

A-Engrossed
Senate Bill 142

Ordered by the Senate March 27
Including Senate Amendments dated March 27

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Health Care)

SUMMARY

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

Changes "venereal disease" and "sexually transmitted disease" to "sexually transmitted infection." Changes **certain references to** "human immunodeficiency virus" and "acquired immune deficiency syndrome" to "blood-borne [*pathogen*] **infection.**"

A BILL FOR AN ACT

1
2 Relating to communicable health conditions; amending ORS 93.275, 109.610, 147.395, 192.577, 336.035,
3 336.455, 336.465, 414.153, 414.679, 418.325, 419C.475, 435.010, 659A.145, 676.350, 677.370 and
4 743.154.

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

6 **SECTION 1.** ORS 93.275 is amended to read:

7 93.275. (1) The following are among incidents that are not material facts to a real property
8 transaction:

9 (a) The fact or suspicion that the real property or a neighboring property was the site of a death
10 by violent crime, by suicide or by any other manner;

11 (b) The fact or suspicion that the real property or a neighboring property was the site of a
12 crime, political activity, religious activity or any other act or occurrence that does not adversely
13 affect the physical condition of or title to real property;

14 (c) The fact or suspicion that an owner or occupant of the real property has or had [*human*
15 *immunodeficiency virus or acquired immune deficiency syndrome*] **a blood-borne infection;**

16 (d) The fact or suspicion that a sex offender registered under ORS 163A.010, 163A.015, 163A.020
17 or 163A.025 resides in the area; and

18 (e) The fact that a notice has been received that a neighboring property has been determined
19 to be not fit for use under ORS 453.876.

20 (2) The Legislative Assembly finds that there is no known risk of the transmission of human
21 immunodeficiency virus or acquired immune deficiency syndrome by casual contact.

22 **SECTION 2.** ORS 109.610 is amended to read:

23 109.610. (1) Notwithstanding any other provision of law, a minor who may have come into con-
24 tact with any [*venereal disease, including HIV,*] **sexually transmitted infection** may give consent
25 to the furnishing of hospital, medical or surgical care related to the diagnosis or treatment of [*such*
26 *disease, if the disease or condition*] **the sexually transmitted infection if it** is one [*which*] **that is**

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

1 required by law or regulation adopted pursuant to law to be reported to a state or local health
2 agency or officer. Such consent shall not be subject to disaffirmance because of minority.

3 (2) The consent of the parent, parents, or legal guardian of such minor shall not be necessary
4 to authorize such hospital, medical or surgical care and without having given consent the parent,
5 parents, or legal guardian shall not be liable for payment for any such care rendered.

6 **SECTION 3.** ORS 147.395, as amended by section 3, chapter 120, Oregon Laws 2018, is amended
7 to read:

8 147.395. As used in ORS 147.397:

9 (1) "Complete medical assessment" means an assessment that consists of:

10 (a) A medical examination;

11 (b) The collection of forensic evidence using an evidence collection kit approved by the De-
12 partment of State Police; and

13 (c) The offering and, if requested, provision of emergency contraception, sexually transmitted
14 [disease] **infection** prevention and, for a victim who is 17 years of age or younger, prescriptions for
15 emergency contraception.

16 (2) "Medical assessment" means a complete or partial medical assessment.

17 (3) "Partial medical assessment" means an assessment that consists of:

18 (a) A medical examination; and

19 (b) The offering and, if requested, provision of emergency contraception, sexually transmitted
20 [disease] **infection** prevention and, for a victim who is 17 years of age or younger, prescriptions for
21 emergency contraception.

22 (4) "Sexual assault forensic evidence kit" has the meaning given that term in ORS 181A.323.

23 **SECTION 4.** ORS 192.577 is amended to read:

24 192.577. (1) A health care provider shall disclose protected health information concerning an
25 inmate of a Department of Corrections facility to the physician of an employee of the department
26 or of Oregon Corrections Enterprises, without an authorization from the inmate or a personal rep-
27 resentative of the inmate, if:

28 (a) The employee, in the performance of the employee's official duties, was directly exposed to
29 the bodily fluids of the inmate; and

30 (b) The inmate has tested positive for [*HIV or hepatitis B or C*] **a blood-borne infection** or
31 other communicable disease that may be transmitted through an individual's bodily fluids.

32 (2) A disclosure under subsection (1) of this section must be limited to the minimum necessary
33 to inform the physician of possible exposure to [*HIV, hepatitis B or C*] **a blood-borne infection** or
34 other communicable disease.

35 **SECTION 5.** ORS 336.035 is amended to read:

36 336.035. (1) The district school board shall see that the courses of study prescribed by law and
37 by the rules of the State Board of Education are carried out. The **district school** board may es-
38 tablish supplemental courses that are not inconsistent with the prescribed courses and may adopt
39 courses of study in lieu of state courses of study upon approval by the Superintendent of Public
40 Instruction.

41 (2) Any district school board may establish a course of education concerning sexually transmit-
42 ted [*diseases*] **infections** including recognition of causes, sources and symptoms, and the availability
43 of diagnostic and treatment centers. Any such course established may be taught to adults from the
44 community served by the individual schools as well as to students enrolled in the school. The board
45 shall cause the parents or guardians of minor students to be notified in advance that the course is

1 to be taught. Any such parent or guardian may direct in writing that the minor child in the care
 2 of the parent or guardian be excused from any class within the course. Any parent or guardian may
 3 inspect the instructional materials to be used before or during the time the course is taught.

4 (3) The district school board shall coordinate the course provided in subsection (2) of this sec-
 5 tion with the officials of the local health department and the Superintendent of Public Instruction.
 6 Teachers holding endorsements for health education shall be used where available. [No] **A** teacher
 7 [shall] **may not** be subject to discipline or removal for teaching or refusing to teach courses con-
 8 cerning sexually transmitted [diseases] **infections**.

9 **SECTION 6.** ORS 336.455 is amended to read:

10 336.455. (1) Each school district shall provide age-appropriate human sexuality education courses
 11 in all public elementary and secondary schools as an integral part of the health education curric-
 12 ulum.

13 (2) Course material and instruction for all human sexuality education courses shall enhance
 14 students' understanding of sexuality as a normal and healthy aspect of human development. Course
 15 instruction shall:

16 (a) Be medically accurate.

17 (b) Be comprehensive.

18 (c) Include information about responsible sexual behaviors and hygienic practices that eliminate
 19 or reduce the risks of pregnancy and the risks of exposure to human immunodeficiency virus,
 20 hepatitis B, hepatitis C and other [infectious or] sexually transmitted [diseases] **infections**. Informa-
 21 tion about those risks shall be presented in a manner designed to allay fears concerning risks that
 22 are scientifically groundless.

23 (d) Promote abstinence for school-age youth and mutually monogamous relationships with an
 24 uninfected partner for adults as the most effective way to prevent pregnancy and the transmission
 25 of sexually transmitted [diseases] **infections**. However, abstinence may not be taught to the exclu-
 26 sion of other material and instruction on contraceptive and [disease] **infection** reduction measures.
 27 Human sexuality education courses shall acknowledge the value of abstinence while not devaluing
 28 or ignoring those students who have had or are having sexual intercourse.

29 (e) Include a discussion about the characteristics of the emotional, physical and psychological
 30 aspects of a healthy relationship and a discussion about the benefits of delaying pregnancy beyond
 31 the adolescent years as a means to better ensure a healthy future for parents and their children.
 32 Students shall be provided with statistics based on the latest medical information regarding both the
 33 health benefits and the possible side effects of all forms of contraceptives, including the success and
 34 failure rates for prevention of pregnancy.

35 (f) Stress that sexually transmitted [diseases] **infections** are serious possible outcomes of sexual
 36 contact. Students shall be provided with statistics based on the latest medical information regarding
 37 the efficacy of all methods of sexual protection in preventing [human immunodeficiency virus in-
 38 fection and other] sexually transmitted [diseases] **infections, including human immunodeficiency**
 39 **virus, hepatitis B and hepatitis C**.

40 (g) Provide students with information about Oregon laws that address young people's rights and
 41 responsibilities related to childbearing and parenting.

42 (h) Advise students of the circumstances in which it is unlawful under ORS 163.435 and 163.445
 43 for persons 18 years of age or older to have sexual relations with persons younger than 18 years
 44 of age to whom they are not married.

45 (i) Teach students that no form of sexual expression is acceptable when the expression phys-

1 ically or emotionally harms oneself or others and teach students not to make unwanted physical and
 2 verbal sexual advances, how to decline unwanted sexual advances or accept the refusal of unwanted
 3 sexual advances. Students shall be taught that it is wrong to take advantage of or to exploit an-
 4 other person. Materials and information shall be presented in a manner sensitive to the fact that
 5 there are students who have experienced sexual abuse.

6 (j) Validate through course material and instruction the importance of honesty with oneself and
 7 others, respect for each person’s dignity and well-being, and responsibility for one’s actions.

8 (k) Assist students in the development and practice of effective communication skills, the de-
 9 velopment of self-esteem and the ability to resist peer pressure.

10 (L) Encourage family communication and involvement to help students learn to make responsible
 11 decisions.

12 (3) Any course in any public elementary and secondary school, the main purpose of which is to
 13 address human sexuality education or **sexually transmitted infections, including** human
 14 immunodeficiency virus [*education*], or both, [*shall*] **must** emphasize that abstinence from sexual
 15 contact is the only method that is 100 percent effective against unintended pregnancy, sexually
 16 transmitted [*diseases*] **infections** and human immunodeficiency virus when transmitted sexually.
 17 Abstinence [*is to*] **must** be stressed, but not to the exclusion of other material and instruction on
 18 contraceptive and [*disease*] **infection** reduction measures. [*Such*] Courses [*are to*] **described in this**
 19 **subsection must** acknowledge the value of abstinence while not devaluing or ignoring those stu-
 20 dents who have had or are having sexual intercourse.

21 (4) Nothing in this section prohibits instruction in sanitation, hygiene or traditional courses in
 22 biology.

23 **SECTION 7.** ORS 336.465 is amended to read:

24 336.465. (1) Each school district shall:

25 (a) Give parents, guardians and district residents an opportunity to examine the instructional
 26 materials to be used in any class, course, assembly or school-sponsored activity.

27 (b) Inform parents or guardians in advance of any instruction on human sexuality or **sexually**
 28 **transmitted infections, including** human immunodeficiency virus, and give [*them*] **the parents or**
 29 **guardians** an opportunity to review materials. At the same time, parents or guardians shall be in-
 30 formed that [*no*] **a** pupil [*shall*] **may not** be required to take or participate in any instruction on
 31 human sexuality or human immunodeficiency virus if the pupil’s parent or guardian, after having
 32 reviewed the materials, submits written objection to the school district.

33 (2) Refusal to take or participate in any class, course, assembly or school-sponsored activity on
 34 human sexuality or **sexually transmitted infections, including** human immunodeficiency virus,
 35 shall not be reason for harassment, suspension or expulsion of the pupil.

36 **SECTION 8.** ORS 414.153 is amended to read:

37 414.153. In order to make advantageous use of the system of public health care and services
 38 available through local health departments and other publicly supported programs and to ensure
 39 access to public health care and services through contract under ORS chapter 414, the state shall:

40 (1) Unless cause can be shown why such an agreement is not feasible, require and approve
 41 agreements between coordinated care organizations and publicly funded providers for authorization
 42 of payment for point of contact services in the following categories:

- 43 (a) Immunizations;
- 44 (b) Sexually transmitted [*diseases*] **infections**; and
- 45 (c) Other communicable diseases;

- 1 (2) Allow members of coordinated care organizations to receive from fee-for-service providers:
2 (a) Family planning services;
3 (b) Human immunodeficiency virus and acquired immune deficiency syndrome prevention ser-
4 vices; and
5 (c) Maternity case management if the Oregon Health Authority determines that a coordinated
6 care organization cannot adequately provide the services;
- 7 (3) Encourage and approve agreements between coordinated care organizations and publicly
8 funded providers for authorization of and payment for services in the following categories:
9 (a) Maternity case management;
10 (b) Well-child care;
11 (c) Prenatal care;
12 (d) School-based clinics;
13 (e) Health care and services for children provided through schools and Head Start programs;
14 and
15 (f) Screening services to provide early detection of health care problems among low income
16 women and children, migrant workers and other special population groups; and
- 17 (4) Recognize the responsibility of counties under ORS 430.620 to operate community mental
18 health programs by requiring a written agreement between each coordinated care organization and
19 the local mental health authority in the area served by the coordinated care organization, unless
20 cause can be shown why such an agreement is not feasible under criteria established by the Oregon
21 Health Authority. The written agreements:
22 (a) May not prevent coordinated care organizations from contracting with other public or pri-
23 vate providers for mental health or chemical dependency services;
24 (b) Must include agreed upon outcomes; and
25 (c) Must describe the authorization and payments necessary to maintain the mental health safety
26 net system and to maintain the efficient and effective management of the following responsibilities
27 of local mental health authorities, with respect to the service needs of members of the coordinated
28 care organization:
29 (A) Management of children and adults at risk of entering or who are transitioning from the
30 Oregon State Hospital or from residential care;
31 (B) Care coordination of residential services and supports for adults and children;
32 (C) Management of the mental health crisis system;
33 (D) Management of community-based specialized services, including but not limited to supported
34 employment and education, early psychosis programs, assertive community treatment or other types
35 of intensive case management programs and home-based services for children; and
36 (E) Management of specialized services to reduce recidivism of individuals with mental illness
37 in the criminal justice system.
- 38 **SECTION 9.** ORS 414.679 is amended to read:
39 414.679. (1) The Oregon Health Authority shall ensure the appropriate use of member informa-
40 tion by coordinated care organizations, including the use of electronic health information and ad-
41 ministrative data that is available when and where the data is needed to improve health and health
42 care through a secure, confidential health information exchange.
43 (2) A member of a coordinated care organization must have access to the member's personal
44 health information in the manner provided in 45 C.F.R. 164.524 so the member can share the infor-
45 mation with others involved in the member's care and make better health care and lifestyle choices.

1 (3) Notwithstanding ORS 179.505, a coordinated care organization, its provider network and
 2 programs administered by the Department of Human Services for seniors and persons with disabili-
 3 ties shall use and disclose member information for purposes of service and care delivery, coordi-
 4 nation, service planning, transitional services and reimbursement, in order to improve the safety and
 5 quality of care, lower the cost of care and improve the health and well-being of the organization's
 6 members.

7 (4) A coordinated care organization and its provider network shall use and disclose sensitive
 8 diagnosis information including [*HIV*] **blood-borne infections** and other health and mental health
 9 diagnoses, within the coordinated care organization for the purpose of providing whole-person care.
 10 Individually identifiable health information must be treated as confidential and privileged informa-
 11 tion subject to ORS 192.553 to 192.581 and applicable federal privacy requirements. Redisclosure of
 12 individually identifiable information outside of the coordinated care organization and the
 13 organization's providers for purposes unrelated to this section or the requirements of ORS 413.032,
 14 414.625, 414.632, 414.635, 414.638, 414.653 or 414.655 remains subject to any applicable federal or
 15 state privacy requirements.

16 (5) This section does not prohibit the disclosure of information between a coordinated care or-
 17 ganization and the organization's provider network, and the Oregon Health Authority and the De-
 18 partment of Human Services for the purpose of administering the laws of Oregon.

19 (6) The Health Information Technology Oversight Council shall develop readily available infor-
 20 mational materials that can be used by coordinated care organizations and providers to inform all
 21 participants in the health care workforce about the appropriate uses and limitations on disclosure
 22 of electronic health records, including need-based access and privacy mandates.

23 **SECTION 10.** ORS 418.325 is amended to read:

24 418.325. (1) A child-caring agency that is subject to ORS 418.205 to 418.327, 418.470, 418.475 or
 25 418.950 to 418.970 shall safeguard the health of each child, ward or other dependent or delinquent
 26 child to whom the agency provides care or services by providing for medical examinations of each
 27 child by a qualified physician or naturopathic physician at the following intervals:

- 28 (a) Three examinations during the first year of the child's life;
- 29 (b) One examination during the second year of the child's life;
- 30 (c) One examination at the age of four;
- 31 (d) One examination at the age of six;
- 32 (e) One examination at the age of nine; and
- 33 (f) One examination at the age of 14.

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

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

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

- 44 (a) Inoculated as determined appropriate by the local health department; and
- 45 (b) Tested for:

- 1 (A) Phenylketonuria pursuant to ORS 433.285;
- 2 (B) Visual and aural acuity consistent with the child's age;
- 3 (C) Sickle-cell anemia;
- 4 (D) Effects of rubella, if any;
- 5 (E) Effects of parental [*venereal disease*] **sexually transmitted infections**, if any; and
- 6 (F) The hereditary or congenital effects of parental use of drugs or controlled substances.

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

13 (6) A child-caring agency shall record the results of tests provided a child pursuant to sub-
14 sections (1) to (5) of this section in the child's health record. The child's health record shall be kept
15 as a part of the agency's total records of that child. The child's health record shall be made avail-
16 able to both natural parents and to both prospective foster or adoptive parents of that child. A
17 qualified member of a child-caring agency under the supervision of a qualified physician or
18 naturopathic physician shall explain to adoptive parents the medical factors possible as a result of
19 a child's birth history, hereditary or congenital defects, or disease, **infection** or disability experi-
20 ence.

21 **SECTION 11.** ORS 419C.475 is amended to read:

22 419C.475. (1) Whenever a youth offender has been found to be within the jurisdiction of the court
23 under ORS 419C.005 (1) for having committed an act from which it appears that the transmission
24 of body fluids from one person to another as described in ORS 135.139 may have been involved or
25 a sexual act may have occurred, the court shall order the youth offender to submit to [*HIV*]
26 **blood-borne infection** testing as provided in ORS 135.139 if the victim, or parent or guardian of the
27 victim, requests the court to make such an order.

28 (2) The court may also order the youth offender or the parent or guardian of the youth offender
29 to reimburse the appropriate agency for the cost of the test.

30 **SECTION 12.** ORS 659A.145 is amended to read:

31 659A.145. (1) As used in this section:

32 (a) "Dwelling" has the meaning given that term in ORS 659A.421.

33 (b) "Purchaser" has the meaning given that term in ORS 659A.421.

34 (2) A person may not discriminate because of a disability of a purchaser, a disability of an in-
35 dividual residing in or intending to reside in a dwelling after it is sold, rented or made available or
36 a disability of any individual associated with a purchaser by doing any of the following:

37 (a) Refusing to sell, lease, rent or otherwise make available any real property to a purchaser.

38 (b) Expelling a purchaser.

39 (c) Making any distinction or restriction against a purchaser in the price, terms, conditions or
40 privileges relating to the sale, rental, lease or occupancy of real property or the furnishing of any
41 facilities or services in connection with the real property.

42 (d) Attempting to discourage the sale, rental or lease of any real property.

43 (e) Representing that a dwelling is not available for inspection, sale, rental or lease when the
44 dwelling is in fact available for inspection, sale, rental or lease.

45 (f) Refusing to permit, at the expense of the individual with a disability, reasonable modifications

1 of existing premises occupied or to be occupied by the individual if the modifications may be nec-
2 cessary to afford the individual full enjoyment of the premises. However, in the case of a rental, the
3 landlord may, when it is reasonable to do so, condition permission for a reasonable modification on
4 the renter agreeing to restore the interior of the premises to the condition that existed before the
5 modification, reasonable wear and tear excepted.

6 (g) Refusing to make reasonable accommodations in rules, policies, practices or services when
7 the accommodations may be necessary to afford the individual with a disability equal opportunity
8 to use and enjoy a dwelling.

9 (h) Failing to design and construct a covered multifamily dwelling as required by the Fair
10 Housing Act (42 U.S.C. 3601 et seq.).

11 (3) A person may not publish, circulate, issue or display or cause to be published, circulated,
12 issued or displayed any communication, notice, advertisement, or sign of any kind relating to the
13 sale, rental or leasing of real property that indicates any preference, limitation, specification or
14 discrimination against an individual on the basis of disability.

15 (4) A person whose business includes engaging in residential real estate related transactions,
16 as defined in ORS 659A.421 (3), may not discriminate against any individual in making a transaction
17 available, or in the terms or conditions of the transaction, because of a disability.

18 (5) A real estate broker or principal real estate broker may not accept or retain a listing of real
19 property for sale, lease or rental with an understanding that the purchaser, lessee or renter may
20 be discriminated against solely because an individual has a disability.

21 (6) A person may not deny access to, or membership or participation in, any multiple listing
22 service, real estate brokers' organization or other service, organization or facility relating to the
23 business of selling or renting dwellings, or discriminate against any individual in the terms or con-
24 ditions of the access, membership or participation, because that individual has a disability.

25 (7) A person may not assist, induce, incite or coerce another person to commit an act or engage
26 in a practice that violates this section.

27 (8) A person may not coerce, intimidate, threaten or interfere with any individual in the exercise
28 or enjoyment of, or on account of having exercised or enjoyed, or on account of having aided or
29 encouraged any other individual in the exercise or enjoyment of, any right granted or protected by
30 this section.

31 (9) A person may not, for profit, induce or attempt to induce any other person to sell or rent
32 any dwelling by representations regarding the entry or prospective entry into the neighborhood of
33 an individual who has a disability.

34 (10) In the sale, lease or rental of real property, a person may not disclose to any person that
35 an occupant or owner of the real property has or died from [*human immunodeficiency virus or ac-*
36 *quired immune deficiency syndrome*] **a blood-borne infection.**

37 (11) Any violation of this section is an unlawful practice.

38 **SECTION 13.** ORS 676.350, as amended by section 20, chapter 61, Oregon Laws 2018, is
39 amended to read:

40 676.350. (1) As used in this section:

41 (a) "Expedited partner therapy" means the practice of prescribing or dispensing antibiotic drugs
42 for the treatment of a sexually transmitted [*disease*] **infection** to the partner of a patient without
43 first examining the partner of the patient.

44 (b) "Partner of a patient" means a person whom a patient diagnosed with a sexually transmitted
45 [*disease*] **infection** identifies as a sexual partner of the patient.

1 (c) "Practitioner" has the meaning given that term in ORS 475.005.

2 (2) A health professional regulatory board, as defined in ORS 676.160, the Long Term Care Ad-
3 ministrators Board, the Board of Licensed Dietitians and the Behavior Analysis Regulatory Board
4 may adopt rules permitting practitioners to practice expedited partner therapy. If a board adopts
5 rules permitting practitioners to practice expedited partner therapy, the board shall consult with the
6 Oregon Health Authority to determine which sexually transmitted [*diseases*] **infections** are appro-
7 priately addressed with expedited partner therapy.

8 (3) A prescription issued in the practice of expedited partner therapy authorized by the rules
9 of a board is valid even if the name of the patient for whom the prescription is intended is not on
10 the prescription.

11 (4) The authority shall make available informational material about expedited partner therapy
12 that a practitioner may distribute to patients.

13 **SECTION 14.** ORS 677.370 is amended to read:

14 677.370. No semen shall be donated for use in artificial insemination by any person who:

15 (1) Has any disease or defect known by [*him*] **the person** to be transmissible by genes; or

16 (2) Knows or has reason to know [*he*] **the person** has a [*venerical disease*] **sexually transmitted**
17 **infection.**

18 **SECTION 15.** ORS 743.154 is amended to read:

19 743.154. (1) A life insurance policy or a rider to a life insurance policy may provide for the ac-
20 celeration of death benefits as part of the life insurance coverage. For purposes of this section, ac-
21 celerated death benefits are benefits that:

22 (a) Are payable to the policy owner or certificate holder during the lifetime of the insured, in
23 anticipation of death or upon the occurrence of specified life-threatening or catastrophic conditions
24 as defined by the policy or rider;

25 (b) Reduce the death benefit otherwise payable under the life insurance policy; and

26 (c) Are payable upon the occurrence of a single qualifying event that results in the payment of
27 a benefit amount fixed at the time of acceleration.

28 (2) For purposes of this section, a qualifying event is one or more of the following:

29 (a) A medical condition that will result in a drastically limited life span, as specified in the
30 policy or rider, not exceeding 24 months.

31 (b) A medical condition that has required or requires extraordinary medical intervention, such
32 as a major organ transplant or continuous artificial life support, without which the insured would
33 die.

34 (c) Any condition that usually requires continuous confinement in an eligible institution, as de-
35 fined in the policy or rider, if the insured is expected to remain there for the rest of the insured's
36 life.

37 (d) A medical condition that in the absence of extensive or extraordinary medical treatment will
38 result in a drastically limited life span. Such conditions may include but are not limited to one or
39 more of the following:

40 (A) Coronary artery disease resulting in an acute infarction or requiring surgery;

41 (B) Permanent neurological deficit resulting from cerebral vascular accident;

42 (C) End-stage renal failure; or

43 (D) **Human immunodeficiency virus or** acquired immune deficiency syndrome.

44 (e) Any other event determined by the Director of the Department of Consumer and Business
45 Services to be life-threatening.

- 1 (3) A policy or rider that provides for the acceleration of death benefits:
2 (a) Must also provide for the continuation of the policy as to the amount of the death benefit
3 that is not accelerated.
4 (b) Must allow the policy owner or the certificate holder to request payment at any time during
5 the period that the qualifying event continues.
6 (4) A policy or rider that provides for the acceleration of death benefits under this section shall
7 not be described or marketed by an insurer as long term care insurance or as providing long term
8 care benefits.
9 (5) The director shall adopt rules establishing minimum benefits, criteria for the payment of
10 accelerated benefits, disclosure requirements and actuarial standards.

11 **SECTION 16.** ORS 435.010 is amended to read:

12 435.010. (1) [*No*] Appliances, drugs or medicinal preparations intended or [*having*] **that have**
13 special utility for the prevention of conception or [*venereal diseases*] **sexually transmitted in-**
14 **fections**, or both, [*shall*] **may not** be manufactured or sold at wholesale in this state without a li-
15 cense issued by the State Board of Pharmacy, as provided in ORS 435.010 to 435.130[, *which licenses*
16 *shall be*]. **A license described in this subsection must be obtained** in addition to other licenses
17 required by law.

18 (2) The prohibitions of subsection (1) of this section do not apply to practitioners as defined in
19 ORS 689.005.

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