3 vider shall make photographs, clinical notes, diagnostic and testing results
4 and any other relevant materials available to the designated medical profes-
5 sional for consultation within 72 hours following evaluation of the child.

6 “(c) The person conducting the medical assessment may consult with and
7 obtain records from the child’s health care provider under ORS 419B.050.

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

12 “(6) If the child described in subsection (2) of this section is less than five
13 years of age, the designated medical professional may, within 14 days, refer
14 the child for a screening for early intervention services or early childhood
15 special education, as those terms are defined in ORS 343.035. The referral
16 may not indicate the child is subject to a child abuse investigation unless
17 written consent is obtained from the child’s parent authorizing such disclo-
18 sure. If the child is already receiving those services, or is enrolled in the
19 Head Start program, a person involved in the delivery of those services to
20 the child shall be invited to participate in the county multidisciplinary child
21 abuse team’s review of the case and shall be provided with paid time to do
22 so by the person’s employer.

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

26 **“SECTION 49.** ORS 419B.035 is amended to read:

27 “419B.035. (1) Notwithstanding the provisions of ORS 192.001 to 192.170,
28 192.210 to 192.505 and 192.610 to 192.810 relating to confidentiality and ac-
29 cessibility for public inspection of public records and public documents, re-
30 ports and records compiled under the provisions of ORS 419B.010 to 419B.050

1 are confidential and may not be disclosed except as provided in this section.

2 The Department of Human Services shall make the records available to:

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

5 “(b) Any physician, physician assistant licensed under ORS 677.505 to
6 **677.525, naturopathic physician licensed under ORS chapter 685** or nurse
7 practitioner licensed under ORS 678.375 to 678.390, at the request of the
8 physician, physician assistant, **naturopathic physician** or nurse practi-
9 tioner, regarding any child brought to the physician, physician assistant,
10 **naturopathic physician** or nurse practitioner or coming before the physi-
11 cian, physician assistant, **naturopathic physician** or nurse practitioner for
12 examination, care or treatment;

13 “(c) Attorneys of record for the child or child’s parent or guardian in any
14 juvenile court proceeding;

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

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

23 “(f) The Office of Child Care for certifying, registering or otherwise reg-
24 ulating child care facilities;

25 “(g) The Office of Children’s Advocate;

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

29 “(i) Any person, upon request to the Department of Human Services, if
30 the reports or records requested regard an incident in which a child, as the

1 result of abuse, died or suffered serious physical injury as defined in ORS
2 161.015. Reports or records disclosed under this paragraph must be disclosed
3 in accordance with ORS 192.410 to 192.505; and

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

5 “(2)(a) When disclosing reports and records pursuant to subsection (1)(i)
6 of this section, the Department of Human Services may exempt from disclo-
7 sure the names, addresses and other identifying information about other
8 children, witnesses, victims or other persons named in the report or record
9 if the department determines, in written findings, that the safety or well-
10 being of a person named in the report or record may be jeopardized by dis-
11 closure of the names, addresses or other identifying information, and if that
12 concern outweighs the public’s interest in the disclosure of that information.

13 “(b) If the Department of Human Services does not have a report or re-
14 cord of abuse regarding a child who, as the result of abuse, died or suffered
15 serious physical injury as defined in ORS 161.015, the department may dis-
16 close that information.

17 “(3) The Department of Human Services may make reports and records
18 compiled under the provisions of ORS 419B.010 to 419B.050 available to any
19 person, administrative hearings officer, court, agency, organization or other
20 entity when the department determines that such disclosure is necessary to
21 administer its child welfare services and is in the best interests of the af-
22 fected child, or that such disclosure is necessary to investigate, prevent or
23 treat child abuse and neglect, to protect children from abuse and neglect or
24 for research when the Director of Human Services gives prior written ap-
25 proval. The Department of Human Services shall adopt rules setting forth the
26 procedures by which it will make the disclosures authorized under this sub-
27 section or subsection (1) or (2) of this section. The name, address and other
28 identifying information about the person who made the report may not be
29 disclosed pursuant to this subsection and subsection (1) of this section.

30 “(4) A law enforcement agency may make reports and records compiled

1 under the provisions of ORS 419B.010 to 419B.050 available to other law
2 enforcement agencies, district attorneys, city attorneys with criminal
3 prosecutorial functions and the Attorney General when the law enforcement
4 agency determines that disclosure is necessary for the investigation or
5 enforcement of laws relating to child abuse and neglect.

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

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

1 “(b) Notwithstanding paragraph (a) of this subsection:

2 “(A) A law enforcement agency, a community corrections agency, the
3 Department of Corrections and the State Board of Parole and Post-Prison
4 Supervision may disclose records made available to them under subsection
5 (5) of this section to each other, to law enforcement, community corrections,
6 corrections and parole agencies of other states and to authorized treatment
7 providers for the purpose of managing and supervising offenders in custody
8 or on probation, parole, post-prison supervision or other form of conditional
9 or supervised release.

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

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

17 “(8) As used in this section, ‘law enforcement agency’ has the meaning
18 given that term in ORS 181A.010.

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

21 **“SECTION 50.** ORS 419B.352 is amended to read:

22 “419B.352. The court may direct that the child or ward be examined or
23 treated by a physician, psychiatrist, psychologist, physician assistant li-
24 censed under ORS 677.505 to 677.525, **naturopathic physician licensed**
25 **under ORS chapter 685** or nurse practitioner licensed under ORS 678.375
26 to 678.390, or receive other special care or treatment in a hospital or other
27 suitable facility. If the court determines that mental health examination and
28 treatment should be provided by services delivered through the Department
29 of Human Services, the department shall determine the appropriate place-
30 ment or services in consultation with the court and other affected agencies.

1 If an affected agency objects to the type of placement or services, the court
2 shall determine the appropriate type of placement or service. During the ex-
3 amination or treatment of the child or ward, the department may, if appro-
4 priate, be appointed guardian of the child or ward.

5 **“SECTION 51.** ORS 421.467 is amended to read:

6 “421.467. (1) Subject to ORS 421.468, the governing body of a county or
7 city in this state may transfer a local inmate to the temporary custody of the
8 Department of Corrections solely for employment at a forest work camp es-
9 tablished under ORS 421.455 to 421.480. The county or city transferring the
10 local inmate shall pay the cost of transportation and other expenses inci-
11 dental to the local inmate’s conveyance to the forest work camp and the re-
12 turn of the local inmate to the county or city, including the expenses of law
13 enforcement officers accompanying the local inmate, and is responsible for
14 costs of any medical treatment of the local inmate while the local inmate is
15 employed at the forest work camp not compensated under ORS 655.505 to
16 655.555.

17 “(2) Before a local inmate is sent to a forest work camp, the governing
18 body of the county or city shall cause the local inmate to be given such in-
19 oculations as are necessary in the public interest, and must submit to the
20 Department of Corrections a certificate, signed by a physician licensed under
21 ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525,
22 **naturopathic physician licensed under ORS chapter 685** or nurse practi-
23 tioner licensed under ORS 678.375 to 678.390 that the local inmate is phys-
24 ically and mentally able to perform the work described in ORS 421.470, and
25 is free from communicable disease.

26 **“SECTION 52.** ORS 421.590 is amended to read:

27 “421.590. (1) For the purposes of this section:

28 “(a) ‘Medical treatment program’ means a treatment program based on a
29 successful medical model that has been proven to reduce recidivism and that
30 is within the range of treatments generally recognized as acceptable within

1 the medical community, including:

2 “(A) Treatment by prescribed medication when recommended by a quali-
3 fied psychiatrist, physician, physician assistant, **naturopathic physician** or
4 nurse practitioner; or

5 “(B) Psychological treatment.

6 “(b) ‘Program participant’ means a person sentenced for a term of
7 imprisonment based on conviction of a sex crime or a felony attempt to
8 commit a sex crime, or a person who is eligible for parole or post-prison
9 supervision after a term of imprisonment based on conviction of a sex crime
10 or a felony attempt to commit a sex crime, who agrees to participate in a
11 medical treatment program after having been evaluated to be a suitable
12 candidate and who has been provided with adequate information to give in-
13 formed consent to participation.

14 “(c) ‘Sex crime’ means rape in any degree, sodomy in any degree, unlawful
15 sexual penetration in any degree and sexual abuse in the first or second de-
16 gree.

17 “(2) The Department of Corrections shall establish a medical treatment
18 program for persons convicted of a sex crime or a felony attempt to commit
19 a sex crime. Any person sentenced for a sex crime or a felony attempt to
20 commit a sex crime may be evaluated to determine if available medical or
21 psychological treatment would be likely to reduce the biological, emotional
22 or psychological impulses that were the probable cause of the person’s
23 criminal conduct. If the evaluation determines that the person is a suitable
24 candidate, the department shall offer to allow the person to participate in
25 the medical treatment program. The person must agree to become a program
26 participant.

27 “(3) The State Board of Parole and Post-Prison Supervision shall offer as
28 a condition of parole or post-prison supervision to persons convicted of a sex
29 crime or a felony attempt to commit a sex crime the opportunity to partic-
30 ipate in a medical treatment program established by the Department of Cor-

1 rections under this section. Any person eligible for release for a sex crime
2 or felony attempt to commit a sex crime may be evaluated to determine if
3 available medical or psychological treatment would be likely to reduce the
4 biological, emotional or psychological impulses that were the probable cause
5 of the person’s criminal conduct. If the evaluation determines that the person
6 is a suitable candidate, the board shall offer to allow the person to partic-
7 ipate in the medical treatment program. The person must agree to become a
8 program participant.

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

12 **“SECTION 53.** ORS 426.005 is amended to read:

13 “426.005. (1) As used in ORS 426.005 to 426.390, unless the context requires
14 otherwise:

15 “(a) ‘Community mental health program director’ means the director of
16 an entity that provides the services described in ORS 430.630 (3) to (5).

17 “(b) ‘Director of the facility’ means a superintendent of a state mental
18 hospital, the chief of psychiatric services in a community hospital or the
19 person in charge of treatment and rehabilitation programs at other treatment
20 facilities.

21 “(c) ‘Facility’ means a state mental hospital, community hospital, resi-
22 dential facility, detoxification center, day treatment facility or such other
23 facility as the authority determines suitable that provides diagnosis and
24 evaluation, medical care, detoxification, social services or rehabilitation to
25 persons who are in custody during a prehearing period of detention or who
26 have been committed to the Oregon Health Authority under ORS 426.130.

27 “(d) ‘Licensed independent practitioner’ means:

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

29 “(B) A nurse practitioner certified under ORS 678.375 and authorized to
30 write prescriptions under ORS 678.390; **or**

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

2 “(e) ‘Nonhospital facility’ means any facility, other than a hospital, that
3 is approved by the authority to provide adequate security, psychiatric, nurs-
4 ing and other services to persons under ORS 426.232 or 426.233.

5 “(f) ‘Person with mental illness’ means a person who, because of a mental
6 disorder, is one or more of the following:

7 “(A) Dangerous to self or others.

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

11 “(C) A person:

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

13 “(ii) Who, within the previous three years, has twice been placed in a
14 hospital or approved inpatient facility by the authority or the Department
15 of Human Services under ORS 426.060;

16 “(iii) Who is exhibiting symptoms or behavior substantially similar to
17 those that preceded and led to one or more of the hospitalizations or inpa-
18 tient placements referred to in sub-subparagraph (ii) of this subparagraph;
19 and

20 “(iv) Who, unless treated, will continue, to a reasonable medical proba-
21 bility, to physically or mentally deteriorate so that the person will become
22 a person described under either subparagraph (A) or (B) of this paragraph
23 or both.

24 “(g) ‘Prehearing period of detention’ means a period of time calculated
25 from the initiation of custody during which a person may be detained under
26 ORS 426.228, 426.231, 426.232 or 426.233.

27 “(2) Whenever a community mental health program director, director of
28 the facility, superintendent of a state hospital or administrator of a facility
29 is referred to, the reference includes any designee such person has designated
30 to act on the person’s behalf in the exercise of duties.

1 **“SECTION 54.** ORS 426.020 is amended to read:

2 “426.020. (1) The superintendent of a hospital referred to in ORS 426.010
3 shall be a person the Oregon Health Authority considers qualified to ad-
4 minister the hospital. If the superintendent of any hospital is a physician
5 licensed by the Oregon Medical Board, the superintendent shall serve as
6 chief medical officer.

7 “(2) If the superintendent is not a physician, the Director of the Oregon
8 Health Authority or the designee of the director shall designate a physician
9 to serve as chief medical officer. The designated chief medical officer may
10 be an appointed state employee in the unclassified service, a self-employed
11 contractor or an employee of a public or private entity that contracts with
12 the authority to provide chief medical officer services. Unless the designated
13 chief medical officer is specifically appointed as a state employee in the un-
14 classified service, the designated chief medical officer shall not be deemed a
15 state employee for purposes of any state statute, rule or policy.

16 “(3)(a) Notwithstanding any other provision of law, the designated chief
17 medical officer may supervise physicians **and naturopathic physicians** who
18 are employed by the hospital or who provide services at the hospital pursu-
19 ant to a contract.

20 “(b) The designated chief medical officer may delegate all or part of the
21 authority to supervise other physicians **and naturopathic physicians** at the
22 hospital to a physician who is employed by the state, a self-employed con-
23 tractor or an employee of a public or private entity that contracts with the
24 authority to provide physician services.

25 **“SECTION 55.** ORS 427.005 is amended to read:

26 “427.005. As used in this chapter:

27 “(1) ‘Adaptive behavior’ means the effectiveness or degree with which an
28 individual meets the standards of personal independence and social respon-
29 sibility expected for age and cultural group.

30 “(2) ‘Care’ means:

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

3 “(b) Supervision;

4 “(c) Protection; and

5 “(d) Assistance in bathing, dressing, grooming, eating, management of
6 money, transportation or recreation.

7 “(3) ‘Community developmental disabilities program director’ means the
8 director of an entity that provides services described in ORS 430.664 to per-
9 sons with intellectual disabilities or other developmental disabilities.

10 “(4) ‘Developmental disability’ means an intellectual disability, autism,
11 cerebral palsy, epilepsy or other neurological condition diagnosed by a
12 qualified professional that:

13 “(a) Originates before an individual is 22 years of age, or 18 years of age
14 for an intellectual disability;

15 “(b) Originates in and directly affects the brain and is expected to con-
16 tinue indefinitely;

17 “(c) Results in a significant impairment in adaptive behavior as measured
18 by a qualified professional;

19 “(d) Is not attributed primarily to other conditions including, but not
20 limited to, a mental or emotional disorder, sensory impairment, substance
21 abuse, personality disorder, learning disability or attention deficit
22 hyperactivity disorder; and

23 “(e) Requires training and support similar to that required by an indi-
24 vidual with an intellectual disability.

25 “(5) ‘Director of the facility’ means the person in charge of care, treat-
26 ment and training programs at a facility.

27 “(6) ‘Facility’ means a group home, activity center, community mental
28 health clinic or other facility or program that the Department of Human
29 Services approves to provide necessary services to persons with intellectual
30 disabilities or other developmental disabilities.

1 “(7) ‘Incapacitated’ means a person is unable, without assistance, to
2 properly manage or take care of personal affairs, including but not limited
3 to financial and medical decision-making, or is incapable, without assistance,
4 of self-care.

5 “(8) ‘Independence’ means the extent to which persons with intellectual
6 disabilities or other developmental disabilities exert control and choice over
7 their own lives.

8 “(9) ‘Integration’ means:

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

12 “(b) Participation by persons with intellectual disabilities or other devel-
13 opmental disabilities in the same community activities in which persons
14 without disabilities participate, together with regular contact with persons
15 without disabilities; and

16 “(c) Residence by persons with intellectual disabilities or other develop-
17 mental disabilities in homes or in home-like settings that are in proximity
18 to community resources, together with regular contact with persons without
19 disabilities in their community.

20 “(10)(a) ‘Intellectual disability’ means significantly subaverage general
21 intellectual functioning, defined as intelligence quotients under 70 as meas-
22 ured by a qualified professional and existing concurrently with significant
23 impairment in adaptive behavior, that is manifested before the individual is
24 18 years of age.

25 “(b) An individual with intelligence quotients of 70 through 75 may be
26 considered to have an intellectual disability if there is also significant
27 impairment in adaptive behavior, as diagnosed and measured by a qualified
28 professional.

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

1 “(d) Intellectual disability is synonymous with mental retardation.

2 “(11) ‘Intellectual functioning’ means functioning as assessed by one or
3 more of the individually administered general intelligence tests developed for
4 the purpose.

5 “(12) ‘Minor’ means an unmarried person under 18 years of age.

6 “(13) ‘**Naturopathic physician**’ has the meaning given the term in
7 **ORS 685.010**.

8 “[~~(13)~~] (14) ‘Physician’ means a person licensed by the Oregon Medical
9 Board to practice medicine and surgery.

10 “[~~(14)~~] (15) ‘Productivity’ means regular engagement in income-producing
11 work, preferable competitive employment with supports and accommodations
12 to the extent necessary, by a person with an intellectual disability or another
13 developmental disability which is measured through improvements in income
14 level, employment status or job advancement or engagement by a person with
15 an intellectual disability or another developmental disability in work con-
16 tributing to a household or community.

17 “[~~(15)~~] (16) ‘Service coordination’ means person-centered planning, case
18 management, procuring, coordinating and monitoring of services under an
19 individualized support plan to establish desired outcomes, determine needs
20 and identify resources for a person with developmental disabilities and ad-
21 vocating for the person.

22 “[~~(16)~~] (17) ‘Significantly subaverage’ means a score on a test of intellec-
23 tual functioning that is two or more standard deviations below the mean for
24 the test.

25 “[~~(17)~~] (18) ‘Training’ means:

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

28 “(b) The planned sequence of systematic interactions, activities, struc-
29 tured learning situations or education designed to meet each person’s speci-
30 fied needs in the areas of physical, emotional, intellectual and social growth.

1 “[~~(18)~~] (19) ‘Treatment’ means the provision of specific physical, mental,
2 social interventions and therapies that halt, control or reverse processes that
3 cause, aggravate or complicate malfunctions or dysfunctions.

4 **“SECTION 56.** ORS 427.235 is amended to read:

5 “427.235. (1) Any two persons may notify the court having probate juris-
6 diction for the county or the circuit court, if it is not the probate court but
7 its jurisdiction has been extended to include commitment of a person with
8 an intellectual disability under ORS 3.275, that a person within the county
9 has an intellectual disability and is in need of commitment for residential
10 care, treatment and training. Such notice shall be in writing and sworn to
11 before an officer qualified to administer an oath and shall set forth the facts
12 sufficient to show the need for investigation. The circuit court shall forward
13 notice to the community developmental disabilities program director in the
14 county if it finds the notice sufficient to show the need for investigation.
15 The director or the designee of the director shall immediately investigate to
16 determine whether the person has an intellectual disability and is in need
17 of commitment for residential care, treatment and training.

18 “(2) Any person who acts in good faith shall not be held civilly liable for
19 making of the notification under subsection (1) of this section.

20 “(3) Any investigation conducted by the community developmental disa-
21 bilities program director or the designee of the director under subsection (1)
22 of this section shall commence with an interview or examination of the per-
23 son alleged to have an intellectual disability, where possible, in the home
24 of the person or other place familiar to the person. Further investigation if
25 warranted shall include a diagnostic evaluation as described in ORS 427.105
26 and may also include interviews with the person’s relatives, neighbors,
27 teachers and physician **or naturopathic physician**. The investigation shall
28 also determine if any alternatives to commitment are available. The investi-
29 gator shall also determine and recommend to the court whether the person
30 is incapacitated and in need of a guardian or conservator.

1 “(4) The investigation report shall be submitted to the court within 30
2 days of receipt of notice from the court. A copy of the investigation report
3 and diagnostic evaluation, if any, shall also be made available to the De-
4 partment of Human Services and to the person alleged to have an intellec-
5 tual disability and, if the person is a minor or incapacitated, to the parents
6 or guardian of the person as soon as possible after its completion but in any
7 case prior to a hearing held under ORS 427.245.

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

11 “(6) If requested by a person conducting an investigation under this sec-
12 tion, a physician **or naturopathic physician** who has examined the person
13 alleged to have an intellectual disability may, with patient authorization or
14 in response to a court order, provide any relevant information the physician
15 **or naturopathic physician** has regarding the person alleged to have an
16 intellectual disability.

17 **“SECTION 57.** ORS 427.255 is amended to read:

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

1 mediatey.

2 “(2) A person taken into custody under subsection (1) of this section shall
3 be provided all care, custody, evaluation and treatment required for the
4 mental and physical health and safety of the person and the director of the
5 facility retaining custody shall report any care, custody, evaluation or
6 treatment provided the person to the court as required by ORS 427.280. Any
7 diagnostic evaluation performed on such person shall be consistent with
8 Department of Human Services rules and ORS 427.105. Any prescription or
9 administration of drugs shall be the sole responsibility of the treating phy-
10 sician **or naturopathic physician**. The person shall have the right to the
11 least hazardous treatment procedures while in custody, and the treating
12 physician **or naturopathic physician** shall be notified immediately of the
13 use of any mechanical restraints on the person. A note of each use of me-
14 chanical restraint and the reasons therefor shall be made a part of the
15 person’s clinical record over the signature of the treating physician **or**
16 **naturopathic physician**.

17 **“SECTION 58.** ORS 427.270 is amended to read:

18 “427.270. (1) The examining facility conducting the diagnostic evaluation
19 shall make its report in writing to the court. Where components of the di-
20 agnostic evaluation have been performed within the previous year according
21 to Department of Human Services rules and ORS 427.105, and the records of
22 the evaluation are available to the examining facility pursuant to ORS
23 179.505 and department rules, the results of such evaluation may be intro-
24 duced in court in lieu of repetition of those components by the examining
25 facility. If the facility finds, and shows by its report, that the person exam-
26 ined has an intellectual disability and is in need of commitment for resi-
27 dential care, treatment and training, the report shall include a
28 recommendation as to the type of treatment or training facility most suitable
29 for the person. The report shall also advise the court whether in the opinion
30 of the examining facility the person and, if the person is a minor or inca-

1 pacitated, the parents or legal guardian of the person would cooperate with
2 voluntary treatment or training and whether the person would benefit either
3 from voluntary treatment or training or from appointment of a legal guard-
4 ian or conservator.

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

11 **“SECTION 59.** ORS 427.275 is amended to read:

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

23 “(2) Witnesses subpoenaed to give testimony shall receive the same fees
24 as are paid in criminal cases and are subject to compulsory attendance in
25 the same manner as provided in ORS 136.567 to 136.603. The attendance of
26 out-of-state witnesses may be secured in the same manner as provided in ORS
27 136.623 to 136.637. The party who subpoenas the witness or requests the court
28 to subpoena the witness is responsible for payment of the cost of the
29 subpoena and payment for the attendance of the witness at a hearing. When
30 the witness has been subpoenaed on behalf of a person who is represented

1 by appointed counsel, the fees and costs allowed for that witness shall be
2 paid pursuant to ORS 135.055.

3 **“SECTION 60.** ORS 430.010 is amended to read:

4 “430.010. As used in this chapter:

5 “(1) ‘Outpatient service’ means:

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

7 “(A) Medical or osteopathic physicians licensed by the Oregon Medical
8 Board under ORS 677.010 to 677.450;

9 “(B) Psychologists licensed by the State Board of Psychologist Examiners
10 under ORS 675.010 to 675.150;

11 “(C) Nurse practitioners registered by the Oregon State Board of Nursing
12 under ORS 678.010 to 678.410;

13 “(D) Regulated social workers authorized to practice regulated social
14 work by the State Board of Licensed Social Workers under ORS 675.510 to
15 675.600; [or]

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

19 **“(F) Naturopathic physicians licensed by the Oregon Board of
20 Naturopathic Medicine under ORS chapter 685; or**

21 “(b) A program or service providing treatment by appointment that is li-
22 censed, approved, established, maintained, contracted with or operated by the
23 authority under:

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

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

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

28 “(2) ‘Residential facility’ means a program or facility providing an or-
29 ganized full-day or part-day program of treatment. Such a program or facil-
30 ity shall be licensed, approved, established, maintained, contracted with or

1 operated by the authority under:

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

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

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

6 “**SECTION 61.** ORS 430.401 is amended to read:

7 “430.401. (1) A police officer, physician, **naturopathic physician**, physi-
8 cian assistant, nurse practitioner, judge, treatment facility, treatment facility
9 staff member or sobering facility that is registered with the Oregon Health
10 Authority under ORS 430.262 based on a written request for registration re-
11 ceived by the authority before January 1, 2016, or the staff of the sobering
12 facility, may not be held criminally or civilly liable for actions pursuant to
13 ORS 430.315, 430.335, 430.397 to 430.401 and 430.402 provided the actions are
14 in good faith, on probable cause and without malice.

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

21 “**SECTION 62.** ORS 430.545 is amended to read:

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

30 “(2) Antagonist drugs may be administered for diagnosis of addiction by

1 a registered nurse at an approved site when the nurse has completed required
2 training and a physician **or naturopathic physician** is available on call.
3 Antagonist drugs shall not be administered without informed written consent
4 of the person.

5 **“SECTION 63.** ORS 430.560 is amended to read:

6 “430.560. (1) The Oregon Health Authority shall adopt rules [*setting*
7 *forth*] **to establish** requirements, in accordance with ORS 430.357, for drug
8 treatment programs that contract with the authority and that involve:

9 “(a) Detoxification;

10 “(b) Detoxification with acupuncture and counseling; and

11 “(c) The supplying of synthetic opiates to such persons under close
12 supervision and control. However, the supplying of synthetic opiates shall
13 be used only when detoxification or detoxification with acupuncture and
14 counseling has proven ineffective or upon a written request of a physician
15 licensed by the Oregon Medical Board **or a naturopathic physician li-**
16 **censed by the Oregon Board of Naturopathic Medicine** showing medical
17 need for synthetic opiates if the request is approved in writing by the parole
18 and probation officer, if any, of the drug-dependent person. The copy of the
19 request and the approval must be included in the client’s permanent treat-
20 ment and releasing authority records.

21 “(2) Notwithstanding subsection (1) of this section, synthetic opiates may
22 be made available to a pregnant woman with her informed consent without
23 prior resort to the treatment programs described in subsection (1)(a) and (b)
24 of this section.

25 **“SECTION 64.** ORS 430.735 is amended to read:

26 “430.735. As used in ORS 430.735 to 430.765:

27 “(1) ‘Abuse’ means one or more of the following:

28 “(a) Abandonment, including desertion or willful forsaking of a person
29 with a developmental disability or the withdrawal or neglect of duties and
30 obligations owed a person with a developmental disability by a caregiver or

1 other person.

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

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

6 “(d) Sexual abuse of an adult.

7 “(e) Neglect.

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

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

10 “(h) Involuntary seclusion of a person with a developmental disability for
11 the convenience of the caregiver or to discipline the person.

12 “(i) A wrongful use of a physical or chemical restraint upon a person with
13 a developmental disability, excluding an act of restraint prescribed by a
14 physician licensed under ORS chapter 677, physician assistant licensed under
15 ORS 677.505 to 677.525, **naturopathic physician licensed under ORS**
16 **chapter 685** or nurse practitioner licensed under ORS 678.373 to 678.390 and
17 any treatment activities that are consistent with an approved treatment plan
18 or in connection with a court order.

19 “(j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411,
20 163.415, 163.425, 163.427, 163.465 or 163.467.

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

23 “(2) ‘Adult’ means a person 18 years of age or older with:

24 “(a) A developmental disability who is currently receiving services from
25 a community program or facility or was previously determined eligible for
26 services as an adult by a community program or facility; or

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

29 “(3) ‘Adult protective services’ means the necessary actions taken to pre-
30 vent abuse or exploitation of an adult, to prevent self-destructive acts and

1 to safeguard an adult’s person, property and funds, including petitioning for
2 a protective order as defined in ORS 125.005. Any actions taken to protect
3 an adult shall be undertaken in a manner that is least intrusive to the adult
4 and provides for the greatest degree of independence.

5 “(4) ‘Caregiver’ means an individual, whether paid or unpaid, or a facility
6 that has assumed responsibility for all or a portion of the care of an adult
7 as a result of a contract or agreement.

8 “(5) ‘Community program’ means a community mental health program or
9 a community developmental disabilities program as established in ORS
10 430.610 to 430.695.

11 “(6) ‘Facility’ means a residential treatment home or facility, residential
12 care facility, adult foster home, residential training home or facility or crisis
13 respite facility.

14 “(7) ‘Financial exploitation’ means:

15 “(a) Wrongfully taking the assets, funds or property belonging to or in-
16 tended for the use of a person with a developmental disability.

17 “(b) Alarming a person with a developmental disability by conveying a
18 threat to wrongfully take or appropriate money or property of the person if
19 the person would reasonably believe that the threat conveyed would be car-
20 ried out.

21 “(c) Misappropriating, misusing or transferring without authorization any
22 money from any account held jointly or singly by a person with a develop-
23 mental disability.

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

26 “(8) ‘Intimidation’ means compelling or deterring conduct by threat.

27 “(9) ‘Law enforcement agency’ means:

28 “(a) Any city or municipal police department;

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

1 “(c) Any county sheriff’s office;

2 “(d) The Oregon State Police; or

3 “(e) Any district attorney.

4 “(10) ‘Neglect’ means:

5 “(a) Failure to provide the care, supervision or services necessary to
6 maintain the physical and mental health of a person with a developmental
7 disability that may result in physical harm or significant emotional harm to
8 the person;

9 “(b) The failure of a caregiver to make a reasonable effort to protect a
10 person with a developmental disability from abuse; or

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

13 “(11) ‘Person with a developmental disability’ means a person described
14 in subsection (2)(a) of this section.

15 “(12) ‘Public or private official’ means:

16 “(a) Physician licensed under ORS chapter 677, physician assistant li-
17 censed under ORS 677.505 to 677.525, naturopathic physician, psychologist
18 or chiropractor, including any intern or resident;

19 “(b) Licensed practical nurse, registered nurse, nurse’s aide, home health
20 aide or employee of an in-home health service;

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

25 “(d) Peace officer;

26 “(e) Member of the clergy;

27 “(f) Regulated social worker;

28 “(g) Physical, speech or occupational therapist;

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

30 “(i) Attorney;

1 “(j) Licensed professional counselor or licensed marriage and family
2 therapist;

3 “(k) Any public official;

4 “(L) Firefighter or emergency medical services provider;

5 “(m) Member of the Legislative Assembly;

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

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

9 “(13) ‘Services’ includes but is not limited to the provision of food,
10 clothing, medicine, housing, medical services, assistance with bathing or
11 personal hygiene or any other service essential to the well-being of an adult.

12 “(14)(a) ‘Sexual abuse’ means:

13 “(A) Sexual contact with a nonconsenting adult or with an adult consid-
14 ered incapable of consenting to a sexual act under ORS 163.315;

15 “(B) Sexual harassment, sexual exploitation or inappropriate exposure to
16 sexually explicit material or language;

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

19 “(D) Any sexual contact between a person with a developmental disability
20 and a relative of the person with a developmental disability other than a
21 spouse; or

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

24 “(b) ‘Sexual abuse’ does not mean consensual sexual contact between an
25 adult and a paid caregiver who is the spouse of the adult.

26 “(15) ‘Sexual contact’ has the meaning given that term in ORS 163.305.

27 “(16) ‘Verbal abuse’ means to threaten significant physical or emotional
28 harm to a person with a developmental disability through the use of:

29 “(a) Derogatory or inappropriate names, insults, verbal assaults, profanity
30 or ridicule; or

1 “(b) Harassment, coercion, threats, intimidation, humiliation, mental cru-
2 elty or inappropriate sexual comments.

3 **“SECTION 65.** ORS 431.180 is amended to read:

4 “431.180. (1) Nothing in ORS 431.001 to 431.550 and 431.990 or any other
5 public health law of this state shall be construed as authorizing the Oregon
6 Health Authority or its representatives, or any local public health authority
7 or its representatives, to interfere in any manner with an individual’s right
8 to select the physician, physician assistant, **naturopathic physician** or
9 nurse practitioner of the individual’s choice or the individual’s choice of
10 mode of treatment, nor as interfering with the practice of a person whose
11 religion treats or administers sick or suffering people by purely spiritual
12 means.

13 “(2) This section does not apply to the laws of this state imposing sani-
14 tary requirements or rules adopted under the laws of this state imposing
15 sanitary requirements.

16 **“SECTION 66.** ORS 431A.680 is amended to read:

17 “431A.680. (1) Physicians, nurse midwives, **naturopathic physicians** and
18 other licensed health care professionals who provide prenatal and postnatal
19 care to patients may provide to each patient, and family members of the pa-
20 tient, if appropriate, the informational materials published by the Oregon
21 Health Authority under ORS 431A.675 or other maternal mental health edu-
22 cation materials that are approved by the authority.

23 “(2) Hospitals and other health care facilities that provide maternity care
24 may give postnatal and post-pregnancy loss patients, and family members of
25 the patients, if appropriate, prior to the discharge of the patient, the infor-
26 mational materials published by the authority under ORS 431A.675 or other
27 maternal mental health education materials that are approved by the au-
28 thority.

29 **“SECTION 67.** ORS 433.017 is amended to read:

30 “433.017. (1) A licensed physician, physician assistant licensed under ORS

1 677.505 to 677.525, **naturopathic physician licensed under ORS chapter**
2 **685** or nurse practitioner licensed under ORS 678.375 to 678.390 attending a
3 pregnant woman in this state for conditions relating to her pregnancy during
4 the period of gestation or at the time of delivery shall, as required by rule
5 of the Oregon Health Authority, take or cause to be taken a sample of blood
6 of every woman so attended at the time of the first professional visit or
7 within 10 days thereafter. The blood specimen [*thus*] obtained **under this**
8 **subsection** [*shall*] **must** be submitted to a licensed laboratory for [*such*]
9 tests related to any infectious condition which may affect a pregnant woman
10 or fetus, as the authority shall by rule require, including but not limited to
11 an HIV test as defined in ORS 433.045.

12 “(2) Every other person permitted by law to attend a pregnant woman in
13 this state, but not permitted by law to take blood samples, shall, as required
14 by rule of the authority, cause a sample of blood of such pregnant woman
15 to be taken by a licensed physician, physician assistant licensed under ORS
16 677.505 to 677.525, **naturopathic physician licensed under ORS chapter**
17 **685** or nurse practitioner licensed under ORS 678.375 to 678.390 and have
18 such sample submitted to a licensed laboratory for the tests described under
19 subsection (1) of this section.

20 “(3) In all cases under subsections (1) and (2) of this section the physician,
21 physician assistant, **naturopathic physician** or nurse practitioner shall re-
22 quest consent of the patient to take a blood sample. [*No*] **A** sample [*shall*]
23 **may not** be taken without [*such*] **the patient’s** consent.

24 “**SECTION 68.** ORS 433.040 is amended to read:

25 “433.040. (1) As used in this section, ‘vaccine’ includes vaccines, immune
26 products and chemoprophylactic medications.

27 “(2) When the State Health Officer of the Oregon Health Authority de-
28 termines that there is clear evidence that adverse and avoidable health out-
29 comes from a preventable and acute communicable disease are expected to
30 affect identifiable categories of high-risk individuals throughout Oregon and

1 that assistance with the administration of vaccine is warranted due to a
2 vaccine shortage to protect or treat such individuals, the health officer shall
3 implement the Oregon Vaccine Education and Prioritization Plan as provided
4 in subsection (3) of this section.

5 “(3) The authority shall develop and adopt by rule the Oregon Vaccine
6 Education and Prioritization Plan to protect the public health during a
7 vaccine shortage. The plan shall consist of:

8 “(a) Guidelines for physicians, **naturopathic physicians**, nurses, hospi-
9 tals, health systems, pharmacies and others that hold vaccines for the dis-
10 tribution and administration of vaccines. The guidelines shall include, but
11 are not limited to, a definition of high-risk groups for priority protection or
12 treatment in the event a vaccine shortage is imminent;

13 “(b) Rules for imposing a civil penalty of \$500 against persons who
14 knowingly violate the guidelines for each repeat violation of the guidelines;
15 and

16 “(c) Procedures for:

17 “(A) Mobilizing public and private health resources to assist in vaccine
18 distribution and administration; and

19 “(B) Notifying health professional regulatory boards and licensing au-
20 thorities of repeated violations of the guidelines by health professionals
21 regulated by the board or licensed by the licensing authority.

22 “(4) If the Oregon Health Authority adopts temporary rules to implement
23 subsection (2) of this section, the rules adopted are not subject to the re-
24 quirements of ORS 183.335 (6)(a). The authority may amend the temporary
25 rules adopted pursuant to subsection (3) of this section as often as is neces-
26 sary to respond to a vaccine shortage.

27 “**SECTION 69.** ORS 433.110 is amended to read:

28 “433.110. Every physician, physician assistant, **naturopathic physician**
29 or nurse attending a person affected with any communicable disease shall
30 use all precautionary measures to prevent the spread of the disease as the

1 Oregon Health Authority may prescribe by rule.

2 **“SECTION 70.** ORS 433.290 is amended to read:

3 “433.290. (1) The Legislative Assembly finds that many newborn children
4 are given their first tests for metabolic diseases too early for the detection
5 of these diseases because parents remove these newborn infants from the
6 hospital before the optimum testing period commences. To assure proper first
7 testing and follow-up testing and increase knowledge about the nature and
8 results of these diseases, the Oregon Health Authority shall institute and
9 carry on an intensive educational program among physicians, **naturopathic**
10 **physicians**, hospitals, public health nurses, the parents of newborn children
11 and the public concerning the disease of phenylketonuria and other
12 metabolic diseases. This educational program shall include information con-
13 cerning:

14 “(a) The nature of these diseases; and

15 “(b) Examinations for the detection of these diseases in infancy in order
16 that measures may be taken to prevent the mental retardation resulting from
17 these diseases.

18 “(2) The authority shall make a special effort specifically to inform
19 expectant parents and parents of newborn children of the necessity of new-
20 born infants receiving appropriate tests within the optimum time range after
21 birth to prevent the mental retardation or other serious complications re-
22 sulting from these diseases.

23 **“SECTION 71.** ORS 435.205 is amended to read:

24 “435.205. (1) The Oregon Health Authority and every local health depart-
25 ment shall offer family planning and birth control services within the limits
26 of available funds. Both agencies jointly may offer such services. The Di-
27 rector of the Oregon Health Authority or a designee shall initiate and con-
28 duct discussions of family planning with each person who might have an
29 interest in and benefit from such service. The authority shall furnish con-
30 sultation and assistance to local health departments.

1 “(2) Family planning and birth control services may include interviews
2 with trained personnel; distribution of literature; referral to a licensed phy-
3 sician, physician assistant licensed under ORS 677.505 to 677.525,
4 **naturopathic physician licensed under ORS chapter 685** or nurse practi-
5 tioner licensed under ORS 678.375 to 678.390 for consultation, examination,
6 medical treatment and prescription; and, to the extent so prescribed, the
7 distribution of rhythm charts, the initial supply of a drug or other medical
8 preparation, contraceptive devices and similar products.

9 “(3) Any literature, charts or other family planning and birth control in-
10 formation offered under this section in counties in which a significant seg-
11 ment of the population does not speak English shall be made available in the
12 appropriate foreign language for that segment of the population.

13 “(4) In carrying out its duties under this section, and with the consent
14 of the local public health authority as defined in ORS 431.003, the local
15 health department may adopt a fee schedule for services provided by the lo-
16 cal health department. The fees shall be reasonably calculated not to exceed
17 costs of services provided and may be adjusted on a sliding scale reflecting
18 ability to pay.

19 “(5) The local health department shall collect fees according to the
20 schedule adopted under subsection (4) of this section. Such fees may be used
21 to meet the expenses of providing the services authorized by this section.

22 **“SECTION 72.** ORS 435.305 is amended to read:

23 “435.305. (1) A person may be sterilized by appropriate means upon re-
24 quest and upon the advice of a physician licensed under ORS chapter 677,
25 **naturopathic physician licensed under ORS chapter 685** or physician
26 assistant licensed under ORS 677.505 to 677.525.

27 “(2) A health care provider described in subsection (1) of this section or
28 a hospital may not be held liable for performing a sterilization without ob-
29 taining the consent of the spouse of the person sterilized.

30 “(3) Free clinics to sterilize males under subsection (1) of this section may

1 be conducted as a part of the program provided for in ORS 435.205.

2 “(4)(a) A nurse practitioner licensed by the Oregon State Board of Nurs-
3 ing under ORS 678.375 and acting within the scope of practice authorized by
4 the board may provide medical advice to any person about a sterilization
5 procedure.

6 “(b) A nurse practitioner may acknowledge and sign a consent to
7 sterilization procedure form if, no fewer than 30 days before the procedure,
8 the form is provided to and signed by the person on whom the procedure will
9 be performed.

10 “(c) A nurse practitioner may not acknowledge or sign a consent to
11 sterilization procedure form if the form is provided to or signed by the person
12 on whom the procedure will be performed fewer than 30 days before the
13 procedure.

14 “(d) A nurse practitioner may not perform a sterilization procedure on
15 any person.

16 **“SECTION 73.** ORS 435.485 is amended to read:

17 “435.485. (1) [No] **A physician or naturopathic physician is not** required
18 to give advice with respect to or participate in any termination of a preg-
19 nancy if the refusal to do so is based on an election not to give such advice
20 or to participate in such terminations and the physician **or naturopathic**
21 **physician** so advises the patient.

22 “(2) [No] **A** hospital employee or member of the hospital medical staff is
23 **not** required to participate in any termination of a pregnancy if the em-
24 ployee or staff member notifies the hospital of the election not to participate
25 in such terminations.

26 **“SECTION 74.** ORS 435.496 is amended to read:

27 “435.496. (1) Each induced termination of pregnancy which occurs in this
28 state, regardless of the length of gestation, shall be reported to the Center
29 for Health Statistics within 30 days by the person in charge of the institution
30 in which the induced termination of pregnancy was performed. If the induced

1 termination of pregnancy was performed outside an institution, the attending
2 physician **or the naturopathic physician** shall prepare and file the report.

3 “(2) If the person who is required to file the report under subsection (1)
4 of this section has knowledge that the person who underwent the induced
5 termination of pregnancy also underwent a follow-up visit or had follow-up
6 contact with a health care provider, the person shall include the fact of the
7 follow-up visit or contact, and whether any complications were noted, in the
8 report. If the person filing the report is not personally aware of the follow-up
9 visit or contact but was informed of the visit or contact, the person shall
10 include the source of that information in the report.

11 “(3) Reports submitted under this section shall not disclose the names or
12 identities of the parents.

13 **“SECTION 75.** ORS 438.010 is amended to read:

14 “438.010. As used in ORS 438.010 to 438.510, unless the context requires
15 otherwise:

16 “(1) ‘Authority’ means the Oregon Health Authority.

17 “(2) ‘Clinical laboratory’ or ‘laboratory’ means a facility where the
18 microbiological, serological, chemical, hematological, immunohematological,
19 immunological, toxicological, cytogenetical, exfoliative cytological,
20 histological, pathological or other examinations are performed on materials
21 derived from the human body, for the purpose of diagnosis, prevention of
22 disease or treatment of patients by physicians, dentists and other persons
23 who are authorized by license to diagnose or treat humans.

24 “(3) ‘Clinical laboratory specialty’ or ‘laboratory specialty’ means the ex-
25 amination of materials derived from the human body for the purpose of di-
26 agnosis and treatment of patients or assessment of health, employing one of
27 the following sciences: Serology, microbiology, chemistry, hematology,
28 immunohematology, immunology, toxicology, cytogenetics, exfoliative
29 cytology, histology or pathology.

30 “(4) ‘Clinician’ means a nurse practitioner licensed and certified by the

1 Oregon State Board of Nursing, or a physician assistant licensed by the
2 Oregon Medical Board.

3 “(5) ‘Custody chain’ means the handling of specimens in a way that sup-
4 ports legal testimony to prove that the sample integrity and identification
5 of the sample have not been violated, as well as the documentation describ-
6 ing those procedures from specimen collection to the final report.

7 “(6) ‘Dentist’ means a person licensed to practice dentistry by the Oregon
8 Board of Dentistry.

9 “(7) ‘Director of clinical laboratory’ or ‘director’ means the person who
10 plans, organizes, directs and participates in any or all of the technical op-
11 erations of a clinical laboratory, including but not limited to reviewing lab-
12 oratory procedures and their results, training and supervising laboratory
13 personnel, and evaluating the technical competency of such personnel.

14 “(8) ‘Health screen testing’ means tests performed for the purpose of
15 identifying health risks, providing health information and referring the per-
16 son being tested to medical care.

17 “(9) ‘High complexity laboratory’ means a facility that performs testing
18 classified as highly complex in the specialties of microbiology, chemistry,
19 hematology, diagnostic immunology, immunochemistry, clinical
20 cytogenetics, cytology, histopathology, oral pathology, pathology,
21 radiobioassay and histocompatibility and that may also perform moderate
22 complexity tests and waived tests.

23 “(10) ‘High complexity test’ means a procedure performed on materials
24 derived from the human body that meet the criteria for this category of
25 testing in the specialties of microbiology, chemistry, hematology,
26 immunochemistry, diagnostic immunology, clinical cytogenetics, cytology,
27 histopathology, oral pathology, pathology, radiobioassay and
28 histocompatibility as established by the authority.

29 “(11) ‘Laboratory evaluation system’ means a system of testing clinical
30 laboratory methods, procedures and proficiency by periodic performance and

1 reporting on test specimens submitted for examination.

2 “(12) ‘Moderate complexity laboratory’ means a facility that performs
3 testing classified as moderately complex in the specialties of microbiology,
4 hematology, chemistry, immunohematology or diagnostic immunology and
5 may also perform any waived test.

6 “(13) ‘Moderate complexity test’ means a procedure performed on materi-
7 als derived from the human body that meet the criteria for this category of
8 testing in the specialties of microbiology, hematology, chemistry,
9 immunohematology or diagnostic immunology as established by the author-
10 ity.

11 “(14) ‘Operator of a substances of abuse on-site screening facility’ or ‘op-
12 erator’ means the person who plans, organizes, directs and participates in
13 any or all of the technical and administrative operations of a substances of
14 abuse on-site screening facility.

15 “(15) ‘Owner of a clinical laboratory’ means the person who owns the
16 clinical laboratory, or a county or municipality operating a clinical labora-
17 tory or the owner of any institution operating a clinical laboratory.

18 “(16) ‘Physician’ means:

19 “(a) A person licensed to practice medicine by the Oregon Medical
20 Board; or

21 “(b) **A person licensed to practice naturopathic medicine by the**
22 **Oregon Board of Naturopathic Medicine.**

23 “(17) ‘Physician performed microscopy procedure’ means a test personally
24 performed by a physician or other clinician during a patient’s visit on a
25 specimen obtained during the examination of the patient.

26 “(18) ‘Physician performed microscopy procedures’ means a limited group
27 of tests that are performed only by a physician or clinician.

28 “(19) ‘Specimen’ means materials derived from a human being or body.

29 “(20) ‘Substances of abuse’ means ethanol and controlled substances, ex-
30 cept those used as allowed by law and as defined in ORS chapter 475 or as

1 used in ORS 689.005.

2 “(21) ‘Substances of abuse on-site screening facility’ or ‘on-site facility’
3 means a location where on-site tests are performed on specimens for the
4 purpose of screening for the detection of substances of abuse.

5 “(22) ‘Substances of abuse on-site screening test’ or ‘on-site test’ means a
6 substances of abuse test that is easily portable and can meet the require-
7 ments of the federal Food and Drug Administration for commercial distrib-
8 ution or an alcohol screening test that meets the requirements of the
9 conforming products list found in the United States Department of Trans-
10 portation National Highway Traffic Safety Administration Docket No. 94-004
11 and meets the standards of the United States Department of Transportation
12 Alcohol Testing Procedure, 49 C.F.R. part 40, in effect on October 23, 1999.

13 “(23) ‘Waived test’ means a procedure performed on materials derived
14 from the human body that meet the criteria for this category of testing as
15 established by the authority.

16 **“SECTION 76.** ORS 441.064 is amended to read:

17 “441.064. (1) As used in this section[,]:

18 **“(a) ‘Naturopathic physician’ has the meaning given the term in**
19 **ORS 685.010; and**

20 **“(b) ‘Physician’ has the meaning given that term in ORS 677.010.**

21 “(2) The rules of any hospital in this state may grant privileges to nurse
22 practitioners licensed and certified under ORS 678.375 for purposes of patient
23 care.

24 “(3) Rules shall be in writing and may include, but need not be limited
25 to:

26 “(a) Limitations on the scope of privileges;

27 “(b) Monitoring and supervision of nurse practitioners in the hospital by
28 physicians **and naturopathic physicians** who are members of the medical
29 staff;

30 “(c) A requirement that a nurse practitioner co-admit patients with a

1 physician **or a naturopathic physician** who is a member of the medical
2 staff; and

3 “(d) Qualifications of nurse practitioners to be eligible for privileges in-
4 cluding but not limited to requirements of prior clinical and hospital expe-
5 rience.

6 “(4) The rules may also regulate credentialing and the conduct of nurse
7 practitioners while using the facilities of the hospital and may prescribe
8 procedures whereby a nurse practitioner’s privileges may be suspended or
9 terminated. The hospital may refuse such privileges to nurse practitioners
10 only upon the same basis that privileges are refused to other medical pro-
11 viders.

12 “(5) Notwithstanding subsection (3) of this section, rules adopted by a
13 hospital that grant privileges to licensed registered nurses who are certified
14 by the Oregon State Board of Nursing as nurse midwife nurse practitioners
15 must:

16 “(a) Include admitting privileges;

17 “(b) Be consistent with the privileges of the other medical staff; and

18 “(c) Permit the nurse midwife nurse practitioner to exercise the voting
19 rights of the other members of the medical staff.

20 “(6) Rules described in this section are subject to hospital and medical
21 staff bylaws and rules governing credentialing and staff privileges.

22 “**SECTION 77.** ORS 441.098 is amended to read:

23 “441.098. (1) As used in this section and ORS 441.099 and 441.991:

24 “(a) ‘Facility’ means a hospital, outpatient clinic owned by a hospital,
25 ambulatory surgical center, freestanding birthing center or facility that re-
26 ceives Medicare reimbursement as an independent diagnostic testing facility.

27 “(b) ‘Financial interest’ means a five percent or greater direct or indirect
28 ownership interest.

29 “(c)(A) ‘Health practitioner’ means a physician, **naturopathic physician**
30 **licensed under ORS chapter 685**, dentist, direct entry midwife, licensed

1 registered nurse who is certified by the Oregon State Board of Nursing as
2 a nurse midwife nurse practitioner, certified nurse practitioner, licensed
3 physician assistant or medical imaging licensee under ORS 688.405 to 688.605.

4 “(B) ‘Health practitioner’ does not include a provider in a health main-
5 tenance organization as defined in ORS 750.005.

6 “(d) ‘Physician’ has the meaning given that term in ORS 677.010.

7 “(2) A health practitioner’s decision to refer a patient to a facility for a
8 diagnostic test or health care treatment or service shall be based on the
9 patient’s clinical needs and personal health choices.

10 “(3) If a health practitioner refers a patient for a diagnostic test or health
11 care treatment or service at a facility in which the health practitioner or
12 an immediate family member of the health practitioner has a financial in-
13 terest, the health practitioner or the practitioner’s designee shall inform the
14 patient orally and in writing of that interest at the time of the referral.

15 “(4)(a) If a health practitioner refers a patient to a facility for a diag-
16 nostic test or health care treatment or service, the health practitioner or the
17 practitioner’s designee shall inform the patient, in the form and manner
18 prescribed by the Oregon Health Authority by rule, that:

19 “(A) The patient may receive the test, treatment or service at a different
20 facility of the patient’s choice; and

21 “(B) If the patient chooses a different facility, the patient should contact
22 the patient’s insurer regarding the extent of coverage or the limitations on
23 coverage for the test, treatment or service at the facility chosen by the pa-
24 tient.

25 “(b) Rules concerning the form and manner for informing a patient as
26 required by this subsection shall:

27 “(A) Be designed to ensure that the information is conveyed in a timely
28 and meaningful manner;

29 “(B) Be administratively simple; and

30 “(C) Accommodate a provider’s adoption and use of electronic health re-

1 cord systems.

2 “(5) A health practitioner may not deny, limit or withdraw a referral to
3 a facility solely for the reason that the patient chooses to obtain the test,
4 treatment or service from a different facility.

5 “(6) The authority may not impose additional restrictions or limitations
6 on any referral described in this section that are in addition to the require-
7 ments specified in subsections (3) and (4) of this section.

8 “(7) In obtaining informed consent for a diagnostic test or health care
9 treatment or service that will take place at a facility, a health practitioner
10 shall disclose the manner in which care will be provided in the event that
11 complications occur that require health services beyond what the facility has
12 the capability to provide.

13 “(8) Subsections (3) to (5) of this section do not apply to a referral for a
14 diagnostic test or health care treatment or service:

15 “(a) For a patient who is receiving inpatient hospital services or services
16 in an emergency department if the referral is for a diagnostic test or health
17 care treatment or service to be performed while the patient is in the hospital
18 or emergency department;

19 “(b) Made to a particular facility after the initial referral of the patient
20 to that facility; or

21 “(c) Made by the facility or provider to whom a patient was referred.

22 **“SECTION 78.** ORS 442.470 is amended to read:

23 “442.470. As used in ORS 442.470 to 442.507:

24 “(1) ‘Acute inpatient care facility’ means a licensed hospital with an or-
25 ganized medical staff, with permanent facilities that include inpatient beds,
26 and with comprehensive medical services, including physician services and
27 continuous nursing services under the supervision of registered nurses, to
28 provide diagnosis and medical or surgical treatment primarily for but not
29 limited to acutely ill patients and accident victims.

30 “(2) ‘Council’ means the Rural Health Coordinating Council.

1 “(3) ‘Office’ means the Office of Rural Health.

2 “(4) ‘Primary care physician’ means:

3 “(a) A doctor licensed under ORS chapter 677 whose specialty is family
4 practice, general practice, internal medicine, pediatrics or obstetrics and
5 gynecology; **or**

6 “(b) **A naturopathic physician licensed under ORS chapter 685.**

7 “(5)(a) ‘Rural hospital’ means a hospital characterized as one of the fol-
8 lowing:

9 “(A) A type A hospital, which is a small and remote hospital that has 50
10 or fewer beds and is more than 30 miles from another acute inpatient care
11 facility;

12 “(B) A type B hospital, which is a small and rural hospital that has 50
13 or fewer beds and is 30 miles or less from another acute inpatient care fa-
14 cility;

15 “(C) A type C hospital, which is considered to be a rural hospital and has
16 more than 50 beds, but is not a referral center; **or**

17 “(D) A rural critical access hospital as defined in ORS 315.613.

18 “(b) ‘Rural hospital’ does not include a hospital of any class that was
19 designated by the federal government as a rural referral hospital before
20 January 1, 1989.

21 “**SECTION 79.** ORS 442.574 is amended to read:

22 “442.574. (1) As used in this section:

23 “(a) ‘Participant’ means a person who has been selected by the Office of
24 Rural Health to receive a loan under subsection (4) of this section.

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

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

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

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

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

30 “(c) ‘Prospective primary care practitioner’ means a person who is en-

1 rolled in a medical education program that meets the educational require-
2 ments for licensure as a physician, **naturopathic physician**, physician
3 assistant or nurse practitioner.

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

6 “(2) There is created the Primary Health Care Loan Forgiveness Program,
7 to be administered by the office pursuant to rules adopted by the office.

8 “(3) A prospective primary care practitioner who wishes to participate in
9 the program shall submit an application to the office in accordance with
10 rules adopted by the office. To be eligible to be a participant in the program,
11 a prospective primary care practitioner must:

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

14 “(b) Be enrolled in a medical education program in Oregon that empha-
15 sizes training rural health care practitioners and is approved by the office;

16 “(c) Execute a service agreement stating that, immediately upon the pro-
17 spective primary care practitioner’s completion of residency or training as
18 established by the office by rule, the prospective primary care practitioner
19 will practice as a primary care practitioner in a rural setting in this state
20 approved by the office for at least as many years as the number of years for
21 which the practitioner received loans from the Primary Health Care Loan
22 Forgiveness Program; and

23 “(d) Meet other requirements established by the office by rule.

24 “(4) The office may select participants from among the prospective pri-
25 mary care practitioners who submit applications as provided in subsection
26 (3) of this section. The office shall give preference to a prospective primary
27 care practitioner who agrees to practice in a community that agrees to con-
28 tribute funds to the Primary Health Care Loan Forgiveness Program Fund
29 established in ORS 442.573.

30 “(5) The office shall provide an annual loan of up to \$35,000 to each par-

1 participant to cover expenses related to the participant's medical education, on
2 terms established by the office by rule. The loan must be evidenced by a
3 written obligation but no additional security may be required.

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

6 “(7) At the end of each full year that a participant complies with the
7 service agreement, the office shall forgive one annual loan provided to the
8 participant under subsection (5) of this section.

9 “(8)(a) A person receiving a loan under subsection (5) of this section who
10 fails to complete the residency or training as required by the office by rule
11 shall repay the amount received to the Primary Health Care Loan
12 Forgiveness Program plus 10 percent interest on the unpaid balance, accrued
13 from the date the loan was granted.

14 “(b) A person receiving a loan under subsection (5) of this section who
15 completes the residency or training required by the office by rule but fails
16 to fulfill the obligations required by the service agreement shall repay the
17 amount received to the Primary Health Care Loan Forgiveness Program plus
18 10 percent interest on the unpaid balance, accrued from the date the loan
19 was granted. Additionally, a penalty fee equal to 25 percent of the amount
20 received shall be assessed against the person. No interest accrues on the
21 penalty. The office shall establish rules to allow waiver of all or part of the
22 penalty owed to the program due to circumstances that prevent the partic-
23 ipant from fulfilling the service obligation.

24 “(9) Payments on loans provided under subsection (5) of this section shall
25 be deposited in the Primary Health Care Loan Forgiveness Program Fund
26 established in ORS 442.573.

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

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

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

3 “(11) Any amounts collected under subsection (10) of this section shall be
4 deposited in the Primary Health Care Loan Forgiveness Program Fund es-
5 tablished in ORS 442.573.

6 “(12) The office may accept funds from any public or private source for
7 the purposes of carrying out the provisions of this section.

8 “**SECTION 80.** ORS 443.065 is amended to read:

9 “443.065. The home health agency shall:

10 “(1) Be primarily engaged in providing skilled nursing services and at
11 least one other service delineated in ORS 443.075 (1)(b) and (c);

12 “(2) Have policies established by professional personnel associated with
13 the agency or organization, including one or more physicians **or**
14 **naturopathic physicians** and one or more registered nurses, at least two
15 of whom are neither owners nor employees of the agency, and two consumers,
16 to govern the services that it provides;

17 “(3) Require supervision of services that it provides under subsection (1)
18 of this section by a physician, physician assistant, nurse practitioner,
19 **naturopathic physician** or registered nurse, preferably a public health
20 nurse;

21 “(4) Maintain clinical and financial records on all patients; and

22 “(5) Have an overall plan and budget in effect.

23 “**SECTION 81.** ORS 443.075 is amended to read:

24 “443.075. (1) A home health agency must have an order for treatment, plan
25 of treatment or plan of care from a physician, **naturopathic physician li-**
26 **censed under ORS chapter 685**, physician assistant licensed under ORS
27 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390
28 for the following services and supplies:

29 “(a) Home nursing care provided by or under the supervision of a regis-
30 tered nurse;

1 “(b) Physical, occupational or speech therapy, medical social services or
2 other therapeutic services;

3 “(c) Home health aide services; and

4 “(d) Medical supplies, other than drugs and biologicals, and the use of
5 medical appliances.

6 “(2) A home health agency shall have each plan of treatment or plan of
7 care reviewed by the physician, **naturopathic physician**, physician assist-
8 ant or nurse practitioner periodically, in accordance with rules adopted by
9 the Oregon Health Authority.

10 **“SECTION 82.** ORS 443.445 is amended to read:

11 “443.445. (1) A residential facility may not admit individuals who require
12 continuous nursing care except as provided in subsection (3) of this section.

13 “(2) Except as provided in subsection (3) of this section, if any resident
14 of a residential facility requires nursing care for eight or more consecutive
15 days or a physician or the designee of a physician, **a naturopathic physi-**
16 **cian** or a registered nurse certifies that continued nursing care is required,
17 the resident shall be transferred to an appropriate health care facility for
18 as long as necessary.

19 “(3) A resident of a residential care facility, residential training facility
20 or residential training home who requires nursing care in addition to train-
21 ing or care needs, or any combination thereof, may be served by that facility
22 or home with approval from the Department of Human Services and in ac-
23 cordance with the rules of the department and consistent with rules adopted
24 by the Oregon State Board of Nursing under ORS 678.150 (8).

25 “(4) A resident of a residential treatment facility or residential treatment
26 home who requires nursing care in addition to treatment needs may be
27 served by that facility or home with approval from the Oregon Health Au-
28 thority and in accordance with the rules of the authority and consistent with
29 rules adopted by the Oregon State Board of Nursing under ORS 678.150 (8).

30 “(5) A residential facility may not admit individuals of categories other

1 than those designated on its license without prior written consent of the li-
2 censing agency.

3 “(6) In the case of residential facilities supervised by and operated ex-
4 clusively for persons who rely upon prayer or spiritual means for healing in
5 accordance with the creed or tenets of a well-recognized church or religious
6 denomination, no medical, psychological or rehabilitative procedures shall
7 be required.

8 **“SECTION 83.** ORS 443.850 is amended to read:

9 “443.850. As used in ORS 443.850 to 443.869:

10 “(1) ‘Hospice program’ means a coordinated program of home and inpa-
11 tient care, available 24 hours a day, that utilizes an interdisciplinary team
12 of personnel trained to provide palliative and supportive services to a
13 patient-family unit experiencing a life threatening disease with a limited
14 prognosis. A hospice program is an institution for purposes of ORS 146.100.

15 “(2) ‘Hospice services’ means items and services provided to a patient-
16 family unit by a hospice program or by other individuals or community
17 agencies under a consulting or contractual arrangement with a hospice pro-
18 gram. Hospice services include acute, respite, home care and bereavement
19 services provided to meet the physical, psychosocial, spiritual and other
20 special needs of a patient-family unit during the final stages of illness, dying
21 and the bereavement period.

22 “(3) ‘Interdisciplinary team’ means a group of individuals working to-
23 gether in a coordinated manner to provide hospice care. An interdisciplinary
24 team includes, but is not limited to, the patient-family unit, the patient’s
25 attending physician or clinician and one or more of the following hospice
26 program personnel:

27 “(a) Physician.

28 “(b) Physician assistant.

29 “(c) Nurse practitioner.

30 “(d) Nurse.

1 “(e) Nurse’s aide.

2 “(f) Occupational therapist.

3 “(g) Physical therapist.

4 “(h) Trained lay volunteer.

5 “(i) Clergy or spiritual counselor.

6 “(j) Credentialed mental health professional such as psychiatrist, psy-
7 chologist, psychiatric nurse or social worker.

8 “**(k) Naturopathic physician.**

9 “(4) ‘Patient-family unit’ includes an individual who has a life threatening
10 disease with a limited prognosis and all others sharing housing, common
11 ancestry or a common personal commitment with the individual.

12 “(5) ‘Person’ includes individuals, organizations and groups of organiza-
13 tions.

14 “**SECTION 84.** ORS 453.307 is amended to read:

15 “453.307. As used in ORS 453.307 to 453.414:

16 “(1) ‘Community right to know regulatory program’ or ‘local program’
17 means any law, rule, ordinance, regulation or charter amendment estab-
18 lished, enforced or enacted by a local government that requires an employer
19 to collect or report information relating to the use, storage, release, pos-
20 session or composition of hazardous substances and toxic substances if a
21 primary intent of the law, rule, ordinance, regulation or charter amendment
22 is the public distribution of the information.

23 “(2) ‘Emergency service personnel’ includes those entities providing
24 emergency services as defined in ORS 401.025.

25 “(3) ‘Employer’ means:

26 “(a) Any person operating a facility that is included in one or more of the
27 21 standard industrial classification categories in Appendix B of the Natural
28 Resources Defense Council v. Train Consent Decree of June 8, 1976 (8 E.R.C.
29 2120); or

30 “(b) Any person operating a facility designated by the State Fire Marshal.

1 “(4) ‘Fire district’ means any agency having responsibility for providing
2 fire protection services.

3 “(5) ‘Hazardous substance’ means:

4 “(a) Any substance designated as hazardous by the Director of the De-
5 partment of Consumer and Business Services or by the State Fire Marshal;

6 “(b) Any substance for which a material safety data sheet is required by
7 the Director of the Department of Consumer and Business Services under
8 ORS 654.035 and which appears on the list of Threshold Limit Values for
9 Chemical Substances and Physical Agents in the Work Environment by the
10 American Conference of Governmental Industrial Hygienists; or

11 “(c) Radioactive waste and material as defined in ORS 469.300 and radio-
12 active substance as defined in ORS 453.005.

13 “(6) ‘Health professional’ means a physician licensed under ORS chapter
14 **677, naturopathic physician licensed under ORS 685**, physician assistant
15 licensed under ORS 677.505 to 677.525, registered nurse, industrial hygienist,
16 toxicologist, epidemiologist or emergency medical services provider.

17 “(7) ‘Law enforcement agency’ has the meaning given that term in ORS
18 181A.010.

19 “(8) ‘Local government’ means a city, town, county, regional authority or
20 other political subdivision of this state.

21 “(9) ‘Person’ includes individuals, corporations, associations, firms, part-
22 nerships, joint stock companies, public and municipal corporations, political
23 subdivisions, the state and any agency thereof, and the federal government
24 and any agency thereof.

25 “(10) ‘Trade secret’ has the meaning given that term in ORS 192.501 (2).

26 “**SECTION 85.** ORS 453.728 is amended to read:

27 “453.728. (1) Any tanning device used by a tanning facility shall comply
28 with all applicable federal laws and regulations.

29 “(2) ORS 453.726 to 453.734 do not apply to a phototherapy device used
30 by or under the direct supervision of a physician licensed under ORS chapter

1 **677 or naturopathic physician licensed under ORS chapter 685.**

2 **“SECTION 86.** ORS 453.730 is amended to read:

3 “453.730. (1) A tanning facility shall give each customer a written state-
4 ment warning that:

5 “(a) Not wearing the protective eye wear provided to each customer by
6 the tanning facility may cause damage to the eyes.

7 “(b) Overexposure to the tanning process causes burns.

8 “(c) Repeated exposure to the tanning process may cause skin cancer or
9 premature aging of the skin, or both.

10 “(d) Abnormal skin sensitivity or burning may result from the tanning
11 process if the customer is also consuming or using certain:

12 “(A) Foods.

13 “(B) Cosmetics.

14 “(C) Medications such as tranquilizers, antibiotics, diuretics, high blood
15 pressure medication, antineoplastics or birth control pills.

16 “(e) Any person taking a prescription or over-the-counter drug should
17 consult a physician **or naturopathic physician** before using a tanning de-
18 vice.

19 “(2) In addition to giving customers the written statement required by
20 subsection (1) of this section, the tanning facility shall post a warning sign
21 in any area where a tanning device is used. The Oregon Health Authority
22 shall adopt by rule the language for the warning sign.

23 **“SECTION 87.** ORS 475.744 is amended to read:

24 “475.744. (1) [No] **A** person [shall] **may not** sell or give a hypodermic
25 device to a minor unless the minor demonstrates a lawful need [therefor] **for**
26 **the hypodermic device** by authorization of a physician, **naturopathic**
27 **physician licensed under ORS chapter 685**, physician assistant licensed
28 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375
29 to 678.390, parent or legal guardian or by other means acceptable to the
30 seller or donor.

1 “(2) As used in this section, ‘hypodermic device’ means a hypodermic
2 needle or syringe or medication packaged in a hypodermic syringe or any
3 instrument adapted for the subcutaneous injection of a controlled substance
4 as defined in ORS 475.005.

5 **“SECTION 88.** ORS 616.750 is amended to read:

6 “616.750. If the State Department of Agriculture for reasonable cause be-
7 lieves that any person working in any food establishment is affected with
8 any infectious or contagious disease, the department may require the person
9 to be examined by a competent physician, **naturopathic physician**, physi-
10 cian assistant or nurse practitioner and that the physician, **naturopathic**
11 **physician**, physician assistant or nurse practitioner furnish the department
12 with a certificate stating whether the person is affected with any infectious
13 or contagious disease. If within five days after so required the person has
14 not furnished the department with such a certificate by a competent physi-
15 cian, **naturopathic physician**, physician assistant or nurse practitioner, the
16 person is guilty of a violation of ORS 616.745 and the department may apply
17 to the circuit court to enjoin the person from continuing to work in the food
18 establishment until the certificate is furnished. The circuit court hereby is
19 authorized to issue the injunction.

20 **“SECTION 89.** ORS 475.950 is amended to read:

21 “475.950. (1) A person commits the offense of failure to report a precursor
22 substances transaction if the person does any of the following:

23 “(a) Sells, transfers or otherwise furnishes any precursor substance de-
24 scribed in ORS 475.940 (3)(a) to (hh) and (oo) and does not, at least three
25 days before delivery of the substance, submit to the Department of State
26 Police a report that meets the reporting requirements established by rule
27 under ORS 475.945.

28 “(b) Receives any precursor substance described in ORS 475.940 (3)(a) to
29 (hh) and (oo) and does not, within 10 days after receipt of the substance,
30 submit to the Department of State Police a report that meets the reporting

1 requirements established by rule under ORS 475.945.

2 “(2) This section does not apply to any of the following:

3 “(a) Any pharmacist or other authorized person who sells or furnishes a
4 precursor substance upon the prescription of a physician licensed under ORS
5 chapter 677, physician assistant licensed under ORS 677.505 to 677.525, nurse
6 practitioner licensed under ORS 678.375 to 678.390, **naturopathic physician**
7 **licensed under ORS chapter 685**, dentist or veterinarian.

8 “(b) Any practitioner, as defined in ORS 475.005, who administers or fur-
9 nishes a precursor substance to patients upon prescription.

10 “(c) Any person licensed by the State Board of Pharmacy who sells,
11 transfers or otherwise furnishes a precursor substance to a licensed phar-
12 macy, physician licensed under ORS chapter 677, physician assistant licensed
13 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375
14 to 678.390, **naturopathic physician licensed under ORS chapter 685**,
15 dentist or veterinarian for distribution to patients upon prescription.

16 “(d) Any person who is authorized by rule under ORS 475.945 to report
17 in an alternate manner if the person complies with the alternate reporting
18 requirements.

19 “(e) Any patient of a practitioner, as defined in ORS 475.005, who obtains
20 a precursor substance from a licensed pharmacist, physician licensed under
21 ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525,
22 nurse practitioner licensed under ORS 678.375 to 678.390, **naturopathic**
23 **physician licensed under ORS chapter 685**, dentist or veterinarian pursu-
24 ant to a prescription.

25 “(f) Any person who sells or transfers ephedrine, pseudoephedrine or
26 phenylpropanolamine in compliance with ORS 475.973.

27 “(g) Any practitioner, as defined in ORS 475.005, who dispenses a precu-
28 sor substance to a person with whom the practitioner has a professional re-
29 lationship.

30 “(h) Any person who obtains a precursor substance from a practitioner,

1 as defined in ORS 475.005, with whom the person has a professional re-
2 lationship.

3 “(i) Any person who sells or transfers an isomer of a precursor substance,
4 unless it is an optical isomer.

5 “(3) Penalties related to providing false information on a report required
6 under this section are provided under ORS 475.965.

7 “(4) The Department of State Police and any law enforcement agency may
8 inspect and remove copies of the sales records of any retail or wholesale
9 distributor of methyl sulfonyl methane or a precursor substance during the
10 normal business hours of the retail or wholesale distributor or may require
11 the retail or wholesale distributor to provide copies of the records.

12 “(5) Failure to report a precursor substances transaction is a Class A
13 misdemeanor.

14 **“SECTION 90.** ORS 475.975 is amended to read:

15 “475.975. (1) Except as otherwise provided in subsection (2) of this section,
16 a person commits the crime of unlawful possession of iodine in its elemental
17 form if the person knowingly possesses iodine in its elemental form.

18 “(2) Subsection (1) of this section does not apply to:

19 “(a) A physician, physician assistant licensed under ORS 677.505 to
20 677.525, nurse practitioner licensed under ORS 678.375 to 678.390,
21 **naturopathic physician licensed under ORS chapter 685**, pharmacist, re-
22 tail distributor, wholesaler, manufacturer, warehouseman or common carrier
23 or an agent of any of these persons who possesses iodine in its elemental
24 form in the regular course of lawful business activities;

25 “(b) A person who possesses iodine in its elemental form in conjunction
26 with experiments conducted in a chemistry or chemistry related laboratory
27 maintained by a:

28 “(A) Regularly established public or private secondary school;

29 “(B) Public or private institution of higher education that is accredited
30 by a regional or national accrediting agency recognized by the United States

1 Department of Education; or

2 “(C) Manufacturing, government agency or research facility in the course
3 of lawful business activities;

4 “(c) A licensed veterinarian;

5 “(d) A person working in a general hospital who possesses iodine in its
6 elemental form in the regular course of employment at the hospital; or

7 “(e) A person who possesses iodine in its elemental form as a prescription
8 drug pursuant to a prescription issued by a licensed veterinarian, physician,
9 physician assistant licensed under ORS 677.505 to 677.525, **naturopathic**
10 **physician licensed under ORS chapter 685** or nurse practitioner licensed
11 under ORS 678.375 to 678.390.

12 “(3) Except as otherwise provided in subsection (4) of this section, a per-
13 son who sells or otherwise transfers iodine in its elemental form to another
14 person shall make a record of each sale or transfer. The record must be made
15 on a form provided by the Department of State Police, completed pursuant
16 to instructions provided by the department and retained by the person for
17 at least three years or sent to the department if directed to do so by the
18 department. Failure to make and retain or send a record required under this
19 subsection is a Class A misdemeanor.

20 “(4) A licensed veterinarian is not required to make a record of a sale or
21 transfer of iodine in its elemental form under subsection (3) of this section
22 if the veterinarian makes a record of the sale or transfer under other appli-
23 cable laws or rules regarding the prescribing and dispensing of regulated or
24 controlled substances by veterinarians.

25 “(5) A person commits the crime of unlawful distribution of iodine in its
26 elemental form if the person knowingly sells or otherwise transfers iodine
27 in its elemental form to a person not listed in subsection (2) of this section.

28 “(6) Unlawful possession of iodine in its elemental form is a Class A
29 misdemeanor.

30 “(7) Unlawful distribution of iodine in its elemental form is a Class A

1 misdemeanor.

2 **“SECTION 91.** ORS 475.976 is amended to read:

3 “475.976. (1) Except as otherwise provided in subsection (2) of this section,
4 a person commits the crime of unlawful possession of an iodine matrix if the
5 person knowingly possesses an iodine matrix.

6 “(2) Subsection (1) of this section does not apply to:

7 “(a) A person who possesses an iodine matrix as a prescription drug,
8 pursuant to a prescription issued by a licensed veterinarian, physician, phy-
9 sician assistant licensed under ORS 677.505 to 677.525, **naturopathic phy-**
10 **sician licensed under ORS chapter 685** or nurse practitioner licensed
11 under ORS 678.375 to 678.390;

12 “(b) A person who is actively engaged in the practice of animal husbandry
13 of livestock as defined in ORS 609.125;

14 “(c) A person who possesses an iodine matrix in conjunction with exper-
15 iments conducted in a chemistry or chemistry related laboratory maintained
16 by a:

17 “(A) Regularly established public or private secondary school;

18 “(B) Public or private institution of higher education that is accredited
19 by a regional or national accrediting agency recognized by the United States
20 Department of Education; or

21 “(C) Manufacturing, government agency or research facility in the course
22 of lawful business activities;

23 “(d) A veterinarian, physician, physician assistant licensed under ORS
24 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390,
25 **naturopathic physician licensed under ORS chapter 685**, pharmacist, re-
26 tail distributor, wholesaler, manufacturer, warehouseman or common carrier
27 or an agent of any of these persons who possesses an iodine matrix in the
28 regular course of lawful business activities; or

29 “(e) A person working in a general hospital who possesses an iodine ma-
30 trix in the regular course of employment at the hospital.

1 “(3) Except as otherwise provided in subsection (4) of this section, a per-
2 son who sells or otherwise transfers an iodine matrix to another person shall
3 make a record of each sale or transfer. The record must be made on a form
4 provided by the Department of State Police, completed pursuant to in-
5 structions provided by the department and retained by the person for at least
6 three years or sent to the department if directed to do so by the department.
7 Failure to make and retain or send a record required under this subsection
8 is a Class A misdemeanor.

9 “(4) A licensed veterinarian is not required to make a record of a sale or
10 transfer of an iodine matrix under subsection (3) of this section if the
11 veterinarian makes a record of the sale or transfer under other applicable
12 laws or rules regarding the prescribing and dispensing of regulated or con-
13 trolled substances by veterinarians.

14 “(5) A person commits the crime of unlawful distribution of an iodine
15 matrix if the person knowingly sells or otherwise transfers an iodine matrix
16 to a person not listed in subsection (2) of this section.

17 “(6) Unlawful possession of an iodine matrix is a Class A misdemeanor.

18 “(7) Unlawful distribution of an iodine matrix is a Class A misdemeanor.

19 **“SECTION 92.** ORS 475.978 is amended to read:

20 “475.978. (1) A person who sells or otherwise transfers more than the
21 amount permitted by administrative rule adopted by the Department of State
22 Police of methyl sulfonyl methane to a person other than a physician, phy-
23 sician assistant licensed under ORS 677.505 to 677.525, nurse practitioner li-
24 censed under ORS 678.375 to 678.390, **naturopathic physician licensed**
25 **under ORS chapter 685**, pharmacist, veterinarian, retail distributor,
26 wholesaler, manufacturer, warehouseman or common carrier or an agent of
27 any of these persons shall make a record of each such sale or transfer. The
28 record must be made on a form provided by the department, completed pur-
29 suant to instructions provided by the department and retained by the person
30 for at least three years. Failure to make and retain a record required under

1 this subsection is a Class A violation.

2 “(2) The department shall adopt a rule establishing the minimum amount
3 of methyl sulfonyl methane the sale or transfer of which requires a report
4 under subsection (1) of this section. In establishing the minimum amount, the
5 department shall determine an amount that is reasonably designed not to
6 infringe upon legitimate uses of methyl sulfonyl methane but that discour-
7 ages the use of methyl sulfonyl methane in the illicit production and dis-
8 tribution of methamphetamine.

9 “(3) This section applies to the sale or transfer of bulk methyl sulfonyl
10 methane in its powder form only, and does not apply to the sale or transfer
11 of products containing methyl sulfonyl methane in other forms including, but
12 not limited to, liquids, tablets, capsules not containing methyl sulfonyl
13 methane in pure powder form, ointments, creams, cosmetics, foods and
14 beverages.

15 “**SECTION 93.** ORS 628.270 is amended to read:

16 “628.270. (1) The Oregon Health Authority may, by rule, define certain
17 communicable diseases which may be spread to the public through the han-
18 dling of food in refrigerated locker plants.

19 “(2) [No] **A** person who has a communicable or infectious disease de-
20 scribed in subsection (1) of this section [*shall*] **may not** be permitted to work
21 in or about any refrigerated locker plant or to handle any food in connection
22 with the operation of such plant.

23 “(3) In the discretion of the State Department of Agriculture, an employee
24 of a locker plant may be required to furnish a certificate of health from a
25 physician, **naturopathic physician**, physician assistant or nurse practi-
26 tioner duly accredited by the authority for the purpose of issuing such cer-
27 tificates. If such certificate is required under municipal ordinance upon
28 examination deemed adequate by the authority, a certificate issued in com-
29 pliance with such ordinance is sufficient under this section.

30 “(4) Any health certificate required by this section shall be revoked by

1 the authority at any time that the holder thereof is found, upon physical
2 examination of such holder, to have any communicable or infectious disease.
3 Refusal of any person employed in such locker plant to submit to proper and
4 reasonable physical examination, upon written demand by the authority or
5 the department, is cause for revocation of the employee's health certificate
6 and also is sufficient reason for revocation of the locker plant's license un-
7 less the employee immediately is removed from any work or operation in or
8 about such locker plant involving the handling of food.

9 **“SECTION 94.** ORS 659A.312 is amended to read:

10 “659A.312. (1) It is an unlawful employment practice for an employer to
11 deny to grant already accrued paid leaves of absence to an employee who
12 seeks to undergo a medical procedure to donate bone marrow. The total
13 length of the leaves shall be determined by the employee, but shall not ex-
14 ceed the amount of already accrued paid leave or 40 work hours, whichever
15 is less, unless agreed to by the employer.

16 “(2) The employer may require verification by a physician **or**
17 **naturopathic physician** of the purpose and length of each leave requested
18 by the employee to donate bone marrow. If there is a medical determination
19 that the employee does not qualify as a bone marrow donor, the paid leave
20 of absence used by the employee prior to that medical determination is not
21 affected.

22 “(3) An employer shall not retaliate against an employee for requesting
23 or using accrued paid leave of absence as provided by this section.

24 “(4) This section does not:

25 “(a) Prevent an employer from providing leave for bone marrow donations
26 in addition to leave required under this section.

27 “(b) Affect an employee's rights with respect to any other employment
28 benefit.

29 “(5) This section applies only to employees who work an average of 20
30 or more hours per week.

1 **“SECTION 95.** ORS 659A.413 is amended to read:

2 “659A.413. (1) A place of public accommodation that has an employee
3 toilet facility shall allow a customer to use that facility during normal
4 business hours if:

5 “(a) The customer requesting the use of the employee toilet facility suffers
6 from an eligible medical condition;

7 “(b) Three or more employees of the place of public accommodation are
8 working at the time the customer requests use of the employee toilet facility;

9 “(c) The customer presents a letter or other document from a physician,
10 **naturopathic physician**, physician assistant, nurse or nurse practitioner
11 indicating that the customer suffers from an eligible medical condition, or
12 presents an identification card that was issued by a national organization
13 that advocates for persons with eligible medical conditions and that indicates
14 that the person suffers from an eligible medical condition;

15 “(d) The employee toilet facility is reasonably safe and is not located in
16 an area where providing access would create an obvious health or safety risk
17 to the customer or an obvious security risk to the place of public accommo-
18 dation; and

19 “(e) A public restroom is not immediately available to the customer.

20 “(2) This section does not apply to a gas station, as defined in ORS
21 646.932, with a building of 800 square feet or less.

22 **“SECTION 96.** ORS 676.550 is amended to read:

23 “676.550. (1) As used in this section:

24 “(a) ‘Medical assistance’ has the meaning given that term in ORS 414.025.

25 “(b) ‘Medicare’ means medical coverage provided under Title XVIII of the
26 Social Security Act.

27 “(c)(A) ‘Practitioner’ means a physician licensed under ORS chapter 677,
28 **a naturopathic physician licensed under ORS chapter 685** or a nurse
29 practitioner certified under ORS 678.375 who has a rural practice that meets
30 criteria established by the Office of Rural Health that applied as of January

1 1, 2004, for the purposes of ORS 315.613.

2 “(B) ‘Practitioner’ does not include a physician, **naturopathic physician**
3 or nurse practitioner who is located in an urbanized area of Jackson County,
4 as defined by the United States Census Bureau according to the most recent
5 federal decennial census taken pursuant to the authority of the United States
6 Department of Commerce under 13 U.S.C. 141(a), unless the practitioner is:

7 “(i) A physician **or naturopathic physician** who specializes in obstetrics
8 or who specializes in family or general practice and provides obstetrical
9 services; or

10 “(ii) A nurse practitioner who is certified for obstetric care.

11 “(2) The Oregon Health Authority shall establish a program to provide
12 payments to medical professional liability insurance insurers to subsidize the
13 cost of premiums charged by the insurers to practitioners described in sub-
14 section (3) of this section.

15 “(3) A practitioner is eligible for a subsidy under this section if the
16 practitioner:

17 “(a) Holds an active, unrestricted license or certification;

18 “(b) Is covered by a medical professional liability insurance policy issued
19 by an authorized insurer with minimum limits of coverage of \$1 million per
20 occurrence and \$1 million annual aggregate; and

21 “(c) Except for a nurse practitioner participating in the program who is
22 employed by a licensed physician, is willing to serve patients with Medicare
23 coverage and patients receiving medical assistance in at least the same pro-
24 portion to the practitioner’s total number of patients as the Medicare and
25 medical assistance populations represent of the total number of individuals
26 determined by the Office of Rural Health to be in need of care in the areas
27 served by the practice.

28 “(4) A practitioner whose medical professional liability insurance cover-
29 age is provided through a health care facility, as defined in ORS 442.400, and
30 who otherwise meets the requirements of subsection (3) of this section is el-

1 eligible for a subsidy if the office determines that the practitioner:

2 “(a) Is not an employee of the health care facility;

3 “(b) Is covered by a medical professional liability insurance policy that
4 names the practitioner and separately calculates the premium for the prac-
5 titioner; and

6 “(c) Fully reimburses the health care facility for the premium calculated
7 for the practitioner.

8 “(5) The Oregon Health Authority shall contract with the Office of Rural
9 Health to establish by rule criteria and procedures for an annual attestation
10 by participating practitioners of compliance with the requirements of sub-
11 section (3)(c) of this section.

12 **“SECTION 97.** ORS 676.552 is amended to read:

13 “676.552. (1)(a) The amount of the subsidy paid by the Oregon Health
14 Authority under ORS 676.550 shall be a percentage of the actual premium
15 charged for medical professional liability insurance with limits of coverage
16 of \$1 million per occurrence and up to \$3 million annual aggregate. However,
17 the premium subsidy for a practitioner referred to in paragraph (b)(C) or (D)
18 of this subsection shall be the lesser of the percentage of the premium due
19 or paid for the current calendar year and the premium paid in the previous
20 calendar year. When determining the lesser amount under this paragraph,
21 any step increases in the premium owing to the claims-made nature of the
22 policy may not be considered.

23 “(b) The subsidy paid by the Oregon Health Authority under ORS 676.550
24 shall be:

25 “(A) Eighty percent for physicians **and naturopathic physicians** spe-
26 cializing in obstetrics and nurse practitioners certified for obstetric care;

27 “(B) Sixty percent for physicians **and naturopathic physicians** special-
28 izing in family or general practice who provide obstetrical services;

29 “(C) Forty percent for physicians **and naturopathic physicians** and
30 nurse practitioners engaging in one or more of the following practices:

1 “(i) Family practice without obstetrical services;
2 “(ii) General practice without obstetrical services;
3 “(iii) Internal medicine;
4 “(iv) Geriatrics;
5 “(v) Pulmonary medicine;
6 “(vi) Pediatrics;
7 “(vii) General surgery; and
8 “(viii) Anesthesiology; and
9 “(D) Fifteen percent for physicians **and naturopathic physicians** and
10 nurse practitioners other than those included in subparagraphs (A) to (C) of
11 this paragraph.

12 “(2) If the funds available for the subsidy program are insufficient to
13 provide the maximum premium subsidy for all practitioners who qualify for
14 the program, the authority shall reduce or eliminate subsidies for practi-
15 tioners described in subsection (1)(b)(D) of this section. If, after eliminating
16 subsidies for practitioners described in subsection (1)(b)(D) of this section,
17 the funds are insufficient to provide the maximum premium subsidies for the
18 remaining practitioners, the authority shall also reduce or eliminate the
19 subsidies for practitioners described in subsection (1)(b)(C) of this section.

20 “(3) An insurer shall reduce the premium charged to a practitioner by the
21 amount of any premium subsidy paid or to be paid under this section and
22 ORS 676.550.

23 **“SECTION 98.** ORS 676.340 is amended to read:

24 “676.340. (1) Notwithstanding any other provision of law, a health prac-
25 titioner described in subsection (7) of this section who has registered under
26 ORS 676.345 and who provides health care services without compensation is
27 not liable for any injury, death or other loss arising out of the provision of
28 those services, unless the injury, death or other loss results from the gross
29 negligence of the health practitioner.

30 “(2) A health practitioner may claim the limitation on liability provided

1 by this section only if the patient receiving health care services, or a person
2 who has authority under law to make health care decisions for the patient,
3 signs a statement that notifies the patient that the health care services are
4 provided without compensation and that the health practitioner may be held
5 liable for death, injury or other loss only to the extent provided by this
6 section. The statement required under this subsection must be signed before
7 the health care services are provided.

8 “(3) A health practitioner may claim the limitation on liability provided
9 by this section only if the health practitioner obtains the patient’s informed
10 consent for the health care services before providing the services, or receives
11 the informed consent of a person who has authority under law to make
12 health care decisions for the patient.

13 “(4) A health practitioner provides health care services without compen-
14 sation for the purposes of subsection (1) of this section even though the
15 practitioner requires payment of laboratory fees, testing services and other
16 out-of-pocket expenses.

17 “(5) A health practitioner provides health care services without compen-
18 sation for the purposes of subsection (1) of this section even though the
19 practitioner provides services at a health clinic that receives compensation
20 from the patient, as long as the health practitioner does not personally re-
21 ceive compensation for the services.

22 “(6) In any civil action in which a health practitioner prevails based on
23 the limitation on liability provided by this section, the court shall award all
24 reasonable attorney fees incurred by the health practitioner in defending the
25 action.

26 “(7) This section applies only to:

27 “(a) A physician licensed under ORS 677.100 to 677.228;

28 “(b) A nurse licensed under ORS 678.040 to 678.101;

29 “(c) A nurse practitioner licensed under ORS 678.375 to 678.390;

30 “(d) A clinical nurse specialist certified under ORS 678.370 and 678.372;

1 “(e) A physician assistant licensed under ORS 677.505 to 677.525;

2 “(f) A dental hygienist licensed under ORS 680.010 to 680.205;

3 “(g) A dentist licensed under ORS 679.060 to 679.180;

4 “(h) A pharmacist licensed under ORS chapter 689; [and]

5 “(i) An optometrist licensed under ORS chapter 683; and

6 **“(j) A naturopathic physician licensed under ORS chapter 685.**

7 **“SECTION 99.** ORS 676.345 is amended to read:

8 “676.345. (1) A health practitioner described in ORS 676.340 (7) may claim
9 the liability limitation provided by ORS 676.340 only if the health practi-
10 tioner has registered with a health professional regulatory board in the
11 manner provided by this section. Registration under this section must be
12 made:

13 “(a) By a physician or physician assistant, with the Oregon Medical
14 Board;

15 “(b) By a nurse, nurse practitioner or clinical nurse specialist, with the
16 Oregon State Board of Nursing;

17 “(c) By a dentist or dental hygienist, with the Oregon Board of Dentistry;

18 “(d) By a pharmacist, with the State Board of Pharmacy; [and]

19 “(e) By an optometrist, with the Oregon Board of Optometry; and

20 **“(f) By a naturopathic physician, with the Oregon Board of
21 Naturopathic Medicine.**

22 “(2) The health professional regulatory boards listed in subsection (1) of
23 this section shall establish a registration program for the health practition-
24 ers who provide health care services without compensation and who wish to
25 be subject to the liability limitation provided by ORS 676.340. All health
26 practitioners registering under the program must provide the health profes-
27 sional regulatory board with:

28 “(a) A statement that the health practitioner will provide health care
29 services to patients without compensation, except for reimbursement for
30 laboratory fees, testing services and other out-of-pocket expenses;

1 “(b) A statement that the health practitioner will provide the notice re-
2 quired by ORS 676.340 (2) in the manner provided by ORS 676.340 (2) before
3 providing the services; and

4 “(c) A statement that the health practitioner will only provide health care
5 services without compensation that are within the scope of the health
6 practitioner’s license.

7 “(3) Registration under this section must be made annually. The health
8 professional regulatory boards listed in subsection (1) of this section shall
9 charge no fee for registration under this section.

10 **“SECTION 100.** ORS 678.010 is amended to read:

11 “678.010. As used in ORS 678.010 to 678.410, unless the context requires
12 otherwise:

13 “(1) ‘Board’ means the Oregon State Board of Nursing.

14 “(2) ‘Clinical nurse specialist’ means a licensed registered nurse who has
15 been certified by the board as qualified to practice the expanded clinical
16 specialty nursing role.

17 “(3) ‘Diagnosing’ in the context of the practice of nursing means iden-
18 tification of and discrimination between physical and psychosocial signs and
19 symptoms essential to effective execution and management of the nursing
20 care.

21 “(4) ‘Human responses’ means those signs, symptoms and processes which
22 denote the person’s interaction with an actual or potential health problem.

23 “(5) ‘Long term care facility’ means a licensed skilled nursing facility or
24 intermediate care facility as those terms are used in ORS 442.015, an adult
25 foster home as defined in ORS 443.705 that has residents over 60 years of age,
26 a residential care facility as defined in ORS 443.400 or an assisted living
27 facility.

28 “(6) ‘Nurse practitioner’ means a registered nurse who has been certified
29 by the board as qualified to practice in an expanded specialty role within the
30 practice of nursing.

1 “(7) ‘Physician’ means a person licensed to practice under ORS chapter
2 **677 or a person licensed to practice under ORS chapter 685.**

3 “(8) ‘Practice of nursing’ means diagnosing and treating human responses
4 to actual or potential health problems through such services as identification
5 thereof, health teaching, health counseling and providing care supportive to
6 or restorative of life and well-being and including the performance of such
7 additional services requiring education and training which are recognized
8 by the nursing profession as proper to be performed by nurses licensed under
9 ORS 678.010 to 678.410 and which are recognized by rules of the board.
10 ‘Practice of nursing’ includes executing medical orders as prescribed by a
11 physician or dentist but does not include such execution by a member of the
12 immediate family for another member or execution by a person designated
13 by or on behalf of a person requiring care as provided by board rule where
14 the person executing the care is not licensed under ORS 678.010 to 678.410.
15 The practice of nursing includes providing supervision of nursing assistants.

16 “(9) ‘Practice of practical nursing’ means the application of knowledge
17 drawn from basic education in the social and physical sciences in planning
18 and giving nursing care and in assisting persons toward achieving of health
19 and well-being.

20 “(10) ‘Practice of registered nursing’ means the application of knowledge
21 drawn from broad in-depth education in the social and physical sciences in
22 assessing, planning, ordering, giving, delegating, teaching and supervising
23 care which promotes the person’s optimum health and independence.

24 “(11) ‘Treating’ means selection and performance of those therapeutic
25 measures essential to the effective execution and management of the nursing
26 care and execution of the prescribed medical orders.

27 **“SECTION 101.** ORS 678.038, as amended by section 6, chapter 26, Oregon
28 Laws 2016, is amended to read:

29 “678.038. A registered nurse who is employed by a public or private
30 school, or by an education service district or a local public health authority

1 as defined in ORS 431.003 to provide nursing services at a public or private
2 school, may accept an order from a physician licensed to practice medicine,
3 **naturopathic medicine** or osteopathy in another state or territory of the
4 United States if the order is related to the care or treatment of a student
5 who has been enrolled at the school for not more than 90 days.

6 **“SECTION 102.** ORS 678.725 is amended to read:

7 “678.725. (1)(a) Unless state or federal laws relating to confidentiality or
8 the protection of health information prohibit disclosure, any health care fa-
9 cility licensed under ORS 441.015, any licensee licensed by the Health Li-
10 censing Office, any physician licensed by the Oregon Medical Board, **any**
11 **naturopathic physician licensed by the Oregon Board of Naturopathic**
12 **Medicine**, any licensed professional nurse and any licensed pharmacist shall
13 report to the office suspected violations of ORS 678.710 to 678.820 and un-
14 sanitary or other unsatisfactory conditions in a nursing home.

15 “(b) Unless state or federal laws relating to confidentiality or the pro-
16 tection of health information prohibit disclosure, a licensee licensed under
17 ORS 678.710 to 678.820 who has reasonable cause to believe that a licensee
18 of any board as defined in ORS 676.150 has engaged in prohibited conduct
19 as defined in ORS 676.150 shall report the prohibited conduct in the manner
20 provided in ORS 676.150.

21 “(c) Any person may report to the office suspected violations of ORS
22 678.710 to 678.820 or unsanitary conditions in a nursing home.

23 “(2) Information acquired by the office pursuant to subsection (1) of this
24 section is confidential and is not subject to public disclosure.

25 “(3) Any person who reports or provides information to the office under
26 subsection (1) of this section and who provides information in good faith may
27 not be subject to an action for civil damages as a result of making the report
28 or providing the information.

29 **“SECTION 103.** ORS 680.205 is amended to read:

30 “680.205. (1) An expanded practice dental hygienist may render all ser-

1 vices within the scope of practice of dental hygiene, as defined in ORS
2 679.010, without the supervision of a dentist and as authorized by the ex-
3 panded practice dental hygienist permit to:

4 “(a) Patients or residents of the following facilities or programs who, due
5 to age, infirmity or disability, are unable to receive regular dental hygiene
6 treatment:

7 “(A) Nursing homes as defined in ORS 678.710;

8 “(B) Adult foster homes as defined in ORS 443.705;

9 “(C) Residential care facilities as defined in ORS 443.400;

10 “(D) Adult congregate living facilities as defined in ORS 441.525;

11 “(E) Mental health residential programs administered by the Oregon
12 Health Authority;

13 “(F) Facilities for persons with mental illness, as those terms are defined
14 in ORS 426.005;

15 “(G) Facilities for persons with developmental disabilities, as those terms
16 are defined in ORS 427.005;

17 “(H) Local correctional facilities and juvenile detention facilities as those
18 terms are defined in ORS 169.005, regional correctional facilities as defined
19 in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth
20 care centers as defined in ORS 420.855, and Department of Corrections in-
21 stitutions as defined in ORS 421.005; or

22 “(I) Public and nonprofit community health clinics.

23 “(b) Adults who are homebound.

24 “(c) Students or enrollees of nursery schools and day care programs and
25 their siblings under 18 years of age, Job Corps and similar employment
26 training facilities, primary and secondary schools, including private schools
27 and public charter schools, and persons entitled to benefits under the
28 Women, Infants and Children Program.

29 “(d) Patients in hospitals, medical clinics, medical offices or offices oper-
30 ated or staffed by **naturopathic physicians**, nurse practitioners, physician

1 assistants or midwives.

2 “(e) Patients whose income is less than the federal poverty level.

3 “(f) Other populations that the Oregon Board of Dentistry determines are
4 underserved or lack access to dental hygiene services.

5 “(2) Unless different criteria for referral of a patient or resident to a
6 dentist are included in an agreement described in subsection (3) of this sec-
7 tion, at least once each calendar year, an expanded practice dental hygienist
8 shall refer each patient or resident to a dentist who is available to treat the
9 patient or resident.

10 “(3) An expanded practice dental hygienist may render the services de-
11 scribed in paragraphs (a) to (d) of this subsection to the patients described
12 in subsection (1) of this section if the expanded practice dental hygienist has
13 entered into an agreement in a format approved by the board with a dentist
14 licensed under ORS chapter 679. The agreement must set forth the agreed-
15 upon scope of the dental hygienist’s practice with regard to:

16 “(a) Administering local anesthesia;

17 “(b) Administering temporary restorations without excavation;

18 “(c) Prescribing prophylactic antibiotics and nonsteroidal anti-
19 inflammatory drugs specified in the agreement; and

20 “(d) Referral parameters.

21 “(4) This section does not authorize an expanded practice dental hygienist
22 to administer nitrous oxide except under the indirect supervision of a dentist
23 licensed under ORS chapter 679.

24 “(5) An expanded practice dental hygienist may assess the need for and
25 appropriateness of sealants, apply sealants and write prescriptions for all
26 applications of fluoride in which fluoride is applied or supplied to patients.

27 “(6) An expanded practice dental hygienist must also procure all other
28 permits or certificates required by the board under ORS 679.250.

29 **“SECTION 104.** ORS 680.545 is amended to read:

30 “680.545. Denturists licensed prior to January 1, 2004, who have not re-

1 ceived an oral pathology endorsement from the State Board of Denture
2 Technology may not treat any person without having first received a state-
3 ment, dated within 30 days of the date of treatment and signed by a dentist,
4 physician, **naturopathic physician**, physician assistant licensed under ORS
5 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390,
6 that the person’s oral cavity is substantially free from disease and mechan-
7 ically sufficient to receive a denture.

8 **“SECTION 105.** ORS 682.025 is amended to read:

9 “682.025. As used in this chapter, unless the context requires otherwise:

10 “(1) ‘Ambulance’ or ‘ambulance vehicle’ means a privately or publicly
11 owned motor vehicle, aircraft or watercraft that is regularly provided or of-
12 fered to be provided for the emergency transportation of persons who are ill
13 or injured or who have disabilities.

14 “(2) ‘Ambulance service’ means a person, governmental unit or other en-
15 tity that operates ambulances and that holds itself out as providing prehos-
16 pital care or medical transportation to persons who are ill or injured or who
17 have disabilities.

18 “(3) ‘Emergency care’ means the performance of acts or procedures under
19 emergency conditions in the observation, care and counsel of persons who
20 are ill or injured or who have disabilities; in the administration of care or
21 medications [*as*] prescribed by a licensed physician **or naturopathic physi-**
22 **cian**, insofar as any of these acts is based upon knowledge and application
23 of the principles of biological, physical and social science as required by a
24 completed course utilizing an approved curriculum in prehospital emergency
25 care. [*However,*] ‘Emergency care’ does not include acts of medical diagnosis
26 or prescription of therapeutic or corrective measures.

27 “(4) ‘Emergency medical services provider’ means a person who has re-
28 ceived formal training in prehospital and emergency care, and is licensed to
29 attend any person who is ill or injured or who has a disability. Police offi-
30 cers, firefighters, funeral home employees and other persons serving in a dual

1 capacity one of which meets the definition of ‘emergency medical services
2 provider’ are ‘emergency medical services providers’ within the meaning of
3 this chapter.

4 “(5) ‘Fraud or deception’ means the intentional misrepresentation or mis-
5 statement of a material fact, concealment of or failure to make known any
6 material fact, or any other means by which misinformation or false im-
7 pression knowingly is given.

8 “(6) ‘Governmental unit’ means the state or any county, municipality or
9 other political subdivision or any department, board or other agency of any
10 of them.

11 “(7) ‘Highway’ means every public way, thoroughfare and place, including
12 bridges, viaducts and other structures within the boundaries of this state,
13 used or intended for the use of the general public for vehicles.

14 “(8) ‘Nonemergency care’ means the performance of acts or procedures on
15 a patient who is not expected to die, become permanently disabled or suffer
16 permanent harm within the next 24 hours, including but not limited to ob-
17 servation, care and counsel of a patient and the administration of
18 medications prescribed by a physician licensed under ORS chapter 677 **or**
19 **naturopathic physician licensed under ORS chapter 685**, insofar as any
20 of those acts are based upon knowledge and application of the principles of
21 biological, physical and social science and are performed in accordance with
22 scope of practice rules adopted by the Oregon Medical Board **or Oregon**
23 **Board of Naturopathic Medicine** in the course of providing prehospital
24 care.

25 “(9) ‘Owner’ means the person having all the incidents of ownership in
26 an ambulance service or an ambulance vehicle or where the incidents of
27 ownership are in different persons, the person, other than a security interest
28 holder or lessor, entitled to the possession of an ambulance vehicle or oper-
29 ation of an ambulance service under a security agreement or a lease for a
30 term of 10 or more successive days.

1 “(10) ‘Patient’ means a person who is ill or injured or who has a disability
2 and who is transported in an ambulance.

3 “(11) ‘Prehospital care’ means care rendered by emergency medical ser-
4 vices providers as an incident of the operation of an ambulance and care
5 rendered by emergency medical services providers as incidents of other pub-
6 lic or private safety duties, and includes, but is not limited to, ‘emergency
7 care.’

8 “(12) ‘Scope of practice’ means the maximum level of emergency or non-
9 emergency care that an emergency medical services provider may provide.

10 “(13) ‘Standing orders’ means the written protocols that an emergency
11 medical services provider follows to treat patients when direct contact with
12 a physician is not maintained.

13 “(14) ‘Supervising physician’ means a medical or osteopathic physician
14 licensed under ORS chapter 677, actively registered and in good standing
15 with the **Oregon Medical** Board, who provides direction of emergency or
16 nonemergency care provided by emergency medical services providers.

17 “(15) ‘Unprofessional conduct’ means conduct unbecoming a person li-
18 censed to perform emergency care, or detrimental to the best interests of the
19 public and includes:

20 “(a) Any conduct or practice contrary to recognized standards of ethics
21 of the medical profession or any conduct or practice which does or might
22 constitute a danger to the health or safety of a patient or the public or any
23 conduct, practice or condition which does or might impair an emergency
24 medical services provider’s ability safely and skillfully to practice emergency
25 or nonemergency care;

26 “(b) Willful performance of any medical treatment which is contrary to
27 acceptable medical standards; and

28 “(c) Willful and consistent utilization of medical service for treatment
29 which is or may be considered inappropriate or unnecessary.

30 “**SECTION 106.** ORS 685.110 is amended to read:

1 “685.110. The Oregon Board of Naturopathic Medicine may refuse to grant
2 a license, may suspend or revoke a license, may limit a license, may impose
3 probation, may issue a letter of reprimand and may impose a civil penalty
4 not to exceed \$5,000 for each offense for any of the following reasons:

5 “(1) Using fraud or deception in securing a license.

6 “(2) Impersonating another physician.

7 “(3) Practicing naturopathic medicine under an assumed name.

8 “[(4) *Performing an abortion.*]

9 “[(5)] (4) Being convicted of a crime involving moral turpitude.

10 “[(6)] (5) Any other reason that renders the applicant or licensee unfit to
11 perform the duties of a naturopathic physician.

12 “[(7)] (6) Being convicted of a crime relating to practice of naturopathic
13 medicine.

14 “[(8)] (7) Committing negligence related to the practice of naturopathic
15 medicine.

16 “[(9)] (8) Having an impairment as defined in ORS 676.303.

17 “[(10)] (9) Prescribing or dispensing drugs outside the scope of practice.

18 “[(11)] (10) Obtaining a fee through fraud or misrepresentation.

19 “[(12)] (11) Committing gross or repeated malpractice.

20 “[(13)] (12) Representing to a patient that a manifestly incurable condi-
21 tion of sickness, disease or injury can be permanently cured.

22 “[(14)] (13) Engaging in any conduct or practice contrary to a recognized
23 standard of ethics of the profession or any conduct or practice that does or
24 might constitute a danger to the health or safety of a patient or the public
25 or any conduct, practice or condition that does or might adversely affect a
26 physician’s ability safely and skillfully to practice naturopathic medicine.

27 “[(15)] (14) Willfully and consistently utilizing any naturopathic service,
28 X-ray equipment or treatment contrary to recognized standards of practice
29 of the naturopathic profession.

30 “[(16)] (15) Failing to notify the board within 30 days of a change in the

1 location of practice or of mailing address.

2 “[~~(17)~~] **(16)** Attempting to practice naturopathic medicine or practicing
3 or claiming to practice naturopathic medicine or any of its components in
4 this state without first complying with the provisions of this chapter.

5 “[~~(18)~~] **(17)** Having a license to practice naturopathic medicine in another
6 jurisdiction suspended or revoked.

7 “[~~(19)~~] **(18)** Employing unlicensed persons to practice naturopathic medi-
8 cine.

9 “[~~(20)~~] **(19)** Practicing natural childbirth without first obtaining a certifi-
10 cate of special competency.

11 “[~~(21)~~] **(20)** Failing to respond in a timely manner to a request for infor-
12 mation regarding a complaint or the investigation of a complaint by the
13 board.

14 “[~~(22)~~] **(21)** Failing to pay a civil penalty in the time specified by the order
15 imposing the penalty.

16 “[~~(23)~~] **(22)** Violating any provision of this chapter or rules adopted by the
17 board.

18 **SECTION 107.** ORS 688.800 is amended to read:

19 “688.800. As used in ORS 688.800 to 688.840:

20 “(1) ‘Polysomnographic technologist’ means a person licensed under ORS
21 688.819.

22 “(2) ‘Polysomnography’ means the treatment, management, diagnostic
23 testing, education and care of patients with disorders related to sleep.

24 ‘Polysomnography’ includes, but is not limited to:

25 “(a) The use of the following during treatment, management, diagnostic
26 testing, education and care of patients with disorders related to sleep:

27 “(A) Supplemental low-flow oxygen therapy, using up to six liters per
28 minute of oxygen;

29 “(B) Continuous or bilevel positive airway pressure titration on
30 spontaneously breathing patients using a mask or oral appliance, if the mask

1 or oral appliance does not extend into the trachea or attach to an artificial
2 airway;

3 “(C) Capnography;

4 “(D) Cardiopulmonary resuscitation;

5 “(E) Pulse oximetry;

6 “(F) Sleep staging, including surface electroencephalography, surface
7 electrooculography and submental surface electromyography;

8 “(G) Electrocardiography;

9 “(H) Respiratory effort monitoring, including thoracic and abdominal
10 movement monitoring;

11 “(I) Plethysmography blood flow monitoring;

12 “(J) Snore monitoring;

13 “(K) Audio or video monitoring of movement or behavior;

14 “(L) Body movement monitoring;

15 “(M) Nocturnal penile tumescence monitoring, when performed in a fa-
16 cility approved by the Respiratory Therapist and Polysomnographic
17 Technologist Licensing Board;

18 “(N) Nasal and oral airflow monitoring;

19 “(O) Body temperature monitoring; or

20 “(P) Portable monitoring devices and other medical equipment used to
21 treat sleep disorders;

22 “(b) Analyzing data for the purpose of assisting a physician who diagnoses
23 and treats disorders related to sleep;

24 “(c) Implementation and monitoring of durable medical equipment used
25 in the treatment of sleep disorders; and

26 “(d) Educating patients and immediate family members of patients re-
27 garding testing and treatment of sleep disorders.

28 “(3) ‘Qualified medical director for polysomnography’ means the medical
29 director of an inpatient or outpatient polysomnography facility who is a
30 physician licensed under ORS chapter 677 **or a naturopathic physician li-**

1 **censed under ORS chapter 685**, has special interest and knowledge in the
2 diagnosis and treatment of sleep disorders and is actively practicing in the
3 field of sleep disorders.

4 “(4) ‘Qualified medical director for respiratory care’ means the medical
5 director of any inpatient or outpatient respiratory care service, department
6 or home care agency who is a physician licensed under ORS chapter 677 **or**
7 **naturopathic physician licensed under ORS chapter 685** and who has
8 special interest and knowledge in the diagnosis and treatment of respiratory
9 problems.

10 “(5) ‘Respiratory care’ means the treatment, management, diagnostic
11 testing, control and care of patients with deficiencies and abnormalities as-
12 sociated with the cardiopulmonary system. ‘Respiratory care’ includes, but
13 is not limited to:

14 “(a) Direct and indirect respiratory care services, including but not lim-
15 ited to the administration of pharmacological, diagnostic and therapeutic
16 agents related to respiratory care procedures necessary to implement a
17 treatment, disease prevention, pulmonary rehabilitative or diagnostic
18 regimen prescribed by a physician **or naturopathic physician**;

19 “(b) Transcription and implementation of the written or verbal orders of
20 a physician **or naturopathic physician** pertaining to the practice of re-
21 spiratory care;

22 “(c) Observing and monitoring signs and symptoms, reactions, general
23 behaviors, general physical responses to respiratory care treatment and di-
24 agnostic testing, including determination of whether such signs, symptoms,
25 reactions, general behaviors or general physical responses exhibit abnormal
26 characteristics;

27 “(d) Implementation based on observed abnormalities, or appropriate re-
28 porting, referral, respiratory care protocols or changes in treatment, pursu-
29 ant to a prescription by a person authorized to practice medicine under the
30 laws of this state; and

1 “(e) The initiation of emergency procedures under the rules of the board
2 or as otherwise permitted under ORS 688.800 to 688.840.

3 “(6) ‘Respiratory care practitioner’ means a person licensed under ORS
4 688.815.

5 “(7) ‘Respiratory care services’ means cardiopulmonary care services in-
6 cluding, but not limited to, the diagnostic and therapeutic use of the fol-
7 lowing:

8 “(a) Except for the purpose of anesthesia, administration of medical gases,
9 aerosols and humidification;

10 “(b) Environmental control mechanisms and hyperbaric therapy;

11 “(c) Pharmacologic agents related to respiratory care procedures;

12 “(d) Mechanical or physiological ventilatory support;

13 “(e) Bronchopulmonary hygiene;

14 “(f) Cardiopulmonary resuscitation;

15 “(g) Maintenance of the natural airway;

16 “(h) Maintenance of artificial airways;

17 “(i) Specific diagnostic and testing techniques employed in the medical
18 management of patients to assist in diagnosis, monitoring, treatment and
19 research of pulmonary abnormalities, including measurements of ventilatory
20 volumes, pressures and flows, collection of specimens of blood and blood
21 gases, expired and inspired gas samples, respiratory secretions and
22 pulmonary function testing; and

23 “(j) Hemodynamic and other related physiologic measurements of the
24 cardiopulmonary system.

25 **“SECTION 108.** ORS 688.805 is amended to read:

26 “688.805. (1) Nothing in ORS 688.800 to 688.840 is intended to limit, pre-
27 clude or otherwise interfere with the practices of other persons and health
28 providers licensed by appropriate agencies of this state.

29 “(2) Nothing in ORS 688.800 to 688.840 prohibits:

30 “(a) The practice of respiratory care by a student enrolled in a respiratory

1 care education program approved by the American Medical Association in
2 collaboration with the Joint Review Committee for Respiratory Therapy Ed-
3 ucation or their successors or equivalent organizations, as approved by the
4 Respiratory Therapist and Polysomnographic Technologist Licensing Board.

5 “(b) The practice of polysomnography by a student who is:

6 “(A) Enrolled in an educational program for polysomnography approved
7 by the board; and

8 “(B) In the physical presence of a supervisor approved by the board.

9 “(c) Self-care by a patient, or gratuitous care by a friend or family mem-
10 ber who does not claim to be a respiratory care practitioner.

11 “(d) Respiratory care services rendered in the course of an emergency.

12 “(3) Persons in the military services or working in federal facilities are
13 exempt from the provisions of ORS 688.800 to 688.840 when functioning in the
14 course of assigned duties.

15 “(4) Nothing in ORS 688.800 to 688.840 is intended to permit the practice
16 of medicine by a person licensed to practice respiratory care or polysom-
17 nography unless the person is also licensed to practice medicine.

18 “(5) The practice of respiratory care:

19 “(a) May be performed in any clinic, hospital, skilled nursing facility,
20 private dwelling or other setting approved by the board.

21 “(b) Must be performed in accordance with the prescription or verbal or-
22 der of a physician **or naturopathic physician** and shall be performed under
23 a qualified medical director for respiratory care.

24 “(6) The practice of polysomnography:

25 “(a) May be performed in a clinic, hospital, skilled nursing facility, sleep
26 center, sleep laboratory, physician’s office, **naturopathic physician’s of-
27 fice**, private dwelling or other setting approved by the board.

28 “(b) Must be performed in accordance with the prescription or verbal or-
29 der of a physician, **naturopathic physician** or physician assistant licensed
30 under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375

1 to 678.390 and under the direction of a qualified medical director for poly-
2 somnography.

3 **“SECTION 109.** ORS 688.807 is amended to read:

4 “688.807. Notwithstanding ORS 688.805:

5 “(1) ORS 688.800 to 688.840 do not prohibit a respiratory care practitioner
6 from practicing polysomnography in accordance with the prescription or
7 verbal order of a physician **or naturopathic physician** and under the di-
8 rection of a qualified medical director for respiratory care or for polysom-
9 nography.

10 “(2) A polysomnographic technologist may not practice respiratory care
11 without a license issued under ORS 688.815, unless the act is within the
12 scope of practice of a polysomnographic technologist.

13 **“SECTION 110.** ORS 689.005 is amended to read:

14 “689.005. As used in this chapter:

15 “(1) ‘Administer’ means the direct application of a drug or device whether
16 by injection, inhalation, ingestion, or any other means, to the body of a pa-
17 tient or research subject by:

18 “(a) A practitioner or the practitioner’s authorized agent; or

19 “(b) The patient or research subject at the direction of the practitioner.

20 “(2) ‘Approved continuing pharmacy education program’ means those
21 seminars, classes, meetings, workshops and other educational programs on
22 the subject of pharmacy approved by the board.

23 “(3) ‘Board of pharmacy’ or ‘board’ means the State Board of Pharmacy.

24 “(4) ‘Clinical pharmacy agreement’ means an agreement between a
25 pharmacist or pharmacy and a health care organization or a physician as
26 defined in ORS 677.010 **or a naturopathic physician as defined in ORS**
27 **685.010** that permits the pharmacist to engage in the practice of clinical
28 pharmacy for the benefit of the patients of the health care organization
29 [or], physician **or naturopathic physician.**

30 “(5) ‘Continuing pharmacy education’ means:

1 “(a) Professional, pharmaceutical post-graduate education in the general
2 areas of socio-economic and legal aspects of health care;

3 “(b) The properties and actions of drugs and dosage forms; and

4 “(c) The etiology, characteristics and therapeutics of the disease state.

5 “(6) ‘Continuing pharmacy education unit’ means the unit of measurement
6 of credits for approved continuing education courses and programs.

7 “(7) ‘Deliver’ or ‘delivery’ means the actual, constructive or attempted
8 transfer of a drug or device other than by administration from one person
9 to another, whether or not for a consideration.

10 “(8) ‘Device’ means an instrument, apparatus, implement, machine,
11 contrivance, implant, in vitro reagent or other similar or related article, in-
12 cluding any component part or accessory, which is required under federal
13 or state law to be prescribed by a practitioner and dispensed by a
14 pharmacist.

15 “(9) ‘Dispense’ or ‘dispensing’ means the preparation and delivery of a
16 prescription drug pursuant to a lawful order of a practitioner in a suitable
17 container appropriately labeled for subsequent administration to or use by
18 a patient or other individual entitled to receive the prescription drug.

19 “(10) ‘Distribute’ means the delivery of a drug other than by administer-
20 ing or dispensing.

21 “(11) ‘Drug’ means:

22 “(a) Articles recognized as drugs in the official United States
23 Pharmacopoeia, official National Formulary, official Homeopathic
24 Pharmacopoeia, other drug compendium or any supplement to any of them;

25 “(b) Articles intended for use in the diagnosis, cure, mitigation, treatment
26 or prevention of disease in a human or other animal;

27 “(c) Articles, other than food, intended to affect the structure or any
28 function of the body of humans or other animals; and

29 “(d) Articles intended for use as a component of any articles specified in
30 paragraph (a), (b) or (c) of this subsection.

1 “(12) ‘Drug order’ means a written order, in a hospital or other inpatient
2 care facility, for an ultimate user of any drug or device issued and signed
3 by a practitioner, or an order transmitted by other means of communication
4 from a practitioner, that is immediately reduced to writing by a pharmacist,
5 licensed nurse or other practitioner.

6 “(13) ‘Drug outlet’ means any pharmacy, nursing home, shelter home,
7 convalescent home, extended care facility, drug abuse treatment center, penal
8 institution, hospital, family planning clinic, student health center, retail
9 store, wholesaler, manufacturer, mail-order vendor or other establishment
10 with facilities located within or out of this state that is engaged in dis-
11 pensing, delivery or distribution of drugs within this state.

12 “(14) ‘Drug room’ means a secure and lockable location within an inpa-
13 tient care facility that does not have a licensed pharmacy.

14 “(15) ‘Electronically transmitted’ or ‘electronic transmission’ means a
15 communication sent or received through technological apparatuses, including
16 computer terminals or other equipment or mechanisms linked by telephone
17 or microwave relays, or any similar apparatus having electrical, digital,
18 magnetic, wireless, optical, electromagnetic or similar capabilities.

19 “(16) ‘Hormonal contraceptive patch’ means a transdermal patch applied
20 to the skin of a patient, by the patient or by a practitioner, that releases a
21 drug composed of a combination of hormones that is approved by the United
22 States Food and Drug Administration to prevent pregnancy.

23 “(17) ‘Institutional drug outlet’ means hospitals and inpatient care facili-
24 ties where medications are dispensed to another health care professional for
25 administration to patients served by the hospitals or facilities.

26 “(18) ‘Intern’ means a person who is enrolled in or has completed a course
27 of study at a school or college of pharmacy approved by the board and who
28 is licensed with the board as an intern.

29 “(19) ‘Internship’ means a professional experiential program approved by
30 the board under the supervision of a licensed pharmacist registered with the

1 board as a preceptor.

2 “(20) ‘Itinerant vendor’ means a person who sells or distributes
3 nonprescription drugs by passing from house to house, or by haranguing the
4 people on the public streets or in public places, or who uses the customary
5 devices for attracting crowds, recommending their wares and offering them
6 for sale.

7 “(21) ‘Labeling’ means the process of preparing and affixing of a label to
8 any drug container exclusive, however, of the labeling by a manufacturer,
9 packer or distributor of a nonprescription drug or commercially packaged
10 legend drug or device.

11 “(22) ‘Manufacture’ means the production, preparation, propagation, com-
12 pounding, conversion or processing of a device or a drug, either directly or
13 indirectly by extraction from substances of natural origin or independently
14 by means of chemical synthesis or by a combination of extraction and
15 chemical synthesis and includes any packaging or repackaging of the sub-
16 stances or labeling or relabeling of its container, except that this term does
17 not include the preparation or compounding of a drug by an individual for
18 their own use or the preparation, compounding, packaging or labeling of a
19 drug:

20 “(a) By a practitioner as an incident to administering or dispensing of a
21 drug in the course of professional practice; or

22 “(b) By a practitioner or by the practitioner’s authorization under super-
23 vision of the practitioner for the purpose of or as an incident to research,
24 teaching or chemical analysis and not for sale.

25 “(23) ‘Manufacturer’ means a person engaged in the manufacture of drugs.

26 “(24) ‘Nonprescription drug outlet’ means shopkeepers and itinerant ven-
27 dors registered under ORS 689.305.

28 “(25) ‘Nonprescription drugs’ means drugs which may be sold without a
29 prescription and which are prepackaged for use by the consumer and labeled
30 in accordance with the requirements of the statutes and regulations of this

1 state and the federal government.

2 “(26) ‘Person’ means an individual, corporation, partnership, association
3 or any other legal entity.

4 “(27) ‘Pharmacist’ means an individual licensed by this state to engage in
5 the practice of pharmacy or to engage in the practice of clinical pharmacy.

6 “(28) ‘Pharmacy’ means a place that meets the requirements of rules of
7 the board, is licensed and approved by the board where the practice of
8 pharmacy may lawfully occur and includes apothecaries, drug stores,
9 dispensaries, hospital outpatient pharmacies, pharmacy departments and
10 prescription laboratories but does not include a place used by a manufacturer
11 or wholesaler.

12 “(29) ‘Pharmacy technician’ means a person licensed by the State Board
13 of Pharmacy who assists the pharmacist in the practice of pharmacy pursu-
14 ant to rules of the board.

15 “(30) ‘Practice of clinical pharmacy’ means:

16 “(a) The health science discipline in which, in conjunction with the
17 patient’s other practitioners, a pharmacist provides patient care to optimize
18 medication therapy and to promote disease prevention and the patient’s
19 health and wellness;

20 “(b) The provision of patient care services, including but not limited to
21 post-diagnostic disease state management services; and

22 “(c) The practice of pharmacy by a pharmacist pursuant to a clinical
23 pharmacy agreement.

24 “(31) ‘Practice of pharmacy’ means:

25 “(a) The interpretation and evaluation of prescription orders;

26 “(b) The compounding, dispensing and labeling of drugs and devices, ex-
27 cept labeling by a manufacturer, packer or distributor of nonprescription
28 drugs and commercially packaged legend drugs and devices;

29 “(c) The prescribing and administering of vaccines and immunizations and
30 the providing of patient care services pursuant to ORS 689.645;

1 “(d) The administering of drugs and devices to the extent permitted under
2 ORS 689.655;

3 “(e) The participation in drug selection and drug utilization reviews;

4 “(f) The proper and safe storage of drugs and devices and the maintenance
5 of proper records therefor;

6 “(g) The responsibility for advising, where necessary or where regulated,
7 of therapeutic values, content, hazards and use of drugs and devices;

8 “(h) The monitoring of therapeutic response or adverse effect to drug
9 therapy;

10 “(i) The optimizing of drug therapy through the practice of clinical
11 pharmacy;

12 “(j) Patient care services, including medication therapy management and
13 comprehensive medication review;

14 “(k) The offering or performing of those acts, services, operations or
15 transactions necessary in the conduct, operation, management and control
16 of pharmacy; and

17 “(L) The prescribing and dispensing of hormonal contraceptive patches
18 and self-administered oral hormonal contraceptives pursuant to ORS 689.683.

19 “(32) ‘Practitioner’ means a person licensed and operating within the
20 scope of such license to prescribe, dispense, conduct research with respect
21 to or administer drugs in the course of professional practice or research:

22 “(a) In this state; or

23 “(b) In another state or territory of the United States if the person does
24 not reside in Oregon and is registered under the federal Controlled Sub-
25 stances Act.

26 “(33) ‘Preceptor’ means a pharmacist or a person licensed by the board to
27 supervise the 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
30 labeled with either of the following statements:

1 “(A) ‘Caution: Federal law prohibits dispensing without prescription’; or

2 “(B) ‘Caution: Federal law restricts this drug to use by or on the order
3 of a licensed veterinarian’; or

4 “(b) Required by any applicable federal or state law or regulation to be
5 dispensed on prescription only or is restricted to use by practitioners only.

6 “(35) ‘Prescription’ or ‘prescription drug order’ means a written, oral or
7 electronically transmitted direction, given by a practitioner authorized to
8 prescribe drugs, for the preparation and use of a drug. When the context
9 requires, ‘prescription’ also means the drug prepared under such written, oral
10 or electronically transmitted direction.

11 “(36) ‘Retail drug outlet’ means a place used for the conduct of the retail
12 sale, administering or dispensing or compounding of drugs or chemicals or
13 for the administering or dispensing of prescriptions and licensed by the board
14 as a place wherein the practice of pharmacy may lawfully occur.

15 “(37) ‘Self-administered oral hormonal contraceptive’ means a drug com-
16 posed of a combination of hormones that is approved by the United States
17 Food and Drug Administration to prevent pregnancy and that the patient to
18 whom the drug is prescribed may take orally.

19 “(38) ‘Shopkeeper’ means a business or other establishment, open to the
20 general public, for the sale or nonprofit distribution of drugs.

21 “(39) ‘Unit dose’ means a sealed single-unit container so designed that the
22 contents are administered to the patient as a single dose, direct from the
23 container. Each unit dose container must bear a separate label, be labeled
24 with the name and strength of the medication, the name of the manufacturer
25 or distributor, an identifying lot number and, if applicable, the expiration
26 date of the medication.

27 “(40) ‘Wholesale drug outlet’ means any person who imports, stores, dis-
28 tributes or sells for resale any drugs including legend drugs and
29 nonprescription drugs.

30 “**SECTION 111.** ORS 742.405 is amended to read:

1 “742.405. (1) No insurer may require membership in a professional asso-
2 ciation as a condition of issuance of medical malpractice insurance to a
3 physician **or naturopathic physician**. However, nothing in this subsection
4 prohibits an insurer from requiring as a condition of coverage of a non-
5 member that the nonmember agrees to be subject to reasonable risk man-
6 agement, loss control or other similar programs and conditions to which
7 members are subject, whether imposed by the insurer or the association.

8 “(2) No insurer who issues medical malpractice insurance to a physician
9 **or naturopathic physician** may assess any surcharge or offer any discount
10 to the physician **or naturopathic physician** based on whether or not the
11 physician **or naturopathic physician** is a member of a professional associ-
12 ation.

13 “(3) For purposes of this section, joint underwriting associations and risk
14 retention groups shall be considered insurers.

15 **“SECTION 112.** ORS 742.420 is amended to read:

16 “742.420. As used in ORS 742.420 to 742.440:

17 “(1) ‘Discount medical plan’ means a contract, agreement or other busi-
18 ness arrangement between a discount medical plan organization and a plan
19 member in which the organization, in exchange for fees, service or sub-
20 scription charges, dues or other consideration, offers or purports to offer the
21 plan member access to providers and the right to receive medical and ancil-
22 lary services at a discount from providers.

23 “(2) ‘Discount medical plan organization’ means a person that contracts
24 on behalf of plan members with a provider, a provider network or another
25 discount medical plan organization for access to medical and ancillary ser-
26 vices at a discounted rate and determines what plan members will pay as a
27 fee, service or subscription charge, dues or other consideration for a discount
28 medical plan.

29 “(3) ‘Licensee’ means a discount medical plan organization that has ob-
30 tained a license from the Director of the Department of Consumer and

1 Business Services in accordance with ORS 742.426.

2 “(4) ‘Medical and ancillary services’ means, except when administered by
3 or under contract with the State of Oregon, any care, service, treatment or
4 product provided for any dysfunction, injury or illness of the human body
5 including, but not limited to, care provided by a physician, **naturopathic**
6 **physician**, physician assistant or nurse practitioner, inpatient care, hospital
7 and surgical services, emergency and ambulance services, audiology services,
8 dental care services, vision care services, mental health services, substance
9 abuse counseling or treatment, chiropractic services, podiatric care services,
10 laboratory services, home health care services, medical equipment and sup-
11 plies or prescription drugs.

12 “(5) ‘Plan member’ means an individual who pays fees, service or sub-
13 scription charges, dues or other consideration in exchange for the right to
14 participate in a discount medical plan.

15 “(6)(a) ‘Provider’ means a person that has contracted or otherwise agreed
16 with a discount medical plan organization to provide medical and ancillary
17 services to plan members at a discount from the person’s ordinary or cus-
18 tomary fees or charges.

19 “(b) ‘Provider’ does not include:

20 “(A) A person that, apart from any agreement or contract with a discount
21 medical plan organization, provides medical and ancillary services at a dis-
22 count or at fixed or scheduled prices to patients or customers the person
23 serves regularly; or

24 “(B) A person that does not charge fees, service or subscription charges,
25 dues or other consideration in exchange for providing medical and ancillary
26 services at a discount or at fixed or scheduled prices.

27 “(7) ‘Provider network’ means a person that negotiates directly or indi-
28 rectly with a discount medical plan organization on behalf of more than one
29 provider that provides medical or ancillary services to plan members.

30 “**SECTION 113.** ORS 742.504 is amended to read:

1 “742.504. Every policy required to provide the coverage specified in ORS
2 742.502 shall provide uninsured motorist coverage that in each instance is
3 no less favorable in any respect to the insured or the beneficiary than if the
4 following provisions were set forth in the policy. However, nothing contained
5 in this section requires the insurer to reproduce in the policy the particular
6 language of any of the following provisions:

7 “(1)(a) Notwithstanding ORS 30.260 to 30.300, the insurer will pay all
8 sums that the insured or the heirs or legal representative of the insured is
9 legally entitled to recover as damages from the owner or operator of an
10 uninsured vehicle because of bodily injury sustained by the insured caused
11 by accident and arising out of the ownership, maintenance or use of the
12 uninsured vehicle. Determination as to whether the insured, the insured’s
13 heirs or the insured’s legal representative is legally entitled to recover such
14 damages, and if so, the amount thereof, shall be made by agreement between
15 the insured and the insurer, or, in the event of disagreement, may be deter-
16 mined by arbitration as provided in subsection (10) of this section.

17 “(b) No judgment against any person or organization alleged to be legally
18 responsible for bodily injury, except for proceedings instituted against the
19 insurer as provided in this policy, shall be conclusive, as between the insured
20 and the insurer, on the issues of liability of the person or organization or
21 of the amount of damages to which the insured is legally entitled.

22 “(2) As used in this policy:

23 “(a) ‘Bodily injury’ means bodily injury, sickness or disease, including
24 death resulting therefrom.

25 “(b) ‘Hit-and-run vehicle’ means a vehicle that causes bodily injury to an
26 insured arising out of physical contact of the vehicle with the insured or
27 with a vehicle the insured is occupying at the time of the accident, provided:

28 “(A) The identity of either the operator or the owner of the hit-and-run
29 vehicle cannot be ascertained;

30 “(B) The insured or someone on behalf of the insured reported the acci-

1 dent within 72 hours to a police, peace or judicial officer, to the Department
2 of Transportation or to the equivalent department in the state where the
3 accident occurred, and filed with the insurer within 30 days thereafter a
4 statement under oath that the insured or the legal representative of the in-
5 sured has a cause or causes of action arising out of the accident for damages
6 against a person or persons whose identities are unascertainable, and setting
7 forth the facts in support thereof; and

8 “(C) At the insurer’s request, the insured or the legal representative of
9 the insured makes available for inspection the vehicle the insured was oc-
10 cupying at the time of the accident.

11 “(c) ‘Insured,’ when unqualified and when applied to uninsured motorist
12 coverage, means:

13 “(A) The named insured as stated in the policy and any person designated
14 as named insured in the schedule and, while residents of the same household,
15 the spouse of any named insured and relatives of either, provided that nei-
16 ther the relative nor the spouse is the owner of a vehicle not described in
17 the policy and that, if the named insured as stated in the policy is other than
18 an individual or spouses in a marriage who are residents of the same
19 household, the named insured shall be only a person so designated in the
20 schedule;

21 “(B) Any child residing in the household of the named insured if the in-
22 sured has performed the duties of a parent to the child by rearing the child
23 as the insured’s own although the child is not related to the insured by
24 blood, marriage or adoption; and

25 “(C) Any other person while occupying an insured vehicle, provided the
26 actual use thereof is with the permission of the named insured.

27 “(d) ‘Insured vehicle,’ except as provided in paragraph (e) of this pro-
28 vision, means:

29 “(A) The vehicle described in the policy or a newly acquired or substitute
30 vehicle, as each of those terms is defined in the public liability coverage of

1 the policy, insured under the public liability provisions of the policy; or

2 “(B) A nonowned vehicle operated by the named insured or spouse if a
3 resident of the same household, provided that the actual use thereof is with
4 the permission of the owner of the vehicle and the vehicle is not owned by
5 nor furnished for the regular or frequent use of the insured or any member
6 of the same household.

7 “(e) ‘Insured vehicle’ does not include a trailer of any type unless the
8 trailer is a described vehicle in the policy.

9 “(f) ‘Occupying’ means in or upon or entering into or alighting from.

10 “(g) ‘Phantom vehicle’ means a vehicle that causes bodily injury to an
11 insured arising out of a motor vehicle accident that is caused by a vehicle
12 that has no physical contact with the insured or the vehicle the insured is
13 occupying at the time of the accident, provided:

14 “(A) The identity of either the operator or the owner of the phantom ve-
15 hicle cannot be ascertained;

16 “(B) The facts of the accident can be corroborated by competent evidence
17 other than the testimony of the insured or any person having an uninsured
18 motorist claim resulting from the accident; and

19 “(C) The insured or someone on behalf of the insured reported the acci-
20 dent within 72 hours to a police, peace or judicial officer, to the Department
21 of Transportation or to the equivalent department in the state where the
22 accident occurred, and filed with the insurer within 30 days thereafter a
23 statement under oath that the insured or the legal representative of the in-
24 sured has a cause or causes of action arising out of the accident for damages
25 against a person or persons whose identities are unascertainable, and setting
26 forth the facts in support thereof.

27 “(h) ‘State’ includes the District of Columbia, a territory or possession
28 of the United States and a province of Canada.

29 “(i) ‘Stolen vehicle’ means an insured vehicle that causes bodily injury
30 to the insured arising out of a motor vehicle accident if:

1 “(A) The vehicle is operated without the consent of the insured;

2 “(B) The operator of the vehicle does not have collectible motor vehicle
3 bodily injury liability insurance;

4 “(C) The insured or someone on behalf of the insured reported the acci-
5 dent within 72 hours to a police, peace or judicial officer or to the equivalent
6 department in the state where the accident occurred; and

7 “(D) The insured or someone on behalf of the insured cooperates with the
8 appropriate law enforcement agency in the prosecution of the theft of the
9 vehicle.

10 “(j) ‘Sums that the insured or the heirs or legal representative of the in-
11 sured is legally entitled to recover as damages’ means the amount of damages
12 that:

13 “(A) A claimant could have recovered in a civil action from the owner
14 or operator at the time of the injury after determination of fault or com-
15 parative fault and resolution of any applicable defenses;

16 “(B) Are calculated without regard to the tort claims limitations of ORS
17 30.260 to 30.300; and

18 “(C) Are no larger than benefits payable under the terms of the policy
19 as provided in subsection (7) of this section.

20 “(k) ‘Uninsured vehicle,’ except as provided in paragraph (L) of this pro-
21 vision, means:

22 “(A) A vehicle with respect to the ownership, maintenance or use of
23 which there is no collectible motor vehicle bodily injury liability insurance,
24 in at least the amounts or limits prescribed for bodily injury or death under
25 ORS 806.070 applicable at the time of the accident with respect to any person
26 or organization legally responsible for the use of the vehicle, or with respect
27 to which there is collectible bodily injury liability insurance applicable at
28 the time of the accident but the insurance company writing the insurance
29 denies coverage or the company writing the insurance becomes voluntarily
30 or involuntarily declared bankrupt or for which a receiver is appointed or

1 becomes insolvent. It shall be a disputable presumption that a vehicle is
2 uninsured in the event the insured and the insurer, after reasonable efforts,
3 fail to discover within 90 days from the date of the accident, the existence
4 of a valid and collectible motor vehicle bodily injury liability insurance ap-
5 plicable at the time of the accident.

6 “(B) A hit-and-run vehicle.

7 “(C) A phantom vehicle.

8 “(D) A stolen vehicle.

9 “(E) A vehicle that is owned or operated by a self-insurer:

10 “(i) That is not in compliance with ORS 806.130 (1)(c); or

11 “(ii) That provides recovery to an insured in an amount that is less than
12 the sums that the insured or the heirs or legal representative of the insured
13 is legally entitled to recover as damages for bodily injury or death that is
14 caused by accident and that arises out of owning, maintaining or using an
15 uninsured vehicle.

16 “(L) ‘Uninsured vehicle’ does not include:

17 “(A) An insured vehicle, unless the vehicle is a stolen vehicle;

18 “(B) Except as provided in paragraph (k)(E) of this subsection, a vehicle
19 that is owned or operated by a self-insurer within the meaning of any motor
20 vehicle financial responsibility law, motor carrier law or any similar law;

21 “(C) A vehicle that is owned by the United States of America, Canada, a
22 state, a political subdivision of any such government or an agency of any
23 such government;

24 “(D) A land motor vehicle or trailer, if operated on rails or crawler-treads
25 or while located for use as a residence or premises and not as a vehicle;

26 “(E) A farm-type tractor or equipment designed for use principally off
27 public roads, except while actually upon public roads; or

28 “(F) A vehicle owned by or furnished for the regular or frequent use of
29 the insured or any member of the household of the insured.

30 “(m) ‘Vehicle’ means every device in, upon or by which any person or

1 property is or may be transported or drawn upon a public highway, but does
2 not include devices moved by human power or used exclusively upon sta-
3 tionary rails or tracks.

4 “(3) This coverage applies only to accidents that occur on and after the
5 effective date of the policy, during the policy period and within the United
6 States of America, its territories or possessions, or Canada.

7 “(4)(a) This coverage does not apply to bodily injury of an insured with
8 respect to which the insured or the legal representative of the insured shall,
9 without the written consent of the insurer, make any settlement with or
10 prosecute to judgment any action against any person or organization who
11 may be legally liable therefor.

12 “(b) This coverage does not apply to bodily injury to an insured while
13 occupying a vehicle, other than an insured vehicle, owned by, or furnished
14 for the regular use of, the named insured or any relative resident in the same
15 household, or through being struck by the vehicle.

16 “(c) This coverage does not apply so as to inure directly or indirectly to
17 the benefit of any workers’ compensation carrier, any person or organization
18 qualifying as a self-insurer under any workers’ compensation or disability
19 benefits law or any similar law or the State Accident Insurance Fund Cor-
20 poration.

21 “(d) This coverage does not apply with respect to underinsured motorist
22 benefits unless:

23 “(A) The limits of liability under any bodily injury liability insurance
24 applicable at the time of the accident regarding the injured person have been
25 exhausted by payment of judgments or settlements to the injured person or
26 other injured persons;

27 “(B) The described limits have been offered in settlement, the insurer has
28 refused consent under paragraph (a) of this subsection and the insured pro-
29 tects the insurer’s right of subrogation to the claim against the tortfeasor;

30 “(C) The insured gives credit to the insurer for the unrealized portion of

1 the described liability limits as if the full limits had been received if less
2 than the described limits have been offered in settlement, and the insurer
3 has consented under paragraph (a) of this subsection; or

4 “(D) The insured gives credit to the insurer for the unrealized portion of
5 the described liability limits as if the full limits had been received if less
6 than the described limits have been offered in settlement and, if the insurer
7 has refused consent under paragraph (a) of this subsection, the insured pro-
8 tects the insurer’s right of subrogation to the claim against the tortfeasor.

9 “(e) When seeking consent under paragraph (a) or (d) of this subsection,
10 the insured shall allow the insurer a reasonable time in which to collect and
11 evaluate information related to consent to the proposed offer of settlement.
12 The insured shall provide promptly to the insurer any information that is
13 reasonably requested by the insurer and that is within the custody and con-
14 trol of the insured. Consent will be presumed to be given if the insurer does
15 not respond within a reasonable time. For purposes of this paragraph, a
16 ‘reasonable time’ is no more than 30 days from the insurer’s receipt of a
17 written request for consent, unless the insured and the insurer agree other-
18 wise.

19 “(5)(a) As soon as practicable, the insured or other person making claim
20 shall give to the insurer written proof of claim, under oath if required, in-
21 cluding full particulars of the nature and extent of the injuries, treatment
22 and other details entering into the determination of the amount payable
23 hereunder. The insured and every other person making claim hereunder shall
24 submit to examinations under oath by any person named by the insurer and
25 subscribe the same, as often as may reasonably be required. Proof of claim
26 shall be made upon forms furnished by the insurer unless the insurer fails
27 to furnish the forms within 15 days after receiving notice of claim.

28 “(b) Upon reasonable request of and at the expense of the insurer, the
29 injured person shall submit to physical examinations by physicians,
30 **naturopathic physicians**, physician assistants or nurse practitioners se-

1 lected by the insurer and shall, upon each request from the insurer, execute
2 authorization to enable the insurer to obtain medical reports and copies of
3 records.

4 “(6) If, before the insurer makes payment of loss hereunder, the insured
5 or the legal representative of the insured institutes any legal action for
6 bodily injury against any person or organization legally responsible for the
7 use of a vehicle involved in the accident, a copy of the summons and com-
8 plaint or other process served in connection with the legal action shall be
9 forwarded immediately to the insurer by the insured or the legal represen-
10 tative of the insured.

11 “(7)(a) The limit of liability stated in the declarations as applicable to
12 ‘each person’ is the limit of the insurer’s liability for all damages because
13 of bodily injury sustained by one person as the result of any one accident
14 and, subject to the above provision respecting each person, the limit of li-
15 ability stated in the declarations as applicable to ‘each accident’ is the total
16 limit of the company’s liability for all damages because of bodily injury
17 sustained by two or more persons as the result of any one accident.

18 “(b) Any amount payable under the terms of this coverage because of
19 bodily injury sustained in an accident by a person who is an insured under
20 this coverage shall be reduced by the amount paid and the present value of
21 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
24 bodily injury sustained in an accident by a person who is an insured under
25 this coverage shall be reduced by the credit given to the insurer pursuant
26 to subsection (4)(d)(C) or (D) of this section.

27 “(d) The amount payable under the terms of this coverage may not be
28 reduced by the amount of liability proceeds offered, described in subsection
29 (4)(d)(B) or (D) of this section, that has not been paid to the injured person.
30 If liability proceeds have been offered and not paid, the amount payable un-

1 der the terms of the coverage shall include the amount of liability limits
2 offered but not accepted due to the insurer's refusal to consent. The insured
3 shall cooperate so as to permit the insurer to proceed by subrogation or as-
4 signment to prosecute the claim against the uninsured motorist.

5 “(8) No action shall lie against the insurer unless, as a condition
6 precedent thereto, the insured or the legal representative of the insured has
7 fully complied with all the terms of this policy.

8 “(9)(a) With respect to bodily injury to an insured:

9 “(A) While occupying a vehicle owned by a named insured under this
10 coverage, the insurance under this coverage is primary.

11 “(B) While occupying a vehicle not owned by a named insured under this
12 coverage, the insurance under this coverage shall apply only as excess in-
13 surance over any primary insurance available to the occupant that is similar
14 to this coverage, and this excess insurance coverage shall then apply only
15 to the sums that the insured or the heirs or legal representative of the in-
16 sured is legally entitled to recover as damages for bodily injury or death that
17 is caused by accident and that arises out of owning, maintaining or using
18 an uninsured vehicle.

19 “(b) With respect to bodily injury to an insured while occupying any
20 motor vehicle used as a public or livery conveyance, the insurance under this
21 coverage shall apply only as excess insurance over any other insurance
22 available to the insured that is similar to this coverage, and this excess in-
23 surance coverage shall then apply only to the amount by which the applica-
24 ble limit of liability of this coverage exceeds the sum of the applicable limits
25 of liability of all other insurance.

26 “(10) If any person making claim hereunder and the insurer do not agree
27 that the person is legally entitled to recover damages from the owner or
28 operator of an uninsured vehicle because of bodily injury to the insured, or
29 do not agree as to the amount of payment that may be owing under this
30 coverage, then, in the event the insured and the insurer elect by mutual

1 agreement at the time of the dispute to settle the matter by arbitration, the
2 arbitration shall take place as described in ORS 742.505. Any judgment upon
3 the award rendered by the arbitrators may be entered in any court having
4 jurisdiction thereof, provided, however, that the costs to the insured of the
5 arbitration proceeding do not exceed \$100 and that all other costs of arbi-
6 tration are borne by the insurer. 'Costs' as used in this provision does not
7 include attorney fees or expenses incurred in the production of evidence or
8 witnesses or the making of transcripts of the arbitration proceedings. The
9 person and the insurer each agree to consider themselves bound and to be
10 bound by any award made by the arbitrators pursuant to this coverage in the
11 event of such election. At the election of the insured, the arbitration shall
12 be held:

13 “(a) In the county and state of residence of the insured;

14 “(b) In the county and state where the insured’s cause of action against
15 the uninsured motorist arose; or

16 “(c) At any other place mutually agreed upon by the insured and the
17 insurer.

18 “(11) In the event of payment to any person under this coverage:

19 “(a) The insurer shall be entitled to the extent of the payment to the
20 proceeds of any settlement or judgment that may result from the exercise of
21 any rights of recovery of the person against any uninsured motorist legally
22 responsible for the bodily injury because of which payment is made;

23 “(b) The person shall hold in trust for the benefit of the insurer all rights
24 of recovery that the person shall have against such other uninsured person
25 or organization because of the damages that are the subject of claim made
26 under this coverage, but only to the extent that the claim is made or paid
27 herein;

28 “(c) If the insured is injured by the joint or concurrent act or acts of two
29 or more persons, one or more of whom is uninsured, the insured shall have
30 the election to receive from the insurer any payment to which the insured

1 would be entitled under this coverage by reason of the act or acts of the
2 uninsured motorist, or the insured may, with the written consent of the
3 insurer, proceed with legal action against any or all persons claimed to be
4 liable to the insured for the injuries. If the insured elects to receive payment
5 from the insurer under this coverage, then the insured shall hold in trust for
6 the benefit of the insurer all rights of recovery the insured shall have
7 against any other person, firm or organization because of the damages that
8 are the subject of claim made under this coverage, but only to the extent of
9 the actual payment made by the insurer;

10 “(d) The person shall do whatever is proper to secure and shall do nothing
11 after loss to prejudice such rights;

12 “(e) If requested in writing by the insurer, the person shall take, through
13 any representative not in conflict in interest with the person, designated by
14 the insurer, such action as may be necessary or appropriate to recover pay-
15 ment as damages from such other uninsured person or organization, such
16 action to be taken in the name of the person, but only to the extent of the
17 payment made hereunder. In the event of a recovery, the insurer shall be
18 reimbursed out of the recovery for expenses, costs and attorney fees incurred
19 by the insurer in connection therewith; and

20 “(f) The person shall execute and deliver to the insurer any instruments
21 and papers as may be appropriate to secure the rights and obligations of the
22 person and the insurer established by this provision.

23 “(12)(a) The parties to this coverage agree that no cause of action shall
24 accrue to the insured under this coverage unless within two years from the
25 date of the accident:

26 “(A) Agreement as to the amount due under the policy has been con-
27 cluded;

28 “(B) The insured or the insurer has formally instituted arbitration pro-
29 ceedings;

30 “(C) The insured has filed an action against the insurer; or

1 “(D) Suit for bodily injury has been filed against the uninsured motorist
2 and, within two years from the date of settlement or final judgment against
3 the uninsured motorist, the insured has formally instituted arbitration pro-
4 ceedings or filed an action against the insurer.

5 “(b) For purposes of this subsection:

6 “(A) ‘Date of settlement’ means the date on which a written settlement
7 agreement or release is signed by an insured or, in the absence of these
8 documents, the date on which the insured or the attorney for the insured
9 receives payment of any sum required by the settlement agreement. An ad-
10 vance payment as defined in ORS 31.550 shall not be deemed a payment of
11 a settlement for purposes of the time limitation in this subsection.

12 “(B) ‘Final judgment’ means a judgment that has become final by lapse
13 of time for appeal or by entry in an appellate court of an appellate judgment.

14 **“SECTION 114.** ORS 743B.222 is amended to read:

15 “743B.222. (1) As used in this section, ‘women’s health care provider’
16 means an obstetrician or gynecologist, physician assistant specializing in
17 women’s health, advanced registered nurse practitioner specialist in women’s
18 health, **naturopathic physician specializing in women’s health** or certi-
19 fied nurse midwife, practicing within the applicable lawful scope of practice.

20 “(2) Every health insurance policy that covers hospital, medical or surgi-
21 cal expenses and requires an enrollee to designate a participating primary
22 care provider shall permit a female enrollee to designate a women’s health
23 care provider as the enrollee’s primary care provider if:

24 “(a) The women’s health care provider meets the standards established by
25 the insurer in collaboration with interested parties, including but not limited
26 to the Oregon section of the American College of Obstetricians and
27 Gynecologists; and

28 “(b) The women’s health care provider requests that the insurer make the
29 provider available for designation as a primary care provider.

30 “(3) If a female enrollee has designated a primary care provider who is

1 not a women’s health care provider, an insurance policy as described in
2 subsection (2) of this section shall permit the enrollee to have direct access
3 to a women’s health care provider, without a referral or prior authorization,
4 for obstetrical or gynecological care by a participating health care profes-
5 sional who specializes in obstetrics or gynecology.

6 “(4) The standards established by the insurer under subsection (2) of this
7 section shall not prohibit an insurer from establishing the maximum number
8 of participating primary care providers and participating women’s health
9 care providers necessary to serve a defined population or geographic service
10 area.

11 **“SECTION 115.** ORS 743.683 is amended to read:

12 “743.683. (1) [No] **A** Medicare supplement insurance policy, contract or
13 certificate in force in the state [shall] **may not** contain benefits which du-
14 plicate benefits provided by Medicare.

15 “(2) The Director of the Department of Consumer and Business Services
16 shall adopt by rule specific standards for policy provisions of Medicare sup-
17 plement policies and certificates. The standards shall be in addition to and
18 in accordance with applicable laws of this state. [No] **A** requirement of the
19 Insurance Code relating to minimum required policy benefits, other than the
20 minimum standards contained in ORS 743.680 to 743.689, [shall] **may not**
21 apply to Medicare supplement policies. The standards may cover, but not be
22 limited to:

- 23 “(a) Terms of renewability;
- 24 “(b) Initial and subsequent conditions of eligibility;
- 25 “(c) Nonduplication of coverage;
- 26 “(d) Probationary periods;
- 27 “(e) Benefit limitations, exceptions and reductions;
- 28 “(f) Elimination periods;
- 29 “(g) Requirements for replacement;
- 30 “(h) Recurrent conditions; and

1 “(i) Definitions of terms.

2 “(3) Provisions established by the director governing eligibility for Medi-
3 care supplement insurance shall not be limited to persons qualifying for
4 Medicare by reason of age.

5 “(4) The director may adopt by rule standards that specify prohibited
6 policy provisions not otherwise specifically authorized by statute which, in
7 the opinion of the director, are unjust, unfair or unfairly discriminatory to
8 any person insured or proposed for coverage under a Medicare supplement
9 policy.

10 “(5) Notwithstanding any other provision of law of this state, a Medicare
11 supplement policy may not deny a claim for losses incurred more than six
12 months from the effective date of coverage for a preexisting condition. The
13 policy may not define a preexisting condition more restrictively than a con-
14 dition for which medical advice was given or treatment was recommended
15 by or received from a physician **or naturopathic physician** within six
16 months before the effective date of coverage.

17 “(6) The director shall adopt by rule standards for benefits and claims
18 payment under Medicare supplement policies.

19 “**SECTION 116.** ORS 744.364 is amended to read:

20 “744.364. (1)(a) A life settlement provider entering into a life settlement
21 contract shall first obtain:

22 “(A) If the owner is the insured, a written statement from a licensed
23 physician, **a naturopathic physician licensed under ORS chapter 685**, a
24 physician assistant licensed under ORS 677.505 to 677.525 or a nurse practi-
25 tioner licensed under ORS 678.375 to 678.390 that the owner is of sound mind
26 and under no constraint or undue influence to enter into a life settlement
27 contract; and

28 “(B) A document in which the insured consents to the release of the
29 insured’s medical records to a licensed life settlement provider, life settle-
30 ment broker and the insurance company that issued the life insurance policy

1 covering the life of the insured.

2 “(b) Within 20 days after an owner executes documents necessary to
3 transfer any rights under an insurance policy or, if the insured is terminally
4 ill, within 20 days after an owner entering any agreement, option, promise
5 or any other form of understanding, expressed or implied, to transfer the
6 policy for value, the life settlement provider shall give written notice to the
7 insurer that issued the insurance policy that the policy has or will become
8 a settled policy. The notice must be accompanied by the documents required
9 by paragraph (c) of this subsection.

10 “(c) The life settlement provider shall deliver a copy of the medical re-
11 lease required under paragraph (a)(B) of this subsection, a copy of the
12 owner’s application for the life settlement contract, the notice required under
13 paragraph (b) of this subsection and a request for verification of coverage
14 to the insurer that issued the life policy that is the subject of the life
15 transaction. The Director of the Department of Consumer and Business Ser-
16 vices shall develop and approve a form for the request for verification.

17 “(d) The insurer shall respond to a request for verification of coverage
18 submitted on an approved form by a life settlement provider or life settle-
19 ment broker within 30 calendar days of the date the request is received and
20 shall indicate whether, based on the medical evidence and documents pro-
21 vided, the insurer intends to pursue an investigation at this time regarding
22 the validity of the insurance contract or possible fraud. The insurer shall
23 accept a request for verification of coverage made on a form approved by the
24 director. The insurer shall accept an original or facsimile or electronic copy
25 of such request and any accompanying authorization signed by the owner.
26 Failure by the insurer to meet its obligations under this subsection is a vi-
27 olation of the Insurance Code.

28 “(e) Prior to or at the time of execution of the life settlement contract,
29 the life settlement provider shall obtain a witnessed document in which the
30 owner consents to the life settlement contract, represents that the owner has

1 a full and complete understanding of the life settlement contract, that the
2 owner has a full and complete understanding of the benefits of the life in-
3 surance policy, acknowledges that the owner is entering into the life settle-
4 ment contract freely and voluntarily and, for persons with a terminal illness
5 or chronic illness or condition, acknowledges that the insured has a terminal
6 illness or chronic illness and that the terminal illness or chronic illness or
7 condition was diagnosed after the life insurance policy was issued.

8 “(f) If a life settlement broker performs any of the activities required of
9 the life settlement provider, the provider is deemed to have fulfilled the re-
10 quirements of this section that were performed by the broker.

11 “(2) All medical information solicited or obtained by any licensee is
12 privileged and confidential under ORS 705.137.

13 “(3)(a) All life settlement contracts entered into in this state must provide
14 the owner with an absolute right to rescind the contract before the earlier
15 of 60 calendar days after the date upon which the life settlement contract is
16 executed by all parties or 30 calendar days after the life settlement proceeds
17 have been sent to the owner under subsection (5) of this section.

18 “(b) The life settlement provider may condition rescission upon the owner
19 both giving notice and repaying to the life settlement provider within the
20 rescission period all proceeds of the settlement and any premiums, loans and
21 loan interest paid by or on behalf of the life settlement provider in con-
22 nection with or as a consequence of the life settlement.

23 “(c) If the insured dies during the rescission period, the life settlement
24 contract is deemed to have been rescinded, subject to repayment within 60
25 calendar days of the death of the insured to the life settlement provider or
26 purchaser of all life settlement proceeds and any premiums, loans and loan
27 interest that have been paid by the life settlement provider or purchaser.

28 “(d) In the event of any rescission, if the life settlement provider has paid
29 commissions or other compensation to a life settlement broker in connection
30 with the rescinded transaction, the life settlement broker shall refund all

1 such commissions and compensation to the life settlement provider within
2 five business days following receipt of written demand from the life settle-
3 ment provider. The demand must be accompanied by either the owner’s notice
4 of rescission if rescinded at the election of the owner, or the notice of the
5 death of the insured if rescinded by reason of the death of the insured within
6 the applicable rescission period.

7 “(4) The life settlement purchaser shall have the right to rescind a life
8 settlement contract within three days after the disclosures mandated by ORS
9 744.354 (7) are received by the purchaser.

10 “(5)(a) The life settlement provider shall instruct the owner to send the
11 executed documents required to effect the change in ownership, assignment
12 or change in beneficiary directly to an independent escrow agent selected
13 by the provider.

14 “(b) Within three business days after the date the escrow agent receives
15 the document, or from the date the life settlement provider receives the
16 documents, if the owner erroneously provides the documents directly to the
17 provider, the provider shall pay or transfer the proceeds of the life settlement
18 into an escrow or trust account maintained in a state or federally chartered
19 financial institution whose deposits are insured by the Federal Deposit In-
20 surance Corporation.

21 “(c) Upon payment of the settlement proceeds into the escrow account,
22 the escrow agent shall deliver the original change in ownership, assignment
23 or change in beneficiary forms to the life settlement provider or related
24 provider trust or other designated representative of the life settlement pro-
25 vider. Upon the escrow agent’s receipt of the acknowledgment of the properly
26 completed transfer of ownership, assignment or designation of beneficiary
27 from the insurance company, the escrow agent shall pay the settlement pro-
28 ceeds to the owner.

29 “(6) Failure to pay the owner the full contract amount for the life
30 settlement contract within the time set forth under subsection (5) of this

1 section renders the life settlement contract voidable by the owner until the
2 time full payment is tendered to and accepted by the owner. Funds are
3 deemed sent by a life settlement provider to an owner as of the date that the
4 escrow agent either releases funds for wire transfer to the owner or places
5 a check for delivery to the owner via the United States Postal Service or
6 another nationally recognized delivery service.

7 “(7)(a) Contacts with the insured for the purpose of determining the
8 health status of the insured by the life settlement provider or life settlement
9 broker after the life settlement has occurred may be made only by the life
10 settlement provider or broker licensed in this state or its authorized repre-
11 sentatives and are limited to once every three months for insureds with a life
12 expectancy of more than one year, and to no more than once per month for
13 insureds with a life expectancy of one year or less.

14 “(b) The limitations set forth in this subsection do not apply to any con-
15 tacts with an insured for reasons other than determining the insured’s health
16 status.

17 **“SECTION 117.** ORS 744.367 is amended to read:

18 “744.367. (1) A person may not enter into a life settlement contract at any
19 time prior to the application or issuance of a policy that is the subject of a
20 life settlement contract or within a five-year period commencing with the
21 date of issuance of the insurance policy or certificate. However, this five-
22 year restriction does not apply if the owner certifies to the life settlement
23 provider that any one or more of the following conditions has been met
24 within the five-year period:

25 “(a) The policy was issued upon the owner’s exercise of conversion rights
26 arising out of a group or individual policy if the total of the time covered
27 under the conversion policy plus the time covered under the prior policy is
28 at least 60 months. The time covered under a group policy is calculated
29 without regard to any change in insurance carriers, provided the coverage
30 has been continuous and under the same group sponsorship;

1 “(b) The owner submits independent evidence to the life settlement pro-
2 vider that one or more of the following conditions have been met within the
3 five-year period:

4 “(A) The owner or insured is terminally ill or chronically ill;

5 “(B) The owner’s spouse dies;

6 “(C) The owner divorces the owner’s spouse;

7 “(D) The owner retires from full-time employment;

8 “(E) The owner becomes physically or mentally disabled and a physician,
9 **naturopathic physician licensed under ORS chapter 685**, physician as-
10 sistant licensed under ORS 677.505 to 677.525 or nurse practitioner licensed
11 under ORS 678.375 to 678.390 determines that the disability prevents the
12 owner from maintaining full-time employment; or

13 “(F) A final order, judgment or decree is entered by a court of competent
14 jurisdiction, on the application of a creditor of the owner, adjudicating the
15 owner bankrupt or insolvent, or approving a petition seeking reorganization
16 of the owner or appointing a receiver, trustee or liquidator to all or a sub-
17 stantial part of the owner’s assets; or

18 “(c) The owner enters into a life settlement contract more than two years
19 after the date of issuance of a policy and, with respect to the policy, at all
20 times prior to the date that is two years after policy issuance, the following
21 conditions are met:

22 “(A) Policy premiums have been funded exclusively with unencumbered
23 assets, including an interest in the life insurance policy being financed only
24 to the extent of its net cash surrender value, provided by, or full recourse
25 liability incurred by, the insured or a person closely related to the insured
26 by blood or law or a party having a lawful substantial economic interest in
27 the continued life, health and bodily safety of the person insured, or a trust
28 established primarily for the benefit of such parties;

29 “(B) There is no agreement or understanding with any other person to
30 guarantee any such liability or to purchase or stand ready to purchase the

1 policy, including through an assumption or forgiveness of the loan; and

2 “(C) Neither the insured nor the policy has been evaluated for settlement.

3 “(2) Copies of the independent evidence described in subsection (1)(b) of
4 this section and documents required by ORS 744.364 (1) must be submitted
5 to the insurer when the life settlement provider or other party entering into
6 a life settlement contract with an owner submits a request to the insurer for
7 verification of coverage. The copies must be accompanied by a letter of
8 attestation from the life settlement provider that the copies are true and
9 correct copies of the documents received by the life settlement provider.

10 “(3) If the life settlement provider submits to the insurer a copy of the
11 owner’s or insured’s certification described in and the documents required
12 by ORS 744.364 (1) when the provider submits a request to the insurer to
13 effect the transfer of the policy or certificate to the life settlement provider,
14 the copy conclusively establishes that the life settlement contract satisfies
15 the requirements of this section and the insurer shall respond in a timely
16 manner to the request.

17 “(4) An insurer may not, as a condition of responding to a request for
18 verification of coverage or effecting the transfer of a policy pursuant to a
19 life settlement contract, require that the owner, insured, life settlement
20 provider or life settlement broker sign any forms, disclosures, consent or
21 waiver form that has not been expressly approved by the Director of the
22 Department of Consumer and Business Services for use in connection with
23 life settlement contracts in this state.

24 “(5) Upon receipt of a properly completed request for a change of owner-
25 ship or beneficiary of a policy, the insurer shall respond in writing within
26 30 calendar days with written acknowledgement confirming that the change
27 has been effected or specifying the reasons why the requested change cannot
28 be processed. The insurer may not unreasonably delay effecting change of
29 ownership or beneficiary and may not otherwise seek to interfere with any
30 life settlement contract lawfully entered into in this state.

1 **“SECTION 118.** ORS 744.382 is amended to read:

2 “744.382. (1) A licensee may not pay or offer to pay a finder’s fee, com-
3 mission or other compensation to a person described in this subsection, in
4 connection with a policy insuring the life of an individual with a terminal
5 illness or condition. The prohibition under this subsection applies with re-
6 spect to payments or offers of payment to:

7 “(a) The physician, **naturopathic physician**, attorney or accountant of
8 the policyholder, of the certificate holder or of the insured individual when
9 the individual is other than the policyholder or certificate holder.

10 “(b) Any person other than a physician, **naturopathic physician**, attor-
11 ney or accountant described in paragraph (a) of this subsection, who provides
12 medical, legal or financial planning services to the policyholder, to the cer-
13 tificate holder or to the insured individual when the individual is other than
14 the policyholder or certificate holder.

15 “(c) Any person other than one described in paragraph (a) or (b) of this
16 subsection who acts as an agent of the policyholder, certificate holder or
17 insured individual.

18 “(2) A licensee may not solicit an investor who could influence the
19 treatment of the illness or condition of the individual whose life would be
20 the subject of a life settlement contract.

21 “(3) All information solicited or obtained from a policyholder or certifi-
22 cate holder by a licensee is subject to ORS 746.600 to 746.690. For purposes
23 of this subsection, a licensee is considered an insurance-support organization
24 within the meaning of ORS 746.600.

25 “(4) A licensee may not discriminate in the making of a life settlement
26 contract on the basis of race, religion, creed, sex, sexual orientation, na-
27 tional origin, marital status, age, familial status or occupation or discrimi-
28 nate between persons who have dependents and persons who do not have
29 dependents.

30 **“SECTION 119.** ORS 746.230, as amended by section 6, chapter 59, Oregon

1 Laws 2015, is amended to read:

2 “746.230. (1) No insurer or other person shall commit or perform any of
3 the following unfair claim settlement practices:

4 “(a) Misrepresenting facts or policy provisions in settling claims;

5 “(b) Failing to acknowledge and act promptly upon communications re-
6 lating to claims;

7 “(c) Failing to adopt and implement reasonable standards for the prompt
8 investigation of claims;

9 “(d) Refusing to pay claims without conducting a reasonable investigation
10 based on all available information;

11 “(e) Failing to affirm or deny coverage of claims within a reasonable time
12 after completed proof of loss statements have been submitted;

13 “(f) Not attempting, in good faith, to promptly and equitably settle claims
14 in which liability has become reasonably clear;

15 “(g) Compelling claimants to initiate litigation to recover amounts due
16 by offering substantially less than amounts ultimately recovered in actions
17 brought by such claimants;

18 “(h) Attempting to settle claims for less than the amount to which a
19 reasonable person would believe a reasonable person was entitled after re-
20 ferring to written or printed advertising material accompanying or made part
21 of an application;

22 “(i) Attempting to settle claims on the basis of an application altered
23 without notice to or consent of the applicant;

24 “(j) Failing, after payment of a claim, to inform insureds or beneficiaries,
25 upon request by them, of the coverage under which payment has been made;

26 “(k) Delaying investigation or payment of claims by requiring a claimant
27 or the claimant’s physician, **naturopathic physician**, physician assistant
28 or nurse practitioner to submit a preliminary claim report and then requiring
29 subsequent submission of loss forms when both require essentially the same
30 information;

1 “(L) Failing to promptly settle claims under one coverage of a policy
2 where liability has become reasonably clear in order to influence settlements
3 under other coverages of the policy; or

4 “(m) Failing to promptly provide the proper explanation of the basis re-
5 lied on in the insurance policy in relation to the facts or applicable law for
6 the denial of a claim.

7 “(2) No insurer shall refuse, without just cause, to pay or settle claims
8 arising under coverages provided by its policies with such frequency as to
9 indicate a general business practice in this state, which general business
10 practice is evidenced by:

11 “(a) A substantial increase in the number of complaints against the
12 insurer received by the Department of Consumer and Business Services;

13 “(b) A substantial increase in the number of lawsuits filed against the
14 insurer or its insureds by claimants; or

15 “(c) Other relevant evidence.

16 **“SECTION 120.** ORS 759.720 is amended to read:

17 “759.720. (1) Any customer, telecommunications utility or local exchange
18 carrier who suffers damages from a violation of ORS 646.608, 646.639 and
19 759.700 to 759.720 by an information provider has a cause of action against
20 such information provider. The court may award the greater of three times
21 the actual damages or \$500, or order an injunction or restitution. Except as
22 provided in subsection (2) of this section, the court may award reasonable
23 attorney fees to the prevailing party in an action under this section.

24 “(2) The court may not award attorney fees to a prevailing defendant
25 under the provisions of subsection (1) of this section if the action under this
26 section is maintained as a class action pursuant to ORCP 32.

27 “(3) When an information provider has failed to comply with any pro-
28 vision of ORS 646.608, 646.639 and 759.700 to 759.720, any obligation by a
29 customer that may have arisen from the dialing of a pay-per-call telephone
30 number is void and unenforceable.

1 “(4) Any obligation that may have arisen from the dialing of a pay-per-call
2 telephone number is void and unenforceable if made by:

3 “(a) An unemancipated child under 18 years of age; or

4 “(b) A person whose physician **or naturopathic physician** substantiates
5 that:

6 “(A) The person has a mental or emotional disorder generally recognized
7 in the medical or psychological community that makes the person incapable
8 of rational judgments and comprehending the consequences of the person’s
9 action; and

10 “(B) The disorder was diagnosed before the obligation was incurred.

11 “(5) Upon written notification to the information provider or the billing
12 agent for the information provider that a bill for information delivery ser-
13 vices is void and unenforceable under subsection (2) or (4) of this section,
14 no further billing or collection activities shall be undertaken in regard to
15 that obligation.

16 “(6) The telecommunications utility or local exchange carrier may require
17 the customer to take pay-per-call telephone blocking service after the initial
18 obligation has been voided.

19 “**SECTION 121.** Section 13, chapter 819, Oregon Laws 2015, is amended
20 to read:

21 “**Sec. 13.** Eligibility for hospice care must be determined on the basis of
22 a patient’s overall prognosis and care or treatment goals as determined by
23 the patient’s attending physician **or the patient’s naturopathic physician**
24 and may not be determined on the basis of whether a patient is undergoing
25 or has undergone a treatment as described in section 3 [*of this 2015 Act*],
26 **chapter 819, Oregon Laws 2015.**

27 “**SECTION 122.** Any board or agency that must adopt or amend
28 rules necessary to comply with the amendments to statutes and ses-
29 sion law by sections 1 to 121 of this 2017 Act shall adopt or amend the
30 rules not later than March 1, 2018.

