

HB 2301-3
(LC 486)
3/23/17 (MBM/ps)

Requested by HOUSE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2301**

1 On page 1 of the printed bill, line 3, after “433.045,” insert “433.800,”.

2 In line 4, after “441.233,” insert “442.445,”.

3 In line 5, after “700.030,” insert “700.035,”.

4 In line 6, delete “section 6” and insert “sections 3 and 4”.

5 In line 7, after “743B.206” insert “and sections 6 and 12, chapter 838,
6 Oregon Laws 2007”.

7 On page 2, line 33, delete “the office decides” and insert “a decision is
8 made”.

9 In line 34, after “sanction” insert “and to issue a notice of intent to im-
10 pose a disciplinary sanction”.

11 On page 16, line 26, after “413.550” insert a period and delete the rest of
12 the line and lines 27 and 28.

13 On page 18, delete lines 10 through 18 and insert:

14 “(A) Has a bachelor’s degree from an accredited college or university, 45
15 quarter hours or the equivalent semester hours in science courses related to
16 environmental sanitation and two years of experience in environmental san-
17 itation under the supervision of a registered environmental health
18 specialist;”.

19 After line 33, insert:

20 “**SECTION 26a.** ORS 700.035 is amended to read:

21 “700.035. (1) Subject to ORS 676.612, upon application and payment of the

1 applicable fees established under ORS 676.592, the Health Licensing Office
2 shall issue an environmental health specialist trainee registration to any
3 applicant who performs to the satisfaction of the Environmental Health
4 Registration Board on an examination approved by the board and furnishes
5 evidence satisfactory to the office that the applicant:

6 “(a) Has a bachelor’s degree [*with*] **or at least** 45 quarter hours, or the
7 equivalent semester hours, in science courses relating to environmental
8 sanitation from an accredited college or university; or

9 “(b) Has at least 15 quarter hours, or the equivalent semester hours, in
10 science courses relating to environmental sanitation from an accredited col-
11 lege or university and has at least five years of experience in environmental
12 sanitation or related activities, as determined by the board, under the
13 supervision of a registered environmental health specialist or a person pos-
14 sessed equal qualifications, as determined by the board.

15 “(2) A person may not be registered as an environmental health specialist
16 trainee for more than two years’ full-time employment in the environmental
17 sanitation profession, or the equivalent hours if employment in environ-
18 mental sanitation is less than full-time or 40 hours per week.

19 “(3) The office, in consultation with the board, shall establish by rule
20 requirements for registration as an environmental health specialist trainee
21 when an individual’s date of employment precedes attainment of registration.

22 “(4) An environmental health specialist trainee shall be supervised by a
23 registered environmental health specialist or a person possessing equal
24 qualifications as determined by the board.”.

25 On page 26, after line 40, insert:

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

27 “433.800. As used in ORS 433.800 to 433.830, unless the context requires
28 otherwise:

29 “(1) ‘Adrenal crisis’ means a sudden, severe worsening of symptoms asso-
30 ciated with adrenal insufficiency, such as severe pain in the lower back,

1 abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure or loss
2 of consciousness.

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

5 “(3) ‘Allergen’ means a substance, usually a protein, that evokes a par-
6 ticular adverse response in a sensitive individual.

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

10 “(5) ‘Hypoglycemia’ means a condition in which a person experiences low
11 blood sugar, producing symptoms such as drowsiness, loss of muscle control
12 so that chewing or swallowing is impaired, irrational behavior in which food
13 intake is resisted, convulsions, fainting or coma.

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

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

18 “(8) ‘Other treatment has failed’ means a hypoglycemic student’s symp-
19 toms have worsened after the administration of a food containing glucose
20 or other form of carbohydrate or a hypoglycemic student has become inco-
21 herent, unconscious or unresponsive.

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

23 “(10) ‘Physician assistant’ means a physician assistant licensed un-
24 der ORS 677.505 to 677.525.”

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

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

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

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

30 On page 28, delete lines 33 through 45.

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

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

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

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

8 **“Sec. 3. (1)** There is established in the Oregon Health Authority the
9 Oregon Health Care Acquired Infection Reporting Program. The program
10 shall:

11 **“(a)** Provide useful and credible infection measures, specific to each
12 health care facility, to consumers;

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

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

15 **“(2)** The authority shall adopt rules to:

16 **“(a)** Require health care facilities to report to the authority health care
17 acquired infection measures, including [*but not limited to*] health care ac-
18 quired infection rates;

19 **“(b)** Specify the health care acquired infection measures that health care
20 facilities must report; and

21 **“(c)** Prescribe the form, manner and frequency of reports of health care
22 acquired infection measures by health care facilities.

23 **“(3)** In prescribing the form, manner and frequency of reports of health
24 care acquired infection measures by health care facilities, to the extent
25 practicable and appropriate to avoid unnecessary duplication of reporting by
26 facilities, the authority shall align the requirements with the requirements
27 for health care facilities to report similar data to the Department of Human
28 Services and to the Centers for Medicare and Medicaid Services.

29 **“(4)** The authority shall utilize, to the extent practicable and appropriate,
30 a credible and reliable risk-adjusted methodology in analyzing the health

1 care acquired infection measures reported by health care facilities.

2 “(5) The authority shall provide health care acquired infection measures
3 and related information to health care facilities in a manner that promotes
4 quality improvement in the health care facilities.

5 “(6) The authority *[shall]* **may** adopt rules prescribing the form, manner
6 and frequency for public disclosure of reported health care acquired infection
7 measures. *[The authority shall disclose updated information to the public no
8 less frequently than every calendar quarter.]*

9 “(7) Individually identifiable health information submitted to the author-
10 ity by health care facilities pursuant to this section may not be disclosed to,
11 made subject to subpoena by or used by any state agency for purposes of any
12 enforcement or regulatory action in relation to a participating health care
13 facility.

14 “**SECTION 47a.** Section 4, chapter 838, Oregon Laws 2007, as amended
15 by section 1158, chapter 595, Oregon Laws 2009, and section 7, chapter 61,
16 Oregon Laws 2013, is amended to read:

17 “**Sec. 4.** (1) There is established the Health Care Acquired Infection Ad-
18 visory Committee to advise the Director of the Oregon Health Authority re-
19 garding the Oregon Health Care Acquired Infection Reporting Program. The
20 advisory committee shall consist of 16 members appointed by the director as
21 follows:

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

24 “(A) A hospital administrator who has expertise in infection control and
25 who represents a hospital that contains fewer than 100 beds;

26 “(B) A hospital administrator who has expertise in infection control and
27 who represents a hospital that contains 100 or more beds;

28 “(C) A long term care administrator;

29 “(D) A hospital quality director;

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

1 “(F) A registered nurse with interest and involvement in infection con-
2 trol; and

3 “(G) A physician who practices in an ambulatory surgical center and who
4 has interest and involvement in infection control.

5 “(b) Nine of the members shall be individuals who do not represent health
6 care providers, including:

7 “(A) A consumer representative;

8 “(B) A labor representative;

9 “(C) An academic researcher;

10 “(D) A health care purchasing representative;

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

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

13 “(G) A representative of the Oregon Patient Safety Commission who does
14 not represent a health care provider on the commission;

15 “[*H*] *The state epidemiologist; and*]

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

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

18 “(2) The Director of the Oregon Health Authority and the advisory com-
19 mittee shall evaluate on a regular basis the quality and accuracy of the data
20 collected and reported by health care facilities under section 3, chapter 838,
21 Oregon Laws 2007, and the methodologies of the Oregon Health Authority
22 for data collection, analysis and public disclosure.

23 “(3) Members of the advisory committee are not entitled to compensation
24 and shall serve as volunteers on the advisory committee.

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

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

29 “(a) The health care acquired infection measures that health care facili-
30 ties must report, which may include but are not limited to:

1 “(A) Surgical site infections;
2 “(B) Central line related bloodstream infections;
3 “(C) Urinary tract infections; and
4 “(D) Health care facility process measures designed to ensure quality and
5 to reduce health care acquired infections;

6 “(b) Methods for evaluating and quantifying health care acquired in-
7 fection measures that align with other data collection and reporting meth-
8 odologies of health care facilities and that support participation in other
9 quality interventions;

10 “(c) Requiring different reportable health care acquired infection meas-
11 ures for differently situated health care facilities as appropriate;

12 “(d) A method to ensure that infections present upon admission to the
13 health care facility are excluded from the rates of health care acquired in-
14 fection disclosed to the public for the health care facility under [*sections 3*
15 *and 6,*] **section 3**, chapter 838, Oregon Laws 2007;

16 “(e) Establishing a process for evaluating the health care acquired in-
17 fection measures reported under section 3, chapter 838, Oregon Laws 2007,
18 and for modifying the reporting requirements over time as appropriate; **and**

19 “[*f*] *Establishing a timetable to phase in the reporting and public disclo-*
20 *sure of health care acquired infection measures; and*]

21 “[*g*] (f) Procedures to protect the confidentiality of patients, health care
22 professionals and health care facility employees.

23 **“SECTION 47b.** ORS 442.445, as amended by section 8, chapter 838,
24 Oregon Laws 2007, and section 2c, chapter 61, Oregon Laws 2013, is amended
25 to read:

26 “442.445. (1) Any health care facility that fails to perform as required in
27 ORS 442.205 and 442.400 to 442.463 **or section 3, chapter 838, Oregon Laws**
28 **2007**, and rules of the Oregon Health Authority may be subject to a civil
29 penalty.

30 “(2) The Oregon Health Authority shall adopt a schedule of penalties not

1 to exceed \$500 per day of violation, determined by the severity of the vio-
2 lation.

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

5 “(4) Civil penalties imposed under this section may be remitted or miti-
6 gated upon such terms and conditions as the authority considers proper and
7 consistent with the public health and safety.

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

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