

# Enrolled Senate Bill 64

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 Governor Kate Brown for Oregon State Board of Nursing)

CHAPTER .....

AN ACT

Relating to nurses; creating new provisions; amending ORS 336.479, 336.485, 342.475, 343.146, 414.025, 414.625, 417.875, 426.005, 430.010, 438.010, 441.064, 441.098, 475.005, 496.018, 659A.150, 676.115, 676.340, 678.010, 678.023, 678.031, 678.040, 678.050, 678.101, 678.111, 678.113, 678.123, 678.150, 678.285, 678.340, 678.360, 678.370, 678.372, 678.375, 678.380, 678.390, 678.410, 743A.012, 743A.036, 807.240, 811.604 and 811.611 and section 3, chapter 297, Oregon Laws 2013, section 1, chapter 694, Oregon Laws 2017, section 1, chapter 63, Oregon Laws 2018, and sections 3 and 4, chapter 121, Oregon Laws 2018; and declaring an emergency.

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

**SECTION 1.** ORS 336.479 is amended to read:

336.479. (1) As used in this section, “participation” means participation in sports practices and actual interscholastic sports competition.

(2) Each school district shall require students who participate in extracurricular sports in grades 7 through 12 in the schools of the district to have a physical examination prior to participation. A person conducting the physical examination shall use a form and protocol prescribed by rule of the State Board of Education pursuant to subsection (6) of this section.

(3) A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years.

(4) Notwithstanding subsection (3) of this section, a school district shall require a student who is diagnosed with a significant illness or has had a major surgery to have a physical examination prior to further participation in extracurricular sports.

(5) Any physical examination required by this section shall be conducted by a:

- (a) Physician possessing an unrestricted license to practice medicine;
- (b) Licensed naturopathic physician;
- (c) Licensed physician assistant;
- (d) [*Certified*] **Licensed** nurse practitioner; or
- (e) Licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects.

(6) The State Board of Education shall by rule prescribe the form and protocol to be used for physical examinations required by this section.

**SECTION 2.** ORS 336.485, as amended by section 1, chapter 121, Oregon Laws 2018, is amended to read:

336.485. (1) As used in this section:

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

[(b) “Qualified health care professional” means:]

[(A) A physician licensed pursuant to ORS 677.100 to 677.228; or]

[(B) A health care professional who meets the requirements described in section 3 of this 2018 Act to provide a medical release for a member of a school athletic team who is suspected of having a concussion.]

**(b) “Health care professional” means a physician licensed under ORS 677.100 to 677.228, psychologist, physician assistant or nurse practitioner licensed under the laws of this state.**

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

(b) The board shall establish by rule:

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

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

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

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

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

(B) Has been diagnosed with a concussion.

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

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

(B) Receives a medical release **form** from a [qualified] health care professional.

(4) A coach may allow a member of a school athletic team to participate in any athletic event or training at any time after an athletic trainer registered by the Board of Athletic Trainers[, or a physician licensed pursuant to ORS 677.100 to 677.228,] determines that the member has not suffered a concussion. The athletic trainer [or physician] may, but is not required to, consult with a [qualified] health care professional in making the determination that the member [of a school athletic team] has not suffered a concussion.

**SECTION 3.** ORS 336.485, as amended by section 1, chapter 121, Oregon Laws 2018, and section 2 of this 2019 Act, is amended to read:

336.485. (1) As used in this section:

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

[(b) “Health care professional” means a physician licensed under ORS 677.100 to 677.228, psychologist, physician assistant or nurse practitioner licensed under the laws of this state.]

**(b) “Qualified health care professional” means:**

**(A) A physician licensed pursuant to ORS 677.100 to 677.228; or**

**(B) A health care professional who meets the requirements described in section 3, chapter 121, Oregon Laws 2018, to provide a medical release for a member of a school athletic team who is suspected of having a concussion.**

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

(b) The board shall establish by rule:

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

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

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

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

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

(B) Has been diagnosed with a concussion.

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

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

(B) Receives a medical release [*form*] from a **qualified** health care professional.

(4) A coach may allow a member of a school athletic team to participate in any athletic event or training at any time after an athletic trainer registered by the Board of Athletic Trainers, **or a physician licensed pursuant to ORS 677.100 to 677.228**, determines that the member has not suffered a concussion. The athletic trainer **or physician** may, but is not required to, consult with a **qualified** health care professional in making the determination that the member **of a school athletic team** has not suffered a concussion.

**SECTION 4.** ORS 342.475 is amended to read:

342.475. (1) "School nurse" is established as a category of specialization in nursing.

(2) The Teacher Standards and Practices Commission shall issue a certificate as a school nurse to a person who complies with the rules established by the commission for the certification and practice of school nursing [*or*] **and** who has been [*certified*] **licensed** by the Oregon State Board of Nursing [*as a school nurse practitioner*]. In establishing rules for the certification and practice of any specialization of school nursing, the commission shall consider the recommendations of the Oregon State Board of Nursing.

(3) The commission may issue an emergency certificate that authorizes a person licensed as a registered nurse in this state who does not meet the requirements of subsection (2) of this section to practice as a school nurse. Such certificates shall be issued for a limited time as set by the commission.

(4) Notwithstanding subsections (1) to (3) of this section, the commission shall issue a certificate in a school nurse specialization category to a registered nurse who applies for certification and who is employed by a school, school district or education service district to conduct and coordinate a school or district health services program or who serves in such a capacity on a voluntary basis on November 1, 1981. A certificate issued under this subsection shall be issued without further proof of qualification by the applicant.

(5) A certificate issued under this section is not a teaching license. The nurse holding a certificate issued under this section is not subject to ORS 238.280 or 342.805 to 342.937.

**SECTION 5.** ORS 343.146 is amended to read:

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

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

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

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

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

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

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

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

**SECTION 5a. If Senate Bill 16 becomes law, section 5 of this 2019 Act (amending ORS 343.146) is repealed.**

**SECTION 6.** ORS 414.025 is amended to read:

414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially applicable statutory definition requires otherwise:

(1)(a) “Alternative payment methodology” means a payment other than a fee-for-services payment, used by coordinated care organizations as compensation for the provision of integrated and coordinated health care and services.

(b) “Alternative payment methodology” includes, but is not limited to:

(A) Shared savings arrangements;

(B) Bundled payments; and

(C) Payments based on episodes.

(2) “Behavioral health assessment” means an evaluation by a behavioral health clinician, in person or using telemedicine, to determine a patient’s need for immediate crisis stabilization.

(3) “Behavioral health clinician” means:

(a) A licensed psychiatrist;

(b) A licensed psychologist;

(c) A [*certified*] **licensed** nurse practitioner with a specialty in psychiatric mental health;

(d) A licensed clinical social worker;

(e) A licensed professional counselor or licensed marriage and family therapist;

(f) A certified clinical social work associate;

(g) An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or

(h) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

(4) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the individual’s mental or physical health.

(5) “Behavioral health home” means a mental health disorder or substance use disorder treatment organization, as defined by the Oregon Health Authority by rule, that provides integrated health care to individuals whose primary diagnoses are mental health disorders or substance use disorders.

(6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program, aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security Income payments.

(7) “Community health worker” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who:

(a) Has expertise or experience in public health;

(b) Works in an urban or rural community, either for pay or as a volunteer in association with a local health care system;

(c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the residents of the community where the worker serves;

(d) Assists members of the community to improve their health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;

(e) Provides health education and information that is culturally appropriate to the individuals being served;

(f) Assists community residents in receiving the care they need;

(g) May give peer counseling and guidance on health behaviors; and

(h) May provide direct services such as first aid or blood pressure screening.

(8) “Coordinated care organization” means an organization meeting criteria adopted by the Oregon Health Authority under ORS 414.625.

(9) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enrollment in a coordinated care organization, that an individual is eligible for health services funded by Title XIX of the Social Security Act and is:

(a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or

(b) Enrolled in Part B of Title XVIII of the Social Security Act.

(10)(a) “Family support specialist” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who provides supportive services to and has experience parenting a child who:

(A) Is a current or former consumer of mental health or addiction treatment; or

(B) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A “family support specialist” may be a peer wellness specialist or a peer support specialist.

(11) “Global budget” means a total amount established prospectively by the Oregon Health Authority to be paid to a coordinated care organization for the delivery of, management of, access to and quality of the health care delivered to members of the coordinated care organization.

(12) “Health insurance exchange” or “exchange” means an American Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

(13) “Health services” means at least so much of each of the following as are funded by the Legislative Assembly based upon the prioritized list of health services compiled by the Health Evidence Review Commission under ORS 414.690:

(a) Services required by federal law to be included in the state’s medical assistance program in order for the program to qualify for federal funds;

(b) Services provided by a physician as defined in ORS 677.010, a nurse practitioner [*certified*] **licensed** under ORS 678.375, a behavioral health clinician or other licensed practitioner within the scope of the practitioner’s practice as defined by state law, and ambulance services;

(c) Prescription drugs;

(d) Laboratory and X-ray services;

(e) Medical equipment and supplies;

(f) Mental health services;

(g) Chemical dependency services;

(h) Emergency dental services;

(i) Nonemergency dental services;

(j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of this subsection, defined by federal law that may be included in the state’s medical assistance program;

(k) Emergency hospital services;

(L) Outpatient hospital services; and

(m) Inpatient hospital services.

(14) “Income” has the meaning given that term in ORS 411.704.

(15)(a) “Integrated health care” means care provided to individuals and their families in a patient centered primary care home or behavioral health home by licensed primary care clinicians,

behavioral health clinicians and other care team members, working together to address one or more of the following:

- (A) Mental illness.
- (B) Substance use disorders.
- (C) Health behaviors that contribute to chronic illness.
- (D) Life stressors and crises.
- (E) Developmental risks and conditions.
- (F) Stress-related physical symptoms.
- (G) Preventive care.
- (H) Ineffective patterns of health care utilization.

(b) As used in this subsection, “other care team members” includes but is not limited to:

(A) Qualified mental health professionals or qualified mental health associates meeting requirements adopted by the Oregon Health Authority by rule;

(B) Peer wellness specialists;

(C) Peer support specialists;

(D) Community health workers who have completed a state-certified training program;

(E) Personal health navigators; or

(F) Other qualified individuals approved by the Oregon Health Authority.

(16) “Investments and savings” means cash, securities as defined in ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such similar investments or savings as the department or the authority may establish by rule that are available to the applicant or recipient to contribute toward meeting the needs of the applicant or recipient.

(17) “Medical assistance” means so much of the medical, mental health, preventive, supportive, palliative and remedial care and services as may be prescribed by the authority according to the standards established pursuant to ORS 414.065, including premium assistance and payments made for services provided under an insurance or other contractual arrangement and money paid directly to the recipient for the purchase of health services and for services described in ORS 414.710.

(18) “Medical assistance” includes any care or services for any individual who is a patient in a medical institution or any care or services for any individual who has attained 65 years of age or is under 22 years of age, and who is a patient in a private or public institution for mental diseases. Except as provided in ORS 411.439 and 411.447, “medical assistance” does not include care or services for a resident of a nonmedical public institution.

(19) “Patient centered primary care home” means a health care team or clinic that is organized in accordance with the standards established by the Oregon Health Authority under ORS 414.655 and that incorporates the following core attributes:

(a) Access to care;

(b) Accountability to consumers and to the community;

(c) Comprehensive whole person care;

(d) Continuity of care;

(e) Coordination and integration of care; and

(f) Person and family centered care.

(20) “Peer support specialist” means any of the following individuals who meet qualification criteria adopted by the authority under ORS 414.665 and who provide supportive services to a current or former consumer of mental health or addiction treatment:

(a) An individual who is a current or former consumer of mental health treatment; or

(b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from an addiction disorder.

(21) “Peer wellness specialist” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who is responsible for assessing mental health and substance use disorder service and support needs of a member of a coordinated care organization through community outreach, assisting members with access to available services and resources, addressing barriers to services and providing education and information about available resources for individ-

uals with mental health or substance use disorders in order to reduce stigma and discrimination toward consumers of mental health and substance use disorder services and to assist the member in creating and maintaining recovery, health and wellness.

(22) "Person centered care" means care that:

(a) Reflects the individual patient's strengths and preferences;

(b) Reflects the clinical needs of the patient as identified through an individualized assessment; and

(c) Is based upon the patient's goals and will assist the patient in achieving the goals.

(23) "Personal health navigator" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who provides information, assistance, tools and support to enable a patient to make the best health care decisions in the patient's particular circumstances and in light of the patient's needs, lifestyle, combination of conditions and desired outcomes.

(24) "Prepaid managed care health services organization" means a managed dental care, mental health or chemical dependency organization that contracts with the authority under ORS 414.654 or with a coordinated care organization on a prepaid capitated basis to provide health services to medical assistance recipients.

(25) "Quality measure" means the health outcome and quality measures and benchmarks identified by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in accordance with ORS 413.017 (4) and 414.638.

(26) "Resources" has the meaning given that term in ORS 411.704. For eligibility purposes, "resources" does not include charitable contributions raised by a community to assist with medical expenses.

(27)(a) "Youth support specialist" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

(A) Is not older than 30 years of age; and

(B)(i) Is a current or former consumer of mental health or addiction treatment; or

(ii) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A "youth support specialist" may be a peer wellness specialist or a peer support specialist.

**SECTION 7.** ORS 414.625, as amended by section 3, chapter 49, Oregon Laws 2018, is amended to read:

414.625. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and requirements for a coordinated care organization and shall integrate the criteria and requirements into each contract with a coordinated care organization. Coordinated care organizations may be local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two. Coordinated care organizations may contract with counties or with other public or private entities to provide services to members. The authority may not contract with only one statewide organization. A coordinated care organization may be a single corporate structure or a network of providers organized through contractual relationships. The criteria and requirements adopted by the authority under this section must include, but are not limited to, a requirement that the coordinated care organization:

(a) Have demonstrated experience and a capacity for managing financial risk and establishing financial reserves.

(b) Meet the following minimum financial requirements:

(A) Maintain restricted reserves of \$250,000 plus an amount equal to 50 percent of the coordinated care organization's total actual or projected liabilities above \$250,000.

(B) Maintain a net worth in an amount equal to at least five percent of the average combined revenue in the prior two quarters of the participating health care entities.

(C) Expend a portion of the annual net income or reserves of the coordinated care organization that exceed the financial requirements specified in this paragraph on services designed to address health disparities and the social determinants of health consistent with the coordinated care

organization's community health improvement plan and transformation plan and the terms and conditions of the Medicaid demonstration project under section 1115 of the Social Security Act (42 U.S.C. 1315).

(c) Operate within a fixed global budget and, by January 1, 2023, spend on primary care, as defined in section 2, chapter 575, Oregon Laws 2015, at least 12 percent of the coordinated care organization's total expenditures for physical and mental health care provided to members, except for expenditures on prescription drugs, vision care and dental care.

(d) Develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(e) Coordinate the delivery of physical health care, mental health and chemical dependency services, oral health care and covered long-term care services.

(f) Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

(2) In addition to the criteria and requirements specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.

(e) Members receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources, including through the use of certified health care interpreters and qualified health care interpreters, as those terms are defined in ORS 413.550.

(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.

(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.

(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.635.

(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.627.

(j) Each coordinated care organization prioritizes working with members who have high health care needs, multiple chronic conditions, mental illness or chemical dependency and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services, including the services described in ORS 414.766, to reduce the use of avoidable emergency room visits and hospital admissions.

(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:

(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.



(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.

(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

(D) Are permitted to participate in the networks of multiple coordinated care organizations.

(E) Include providers of specialty care.

(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

(G) Work together to develop best practices for culturally appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.464 and 442.466.

(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

(o) Each coordinated care organization has a governing body that complies with section 2, chapter 49, Oregon Laws 2018, and that includes:

(A) At least one member representing persons that share in the financial risk of the organization;

(B) A representative of a dental care organization selected by the coordinated care organization;

(C) The major components of the health care delivery system;

(D) At least two health care providers in active practice, including:

(i) A physician licensed under ORS chapter 677 or a nurse practitioner [*certified*] **licensed** under ORS 678.375, whose area of practice is primary care; and

(ii) A mental health or chemical dependency treatment provider;

(E) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

(F) At least one member of the community advisory council.

(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

(a) For members and potential members, optimize access to care and choice of providers;

(b) For providers, optimize choice in contracting with coordinated care organizations; and

(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

**SECTION 8.** ORS 414.625, as amended by section 14, chapter 489, Oregon Laws 2017, and section 4, chapter 49, Oregon Laws 2018, is amended to read:

414.625. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and requirements for a coordinated care organization and shall integrate the criteria and requirements into each contract with a coordinated care organization. Coordinated care organizations may be local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two. Coordinated care organizations may contract with

counties or with other public or private entities to provide services to members. The authority may not contract with only one statewide organization. A coordinated care organization may be a single corporate structure or a network of providers organized through contractual relationships. The criteria and requirements adopted by the authority under this section must include, but are not limited to, a requirement that the coordinated care organization:

(a) Have demonstrated experience and a capacity for managing financial risk and establishing financial reserves.

(b) Meet the following minimum financial requirements:

(A) Maintain restricted reserves of \$250,000 plus an amount equal to 50 percent of the coordinated care organization's total actual or projected liabilities above \$250,000.

(B) Maintain a net worth in an amount equal to at least five percent of the average combined revenue in the prior two quarters of the participating health care entities.

(C) Expend a portion of the annual net income or reserves of the coordinated care organization that exceed the financial requirements specified in this paragraph on services designed to address health disparities and the social determinants of health consistent with the coordinated care organization's community health improvement plan and transformation plan and the terms and conditions of the Medicaid demonstration project under section 1115 of the Social Security Act (42 U.S.C. 1315).

(c) Operate within a fixed global budget and spend on primary care, as defined by the authority by rule, at least 12 percent of the coordinated care organization's total expenditures for physical and mental health care provided to members, except for expenditures on prescription drugs, vision care and dental care.

(d) Develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(e) Coordinate the delivery of physical health care, mental health and chemical dependency services, oral health care and covered long-term care services.

(f) Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

(2) In addition to the criteria and requirements specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.

(e) Members receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources, including through the use of certified health care interpreters and qualified health care interpreters, as those terms are defined in ORS 413.550.

(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.

(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.

(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.635.

(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.627.

(j) Each coordinated care organization prioritizes working with members who have high health care needs, multiple chronic conditions, mental illness or chemical dependency and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services, including the services described in ORS 414.766, to reduce the use of avoidable emergency room visits and hospital admissions.

(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:

(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.

(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.

(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

(D) Are permitted to participate in the networks of multiple coordinated care organizations.

(E) Include providers of specialty care.

(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

(G) Work together to develop best practices for culturally appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.464 and 442.466.

(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

(o) Each coordinated care organization has a governing body that complies with section 2, chapter 49, Oregon Laws 2018, and that includes:

(A) At least one member representing persons that share in the financial risk of the organization;

(B) A representative of a dental care organization selected by the coordinated care organization;

(C) The major components of the health care delivery system;

(D) At least two health care providers in active practice, including:

(i) A physician licensed under ORS chapter 677 or a nurse practitioner [*certified*] **licensed** under ORS 678.375, whose area of practice is primary care; and

(ii) A mental health or chemical dependency treatment provider;

(E) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

(F) At least one member of the community advisory council.

(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

- (a) For members and potential members, optimize access to care and choice of providers;
- (b) For providers, optimize choice in contracting with coordinated care organizations; and
- (c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

**SECTION 9.** ORS 417.875, as amended by section 2, chapter 121, Oregon Laws 2018, is amended to read:

417.875. (1) As used in this section:

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

**(b) “Health care professional” means a physician licensed under ORS 677.100 to 677.228, psychologist, physician assistant or nurse practitioner licensed under the laws of this state.**

*[(b)]* (c) “League governing body” means a governing body that:

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

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

*[(c)]* (d) “Nonschool athletic team” means an athletic team that includes members who are under 18 years of age and that is not affiliated with a public school in this state.

*[(d)]* “Qualified health care professional” means:]

*[(A)]* A physician licensed pursuant to ORS 677.100 to 677.228; or]

*[(B)]* A health care professional who meets the requirements described in section 3 of this 2018 Act to provide a medical release for a member of a nonschool athletic team who is suspected of having a concussion.]

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

(f) “Referee governing body” means a governing body that:

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

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

(2)(a) Each league governing body and each referee governing body shall ensure that the coaches and the referees, respectively, receive annual training to learn how to recognize the symptoms of a concussion and how to seek proper medical treatment for a person *[who is]* suspected of having a concussion.

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

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

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

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

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

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

(B) Has been diagnosed with a concussion.

(b) A coach may allow a member of a nonschool athletic team who is prohibited from participating in an athletic event or training, as described in paragraph (a) of this subsection, to partic-

ipate in an athletic event or training no sooner than the day after the member experienced a blow to the head or body and only after the member:

- (A) No longer exhibits signs, symptoms or behaviors consistent with a concussion; and
- (B) Receives a medical release **form** from a [qualified] health care professional.

(4) A coach may allow a member of a nonschool athletic team to participate in any athletic event or training at any time after an athletic trainer registered by the Board of Athletic Trainers[, or a physician licensed pursuant to ORS 677.100 to 677.228,] determines that the member [of a nonschool athletic team] has not suffered a concussion. The athletic trainer [or physician] may, but is not required to, consult with a [qualified] health care professional in making the determination that the member [of a nonschool athletic team] has not suffered a concussion.

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

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

- (a) The parent or legal guardian of the person; and
- (b) If the person is 12 years of age or older, the person.

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

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

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

**SECTION 10.** ORS 417.875, as amended by section 2, chapter 121, Oregon Laws 2018, and section 9 of this 2019 Act, is amended to read:

417.875. (1) As used in this section:

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

[(b) “Health care professional” means a physician licensed under ORS 677.100 to 677.228, psychologist, physician assistant or nurse practitioner licensed under the laws of this state.]

[(c)] (b) “League governing body” means a governing body that:

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

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

[(d)] (c) “Nonschool athletic team” means an athletic team that includes members who are under 18 years of age and that is not affiliated with a public school in this state.

(d) “**Qualified health care professional**” means:

(A) **A physician licensed pursuant to ORS 677.100 to 677.228; or**

(B) **A health care professional who meets the requirements described in section 3, chapter 121, Oregon Laws 2018, to provide a medical release for a member of a nonschool athletic team who is suspected of having a concussion.**

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

(f) “Referee governing body” means a governing body that:

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

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

(2)(a) Each league governing body and each referee governing body shall ensure that the coaches and the referees, respectively, receive annual training to learn how to recognize the symptoms of a concussion and how to seek proper medical treatment for a person **who is** suspected of having a concussion.

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

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

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

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

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

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

(B) Has been diagnosed with a concussion.

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

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

(B) Receives a medical release [*form*] from a **qualified** health care professional.

(4) A coach may allow a member of a nonschool athletic team to participate in any athletic event or training at any time after an athletic trainer registered by the Board of Athletic Trainers, **or a physician licensed pursuant to ORS 677.100 to 677.228**, determines that the member **of a nonschool athletic team** has not suffered a concussion. The athletic trainer **or physician** may, but is not required to, consult with a **qualified** health care professional in making the determination that the member **of a nonschool athletic team** has not suffered a concussion.

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

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

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

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

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

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

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

**SECTION 11.** ORS 426.005 is amended to read:

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

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

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

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

(d) "Licensed independent practitioner" means:

(A) A physician, as defined in ORS 677.010;

(B) A nurse practitioner [*certified*] **licensed** under ORS 678.375 and authorized to write prescriptions under ORS 678.390; or

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

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

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

(A) Dangerous to self or others.

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

(C) A person:

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

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

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

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

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

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

**SECTION 12.** ORS 430.010 is amended to read:

430.010. As used in this chapter:

(1) "Outpatient service" means:

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

(A) Physicians licensed under ORS 677.100 to 677.228;

(B) Psychologists licensed by the Oregon Board of Psychology under ORS 675.010 to 675.150;

(C) Nurse practitioners [*registered*] **licensed** by the Oregon State Board of Nursing under ORS 678.010 to 678.410;

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

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

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

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

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

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

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

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

- (a) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;
- (b) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for drug addiction; or
- (c) ORS 430.610 to 430.880 for mental or emotional disturbances.

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

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

(1) "Authority" means the Oregon Health Authority.

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

(3) "Clinical laboratory specialty" or "laboratory specialty" means the examination of materials derived from the human body for the purpose of diagnosis and treatment of patients or assessment of health, employing one of the following sciences: Serology, microbiology, chemistry, hematology, immunohematology, immunology, toxicology, cytogenetics, exfoliative cytology, histology or pathology.

(4) "Clinician" means a nurse practitioner licensed [*and certified*] by the Oregon State Board of Nursing, or a physician assistant licensed by the Oregon Medical Board.

(5) "Custody chain" means the handling of specimens in a way that supports legal testimony to prove that the sample integrity and identification of the sample have not been violated, as well as the documentation describing those procedures from specimen collection to the final report.

(6) "Dentist" means a person licensed to practice dentistry by the Oregon Board of Dentistry.

(7) "Director of clinical laboratory" or "director" means the person who plans, organizes, directs and participates in any or all of the technical operations of a clinical laboratory, including but not limited to reviewing laboratory procedures and their results, training and supervising laboratory personnel, and evaluating the technical competency of such personnel.

(8) "Health screen testing" means tests performed for the purpose of identifying health risks, providing health information and referring the person being tested to medical care.

(9) "High complexity laboratory" means a facility that performs testing classified as highly complex in the specialties of microbiology, chemistry, hematology, diagnostic immunology, immunohematology, clinical cytogenetics, cytology, histopathology, oral pathology, pathology, radiobioassay and histocompatibility and that may also perform moderate complexity tests and waived tests.

(10) "High complexity test" means a procedure performed on materials derived from the human body that meet the criteria for this category of testing in the specialties of microbiology, chemistry, hematology, immunohematology, diagnostic immunology, clinical cytogenetics, cytology, histopathology, oral pathology, pathology, radiobioassay and histocompatibility as established by the authority.

(11) "Laboratory evaluation system" means a system of testing clinical laboratory methods, procedures and proficiency by periodic performance and reporting on test specimens submitted for examination.

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

(13) "Moderate complexity test" means a procedure performed on materials derived from the human body that meet the criteria for this category of testing in the specialties of microbiology, hematology, chemistry, immunohematology or diagnostic immunology as established by the authority.



(14) "Operator of a substances of abuse on-site screening facility" or "operator" means the person who plans, organizes, directs and participates in any or all of the technical and administrative operations of a substances of abuse on-site screening facility.

(15) "Owner of a clinical laboratory" means the person who owns the clinical laboratory, or a county or municipality operating a clinical laboratory or the owner of any institution operating a clinical laboratory.

(16) "Physician" means a person licensed to practice medicine by the Oregon Medical Board.

(17) "Physician performed microscopy procedure" means a test personally performed by a physician or other clinician during a patient's visit on a specimen obtained during the examination of the patient.

(18) "Physician performed microscopy procedures" means a limited group of tests that are performed only by a physician or clinician.

(19) "Specimen" means materials derived from a human being or body.

(20) "Substances of abuse" means ethanol, cannabis and controlled substances.

(21) "Substances of abuse on-site screening facility" or "on-site facility" means a location where on-site tests are performed on specimens for the purpose of screening for the detection of substances of abuse.

(22) "Substances of abuse on-site screening test" or "on-site test" means a substances of abuse test that is easily portable and can meet the requirements of the federal Food and Drug Administration for commercial distribution or an alcohol screening test that meets the requirements of the conforming products list found in the United States Department of Transportation National Highway Traffic Safety Administration Docket No. 94-004 and meets the standards of the United States Department of Transportation Alcohol Testing Procedure, 49 C.F.R. part 40, in effect on October 23, 1999.

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

**SECTION 14.** ORS 441.064 is amended to read:

441.064. (1) As used in this section:

(a) "Nurse practitioner" has the meaning given that term in ORS 678.010;

(b) "Physician" has the meaning given that term in ORS 677.010; and

(c) "Physician assistant" has the meaning given that term in ORS 677.495.

(2) The rules of any hospital in this state may grant privileges to nurse practitioners and physician assistants for purposes of patient care.

(3) Rules must be in writing and may include, but need not be limited to:

(a) Limitations on the scope of privileges;

(b) Monitoring and supervision of nurse practitioners and physician assistants in the hospital by physicians who are members of the medical staff;

(c) A requirement that a nurse practitioner or physician assistant co-admit patients with a physician who is a member of the medical staff; and

(d) Qualifications of nurse practitioners and physician assistants to be eligible for privileges including but not limited to requirements of prior clinical and hospital experience.

(4) The rules may:

(a) Regulate the credentialing and conduct of nurse practitioners and physician assistants while using the facilities of the hospital;

(b) Prescribe the procedures for suspension or termination of a nurse practitioner's or physician assistant's privileges;

(c) Allow the hospital to refuse privileges to a nurse practitioner, but only on the same basis that the hospital refuses privileges to other medical providers; and

(d) Allow the hospital to refuse privileges to a physician assistant based on the refusal of privileges to the physician assistant's supervising physician.

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

- (a) Include admitting privileges;
- (b) Be consistent with the privileges of the other medical staff; and
- (c) Permit the nurse midwife nurse practitioner to exercise the voting rights of the other members of the medical staff.

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

**SECTION 15.** ORS 441.098 is amended to read:

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

(a) "Facility" means a hospital, outpatient clinic owned by a hospital, ambulatory surgical center, freestanding birthing center or facility that receives Medicare reimbursement as an independent diagnostic testing facility.

(b) "Financial interest" means a five percent or greater direct or indirect ownership interest.

(c)(A) "Health practitioner" means a physician, naturopathic physician licensed under ORS chapter 685, dentist, direct entry midwife, [*licensed registered nurse who is certified by the Oregon State Board of Nursing as a nurse midwife nurse practitioner, certified nurse practitioner,*] licensed physician assistant or medical imaging licensee under ORS 688.405 to 688.605 **or a nurse midwife nurse practitioner or nurse practitioner licensed under ORS chapter 678.**

(B) "Health practitioner" does not include a provider in a health maintenance organization as defined in ORS 750.005.

(d) "Physician" has the meaning given that term in ORS 677.010.

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

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

(4)(a) If a health practitioner refers a patient to a facility for a diagnostic test or health care treatment or service, the health practitioner or the practitioner's designee shall inform the patient, in the form and manner prescribed by the Oregon Health Authority by rule, that:

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

(B) If the patient chooses a different facility, the patient should contact the patient's insurer regarding the extent of coverage or the limitations on coverage for the test, treatment or service at the facility chosen by the patient.

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

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

(B) Be administratively simple; and

(C) Accommodate a provider's adoption and use of electronic health record systems.

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

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

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

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

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

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

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

**SECTION 15a. If Senate Bill 127 becomes law, section 15 of this 2019 Act (amending ORS 441.098) is repealed and ORS 441.098, as amended by section 2, chapter \_\_, Oregon Laws 2019 (Enrolled Senate Bill 127), is amended to read:**

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

(a) "Facility" means a hospital, outpatient clinic owned by a hospital, ambulatory surgical center, freestanding birthing center or facility that receives Medicare reimbursement as an independent diagnostic testing facility.

(b) "Financial interest" means a five percent or greater direct or indirect ownership interest.

(c)(A) "Health practitioner" means a physician, naturopathic physician licensed under ORS chapter 685, dentist, direct entry midwife, [*licensed registered nurse who is certified by the Oregon State Board of Nursing as a nurse practitioner specializing in nurse midwifery, certified nurse practitioner,*] licensed physician assistant or medical imaging licensee under ORS 688.405 to 688.605 **or a nurse practitioner or nurse practitioner specializing in nurse midwifery licensed under ORS chapter 678.**

(B) "Health practitioner" does not include a provider in a health maintenance organization as defined in ORS 750.005.

(d) "Physician" has the meaning given that term in ORS 677.010.

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

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

(4)(a) If a health practitioner refers a patient to a facility for a diagnostic test or health care treatment or service, the health practitioner or the practitioner's designee shall inform the patient, in the form and manner prescribed by the Oregon Health Authority by rule, that:

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

(B) If the patient chooses a different facility, the patient should contact the patient's insurer regarding the extent of coverage or the limitations on coverage for the test, treatment or service at the facility chosen by the patient.

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

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

(B) Be administratively simple; and

(C) Accommodate a provider's adoption and use of electronic health record systems.

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

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

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

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

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

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

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

**SECTION 16.** ORS 475.005 is amended to read:

475.005. As used in ORS 475.005 to 475.285 and 475.752 to 475.980, unless the context requires otherwise:

(1) "Abuse" means the repetitive excessive use of a drug short of dependence, without legal or medical supervision, which may have a detrimental effect on the individual or society.

(2) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:

(a) A practitioner or an authorized agent thereof; or

(b) The patient or research subject at the direction of the practitioner.

(3) "Administration" means the Drug Enforcement Administration of the United States Department of Justice, or its successor agency.

(4) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser. It does not include a common or contract carrier, public warehouseman or employee of the carrier or warehouseman.

(5) "Board" means the State Board of Pharmacy.

(6) "Controlled substance":

(a) Means a drug or its immediate precursor classified in Schedules I through V under the federal Controlled Substances Act, 21 U.S.C. 811 to 812, as modified under ORS 475.035. The use of the term "precursor" in this paragraph does not control and is not controlled by the use of the term "precursor" in ORS 475.752 to 475.980.

(b) Does not include:

(A) The plant Cannabis family Cannabaceae;

(B) Any part of the plant Cannabis family Cannabaceae, whether growing or not;

(C) Resin extracted from any part of the plant Cannabis family Cannabaceae;

(D) The seeds of the plant Cannabis family Cannabaceae; or

(E) Any compound, manufacture, salt, derivative, mixture or preparation of a plant, part of a plant, resin or seed described in this paragraph.

(7) "Counterfeit substance" means a controlled substance or its container or labeling, which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor or dispenser other than the person who in fact manufactured, delivered or dispensed the substance.

(8) "Deliver" or "delivery" means the actual, constructive or attempted transfer, other than by administering or dispensing, from one person to another of a controlled substance, whether or not there is an agency relationship.

(9) "Device" means instruments, apparatus or contrivances, including their components, parts or accessories, intended:

(a) For use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or animals; or

(b) To affect the structure of any function of the body of humans or animals.

(10) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, and includes the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

(11) "Dispenser" means a practitioner who dispenses.

(12) "Distributor" means a person who delivers.

(13) "Drug" means:

(a) Substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them;

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or animals;

(c) Substances (other than food) intended to affect the structure or any function of the body of humans or animals; and

(d) Substances intended for use as a component of any article specified in paragraph (a), (b) or (c) of this subsection; however, the term does not include devices or their components, parts or accessories.

(14) "Electronically transmitted" or "electronic transmission" means a communication sent or received through technological apparatuses, including computer terminals or other equipment or mechanisms linked by telephone or microwave relays, or any similar apparatus having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

(15) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a controlled substance:

(a) By a practitioner as an incident to administering or dispensing of a controlled substance in the course of professional practice; or

(b) By a practitioner, or by an authorized agent under the practitioner's supervision, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale.

(16) "Person" includes a government subdivision or agency, business trust, estate, trust or any other legal entity.

(17) "Practitioner" means physician, dentist, veterinarian, scientific investigator, [certified] **licensed** nurse practitioner, physician assistant or other person licensed, registered or otherwise permitted by law to dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state but does not include a pharmacist or a pharmacy.

(18) "Prescription" means a written, oral or electronically transmitted direction, given by a practitioner for the preparation and use of a drug. When the context requires, "prescription" also means the drug prepared under such written, oral or electronically transmitted direction. Any label affixed to a drug prepared under written, oral or electronically transmitted direction shall prominently display a warning that the removal thereof is prohibited by law.

(19) "Production" includes the manufacture, planting, cultivation, growing or harvesting of a controlled substance.

(20) "Research" means an activity conducted by the person registered with the federal Drug Enforcement Administration pursuant to a protocol approved by the United States Food and Drug Administration.

(21) "Ultimate user" means a person who lawfully possesses a controlled substance for the use of the person or for the use of a member of the household of the person or for administering to an animal owned by the person or by a member of the household of the person.

(22) "Usable quantity" means:

(a) An amount of a controlled substance that is sufficient to physically weigh independent of its packaging and that does not fall below the uncertainty of the measuring scale; or

(b) An amount of a controlled substance that has not been deemed unweighable, as determined by a Department of State Police forensic laboratory, due to the circumstances of the controlled substance.

(23) “Within 1,000 feet” means a straight line measurement in a radius extending for 1,000 feet or less in every direction from a specified location or from any point on the boundary line of a specified unit of property.

**SECTION 17.** ORS 496.018 is amended to read:

496.018. In order to be considered a person with a disability under the wildlife laws, a person shall provide to the State Fish and Wildlife Commission either:

(1) Written certification from a licensed physician, [*certified*] **licensed** nurse practitioner or licensed physician assistant that states that the person:

(a) Is permanently unable to walk without the use of, or assistance from, a brace, cane, crutch, prosthetic device, wheelchair, scooter or walker;

(b) Is restricted by lung disease to the extent that the person’s forced expiratory volume for one second, when measured by a spirometer, is less than 35 percent predicted, or arterial oxygen tension is less than 55 mm/Hg on room air at rest;

(c) Has a cardiac condition to the extent that the person’s functional limitations are classified in severity as Class III or Class IV, according to standards established by the American Heart Association;

(d) Has a permanent, physical impairment that prevents the person from holding or shooting a firearm or bow or from holding a fishing rod in hand; or

(e) Has central visual acuity that permanently does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is no greater than 20 degrees; or

(2) Written proof that the last official certification of record by the United States Department of Veterans Affairs or any branch of the Armed Forces of the United States shows the person to be at least 65 percent disabled.

**SECTION 18.** ORS 659A.150 is amended to read:

659A.150. As used in ORS 659A.150 to 659A.186:

(1) “Covered employer” means an employer described in ORS 659A.153.

(2) “Eligible employee” means any employee of a covered employer other than those employees exempted under the provisions of ORS 659A.156.

(3) “Family leave” means a leave of absence described in ORS 659A.159, except that “family leave” does not include leave taken by an eligible employee who is unable to work because of a disabling compensable injury, as defined in ORS 656.005, under ORS chapter 656.

(4) “Family member” means the spouse of an employee, the biological, adoptive or foster parent or child of the employee, the grandparent or grandchild of the employee, a parent-in-law of the employee or a person with whom the employee was or is in a relationship of in loco parentis.

(5) “Health care provider” means:

(a) A person who is primarily responsible for providing health care to an eligible employee or a family member of an eligible employee, who is performing within the scope of the person’s professional license or certificate and who is:

(A) A physician licensed under ORS chapter 677;

(B) A physician assistant licensed under ORS 677.505 to 677.525;

(C) A dentist licensed under ORS 679.090;

(D) A psychologist licensed under ORS 675.030;

(E) An optometrist licensed under ORS 683.070;

(F) A naturopath licensed under ORS 685.080;

(G) A registered nurse licensed under ORS 678.050;

(H) A nurse practitioner [*certified*] **licensed** under ORS 678.375;

(I) A direct entry midwife licensed under ORS 687.420;

(J) A licensed registered nurse [*who is certified*] **licensed** by the Oregon State Board of Nursing as a nurse midwife nurse practitioner;

(K) A regulated social worker authorized to practice regulated social work under ORS 675.510 to 675.600; or

(L) A chiropractic physician licensed under ORS 684.054, but only to the extent the chiropractic physician provides treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated to exist by X-rays.

(b) A person who is primarily responsible for the treatment of an eligible employee or a family member of an eligible employee solely through spiritual means, including but not limited to a Christian Science practitioner.

(6) "Serious health condition" means:

(a) An illness, injury, impairment or physical or mental condition that requires inpatient care in a hospital, hospice or residential medical care facility;

(b) An illness, disease or condition that in the medical judgment of the treating health care provider poses an imminent danger of death, is terminal in prognosis with a reasonable possibility of death in the near future, or requires constant care; or

(c) Any period of disability due to pregnancy, or period of absence for prenatal care.

**SECTION 19.** ORS 676.115 is amended to read:

676.115. An individual may not use the title "nurse" unless the individual:

(1) Has earned a nursing degree or a nursing certificate from [*an accredited*] **a nursing education program that is:**

**(a) Approved by the Oregon State Board of Nursing; or**

**(b) Accredited or approved by another state or United States territory as described under ORS 678.040 and approved by the board; and**

(2) Is licensed by a health professional regulatory board to practice the particular health care profession in which the individual's nursing degree or nursing certificate was earned.

**SECTION 20.** ORS 676.340 is amended to read:

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

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

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

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

(5) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner provides services at a health clinic that receives compensation from the patient, as long as the health practitioner does not personally receive compensation for the services.

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

(7) This section applies only to:

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

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

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

- (d) A clinical nurse specialist [*certified*] **licensed** under ORS 678.370 and 678.372;
- (e) A physician assistant licensed under ORS 677.505 to 677.525;
- (f) A dental hygienist licensed under ORS 680.010 to 680.205;
- (g) A dentist licensed under ORS 679.060 to 679.180;
- (h) A pharmacist licensed under ORS chapter 689;
- (i) An optometrist licensed under ORS chapter 683; and
- (j) A naturopathic physician licensed under ORS chapter 685.

**SECTION 21.** ORS 678.010 is amended to read:

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

- (1) "Board" means the Oregon State Board of Nursing.
- (2) "Clinical nurse specialist" means a licensed registered nurse who has been [*certified*] **licensed** by the board as qualified to practice the expanded clinical specialty nursing role.
- (3) "Diagnosing" in the context of the practice of nursing means identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing care.

(4) "Human responses" means signs, symptoms and processes that denote the person's interaction with an actual or potential health problem.

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

(6) "Nurse practitioner" means a registered nurse who has been [*certified*] **licensed** by the board as qualified to practice in an expanded specialty role within the practice of nursing.

(7) "Physician" means a person licensed to practice under ORS chapter 677.

(8)(a) "Practice of nursing" means diagnosing and treating human responses to actual or potential health problems through services such as identification thereof, health teaching, health counseling and providing care supportive to or restorative of life and well-being and including the performance of additional services requiring education and training that are recognized by the nursing profession as proper to be performed by nurses licensed under ORS 678.010 to 678.410 and that are recognized by rules of the board.

(b) "Practice of nursing" includes:

(A) Executing medical orders prescribed by a physician, dentist, clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist or other licensed health care provider licensed or certified by this state and authorized by the board by rule to issue orders for medical treatment; and

(B) Providing supervision of nursing assistants.

(c) "Practice of nursing" does not include the execution of medical orders described in this subsection by a member of the immediate family for another member or by a person designated by or on behalf of a person requiring care as provided by board rule if the person executing the order is not licensed under ORS 678.010 to 678.410.

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

(10) "Practice of registered nursing" means the application of knowledge drawn from broad in-depth education in the social and physical sciences in assessing, planning, ordering, giving, delegating, teaching and supervising care that promotes the person's optimum health and independence.

(11) "Treating" means selection and performance of therapeutic measures essential to the effective execution and management of the nursing care and execution of the prescribed medical orders.

**SECTION 22.** ORS 678.023 is amended to read:

678.023. An individual may not use the title "nurse" unless the individual:



(1) Has earned a nursing degree or a nursing certificate from [*an accredited*] a nursing **education** program[;] **that is:**

(a) **Approved by the Oregon State Board of Nursing; or**

(b) **Accredited or approved by another state or United States territory as described under ORS 678.010 and approved by the board;** and

(2) Is licensed by a health professional regulatory board as defined in ORS 676.160 to practice the particular health care profession in which the individual's nursing degree or nursing certificate was earned.

**SECTION 23.** ORS 678.031 is amended to read:

678.031. ORS 678.010 to 678.410 do not apply to:

(1) The employment of nurses in institutions or agencies of the federal government.

(2) The practice of nursing incidental to the planned program of study for students enrolled in nursing education programs [*accredited*] **approved** by the Oregon State Board of Nursing or accredited **or approved** by another state or United States territory as described under ORS 678.040 and approved by the board.

(3) Nursing practiced outside this state that is incidental to a distance learning program provided by an institution of higher education located in Oregon.

(4) The furnishing of nursing assistance in an emergency.

(5) The practice of any other occupation or profession licensed under the laws of this state.

(6) Care of the sick with or without compensation when performed in connection with the practice of the religious tenets of a well-recognized church or denomination that relies exclusively on treatment by prayer and spiritual means by adherents thereof so long as the adherent does not engage in the practice of nursing as defined in ORS 678.010 to 678.410 and 678.990 or hold oneself out as a registered nurse or a licensed practical nurse.

(7) Nonresident nurses licensed and in good standing in another state if they are practicing in this state on a single, temporary assignment of not to exceed 30 days, renewable for not to exceed 30 days, for assignments that are for the general public benefit limited to the following:

(a) Transport teams;

(b) Red Cross Blood Services personnel;

(c) Presentation of educational programs;

(d) Disaster teams;

(e) Staffing a coronary care unit, intensive care unit or emergency department in a hospital that is responding to a temporary staffing shortage and would be otherwise unable to meet its critical care staffing requirements;

(f) Staffing a long term care facility that is responding to a temporary staffing shortage and would be otherwise unable to meet its staffing requirements; or

(g) Providing health care for students who attend school outside of Oregon and who are participating in a school-sponsored event.

(8)(a) Nonresident nurses licensed and in good standing in another state if they are practicing in this state without compensation on no more than two temporary assignments not to exceed five days in any 12-month period if the assignments are for the general public benefit.

(b) A nonresident nurse practicing under this subsection may not prescribe drugs unless the nonresident nurse applies to the board in a form and manner prescribed by the board by rule and the board approves the application.

**SECTION 24.** ORS 678.031, as amended by section 2, chapter 207, Oregon Laws 2013, and section 2, chapter 247, Oregon Laws 2017, is amended to read:

678.031. ORS 678.010 to 678.410 do not apply to:

(1) The employment of nurses in institutions or agencies of the federal government.

(2) The practice of nursing incidental to the planned program of study for students enrolled in nursing education programs [*accredited*] **approved** by the Oregon State Board of Nursing or accredited **or approved** by another state or United States territory as described under ORS 678.040 and approved by the board.

(3) Nursing practiced outside this state that is incidental to a distance learning program provided by an institution of higher education located in Oregon.

(4) The furnishing of nursing assistance in an emergency.

(5) The practice of any other occupation or profession licensed under the laws of this state.

(6) Care of the sick with or without compensation when performed in connection with the practice of the religious tenets of a well-recognized church or denomination that relies exclusively on treatment by prayer and spiritual means by adherents thereof so long as the adherent does not engage in the practice of nursing as defined in ORS 678.010 to 678.410 and 678.990 or hold oneself out as a registered nurse or a licensed practical nurse.

(7) Nonresident nurses licensed and in good standing in another state if they are practicing in this state on a single, temporary assignment of not to exceed 30 days, renewable for not to exceed 30 days, for assignments that are for the general public benefit limited to the following:

(a) Transport teams;

(b) Red Cross Blood Services personnel;

(c) Presentation of educational programs;

(d) Disaster teams;

(e) Staffing a coronary care unit, intensive care unit or emergency department in a hospital that is responding to a temporary staffing shortage and would be otherwise unable to meet its critical care staffing requirements;

(f) Staffing a long term care facility that is responding to a temporary staffing shortage and would be otherwise unable to meet its staffing requirements; or

(g) Providing health care for students who attend school outside of Oregon and who are participating in a school-sponsored event.

**SECTION 25.** ORS 678.040 is amended to read:

678.040. Each applicant for a license under ORS 678.010 to 678.448 shall [furnish] **provide** satisfactory evidence that the applicant's physical and mental health is such that it is safe for the applicant to practice, and that:

(1) The applicant has graduated from a registered nurse or licensed practical nurse nursing education program [accredited] **approved** by the Oregon State Board of Nursing;

(2) The applicant has graduated from a nursing program in the United States which program is either accredited **or approved** by the licensing board for nurses in a particular state or United States territory, or, if the licensing board is not the accrediting **or approval** agency in that state or United States territory, the program is accredited **or approved** by the appropriate accrediting agency for that state or United States territory; or

(3) The applicant has graduated in another country and has an education equivalent to that provided by accredited **or approved** programs in this country.

**SECTION 25a. If Senate Bill 66 becomes law, section 25 of this 2019 Act (amending ORS 678.040) is repealed and ORS 678.040, as amended by section 1, chapter \_\_, Oregon Laws 2019 (Enrolled Senate Bill 66), is amended to read:**

678.040. An applicant for a license under ORS 678.010 to 678.448 shall provide to the Oregon State Board of Nursing satisfactory evidence that the applicant's physical and mental health is such that it is safe for the applicant to practice, and that:

(1) The applicant has graduated:

(a) From a registered nurse or licensed practical nurse nursing education program [accredited] **approved** by the Oregon State Board of Nursing;

(b) From a nursing program in the United States that:

(A) Is accredited **or approved** by the licensing board for nurses in a particular state or United States territory and approved by the Oregon State Board of Nursing; or

(B) If the licensing board is not the accrediting **or approval** agency in that state or United States territory, is accredited **or approved** by the appropriate [accrediting] agency for that state or United States territory and approved by the Oregon State Board of Nursing;

(c) In another country and has an education equivalent to that provided by accredited **or approved** programs in this country; or

(d) From a military training program that the board specifies by rule to be qualified as a nursing education program for a licensed practical nurse; or

(2) If the applicant is an applicant for licensure by indorsement, the applicant has been licensed as a licensed practical nurse in another state or territory of the United States based upon recognition of the applicant's military education.

**SECTION 26.** ORS 678.050 is amended to read:

678.050. (1) Examinations for the licensing of applicants under ORS 678.010 to 678.448 must be held at least once a year. The applicant must pass an examination in subjects relating to nursing at the practical or registered level as the Oregon State Board of Nursing may determine necessary to protect the public health and welfare.

(2) All duly qualified applicants who pass the examination and meet other standards established by the board shall be issued the license provided for in ORS 678.010 to 678.448 according to the nature of the license for which application is made and examination taken and passed. The board shall provide evidence of current licensure. The board shall determine by rule the form and manner of the evidence of current licensure.

(3)(a) The board may issue a license by indorsement to an applicant qualified as provided in ORS 678.040 who has passed the examination used by the board and who meets other standards established by the board. The board may also require evidence of competency to practice nursing at the level for which application is made.

(b) For the purposes of the licensing procedure, the board may not accept monetary assistance from anyone except the nurse applying for licensure by indorsement.

(c) Except as provided in ORS 676.308, the board shall process in order applications for licensure by indorsement of qualified applicants.

(d) Paragraphs (b) and (c) of this subsection do not prohibit the board from processing requests to employ nurses to meet temporary staffing shortages, as described in ORS 678.031 or 678.034, in facilities in this state not involved in labor disputes.

(4) Subject to terms and conditions that the board may impose, the board may issue a limited license to practice registered or practical nursing:

(a) To an applicant whose license has become void for nonpayment of fees at either level and who otherwise meets the requirements of the board. The board may, in issuing a limited license, require the applicant to demonstrate ability to give safe nursing care by undergoing a supervised experience in nursing practice designated by the board, or by satisfactorily completing a continuing education program approved by the board. The license issued under this paragraph expires on the date set in the license by the board. Upon the applicant's satisfactory completion of the board's requirements, and payment of the renewal fee and delinquency fee, the board shall issue to the applicant a license to practice nursing.

(b) To an applicant who has not practiced nursing in any state for a period of five years, but has maintained a current license by the payment of fees. The applicant may not practice nursing in Oregon unless the applicant applies to the board for a limited license and the board issues the limited license to the applicant. The board may, in issuing a limited license, require the applicant to demonstrate ability to give safe nursing care by undergoing a supervised experience in nursing practice designated by the board, or by satisfactorily completing a continuing education program approved or designated by the board. The board may not issue a license if, in the judgment of the board, the applicant's conduct has been such, during absence from practice, that the applicant would be denied a license if applying for an initial license to practice nursing in this state.

(c) To a licensee who has been placed on probation or has been otherwise subjected to disciplinary action by the board.

(d) To any of the following persons if the person is affiliated with a planned program of study in Oregon consistent with the standards and requirements established by the board:

(A) A foreign nurse;

- (B) A foreign student nurse; or
- (C) A nurse licensed in another jurisdiction.

(5) The board may adopt by rule requirements and procedures for placing a license or certificate in inactive status.

(6)(a) Retired status may be granted to a person licensed [*or certified*] as a registered nurse, licensed practical nurse, nurse practitioner, certified registered nurse anesthetist or clinical nurse specialist and who surrenders the person's license [*or certificate*] while in good standing with the issuing authority if the person is not subject to any pending disciplinary investigation or action. The board may adopt by rule requirements, procedures and fees for placing a license [*or certificate*] in retired status.

(b) A person granted retired status by the board under the provisions of paragraph (a) of this subsection:

- (A) Shall pay a fee in an amount to be determined by the board for retired status.
- (B) May not practice nursing or offer to practice nursing in this state.
- (C) May use the title or abbreviation with the retired license [*or certificate*] only if the designation "retired" appears after the title or abbreviation.

**SECTION 27.** ORS 678.101 is amended to read:

678.101. (1) Every person licensed to practice nursing shall apply for renewal of the license other than a limited license in every second year before 12:01 a.m. on the anniversary of the birthdate of the person in the odd-numbered year for persons whose birth occurred in an odd-numbered year and in the even-numbered year for persons whose birth occurred in an even-numbered year. Persons whose birthdate anniversary falls on February 29 shall be treated as if the anniversary were March 1.

(2) Each application must be accompanied by a nonrefundable renewal fee payable to the Oregon State Board of Nursing.

(3) The board may not renew the license of a person licensed to practice nursing unless:

(a) The requirements of subsections (1) and (2) of this section are met; and

(b) Prior to payment of the renewal fee described in subsection (2) of this section the person completes, or provides documentation of previous completion of:

(A) A pain management education program approved by the board and developed in conjunction with the Pain Management Commission established under ORS 413.570; or

(B) An equivalent pain management education program, as determined by the board.

(4) The license of any person not renewed for failure to comply with subsections (1) to (3) of this section is expired and the person shall be considered delinquent and is subject to [*the*] **any** delinquent fee [*specified in*] **established under** ORS 678.410.

(5) A registered nurse who has been issued a license [*or certificate*] as a nurse practitioner, clinical nurse specialist or certified registered nurse anesthetist shall apply as specified by the board by rule for renewal of the license [*or certificate*] and for renewal of the prescriptive privileges in every second year before 12:01 a.m. on the anniversary of the birthdate, as determined for the person's license to practice nursing.

**SECTION 28.** ORS 678.111 is amended to read:

678.111. In the manner prescribed in ORS chapter 183 for a contested case:

(1) Issuance of the license to practice nursing, whether by examination or by indorsement, of any person may be refused or the license may be revoked or suspended or the licensee may be placed on probation for a period specified by the Oregon State Board of Nursing and subject to such condition as the board may impose or may be issued a limited license or may be reprimanded or censured by the board, for any of the following causes:

(a) Conviction of the licensee of crime where such crime bears demonstrable relationship to the practice of nursing. A copy of the record of such conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.

(b) Gross incompetence or gross negligence of the licensee in the practice of nursing at the level for which the licensee is licensed.

(c) Any willful fraud or misrepresentation in applying for or procuring a license or renewal thereof.

(d) Fraud or deceit of the licensee in the practice of nursing or in admission to such practice.

(e) Impairment as defined in ORS 676.303.

(f) Conduct derogatory to the standards of nursing.

(g) Violation of any provision of ORS 678.010 to 678.448 or rules adopted thereunder.

(h) Revocation or suspension of a license to practice nursing by any state or territory of the United States, or any foreign jurisdiction authorized to issue nursing credentials whether or not that license or credential was relied upon in issuing that license in this state. A certified copy of the order of revocation or suspension shall be conclusive evidence of such revocation or suspension.

(i) Physical condition that makes the licensee unable to conduct safely the practice for which the licensee is licensed.

(j) Violation of any condition imposed by the board when issuing a limited license.

(2) A [*certificate of special competence*] **license** may be denied or suspended or revoked for the reasons stated in subsection (1) of this section.

(3) A license [*or certificate*] in inactive status may be denied or suspended or revoked for the reasons stated in subsection (1) of this section.

(4) A license [*or certificate*] in retired status may be denied or suspended or revoked for any cause stated in subsection (1) of this section.

**SECTION 29.** ORS 678.113 is amended to read:

678.113. (1) During the course of an investigation into the performance or conduct of an applicant, certificate holder or licensee, the Oregon State Board of Nursing may order mental health, physical condition or chemical dependency evaluations of the applicant, certificate holder or licensee upon reasonable belief that the applicant, certificate holder or licensee is unable to practice nursing with reasonable skill and safety to patients.

(2) When the board has reasonable cause to believe that an applicant, certificate holder or licensee is or may be unable to practice nursing with reasonable skill and safety to patients, the board may order a competency examination of the applicant, certificate holder or licensee for the purpose of determining the fitness of the applicant, certificate holder or licensee to practice nursing with reasonable skill and safety to patients.

(3) A licensee or certificate holder by practicing nursing, or an applicant by applying to practice nursing in Oregon, gives consent to submit to mental health, physical condition or chemical dependency evaluations when ordered by the board and waives any objection on the grounds of privileged communication to the admissibility of information derived from evaluations ordered by the board.

(4) By rule, the board may require evidence of continuing education in [*an accredited*] **a nursing education program approved by the board** as a prerequisite for renewal of registered or practical nursing licenses, or both, or may require continuing education for persons whose license has lapsed for nonpayment of fees, who have not practiced nursing for five years, or who have their licenses suspended or revoked as a condition to relicensure.

**SECTION 30.** ORS 678.123 is amended to read:

678.123. It shall be unlawful for any person:

(1) To sell or fraudulently obtain or furnish any diploma or license or record thereof for any person not graduated from [*an accredited*] **a nursing education program described under ORS 678.040** or is not licensed under ORS 678.010 to 678.410 or to sell or fraudulently obtain or furnish any certificate to a person not certified as a nursing assistant.

(2) To practice nursing under authority of a diploma or license or record thereof illegally or fraudulently obtained or issued unlawfully.

(3) To employ unlicensed persons to practice practical or registered nursing.

**SECTION 31.** ORS 678.150 is amended to read:

678.150. (1) The Oregon State Board of Nursing shall elect annually from its number a president, a president-elect and a secretary, each of whom shall serve until a successor is elected and qualified.

The board shall meet on the call of the president or as the board may require. Special meetings of the board may be called by the secretary upon the request of any three members. Five members constitute a quorum.

(2) The board shall adopt a seal which shall be in the care of the executive director.

(3) The board shall keep a record of all its proceedings and of all persons licensed and schools or programs [*accredited or*] approved under ORS 678.010 to 678.448. The records must at all reasonable times be open to public scrutiny.

(4) The executive director of the board may hire and define the duties of employees as necessary to carry out the provisions of ORS 678.010 to 678.448. The executive director, with approval of the board, may employ special consultants. All salaries, compensation and expenses incurred or allowed shall be paid out of funds received by the board.

(5) The board shall determine the qualifications of applicants for a license to practice nursing in this state and establish educational and professional standards for such applicants subject to laws of this state.

(6) The board shall:

(a) Exercise general supervision over the practice of nursing in this state.

(b) Prescribe standards and approve curricula for nursing education programs preparing persons for licensing under ORS 678.010 to 678.448.

(c) Provide for surveys of nursing education programs as may be necessary.

(d) [*Accredit*] **Approve** nursing education programs that meet the requirements of ORS 678.010 to 678.448 and of the board.

(e) Deny or withdraw [*accreditation*] **approval** from nursing education programs for failure to meet prescribed standards.

(f) Examine, license and renew the licenses of duly qualified applicants.

(g) Issue subpoenas for any records relevant to a board investigation, including patient and other medical records, personnel records applicable to nurses and nursing assistants, records of schools of nursing and nursing assistant training records and any other relevant records; issue subpoenas to persons for personal interviews relating to board investigations; compel the attendance of witnesses; and administer oaths or affirmations to persons giving testimony during an investigation or at hearings. In any proceeding under this subsection, when a subpoena is issued to an applicant, certificate holder or licensee of the board, a claim of nurse-patient privilege under ORS 40.240 or of psychotherapist-patient privilege under ORS 40.230 is not grounds for quashing the subpoena or for refusing to produce the material that is subject to the subpoena.

(h) Enforce the provisions of ORS 678.010 to 678.448, and incur necessary expenses for the enforcement.

(i) Prescribe standards for the delegation of tasks of patient care to nursing assistants and for the supervision of nursing assistants. The standards must include rules governing the delegation of administration of noninjectable medication by nursing assistants and must include rules prescribing the types of noninjectable medication that can be administered by nursing assistants, and the circumstances, if any, and level of supervision under which nursing assistants can administer noninjectable medication. In formulating the rules governing the administration of noninjectable medication by nursing assistants, the board shall consult with nurses and other stakeholders appropriate to the context of patient care. Notwithstanding any other provision of this paragraph, however, the registered nurse issuing the order shall determine the appropriateness of the delegation of a task of patient care.

(j) Notify licensees at least annually of changes in legislative or board rules that affect the licensees. Notice may be by newsletter or other appropriate means.

(7) The board shall determine the scope of practice as delineated by the knowledge acquired through approved courses of education or through experience.

(8) For local correctional facilities, lockups and juvenile detention facilities, as defined in ORS 169.005, for youth correction facilities as defined in ORS 420.005, for facilities operated by a public agency for detoxification of persons who use alcohol excessively, for homes or facilities licensed

under ORS 443.705 to 443.825 for adult foster care, and for facilities licensed under ORS 443.400 to 443.455 for residential care, training or treatment, the board shall adopt rules pertaining to the provision of nursing care, and to the various tasks relating to the administration of noninjectable medication including administration of controlled substances. The rules must provide for delegation of nursing care and tasks relating to the administration of medication to other than licensed nursing personnel by a physician licensed by the Oregon Medical Board or by a registered nurse, designated by the facility. The delegation must occur under the procedural guidance, initial direction and periodic inspection and evaluation of the physician or registered nurse. However, the provision of nursing care may be delegated only by a registered nurse.

(9) The Oregon State Board of Nursing may require applicants, licensees and certificate holders under ORS 678.010 to 678.448 to provide to the board data concerning the individual's nursing employment and education.

(10) For the purpose of requesting a state or nationwide criminal records check under ORS 181A.195, the board may require the fingerprints of a person who is:

- (a) Applying for a license or certificate that is issued by the board;
- (b) Applying for renewal of a license or certificate that is issued by the board; or
- (c) Under investigation by the board.

(11) Pursuant to ORS chapter 183, the board shall adopt rules necessary to carry out the provisions of ORS 678.010 to 678.448.

**SECTION 32.** ORS 678.285 is amended to read:

678.285. Consistent with the provisions of ORS 678.245 to 678.285, the Oregon State Board of Nursing shall adopt rules necessary to establish:

- (1) The scope of practice of a certified registered nurse anesthetist;
- (2) Procedures for *[issuing certification of special competency for]* **licensing** a certified registered nurse anesthetist;
- (3) Educational and competency requirements required for *[certification]* **licensure**; and
- (4) Procedures for the maintenance of *[certification]* **licensure** as a certified registered nurse anesthetist, including but not limited to fees necessary for original or renewal *[certification]* **licensure**.

**SECTION 33.** ORS 678.340 is amended to read:

678.340. (1) Any institution desiring to establish a nursing education program leading to licensing or a continuing education program that may be recognized or required by the Oregon State Board of Nursing to supplement such program shall apply to the board and submit satisfactory evidence that it is prepared to meet the curricula and standards prescribed by the board.

(2) In considering applications under subsection (1) of this section the board shall review:

- (a) Statewide needs for nursing education programs or supplementary programs[,]; **and**
- (b) **The financial and clinical** resources of the institution making application[, *its clinical resources and its*] **and the ability of the institution** to retain qualified faculty.

(3) *[No]* **An** institution or program *[shall]* **may not** represent itself as qualified or *[accredited]* **approved** to prepare nurses for licensing unless *[it is accredited]* **the institution is approved** by the board.

**SECTION 34.** ORS 678.360 is amended to read:

678.360. *[(1) From time to time as considered necessary by the Oregon State Board of Nursing, it shall cause a survey of the institutions accredited to provide nursing education programs to be made. A report in writing shall be submitted to the board. The report is to include an evaluation of physical facilities and clinical resources, courses of study and qualifications of instructors. If, in the opinion of the board, the requirements for accredited programs are not being met by any institution, notice thereof shall be given to the institution in writing specifying the defect and prescribing the time within which the defect must be corrected.]*

**(1) As determined necessary by the Oregon State Board of Nursing, the board shall survey the institutions approved to provide nursing education programs.**

(2) **An institution shall submit to the board a written report that includes an evaluation of physical facilities, clinical resources, courses of study and qualifications of instructors.**

(3) **If the board determines an institution does not meet requirements for approved programs, the board shall issue to the institution written notice that specifies the defect and the time within which the institution must correct the defect.**

~~[(2)]~~ (4) The board shall withdraw ~~[*accreditation*]~~ **approval** from an institution ~~[*which*]~~ **that** fails to correct the defect ~~[*reported to it*]~~ **specified** under subsection ~~[(1)]~~ (3) of this section within the period of time prescribed in the ~~[*report*]~~ **notice**. The institution may request and if requested shall be granted a hearing before the board in the manner required for contested cases under ORS chapter 183.

**SECTION 35.** ORS 678.370 is amended to read:

678.370. (1) The Oregon State Board of Nursing shall issue a ~~[*certification*]~~ **license** to act as a clinical nurse specialist to any nurse who meets the requirements established by the board pursuant to ORS 678.372.

(2) A person may not act as a clinical nurse specialist, use the name, title, designation, initial or abbreviation of clinical nurse specialist or otherwise hold oneself out as a clinical nurse specialist unless the person is ~~[*certified*]~~ **licensed** as a clinical nurse specialist pursuant to subsection (1) of this section.

(3) A ~~[*certified*]~~ **licensed** clinical nurse specialist is authorized to prescribe drugs for the use of and administration to other persons if approval has been given under ORS 678.390. The authority to prescribe and dispense prescription drugs shall be included within the scope of practice of ~~[*certified*]~~ **licensed** clinical nurse specialists as defined by rules of the board.

**SECTION 36.** ORS 678.372 is amended to read:

678.372. The Oregon State Board of Nursing shall adopt rules to implement ORS 678.370, including but not limited to rules establishing:

(1) Procedures and requirements for initial issuance and continuation of ~~[*certification*]~~ **licensure** to act as a clinical nurse specialist, including but not limited to educational requirements;

(2) The scope of practice of clinical nurse specialists, including the authority to prescribe and dispense prescription drugs after approval of an application to do so by the board;

(3) Educational requirements for clinical nurse specialists applying for prescriptive authority that include but are not limited to:

(a) At least 45 contact hours in pharmacology; and

(b) Clinical education in patient management, including pharmacotherapeutics, that is comparable to the requirements for completion of a nurse practitioner program;

(4) The amount of any fees necessary for ~~[*issuance of the*]~~ initial ~~[*certification, renewal of certification*]~~ **issuance and renewal of licensure**, initial application for prescriptive authority and renewal of application for prescriptive authority; and

(5) ~~[*Such other rules as may be necessary to implement and administer*]~~ **Other rules necessary to carry out the provisions of ORS 678.370.**

**SECTION 37.** ORS 678.375 is amended to read:

678.375. (1) The Oregon State Board of Nursing is authorized to issue ~~[*certificates of special competency*]~~ **licenses** to licensed registered nurses to practice as nurse practitioners if they meet the requirements of the board pursuant to ORS 678.380.

(2) ~~[*No*]~~ **A** person ~~[*shall*]~~ **may not** practice as a nurse practitioner or hold oneself out to the public or to an employer, or use the initials, name, title, designation or abbreviation as a nurse practitioner until and unless ~~[*such*]~~ **the** person is ~~[*certified*]~~ **licensed** by the board.

(3) A registered nurse~~],~~ ~~[*certified*]~~ **licensed** as a nurse practitioner~~[,]~~ is authorized to complete and sign reports of death. Reports of death signed by a ~~[*certified*]~~ **licensed** nurse practitioner ~~[*shall be accepted as fulfilling all*]~~ **fulfill** the requirements of the laws dealing with reports of death. A ~~[*certified*]~~ **licensed** nurse practitioner who ~~[*prepares*]~~ **completes** a report of death ~~[*must*]~~ **shall** comply with ~~[*all provisions of*]~~ ORS 432.133.



(4) A registered nurse[, *certified*] **licensed** as a nurse practitioner[,] is authorized to prescribe drugs for the use of and administration to other persons if approval has been given under ORS 678.390. The drugs [*which*] **that** the nurse practitioner is authorized to prescribe shall be included within the [*certified*] **licensed** nurse practitioner's scope of practice as defined by rules of the board.

(5) A licensed pharmacist may fill and a licensed pharmacist or an employee of the licensed pharmacist may dispense medications prescribed by a nurse practitioner in accordance with the terms of the prescription. The filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.

(6) As used in this section:

(a) "Drug" means:

(A) Articles recognized as drugs in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia, other drug compendium or any supplement to any of them;

(B) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in human beings;

(C) Articles other than food that are intended to affect the structure or any function of the body of human beings; and

(D) Articles intended for use as a component of any articles specified in subparagraph (A), (B) or (C) of this paragraph.

(b) "Prescribe" means to direct, order or designate the preparation, use of or manner of using by spoken or written words or other means.

**SECTION 38.** ORS 678.380 is amended to read:

678.380. The Oregon State Board of Nursing may adopt rules [*applicable to*] **regarding** nurse practitioners **that**:

(1) [*Which*] Establish [*their*] **the** education, training and qualifications necessary for [*certification*] **licensure**.

(2) [*Which*] Limit or restrict practice.

(3) [*Which*] Establish categories [*of*] **and define the scope of** nurse practitioner practice [*and define the scope of such practice*].

(4) [*Which*] Establish procedures for maintaining [*certification*] **licensure**, including continuing education and procedures for the reinstatement of [*certificates*] **licenses** rendered void by reason of nonpayment of fees.

**SECTION 39.** ORS 678.390 is amended to read:

678.390. (1) The Oregon State Board of Nursing may authorize a [*certified*] **licensed** nurse practitioner or [*certified*] **licensed** clinical nurse specialist to write prescriptions, including prescriptions for controlled substances listed in schedules II, III, III N, IV and V.

(2) A [*certified*] **licensed** nurse practitioner or [*certified*] **licensed** clinical nurse specialist may submit an application to the Oregon State Board of Nursing to dispense prescription drugs. The Oregon State Board of Nursing shall provide immediate notice to the State Board of Pharmacy upon approving an application submitted by a [*certified*] **licensed** nurse practitioner or [*certified*] **licensed** clinical nurse specialist to dispense prescription drugs.

(3) An application for the authority to dispense prescription drugs under this section must include any information required by the Oregon State Board of Nursing by rule.

(4) Prescription drugs dispensed by a [*certified*] **licensed** nurse practitioner or [*certified*] **licensed** clinical nurse specialist must be personally dispensed by the [*certified*] **licensed** nurse practitioner or [*certified*] **licensed** clinical nurse specialist, except that nonjudgmental dispensing functions may be delegated to staff assistants when:

(a) The accuracy and completeness of the prescription is verified by the [*certified*] **licensed** nurse practitioner or [*certified*] **licensed** clinical nurse specialist; and

(b) The prescription drug is labeled with the name of the patient to whom it is being dispensed.

(5) The Oregon State Board of Nursing shall adopt rules requiring:

(a) Prescription drugs dispensed by *[certified]* **licensed** nurse practitioners and *[certified]* **licensed** clinical nurse specialists to be either prepackaged by a manufacturer registered with the State Board of Pharmacy or repackaged by a pharmacist licensed by the State Board of Pharmacy under ORS chapter 689;

(b) Labeling requirements for prescription drugs dispensed by *[certified]* **licensed** nurse practitioners and *[certified]* **licensed** clinical nurse specialists that are the same as labeling requirements required of pharmacies licensed under ORS chapter 689;

(c) Record keeping requirements for prescriptions and prescription drug dispensing by a *[certified]* **licensed** nurse practitioner and a *[certified]* **licensed** clinical nurse specialist that are the same as the record keeping requirements required of pharmacies licensed under ORS chapter 689;

(d) A dispensing *[certified]* **licensed** nurse practitioner and a dispensing *[certified]* **licensed** clinical nurse specialist to have available at the dispensing site a hard copy or electronic version of prescription drug reference works commonly used by professionals authorized to dispense prescription medications; and

(e) A dispensing *[certified]* **licensed** nurse practitioner and a dispensing *[certified]* **licensed** clinical nurse specialist to allow representatives of the State Board of Pharmacy, upon receipt of a complaint, to inspect a dispensing site after prior notice to the Oregon State Board of Nursing.

(6) The Oregon State Board of Nursing has sole disciplinary authority regarding *[certified]* **licensed** nurse practitioners and *[certified]* **licensed** clinical nurse specialists who have prescription drug dispensing authority.

(7) The authority to write prescriptions or dispense prescription drugs may be denied, suspended or revoked by the Oregon State Board of Nursing upon proof that the authority has been abused. The procedure shall be a contested case under ORS chapter 183. Disciplinary action under this subsection is grounds for discipline of the *[certified]* **licensed** nurse practitioner or *[certified]* **licensed** clinical nurse specialist in the same manner as a licensee may be disciplined under ORS 678.111.

**SECTION 40.** ORS 678.410 is amended to read:

678.410. (1) The Oregon State Board of Nursing may *[impose fees for the following:]*

*[(a) License renewal.]*

*[(b) Examination.]*

*[(c) License by indorsement.]*

*[(d) Limited license.]*

*[(e) Examination proctor service.]*

*[(f) Duplicate license.]*

*[(g) Extension of limited license.]*

*[(h) Nurse practitioner certificate.]*

*[(i) Reexamination for licensure.]*

*[(j) Delinquent fee.]*

*[(k) Renewal fee nurse practitioner.]*

*[(L) Verification of a license of a nurse applying for license by indorsement in another state.]*

*[(m) Certified nurse practitioner's initial application and registration for writing prescriptions.]*

*[(n) Renewal of certified nurse practitioner's application for writing prescriptions.]*

*[(o) Approval of training program for nursing assistants.]*

*[(p) Issuance, renewal and delinquency of a nursing assistant certificate.]*

*[(q) Clinical nurse specialist certification established pursuant to ORS 678.370.]*

*[(r) Clinical nurse specialist's initial application for prescriptive authority.]*

*[(s) Renewal of clinical nurse specialist's application for prescriptive authority.]*

*[(t) Inactive license or certificate.]*

*[(u) Retired license or certificate.]*

*[(v) Nationwide criminal records check]* **establish and collect fees necessary to carry out the provisions of ORS 678.010 to 678.448.**

(2) Fees are nonrefundable.

(3)(a) *[Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting the fees and charges,]* **The board shall obtain approval from the Oregon Department of Administrative Services and submit a report to the Emergency Board prior to establishing fees under this section.**

(b) *[The fees and charges]* A fee established and collected under this section *[shall]* may not exceed the cost of administering *[the]* a regulatory program *[of the board pertaining to the purpose]* for which the fee *[or charge]* is established and collected, as authorized by the Legislative Assembly within the *[board's]* **Oregon State Board of Nursing** budget, *[as the budget may be modified]* **subject to modification** by the Emergency Board.

(c) If federal or other funds are available to offset costs of administering the program, fees shall be established based on net costs to the state but may not *[to]* exceed \$75 per biennium for *[the certification fee under subsection (1)(p) of this section]* **a nursing assistant certification.**

**SECTION 41.** ORS 743A.012 is amended to read:

743A.012. (1) As used in this section:

(a) "Behavioral health assessment" means an evaluation by a behavioral health clinician, in person or using telemedicine, to determine a patient's need for immediate crisis stabilization.

(b) "Behavioral health clinician" means:

(A) A licensed psychiatrist;

(B) A licensed psychologist;

(C) A *[certified]* **licensed** nurse practitioner with a specialty in psychiatric mental health;

(D) A licensed clinical social worker;

(E) A licensed professional counselor or licensed marriage and family therapist;

(F) A certified clinical social work associate;

(G) An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or

(H) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

(c) "Behavioral health crisis" means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the individual's mental or physical health.

(d) "Emergency medical condition" means a medical condition:

(A) That manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would:

(i) Place the health of a person, or an unborn child in the case of a pregnant woman, in serious jeopardy;

(ii) Result in serious impairment to bodily functions; or

(iii) Result in serious dysfunction of any bodily organ or part;

(B) With respect to a pregnant woman who is having contractions, for which there is inadequate time to effect a safe transfer to another hospital before delivery or for which a transfer may pose a threat to the health or safety of the woman or the unborn child; or

(C) That is a behavioral health crisis.

(e) "Emergency medical screening exam" means the medical history, examination, ancillary tests and medical determinations required to ascertain the nature and extent of an emergency medical condition.

(f) "Emergency services" means, with respect to an emergency medical condition:

(A) An emergency medical screening exam or behavioral health assessment that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and

(B) Such further medical examination and treatment as are required under 42 U.S.C. 1395dd to stabilize a patient, to the extent the examination and treatment are within the capability of the staff and facilities available at a hospital.

(g) "Grandfathered health plan" has the meaning given that term in ORS 743B.005.

(h) "Health benefit plan" has the meaning given that term in ORS 743B.005.

(i) "Prior authorization" has the meaning given that term in ORS 743B.001.

(j) "Stabilize" means to provide medical treatment as necessary to:

(A) Ensure that, within reasonable medical probability, no material deterioration of an emergency medical condition is likely to occur during or to result from the transfer of the patient from a facility; and

(B) With respect to a pregnant woman who is in active labor, to perform the delivery, including the delivery of the placenta.

(2) All insurers offering a health benefit plan shall provide coverage without prior authorization for emergency services.

(3) A health benefit plan, other than a grandfathered health plan, must provide coverage required by subsection (2) of this section:

(a) For the services of participating providers, without regard to any term or condition of coverage other than:

(A) The coordination of benefits;

(B) An affiliation period or waiting period permitted under part 7 of the Employee Retirement Income Security Act, part A of Title XXVII of the Public Health Service Act or chapter 100 of the Internal Revenue Code;

(C) An exclusion other than an exclusion of emergency services; or

(D) Applicable cost-sharing; and

(b) For the services of a nonparticipating provider:

(A) Without imposing any administrative requirement or limitation on coverage that is more restrictive than requirements or limitations that apply to participating providers;

(B) Without imposing a copayment amount or coinsurance rate that exceeds the amount or rate for participating providers;

(C) Without imposing a deductible, unless the deductible applies generally to nonparticipating providers; and

(D) Subject only to an out-of-pocket maximum that applies to all services from nonparticipating providers.

(4) All insurers offering a health benefit plan shall provide information to enrollees in plain language regarding:

(a) What constitutes an emergency medical condition;

(b) The coverage provided for emergency services;

(c) How and where to obtain emergency services; and

(d) The appropriate use of 9-1-1.

(5) An insurer offering a health benefit plan may not discourage appropriate use of 9-1-1 and may not deny coverage for emergency services solely because 9-1-1 was used.

(6) This section is exempt from ORS 743A.001.

**SECTION 42.** ORS 743A.036 is amended to read:

743A.036. (1) Whenever any policy of health insurance provides for reimbursement for a primary care or mental health service provided by a licensed physician, the insured under the policy is entitled to reimbursement for such service if provided by a licensed physician assistant or a [*certified*] **licensed** nurse practitioner if the service is within the lawful scope of practice of the physician assistant or nurse practitioner.

(2)(a) The reimbursement of a service described in subsection (1) of this section that is provided by a licensed physician assistant or a [*certified*] **licensed** nurse practitioner who is in an independent practice shall be in the same amount as the reimbursement paid under the policy to a licensed physician performing the service in the area served.

(b) As used in this subsection, “independent practice” means the licensed physician assistant or the [certified] **licensed** nurse practitioner bills insurers for services provided by the physician assistant or nurse practitioner using the:

- (A) Diagnosis and procedure codes applicable to the services;
- (B) Physician assistant’s or nurse practitioner’s own name; and
- (C) National provider identifier for:

- (i) The physician assistant or nurse practitioner; and
- (ii) If required by the insurer, the facility in which the physician assistant or nurse practitioner provides the services.

(3) This section does not apply to group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Health Maintenance Organization Act or other insurers that employ physicians, licensed physician assistants or [certified] **licensed** nurse practitioners to provide primary care or mental health services and do not compensate such practitioners on a fee-for-service basis.

(4) An insurer may not reduce the reimbursement paid to a licensed physician in order to comply with this section.

**SECTION 43.** ORS 807.240, as amended by sections 2 and 2a, chapter 76, Oregon Laws 2018, is amended to read:

807.240. The Department of Transportation shall provide for issuance of hardship driver permits in a manner consistent with this section. A hardship driver permit grants the driving privileges provided in this section or under the permit. Except as otherwise provided in this section, a hardship driver permit is subject to the fees, provisions, conditions, prohibitions and penalties applicable to a license. The following apply to a hardship driver permit:

(1) The department may only issue a permit to a person whose driving privileges under the vehicle code have been suspended, or revoked under ORS 809.600 as a habitual offender.

(2) Except as provided in this section and ORS 813.520, the department may reinstate the privilege to operate a motor vehicle of any person whose license to operate a motor vehicle has been suspended, or revoked under ORS 809.600 as a habitual offender, by issuing the person a hardship permit.

(3) To qualify for a hardship permit, a person must do all of the following:

(a) The person must submit to the department an application for the permit that demonstrates the person’s need for the permit.

(b) The person must present satisfactory evidence, as determined by the department by rule:

(A) That the person must operate a motor vehicle as a requisite of the person’s occupation or employment;

(B) That the person must operate a motor vehicle to seek employment or to get to or from a place of employment;

(C) That the person must operate a motor vehicle to get to or from an alcohol or drug treatment or rehabilitation program;

(D) That the person or a member of the person’s immediate family requires medical treatment on a regular basis and that the person must operate a motor vehicle in order that the treatment may be obtained; or

(E) That the person must operate a motor vehicle to get to or from a gambling addiction treatment program.

(c) If the person is applying for a permit because the person or a member of the person’s immediate family requires medical treatment on a regular basis, the person must present, in addition to any evidence required by the department under paragraph (b) of this subsection, a statement signed by a licensed physician or [certified] **licensed** nurse practitioner that indicates that the person or a member of the person’s immediate family requires medical treatment on a regular basis.

(d) The person must show that the person is not incompetent to drive nor a habitual incompetent, reckless or criminally negligent driver as established by the person’s driving record in this or any other jurisdiction.

(e) The person must make a future responsibility filing.

(f) The person must submit any other information the department may require for purposes of determining whether the person qualifies under this section and ORS 813.520.

(4) If the department finds that the person meets the requirements of this section and any applicable requirements under ORS 813.520, the department may issue the person a hardship permit, valid for the duration of the suspension or revocation or for a shorter period of time established by the department unless sooner suspended or revoked under this section. If the department issues the permit for a period shorter than the suspension or revocation period, renewal of the permit shall be on such terms and conditions as the department may require. The permit:

(a) Shall limit the holder to operation of a motor vehicle only during specified times.

(b) May bear other reasonable limitations relating to the hardship permit or the operation of a motor vehicle that the department deems proper or necessary. The limitations may include any limitation, condition or requirement. Violation of a limitation is punishable as provided by ORS 811.175 or 811.182.

(5) The department, upon receiving satisfactory evidence of any violation of the limitations of a permit issued under this section, may suspend or revoke the hardship permit.

(6) The fee charged for application or issuance of a hardship driver permit is the hardship driver permit application fee under ORS 807.370. The department may not refund the fee if the application is denied or if the driver permit is suspended or revoked. The fee upon renewal of the driver permit is the same fee as that charged for renewal of a license. The application fee charged under this subsection is in addition to any fee charged for reinstatement of driving privileges under ORS 807.370.

(7) The department may issue a permit granting the same driving privileges as those suspended or revoked or may issue a permit granting fewer driving privileges, as the department determines necessary to assure safe operation of motor vehicles by the permit holder.

(8) The department may not issue a hardship permit to a person:

(a) Whose driver license or driver permit is suspended pursuant to ORS 25.750 to 25.783;

(b) Whose driving privileges are suspended pursuant to ORS 809.280 (2);

(c) That authorizes the person to operate a commercial motor vehicle;

(d) Whose suspension of driving privileges is based on a second or subsequent conviction of driving while under the influence of intoxicants in violation of ORS 813.010 or the statutory counterpart to ORS 813.010 in another jurisdiction and the suspension period is determined by ORS 809.428 (2)(b) or (c);

(e) Whose driving privileges are suspended for a conviction of assault in the second, third or fourth degree if the person, within 10 years preceding application for the permit, has been convicted of:

(A) Any degree of murder, manslaughter, criminally negligent homicide or assault resulting from the operation of a motor vehicle;

(B) Reckless driving, as defined in ORS 811.140;

(C) Driving while under the influence of intoxicants, as defined in ORS 813.010;

(D) Failure to perform the duties of a driver involved in a collision, as described in ORS 811.700 or 811.705;

(E) Criminal driving while suspended or revoked, as defined in ORS 811.182;

(F) Fleeing or attempting to elude a police officer, as defined in ORS 811.540;

(G) Aggravated vehicular homicide, as defined in ORS 163.149; or

(H) Aggravated driving while suspended or revoked, as defined in ORS 163.196; or

(f) Whose driving privileges are suspended for a conviction of assault in the second, third or fourth degree:

(A) For a period of four years from the date the department suspends driving privileges if the person's driving privileges are suspended for conviction of assault in the second degree and the person was not incarcerated for that conviction.

(B) For a period of four years from the date the person is released from incarceration for the conviction if the person's driving privileges are suspended for conviction of assault in the second degree and the person was incarcerated for that conviction.

(C) For a period of two years from the date the department suspends driving privileges if the person's driving privileges are suspended for conviction of assault in the third degree and the person was not incarcerated for that conviction.

(D) For a period of two years from the date the person is released from incarceration for the conviction if the person's driving privileges are suspended for conviction of assault in the third degree and the person was incarcerated for that conviction.

(E) For a period of six months from the date the department suspends driving privileges if the person's driving privileges are suspended for conviction of assault in the fourth degree and the person is not incarcerated for that conviction.

(F) For a period of six months from the date the person is released from incarceration for the conviction if the person's driving privileges are suspended for conviction of assault in the fourth degree and the person was incarcerated for that conviction.

(9) A conviction arising out of the same episode as the current suspension is not considered a conviction for purposes of subsection (8)(e) of this section.

(10) A person's driving privileges under a hardship permit are subject to suspension or revocation if the person does not maintain a good driving record, as defined by the administrative rules of the department, during the term of the permit.

**SECTION 44.** ORS 811.604 is amended to read:

811.604. Application for issuance or renewal of a disabled person parking permit in the form of an individual placard or decal issued under ORS 811.602 shall include:

(1) A certificate, signed and dated within six months preceding the date of application, by a licensed physician, a [certified] **licensed** nurse practitioner or a licensed physician assistant to the Department of Transportation that the applicant is a person with a disability or a certificate, signed and dated within six months preceding the date of application, by a licensed optometrist that the applicant is a person with a disability because of loss of vision or substantial loss of visual acuity or visual field beyond correction;

(2) The state-issued licensing number of the licensed physician, certified nurse practitioner, licensed physician assistant or licensed optometrist who signed the certificate described in subsection (1) of this section; and

(3) The number of a current, valid driver license, golf cart driver permit, identification card or parking identification card issued to the applicant by the department.

**SECTION 45.** ORS 811.611 is amended to read:

811.611. (1) The Department of Transportation may issue a disabled person parking permit in the form of a placard to a person who is visiting from a foreign country if the person presents to the department either a valid driver license or other grant of driving privileges from the foreign country or a passport or visa showing that the person is a visitor to the United States and presents one of the following:

(a) A valid disabled person parking permit issued by the country that issued the visitor's passport or visa;

(b) A certificate from an official of the agency that issues disabled person parking permits in the country that issued the visitor's passport or visa certifying that the person holds a valid disabled person parking permit; or

(c) A certificate from a licensed physician, a [certified] **licensed** nurse practitioner or a licensed physician assistant addressed to the Department of Transportation certifying that the applicant is a person with a disability, or a certificate from a licensed optometrist certifying that the applicant is a person with a disability because of loss of vision or substantial loss of visual acuity or visual field beyond correction.

(2) A disabled person parking permit issued under this section is valid for 30 days.

**SECTION 46.** Section 3, chapter 297, Oregon Laws 2013, is amended to read:

**Sec. 3.** Nothing in [section 2 of this 2013 Act] **ORS 678.282** affects the authority of a certified registered nurse anesthetist, as defined in ORS 678.245, to select, order and administer controlled substances in connection with the delivery of anesthesia services. A certified registered nurse anesthetist may obtain and renew [certification] **licensure** with the Oregon State Board of Nursing without prescriptive authority.

**SECTION 47.** Section 1, chapter 694, Oregon Laws 2017, is amended to read:

**Sec. 1.** (1) As used in this section:

(a) “Behavioral mental health provider” includes:

(A) A psychologist licensed under ORS 675.010 to 675.150;

(B) A clinical social worker licensed under ORS 675.530; and

(C) A professional counselor or marriage and family therapist licensed under ORS 675.715.

(b) “Carrier” has the meaning given that term in ORS 743B.005.

(c) “Medical provider” means a physician licensed under ORS chapter 677.

(d) “Mental health provider with prescribing privileges” includes:

(A) A psychiatrist; and

(B) A [certified] **licensed** nurse practitioner with a specialty in psychiatric mental health.

(2) The Department of Consumer and Business Services shall examine all of the following:

(a) The historical trends of each carrier’s maximum allowable reimbursement rates for time-based outpatient office visit procedural codes and whether each carrier’s in-network behavioral mental health providers have been paid reimbursement that is equivalent to the reimbursement for the carrier’s in-network medical providers and mental health providers with prescribing privileges.

(b) Whether each carrier imposes utilization management procedures for behavioral mental health providers that are more restrictive than the utilization management procedures for medical providers as indicated by the time-based outpatient office visit procedural codes applied to providers in each category, including a review of whether a carrier restricts the use of longer office visits for behavioral mental health providers more than for medical providers.

(c) Whether each carrier pays equivalent reimbursement for time-based procedural codes for both in-network behavioral mental health providers and in-network medical providers, including the reimbursement of incremental increases in the length of an office visit.

(d) Whether the methodologies used by each carrier to determine the carrier’s reimbursement rate schedule are equivalent for in-network behavioral health providers and in-network medical providers.

(3) The department shall adopt rules or take other actions based on the results of the department’s examination under subsection (2) of this section that ensure that carriers meet the requirements of ORS 743A.168 and 743B.505 in policies, certificates or contracts for health insurance that the carriers offer to residents of this state.

**SECTION 48.** Section 1, chapter 63, Oregon Laws 2018, is amended to read:

**Sec. 1.** (1) As used in this section:

(a) “Maternal mortality” means the pregnancy-related death of a person within 365 days after the end of the pregnancy.

(b) “Severe maternal morbidity” includes pregnancy-related outcomes that result in significant short-term or long-term consequences to a person’s health.

(2) The Maternal Mortality and Morbidity Review Committee is established in the Oregon Health Authority to conduct studies and reviews of the incidence of maternal mortality and severe maternal morbidity and to make policy and budget recommendations to reduce the incidence of maternal mortality and severe maternal morbidity in this state.

(3) The committee shall consist of at least 11 but not more than 15 members appointed by the Governor. The Governor shall consider for membership the following individuals:

(a) A physician licensed under ORS chapter 677 who specializes in family medicine and whose practice includes maternity care and delivery;

(b) A physician licensed under ORS chapter 677 who specializes in obstetrics and gynecology;

(c) A physician licensed under ORS chapter 677 who specializes in maternal fetal medicine;



- (d) A licensed registered nurse who specializes in labor and delivery;
  - (e) A licensed registered nurse who is [*certified*] **licensed** by the Oregon State Board of Nursing as a nurse midwife nurse practitioner;
  - (f) A direct entry midwife licensed under ORS 687.405 to 687.495;
  - (g) An individual who meets criteria for a doula adopted by the authority in accordance with ORS 414.665;
  - (h) A traditional health worker;
  - (i) An individual who represents a community-based organization that represents communities of color and focuses on reducing racial and ethnic health disparities;
  - (j) An individual who represents a community-based organization that focuses on treatment of mental health;
  - (k) An individual who represents the authority with an expertise in the field of maternal and child health;
  - (L) An individual who is an expert in the field of public health; and
  - (m) A medical examiner.
- (4) In appointing members under subsection (3) of this section, the Governor shall consider whether the composition of the committee is reasonably representative of this state's geographic, ethnic and economic diversity.
- (5) Members of the committee shall serve for terms of four years each. The Governor shall fill a vacancy on the committee by making an appointment to become immediately effective for the unexpired term. The Governor shall assign the initial terms of office to members so that the terms expire at staggered intervals.
- (6) The committee shall elect one of its members to serve as chairperson. A majority of the members of the committee constitutes a quorum.
- (7) The committee shall meet at times and places specified by the call of the chairperson or of a majority of the members of the committee.
- (8) The committee shall convene in closed, nonpublic meetings.
- (9) A member of the committee is not entitled to compensation, but in the discretion of the authority may be reimbursed from funds available to the authority for actual and necessary travel and other expenses incurred by the member in the performance of the member's official duties in the manner and amount provided in ORS 292.495.
- (10) The authority may adopt rules necessary for the operation of the committee.
- (11) The committee shall:
- (a) Study and review information relating to the incidence of maternal mortality and severe maternal morbidity in this state.
  - (b) Examine whether social determinants of health are contributing factors to the incidence of maternal mortality and severe maternal morbidity including, but not limited to:
    - (A) Race and ethnicity;
    - (B) Socioeconomic status;
    - (C) Domestic abuse or violence;
    - (D) Access to affordable housing;
    - (E) Access to primary and preventive health care services, oral health care services and behavioral health services for a person who is of reproductive age; and
    - (F) Gaps in insurance coverage postpartum or following pregnancy.
- (12)(a) Upon request by the division of the authority that is charged with public health functions, the following shall make available to the committee information relating to the incidence of maternal mortality and severe maternal morbidity in this state:
- (A) Health care providers;
  - (B) Providers of social services;
  - (C) Health care facilities;
  - (D) The authority;
  - (E) The Department of Human Services;

- (F) Law enforcement agencies;
- (G) Medical examiners; and
- (H) Any other state and local agency deemed relevant by the committee.

(b) Information made available to the committee may include, but need not be limited to, the following:

- (A) Medical records;
- (B) Autopsy reports;
- (C) Birth records;
- (D) Death records;
- (E) Social services files;
- (F) Information obtained during any family interviews; and
- (G) Any other data or information the committee may deem relevant in connection with maternal mortality and severe maternal morbidity.

(c) A person may not charge or collect a fee for providing information to the committee pursuant to this subsection.

(13) Notwithstanding any other law relating to sharing confidential information, all agencies of state government, as defined in ORS 174.111, are directed to assist the committee in the performance of duties of the committee and shall furnish information and advice as deemed necessary by the members of the committee.

(14)(a) All meetings and activities of the committee are exempt from the requirements of ORS 192.610 to 192.690.

(b) All information obtained, created or maintained by the committee is:

- (A) Confidential and exempt from disclosure under ORS 192.311 to 192.478; and
  - (B) Not admissible in evidence in a judicial, administrative, arbitration or mediation proceeding.
- (c) Committee members may not be:

(A) Examined as to any communications to or from the committee or as to any information obtained or maintained by the committee; or

(B) Subject to an action for civil damages for affirmative actions or statements made in good faith.

(d) This subsection does not limit the discoverability or admissibility of any information that is available from any source other than the committee in a judicial, administrative, arbitration or mediation proceeding.

(15) A person who acts in good faith in making information available to the committee under subsection (12) or (13) of this section:

(a) Has immunity:

(A) From any civil or criminal liability that might otherwise be incurred or imposed with respect to releasing the information;

(B) From disciplinary action taken by the person's employer with respect to releasing the information; and

(C) With respect to participating in any judicial proceeding resulting from or involving the release of information; and

(b) May not be examined as to any communications to or from the committee or as to any information obtained, created or maintained by the committee.

(16) Nothing in subsection (14) or (15) of this section may be construed to limit or restrict the discoverability or admissibility of any information that is available from any person or any other source independent of the meetings or activities of the committee in a civil or criminal proceeding.

(17)(a) The committee shall submit a biennial report in the manner provided in ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to health care. The report submitted under this subsection must include, but is not limited to, the following:

(A) A summary of the committee's conclusions and findings relating to maternal mortality;

(B) Aggregated data related to the cases of maternal mortality in this state that is not individually identifiable;

(C) A description of actions that are necessary to implement any recommendations of the committee to prevent occurrences of maternal mortality in this state; and

(D) Recommendations for allocating state resources to decrease the rate of maternal mortality in this state.

(b) A biennial report submitted after January 2, 2021, in addition to providing the information described in paragraph (a) of this subsection, must describe how the information relates to severe maternal morbidity.

(18) The committee shall provide the report required under subsection (17) of this section to health care providers and facilities, relevant state agencies and any others as the committee deems necessary to reduce the incidence of maternal mortality and severe maternal morbidity.

**SECTION 49.** Section 3, chapter 121, Oregon Laws 2018, is amended to read:

**Sec. 3.** (1) As used in this section, “health care professional” includes a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician assistant or a nurse practitioner who is licensed[, *certified*] or registered under the laws of this state.

(2) A health care professional meets the requirements of a qualified health care professional for the purposes of ORS 336.485 and 417.875 if the health care professional has a certificate as described in subsection (3) of this section.

(3)(a) A health care professional is eligible to receive a certificate for the purposes of ORS 336.485 and 417.875 if the health care professional successfully completes an online program that:

(A) Is established and maintained by Oregon Health and Science University;

(B) Establishes for health care professionals a foundation of knowledge related to the assessment, diagnosis and management of sports-related concussions; and

(C) Informs health care professionals of:

(i) The requirements imposed by ORS 336.485 and 417.875 and any other related legal requirements; and

(ii) Limitations of the training provided through the online program.

(b) For the online program, the university:

(A) Shall establish the program in consultation with health care professionals and other stakeholders who are appropriately qualified for consultations;

(B) Shall ensure that the program is reviewed at least once every four years by health care professionals and other stakeholders who are appropriately qualified to make the review;

(C) Shall include minimum standards or clinical criteria that are evidence based and that incorporate best practices in relation to the assessment, diagnosis and management of sports-related concussions; and

(D) May charge participants in the program a reasonable fee.

(4) Certificates issued by Oregon Health and Science University under this section are valid for a term of four years. A health care professional may continue to meet the requirements of a qualified health care professional for the purposes of ORS 336.485 and 417.875 by renewing a certificate. The university shall prescribe the requirements for renewal, including requirements for additional training.

(5)(a) Except as provided by paragraph (b) of this subsection, no civil or criminal action, suit or proceeding may be commenced against Oregon Health and Science University, or any board member, officer or employee of the university, as a result of the death or injury of a member of a school athletic team or nonschool athletic team if:

(A) The death or injury is related to a head injury sustained during an athletic event or training; and

(B) The member received a medical release from a health care professional who held a certificate issued under this section.

(b) The civil and criminal immunities imposed by this subsection do not apply to an act or omission that:

- (A) Amounts to gross negligence or willful or wanton misconduct; or
- (B) Was performed by a board member, officer or employee of the university if the board member, officer or employee was providing health care services as a health care professional when the board member, officer or employee committed the act or omission.

**SECTION 50.** Section 4, chapter 121, Oregon Laws 2018, is amended to read:

**Sec. 4.** (1) Section 3, **chapter 121, Oregon Laws 2018**, [of this 2018 Act] and the amendments to ORS 336.485 and 417.875 [by sections 1 and 2 of this 2018 Act] **by sections 3 and 10 of this 2019 Act**, become operative on July 1, 2020.

(2) Oregon Health and Science University may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the university, on and after the operative date specified in subsection (1) of this section, to exercise all of the duties, functions and powers conferred on the university by section 3, **chapter 121, Oregon Laws 2018** [of this 2018 Act].

(3) Notwithstanding the operative date specified in subsection (1) of this section, a psychologist, a physician assistant or a nurse practitioner licensed [or certified] under the laws of this state may provide a medical release for a person to participate in an athletic event or training as provided by ORS 336.485 or 417.875 without a certificate issued under section 3, **chapter 121, Oregon Laws 2018**, [of this 2018 Act] if the medical release is provided prior to July 1, 2021.

**SECTION 51.** (1) **The amendments to ORS 336.479, 336.485, 342.475, 343.146, 414.025, 414.625, 417.875, 426.005, 430.010, 438.010, 441.064, 441.098, 475.005, 496.018, 659A.150, 676.115, 676.340, 678.010, 678.023, 678.031, 678.040, 678.050, 678.101, 678.111, 678.113, 678.123, 678.150, 678.285, 678.340, 678.360, 678.370, 678.372, 678.375, 678.380, 678.390, 678.410, 743A.012, 743A.036, 807.240, 811.604 and 811.611 and section 3, chapter 297, Oregon Laws 2013, section 1, chapter 694, Oregon Laws 2017, section 1, chapter 63, Oregon Laws 2018, and sections 3 and 4, chapter 121, Oregon Laws 2018, by sections 1, 2, 4 to 9 and 11 to 50 of this 2019 Act become operative on January 1, 2020.**

(2) **The Oregon State Board of Nursing may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by the amendments to ORS 336.479, 336.485, 342.475, 343.146, 414.025, 414.625, 417.875, 426.005, 430.010, 438.010, 441.064, 441.098, 475.005, 496.018, 659A.150, 676.115, 676.340, 678.010, 678.023, 678.031, 678.040, 678.050, 678.101, 678.111, 678.113, 678.123, 678.150, 678.285, 678.340, 678.360, 678.370, 678.372, 678.375, 678.380, 678.390, 678.410, 743A.012, 743A.036, 807.240, 811.604 and 811.611 and section 3, chapter 297, Oregon Laws 2013, section 1, chapter 694, Oregon Laws 2017, section 1, chapter 63, Oregon Laws 2018, and sections 3 and 4, chapter 121, Oregon Laws 2018, by sections 1, 2, 4 to 9 and 11 to 50 of this 2019 Act.**

**SECTION 51a.** If Senate Bill 16 becomes law, section 51 of this 2019 Act is amended to read:

**Sec. 51.** (1) The amendments to ORS 336.479, 336.485, 342.475, [343.146,] 414.025, 414.625, 417.875, 426.005, 430.010, 438.010, 441.064, 441.098, 475.005, 496.018, 659A.150, 676.115, 676.340, 678.010, 678.023, 678.031, 678.040, 678.050, 678.101, 678.111, 678.113, 678.123, 678.150, 678.285, 678.340, 678.360, 678.370, 678.372, 678.375, 678.380, 678.390, 678.410, 743A.012, 743A.036, 807.240, 811.604 and 811.611 and section 3, chapter 297, Oregon Laws 2013, section 1, chapter 694, Oregon Laws 2017, section 1, chapter 63, Oregon Laws 2018, and sections 3 and 4, chapter 121, Oregon Laws 2018, by sections 1, 2, 4 to 9 and 11 to 50 of this 2019 Act become operative on January 1, 2020.

(2) The Oregon State Board of Nursing may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by the amendments to ORS 336.479, 336.485, 342.475, [343.146,] 414.025, 414.625, 417.875, 426.005, 430.010, 438.010, 441.064, 441.098, 475.005, 496.018, 659A.150, 676.115, 676.340, 678.010, 678.023, 678.031, 678.040, 678.050, 678.101, 678.111, 678.113, 678.123, 678.150, 678.285, 678.340, 678.360, 678.370, 678.372, 678.375, 678.380, 678.390, 678.410, 743A.012, 743A.036, 807.240,

811.604 and 811.611 and section 3, chapter 297, Oregon Laws 2013, section 1, chapter 694, Oregon Laws 2017, section 1, chapter 63, Oregon Laws 2018, and sections 3 and 4, chapter 121, Oregon Laws 2018, by sections 1, 2, 4 to 9 and 11 to 50 of this 2019 Act.

**SECTION 52. This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect on its passage.**

**Passed by Senate February 19, 2019**

**Received by Governor:**

**Repassed by Senate June 4, 2019**

.....M.,....., 2019

**Approved:**

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Lori L. Brocker, Secretary of Senate

.....M.,....., 2019

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Peter Courtney, President of Senate

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Kate Brown, Governor

**Passed by House May 28, 2019**

**Filed in Office of Secretary of State:**

.....M.,....., 2019

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Tina Kotek, Speaker of House

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Bev Clarno, Secretary of State