

SB 856-1  
(LC 2442)  
3/6/17 (SCT/ps)

Requested by SENATE COMMITTEE ON HEALTH CARE (at the request of Phil Donovan)

**PROPOSED AMENDMENTS TO  
SENATE BILL 856**

1 On page 1 of the printed bill, line 3, delete “30.902,”.

2 Delete lines 4 through 14 and insert “127.663, 127.760, 136.220, 146.181,  
3 146.184, 146.750, 147.403, 169.076, 169.077, 169.750, 179.390, 179.486, 192.547,  
4 307.250, 307.260, 332.507, 336.485, 339.870, 343.146, 410.530, 410.720, 414.550,  
5 414.615, 414.618, 417.875, 418.017, 418.300, 418.307, 418.325, 418.747, 419B.020,  
6 419B.023, 419B.035, 419B.352, 421.467, 421.590, 426.005, 426.020, 427.005, 427.235,  
7 427.255, 427.270, 427.275, 430.010, 430.401, 430.545, 430.560, 430.735, 431.180,  
8 431A.680, 433.017, 433.040, 433.110, 433.290, 435.205, 435.305, 435.485, 435.496,  
9 441.098, 443.065, 443.075, 443.445, 443.850, 453.307, 475.744, 475.950, 475.975,  
10 475.976, 475.978, 616.750, 628.270, 659A.312, 659A.413, 676.340, 676.345, 676.550,  
11 676.552, 678.725, 680.205, 680.545, 681.230, 682.025, 688.805, 688.807, 689.005,  
12 742.420, 742.504, 743.683, 743B.222, 744.364, 744.367, 744.382, 746.230, 750.005  
13 and 759.720 and section 5, chapter 290, Oregon Laws 1987.”.

14 On page 3, delete lines 18 through 23 and insert:

15 “**NOTE:** Section 4 was deleted by amendment. Subsequent sections were  
16 not renumbered.”.

17 On page 16, delete lines 25 through 45.

18 Delete pages 17 through 94 and insert:

19 “**SECTION 24.** ORS 179.390 is amended to read:

20 “179.390. (1) The superintendent of an institution within the jurisdiction  
21 of the Department of Corrections shall, subject to the approval of the Di-

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

7 “(2) The Director of the Department of Corrections and the Director of  
8 the Oregon Health Authority shall:

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

11 “(b) Suspend or discharge any subordinate of a superintendent when  
12 public service requires such action, except when suspending or discharging  
13 the subordinate violates the State Personnel Relations Law.

14 “(3) The Director of the Oregon Health Authority or a designee at a fa-  
15 cility under jurisdiction of the Oregon Health Authority shall, as provided  
16 by law, appoint, suspend or discharge an employee of the authority. The di-  
17 rector may designate up to three employees at each facility to act in the  
18 name of the director in accordance with ORS 240.400.

19 “(4) In addition to or in lieu of employing physicians, the Director of the  
20 Department of Corrections or the designee [*thereof*] **of the director** may  
21 contract for the personal services of physicians licensed to practice medicine  
22 by the Oregon Medical Board **or naturopathic physicians licensed under**  
23 **ORS chapter 685** to serve as medical advisors for the Oregon Health Au-  
24 thority. Advisors under [*such*] contracts **entered into under this sub-**  
25 **section** shall be directly responsible for administration of medical treatment  
26 programs at penal and correctional institutions, as defined in ORS 421.005.

27 “**SECTION 25.** ORS 179.486 is amended to read:

28 “179.486. (1) The institution from which a transfer or conveyance is made  
29 shall pay from its appropriation the cost of such of the following items as  
30 may be incurred in a particular case:

1       “(a) Transportation and other expenses incidental to the transfer or  
2 conveyance, including the expenses of attendants where an attendant is di-  
3 rected to accompany the inmate.

4       “(b) Hospital expenses incurred at the Oregon Health and Science Uni-  
5 versity.

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

9       “(2) An inmate transferred or conveyed to the Oregon Health and Science  
10 University shall be accompanied by a report made by the physician **or**  
11 **naturopathic physician** in charge of the institution from which the transfer  
12 or conveyance is made, or by another physician **or naturopathic physician**  
13 designated by the physician **or naturopathic physician** in charge. The re-  
14 port shall contain the history of the case and the information required by  
15 blanks prepared by the School of Medicine or School of Dentistry, as the  
16 case may be.

17       “**SECTION 26.** ORS 192.547 is amended to read:

18       “192.547. (1)(a) The Oregon Health Authority shall adopt rules for con-  
19 ducting research using DNA samples, genetic testing and genetic informa-  
20 tion. Rules establishing minimum research standards shall conform to the  
21 Federal Policy for the Protection of Human Subjects, 45 C.F.R. 46, that is  
22 current at the time the rules are adopted. The rules may be changed from  
23 time to time as may be necessary.

24       “(b) The rules adopted by the Oregon Health Authority shall address the  
25 operation and appointment of institutional review boards. The rules shall  
26 conform to the compositional and operational standards for such boards  
27 contained in the Federal Policy for the Protection of Human Subjects that  
28 is current at the time the rules are adopted. The rules must require that  
29 research conducted under paragraph (a) of this subsection be conducted with  
30 the approval of the institutional review board.

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

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

9 “(3) The Oregon Health Authority shall adopt rules requiring that all  
10 institutional review boards operating under subsection (1)(b) of this section  
11 register with the department. The Advisory Committee on Genetic Privacy  
12 and Research shall use the registry to educate institutional review boards  
13 about the purposes and requirements of the genetic privacy statutes and ad-  
14 ministrative rules relating to genetic research.

15 “(4) The Oregon Health Authority shall consult with the Advisory Com-  
16 mittee on Genetic Privacy and Research before adopting the rules required  
17 under subsections (1) and (3) of this section, including rules identifying those  
18 parts of the Federal Policy for the Protection of Human Subjects that are  
19 applicable to this section.

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

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

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

25 “(C) The DNA sample or genetic information is derived from a biological  
26 specimen or from clinical individually identifiable health information that  
27 was obtained or retained in compliance with ORS 192.537 (2).

28 “(b) The research has been approved by an institutional review board af-  
29 ter disclosure by the investigator to the board of risks associated with the  
30 coding.

1       “(c) The code is:  
2       “(A) Not derived from individual identifiers;  
3       “(B) Kept securely and separately from the DNA samples and genetic in-  
4 formation; and  
5       “(C) Not accessible to the investigator unless specifically approved by the  
6 institutional review board.  
7       “(d) Data is stored securely in password protected electronic files or by  
8 other means with access limited to necessary personnel.  
9       “(e) The data is limited to elements required for analysis and meets the  
10 criteria in 45 C.F.R 164.514(e) for a limited data set.  
11       “(f) The investigator is a party to the data use agreement as provided by  
12 45 C.F.R. 164.514(e) for limited data set recipients.  
13       “(6) Research conducted in accordance with this section is rebuttably  
14 presumed to comply with ORS 192.535 and 192.539.  
15       “(7)(a) Notwithstanding ORS 192.535, a person may use a DNA sample or  
16 genetic information obtained, with blanket informed consent, before June 25,  
17 2001, for genetic research.  
18       “(b) Notwithstanding ORS 192.535, a person may use a DNA sample or  
19 genetic information obtained without specific informed consent and derived  
20 from a biological specimen or clinical individually identifiable health infor-  
21 mation for anonymous research or coded research if an institutional review  
22 board operating under subsection (1)(b) of this section:  
23       “(A) Waives or alters the consent requirements pursuant to the Federal  
24 Policy for the Protection of Human Subjects; and  
25       “(B) Waives authorization pursuant to the federal Health Insurance Por-  
26 tability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and  
27 164.  
28       “(c) Except as provided in subsection (5)(a) of this section or paragraph  
29 (b) of this subsection, a person must have specific informed consent from an  
30 individual to use a DNA sample or genetic information of the individual

1 obtained on or after June 25, 2001, for genetic research.

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

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

19 **“SECTION 27.** ORS 307.250 is amended to read:

20 “307.250. (1) As used in this section and ORS 307.260, 307.262 and 307.270,  
21 ‘veteran’ has the meaning given that term in ORS 408.225.

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

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

29 “(b) Any veteran having served with the United States Armed Forces who,  
30 as certified by one duly licensed physician **or naturopathic physician**, is

1 rated as having disabilities of 40 percent or more. However, a veteran shall  
2 be entitled to the exemption granted under this paragraph only if the veteran  
3 during the calendar year immediately preceding the assessment year for  
4 which the exemption is claimed had total gross income, including pensions,  
5 disability compensation or retirement pay, or any combination of such pay-  
6 ments from the United States Government on account of such service, of not  
7 more than 185 percent of federal poverty guidelines.

8 “(c) The surviving spouse remaining unmarried of a veteran, but the ex-  
9 emption shall apply only to the period preceding the date of the first re-  
10 marriage of the surviving spouse.

11 “(3) Upon compliance with ORS 307.260, there shall be exempt from tax-  
12 ation not to exceed \$18,000 of the assessed value of the homestead or per-  
13 sonal property of any of the following residents of this state:

14 “(a) Any veteran who is officially certified by the United States Depart-  
15 ment of Veterans Affairs or any branch of the Armed Forces of the United  
16 States as having service-connected disabilities of 40 percent or more.

17 “(b) The surviving spouse remaining unmarried of a veteran, if the vet-  
18 eran died as a result of service-connected injury or illness or if the veteran  
19 received at least one year of the maximum exemption from taxation allowed  
20 under paragraph (a) of this subsection after 1981 for a veteran certified as  
21 having service-connected disabilities of 40 percent or more.

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

25 **“SECTION 28.** ORS 307.260 is amended to read:

26 “307.260. (1)(a) Each veteran or surviving spouse qualifying for the ex-  
27 emption under ORS 307.250 shall file with the county assessor, on forms  
28 supplied by the assessor, a claim therefor in writing on or before April 1 of  
29 the assessment year for which the exemption is claimed, except that when  
30 the property designated is acquired after March 1 but prior to July 1 the

1 claim shall be filed within 30 days after the date of acquisition.

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

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

7 “(B) The individual claiming the exemption is a veteran described in ORS  
8 307.250 (2)(a) or (3)(a) or a surviving spouse who meets the requirements of  
9 ORS 307.250 (2)(c) or (3)(b); and

10 “(C) As of the filing date for the current tax year, the ownership and use  
11 of the homestead or personal property and all other qualifying conditions for  
12 the homestead or personal property to be allowed the exemption remain un-  
13 changed.

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

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

30 “(2)(a) The claim shall set out the basis of the claim and designate the



1 property to which the exemption may apply. Except as provided in subsection  
2 (3) of this section, claims for exemptions under ORS 307.250 (2)(a) and (3)(a)  
3 shall have affixed thereto the certificate last issued by United States De-  
4 partment of Veterans Affairs or the branch of the Armed Forces of the  
5 United States, as the case may be, but dated within three years prior to the  
6 date of the claim for exemption, certifying the rate of disability of the  
7 claimant.

8 “(b) Claims for exemption under ORS 307.250 (2)(b) shall, except as pro-  
9 vided in subsection (3) of this section, have affixed thereto, in addition to the  
10 certificate last issued by a licensed physician **or naturopathic physician**  
11 and dated within one year prior to the date of the claim for exemption, cer-  
12 tifying the rate of disability of the claimant, a statement by the claimant  
13 under oath or affirmation setting forth the total gross income received by  
14 the claimant from all sources during the last calendar year.

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

17 “(3) The provisions of subsection (2) of this section that require a veteran  
18 to affix to the claim certificates of the United States Department of Veterans  
19 Affairs, a branch of the Armed Forces of the United States or a licensed  
20 physician **or naturopathic physician** do not apply to a veteran who has  
21 filed the required certificate after attaining the age of 65 years or to a vet-  
22 eran who has filed, on or after September 27, 1987, a certificate certifying a  
23 disability rating that, under federal law, is permanent and cannot be  
24 changed.

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

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

29 “(B) The property designated as the homestead was acquired after March  
30 1 but prior to July 1 of the assessment year and the veteran died within 30

1 days of the date the property was acquired.

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

5 “(c) If taxes on the exempt value have been paid, the taxes shall be re-  
6 funded in the manner prescribed in paragraph (d) of this subsection. If taxes  
7 on the exempt value have not been paid, the taxes and any interest thereon  
8 shall be abated.

9 “(d) The tax collector shall notify the governing body of the county of  
10 any refund required under this section and the governing body shall cause  
11 a refund of the taxes and any interest paid to be made from the unsegregated  
12 tax collections account described in ORS 311.385. The refund under this  
13 subsection shall be made without interest. The county assessor and tax col-  
14 lector shall make the necessary corrections in the records of their offices.

15 **“SECTION 29.** ORS 332.507 is amended to read:

16 “332.507. (1) As used in this section:

17 “(a) ‘School employee’ includes all employees of a public school district  
18 or an education service district.

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

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

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

1 “(4) Sick leave not taken shall accumulate for an unlimited number of  
2 days. A local governing board is required to permit a school employee to take  
3 up to 75 days sick leave accumulated in other Oregon districts. The accu-  
4 mulation shall not exceed that carried by the most recent employing district.  
5 However, the transfer of sick leave from another Oregon district shall not  
6 be effective until the school employee has completed 30 working days in the  
7 new district.

8 “(5) For purposes of determining retirement benefits, a local governing  
9 board is required to permit a school employee to transfer an unlimited  
10 number of days of unused accumulated sick leave from another Oregon dis-  
11 trict employer.

12 **“SECTION 30.** ORS 336.485 is amended to read:

13 “336.485. (1) As used in this section:

14 “(a) ‘Coach’ means a person who instructs or trains members on a school  
15 athletic team, as identified by criteria established by the State Board of  
16 Education by rule.

17 “(b) ‘Health care professional’ means a medical doctor, osteopathic phy-  
18 sician, psychologist, physician assistant, **naturopathic physician** or nurse  
19 practitioner licensed or certified under the laws of this state.

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

24 “(b) The board shall establish by rule:

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

28 “(B) Timelines to ensure that, to the extent practicable, every coach re-  
29 ceives the training described in paragraph (a) of this subsection before the  
30 beginning of the season for the school athletic team.

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

2 “(a) A coach may not allow a member of a school athletic team to par-  
3 ticipate in any athletic event or training on the same day that the member:

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

6 “(B) Has been diagnosed with a concussion.

7 “(b) A coach may allow a member of a school athletic team who is pro-  
8 hibited from participating in an athletic event or training, as described in  
9 paragraph (a) of this subsection, to participate in an athletic event or  
10 training no sooner than the day after the member experienced a blow to the  
11 head or body and only after the member:

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

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

15 “(4) A coach may allow a member of a school athletic team to participate  
16 in any athletic event or training at any time after an athletic trainer regis-  
17 tered by the Board of Athletic Trainers determines that the member has not  
18 suffered a concussion. The athletic trainer may, but is not required to, con-  
19 sult with a health care professional in making the determination that the  
20 member has not suffered a concussion.

21 **“SECTION 31.** ORS 339.870 is amended to read:

22 “339.870. (1) A school administrator, teacher or other school employee  
23 designated by the school administrator is not liable in a criminal action or  
24 for civil damages as a result of the administration of nonprescription  
25 medication, if the school administrator, teacher or other school employee in  
26 good faith administers nonprescription medication to a pupil pursuant to  
27 written permission and instructions of the pupil’s parents or guardian.

28 “(2) A school administrator, teacher or other school employee designated  
29 by the school administrator is not liable in a criminal action or for civil  
30 damages as a result of the administration of prescription medication, if the

1 school administrator, teacher or other school employee in compliance with  
2 the instructions of a physician, physician assistant, nurse practitioner,  
3 **naturopathic physician** or clinical nurse specialist, in good faith adminis-  
4 ters prescription medication to a pupil pursuant to written permission and  
5 instructions of the pupil’s parents or guardian.

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

9 **“SECTION 32.** ORS 343.146 is amended to read:

10 “343.146. (1) To receive special education, children with disabilities shall  
11 be determined eligible for special education services under a school district  
12 program approved under ORS 343.045 and as provided under ORS 343.221.

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

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

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

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

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

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

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

3 **“SECTION 33.** ORS 410.530 is amended to read:

4 “410.530. (1) The Department of Human Services has the following au-  
5 thority which it may delegate to any program certified by the department to  
6 provide assessment services:

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

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

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

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

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

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

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

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

28 “(2)(a) After consultation with the committee appointed under subsection  
29 (3) of this section, the Department of Human Services shall adopt by rule  
30 criteria and procedures for certifying and decertifying public or private ad-

1 mission assessment programs and contracting with certified programs. The  
2 department shall establish a maximum fee that a certified program may  
3 charge for assessment services. The rules shall specify that a certified pro-  
4 gram may not charge the person receiving assessment services for any por-  
5 tion of the fee associated with the services necessary to meet the minimum  
6 federal criteria.

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

9 “(A) Adequately trained personnel;

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

12 “(C) Provisions to the applicant of information about appropriate options;  
13 and

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

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

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

26 **“SECTION 34.** ORS 410.720 is amended to read:

27 “410.720. (1) It is the policy of this state to provide mental health and  
28 addiction services for all Oregon senior citizens and persons with disabilities  
29 through a comprehensive and coordinated statewide network of local mental  
30 health services and alcohol and drug abuse education and treatment. These

1 services should involve family and friends and be provided in the least re-  
2 strictive and most appropriate settings.

3 “(2) The Department of Human Services and the Oregon Health Authority  
4 shall facilitate the formation of local community partnerships between the  
5 senior, disability, mental health, alcohol and drug abuse and health care  
6 communities by supporting the development of program approaches that meet  
7 minimum standards adopted by the Oregon Health Authority under ORS  
8 430.357 including, but not limited to:

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

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

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

16 “(d) Education and training for health care consumers, health care pro-  
17 fessionals and mental health and addiction services providers on mental  
18 health and addiction issues, programs and services for seniors and persons  
19 with disabilities; and

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

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

24 “(a) Develop plans for service coordination within the department and the  
25 authority;

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

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

30 **“SECTION 35.** ORS 414.550 is amended to read:



1 “414.550. As used in ORS 414.550 to 414.565:

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

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

11 **“SECTION 36.** ORS 414.615 is amended to read:

12 “414.615. (1) Eligible persons shall select, to the extent practicable as de-  
13 termined by the Oregon Health Authority, from among available providers  
14 participating in the program.

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

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

22 “(4) Actions taken by providers, potential providers, contractors and bid-  
23 ders in specific accordance with this chapter in forming consortiums or in  
24 otherwise entering into contracts to provide medical care shall be considered  
25 to be conducted at the direction of this state, shall be considered to be lawful  
26 trade practices and shall not be considered to be the transaction of insurance  
27 for purposes of ORS 279A.025, 279A.140, 414.145 and 414.610 to 414.620.

28 **“SECTION 37.** ORS 414.618 is amended to read:

29 “414.618. (1) In areas that are not served by a coordinated care organiza-  
30 tion, the Oregon Health Authority may execute prepaid capitated health

1 service contracts for at least hospital, physician, physician assistant,  
2 **naturopathic physician** or nurse practitioner medical care, or any combi-  
3 nation of such medical care, with hospital and medical organizations, health  
4 maintenance organizations and any other appropriate public or private per-  
5 sons.

6 “(2) For purposes of ORS 279A.025, 279A.140, 414.145 and 414.610 to  
7 414.620, instrumentalities and political subdivisions of the state are author-  
8 ized to enter into prepaid capitated health service contracts with the au-  
9 thority and shall not thereby be considered to be transacting insurance.

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

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

19 “(5) Contracts described in this section are not subject to ORS chapters  
20 279A and 279B, except that the contracts are subject to ORS 279A.235 and  
21 279A.250 to 279A.290.

22 **“SECTION 38.** ORS 417.875 is amended to read:

23 “417.875. (1) As used in this section:

24 “(a) ‘Coach’ means a person who volunteers for, or is paid to instruct or  
25 train members of, a nonschool athletic team.

26 “(b) ‘Health care professional’ means a medical doctor, osteopathic phy-  
27 sician, psychologist, physician assistant, **naturopathic physician** or nurse  
28 practitioner licensed or certified under the laws of this state.

29 “(c) ‘League governing body’ means a governing body that:

30 “(A) Oversees an association of nonschool athletic teams that provide

1 instruction or training for team members and that may compete with each  
2 other; and

3 “(B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit  
4 corporation established as provided by ORS chapter 65.

5 “(d) ‘Nonschool athletic team’ means an athletic team that includes  
6 members who are under 18 years of age and that is not affiliated with a  
7 public school in this state.

8 “(e) ‘Referee’ means a person who volunteers or is paid to act as a referee,  
9 as an umpire or in a similar supervisory position for events involving non-  
10 school athletic teams.

11 “(f) ‘Referee governing body’ means a governing body that:

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

14 “(B) Is affiliated with, or otherwise sponsored or organized by, a nonprofit  
15 corporation established as provided by ORS chapter 65.

16 “(2)(a) Each league governing body and each referee governing body shall  
17 ensure that the coaches and the referees, respectively, receive annual train-  
18 ing to learn how to recognize the symptoms of a concussion and how to seek  
19 proper medical treatment for a person suspected of having a concussion.

20 “(b) Each league governing body and each referee governing body shall  
21 adopt a policy that establishes:

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

24 “(B) Procedures that ensure that every coach and referee receives the  
25 training described in paragraph (a) of this subsection.

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

27 “(a) A coach may not allow a member of a nonschool athletic team to  
28 participate in any athletic event or training on the same day that the mem-  
29 ber:

30 “(A) Exhibits signs, symptoms or behaviors consistent with a concussion

1 following an observed or suspected blow to the head or body; or

2 “(B) Has been diagnosed with a concussion.

3 “(b) A coach may allow a member of a nonschool athletic team who is  
4 prohibited from participating in an athletic event or training, as described  
5 in paragraph (a) of this subsection, to participate in an athletic event or  
6 training no sooner than the day after the member experienced a blow to the  
7 head or body and only after the member:

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

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

11 “(4) A coach may allow a member of a nonschool athletic team to par-  
12 ticipate in any athletic event or training at any time after an athletic trainer  
13 registered by the Board of Athletic Trainers determines that the member has  
14 not suffered a concussion. The athletic trainer may, but is not required to,  
15 consult with a health care professional in making the determination that the  
16 member has not suffered a concussion.

17 “(5) The league governing body shall develop or use existing guidelines  
18 and other relevant materials, and shall make available those guidelines and  
19 materials, to inform and educate persons under 18 years of age desiring to  
20 be a member on a nonschool athletic team, the parents and legal guardians  
21 of the persons and the coaches about the symptoms and warning signs of a  
22 concussion.

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

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

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

30 “(7) A league governing body may hold an informational meeting prior to

1 the start of any season for each nonschool athletic team regarding the  
2 symptoms and warning signs of a concussion.

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

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

10 **“SECTION 39.** ORS 418.017 is amended to read:

11 “418.017. (1) A parent may leave an infant at an authorized facility in the  
12 physical custody of an agent, employee, physician or other medical profes-  
13 sional working at the authorized facility if the infant:

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

16 “(b) Has no evidence of abuse.

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

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

22 “(4) If acting in good faith in receiving an infant, an authorized facility  
23 receiving an infant under this section and any agent, employee, physician  
24 or other medical professional working at the authorized facility are immune  
25 from any criminal or civil liability that otherwise might result from their  
26 actions relating to receiving the infant. A city, county or other political  
27 subdivision of this state that operates a sheriff’s office, police station or fire  
28 station that receives an infant under this section is immune from any crim-  
29 inal or civil liability that otherwise might result from the actions taken by  
30 its employees or agents in receiving the infant.

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

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

6 “(b) The infant is deemed abandoned for purposes of ORS 419B.100, and  
7 the department is deemed to have protective custody of the infant under ORS  
8 419B.150 from the moment the infant was left at the facility. The department  
9 shall comply with the applicable provisions of ORS chapter 419B with regard  
10 to the infant.

11 “(6) The authorized facility shall release the infant to the department  
12 when release is appropriate considering the infant’s medical condition and  
13 shall provide the department with all information the facility has regarding  
14 the infant.

15 “(7) As used in this section:

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

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

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

23 “**SECTION 40.** ORS 418.300 is amended to read:

24 “418.300. [No] **A** private individual, including midwives, physicians,  
25 **naturopathic physicians**, nurses, hospital officials and all officers and em-  
26 ployees or representatives of unauthorized agencies, organizations or insti-  
27 tutions, [shall] **may not** engage in child-placing work, except that relatives  
28 of the first and second degrees may thus provide for children of their own  
29 blood.

30 “**SECTION 41.** ORS 418.307 is amended to read:

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

9 “(a) Because of the general state of the child’s health or any particular  
10 condition, the physician, **naturopathic physician**, dentist[,] or responsible  
11 official of the hospital determines that in the medical judgment of the phy-  
12 sician, **naturopathic physician**, dentist or responsible official prompt  
13 action is reasonably necessary to avoid unnecessary suffering or discomfort  
14 or to effect a more expedient or effective cure; and

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

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

21 “(3) A minor child described in subsection (1) of this section who is 15  
22 years of age or older may consent to medical treatment pursuant to ORS  
23 109.640.

24 “**SECTION 42.** ORS 418.325, as amended by section 23, chapter 106,  
25 Oregon Laws 2016, is amended to read:

26 “418.325. (1) A child-caring agency that is subject to ORS 418.205 to  
27 418.327, 418.470, 418.475 or 418.950 to 418.970 shall safeguard the health of  
28 each child, ward or other dependent or delinquent child to whom the agency  
29 provides care or services by providing for medical examinations of each child  
30 by a qualified physician **or naturopathic physician** at the following inter-

1 vals:

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

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

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

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

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

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

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

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

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

20 “(a) Inoculated as determined appropriate by the local health department;  
21 and

22 “(b) Tested for:

23 “(A) Phenylketonuria pursuant to ORS 433.285;

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

25 “(C) Sickle-cell anemia;

26 “(D) Effects of rubella, if any;

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

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

30 “(5) Within six months prior to the transfer for adoption of the custody



1 of a child by a child-caring agency to the prospective adoptive parents of  
2 such child, the child-caring agency shall provide for such child to have a  
3 complete physical examination by a physician **or naturopathic physician**,  
4 including but not limited to inspection for evidence of child abuse in ac-  
5 cordance with rules of the Department of Human Services, and be tested for  
6 visual and aural acuity consistent with the child's age.

7 “(6) A child-caring agency shall record the results of tests provided a  
8 child pursuant to subsections (1) to (5) of this section in the child's health  
9 record. The child's health record shall be kept as a part of the agency's total  
10 records of that child. The child's health record shall be made available to  
11 both natural parents and to both prospective foster or adoptive parents of  
12 that child. A qualified member of a child-caring agency under the supervision  
13 of a qualified physician **or naturopathic physician** shall explain to  
14 adoptive parents the medical factors possible as a result of a child's birth  
15 history, hereditary or congenital defects, or disease or disability experience.

16 **“SECTION 43.** ORS 418.747 is amended to read:

17 “418.747. (1) The district attorney in each county shall be responsible for  
18 developing county multidisciplinary child abuse teams to consist of but not  
19 be limited to law enforcement personnel, Department of Human Services  
20 child protective service workers, school officials, local health department  
21 personnel, county mental health department personnel who have experience  
22 with children and family mental health issues, child abuse intervention cen-  
23 ter workers, if available, and juvenile department representatives, as well  
24 as others specially trained in child abuse, child sexual abuse and rape of  
25 children investigation.

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

1       “(a) The role of each agency;  
2       “(b) Procedures to be followed to assess risks to the child;  
3       “(c) Guidelines for timely communication between member agencies;  
4       “(d) Guidelines for completion of responsibilities by member agencies;  
5       “(e) That upon clear disclosure that the alleged child abuse occurred in  
6 a child care facility as defined in ORS 329A.250, immediate notification of  
7 parents or guardians of children attending the child care facility is required  
8 regarding any abuse allegation and pending investigation; and  
9       “(f) Criteria and procedures to be followed when removal of the child is  
10 necessary for the child’s safety.

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

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

27       “(5) To ensure the protection and safe placement of a child, the Depart-  
28 ment of Human Services may request that team members obtain criminal  
29 history information on any person who is part of the household where the  
30 department may place or has placed a child who is in the department’s cus-

1 today. All information obtained by the team members and the department in  
2 the exercise of their duties is confidential and may be disclosed only when  
3 necessary to ensure the safe placement of a child.

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

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

11 “(b) The administrator may:

12 “(A) Consider the evaluation results when making eligibility determi-  
13 nations under ORS 418.746 (3);

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

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

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

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

26 “(9) Each team shall designate at least one physician, physician  
27 assistant, **naturopathic physician** or nurse practitioner who has been  
28 trained to conduct child abuse medical assessments, as defined in ORS  
29 418.782, and who is, or who may designate another physician, physician as-  
30 sistant, **naturopathic physician** or nurse practitioner who is, regularly

1 available to conduct the medical assessment described in ORS 419B.023.

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

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

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

24 **“SECTION 44.** ORS 419B.020 is amended to read:

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

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

30 “(b) Notify the Office of Child Care if the alleged child abuse occurred

1 in a child care facility as defined in ORS 329A.250.

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

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

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

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

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

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

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

30 “(c) The department also shall make a reasonable effort to notify the

1 noncustodial parent of the information required by paragraph (a) of this  
2 subsection in a timely manner.

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

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

16 “(7) A minor child of 12 years of age or older may refuse to consent to  
17 the examination described in subsection (6) of this section. The examination  
18 shall be conducted by or under the supervision of a physician licensed under  
19 ORS chapter 677, a physician assistant licensed under ORS 677.505 to  
20 677.525, **a naturopathic physician licensed under ORS chapter 685** or a  
21 nurse practitioner licensed under ORS chapter 678 and, whenever practica-  
22 ble, trained in conducting such examinations.

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

30 **“SECTION 45.** ORS 419B.023 is amended to read:

1 “419B.023. (1) As used in this section:  
2 “(a) ‘Designated medical professional’ means the person described in ORS  
3 418.747 (9) or the person’s designee.  
4 “(b) ‘Suspicious physical injury’ includes, but is not limited to:  
5 “(A) Burns or scalds;  
6 “(B) Extensive bruising or abrasions on any part of the body;  
7 “(C) Bruising, swelling or abrasions on the head, neck or face;  
8 “(D) Fractures of any bone in a child under the age of three;  
9 “(E) Multiple fractures in a child of any age;  
10 “(F) Dislocations, soft tissue swelling or moderate to severe cuts;  
11 “(G) Loss of the ability to walk or move normally according to the child’s  
12 developmental ability;  
13 “(H) Unconsciousness or difficulty maintaining consciousness;  
14 “(I) Multiple injuries of different types;  
15 “(J) Injuries causing serious or protracted disfigurement or loss or  
16 impairment of the function of any bodily organ; or  
17 “(K) Any other injury that threatens the physical well-being of the child.  
18 “(2) If a person conducting an investigation under ORS 419B.020 observes  
19 a child who has suffered suspicious physical injury and the person is certain  
20 or has a reasonable suspicion that the injury is or may be the result of  
21 abuse, the person shall, in accordance with the protocols and procedures of  
22 the county multidisciplinary child abuse team described in ORS 418.747:  
23 “(a) Immediately photograph or cause to have photographed the suspi-  
24 cious physical injuries in accordance with ORS 419B.028; and  
25 “(b) Ensure that a designated medical professional conducts a medical  
26 assessment within 48 hours, or sooner if dictated by the child’s medical  
27 needs.  
28 “(3) The requirement of subsection (2) of this section shall apply:  
29 “(a) Each time suspicious physical injury is observed by Department of  
30 Human Services or law enforcement personnel:

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

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

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

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

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

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

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

24 “(6) If the child described in subsection (2) of this section is less than five  
25 years of age, the designated medical professional may, within 14 days, refer  
26 the child for a screening for early intervention services or early childhood  
27 special education, as those terms are defined in ORS 343.035. The referral  
28 may not indicate the child is subject to a child abuse investigation unless  
29 written consent is obtained from the child’s parent authorizing such disclo-  
30 sure. If the child is already receiving those services, or is enrolled in the



1 Head Start program, a person involved in the delivery of those services to  
2 the child shall be invited to participate in the county multidisciplinary child  
3 abuse team's review of the case and shall be provided with paid time to do  
4 so by the person's employer.

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

8 **“SECTION 46.** ORS 419B.035 is amended to read:

9 “419B.035. (1) Notwithstanding the provisions of ORS 192.001 to 192.170,  
10 192.210 to 192.505 and 192.610 to 192.810 relating to confidentiality and ac-  
11 cessibility for public inspection of public records and public documents, re-  
12 ports and records compiled under the provisions of ORS 419B.010 to 419B.050  
13 are confidential and may not be disclosed except as provided in this section.  
14 The Department of Human Services shall make the records available to:

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

17 “(b) Any physician, physician assistant licensed under ORS 677.505 to  
18 **677.525, naturopathic physician licensed under ORS chapter 685** or nurse  
19 practitioner licensed under ORS 678.375 to 678.390, at the request of the  
20 physician, physician assistant, **naturopathic physician** or nurse practi-  
21 tioner, regarding any child brought to the physician, physician assistant,  
22 **naturopathic physician** or nurse practitioner or coming before the physi-  
23 cian, physician assistant, **naturopathic physician** or nurse practitioner for  
24 examination, care or treatment;

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

27 “(d) Citizen review boards established by the Judicial Department for the  
28 purpose of periodically reviewing the status of children, youths and youth  
29 offenders under the jurisdiction of the juvenile court under ORS 419B.100  
30 and 419C.005. Citizen review boards may make such records available to

1 participants in case reviews;

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

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

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

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

11 “(i) Any person, upon request to the Department of Human Services, if  
12 the reports or records requested regard an incident in which a child, as the  
13 result of abuse, died or suffered serious physical injury as defined in ORS  
14 161.015. Reports or records disclosed under this paragraph must be disclosed  
15 in accordance with ORS 192.410 to 192.505; and

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

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

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

29 “(3) The Department of Human Services may make reports and records  
30 compiled under the provisions of ORS 419B.010 to 419B.050 available to any

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

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

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

1 the report may not be disclosed under this subsection or subsection (6)(b) of  
2 this section.

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

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

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

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

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

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

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

3 **“SECTION 47.** ORS 419B.352 is amended to read:

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

17 **“SECTION 48.** ORS 421.467 is amended to read:

18 “421.467. (1) Subject to ORS 421.468, the governing body of a county or  
19 city in this state may transfer a local inmate to the temporary custody of the  
20 Department of Corrections solely for employment at a forest work camp es-  
21 tablished under ORS 421.455 to 421.480. The county or city transferring the  
22 local inmate shall pay the cost of transportation and other expenses inci-  
23 dental to the local inmate’s conveyance to the forest work camp and the re-  
24 turn of the local inmate to the county or city, including the expenses of law  
25 enforcement officers accompanying the local inmate, and is responsible for  
26 costs of any medical treatment of the local inmate while the local inmate is  
27 employed at the forest work camp not compensated under ORS 655.505 to  
28 655.555.

29 “(2) Before a local inmate is sent to a forest work camp, the governing  
30 body of the county or city shall cause the local inmate to be given such in-

1 oculations as are necessary in the public interest, and must submit to the  
2 Department of Corrections a certificate, signed by a physician licensed under  
3 ORS chapter 677, 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 that the local inmate is phys-  
6 ically and mentally able to perform the work described in ORS 421.470, and  
7 is free from communicable disease.

8 **“SECTION 49.** ORS 421.590 is amended to read:

9 “421.590. (1) For the purposes of this section:

10 “(a) ‘Medical treatment program’ means a treatment program based on a  
11 successful medical model that has been proven to reduce recidivism and that  
12 is within the range of treatments generally recognized as acceptable within  
13 the medical community, including:

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

17 “(B) Psychological treatment.

18 “(b) ‘Program participant’ means a person sentenced for a term of  
19 imprisonment based on conviction of a sex crime or a felony attempt to  
20 commit a sex crime, or a person who is eligible for parole or post-prison  
21 supervision after a term of imprisonment based on conviction of a sex crime  
22 or a felony attempt to commit a sex crime, who agrees to participate in a  
23 medical treatment program after having been evaluated to be a suitable  
24 candidate and who has been provided with adequate information to give in-  
25 formed consent to participation.

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

29 “(2) The Department of Corrections shall establish a medical treatment  
30 program for persons convicted of a sex crime or a felony attempt to commit

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

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

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

24 **“SECTION 50.** ORS 426.005 is amended to read:

25 “426.005. (1) As used in ORS 426.005 to 426.390, unless the context requires  
26 otherwise:

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

29 “(b) ‘Director of the facility’ means a superintendent of a state mental  
30 hospital, the chief of psychiatric services in a community hospital or the

1 person in charge of treatment and rehabilitation programs at other treatment  
2 facilities.

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

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

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

11 “(B) A nurse practitioner certified under ORS 678.375 and authorized to  
12 write prescriptions under ORS 678.390; or

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

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

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

19 “(A) Dangerous to self or others.

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

23 “(C) A person:

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

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

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



1 and

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

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

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

13 **“SECTION 51.** ORS 426.020 is amended to read:

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

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

28 “(3)(a) Notwithstanding any other provision of law, the designated chief  
29 medical officer may supervise physicians **and naturopathic physicians** who  
30 are employed by the hospital or who provide services at the hospital pursu-

1 ant to a contract.

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

7 **“SECTION 52.** ORS 427.005 is amended to read:

8 “427.005. As used in this chapter:

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

12 “(2) ‘Care’ means:

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

15 “(b) Supervision;

16 “(c) Protection; and

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

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

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

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

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

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

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

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

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

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

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

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

20 “(9) ‘Integration’ means:

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

24 “(b) Participation by persons with intellectual disabilities or other devel-  
25 opmental disabilities in the same community activities in which persons  
26 without disabilities participate, together with regular contact with persons  
27 without disabilities; and

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

1 disabilities in their community.

2 “(10)(a) ‘Intellectual disability’ means significantly subaverage general  
3 intellectual functioning, defined as intelligence quotients under 70 as meas-  
4 ured by a qualified professional and existing concurrently with significant  
5 impairment in adaptive behavior, that is manifested before the individual is  
6 18 years of age.

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

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

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

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

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

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

20 “[~~(13)~~] (14) ‘Physician’ means a person licensed by the Oregon Medical  
21 Board to practice medicine and surgery.

22 “[~~(14)~~] (15) ‘Productivity’ means regular engagement in income-producing  
23 work, preferable competitive employment with supports and accommodations  
24 to the extent necessary, by a person with an intellectual disability or another  
25 developmental disability which is measured through improvements in income  
26 level, employment status or job advancement or engagement by a person with  
27 an intellectual disability or another developmental disability in work con-  
28 tributing to a household or community.

29 “[~~(15)~~] (16) ‘Service coordination’ means person-centered planning, case  
30 management, procuring, coordinating and monitoring of services under an

1 individualized support plan to establish desired outcomes, determine needs  
2 and identify resources for a person with developmental disabilities and ad-  
3 vocating for the person.

4 “[(16)] (17) ‘Significantly subaverage’ means a score on a test of intellec-  
5 tual functioning that is two or more standard deviations below the mean for  
6 the test.

7 “[(17)] (18) ‘Training’ means:

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

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

13 “[(18)] (19) ‘Treatment’ means the provision of specific physical, mental,  
14 social interventions and therapies that halt, control or reverse processes that  
15 cause, aggravate or complicate malfunctions or dysfunctions.

16 **“SECTION 53.** ORS 427.235 is amended to read:

17 “427.235. (1) Any two persons may notify the court having probate juris-  
18 diction for the county or the circuit court, if it is not the probate court but  
19 its jurisdiction has been extended to include commitment of a person with  
20 an intellectual disability under ORS 3.275, that a person within the county  
21 has an intellectual disability and is in need of commitment for residential  
22 care, treatment and training. Such notice shall be in writing and sworn to  
23 before an officer qualified to administer an oath and shall set forth the facts  
24 sufficient to show the need for investigation. The circuit court shall forward  
25 notice to the community developmental disabilities program director in the  
26 county if it finds the notice sufficient to show the need for investigation.  
27 The director or the designee of the director shall immediately investigate to  
28 determine whether the person has an intellectual disability and is in need  
29 of commitment for residential care, treatment and training.

30 “(2) Any person who acts in good faith shall not be held civilly liable for

1 making of the notification under subsection (1) of this section.

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

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

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

23 “(6) If requested by a person conducting an investigation under this sec-  
24 tion, a physician **or naturopathic physician** who has examined the person  
25 alleged to have an intellectual disability may, with patient authorization or  
26 in response to a court order, provide any relevant information the physician  
27 **or naturopathic physician** has regarding the person alleged to have an  
28 intellectual disability.

29 **“SECTION 54.** ORS 427.255 is amended to read:

30 “427.255. (1) If the court finds that there is probable cause to believe that

1 the failure to take into custody pending an investigation or hearing a person  
2 alleged to have an intellectual disability and be in need of commitment for  
3 residential care, treatment and training would pose an imminent and serious  
4 danger to the person or to others, the court may issue a warrant of detention  
5 to either the community developmental disabilities program director or the  
6 sheriff of the county directing that the director, the sheriff or the designee  
7 of the director or sheriff take the person into custody and produce the person  
8 at the time and place stated in the warrant. At the time the person is taken  
9 into custody, the custodian shall advise the person or, if the person is inca-  
10 pacitated or a minor, the parents or guardian of the person of the person's  
11 right to counsel, to have legal counsel appointed if the person is unable to  
12 afford legal counsel, and, if requested, to have legal counsel appointed im-  
13 mediately.

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

29 **“SECTION 55.** ORS 427.270 is amended to read:

30 “427.270. (1) The examining facility conducting the diagnostic evaluation

1 shall make its report in writing to the court. Where components of the di-  
2 agnostic evaluation have been performed within the previous year according  
3 to Department of Human Services rules and ORS 427.105, and the records of  
4 the evaluation are available to the examining facility pursuant to ORS  
5 179.505 and department rules, the results of such evaluation may be intro-  
6 duced in court in lieu of repetition of those components by the examining  
7 facility. If the facility finds, and shows by its report, that the person exam-  
8 ined has an intellectual disability and is in need of commitment for resi-  
9 dential care, treatment and training, the report shall include a  
10 recommendation as to the type of treatment or training facility most suitable  
11 for the person. The report shall also advise the court whether in the opinion  
12 of the examining facility the person and, if the person is a minor or inca-  
13 pacitated, the parents or legal guardian of the person would cooperate with  
14 voluntary treatment or training and whether the person would benefit either  
15 from voluntary treatment or training or from appointment of a legal guard-  
16 ian or conservator.

17 “(2) Upon request by the person or the parent, legal guardian or legal  
18 counsel of the person, the court shall appoint an additional physician,  
19 **naturopathic physician** or psychologist, or both, to examine the person and  
20 make separate reports in writing to the court. However, the court shall not  
21 appoint more than one additional physician **or naturopathic physician** and  
22 one additional psychologist to examine the person.

23 **“SECTION 56.** ORS 427.275 is amended to read:

24 “427.275. (1) Any physician, **naturopathic physician** or psychologist em-  
25 ployed by the court to make a diagnostic evaluation of a person alleged to  
26 have an intellectual disability and to be in need of commitment for residen-  
27 tial care, treatment and training, shall be allowed a fee as the court in its  
28 discretion determines reasonable for the evaluation. The costs of the evalu-  
29 ation shall be paid by the county of residence of the person or, if the person  
30 has no residence within the state, by the county in which the person is taken



1 into custody. The county shall not be held responsible for the costs of prior  
2 examinations or tests reported to the court, or of diagnostic evaluations  
3 performed or arranged by the community developmental disabilities program  
4 or Department of Human Services.

5 “(2) Witnesses subpoenaed to give testimony shall receive the same fees  
6 as are paid in criminal cases and are subject to compulsory attendance in  
7 the same manner as provided in ORS 136.567 to 136.603. The attendance of  
8 out-of-state witnesses may be secured in the same manner as provided in ORS  
9 136.623 to 136.637. The party who subpoenas the witness or requests the court  
10 to subpoena the witness is responsible for payment of the cost of the  
11 subpoena and payment for the attendance of the witness at a hearing. When  
12 the witness has been subpoenaed on behalf of a person who is represented  
13 by appointed counsel, the fees and costs allowed for that witness shall be  
14 paid pursuant to ORS 135.055.

15 **“SECTION 57.** ORS 430.010 is amended to read:

16 “430.010. As used in this chapter:

17 “(1) ‘Outpatient service’ means:

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

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

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

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

25 “(D) Regulated social workers authorized to practice regulated social  
26 work by the State Board of Licensed Social Workers under ORS 675.510 to  
27 675.600; [or]

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

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

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

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

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

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

10       “(2) ‘Residential facility’ means a program or facility providing an or-  
11 ganized full-day or part-day program of treatment. Such a program or facil-  
12 ity shall be licensed, approved, established, maintained, contracted with or  
13 operated by the authority under:

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

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

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

18       “**SECTION 58.** ORS 430.401 is amended to read:

19       “430.401. (1) A police officer, physician, **naturopathic physician**, physi-  
20 cian assistant, nurse practitioner, judge, treatment facility, treatment facility  
21 staff member or sobering facility that is registered with the Oregon Health  
22 Authority under ORS 430.262 based on a written request for registration re-  
23 ceived by the authority before January 1, 2016, or the staff of the sobering  
24 facility, may not be held criminally or civilly liable for actions pursuant to  
25 ORS 430.315, 430.335, 430.397 to 430.401 and 430.402 provided the actions are  
26 in good faith, on probable cause and without malice.

27       “(2) A sobering facility registered with the authority under ORS 430.262  
28 based on a written request for registration received by the authority on or  
29 after January 1, 2016, and the staff of the sobering facility, may not be held  
30 criminally or civilly liable for actions pursuant to ORS 430.315, 430.335,

1 430.397 to 430.401 and 430.402 provided the actions are in good faith, on  
2 probable cause and without gross negligence.

3 **“SECTION 59.** ORS 430.545 is amended to read:

4 “430.545. (1) Evaluation sites provided for under ORS 430.450 to 430.555  
5 shall conduct such procedures as may be necessary to determine if an indi-  
6 vidual is a drug-dependent person. A person shall be evaluated only with that  
7 person’s written consent. Subject to approval of the Oregon Health Author-  
8 ity, the director of a treatment facility or the director of an evaluation site  
9 may designate personnel to provide treatment or evaluation as appropriate  
10 under the lawful limitations of their certification, licensure or professional  
11 practice.

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

17 **“SECTION 60.** ORS 430.560 is amended to read:

18 “430.560. (1) The Oregon Health Authority shall adopt rules [*setting*  
19 *forth*] **to establish** requirements, in accordance with ORS 430.357, for drug  
20 treatment programs that contract with the authority and that involve:

21 “(a) Detoxification;

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

23 “(c) The supplying of synthetic opiates to such persons under close  
24 supervision and control. However, the supplying of synthetic opiates shall  
25 be used only when detoxification or detoxification with acupuncture and  
26 counseling has proven ineffective or upon a written request of a physician  
27 licensed by the Oregon Medical Board **or a naturopathic physician li-**  
28 **censed by the Oregon Board of Naturopathic Medicine** showing medical  
29 need for synthetic opiates if the request is approved in writing by the parole  
30 and probation officer, if any, of the drug-dependent person. The copy of the

1 request and the approval must be included in the client’s permanent treat-  
2 ment and releasing authority records.

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

7 **“SECTION 61.** ORS 430.735 is amended to read:

8 “430.735. As used in ORS 430.735 to 430.765:

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

10 “(a) Abandonment, including desertion or willful forsaking of a person  
11 with a developmental disability or the withdrawal or neglect of duties and  
12 obligations owed a person with a developmental disability by a caregiver or  
13 other person.

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

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

18 “(d) Sexual abuse of an adult.

19 “(e) Neglect.

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

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

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

24 “(i) A wrongful use of a physical or chemical restraint upon a person with  
25 a developmental disability, excluding an act of restraint prescribed by a  
26 physician licensed under ORS chapter 677, physician assistant licensed under  
27 ORS 677.505 to 677.525, **naturopathic physician licensed under ORS**  
28 **chapter 685** or nurse practitioner licensed under ORS 678.373 to 678.390 and  
29 any treatment activities that are consistent with an approved treatment plan  
30 or in connection with a court order.

1 “(j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411,  
2 163.415, 163.425, 163.427, 163.465 or 163.467.

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

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

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

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

11 “(3) ‘Adult protective services’ means the necessary actions taken to pre-  
12 vent abuse or exploitation of an adult, to prevent self-destructive acts and  
13 to safeguard an adult’s person, property and funds, including petitioning for  
14 a protective order as defined in ORS 125.005. Any actions taken to protect  
15 an adult shall be undertaken in a manner that is least intrusive to the adult  
16 and provides for the greatest degree of independence.

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

20 “(5) ‘Community program’ means a community mental health program or  
21 a community developmental disabilities program as established in ORS  
22 430.610 to 430.695.

23 “(6) ‘Facility’ means a residential treatment home or facility, residential  
24 care facility, adult foster home, residential training home or facility or crisis  
25 respite facility.

26 “(7) ‘Financial exploitation’ means:

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

29 “(b) Alarming a person with a developmental disability by conveying a  
30 threat to wrongfully take or appropriate money or property of the person if

1 the person would reasonably believe that the threat conveyed would be car-  
2 ried out.

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

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

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

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

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

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

13 “(c) Any county sheriff’s office;

14 “(d) The Oregon State Police; or

15 “(e) Any district attorney.

16 “(10) ‘Neglect’ means:

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

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

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

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

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

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

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

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

7       “(d) Peace officer;

8       “(e) Member of the clergy;

9       “(f) Regulated social worker;

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

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

12       “(i) Attorney;

13       “(j) Licensed professional counselor or licensed marriage and family  
14 therapist;

15       “(k) Any public official;

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

17       “(m) Member of the Legislative Assembly;

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

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

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

24       “(14)(a) ‘Sexual abuse’ means:

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

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

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

1 “(D) Any sexual contact between a person with a developmental disability  
2 and a relative of the person with a developmental disability other than a  
3 spouse; or

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

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

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

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

11 “(a) Derogatory or inappropriate names, insults, verbal assaults, profanity  
12 or ridicule; or

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

15 **“SECTION 62.** ORS 431.180 is amended to read:

16 “431.180. (1) Nothing in ORS 431.001 to 431.550 and 431.990 or any other  
17 public health law of this state shall be construed as authorizing the Oregon  
18 Health Authority or its representatives, or any local public health authority  
19 or its representatives, to interfere in any manner with an individual’s right  
20 to select the physician, physician assistant, **naturopathic physician** or  
21 nurse practitioner of the individual’s choice or the individual’s choice of  
22 mode of treatment, nor as interfering with the practice of a person whose  
23 religion treats or administers sick or suffering people by purely spiritual  
24 means.

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

28 **“SECTION 63.** ORS 431A.680 is amended to read:

29 “431A.680. (1) Physicians, nurse midwives, **naturopathic physicians** and  
30 other licensed health care professionals who provide prenatal and postnatal



1 care to patients may provide to each patient, and family members of the pa-  
2 tient, if appropriate, the informational materials published by the Oregon  
3 Health Authority under ORS 431A.675 or other maternal mental health edu-  
4 cation materials that are approved by the authority.

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

11 **“SECTION 64.** ORS 433.017 is amended to read:

12 “433.017. (1) A licensed physician, physician assistant licensed under ORS  
13 677.505 to 677.525, **naturopathic physician licensed under ORS chapter**  
14 **685** or nurse practitioner licensed under ORS 678.375 to 678.390 attending a  
15 pregnant woman in this state for conditions relating to her pregnancy during  
16 the period of gestation or at the time of delivery shall, as required by rule  
17 of the Oregon Health Authority, take or cause to be taken a sample of blood  
18 of every woman so attended at the time of the first professional visit or  
19 within 10 days thereafter. The blood specimen [*thus*] obtained **under this**  
20 **subsection** [*shall*] **must** be submitted to a licensed laboratory for [*such*]  
21 tests related to any infectious condition which may affect a pregnant woman  
22 or fetus, as the authority shall by rule require, including but not limited to  
23 an HIV test as defined in ORS 433.045.

24 “(2) Every other person permitted by law to attend a pregnant woman in  
25 this state, but not permitted by law to take blood samples, shall, as required  
26 by rule of the authority, cause a sample of blood of such pregnant woman  
27 to be taken by a licensed physician, physician assistant licensed under ORS  
28 677.505 to 677.525, **naturopathic physician licensed under ORS chapter**  
29 **685** or nurse practitioner licensed under ORS 678.375 to 678.390 and have  
30 such sample submitted to a licensed laboratory for the tests described under

1 subsection (1) of this section.

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

6 **“SECTION 65.** ORS 433.040 is amended to read:

7 “433.040. (1) As used in this section, ‘vaccine’ includes vaccines, immune  
8 products and chemoprophylactic medications.

9 “(2) When the State Health Officer of the Oregon Health Authority de-  
10 termines that there is clear evidence that adverse and avoidable health out-  
11 comes from a preventable and acute communicable disease are expected to  
12 affect identifiable categories of high-risk individuals throughout Oregon and  
13 that assistance with the administration of vaccine is warranted due to a  
14 vaccine shortage to protect or treat such individuals, the health officer shall  
15 implement the Oregon Vaccine Education and Prioritization Plan as provided  
16 in subsection (3) of this section.

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

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

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

28 “(c) Procedures for:

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

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

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

9 “**SECTION 66.** ORS 433.110 is amended to read:

10 “433.110. Every physician, physician assistant, **naturopathic physician**  
11 or nurse attending a person affected with any communicable disease shall  
12 use all precautionary measures to prevent the spread of the disease as the  
13 Oregon Health Authority may prescribe by rule.

14 “**SECTION 67.** ORS 433.290 is amended to read:

15 “433.290. (1) The Legislative Assembly finds that many newborn children  
16 are given their first tests for metabolic diseases too early for the detection  
17 of these diseases because parents remove these newborn infants from the  
18 hospital before the optimum testing period commences. To assure proper first  
19 testing and follow-up testing and increase knowledge about the nature and  
20 results of these diseases, the Oregon Health Authority shall institute and  
21 carry on an intensive educational program among physicians, **naturopathic**  
22 **physicians**, hospitals, public health nurses, the parents of newborn children  
23 and the public concerning the disease of phenylketonuria and other  
24 metabolic diseases. This educational program shall include information con-  
25 cerning:

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

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

30 “(2) The authority shall make a special effort specifically to inform

1 expectant parents and parents of newborn children of the necessity of new-  
2 born infants receiving appropriate tests within the optimum time range after  
3 birth to prevent the mental retardation or other serious complications re-  
4 sulting from these diseases.

5 **“SECTION 68.** ORS 435.205 is amended to read:

6 “435.205. (1) The Oregon Health Authority and every local health depart-  
7 ment shall offer family planning and birth control services within the limits  
8 of available funds. Both agencies jointly may offer such services. The Di-  
9 rector of the Oregon Health Authority or a designee shall initiate and con-  
10 duct discussions of family planning with each person who might have an  
11 interest in and benefit from such service. The authority shall furnish con-  
12 sultation and assistance to local health departments.

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

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

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

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

4 **“SECTION 69.** ORS 435.305 is amended to read:

5 “435.305. (1) A person may be sterilized by appropriate means upon re-  
6 quest and upon the advice of a physician licensed under ORS chapter 677,  
7 **naturopathic physician licensed under ORS chapter 685** or physician  
8 assistant licensed under ORS 677.505 to 677.525.

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

12 “(3) Free clinics to sterilize males under subsection (1) of this section may  
13 be conducted as a part of the program provided for in ORS 435.205.

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

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

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

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

28 **“SECTION 70.** ORS 435.485 is amended to read:

29 “435.485. (1) [No] **A physician or naturopathic physician is not** required  
30 to give advice with respect to or participate in any termination of a preg-

1 nancy if the refusal to do so is based on an election not to give such advice  
2 or to participate in such terminations and the physician **or naturopathic**  
3 **physician** so advises the patient.

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

8 **“SECTION 71.** ORS 435.496 is amended to read:

9 “435.496. (1) Each induced termination of pregnancy which occurs in this  
10 state, regardless of the length of gestation, shall be reported to the Center  
11 for Health Statistics within 30 days by the person in charge of the institution  
12 in which the induced termination of pregnancy was performed. If the induced  
13 termination of pregnancy was performed outside an institution, the attending  
14 physician **or the naturopathic physician** shall prepare and file the report.

15 “(2) If the person who is required to file the report under subsection (1)  
16 of this section has knowledge that the person who underwent the induced  
17 termination of pregnancy also underwent a follow-up visit or had follow-up  
18 contact with a health care provider, the person shall include the fact of the  
19 follow-up visit or contact, and whether any complications were noted, in the  
20 report. If the person filing the report is not personally aware of the follow-up  
21 visit or contact but was informed of the visit or contact, the person shall  
22 include the source of that information in the report.

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

25 **“SECTION 72.** ORS 441.098 is amended to read:

26 “441.098. (1) As used in this section and ORS 441.099 and 441.991:

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

30 “(b) ‘Financial interest’ means a five percent or greater direct or indirect

1 ownership interest.

2 “(c)(A) ‘Health practitioner’ means a physician, **naturopathic physician**  
3 **licensed under ORS chapter 685**, dentist, direct entry midwife, licensed  
4 registered nurse who is certified by the Oregon State Board of Nursing as  
5 a nurse midwife nurse practitioner, certified nurse practitioner, licensed  
6 physician assistant or medical imaging licensee under ORS 688.405 to 688.605.

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

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

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

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

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

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

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

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

30 “(A) Be designed to ensure that the information is conveyed in a timely

1 and meaningful manner;

2 “(B) Be administratively simple; and

3 “(C) Accommodate a provider’s adoption and use of electronic health re-  
4 cord systems.

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

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

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

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

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

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

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

25 **“SECTION 73.** ORS 443.065 is amended to read:

26 “443.065. The home health agency shall:

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

29 “(2) Have policies established by professional personnel associated with  
30 the agency or organization, including one or more physicians **or**



1 **naturopathic physicians** and one or more registered nurses, at least two  
2 of whom are neither owners nor employees of the agency, and two consumers,  
3 to govern the services that it provides;

4 “(3) Require supervision of services that it provides under subsection (1)  
5 of this section by a physician, physician assistant, nurse practitioner,  
6 **naturopathic physician** or registered nurse, preferably a public health  
7 nurse;

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

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

10 **“SECTION 74.** ORS 443.075 is amended to read:

11 “443.075. (1) A home health agency must have an order for treatment, plan  
12 of treatment or plan of care from a physician, **naturopathic physician li-**  
13 **icensed under ORS chapter 685**, physician assistant licensed under ORS  
14 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390  
15 for the following services and supplies:

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

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

20 “(c) Home health aide services; and

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

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

27 **“SECTION 75.** ORS 443.445 is amended to read:

28 “443.445. (1) A residential facility may not admit individuals who require  
29 continuous nursing care except as provided in subsection (3) of this section.

30 “(2) Except as provided in subsection (3) of this section, if any resident

1 of a residential facility requires nursing care for eight or more consecutive  
2 days or a physician or the designee of a physician, a **naturopathic physi-**  
3 **cian** or a registered nurse certifies that continued nursing care is required,  
4 the resident shall be transferred to an appropriate health care facility for  
5 as long as necessary.

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

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

17 “(5) A residential facility may not admit individuals of categories other  
18 than those designated on its license without prior written consent of the li-  
19 censing agency.

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

25 **“SECTION 76.** ORS 443.850 is amended to read:

26 “443.850. As used in ORS 443.850 to 443.869:

27 “(1) ‘Hospice program’ means a coordinated program of home and inpa-  
28 tient care, available 24 hours a day, that utilizes an interdisciplinary team  
29 of personnel trained to provide palliative and supportive services to a  
30 patient-family unit experiencing a life threatening disease with a limited

1 prognosis. A hospice program is an institution for purposes of ORS 146.100.

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

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

14 “(a) Physician.

15 “(b) Physician assistant.

16 “(c) Nurse practitioner.

17 “(d) Nurse.

18 “(e) Nurse’s aide.

19 “(f) Occupational therapist.

20 “(g) Physical therapist.

21 “(h) Trained lay volunteer.

22 “(i) Clergy or spiritual counselor.

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

25 “**(k) Naturopathic physician.**

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

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

1       **“SECTION 77.** ORS 453.307 is amended to read:

2       “453.307. As used in ORS 453.307 to 453.414:

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

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

12       “(3) ‘Employer’ means:

13       “(a) Any person operating a facility that is included in one or more of the  
14 21 standard industrial classification categories in Appendix B of the Natural  
15 Resources Defense Council v. Train Consent Decree of June 8, 1976 (8 E.R.C.  
16 2120); or

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

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

20       “(5) ‘Hazardous substance’ means:

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

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

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

30       “(6) ‘Health professional’ means a physician licensed under ORS chapter

1 677, **naturopathic physician licensed under ORS 685**, physician assistant  
2 licensed under ORS 677.505 to 677.525, registered nurse, industrial hygienist,  
3 toxicologist, epidemiologist or emergency medical services provider.

4 “(7) ‘Law enforcement agency’ has the meaning given that term in ORS  
5 181A.010.

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

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

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

13 **“SECTION 78.** ORS 475.744 is amended to read:

14 “475.744. (1) [No] **A** person [*shall*] **may not** sell or give a hypodermic  
15 device to a minor unless the minor demonstrates a lawful need [*therefor*] **for**  
16 **the hypodermic device** by authorization of a physician, **naturopathic**  
17 **physician licensed under ORS chapter 685**, physician assistant licensed  
18 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375  
19 to 678.390, parent or legal guardian or by other means acceptable to the  
20 seller or donor.

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

25 **“SECTION 79.** ORS 616.750 is amended to read:

26 “616.750. If the State Department of Agriculture for reasonable cause be-  
27 lieves that any person working in any food establishment is affected with  
28 any infectious or contagious disease, the department may require the person  
29 to be examined by a competent physician, **naturopathic physician**, physi-  
30 cian assistant or nurse practitioner and that the physician, **naturopathic**

1 **physician**, physician assistant or nurse practitioner furnish the department  
2 with a certificate stating whether the person is affected with any infectious  
3 or contagious disease. If within five days after so required the person has  
4 not furnished the department with such a certificate by a competent physi-  
5 cian, **naturopathic physician**, physician assistant or nurse practitioner, the  
6 person is guilty of a violation of ORS 616.745 and the department may apply  
7 to the circuit court to enjoin the person from continuing to work in the food  
8 establishment until the certificate is furnished. The circuit court hereby is  
9 authorized to issue the injunction.

10 **“SECTION 80.** ORS 475.950 is amended to read:

11 “475.950. (1) A person commits the offense of failure to report a precursor  
12 substances transaction if the person does any of the following:

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

18 “(b) Receives any precursor substance described in ORS 475.940 (3)(a) to  
19 (hh) and (oo) and does not, within 10 days after receipt of the substance,  
20 submit to the Department of State Police a report that meets the reporting  
21 requirements established by rule under ORS 475.945.

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

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

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

30 “(c) Any person licensed by the State Board of Pharmacy who sells,

1 transfers or otherwise furnishes a precursor substance to a licensed phar-  
2 macy, physician licensed under ORS chapter 677, physician assistant licensed  
3 under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375  
4 to 678.390, **naturopathic physician licensed under ORS chapter 685**,  
5 dentist or veterinarian for distribution to patients upon prescription.

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

9 “(e) Any patient of a practitioner, as defined in ORS 475.005, who obtains  
10 a precursor substance from a licensed pharmacist, physician licensed under  
11 ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525,  
12 nurse practitioner licensed under ORS 678.375 to 678.390, **naturopathic**  
13 **physician licensed under ORS chapter 685**, dentist or veterinarian pursu-  
14 ant to a prescription.

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

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

20 “(h) Any person who obtains a precursor substance from a practitioner,  
21 as defined in ORS 475.005, with whom the person has a professional re-  
22 lationship.

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

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

27 “(4) The Department of State Police and any law enforcement agency may  
28 inspect and remove copies of the sales records of any retail or wholesale  
29 distributor of methyl sulfonyl methane or a precursor substance during the  
30 normal business hours of the retail or wholesale distributor or may require

1 the retail or wholesale distributor to provide copies of the records.

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

4 **“SECTION 81.** ORS 475.975 is amended to read:

5 “475.975. (1) Except as otherwise provided in subsection (2) of this section,  
6 a person commits the crime of unlawful possession of iodine in its elemental  
7 form if the person knowingly possesses iodine in its elemental form.

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

9 “(a) A physician, physician assistant licensed under ORS 677.505 to  
10 677.525, nurse practitioner licensed under ORS 678.375 to 678.390,  
11 **naturopathic physician licensed under ORS chapter 685**, pharmacist, re-  
12 tail distributor, wholesaler, manufacturer, warehouseman or common carrier  
13 or an agent of any of these persons who possesses iodine in its elemental  
14 form in the regular course of lawful business activities;

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

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

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

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

24 “(c) A licensed veterinarian;

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

27 “(e) A person who possesses iodine in its elemental form as a prescription  
28 drug pursuant to a prescription issued by a licensed veterinarian, physician,  
29 physician assistant licensed under ORS 677.505 to 677.525, **naturopathic**  
30 **physician licensed under ORS chapter 685** or nurse practitioner licensed



1 under ORS 678.375 to 678.390.

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

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

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

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

20 “(7) Unlawful distribution of iodine in its elemental form is a Class A  
21 misdemeanor.

22 **“SECTION 82.** ORS 475.976 is amended to read:

23 “475.976. (1) Except as otherwise provided in subsection (2) of this section,  
24 a person commits the crime of unlawful possession of an iodine matrix if the  
25 person knowingly possesses an iodine matrix.

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

27 “(a) A person who possesses an iodine matrix as a prescription drug,  
28 pursuant to a prescription issued by a licensed veterinarian, physician, phy-  
29 sician assistant licensed under ORS 677.505 to 677.525, **naturopathic phy-**  
30 **sician licensed under ORS chapter 685** or nurse practitioner licensed

1 under ORS 678.375 to 678.390;

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

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

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

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

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

13 “(d) A veterinarian, physician, physician assistant licensed under ORS  
14 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390,  
15 **naturopathic physician licensed under ORS chapter 685**, pharmacist, re-  
16 tail distributor, wholesaler, manufacturer, warehouseman or common carrier  
17 or an agent of any of these persons who possesses an iodine matrix in the  
18 regular course of lawful business activities; or

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

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

29 “(4) A licensed veterinarian is not required to make a record of a sale or  
30 transfer of an iodine matrix under subsection (3) of this section if the

1 veterinarian makes a record of the sale or transfer under other applicable  
2 laws or rules regarding the prescribing and dispensing of regulated or con-  
3 trolled substances by veterinarians.

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

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

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

9 **“SECTION 83.** ORS 475.978 is amended to read:

10 “475.978. (1) A person who sells or otherwise transfers more than the  
11 amount permitted by administrative rule adopted by the Department of State  
12 Police of methyl sulfonyl methane to a person other than a physician, phy-  
13 sician assistant licensed under ORS 677.505 to 677.525, nurse practitioner li-  
14 censed under ORS 678.375 to 678.390, **naturopathic physician licensed**  
15 **under ORS chapter 685**, pharmacist, veterinarian, retail distributor,  
16 wholesaler, manufacturer, warehouseman or common carrier or an agent of  
17 any of these persons shall make a record of each such sale or transfer. The  
18 record must be made on a form provided by the department, completed pur-  
19 suant to instructions provided by the department and retained by the person  
20 for at least three years. Failure to make and retain a record required under  
21 this subsection is a Class A violation.

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

29 “(3) This section applies to the sale or transfer of bulk methyl sulfonyl  
30 methane in its powder form only, and does not apply to the sale or transfer

1 of products containing methyl sulfonyl methane in other forms including, but  
2 not limited to, liquids, tablets, capsules not containing methyl sulfonyl  
3 methane in pure powder form, ointments, creams, cosmetics, foods and  
4 beverages.

5 **“SECTION 84.** ORS 628.270 is amended to read:

6 “628.270. (1) The Oregon Health Authority may, by rule, define certain  
7 communicable diseases which may be spread to the public through the han-  
8 dling of food in refrigerated locker plants.

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

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

20 “(4) Any health certificate required by this section shall be revoked by  
21 the authority at any time that the holder thereof is found, upon physical  
22 examination of such holder, to have any communicable or infectious disease.  
23 Refusal of any person employed in such locker plant to submit to proper and  
24 reasonable physical examination, upon written demand by the authority or  
25 the department, is cause for revocation of the employee’s health certificate  
26 and also is sufficient reason for revocation of the locker plant’s license un-  
27 less the employee immediately is removed from any work or operation in or  
28 about such locker plant involving the handling of food.

29 **“SECTION 85.** ORS 659A.312 is amended to read:

30 “659A.312. (1) It is an unlawful employment practice for an employer to

1 deny to grant already accrued paid leaves of absence to an employee who  
2 seeks to undergo a medical procedure to donate bone marrow. The total  
3 length of the leaves shall be determined by the employee, but shall not ex-  
4 ceed the amount of already accrued paid leave or 40 work hours, whichever  
5 is less, unless agreed to by the employer.

6 “(2) The employer may require verification by a physician **or**  
7 **naturopathic physician** of the purpose and length of each leave requested  
8 by the employee to donate bone marrow. If there is a medical determination  
9 that the employee does not qualify as a bone marrow donor, the paid leave  
10 of absence used by the employee prior to that medical determination is not  
11 affected.

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

14 “(4) This section does not:

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

17 “(b) Affect an employee’s rights with respect to any other employment  
18 benefit.

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

21 **“SECTION 86.** ORS 659A.413 is amended to read:

22 “659A.413. (1) A place of public accommodation that has an employee  
23 toilet facility shall allow a customer to use that facility during normal  
24 business hours if:

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

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

29 “(c) The customer presents a letter or other document from a physician,  
30 **naturopathic physician**, physician assistant, nurse or nurse practitioner

1 indicating that the customer suffers from an eligible medical condition, or  
2 presents an identification card that was issued by a national organization  
3 that advocates for persons with eligible medical conditions and that indicates  
4 that the person suffers from an eligible medical condition;

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

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

10 “(2) This section does not apply to a gas station, as defined in ORS  
11 646.932, with a building of 800 square feet or less.

12 **“SECTION 87.** ORS 676.550 is amended to read:

13 “676.550. (1) As used in this section:

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

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

17 “(c)(A) ‘Practitioner’ means a physician licensed under ORS chapter 677,  
18 **a naturopathic physician licensed under ORS chapter 685** or a nurse  
19 practitioner certified under ORS 678.375 who has a rural practice that meets  
20 criteria established by the Office of Rural Health that applied as of January  
21 1, 2004, for the purposes of ORS 315.613.

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

27 “(i) A physician **or naturopathic physician** who specializes in obstetrics  
28 or who specializes in family or general practice and provides obstetrical  
29 services; or

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

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

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

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

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

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

18       “(4) A practitioner whose medical professional liability insurance cover-  
19 age is provided through a health care facility, as defined in ORS 442.400, and  
20 who otherwise meets the requirements of subsection (3) of this section is el-  
21 igible for a subsidy if the office determines that the practitioner:

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

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

26       “(c) Fully reimburses the health care facility for the premium calculated  
27 for the practitioner.

28       “(5) The Oregon Health Authority shall contract with the Office of Rural  
29 Health to establish by rule criteria and procedures for an annual attestation  
30 by participating practitioners of compliance with the requirements of sub-

1 section (3)(c) of this section.

2 **“SECTION 88.** ORS 676.552 is amended to read:

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

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

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

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

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

21 “(i) Family practice without obstetrical services;

22 “(ii) General practice without obstetrical services;

23 “(iii) Internal medicine;

24 “(iv) Geriatrics;

25 “(v) Pulmonary medicine;

26 “(vi) Pediatrics;

27 “(vii) General surgery; and

28 “(viii) Anesthesiology; and

29 “(D) Fifteen percent for physicians **and naturopathic physicians** and  
30 nurse practitioners other than those included in subparagraphs (A) to (C) of



1 this paragraph.

2 “(2) If the funds available for the subsidy program are insufficient to  
3 provide the maximum premium subsidy for all practitioners who qualify for  
4 the program, the authority shall reduce or eliminate subsidies for practi-  
5 tioners described in subsection (1)(b)(D) of this section. If, after eliminating  
6 subsidies for practitioners described in subsection (1)(b)(D) of this section,  
7 the funds are insufficient to provide the maximum premium subsidies for the  
8 remaining practitioners, the authority shall also reduce or eliminate the  
9 subsidies for practitioners described in subsection (1)(b)(C) of this section.

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

13 **“SECTION 89.** ORS 676.340 is amended to read:

14 “676.340. (1) Notwithstanding any other provision of law, a health prac-  
15 titioner described in subsection (7) of this section who has registered under  
16 ORS 676.345 and who provides health care services without compensation is  
17 not liable for any injury, death or other loss arising out of the provision of  
18 those services, unless the injury, death or other loss results from the gross  
19 negligence of the health practitioner.

20 “(2) A health practitioner may claim the limitation on liability provided  
21 by this section only if the patient receiving health care services, or a person  
22 who has authority under law to make health care decisions for the patient,  
23 signs a statement that notifies the patient that the health care services are  
24 provided without compensation and that the health practitioner may be held  
25 liable for death, injury or other loss only to the extent provided by this  
26 section. The statement required under this subsection must be signed before  
27 the health care services are provided.

28 “(3) A health practitioner may claim the limitation on liability provided  
29 by this section only if the health practitioner obtains the patient’s informed  
30 consent for the health care services before providing the services, or receives

1 the informed consent of a person who has authority under law to make  
2 health care decisions for the patient.

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

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

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

16 “(7) This section applies only to:

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

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

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

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

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

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

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

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

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

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

27 “**SECTION 90.** ORS 676.345 is amended to read:

28 “676.345. (1) A health practitioner described in ORS 676.340 (7) may claim  
29 the liability limitation provided by ORS 676.340 only if the health practi-  
30 tioner has registered with a health professional regulatory board in the

1 manner provided by this section. Registration under this section must be  
2 made:

3 “(a) By a physician or physician assistant, with the Oregon Medical  
4 Board;

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

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

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

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

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

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

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

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

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

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

30 **“SECTION 91.** ORS 678.725 is amended to read:

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

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

15 “(c) Any person may report to the office suspected violations of ORS  
16 678.710 to 678.820 or unsanitary conditions in a nursing home.

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

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

23 **“SECTION 92.** ORS 680.205 is amended to read:

24 “680.205. (1) An expanded practice dental hygienist may render all ser-  
25 vices within the scope of practice of dental hygiene, as defined in ORS  
26 679.010, without the supervision of a dentist and as authorized by the ex-  
27 panded practice dental hygienist permit to:

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

1       “(A) Nursing homes as defined in ORS 678.710;  
2       “(B) Adult foster homes as defined in ORS 443.705;  
3       “(C) Residential care facilities as defined in ORS 443.400;  
4       “(D) Adult congregate living facilities as defined in ORS 441.525;  
5       “(E) Mental health residential programs administered by the Oregon  
6 Health Authority;  
7       “(F) Facilities for persons with mental illness, as those terms are defined  
8 in ORS 426.005;  
9       “(G) Facilities for persons with developmental disabilities, as those terms  
10 are defined in ORS 427.005;  
11       “(H) Local correctional facilities and juvenile detention facilities as those  
12 terms are defined in ORS 169.005, regional correctional facilities as defined  
13 in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth  
14 care centers as defined in ORS 420.855, and Department of Corrections in-  
15 stitutions as defined in ORS 421.005; or  
16       “(I) Public and nonprofit community health clinics.  
17       “(b) Adults who are homebound.  
18       “(c) Students or enrollees of nursery schools and day care programs and  
19 their siblings under 18 years of age, Job Corps and similar employment  
20 training facilities, primary and secondary schools, including private schools  
21 and public charter schools, and persons entitled to benefits under the  
22 Women, Infants and Children Program.  
23       “(d) Patients in hospitals, medical clinics, medical offices or offices oper-  
24 ated or staffed by **naturopathic physicians**, nurse practitioners, physician  
25 assistants or midwives.  
26       “(e) Patients whose income is less than the federal poverty level.  
27       “(f) Other populations that the Oregon Board of Dentistry determines are  
28 underserved or lack access to dental hygiene services.  
29       “(2) Unless different criteria for referral of a patient or resident to a  
30 dentist are included in an agreement described in subsection (3) of this sec-

1 tion, at least once each calendar year, an expanded practice dental hygienist  
2 shall refer each patient or resident to a dentist who is available to treat the  
3 patient or resident.

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

10 “(a) Administering local anesthesia;

11 “(b) Administering temporary restorations without excavation;

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

14 “(d) Referral parameters.

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

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

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

23 **“SECTION 93.** ORS 680.545 is amended to read:

24 “680.545. Denturists licensed prior to January 1, 2004, who have not re-  
25 ceived an oral pathology endorsement from the State Board of Denture  
26 Technology may not treat any person without having first received a state-  
27 ment, dated within 30 days of the date of treatment and signed by a dentist,  
28 physician, **naturopathic physician**, physician assistant licensed under ORS  
29 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390,  
30 that the person’s oral cavity is substantially free from disease and mechan-

1 ically sufficient to receive a denture.

2 **“SECTION 94.** ORS 681.230 is amended to read:

3 “681.230. (1) Without obtaining a license under this chapter, a person may  
4 use a procedure included in the practice of speech-language pathology or  
5 audiology if the procedure is within the person’s scope of practice and the  
6 person is:

7 “(a) Licensed by a health professional regulatory board as defined in ORS  
8 676.160;

9 “(b) Performing basic audiometric testing under the supervision of a  
10 physician licensed under ORS chapter 677 **or a naturopathic physician li-**  
11 **censed under ORS chapter 676** and representing that the person is a med-  
12 ical assistant or audiology assistant;

13 “(c) A teacher who is licensed by the Teacher Standards and Practices  
14 Commission and who holds a hearing impaired endorsement issued by the  
15 commission;

16 “(d) A student participating in supervised field work or supervised course  
17 work in speech-language pathology or audiology as part of a college or uni-  
18 versity program approved by the State Board of Examiners for Speech-  
19 Language Pathology and Audiology; or

20 “(e) A student taking an undergraduate course in speech-language  
21 pathology approved by the board.

22 “(2) A person practicing speech-language pathology or audiology without  
23 a license under subsection (1) of this section may not represent or imply that  
24 the person is a speech-language pathologist, speech-language pathology as-  
25 sistant or audiologist.

26 “(3) A person practicing speech-language pathology or audiology without  
27 a license under subsection (1)(d) or (e) of this section:

28 “(a) Must use a title that indicates that the person is a student trainee.

29 “(b) May not be paid for speech-language pathology or audiology services  
30 provided by the person, except that the person may be provided a reasonable

1 educational stipend.

2 “(4) Without obtaining a license under this chapter, a person may:

3 “(a) Consult with or disseminate the person’s research findings and sci-  
4 entific information to an accredited academic institution or a governmental  
5 agency; and

6 “(b) Offer lectures to the public for a fee, monetary or otherwise.

7 **“SECTION 95.** ORS 682.025 is amended to read:

8 “682.025. As used in this chapter, unless the context requires otherwise:

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

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

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

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



1 provider' are 'emergency medical services providers' within the meaning of  
2 this chapter.

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

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

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

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

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

30 “(10) ‘Patient’ means a person who is ill or injured or who has a disability

1 and who is transported in an ambulance.

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

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

9 “(13) ‘Standing orders’ means the written protocols that an emergency  
10 medical services provider follows to treat patients when direct contact with  
11 a physician is not maintained.

12 “(14) ‘Supervising physician’ means a medical or osteopathic physician  
13 licensed under ORS chapter 677, actively registered and in good standing  
14 with the **Oregon Medical Board**, who provides direction of emergency or  
15 nonemergency care provided by emergency medical services providers.

16 “(15) ‘Unprofessional conduct’ means conduct unbecoming a person li-  
17 censed to perform emergency care, or detrimental to the best interests of the  
18 public and includes:

19 “(a) Any conduct or practice contrary to recognized standards of ethics  
20 of the medical profession or any conduct or practice which does or might  
21 constitute a danger to the health or safety of a patient or the public or any  
22 conduct, practice or condition which does or might impair an emergency  
23 medical services provider’s ability safely and skillfully to practice emergency  
24 or nonemergency care;

25 “(b) Willful performance of any medical treatment which is contrary to  
26 acceptable medical standards; and

27 “(c) Willful and consistent utilization of medical service for treatment  
28 which is or may be considered inappropriate or unnecessary.

29 **“SECTION 96.** ORS 688.805 is amended to read:

30 “688.805. (1) Nothing in ORS 688.800 to 688.840 is intended to limit, pre-

1 clude or otherwise interfere with the practices of other persons and health  
2 providers licensed by appropriate agencies of this state.

3 “(2) Nothing in ORS 688.800 to 688.840 prohibits:

4 “(a) The practice of respiratory care by a student enrolled in a respiratory  
5 care education program approved by the American Medical Association in  
6 collaboration with the Joint Review Committee for Respiratory Therapy Ed-  
7 ucation or their successors or equivalent organizations, as approved by the  
8 Respiratory Therapist and Polysomnographic Technologist Licensing Board.

9 “(b) The practice of polysomnography by a student who is:

10 “(A) Enrolled in an educational program for polysomnography approved  
11 by the board; and

12 “(B) In the physical presence of a supervisor approved by the board.

13 “(c) Self-care by a patient, or gratuitous care by a friend or family mem-  
14 ber who does not claim to be a respiratory care practitioner.

15 “(d) Respiratory care services rendered in the course of an emergency.

16 “(3) Persons in the military services or working in federal facilities are  
17 exempt from the provisions of ORS 688.800 to 688.840 when functioning in the  
18 course of assigned duties.

19 “(4) Nothing in ORS 688.800 to 688.840 is intended to permit the practice  
20 of medicine by a person licensed to practice respiratory care or polysom-  
21 nography unless the person is also licensed to practice medicine.

22 “(5) The practice of respiratory care:

23 “(a) May be performed in any clinic, hospital, skilled nursing facility,  
24 private dwelling or other setting approved by the board.

25 “(b) Must be performed in accordance with the prescription or verbal or-  
26 der of a physician **or naturopathic physician** and shall be performed under  
27 a qualified medical director for respiratory care.

28 “(6) The practice of polysomnography:

29 “(a) May be performed in a clinic, hospital, skilled nursing facility, sleep  
30 center, sleep laboratory, physician’s office, **naturopathic physician’s of-**

1 **fice**, private dwelling or other setting approved by the board.

2 “(b) Must be performed in accordance with the prescription or verbal or-  
3 der of a physician, **naturopathic physician** or physician assistant licensed  
4 under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375  
5 to 678.390 and under the direction of a qualified medical director for poly-  
6 somnography.

7 **“SECTION 97.** ORS 688.807 is amended to read:

8 “688.807. Notwithstanding ORS 688.805:

9 “(1) ORS 688.800 to 688.840 do not prohibit a respiratory care practitioner  
10 from practicing polysomnography in accordance with the prescription or  
11 verbal order of a physician **or naturopathic physician** and under the di-  
12 rection of a qualified medical director for respiratory care or for polysom-  
13 nography.

14 “(2) A polysomnographic technologist may not practice respiratory care  
15 without a license issued under ORS 688.815, unless the act is within the  
16 scope of practice of a polysomnographic technologist.

17 **“SECTION 98.** ORS 689.005 is amended to read:

18 “689.005. As used in this chapter:

19 “(1) ‘Administer’ means the direct application of a drug or device whether  
20 by injection, inhalation, ingestion, or any other means, to the body of a pa-  
21 tient or research subject by:

22 “(a) A practitioner or the practitioner’s authorized agent; or

23 “(b) The patient or research subject at the direction of the practitioner.

24 “(2) ‘Approved continuing pharmacy education program’ means those  
25 seminars, classes, meetings, workshops and other educational programs on  
26 the subject of pharmacy approved by the board.

27 “(3) ‘Board of pharmacy’ or ‘board’ means the State Board of Pharmacy.

28 “(4) ‘Clinical pharmacy agreement’ means an agreement between a  
29 pharmacist or pharmacy and a health care organization or a physician as  
30 defined in ORS 677.010 **or a naturopathic physician as defined in ORS**

1 **685.010** that permits the pharmacist to engage in the practice of clinical  
2 pharmacy for the benefit of the patients of the health care organization  
3 [or], physician **or naturopathic physician**.

4 “(5) ‘Continuing pharmacy education’ means:

5 “(a) Professional, pharmaceutical post-graduate education in the general  
6 areas of socio-economic and legal aspects of health care;

7 “(b) The properties and actions of drugs and dosage forms; and

8 “(c) The etiology, characteristics and therapeutics of the disease state.

9 “(6) ‘Continuing pharmacy education unit’ means the unit of measurement  
10 of credits for approved continuing education courses and programs.

11 “(7) ‘Deliver’ or ‘delivery’ means the actual, constructive or attempted  
12 transfer of a drug or device other than by administration from one person  
13 to another, whether or not for a consideration.

14 “(8) ‘Device’ means an instrument, apparatus, implement, machine,  
15 contrivance, implant, in vitro reagent or other similar or related article, in-  
16 cluding any component part or accessory, which is required under federal  
17 or state law to be prescribed by a practitioner and dispensed by a  
18 pharmacist.

19 “(9) ‘Dispense’ or ‘dispensing’ means the preparation and delivery of a  
20 prescription drug pursuant to a lawful order of a practitioner in a suitable  
21 container appropriately labeled for subsequent administration to or use by  
22 a patient or other individual entitled to receive the prescription drug.

23 “(10) ‘Distribute’ means the delivery of a drug other than by administer-  
24 ing or dispensing.

25 “(11) ‘Drug’ means:

26 “(a) Articles recognized as drugs in the official United States  
27 Pharmacopoeia, official National Formulary, official Homeopathic  
28 Pharmacopoeia, other drug compendium or any supplement to any of them;

29 “(b) Articles intended for use in the diagnosis, cure, mitigation, treatment  
30 or prevention of disease in a human or other animal;

1 “(c) Articles, other than food, intended to affect the structure or any  
2 function of the body of humans or other animals; and

3 “(d) Articles intended for use as a component of any articles specified in  
4 paragraph (a), (b) or (c) of this subsection.

5 “(12) ‘Drug order’ means a written order, in a hospital or other inpatient  
6 care facility, for an ultimate user of any drug or device issued and signed  
7 by a practitioner, or an order transmitted by other means of communication  
8 from a practitioner, that is immediately reduced to writing by a pharmacist,  
9 licensed nurse or other practitioner.

10 “(13) ‘Drug outlet’ means any pharmacy, nursing home, shelter home,  
11 convalescent home, extended care facility, drug abuse treatment center, penal  
12 institution, hospital, family planning clinic, student health center, retail  
13 store, wholesaler, manufacturer, mail-order vendor or other establishment  
14 with facilities located within or out of this state that is engaged in dis-  
15 pensing, delivery or distribution of drugs within this state.

16 “(14) ‘Drug room’ means a secure and lockable location within an inpa-  
17 tient care facility that does not have a licensed pharmacy.

18 “(15) ‘Electronically transmitted’ or ‘electronic transmission’ means a  
19 communication sent or received through technological apparatuses, including  
20 computer terminals or other equipment or mechanisms linked by telephone  
21 or microwave relays, or any similar apparatus having electrical, digital,  
22 magnetic, wireless, optical, electromagnetic or similar capabilities.

23 “(16) ‘Hormonal contraceptive patch’ means a transdermal patch applied  
24 to the skin of a patient, by the patient or by a practitioner, that releases a  
25 drug composed of a combination of hormones that is approved by the United  
26 States Food and Drug Administration to prevent pregnancy.

27 “(17) ‘Institutional drug outlet’ means hospitals and inpatient care facili-  
28 ties where medications are dispensed to another health care professional for  
29 administration to patients served by the hospitals or facilities.

30 “(18) ‘Intern’ means a person who is enrolled in or has completed a course

1 of study at a school or college of pharmacy approved by the board and who  
2 is licensed with the board as an intern.

3 “(19) ‘Internship’ means a professional experiential program approved by  
4 the board under the supervision of a licensed pharmacist registered with the  
5 board as a preceptor.

6 “(20) ‘Itinerant vendor’ means a person who sells or distributes  
7 nonprescription drugs by passing from house to house, or by haranguing the  
8 people on the public streets or in public places, or who uses the customary  
9 devices for attracting crowds, recommending their wares and offering them  
10 for sale.

11 “(21) ‘Labeling’ means the process of preparing and affixing of a label to  
12 any drug container exclusive, however, of the labeling by a manufacturer,  
13 packer or distributor of a nonprescription drug or commercially packaged  
14 legend drug or device.

15 “(22) ‘Manufacture’ means the production, preparation, propagation, com-  
16 pounding, conversion or processing of a device or a drug, either directly or  
17 indirectly by extraction from substances of natural origin or independently  
18 by means of chemical synthesis or by a combination of extraction and  
19 chemical synthesis and includes any packaging or repackaging of the sub-  
20 stances or labeling or relabeling of its container, except that this term does  
21 not include the preparation or compounding of a drug by an individual for  
22 their own use or the preparation, compounding, packaging or labeling of a  
23 drug:

24 “(a) By a practitioner as an incident to administering or dispensing of a  
25 drug in the course of professional practice; or

26 “(b) By a practitioner or by the practitioner’s authorization under super-  
27 vision of the practitioner for the purpose of or as an incident to research,  
28 teaching or chemical analysis and not for sale.

29 “(23) ‘Manufacturer’ means a person engaged in the manufacture of drugs.

30 “(24) ‘Nonprescription drug outlet’ means shopkeepers and itinerant ven-

1 dors registered under ORS 689.305.

2 “(25) ‘Nonprescription drugs’ means drugs which may be sold without a  
3 prescription and which are prepackaged for use by the consumer and labeled  
4 in accordance with the requirements of the statutes and regulations of this  
5 state and the federal government.

6 “(26) ‘Person’ means an individual, corporation, partnership, association  
7 or any other legal entity.

8 “(27) ‘Pharmacist’ means an individual licensed by this state to engage in  
9 the practice of pharmacy or to engage in the practice of clinical pharmacy.

10 “(28) ‘Pharmacy’ means a place that meets the requirements of rules of  
11 the board, is licensed and approved by the board where the practice of  
12 pharmacy may lawfully occur and includes apothecaries, drug stores,  
13 dispensaries, hospital outpatient pharmacies, pharmacy departments and  
14 prescription laboratories but does not include a place used by a manufacturer  
15 or wholesaler.

16 “(29) ‘Pharmacy technician’ means a person licensed by the State Board  
17 of Pharmacy who assists the pharmacist in the practice of pharmacy pursu-  
18 ant to rules of the board.

19 “(30) ‘Practice of clinical pharmacy’ means:

20 “(a) The health science discipline in which, in conjunction with the  
21 patient’s other practitioners, a pharmacist provides patient care to optimize  
22 medication therapy and to promote disease prevention and the patient’s  
23 health and wellness;

24 “(b) The provision of patient care services, including but not limited to  
25 post-diagnostic disease state management services; and

26 “(c) The practice of pharmacy by a pharmacist pursuant to a clinical  
27 pharmacy agreement.

28 “(31) ‘Practice of pharmacy’ means:

29 “(a) The interpretation and evaluation of prescription orders;

30 “(b) The compounding, dispensing and labeling of drugs and devices, ex-



1 cept labeling by a manufacturer, packer or distributor of nonprescription  
2 drugs and commercially packaged legend drugs and devices;

3 “(c) The prescribing and administering of vaccines and immunizations and  
4 the providing of patient care services pursuant to ORS 689.645;

5 “(d) The administering of drugs and devices to the extent permitted under  
6 ORS 689.655;

7 “(e) The participation in drug selection and drug utilization reviews;

8 “(f) The proper and safe storage of drugs and devices and the maintenance  
9 of proper records therefor;

10 “(g) The responsibility for advising, where necessary or where regulated,  
11 of therapeutic values, content, hazards and use of drugs and devices;

12 “(h) The monitoring of therapeutic response or adverse effect to drug  
13 therapy;

14 “(i) The optimizing of drug therapy through the practice of clinical  
15 pharmacy;

16 “(j) Patient care services, including medication therapy management and  
17 comprehensive medication review;

18 “(k) The offering or performing of those acts, services, operations or  
19 transactions necessary in the conduct, operation, management and control  
20 of pharmacy; and

21 “(L) The prescribing and dispensing of hormonal contraceptive patches  
22 and self-administered oral hormonal contraceptives pursuant to ORS 689.683.

23 “(32) ‘Practitioner’ means a person licensed and operating within the  
24 scope of such license to prescribe, dispense, conduct research with respect  
25 to or administer drugs in the course of professional practice or research:

26 “(a) In this state; or

27 “(b) In another state or territory of the United States if the person does  
28 not reside in Oregon and is registered under the federal Controlled Sub-  
29 stances Act.

30 “(33) ‘Preceptor’ means a pharmacist or a person licensed by the board to

1 supervise the internship training of a licensed intern.

2 “(34) ‘Prescription drug’ or ‘legend drug’ means a drug which is:

3 “(a) Required by federal law, prior to being dispensed or delivered, to be  
4 labeled with either of the following statements:

5 “(A) ‘Caution: Federal law prohibits dispensing without prescription’; or

6 “(B) ‘Caution: Federal law restricts this drug to use by or on the order  
7 of a licensed veterinarian’; or

8 “(b) Required by any applicable federal or state law or regulation to be  
9 dispensed on prescription only or is restricted to use by practitioners only.

10 “(35) ‘Prescription’ or ‘prescription drug order’ means a written, oral or  
11 electronically transmitted direction, given by a practitioner authorized to  
12 prescribe drugs, for the preparation and use of a drug. When the context  
13 requires, ‘prescription’ also means the drug prepared under such written, oral  
14 or electronically transmitted direction.

15 “(36) ‘Retail drug outlet’ means a place used for the conduct of the retail  
16 sale, administering or dispensing or compounding of drugs or chemicals or  
17 for the administering or dispensing of prescriptions and licensed by the board  
18 as a place wherein the practice of pharmacy may lawfully occur.

19 “(37) ‘Self-administered oral hormonal contraceptive’ means a drug com-  
20 posed of a combination of hormones that is approved by the United States  
21 Food and Drug Administration to prevent pregnancy and that the patient to  
22 whom the drug is prescribed may take orally.

23 “(38) ‘Shopkeeper’ means a business or other establishment, open to the  
24 general public, for the sale or nonprofit distribution of drugs.

25 “(39) ‘Unit dose’ means a sealed single-unit container so designed that the  
26 contents are administered to the patient as a single dose, direct from the  
27 container. Each unit dose container must bear a separate label, be labeled  
28 with the name and strength of the medication, the name of the manufacturer  
29 or distributor, an identifying lot number and, if applicable, the expiration  
30 date of the medication.

1 “(40) ‘Wholesale drug outlet’ means any person who imports, stores, dis-  
2 tributes or sells for resale any drugs including legend drugs and  
3 nonprescription drugs.

4 **“SECTION 99.** ORS 742.420 is amended to read:

5 “742.420. As used in ORS 742.420 to 742.440:

6 “(1) ‘Discount medical plan’ means a contract, agreement or other busi-  
7 ness arrangement between a discount medical plan organization and a plan  
8 member in which the organization, in exchange for fees, service or sub-  
9 scription charges, dues or other consideration, offers or purports to offer the  
10 plan member access to providers and the right to receive medical and ancil-  
11 lary services at a discount from providers.

12 “(2) ‘Discount medical plan organization’ means a person that contracts  
13 on behalf of plan members with a provider, a provider network or another  
14 discount medical plan organization for access to medical and ancillary ser-  
15 vices at a discounted rate and determines what plan members will pay as a  
16 fee, service or subscription charge, dues or other consideration for a discount  
17 medical plan.

18 “(3) ‘Licensee’ means a discount medical plan organization that has ob-  
19 tained a license from the Director of the Department of Consumer and  
20 Business Services in accordance with ORS 742.426.

21 “(4) ‘Medical and ancillary services’ means, except when administered by  
22 or under contract with the State of Oregon, any care, service, treatment or  
23 product provided for any dysfunction, injury or illness of the human body  
24 including, but not limited to, care provided by a physician, **naturopathic**  
25 **physician**, physician assistant or nurse practitioner, inpatient care, hospital  
26 and surgical services, emergency and ambulance services, audiology services,  
27 dental care services, vision care services, mental health services, substance  
28 abuse counseling or treatment, chiropractic services, podiatric care services,  
29 laboratory services, home health care services, medical equipment and sup-  
30 plies or prescription drugs.

1 “(5) ‘Plan member’ means an individual who pays fees, service or sub-  
2 scription charges, dues or other consideration in exchange for the right to  
3 participate in a discount medical plan.

4 “(6)(a) ‘Provider’ means a person that has contracted or otherwise agreed  
5 with a discount medical plan organization to provide medical and ancillary  
6 services to plan members at a discount from the person’s ordinary or cus-  
7 tomary fees or charges.

8 “(b) ‘Provider’ does not include:

9 “(A) A person that, apart from any agreement or contract with a discount  
10 medical plan organization, provides medical and ancillary services at a dis-  
11 count or at fixed or scheduled prices to patients or customers the person  
12 serves regularly; or

13 “(B) A person that does not charge fees, service or subscription charges,  
14 dues or other consideration in exchange for providing medical and ancillary  
15 services at a discount or at fixed or scheduled prices.

16 “(7) ‘Provider network’ means a person that negotiates directly or indi-  
17 rectly with a discount medical plan organization on behalf of more than one  
18 provider that provides medical or ancillary services to plan members.

19 **“SECTION 100.** ORS 742.504 is amended to read:

20 “742.504. Every policy required to provide the coverage specified in ORS  
21 742.502 shall provide uninsured motorist coverage that in each instance is  
22 no less favorable in any respect to the insured or the beneficiary than if the  
23 following provisions were set forth in the policy. However, nothing contained  
24 in this section requires the insurer to reproduce in the policy the particular  
25 language of any of the following provisions:

26 “(1)(a) Notwithstanding ORS 30.260 to 30.300, the insurer will pay all  
27 sums that the insured or the heirs or legal representative of the insured is  
28 legally entitled to recover as damages from the owner or operator of an  
29 uninsured vehicle because of bodily injury sustained by the insured caused  
30 by accident and arising out of the ownership, maintenance or use of the

1 uninsured vehicle. Determination as to whether the insured, the insured's  
2 heirs or the insured's legal representative is legally entitled to recover such  
3 damages, and if so, the amount thereof, shall be made by agreement between  
4 the insured and the insurer, or, in the event of disagreement, may be deter-  
5 mined by arbitration as provided in subsection (10) of this section.

6 “(b) No judgment against any person or organization alleged to be legally  
7 responsible for bodily injury, except for proceedings instituted against the  
8 insurer as provided in this policy, shall be conclusive, as between the insured  
9 and the insurer, on the issues of liability of the person or organization or  
10 of the amount of damages to which the insured is legally entitled.

11 “(2) As used in this policy:

12 “(a) ‘Bodily injury’ means bodily injury, sickness or disease, including  
13 death resulting therefrom.

14 “(b) ‘Hit-and-run vehicle’ means a vehicle that causes bodily injury to an  
15 insured arising out of physical contact of the vehicle with the insured or  
16 with a vehicle the insured is occupying at the time of the accident, provided:

17 “(A) The identity of either the operator or the owner of the hit-and-run  
18 vehicle cannot be ascertained;

19 “(B) 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; and

27 “(C) At the insurer's request, the insured or the legal representative of  
28 the insured makes available for inspection the vehicle the insured was oc-  
29 cupying at the time of the accident.

30 “(c) ‘Insured,’ when unqualified and when applied to uninsured motorist

1 coverage, means:

2 “(A) The named insured as stated in the policy and any person designated  
3 as named insured in the schedule and, while residents of the same household,  
4 the spouse of any named insured and relatives of either, provided that nei-  
5 ther the relative nor the spouse is the owner of a vehicle not described in  
6 the policy and that, if the named insured as stated in the policy is other than  
7 an individual or spouses in a marriage who are residents of the same  
8 household, the named insured shall be only a person so designated in the  
9 schedule;

10 “(B) Any child residing in the household of the named insured if the in-  
11 sured has performed the duties of a parent to the child by rearing the child  
12 as the insured’s own although the child is not related to the insured by  
13 blood, marriage or adoption; and

14 “(C) Any other person while occupying an insured vehicle, provided the  
15 actual use thereof is with the permission of the named insured.

16 “(d) ‘Insured vehicle,’ except as provided in paragraph (e) of this pro-  
17 vision, means:

18 “(A) The vehicle described in the policy or a newly acquired or substitute  
19 vehicle, as each of those terms is defined in the public liability coverage of  
20 the policy, insured under the public liability provisions of the policy; or

21 “(B) A nonowned vehicle operated by the named insured or spouse if a  
22 resident of the same household, provided that the actual use thereof is with  
23 the permission of the owner of the vehicle and the vehicle is not owned by  
24 nor furnished for the regular or frequent use of the insured or any member  
25 of the same household.

26 “(e) ‘Insured vehicle’ does not include a trailer of any type unless the  
27 trailer is a described vehicle in the policy.

28 “(f) ‘Occupying’ means in or upon or entering into or alighting from.

29 “(g) ‘Phantom vehicle’ means a vehicle that causes bodily injury to an  
30 insured arising out of a motor vehicle accident that is caused by a vehicle

1 that has no physical contact with the insured or the vehicle the insured is  
2 occupying at the time of the accident, provided:

3 “(A) The identity of either the operator or the owner of the phantom ve-  
4 hicle cannot be ascertained;

5 “(B) The facts of the accident can be corroborated by competent evidence  
6 other than the testimony of the insured or any person having an uninsured  
7 motorist claim resulting from the accident; and

8 “(C) The insured or someone on behalf of the insured reported the acci-  
9 dent within 72 hours to a police, peace or judicial officer, to the Department  
10 of Transportation or to the equivalent department in the state where the  
11 accident occurred, and filed with the insurer within 30 days thereafter a  
12 statement under oath that the insured or the legal representative of the in-  
13 sured has a cause or causes of action arising out of the accident for damages  
14 against a person or persons whose identities are unascertainable, and setting  
15 forth the facts in support thereof.

16 “(h) ‘State’ includes the District of Columbia, a territory or possession  
17 of the United States and a province of Canada.

18 “(i) ‘Stolen vehicle’ means an insured vehicle that causes bodily injury  
19 to the insured arising out of a motor vehicle accident if:

20 “(A) The vehicle is operated without the consent of the insured;

21 “(B) The operator of the vehicle does not have collectible motor vehicle  
22 bodily injury liability insurance;

23 “(C) The insured or someone on behalf of the insured reported the acci-  
24 dent within 72 hours to a police, peace or judicial officer or to the equivalent  
25 department in the state where the accident occurred; and

26 “(D) The insured or someone on behalf of the insured cooperates with the  
27 appropriate law enforcement agency in the prosecution of the theft of the  
28 vehicle.

29 “(j) ‘Sums that the insured or the heirs or legal representative of the in-  
30 sured is legally entitled to recover as damages’ means the amount of damages

1 that:

2 “(A) A claimant could have recovered in a civil action from the owner  
3 or operator at the time of the injury after determination of fault or com-  
4 parative fault and resolution of any applicable defenses;

5 “(B) Are calculated without regard to the tort claims limitations of ORS  
6 30.260 to 30.300; and

7 “(C) Are no larger than benefits payable under the terms of the policy  
8 as provided in subsection (7) of this section.

9 “(k) ‘Uninsured vehicle,’ except as provided in paragraph (L) of this pro-  
10 vision, means:

11 “(A) A vehicle with respect to the ownership, maintenance or use of  
12 which there is no collectible motor vehicle bodily injury liability insurance,  
13 in at least the amounts or limits prescribed for bodily injury or death under  
14 ORS 806.070 applicable at the time of the accident with respect to any person  
15 or organization legally responsible for the use of the vehicle, or with respect  
16 to which there is collectible bodily injury liability insurance applicable at  
17 the time of the accident but the insurance company writing the insurance  
18 denies coverage or the company writing the insurance becomes voluntarily  
19 or involuntarily declared bankrupt or for which a receiver is appointed or  
20 becomes insolvent. It shall be a disputable presumption that a vehicle is  
21 uninsured in the event the insured and the insurer, after reasonable efforts,  
22 fail to discover within 90 days from the date of the accident, the existence  
23 of a valid and collectible motor vehicle bodily injury liability insurance ap-  
24 plicable at the time of the accident.

25 “(B) A hit-and-run vehicle.

26 “(C) A phantom vehicle.

27 “(D) A stolen vehicle.

28 “(E) A vehicle that is owned or operated by a self-insurer:

29 “(i) That is not in compliance with ORS 806.130 (1)(c); or

30 “(ii) That provides recovery to an insured in an amount that is less than



1 the sums that the insured or the heirs or legal representative of the insured  
2 is legally entitled to recover as damages for bodily injury or death that is  
3 caused by accident and that arises out of owning, maintaining or using an  
4 uninsured vehicle.

5 “(L) ‘Uninsured vehicle’ does not include:

6 “(A) An insured vehicle, unless the vehicle is a stolen vehicle;

7 “(B) Except as provided in paragraph (k)(E) of this subsection, a vehicle  
8 that is owned or operated by a self-insurer within the meaning of any motor  
9 vehicle financial responsibility law, motor carrier law or any similar law;

10 “(C) A vehicle that is owned by the United States of America, Canada, a  
11 state, a political subdivision of any such government or an agency of any  
12 such government;

13 “(D) A land motor vehicle or trailer, if operated on rails or crawler-treads  
14 or while located for use as a residence or premises and not as a vehicle;

15 “(E) A farm-type tractor or equipment designed for use principally off  
16 public roads, except while actually upon public roads; or

17 “(F) A vehicle owned by or furnished for the regular or frequent use of  
18 the insured or any member of the household of the insured.

19 “(m) ‘Vehicle’ means every device in, upon or by which any person or  
20 property is or may be transported or drawn upon a public highway, but does  
21 not include devices moved by human power or used exclusively upon sta-  
22 tionary rails or tracks.

23 “(3) This coverage applies only to accidents that occur on and after the  
24 effective date of the policy, during the policy period and within the United  
25 States of America, its territories or possessions, or Canada.

26 “(4)(a) This coverage does not apply to bodily injury of an insured with  
27 respect to which the insured or the legal representative of the insured shall,  
28 without the written consent of the insurer, make any settlement with or  
29 prosecute to judgment any action against any person or organization who  
30 may be legally liable therefor.

1       “(b) This coverage does not apply to bodily injury to an insured while  
2 occupying a vehicle, other than an insured vehicle, owned by, or furnished  
3 for the regular use of, the named insured or any relative resident in the same  
4 household, or through being struck by the vehicle.

5       “(c) This coverage does not apply so as to inure directly or indirectly to  
6 the benefit of any workers’ compensation carrier, any person or organization  
7 qualifying as a self-insurer under any workers’ compensation or disability  
8 benefits law or any similar law or the State Accident Insurance Fund Cor-  
9 poration.

10       “(d) This coverage does not apply with respect to underinsured motorist  
11 benefits unless:

12       “(A) The limits of liability under any bodily injury liability insurance  
13 applicable at the time of the accident regarding the injured person have been  
14 exhausted by payment of judgments or settlements to the injured person or  
15 other injured persons;

16       “(B) The described limits have been offered in settlement, the insurer has  
17 refused consent under paragraph (a) of this subsection and the insured pro-  
18 tects the insurer’s right of subrogation to the claim against the tortfeasor;

19       “(C) The insured gives credit to the insurer for the unrealized portion of  
20 the described liability limits as if the full limits had been received if less  
21 than the described limits have been offered in settlement, and the insurer  
22 has consented under paragraph (a) of this subsection; or

23       “(D) The insured gives credit to the insurer for the unrealized portion of  
24 the described liability limits as if the full limits had been received if less  
25 than the described limits have been offered in settlement and, if the insurer  
26 has refused consent under paragraph (a) of this subsection, the insured pro-  
27 tects the insurer’s right of subrogation to the claim against the tortfeasor.

28       “(e) When seeking consent under paragraph (a) or (d) of this subsection,  
29 the insured shall allow the insurer a reasonable time in which to collect and  
30 evaluate information related to consent to the proposed offer of settlement.

1 The insured shall provide promptly to the insurer any information that is  
2 reasonably requested by the insurer and that is within the custody and con-  
3 trol of the insured. Consent will be presumed to be given if the insurer does  
4 not respond within a reasonable time. For purposes of this paragraph, a  
5 ‘reasonable time’ is no more than 30 days from the insurer’s receipt of a  
6 written request for consent, unless the insured and the insurer agree other-  
7 wise.

8 “(5)(a) As soon as practicable, the insured or other person making claim  
9 shall give to the insurer written proof of claim, under oath if required, in-  
10 cluding full particulars of the nature and extent of the injuries, treatment  
11 and other details entering into the determination of the amount payable  
12 hereunder. The insured and every other person making claim hereunder shall  
13 submit to examinations under oath by any person named by the insurer and  
14 subscribe the same, as often as may reasonably be required. Proof of claim  
15 shall be made upon forms furnished by the insurer unless the insurer fails  
16 to furnish the forms within 15 days after receiving notice of claim.

17 “(b) Upon reasonable request of and at the expense of the insurer, the  
18 injured person shall submit to physical examinations by physicians,  
19 **naturopathic physicians**, physician assistants or nurse practitioners se-  
20 lected by the insurer and shall, upon each request from the insurer, execute  
21 authorization to enable the insurer to obtain medical reports and copies of  
22 records.

23 “(6) If, before the insurer makes payment of loss hereunder, the insured  
24 or the legal representative of the insured institutes any legal action for  
25 bodily injury against any person or organization legally responsible for the  
26 use of a vehicle involved in the accident, a copy of the summons and com-  
27 plaint or other process served in connection with the legal action shall be  
28 forwarded immediately to the insurer by the insured or the legal represen-  
29 tative of the insured.

30 “(7)(a) The limit of liability stated in the declarations as applicable to

1 'each person' is the limit of the insurer's liability for all damages because  
2 of bodily injury sustained by one person as the result of any one accident  
3 and, subject to the above provision respecting each person, the limit of li-  
4 ability stated in the declarations as applicable to 'each accident' is the total  
5 limit of the company's liability for all damages because of bodily injury  
6 sustained by two or more persons as the result of any one accident.

7 "(b) Any amount payable under the terms of this coverage because of  
8 bodily injury sustained in an accident by a person who is an insured under  
9 this coverage shall be reduced by the amount paid and the present value of  
10 all amounts payable on account of the bodily injury under any workers'  
11 compensation law, disability benefits law or any similar law.

12 "(c) Any amount payable under the terms of this coverage because of  
13 bodily injury sustained in an accident by a person who is an insured under  
14 this coverage shall be reduced by the credit given to the insurer pursuant  
15 to subsection (4)(d)(C) or (D) of this section.

16 "(d) The amount payable under the terms of this coverage may not be  
17 reduced by the amount of liability proceeds offered, described in subsection  
18 (4)(d)(B) or (D) of this section, that has not been paid to the injured person.  
19 If liability proceeds have been offered and not paid, the amount payable un-  
20 der the terms of the coverage shall include the amount of liability limits  
21 offered but not accepted due to the insurer's refusal to consent. The insured  
22 shall cooperate so as to permit the insurer to proceed by subrogation or as-  
23 signment to prosecute the claim against the uninsured motorist.

24 "(8) No action shall lie against the insurer unless, as a condition  
25 precedent thereto, the insured or the legal representative of the insured has  
26 fully complied with all the terms of this policy.

27 "(9)(a) With respect to bodily injury to an insured:

28 "(A) While occupying a vehicle owned by a named insured under this  
29 coverage, the insurance under this coverage is primary.

30 "(B) While occupying a vehicle not owned by a named insured under this

1 coverage, the insurance under this coverage shall apply only as excess in-  
2 surance over any primary insurance available to the occupant that is similar  
3 to this coverage, and this excess insurance coverage shall then apply only  
4 to the sums that the insured or the heirs or legal representative of the in-  
5 sured is legally entitled to recover as damages for bodily injury or death that  
6 is caused by accident and that arises out of owning, maintaining or using  
7 an uninsured vehicle.

8 “(b) With respect to bodily injury to an insured while occupying any  
9 motor vehicle used as a public or livery conveyance, the insurance under this  
10 coverage shall apply only as excess insurance over any other insurance  
11 available to the insured that is similar to this coverage, and this excess in-  
12 surance coverage shall then apply only to the amount by which the applica-  
13 ble limit of liability of this coverage exceeds the sum of the applicable limits  
14 of liability of all other insurance.

15 “(10) If any person making claim hereunder and the insurer do not agree  
16 that the person is legally entitled to recover damages from the owner or  
17 operator of an uninsured vehicle because of bodily injury to the insured, or  
18 do not agree as to the amount of payment that may be owing under this  
19 coverage, then, in the event the insured and the insurer elect by mutual  
20 agreement at the time of the dispute to settle the matter by arbitration, the  
21 arbitration shall take place as described in ORS 742.505. Any judgment upon  
22 the award rendered by the arbitrators may be entered in any court having  
23 jurisdiction thereof, provided, however, that the costs to the insured of the  
24 arbitration proceeding do not exceed \$100 and that all other costs of arbi-  
25 tration are borne by the insurer. ‘Costs’ as used in this provision does not  
26 include attorney fees or expenses incurred in the production of evidence or  
27 witnesses or the making of transcripts of the arbitration proceedings. The  
28 person and the insurer each agree to consider themselves bound and to be  
29 bound by any award made by the arbitrators pursuant to this coverage in the  
30 event of such election. At the election of the insured, the arbitration shall

1 be held:

2 “(a) In the county and state of residence of the insured;

3 “(b) In the county and state where the insured’s cause of action against  
4 the uninsured motorist arose; or

5 “(c) At any other place mutually agreed upon by the insured and the  
6 insurer.

7 “(11) In the event of payment to any person under this coverage:

8 “(a) The insurer shall be entitled to the extent of the payment to the  
9 proceeds of any settlement or judgment that may result from the exercise of  
10 any rights of recovery of the person against any uninsured motorist legally  
11 responsible for the bodily injury because of which payment is made;

12 “(b) The person shall hold in trust for the benefit of the insurer all rights  
13 of recovery that the person shall have against such other uninsured person  
14 or organization because of the damages that are the subject of claim made  
15 under this coverage, but only to the extent that the claim is made or paid  
16 herein;

17 “(c) If the insured is injured by the joint or concurrent act or acts of two  
18 or more persons, one or more of whom is uninsured, the insured shall have  
19 the election to receive from the insurer any payment to which the insured  
20 would be entitled under this coverage by reason of the act or acts of the  
21 uninsured motorist, or the insured may, with the written consent of the  
22 insurer, proceed with legal action against any or all persons claimed to be  
23 liable to the insured for the injuries. If the insured elects to receive payment  
24 from the insurer under this coverage, then the insured shall hold in trust for  
25 the benefit of the insurer all rights of recovery the insured shall have  
26 against any other person, firm or organization because of the damages that  
27 are the subject of claim made under this coverage, but only to the extent of  
28 the actual payment made by the insurer;

29 “(d) The person shall do whatever is proper to secure and shall do nothing  
30 after loss to prejudice such rights;

1 “(e) If requested in writing by the insurer, the person shall take, through  
2 any representative not in conflict in interest with the person, designated by  
3 the insurer, such action as may be necessary or appropriate to recover pay-  
4 ment as damages from such other uninsured person or organization, such  
5 action to be taken in the name of the person, but only to the extent of the  
6 payment made hereunder. In the event of a recovery, the insurer shall be  
7 reimbursed out of the recovery for expenses, costs and attorney fees incurred  
8 by the insurer in connection therewith; and

9 “(f) The person shall execute and deliver to the insurer any instruments  
10 and papers as may be appropriate to secure the rights and obligations of the  
11 person and the insurer established by this provision.

12 “(12)(a) The parties to this coverage agree that no cause of action shall  
13 accrue to the insured under this coverage unless within two years from the  
14 date of the accident:

15 “(A) Agreement as to the amount due under the policy has been con-  
16 cluded;

17 “(B) The insured or the insurer has formally instituted arbitration pro-  
18 ceedings;

19 “(C) The insured has filed an action against the insurer; or

20 “(D) Suit for bodily injury has been filed against the uninsured motorist  
21 and, within two years from the date of settlement or final judgment against  
22 the uninsured motorist, the insured has formally instituted arbitration pro-  
23 ceedings or filed an action against the insurer.

24 “(b) For purposes of this subsection:

25 “(A) ‘Date of settlement’ means the date on which a written settlement  
26 agreement or release is signed by an insured or, in the absence of these  
27 documents, the date on which the insured or the attorney for the insured  
28 receives payment of any sum required by the settlement agreement. An ad-  
29 vance payment as defined in ORS 31.550 shall not be deemed a payment of  
30 a settlement for purposes of the time limitation in this subsection.

1 “(B) ‘Final judgment’ means a judgment that has become final by lapse  
2 of time for appeal or by entry in an appellate court of an appellate judgment.

3 **“SECTION 101.** ORS 743B.222 is amended to read:

4 “743B.222. (1) As used in this section, ‘women’s health care provider’  
5 means an obstetrician or gynecologist, physician assistant specializing in  
6 women’s health, advanced registered nurse practitioner specialist in women’s  
7 health, **naturopathic physician specializing in women’s health** or certi-  
8 fied nurse midwife, practicing within the applicable lawful scope of practice.

9 “(2) Every health insurance policy that covers hospital, medical or surgi-  
10 cal expenses and requires an enrollee to designate a participating primary  
11 care provider shall permit a female enrollee to designate a women’s health  
12 care provider as the enrollee’s primary care provider if:

13 “(a) The women’s health care provider meets the standards established by  
14 the insurer in collaboration with interested parties, including but not limited  
15 to the Oregon section of the American College of Obstetricians and  
16 Gynecologists; and

17 “(b) The women’s health care provider requests that the insurer make the  
18 provider available for designation as a primary care provider.

19 “(3) If a female enrollee has designated a primary care provider who is  
20 not a women’s health care provider, an insurance policy as described in  
21 subsection (2) of this section shall permit the enrollee to have direct access  
22 to a women’s health care provider, without a referral or prior authorization,  
23 for obstetrical or gynecological care by a participating health care profes-  
24 sional who specializes in obstetrics or gynecology.

25 “(4) The standards established by the insurer under subsection (2) of this  
26 section shall not prohibit an insurer from establishing the maximum number  
27 of participating primary care providers and participating women’s health  
28 care providers necessary to serve a defined population or geographic service  
29 area.

30 **“SECTION 102.** ORS 743.683 is amended to read:



1       “743.683. (1) [No] **A** Medicare supplement insurance policy, contract or  
2 certificate in force in the state [shall] **may not** contain benefits which du-  
3 plicate benefits provided by Medicare.

4       “(2) The Director of the Department of Consumer and Business Services  
5 shall adopt by rule specific standards for policy provisions of Medicare sup-  
6 plement policies and certificates. The standards shall be in addition to and  
7 in accordance with applicable laws of this state. [No] **A** requirement of the  
8 Insurance Code relating to minimum required policy benefits, other than the  
9 minimum standards contained in ORS 743.680 to 743.689, [shall] **may not**  
10 apply to Medicare supplement policies. The standards may cover, but not be  
11 limited to:

- 12       “(a) Terms of renewability;
- 13       “(b) Initial and subsequent conditions of eligibility;
- 14       “(c) Nonduplication of coverage;
- 15       “(d) Probationary periods;
- 16       “(e) Benefit limitations, exceptions and reductions;
- 17       “(f) Elimination periods;
- 18       “(g) Requirements for replacement;
- 19       “(h) Recurrent conditions; and
- 20       “(i) Definitions of terms.

21       “(3) Provisions established by the director governing eligibility for Medi-  
22 care supplement insurance shall not be limited to persons qualifying for  
23 Medicare by reason of age.

24       “(4) The director may adopt by rule standards that specify prohibited  
25 policy provisions not otherwise specifically authorized by statute which, in  
26 the opinion of the director, are unjust, unfair or unfairly discriminatory to  
27 any person insured or proposed for coverage under a Medicare supplement  
28 policy.

29       “(5) Notwithstanding any other provision of law of this state, a Medicare  
30 supplement policy may not deny a claim for losses incurred more than six

1 months from the effective date of coverage for a preexisting condition. The  
2 policy may not define a preexisting condition more restrictively than a con-  
3 dition for which medical advice was given or treatment was recommended  
4 by or received from a physician **or naturopathic physician** within six  
5 months before the effective date of coverage.

6 “(6) The director shall adopt by rule standards for benefits and claims  
7 payment under Medicare supplement policies.

8 **“SECTION 103.** ORS 744.364 is amended to read:

9 “744.364. (1)(a) A life settlement provider entering into a life settlement  
10 contract shall first obtain:

11 “(A) If the owner is the insured, a written statement from a licensed  
12 physician, **a naturopathic physician licensed under ORS chapter 685**, a  
13 physician assistant licensed under ORS 677.505 to 677.525 or a nurse practi-  
14 tioner licensed under ORS 678.375 to 678.390 that the owner is of sound mind  
15 and under no constraint or undue influence to enter into a life settlement  
16 contract; and

17 “(B) A document in which the insured consents to the release of the  
18 insured’s medical records to a licensed life settlement provider, life settle-  
19 ment broker and the insurance company that issued the life insurance policy  
20 covering the life of the insured.

21 “(b) Within 20 days after an owner executes documents necessary to  
22 transfer any rights under an insurance policy or, if the insured is terminally  
23 ill, within 20 days after an owner entering any agreement, option, promise  
24 or any other form of understanding, expressed or implied, to transfer the  
25 policy for value, the life settlement provider shall give written notice to the  
26 insurer that issued the insurance policy that the policy has or will become  
27 a settled policy. The notice must be accompanied by the documents required  
28 by paragraph (c) of this subsection.

29 “(c) The life settlement provider shall deliver a copy of the medical re-  
30 lease required under paragraph (a)(B) of this subsection, a copy of the

1 owner's application for the life settlement contract, the notice required under  
2 paragraph (b) of this subsection and a request for verification of coverage  
3 to the insurer that issued the life policy that is the subject of the life  
4 transaction. The Director of the Department of Consumer and Business Ser-  
5 vices shall develop and approve a form for the request for verification.

6 “(d) The insurer shall respond to a request for verification of coverage  
7 submitted on an approved form by a life settlement provider or life settle-  
8 ment broker within 30 calendar days of the date the request is received and  
9 shall indicate whether, based on the medical evidence and documents pro-  
10 vided, the insurer intends to pursue an investigation at this time regarding  
11 the validity of the insurance contract or possible fraud. The insurer shall  
12 accept a request for verification of coverage made on a form approved by the  
13 director. The insurer shall accept an original or facsimile or electronic copy  
14 of such request and any accompanying authorization signed by the owner.  
15 Failure by the insurer to meet its obligations under this subsection is a vi-  
16 olation of the Insurance Code.

17 “(e) Prior to or at the time of execution of the life settlement contract,  
18 the life settlement provider shall obtain a witnessed document in which the  
19 owner consents to the life settlement contract, represents that the owner has  
20 a full and complete understanding of the life settlement contract, that the  
21 owner has a full and complete understanding of the benefits of the life in-  
22 surance policy, acknowledges that the owner is entering into the life settle-  
23 ment contract freely and voluntarily and, for persons with a terminal illness  
24 or chronic illness or condition, acknowledges that the insured has a terminal  
25 illness or chronic illness and that the terminal illness or chronic illness or  
26 condition was diagnosed after the life insurance policy was issued.

27 “(f) If a life settlement broker performs any of the activities required of  
28 the life settlement provider, the provider is deemed to have fulfilled the re-  
29 quirements of this section that were performed by the broker.

30 “(2) All medical information solicited or obtained by any licensee is

1 privileged and confidential under ORS 705.137.

2 “(3)(a) All life settlement contracts entered into in this state must provide  
3 the owner with an absolute right to rescind the contract before the earlier  
4 of 60 calendar days after the date upon which the life settlement contract is  
5 executed by all parties or 30 calendar days after the life settlement proceeds  
6 have been sent to the owner under subsection (5) of this section.

7 “(b) The life settlement provider may condition rescission upon the owner  
8 both giving notice and repaying to the life settlement provider within the  
9 rescission period all proceeds of the settlement and any premiums, loans and  
10 loan interest paid by or on behalf of the life settlement provider in con-  
11 nection with or as a consequence of the life settlement.

12 “(c) If the insured dies during the rescission period, the life settlement  
13 contract is deemed to have been rescinded, subject to repayment within 60  
14 calendar days of the death of the insured to the life settlement provider or  
15 purchaser of all life settlement proceeds and any premiums, loans and loan  
16 interest that have been paid by the life settlement provider or purchaser.

17 “(d) In the event of any rescission, if the life settlement provider has paid  
18 commissions or other compensation to a life settlement broker in connection  
19 with the rescinded transaction, the life settlement broker shall refund all  
20 such commissions and compensation to the life settlement provider within  
21 five business days following receipt of written demand from the life settle-  
22 ment provider. The demand must be accompanied by either the owner’s notice  
23 of rescission if rescinded at the election of the owner, or the notice of the  
24 death of the insured if rescinded by reason of the death of the insured within  
25 the applicable rescission period.

26 “(4) The life settlement purchaser shall have the right to rescind a life  
27 settlement contract within three days after the disclosures mandated by ORS  
28 744.354 (7) are received by the purchaser.

29 “(5)(a) The life settlement provider shall instruct the owner to send the  
30 executed documents required to effect the change in ownership, assignment

1 or change in beneficiary directly to an independent escrow agent selected  
2 by the provider.

3 “(b) Within three business days after the date the escrow agent receives  
4 the document, or from the date the life settlement provider receives the  
5 documents, if the owner erroneously provides the documents directly to the  
6 provider, the provider shall pay or transfer the proceeds of the life settlement  
7 into an escrow or trust account maintained in a state or federally chartered  
8 financial institution whose deposits are insured by the Federal Deposit In-  
9 surance Corporation.

10 “(c) Upon payment of the settlement proceeds into the escrow account,  
11 the escrow agent shall deliver the original change in ownership, assignment  
12 or change in beneficiary forms to the life settlement provider or related  
13 provider trust or other designated representative of the life settlement pro-  
14 vider. Upon the escrow agent’s receipt of the acknowledgment of the properly  
15 completed transfer of ownership, assignment or designation of beneficiary  
16 from the insurance company, the escrow agent shall pay the settlement pro-  
17 ceeds to the owner.

18 “(6) Failure to pay the owner the full contract amount for the life  
19 settlement contract within the time set forth under subsection (5) of this  
20 section renders the life settlement contract voidable by the owner until the  
21 time full payment is tendered to and accepted by the owner. Funds are  
22 deemed sent by a life settlement provider to an owner as of the date that the  
23 escrow agent either releases funds for wire transfer to the owner or places  
24 a check for delivery to the owner via the United States Postal Service or  
25 another nationally recognized delivery service.

26 “(7)(a) Contacts with the insured for the purpose of determining the  
27 health status of the insured by the life settlement provider or life settlement  
28 broker after the life settlement has occurred may be made only by the life  
29 settlement provider or broker licensed in this state or its authorized repre-  
30 sentatives and are limited to once every three months for insureds with a life

1 expectancy of more than one year, and to no more than once per month for  
2 insureds with a life expectancy of one year or less.

3 “(b) The limitations set forth in this subsection do not apply to any con-  
4 tacts with an insured for reasons other than determining the insured’s health  
5 status.

6 **“SECTION 104.** ORS 744.367 is amended to read:

7 “744.367. (1) A person may not enter into a life settlement contract at any  
8 time prior to the application or issuance of a policy that is the subject of a  
9 life settlement contract or within a five-year period commencing with the  
10 date of issuance of the insurance policy or certificate. However, this five-  
11 year restriction does not apply if the owner certifies to the life settlement  
12 provider that any one or more of the following conditions has been met  
13 within the five-year period:

14 “(a) The policy was issued upon the owner’s exercise of conversion rights  
15 arising out of a group or individual policy if the total of the time covered  
16 under the conversion policy plus the time covered under the prior policy is  
17 at least 60 months. The time covered under a group policy is calculated  
18 without regard to any change in insurance carriers, provided the coverage  
19 has been continuous and under the same group sponsorship;

20 “(b) The owner submits independent evidence to the life settlement pro-  
21 vider that one or more of the following conditions have been met within the  
22 five-year period:

23 “(A) The owner or insured is terminally ill or chronically ill;

24 “(B) The owner’s spouse dies;

25 “(C) The owner divorces the owner’s spouse;

26 “(D) The owner retires from full-time employment;

27 “(E) The owner becomes physically or mentally disabled and a physician,  
28 **naturopathic physician licensed under ORS chapter 685**, physician as-  
29 sistant licensed under ORS 677.505 to 677.525 or nurse practitioner licensed  
30 under ORS 678.375 to 678.390 determines that the disability prevents the

1 owner from maintaining full-time employment; or

2 “(F) A final order, judgment or decree is entered by a court of competent  
3 jurisdiction, on the application of a creditor of the owner, adjudicating the  
4 owner bankrupt or insolvent, or approving a petition seeking reorganization  
5 of the owner or appointing a receiver, trustee or liquidator to all or a sub-  
6 stantial part of the owner’s assets; or

7 “(c) The owner enters into a life settlement contract more than two years  
8 after the date of issuance of a policy and, with respect to the policy, at all  
9 times prior to the date that is two years after policy issuance, the following  
10 conditions are met:

11 “(A) Policy premiums have been funded exclusively with unencumbered  
12 assets, including an interest in the life insurance policy being financed only  
13 to the extent of its net cash surrender value, provided by, or full recourse  
14 liability incurred by, the insured or a person closely related to the insured  
15 by blood or law or a party having a lawful substantial economic interest in  
16 the continued life, health and bodily safety of the person insured, or a trust  
17 established primarily for the benefit of such parties;

18 “(B) There is no agreement or understanding with any other person to  
19 guarantee any such liability or to purchase or stand ready to purchase the  
20 policy, including through an assumption or forgiveness of the loan; and

21 “(C) Neither the insured nor the policy has been evaluated for settlement.

22 “(2) Copies of the independent evidence described in subsection (1)(b) of  
23 this section and documents required by ORS 744.364 (1) must be submitted  
24 to the insurer when the life settlement provider or other party entering into  
25 a life settlement contract with an owner submits a request to the insurer for  
26 verification of coverage. The copies must be accompanied by a letter of  
27 attestation from the life settlement provider that the copies are true and  
28 correct copies of the documents received by the life settlement provider.

29 “(3) If the life settlement provider submits to the insurer a copy of the  
30 owner’s or insured’s certification described in and the documents required

1 by ORS 744.364 (1) when the provider submits a request to the insurer to  
2 effect the transfer of the policy or certificate to the life settlement provider,  
3 the copy conclusively establishes that the life settlement contract satisfies  
4 the requirements of this section and the insurer shall respond in a timely  
5 manner to the request.

6 “(4) An insurer may not, as a condition of responding to a request for  
7 verification of coverage or effecting the transfer of a policy pursuant to a  
8 life settlement contract, require that the owner, insured, life settlement  
9 provider or life settlement broker sign any forms, disclosures, consent or  
10 waiver form that has not been expressly approved by the Director of the  
11 Department of Consumer and Business Services for use in connection with  
12 life settlement contracts in this state.

13 “(5) Upon receipt of a properly completed request for a change of owner-  
14 ship or beneficiary of a policy, the insurer shall respond in writing within  
15 30 calendar days with written acknowledgement confirming that the change  
16 has been effected or specifying the reasons why the requested change cannot  
17 be processed. The insurer may not unreasonably delay effecting change of  
18 ownership or beneficiary and may not otherwise seek to interfere with any  
19 life settlement contract lawfully entered into in this state.

20 “**SECTION 105.** ORS 744.382 is amended to read:

21 “744.382. (1) A licensee may not pay or offer to pay a finder’s fee, com-  
22 mission or other compensation to a person described in this subsection, in  
23 connection with a policy insuring the life of an individual with a terminal  
24 illness or condition. The prohibition under this subsection applies with re-  
25 spect to payments or offers of payment to:

26 “(a) The physician, **naturopathic physician**, attorney or accountant of  
27 the policyholder, of the certificate holder or of the insured individual when  
28 the individual is other than the policyholder or certificate holder.

29 “(b) Any person other than a physician, **naturopathic physician**, attor-  
30 ney or accountant described in paragraph (a) of this subsection, who provides



1 medical, legal or financial planning services to the policyholder, to the cer-  
2 tificate holder or to the insured individual when the individual is other than  
3 the policyholder or certificate holder.

4 “(c) Any person other than one described in paragraph (a) or (b) of this  
5 subsection who acts as an agent of the policyholder, certificate holder or  
6 insured individual.

7 “(2) A licensee may not solicit an investor who could influence the  
8 treatment of the illness or condition of the individual whose life would be  
9 the subject of a life settlement contract.

10 “(3) All information solicited or obtained from a policyholder or certif-  
11 icate holder by a licensee is subject to ORS 746.600 to 746.690. For purposes  
12 of this subsection, a licensee is considered an insurance-support organization  
13 within the meaning of ORS 746.600.

14 “(4) A licensee may not discriminate in the making of a life settlement  
15 contract on the basis of race, religion, creed, sex, sexual orientation, na-  
16 tional origin, marital status, age, familial status or occupation or discrimi-  
17 nate between persons who have dependents and persons who do not have  
18 dependents.

19 **“SECTION 106.** ORS 746.230, as amended by section 6, chapter 59, Oregon  
20 Laws 2015, is amended to read:

21 “746.230. (1) No insurer or other person shall commit or perform any of  
22 the following unfair claim settlement practices:

23 “(a) Misrepresenting facts or policy provisions in settling claims;

24 “(b) Failing to acknowledge and act promptly upon communications re-  
25 lating to claims;

26 “(c) Failing to adopt and implement reasonable standards for the prompt  
27 investigation of claims;

28 “(d) Refusing to pay claims without conducting a reasonable investigation  
29 based on all available information;

30 “(e) Failing to affirm or deny coverage of claims within a reasonable time

1 after completed proof of loss statements have been submitted;

2 “(f) Not attempting, in good faith, to promptly and equitably settle claims  
3 in which liability has become reasonably clear;

4 “(g) Compelling claimants to initiate litigation to recover amounts due  
5 by offering substantially less than amounts ultimately recovered in actions  
6 brought by such claimants;

7 “(h) Attempting to settle claims for less than the amount to which a  
8 reasonable person would believe a reasonable person was entitled after re-  
9 ferring to written or printed advertising material accompanying or made part  
10 of an application;

11 “(i) Attempting to settle claims on the basis of an application altered  
12 without notice to or consent of the applicant;

13 “(j) Failing, after payment of a claim, to inform insureds or beneficiaries,  
14 upon request by them, of the coverage under which payment has been made;

15 “(k) Delaying investigation or payment of claims by requiring a claimant  
16 or the claimant’s physician, **naturopathic physician**, physician assistant  
17 or nurse practitioner to submit a preliminary claim report and then requiring  
18 subsequent submission of loss forms when both require essentially the same  
19 information;

20 “(L) Failing to promptly settle claims under one coverage of a policy  
21 where liability has become reasonably clear in order to influence settlements  
22 under other coverages of the policy; or

23 “(m) Failing to promptly provide the proper explanation of the basis re-  
24 lied on in the insurance policy in relation to the facts or applicable law for  
25 the denial of a claim.

26 “(2) No insurer shall refuse, without just cause, to pay or settle claims  
27 arising under coverages provided by its policies with such frequency as to  
28 indicate a general business practice in this state, which general business  
29 practice is evidenced by:

30 “(a) A substantial increase in the number of complaints against the

1 insurer received by the Department of Consumer and Business Services;

2 “(b) A substantial increase in the number of lawsuits filed against the  
3 insurer or its insureds by claimants; or

4 “(c) Other relevant evidence.

5 **“SECTION 107.** ORS 750.005 is amended to read:

6 “750.005. As used in ORS 750.005 to 750.095:

7 “(1) ‘Claims’ means any amount incurred by the insurer covering con-  
8 tracted benefits.

9 “(2) ‘Complementary health services’ means the following health care  
10 services:

11 “(a) Chiropractic as defined in ORS 684.010;

12 “[*(b) Naturopathic medicine as defined in ORS 685.010;*]

13 “[*(c)*] (b) Massage therapy as defined in ORS 687.011; or

14 “[*(d)*] (c) Acupuncture as defined in ORS 677.757.

15 “(3) ‘Doctor’ means any person lawfully licensed or authorized by statute  
16 to render any health care services.

17 “(4) ‘Health care service contractor’ means:

18 “(a) Any corporation that is sponsored by or otherwise intimately con-  
19 nected with a group of doctors licensed by this state, or by a group of hos-  
20 pitals licensed by this state, or both, under contracts with groups of doctors  
21 or hospitals that include conditions holding the subscriber harmless in the  
22 event of nonpayment by the health care service contract as provided in ORS  
23 750.095, and that accepts prepayment for health care services; or

24 “(b) Any person referred to in ORS 750.035.

25 “(5) ‘Health care services’ means the furnishing of medicine, medical or  
26 surgical treatment, nursing, hospital service, dental service, optometrical  
27 service, complementary health services or any or all of the enumerated ser-  
28 vices or any other necessary services of like character, whether or not con-  
29 tingent upon sickness or personal injury, as well as the furnishing to any  
30 person of any and all other services and goods for the purpose of preventing,

1 alleviating, curing or healing human illness, physical disability or injury.

2 “(6) ‘Health maintenance organization’ means any health care service  
3 contractor operated on a for-profit or not for-profit basis which:

4 “(a) Qualifies under Title XIII of the Public Health Service Act; or

5 “(b)(A) Provides or otherwise makes available to enrolled participants  
6 health care services, including at least the following basic health care ser-  
7 vices:

8 “(i) Usual physician services;

9 “(ii) Hospitalization;

10 “(iii) Laboratory;

11 “(iv) X-ray;

12 “(v) Emergency and preventive services; and

13 “(vi) Out-of-area coverage;

14 “(B) Is compensated, except for copayments, for the provision of basic  
15 health care services listed in subparagraph (A) of this paragraph to enrolled  
16 participants on a predetermined periodic rate basis;

17 “(C) Provides physicians’ services primarily directly through physicians  
18 who are either employees or partners of such organization, or through ar-  
19 rangements with individual physicians or one or more groups of physicians  
20 organized on a group practice or individual practice basis; and

21 “(D) Employs the terms ‘health maintenance organization’ or ‘HMO’ in  
22 its name, contracts, literature or advertising media on or before July 13,  
23 1985.

24 **“SECTION 108.** ORS 759.720 is amended to read:

25 “759.720. (1) Any customer, telecommunications utility or local exchange  
26 carrier who suffers damages from a violation of ORS 646.608, 646.639 and  
27 759.700 to 759.720 by an information provider has a cause of action against  
28 such information provider. The court may award the greater of three times  
29 the actual damages or \$500, or order an injunction or restitution. Except as  
30 provided in subsection (2) of this section, the court may award reasonable

1 attorney fees to the prevailing party in an action under this section.

2 “(2) The court may not award attorney fees to a prevailing defendant  
3 under the provisions of subsection (1) of this section if the action under this  
4 section is maintained as a class action pursuant to ORCP 32.

5 “(3) When an information provider has failed to comply with any pro-  
6 vision of ORS 646.608, 646.639 and 759.700 to 759.720, any obligation by a  
7 customer that may have arisen from the dialing of a pay-per-call telephone  
8 number is void and unenforceable.

9 “(4) Any obligation that may have arisen from the dialing of a pay-per-call  
10 telephone number is void and unenforceable if made by:

11 “(a) An unemancipated child under 18 years of age; or

12 “(b) A person whose physician **or naturopathic physician** substantiates  
13 that:

14 “(A) The person has a mental or emotional disorder generally recognized  
15 in the medical or psychological community that makes the person incapable  
16 of rational judgments and comprehending the consequences of the person’s  
17 action; and

18 “(B) The disorder was diagnosed before the obligation was incurred.

19 “(5) Upon written notification to the information provider or the billing  
20 agent for the information provider that a bill for information delivery ser-  
21 vices is void and unenforceable under subsection (2) or (4) of this section,  
22 no further billing or collection activities shall be undertaken in regard to  
23 that obligation.

24 “(6) The telecommunications utility or local exchange carrier may require  
25 the customer to take pay-per-call telephone blocking service after the initial  
26 obligation has been voided.

27 “**SECTION 109.** Section 5, chapter 290, Oregon Laws 1987, is amended to  
28 read:

29 “**Sec. 5.** (1) In carrying out the provisions of section 2 of this 1987 Act,  
30 the Public Utility Commission shall establish rules to prohibit the termi-

1 nation of local exchange residential service when such termination would  
2 significantly endanger the physical health of the residential customer.

3 “(2) The commission shall provide by rule a method for determining when  
4 the termination of local exchange residential service would significantly en-  
5 danger the physical health of the residential customer.

6 “(3)(a) The commission shall require that each telecommunications public  
7 utility:

8 “(A) Accept medical statements by licensed physicians, **naturopathic**  
9 **physicians** and licensed nurse practitioners as sufficient evidence of signif-  
10 icant endangerment of health; and

11 “(B) Establish procedures for submitting and receiving such medical  
12 statements.

13 “(b) A medical statement submitted under this subsection shall be valid  
14 for such period as the commission, by rule, may prescribe.

15 “(4) Rules adopted by the commission pursuant to this section shall not  
16 apply to telecommunication service other than local exchange residential  
17 service.

18 “(5) A customer submitting a medical certificate as provided in this sec-  
19 tion is not excused from paying for telecommunication service. Customers  
20 are required to enter into a time payment agreement with the utility if an  
21 overdue balance exists. Local exchange service is subject to termination if  
22 a customer refuses to enter into or fails to abide by terms of a payment  
23 agreement.

24 “(6) Nothing in this section prevents the termination of local exchange  
25 residential service if the telecommunications public utility providing the  
26 service does not have the technical ability to terminate toll telecommuni-  
27 cation service without also terminating local exchange telecommunication  
28 service.

29 **“SECTION 110. Any board or agency that must adopt or amend**  
30 **rules necessary to comply with the amendments to statutes and ses-**

1 **sion law by sections 1 to 109 of this 2017 Act shall adopt or amend the**  
2 **rules not later than March 1, 2018.”.**

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