

House Bill 4031

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Health Care for Representative Andrea Salinas)

SUMMARY

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

Removes exemption from requirement to obtain licensure for persons providing certain counseling services.

Directs Oregon Health Authority to assess supply and demand of behavioral health professionals in state, report findings of assessment to legislature and make recommendations for legislation.

Expresses policy of state to respect worth and dignity of persons with addictive disorders and to avoid stereotypes in state correspondence and publications. Amends existing law to replace stereotypes, such as "drug addict," with person-first terms, such as "person with a substance use disorder." Describes "person-first."

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to behavioral health; creating new provisions; amending ORS 3.450, 90.243, 131.594, 135.973, 135.980, 137.227, 137.228, 137.300, 137.540, 144.228, 192.191, 215.283, 320.308, 329.832, 336.109, 336.222, 336.227, 336.241, 339.520, 352.256, 353.120, 410.720, 411.439, 412.009, 412.079, 412.089, 413.032, 414.672, 417.270, 417.280, 417.786, 417.855, 418.578, 418.813, 419C.225, 419C.411, 420A.125, 420A.203, 421.500, 426.495, 427.005, 430.221, 430.223, 430.231, 430.256, 430.306, 430.315, 430.335, 430.338, 430.345, 430.350, 430.355, 430.359, 430.362, 430.366, 430.368, 430.370, 430.375, 430.380, 430.385, 430.405, 430.415, 430.450, 430.455, 430.460, 430.475, 430.485, 430.535, 430.540, 430.545, 430.570, 430.572, 430.573, 430.610, 430.630, 430.640, 430.735, 430.850, 430.905, 430.920, 430.930, 442.015, 442.502, 443.004, 458.385, 471.542, 475.565, 475B.759, 657.176, 659A.127, 675.523, 675.825, 676.190, 676.200, 676.553, 677.290, 679.140, 688.240, 689.005, 742.420, 743B.425, 743B.505 and 813.200; and prescribing an effective date.

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

AMENDMENTS TO ORS 675.825

SECTION 1. ORS 675.825 is amended to read:

675.825. (1) A person may not:

(a) Attempt to obtain or obtain a license or license renewal by bribery or fraudulent representation.

(b) Engage in or purport to the public to be engaged in the practice of professional counseling under the title "licensed professional counselor" unless the person is a licensee.

(c) Engage in or purport to the public to be engaged in the practice of marriage and family therapy under the title of "licensed marriage and family therapist" unless the person is a licensee.

(d) Engage in the practice of professional counseling or marriage and family therapy unless:

(A) The person is a licensee, registered intern or graduate student pursuing a graduate degree in counseling or marriage and family therapy; or

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

1 (B) The person is exempted from the licensing requirements of ORS 675.715 to 675.835 by sub-
2 section (3) of this section.

3 (e) Provide counseling or therapy services of a psychotherapeutic nature if the person's license
4 to practice as a professional counselor or as a marriage and family therapist has been revoked by
5 the Oregon Board of Licensed Professional Counselors and Therapists because the person engaged
6 in sexual activity with a client.

7 (2) A licensed psychologist whose license, or a regulated social worker whose authorization to
8 practice regulated social work, was issued prior to October 1, 1991, may use the title "marriage and
9 family therapist."

10 (3) The licensing requirements of ORS 675.715 to 675.835 do not apply to a person who is:

11 (a) Licensed, certified, registered or similarly regulated under the laws of this state and who is
12 performing duties within the authorized scope of practice of the license, certification, registration
13 or regulation.

14 (b) A recognized member of the clergy, provided that the person is acting in the person's
15 ministerial capacity.

16 (c) Employed by a local, state or federal agency, a public university listed in ORS 352.002 or any
17 agency licensed or certified by the state to provide mental health or health services, if the person's
18 activities constituting professional counseling or marriage and family therapy are performed within
19 the scope of the person's employment.

20 (d) Authorized to provide addiction treatment services under rules of the Department of Human
21 Services.

22 *[(4) Nothing in ORS 675.715 to 675.835 limits or prevents the practice of a person's profession or*
23 *restricts a person from providing counseling services or services related to marriage and family if the*
24 *person:]*

25 *[(a) Does not meet the requirements of ORS 675.715 (1)(b); or]*

26 *[(b) Does not practice:]*

27 *[(A) Marriage and family therapy as defined in ORS 675.705 (6)(a); or]*

28 *[(B) Professional counseling as defined in ORS 675.705 (7)(a).]*

29 [(5)] (4) Each violation of this section is a separate violation.

30 [(6)] (5) The board may levy a civil penalty not to exceed \$2,500 for each separate violation of
31 this section.

32
33 **BEHAVIORAL HEALTH PROFESSIONAL**
34 **WORKFORCE ASSESSMENT**
35

36 **SECTION 2. (1) The Oregon Health Authority shall prepare an assessment that forecasts**
37 **the supply of and demand for behavioral health professionals in Oregon over the next 10**
38 **years.**

39 **(2) To prepare the assessment, the authority shall consider recent studies in Oregon that**
40 **the authority determines are relevant, including but not limited to studies commissioned by**
41 **the authority and Multnomah County.**

42 **(3) The authority shall submit a report on the results of the assessment prepared under**
43 **subsection (1) of this section in the manner provided by ORS 192.245 to an interim committee**
44 **of the Legislative Assembly related to health care no later than December 31, 2020.**

45 **(4) The report described in subsection (3) of this section must include recommendations**

1 for legislation that ensures an appropriate level of behavioral health professionals in this
 2 state. When developing recommendations, the authority shall consider opportunities for new
 3 investments to support behavioral health professionals, opportunities to eliminate barriers
 4 for behavioral health professionals and other strategies to ensure an appropriate level of
 5 behavioral health professionals in this state. The authority shall consider recommendations
 6 that concern, but need not be limited to:

- 7 (a) Provider types and opportunities for non-licensed providers;
- 8 (b) Practice settings;
- 9 (c) Population demand;
- 10 (d) Geographic locality;
- 11 (e) The expansion of new models of care coordination and integration; and
- 12 (f) Education and training infrastructure.

13
 14 **PERSONS WITH ADDICTIVE DISORDERS**

15
 16 **SECTION 3.** The Legislative Assembly finds and declares that it is a policy of this state
 17 that:

18 (1) All persons, regardless of whether they suffer from an addictive disorder, have the
 19 right to live with dignity.

20 (2) Stereotypes and negative labels have no place in state law, and terms such as
 21 “addict,” “alcoholic,” “alcohol abuse,” “alcohol and drug abuser,” “drug abuse,” “drug
 22 addict,” “gambler,” “substance abuse” and “substance abuser” that have connotations of
 23 fault are judgmental. Wherever possible, words such as these shall be avoided.

24 (3) Terms that are preferred for use in state laws include “addictive disorder,” “sub-
 25 stance use disorder,” “persons with substance use disorders,” “person with a substance use
 26 disorder” and “person with an addictive disorder related to gambling.”

27 (4) The language of state laws must reflect respect for persons who suffer from addictive
 28 disorders. The worth and uniqueness of each person is to be emphasized by using words and
 29 phrases that emphasize the person first and then identify any addictive disorder when rele-
 30 vant.

31 **SECTION 4.** In carrying out the policies stated in section 3 of this 2020 Act, state agen-
 32 cies shall:

33 (1) Review their rules and policies and revise them as necessary to reflect a respectful
 34 approach to referencing persons with addictive disorders.

35 (2) Encourage and promote education of state employees, state officials and the public
 36 about the worth and capacity of persons with addictive disorders.

37 (3) In all state correspondence and publications, avoid the use of stereotypes and negative
 38 labels, including “addict,” “alcoholic,” “alcohol abuse,” “alcohol and drug abuser,” “drug
 39 abuse,” “drug addict,” “gambler,” “substance abuse” and “substance abuser” unless such
 40 terms are required by statute or by federal law or regulation.

41 (4) Use preferred and more respectful terms, including “addictive disorder,” “persons
 42 with addictive disorders,” “person with an addictive disorder,” “person with an addictive
 43 disorder related to gambling” and “substance use disorder,” unless other terms are required
 44 by statute or by federal law or regulation.

45 (5) In implementing subsections (1) to (4) of this section, develop and seek input regard-

1 **ing terminology and portrayal of persons with addictive disorders from persons who have**
 2 **addictive disorders and their advocates.**

3 **(6) Foster corrective measures and avoid stereotypes and negative labeling in texts used**
 4 **by schools, newspapers, magazines, radio and television by encouraging review and analysis**
 5 **of these media by publishers, company owners or appropriate agencies.**

6 **(7) In rules, use the term “person with an addictive disorder,” “person with a substance**
 7 **use disorder” or similar terms to the extent consistent with state and federal law.**

8 **SECTION 5. Section 4 of this 2020 Act applies to rules adopted by state agencies on or**
 9 **after the operative date specified in section 108 of this 2020 Act.**

10 **SECTION 6.** ORS 3.450 is amended to read:

11 3.450. (1) As used in this section:

12 (a) “Drug court program” means a program in which:

13 (A) Individuals who are before the court obtain treatment for [*substance abuse issues*] **a sub-**
 14 **stance use disorder** and report regularly to the court on the progress of their treatment; and

15 (B) A local drug court team, consisting of the court, agency personnel and treatment and service
 16 providers, monitors the individuals’ participation in treatment.

17 (b) “Individual-provider relationship” includes a relationship between an individual and a phy-
 18 sician, a physician assistant or nurse practitioner.

19 (2)(a) The governing body of a county or a treatment provider may establish fees that individuals
 20 participating in a drug court program may be required to pay for treatment and other services
 21 provided as part of the drug court program.

22 (b) A court may order an individual participating in a drug court program to pay fees to partici-
 23 pate in the program. Fees imposed under this subsection may not be paid to the court.

24 (3) Records that are maintained by the circuit court specifically for the purpose of a drug court
 25 program must be maintained separately from other court records. Records maintained by a circuit
 26 court specifically for the purpose of a drug court program are confidential and may not be disclosed
 27 except in accordance with regulations adopted under 42 U.S.C. 290dd-2, including under the cir-
 28 cumstances described in subsections (4) to (7) of this section.

29 (4) If the individual who is the subject of the record gives written consent, a record described
 30 in subsection (3) of this section may be disclosed to members of the local drug court team in order
 31 to develop treatment plans, monitor progress in treatment and determine outcomes of participation
 32 in the drug court program.

33 (5) A record described in subsection (3) of this section may not be introduced into evidence in
 34 any legal proceeding other than the drug court program unless:

35 (a) The individual who is the subject of the record gives written consent for introduction of the
 36 record; or

37 (b) The court finds good cause for introduction. In determining whether good cause exists for
 38 purposes of this paragraph, the court shall weigh the public interest and the need for disclosure
 39 against the potential injury caused by the disclosure to:

40 (A) The individual who is the subject of the record;

41 (B) The individual-provider relationship; and

42 (C) The treatment services being provided to the individual who is the subject of the record.

43 (6) A court, the State Court Administrator, the Alcohol and Drug Policy Commission or the
 44 Oregon Criminal Justice Commission:

45 (a) May use records described in subsection (3) of this section and other drug court program

1 information to track and develop statistics about the effectiveness, costs and other areas of public
 2 interest concerning drug court programs.

3 (b) May release statistics developed under paragraph (a) of this subsection and analyses based
 4 on the statistics to the public.

5 (7) Statistics and analyses released under subsection (6) of this section may not contain any in-
 6 formation that identifies an individual participant in a drug court program.

7 **SECTION 7.** ORS 90.243 is amended to read:

8 90.243. (1) A dwelling unit qualifies as drug and alcohol free housing if:

9 (a)(A) For premises consisting of more than eight dwelling units, the dwelling unit is one of at
 10 least eight contiguous dwelling units on the premises that are designated by the landlord as drug
 11 and alcohol free housing dwelling units and that are each occupied or held for occupancy by at least
 12 one tenant who is a **person** recovering [*alcoholic or drug addict*] **from a substance use disorder**
 13 and is participating in a program of recovery; or

14 (B) For premises consisting of eight or fewer dwelling units, the dwelling unit is one of at least
 15 four contiguous dwelling units on the premises that are designated by the landlord as drug and al-
 16cohol free housing dwelling units and that are each occupied or held for occupancy by at least one
 17 tenant who is a **person** recovering [*alcoholic or drug addict*] **from a substance use disorder** and
 18 is participating in a program of recovery;

19 (b) The landlord is a nonprofit corporation incorporated pursuant to ORS chapter 65 or a
 20 housing authority created pursuant to ORS 456.055 to 456.235;

21 (c) The landlord provides for the designated drug and alcohol free housing dwelling units:

22 (A) A drug and alcohol free environment, covering all tenants, employees, staff, agents of the
 23 landlord and guests;

24 (B) Monitoring of the tenants for compliance with the requirements described in paragraph (d)
 25 of this subsection;

26 (C) Individual and group support for recovery; and

27 (D) Access to a specified program of recovery; and

28 (d) The rental agreement for the designated drug and alcohol free housing dwelling unit is in
 29 writing and includes the following provisions:

30 (A) That the dwelling unit is designated by the landlord as a drug and alcohol free housing
 31 dwelling unit;

32 (B) That the tenant may not use, possess or share alcohol, marijuana items as defined in ORS
 33 475B.015, illegal drugs, controlled substances or prescription drugs without a medical prescription,
 34 either on or off the premises;

35 (C) That the tenant may not allow the tenant's guests to use, possess or share alcohol,
 36 marijuana items as defined in ORS 475B.015, illegal drugs, controlled substances or prescription
 37 drugs without a medical prescription, on the premises;

38 (D) That the tenant shall participate in a program of recovery, which specific program is de-
 39 scribed in the rental agreement;

40 (E) That on at least a quarterly basis the tenant shall provide written verification from the
 41 tenant's program of recovery that the tenant is participating in the program of recovery and that
 42 the tenant has not used:

43 (i) Alcohol;

44 (ii) Marijuana items as defined in ORS 475B.015; or

45 (iii) Illegal drugs;

1 (F) That the landlord has the right to require the tenant to take a test for drug or alcohol usage
 2 promptly and at the landlord’s discretion and expense; and

3 (G) That the landlord has the right to terminate the tenant’s tenancy in the drug and alcohol
 4 free housing under ORS 90.392, 90.398 or 90.630 for noncompliance with the requirements described
 5 in this paragraph.

6 (2) A dwelling unit qualifies as drug and alcohol free housing despite the premises not having
 7 the minimum number of qualified dwelling units required by subsection (1)(a) of this section if:

8 (a) The premises are occupied but have not previously qualified as drug and alcohol free hous-
 9 ing;

10 (b) The landlord designates certain dwelling units on the premises as drug and alcohol free
 11 dwelling units;

12 (c) The number of designated drug and alcohol free housing dwelling units meets the require-
 13 ment of subsection (1)(a) of this section;

14 (d) When each designated dwelling unit becomes vacant, the landlord rents that dwelling unit
 15 to, or holds that dwelling unit for occupancy by, at least one tenant who is a **person** recovering
 16 [*alcoholic or drug addict*] **from a substance use disorder** and is participating in a program of re-
 17 covery and the landlord meets the other requirements of subsection (1) of this section; and

18 (e) The dwelling unit is one of the designated drug and alcohol free housing dwelling units.

19 (3) The failure by a tenant to take a test for drug or alcohol usage as requested by the landlord
 20 pursuant to subsection (1)(d)(F) of this section may be considered evidence of drug or alcohol use.

21 (4) As used in this section, “program of recovery” means a verifiable program of counseling and
 22 rehabilitation treatment services, including a written plan, to assist **persons** recovering [*alcoholics*
 23 *or drug addicts*] **from substance use disorders** to recover from their [*addiction*] **substance use**
 24 **disorder related** to alcohol, cannabis or illegal drugs while living in drug and alcohol free housing.
 25 A “program of recovery” includes Alcoholics Anonymous, Narcotics Anonymous and similar pro-
 26 grams.

27 **SECTION 8.** ORS 131.594 is amended to read:

28 131.594. (1) After the seizing agency distributes property under ORS 131.588, and when the
 29 seizing agency is not the state, the seizing agency shall dispose of and distribute property as follows:

30 (a) The seizing agency shall pay costs first from the property or its proceeds. As used in this
 31 subsection, “costs” includes the expenses of publication, service of notices, towing, storage and
 32 servicing or maintaining the seized property under ORS 131.564.

33 (b) After costs have been paid, the seizing agency shall distribute to the victim any amount the
 34 seizing agency was ordered to distribute under ORS 131.588 (4).

35 (c) After costs have been paid and distributions under paragraph (b) of this subsection have been
 36 made, the seizing agency shall distribute the rest of the property to the general fund of the political
 37 subdivision that operates the seizing agency.

38 (2) Of the property distributed under subsection (1)(c) of this section, the political subdivision
 39 shall distribute:

40 (a) Three percent to the Asset Forfeiture Oversight Account established in ORS 131A.460;

41 (b) Seven percent to the Illegal Drug Cleanup Fund established in ORS 475.495 for the purposes
 42 specified in ORS 475.495 (5) and (6); and

43 (c) Ten percent to the state General Fund.

44 (3) Of the property distributed under subsection (1)(c) of this section that remains in the general
 45 fund of the political subdivision after the distributions required by subsection (2) of this section have

1 been made:

2 (a) Fifty percent must be for official law enforcement use; and

3 (b) Fifty percent must be used for [*substance abuse*] **substance use disorder** treatment pursuant
4 to a plan developed under ORS 430.420.

5 (4) Except as otherwise provided by intergovernmental agreement, the seizing agency may:

6 (a) Sell, lease, lend or transfer the property or proceeds to any federal, state or local law
7 enforcement agency or district attorney.

8 (b) Sell the forfeited property by public or other commercially reasonable sale and pay from the
9 proceeds the expenses of keeping and selling the property.

10 (c) Retain the property.

11 (d) With written authorization from the district attorney for the seizing agency's jurisdiction,
12 destroy any firearms or controlled substances.

13 (5) A political subdivision may sell as much property as may be needed to make the distributions
14 required by subsections (1) and (2) of this section. A political subdivision shall make distributions
15 to the Asset Forfeiture Oversight Account, the Illegal Drug Cleanup Fund and the state General
16 Fund that are required by subsection (2) of this section once every three months. The distributions
17 are due within 20 days of the end of each quarter. Interest does not accrue on amounts that are paid
18 within the period specified by this subsection.

19 (6) A seizing agency may donate growing equipment and laboratory equipment that was used,
20 or intended for use, in manufacturing of controlled substances to a public school, community college
21 or public university listed in ORS 352.002.

22 (7) This section applies only to criminal forfeiture proceeds arising out of prohibited conduct.

23 **SECTION 9.** ORS 135.973 is amended to read:

24 135.973. (1) As used in this section, "specialty court" has the meaning given that term in ORS
25 137.680.

26 (2) An individual may not be denied entry into a specialty court in this state solely for the
27 reason that the individual is taking, or intends to take, medication prescribed by a licensed health
28 care practitioner for the treatment of [*drug abuse or dependency*] **a substance use disorder**.

29 **SECTION 10.** ORS 135.980 is amended to read:

30 135.980. (1) The Director of the Department of Corrections shall maintain a directory of public
31 and private rehabilitative programs known and available to corrections agencies of the state and
32 of each county. For purposes of this subsection, "rehabilitative program" means a planned activity,
33 in a custodial or noncustodial context, designed and implemented to treat [*drug or alcohol abuse*] **a**
34 **substance use disorder**, to prevent criminal sexual behavior, to modify a propensity to commit
35 crimes against persons or property or to achieve restitution for losses caused by an offender and
36 includes programs that employ the device of mediation between the victim and offender.
37 Rehabilitative programs included in the directory that are designed and implemented to treat [*drug*
38 *or alcohol abuse*] **a substance use disorder** must meet minimum standards adopted by the Oregon
39 Health Authority under ORS 430.357. The director shall include:

40 (a) The name, address and telephone number of the program and the identity of its director or
41 other principal contact;

42 (b) The geographical jurisdiction of the program;

43 (c) The types of offenders that the program claims to be able to serve and the criteria that the
44 program applies in selecting or soliciting cases;

45 (d) The claims of the program regarding its effectiveness in reducing recidivism, achieving

1 restitution or otherwise serving correctional objectives;

2 (e) An assessment by the relevant corrections agency of the actual effectiveness of the program;
3 and

4 (f) The capacity of the program for new cases.

5 (2) The Director of the Department of Corrections shall make the directory available to the
6 Oregon Criminal Justice Commission and to judges in a form that will allow sentencing judges to
7 determine what rehabilitative programs are appropriate and available to the offender during any
8 period of probation, imprisonment or local incarceration and post-prison supervision. The Director
9 of the Department of Corrections shall also make the directory available to its employees who pre-
10 pare presentence reports and proposed release plans for submission to the State Board of Parole and
11 Post-Prison Supervision.

12 (3) The directory shall be updated as frequently as is practical, but no less often than every six
13 months.

14 **SECTION 11.** ORS 137.227 is amended to read:

15 137.227. (1) After a defendant has been convicted of a crime, the court may cause the defendant
16 to be evaluated to determine if the defendant [*is an alcoholic or a drug-dependent person, as those*
17 *terms are*] **has a substance use disorder, as the term is** defined in ORS 430.306. The evaluation
18 shall be conducted by an agency or organization designated under subsection (2) of this section.

19 (2) The court shall designate agencies or organizations to perform the evaluations required un-
20 der subsection (1) of this section. The designated agencies or organizations must meet the standards
21 set by the Oregon Health Authority to perform the evaluations for [*drug dependency*] **substance**
22 **use disorders** and must be approved by the authority. Wherever possible, a court shall designate
23 agencies or organizations to perform the evaluations that are separate from those that may be des-
24 ignated to carry out a program of treatment for [*alcohol or drug dependency*] **substance use dis-**
25 **orders.**

26 **SECTION 12.** ORS 137.228 is amended to read:

27 137.228. (1) When a defendant is sentenced for a crime, the court may enter a finding that the
28 defendant [*is an alcoholic or a drug-dependent person, as those terms are*] **has a substance use dis-**
29 **order, as the term is** defined in ORS 430.306. The finding may be based upon any evidence before
30 the court, including, but not limited to, the facts of the case, stipulations of the parties and the re-
31 sults of any evaluation conducted under ORS 137.227.

32 (2) When the court finds that the defendant [*is an alcoholic or a drug-dependent person*] **has a**
33 **substance use disorder**, the court, when it sentences the defendant to a term of imprisonment, shall
34 direct the Department of Corrections to place the defendant in an appropriate alcohol or drug
35 treatment program, to the extent that resources are available. The alcohol or drug treatment pro-
36 gram shall meet the standards promulgated by the Oregon Health Authority pursuant to ORS
37 430.357.

38 **SECTION 13.** ORS 137.300 is amended to read:

39 137.300. (1) The Criminal Fine Account is established in the General Fund. Except as otherwise
40 provided by law, all amounts collected in state courts as monetary obligations in criminal actions
41 shall be deposited by the courts in the account. All moneys in the account are continuously appro-
42 priated to the Department of Revenue to be distributed by the Department of Revenue as provided
43 in this section. The Department of Revenue shall keep a record of moneys transferred into and out
44 of the account.

45 (2) The Legislative Assembly shall first allocate moneys from the Criminal Fine Account for the

1 following purposes, in the following order of priority:

2 (a) Allocations for public safety standards, training and facilities.

3 (b) Allocations for criminal injuries compensation and assistance to victims of crime and chil-
4 dren reasonably suspected of being victims of crime.

5 (c) Allocations for the forensic services provided by the Oregon State Police, including, but not
6 limited to, services of the Chief Medical Examiner.

7 (d) Allocations for the maintenance and operation of the Law Enforcement Data System.

8 (3) After making allocations under subsection (2) of this section, the Legislative Assembly shall
9 allocate moneys from the Criminal Fine Account for the following purposes:

10 (a) Allocations to the Law Enforcement Medical Liability Account established under ORS
11 414.815.

12 (b) Allocations to the State Court Facilities and Security Account established under ORS 1.178.

13 (c) Allocations to the Department of Corrections for the purpose of planning, operating and
14 maintaining county juvenile and adult corrections programs and facilities and drug and alcohol
15 programs.

16 (d) Allocations to the Oregon Health Authority for the purpose of grants under ORS 430.345 for
17 the establishment, operation and maintenance of [*alcohol and drug abuse*] **substance use disorder**
18 prevention, early intervention and treatment services provided through a county.

19 (e) Allocations to the Oregon State Police for the purpose of the enforcement of the laws relat-
20 ing to driving under the influence of intoxicants.

21 (f) Allocations to the Arrest and Return Account established under ORS 133.865.

22 (g) Allocations to the Intoxicated Driver Program Fund established under ORS 813.270.

23 (h) Allocations to the State Court Technology Fund established under ORS 1.012.

24 (4) It is the intent of the Legislative Assembly that allocations from the Criminal Fine Account
25 under subsection (3) of this section be consistent with historical funding of the entities, programs
26 and accounts listed in subsection (3) of this section from monetary obligations imposed in criminal
27 proceedings. Amounts that are allocated under subsection (3)(c) of this section shall be distributed
28 to counties based on the amounts that were transferred to counties by circuit courts during the
29 2009-2011 biennium under the provisions of ORS 137.308, as in effect January 1, 2011.

30 (5) Moneys in the Criminal Fine Account may not be allocated for the payment of debt service
31 obligations.

32 (6) The Department of Revenue shall deposit in the General Fund all moneys remaining in the
33 Criminal Fine Account after the distributions listed in subsections (2) and (3) of this section have
34 been made.

35 (7) The Department of Revenue shall establish by rule a process for distributing moneys in the
36 Criminal Fine Account. The department may not distribute more than one-eighth of the total
37 biennial allocation to an entity during a calendar quarter.

38 **SECTION 14.** ORS 137.540 is amended to read:

39 137.540. (1) The court may sentence the defendant to probation subject to the following general
40 conditions unless specifically deleted by the court. The probationer shall:

41 (a) Pay supervision fees, fines, restitution or other fees ordered by the court.

42 (b) Not use or possess controlled substances except pursuant to a medical prescription.

43 (c) Submit to testing for controlled substance, cannabis or alcohol use if the probationer has a
44 history of [*substance abuse*] **a substance use disorder** or if there is a reasonable suspicion that the
45 probationer has illegally used controlled substances.

1 (d) Participate in a [*substance abuse*] **substance use disorder** evaluation as directed by the
 2 supervising officer and follow the recommendations of the evaluator if there are reasonable grounds
 3 to believe there is a history of [*substance abuse*] **a substance use disorder**.

4 (e) Remain in the State of Oregon until written permission to leave is granted by the Depart-
 5 ment of Corrections or a county community corrections agency.

6 (f) If physically able, find and maintain gainful full-time employment, approved schooling, or a
 7 full-time combination of both. Any waiver of this requirement must be based on a finding by the
 8 court stating the reasons for the waiver.

9 (g) Change neither employment nor residence without prior permission from the Department of
 10 Corrections or a county community corrections agency.

11 (h) Permit the parole and probation officer to visit the probationer or the probationer's work
 12 site or residence and to conduct a walk-through of the common areas and of the rooms in the resi-
 13 dence occupied by or under the control of the probationer.

14 (i) Consent to the search of person, vehicle or premises upon the request of a representative of
 15 the supervising officer if the supervising officer has reasonable grounds to believe that evidence of
 16 a violation will be found, and submit to fingerprinting or photographing, or both, when requested
 17 by the Department of Corrections or a county community corrections agency for supervision pur-
 18 poses.

19 (j) Obey all laws, municipal, county, state and federal.

20 (k) Promptly and truthfully answer all reasonable inquiries by the Department of Corrections
 21 or a county community corrections agency.

22 (L) Not possess weapons, firearms or dangerous animals.

23 (m) Report as required and abide by the direction of the supervising officer.

24 (n) If recommended by the supervising officer, successfully complete a sex offender treatment
 25 program approved by the supervising officer and submit to polygraph examinations at the direction
 26 of the supervising officer if the probationer:

27 (A) Is under supervision for a sex offense under ORS 163.305 to 163.467;

28 (B) Was previously convicted of a sex offense under ORS 163.305 to 163.467; or

29 (C) Was previously convicted in another jurisdiction of an offense that would constitute a sex
 30 offense under ORS 163.305 to 163.467 if committed in this state.

31 (o) Participate in a mental health evaluation as directed by the supervising officer and follow
 32 the recommendation of the evaluator.

33 (p) If required to report as a sex offender under ORS 163A.015, report with the Department of
 34 State Police, a city police department, a county sheriff's office or the supervising agency:

35 (A) When supervision begins;

36 (B) Within 10 days of a change in residence;

37 (C) Once each year within 10 days of the probationer's date of birth;

38 (D) Within 10 days of the first day the person works at, carries on a vocation at or attends an
 39 institution of higher education; and

40 (E) Within 10 days of a change in work, vocation or attendance status at an institution of higher
 41 education.

42 (q) Submit to a risk and needs assessment as directed by the supervising officer and follow
 43 reasonable recommendations resulting from the assessment.

44 (2) In addition to the general conditions, the court may impose any special conditions of pro-
 45 bation that are reasonably related to the crime of conviction or the needs of the probationer for the

1 protection of the public or reformation of the probationer, or both, including, but not limited to, that
 2 the probationer shall:

3 (a) For crimes committed prior to November 1, 1989, and misdemeanors committed on or after
 4 November 1, 1989, be confined to the county jail or be restricted to the probationer's own residence
 5 or to the premises thereof, or be subject to any combination of such confinement and restriction,
 6 such confinement or restriction or combination thereof to be for a period not to exceed one year
 7 or one-half of the maximum period of confinement that could be imposed for the offense for which
 8 the defendant is convicted, whichever is the lesser.

9 (b) For felonies committed on or after November 1, 1989:

10 (A) Be confined in the county jail, or be subject to other custodial sanctions under community
 11 supervision, or both, as provided by rules of the Oregon Criminal Justice Commission; and

12 (B) Comply with any special conditions of probation that are imposed by the supervising officer
 13 in accordance with subsection (9) of this section.

14 (c) For crimes committed on or after December 5, 1996, sell any assets of the probationer as
 15 specifically ordered by the court in order to pay restitution.

16 (d) For crimes constituting delivery of a controlled substance, as those terms are defined in ORS
 17 475.005, or for telephonic harassment under ORS 166.090, or for crimes involving domestic violence,
 18 as defined in ORS 135.230, be prohibited from using Internet websites that provide anonymous text
 19 message services.

20 (3)(a) If a person is released on probation following conviction of stalking under ORS 163.732
 21 (2)(b) or violating a court's stalking protective order under ORS 163.750 (2)(b), the court may include
 22 as a special condition of the person's probation reasonable residency restrictions.

23 (b) If the court imposes the special condition of probation described in this subsection and if at
 24 any time during the period of probation the victim moves to a location that causes the probationer
 25 to be in violation of the special condition of probation, the court may not require the probationer
 26 to change the probationer's residence in order to comply with the special condition of probation.

27 (4) When a person who is a sex offender is released on probation, the court shall impose as a
 28 special condition of probation that the person not reside in any dwelling in which another sex
 29 offender who is on probation, parole or post-prison supervision resides, without the approval of the
 30 person's supervising parole and probation officer, or in which more than one other sex offender who
 31 is on probation, parole or post-prison supervision resides, without the approval of the director of the
 32 probation agency that is supervising the person or of the county manager of the Department of
 33 Corrections, or a designee of the director or manager. As soon as practicable, the supervising parole
 34 and probation officer of a person subject to the requirements of this subsection shall review the
 35 person's living arrangement with the person's sex offender treatment provider to ensure that the
 36 arrangement supports the goals of offender rehabilitation and community safety. As used in this
 37 subsection:

38 (a) "Dwelling" has the meaning given that term in ORS 469B.100.

39 (b) "Dwelling" does not include a residential treatment facility or a halfway house.

40 (c) "Halfway house" means a publicly or privately operated profit or nonprofit residential facil-
 41 ity that provides rehabilitative care and treatment for sex offenders.

42 (d) "Sex offender" has the meaning given that term in ORS 163A.005.

43 (5)(a) If the person is released on probation following conviction of a sex crime, as defined in
 44 ORS 163A.005, or an assault, as defined in ORS 163.175 or 163.185, and the victim was under 18
 45 years of age, the court, if requested by the victim, shall include as a special condition of the person's

1 probation that the person not reside within three miles of the victim unless:

2 (A) The victim resides in a county having a population of less than 130,000 and the person is
3 required to reside in that county;

4 (B) The person demonstrates to the court by a preponderance of the evidence that no mental
5 intimidation or pressure was brought to bear during the commission of the crime;

6 (C) The person demonstrates to the court by a preponderance of the evidence that imposition
7 of the condition will deprive the person of a residence that would be materially significant in aiding
8 in the rehabilitation of the person or in the success of the probation; or

9 (D) The person resides in a halfway house. As used in this subparagraph, "halfway house" means
10 a publicly or privately operated profit or nonprofit residential facility that provides rehabilitative
11 care and treatment for sex offenders.

12 (b) A victim may request imposition of the special condition of probation described in this sub-
13 section at the time of sentencing in person or through the prosecuting attorney.

14 (c) If the court imposes the special condition of probation described in this subsection and if at
15 any time during the period of probation the victim moves to within three miles of the probationer's
16 residence, the court may not require the probationer to change the probationer's residence in order
17 to comply with the special condition of probation.

18 (6) When a person who is a sex offender, as defined in ORS 163A.005, is released on probation,
19 the Department of Corrections or the county community corrections agency, whichever is appropri-
20 ate, shall notify the city police department, if the person is going to reside within a city, and the
21 county sheriff's office of the county in which the person is going to reside of the person's release
22 and the conditions of the person's release.

23 (7) Failure to abide by all general and special conditions of probation may result in arrest,
24 modification of conditions, revocation of probation or imposition of structured, intermediate sanc-
25 tions in accordance with rules adopted under ORS 137.595.

26 (8) The court may order that probation be supervised by the court. If the court orders that
27 probation be supervised by the court, the defendant shall pay a fee of \$100 to the court. Fees im-
28 posed under this subsection in the circuit court shall be deposited by the clerk of the court in the
29 General Fund. Fees imposed in a justice court under this subsection shall be paid to the county
30 treasurer. Fees imposed in a municipal court under this subsection shall be paid to the city treas-
31 urer.

32 (9)(a) The court may at any time modify the conditions of probation.

33 (b) When the court orders a defendant placed under the supervision of the Department of Cor-
34 rections or a community corrections agency, the supervising officer may file with the court a pro-
35 posed modification to the special conditions of probation. The supervising officer shall provide a
36 copy of the proposed modification to the district attorney and the probationer. If the district attor-
37 ney:

38 (A) Files an objection to the proposed modification less than five judicial days after the proposed
39 modification was filed, the court shall schedule a hearing no later than 10 judicial days after the
40 proposed modification was filed, unless the court finds good cause to schedule a hearing at a later
41 time.

42 (B) Does not file an objection to the proposed modification less than five judicial days after the
43 proposed modification was filed, the proposed modification becomes effective five judicial days after
44 the proposed modification was filed.

45 (10) A court may not order revocation of probation as a result of the probationer's failure to

1 pay restitution unless the court determines from the totality of the circumstances that the purposes
 2 of the probation are not being served.

3 (11) It is not a cause for revocation of probation that the probationer failed to apply for or ac-
 4 cept employment at any workplace where there is a labor dispute in progress. As used in this sub-
 5 section, "labor dispute" has the meaning for that term provided in ORS 662.010.

6 (12)(a) If the court determines that a defendant has violated the terms of probation, the court
 7 shall collect a \$25 fee from the defendant and may impose a fee for the costs of extraditing the de-
 8 fendant to this state for the probation violation proceeding if the defendant left the state in violation
 9 of the conditions of the defendant's probation. The fees imposed under this subsection become part
 10 of the judgment and may be collected in the same manner as a fine.

11 (b) Probation violation fees collected under this subsection in the circuit court shall be depos-
 12 ited by the clerk of the court in the General Fund. Extradition cost fees collected in the circuit
 13 court under this subsection shall be deposited by the clerk of the court in the Arrest and Return
 14 Account established by ORS 133.865. Fees collected in a justice court under this subsection shall
 15 be paid to the county treasurer. Fees collected in a municipal court under this subsection shall be
 16 paid to the city treasurer.

17 (13) As used in this section, "attends," "institution of higher education," "works" and "carries
 18 on a vocation" have the meanings given those terms in ORS 163A.005.

19 **SECTION 15.** ORS 144.228 is amended to read:

20 144.228. (1)(a) Within six months after commitment to the custody of the Department of Cor-
 21 rections of any person sentenced under ORS 161.725 and 161.735 as a dangerous offender, the State
 22 Board of Parole and Post-Prison Supervision shall set a date for a parole consideration hearing in-
 23 stead of an initial release date as otherwise required under ORS 144.120 and 144.125. The parole
 24 consideration hearing date shall be the time the prisoner would otherwise be eligible for parole
 25 under the board's rules.

26 (b)(A) At the parole consideration hearing, the prisoner shall be given a release date in ac-
 27 cordance with the rules of the board if the board finds the prisoner no longer dangerous or finds
 28 that the prisoner remains dangerous but can be adequately controlled with supervision and mental
 29 health treatment and that the necessary resources for supervision and treatment are available to the
 30 prisoner. If the board is unable to make such findings, a review will be conducted no less than two
 31 years, and no more than 10 years, from the date of the previous review, until the board is able to
 32 make such findings, at which time release on parole shall be ordered if the prisoner is otherwise
 33 eligible under the rules.

34 (B) The board may not grant the prisoner a review hearing that is more than two years from
 35 the date of the previous hearing unless the board finds that it is not reasonable to expect that the
 36 prisoner would be granted a release date before the date of the subsequent hearing.

37 (C) The board shall determine the date of the review hearing in accordance with rules adopted
 38 by the board. Rules adopted under this subparagraph must be based on the foundation principles of
 39 criminal law described in section 15, Article I of the Oregon Constitution.

40 (D) In no event shall the prisoner be held beyond the maximum sentence less good time credits
 41 imposed by the court.

42 (c) Nothing in this section precludes a prisoner from submitting a request for a parole consid-
 43 eration hearing prior to the earliest time the prisoner is eligible for parole. If the board grants a
 44 prisoner a review hearing that is more than two years from the date of the previous hearing, the
 45 prisoner may submit a request for an interim review hearing not earlier than the date that is two

1 years from the date of the previous hearing and at intervals of not less than two years thereafter.
 2 Should the board find, based upon a request described in this paragraph, that there is a reasonable
 3 cause to believe that the prisoner is no longer dangerous or that necessary supervision and treat-
 4 ment are available based upon the information provided in the request, it shall conduct a review as
 5 soon as is reasonably convenient.

6 (d) When the board grants a prisoner a review hearing that is more than two years from the
 7 date of the previous hearing and when the board denies a petition for an interim hearing, the board
 8 shall issue a final order. The order shall be accompanied by findings of fact and conclusions of law.
 9 The findings of fact shall consist of a concise statement of the underlying facts supporting the
 10 findings as to each contested issue of fact and as to each ultimate fact required to support the
 11 board's order. Unless the prisoner bears the burden of persuasion, the order shall include findings
 12 necessary to deny the prisoner a release date for any period of time when the prisoner would be
 13 presumed to be eligible for a release date.

14 (2) For the parole consideration hearing, the board shall cause to be brought before it and
 15 consider all information regarding such person. The information shall include:

16 (a) The written report of the examining psychiatrist or psychologist which shall contain all the
 17 facts necessary to assist the State Board of Parole and Post-Prison Supervision in making its de-
 18 termination. The report of the examining psychiatrist or psychologist shall be made within two
 19 months of the date of its consideration; and

20 (b) A written report to be made by the executive officer of the Department of Corrections in-
 21 stitution in which the person has been confined. The executive officer's report shall contain:

22 (A) A detailed account of the person's conduct while confined, all infractions of rules and dis-
 23 cipline, all punishment meted out to the person and the circumstances connected therewith, as well
 24 as the extent to which the person has responded to the efforts made in the institution to improve
 25 the person's mental and moral condition.

26 (B) A statement as to the person's present attitude toward society, toward the sentencing judge,
 27 toward the prosecuting district attorney, toward the arresting police officer and toward the person's
 28 previous criminal career.

29 (C) The work and program record of the person while in or under the supervision of the De-
 30 partment of Corrections. The program history shall include a summary of any psychological or
 31 [substance abuse] **substance use disorder** treatment and other activities that will assist the board
 32 in understanding the psychological adjustment and social skills and habits of the person and that
 33 will assist the board in determining the likelihood for successful community reentry.

34 **SECTION 16.** ORS 192.191 is amended to read:

35 192.191. (1) The Department of Justice shall maintain an information sharing guide setting forth
 36 the applicable state and federal laws governing the release of educational, juvenile justice, adult
 37 correctional, mental health treatment, [substance abuse] **substance use disorder** treatment and
 38 health care information. The guide must set forth the applicable laws according to discipline, in-
 39 cluding but not limited to the release of information by child welfare agencies, law enforcement,
 40 juvenile justice agencies, schools, mental health treatment providers, health care providers, [sub-
 41 stance abuse] **substance use disorder** treatment providers and human services providers.

42 (2) The guide must be made available on the Department of Justice website and updated annu-
 43 ally in accordance with changes in the law.

44 **SECTION 17.** ORS 215.283 is amended to read:

45 215.283. (1) The following uses may be established in any area zoned for exclusive farm use:

- 1 (a) Churches and cemeteries in conjunction with churches.
- 2 (b) The propagation or harvesting of a forest product.
- 3 (c) Utility facilities necessary for public service, including wetland waste treatment systems but
4 not including commercial facilities for the purpose of generating electrical power for public use by
5 sale or transmission towers over 200 feet in height. A utility facility necessary for public service
6 may be established as provided in:
 - 7 (A) ORS 215.275; or
 - 8 (B) If the utility facility is an associated transmission line, as defined in ORS 215.274 and
9 469.300.
- 10 (d) A dwelling on real property used for farm use if the dwelling is occupied by a relative of the
11 farm operator or the farm operator's spouse, which means a child, parent, stepparent, grandchild,
12 grandparent, stepgrandparent, sibling, stepsibling, niece, nephew or first cousin of either, if the farm
13 operator does or will require the assistance of the relative in the management of the farm use and
14 the dwelling is located on the same lot or parcel as the dwelling of the farm operator.
15 Notwithstanding ORS 92.010 to 92.192 or the minimum lot or parcel size requirements under ORS
16 215.780, if the owner of a dwelling described in this paragraph obtains construction financing or
17 other financing secured by the dwelling and the secured party forecloses on the dwelling, the se-
18 cured party may also foreclose on the homesite, as defined in ORS 308A.250, and the foreclosure
19 shall operate as a partition of the homesite to create a new parcel.
- 20 (e) Subject to ORS 215.279, primary or accessory dwellings and other buildings customarily
21 provided in conjunction with farm use.
- 22 (f) Operations for the exploration for and production of geothermal resources as defined by ORS
23 522.005 and oil and gas as defined by ORS 520.005, including the placement and operation of
24 compressors, separators and other customary production equipment for an individual well adjacent
25 to the wellhead. Any activities or construction relating to such operations shall not be a basis for
26 an exception under ORS 197.732 (2)(a) or (b).
- 27 (g) Operations for the exploration for minerals as defined by ORS 517.750. Any activities or
28 construction relating to such operations shall not be a basis for an exception under ORS 197.732
29 (2)(a) or (b).
- 30 (h) Climbing and passing lanes within the right of way existing as of July 1, 1987.
- 31 (i) Reconstruction or modification of public roads and highways, including the placement of
32 utility facilities overhead and in the subsurface of public roads and highways along the public right
33 of way, but not including the addition of travel lanes, where no removal or displacement of buildings
34 would occur, or no new land parcels result.
- 35 (j) Temporary public road and highway detours that will be abandoned and restored to original
36 condition or use at such time as no longer needed.
- 37 (k) Minor betterment of existing public road and highway related facilities such as maintenance
38 yards, weigh stations and rest areas, within right of way existing as of July 1, 1987, and contiguous
39 public-owned property utilized to support the operation and maintenance of public roads and high-
40 ways.
- 41 (L) A replacement dwelling to be used in conjunction with farm use if the existing dwelling has
42 been listed in a county inventory as historic property as defined in ORS 358.480.
- 43 (m) Creation, restoration or enhancement of wetlands.
- 44 (n) A winery, as described in ORS 215.452 or 215.453.
- 45 (o) Farm stands if:

1 (A) The structures are designed and used for the sale of farm crops or livestock grown on the
2 farm operation, or grown on the farm operation and other farm operations in the local agricultural
3 area, including the sale of retail incidental items and fee-based activity to promote the sale of farm
4 crops or livestock sold at the farm stand if the annual sale of incidental items and fees from pro-
5 motional activity do not make up more than 25 percent of the total annual sales of the farm stand;
6 and

7 (B) The farm stand does not include structures designed for occupancy as a residence or for
8 activity other than the sale of farm crops or livestock and does not include structures for banquets,
9 public gatherings or public entertainment.

10 (p) Alteration, restoration or replacement of a lawfully established dwelling, as described in ORS
11 215.291.

12 (q) A site for the takeoff and landing of model aircraft, including such buildings or facilities as
13 may reasonably be necessary. Buildings or facilities shall not be more than 500 square feet in floor
14 area or placed on a permanent foundation unless the building or facility preexisted the use approved
15 under this paragraph. The site shall not include an aggregate surface or hard surface area unless
16 the surface preexisted the use approved under this paragraph. An owner of property used for the
17 purpose authorized in this paragraph may charge a person operating the use on the property rent
18 for the property. An operator may charge users of the property a fee that does not exceed the
19 operator's cost to maintain the property, buildings and facilities. As used in this paragraph, "model
20 aircraft" means a small-scale version of an airplane, glider, helicopter, dirigible or balloon that is
21 used or intended to be used for flight and is controlled by radio, lines or design by a person on the
22 ground.

23 (r) A facility for the processing of farm products as described in ORS 215.255.

24 (s) Fire service facilities providing rural fire protection services.

25 (t) Irrigation reservoirs, canals, delivery lines and those structures and accessory operational
26 facilities, not including parks or other recreational structures and facilities, associated with a dis-
27 trict as defined in ORS 540.505.

28 (u) Utility facility service lines. Utility facility service lines are utility lines and accessory fa-
29 cilities or structures that end at the point where the utility service is received by the customer and
30 that are located on one or more of the following:

31 (A) A public right of way;

32 (B) Land immediately adjacent to a public right of way, provided the written consent of all ad-
33 jacent property owners has been obtained; or

34 (C) The property to be served by the utility.

35 (v) Subject to the issuance of a license, permit or other approval by the Department of Envi-
36 ronmental Quality under ORS 454.695, 459.205, 468B.050, 468B.053 or 468B.055, or in compliance with
37 rules adopted under ORS 468B.095, and as provided in ORS 215.246 to 215.251, the land application
38 of reclaimed water, agricultural or industrial process water or biosolids, or the onsite treatment of
39 septage prior to the land application of biosolids, for agricultural, horticultural or silvicultural pro-
40 duction, or for irrigation in connection with a use allowed in an exclusive farm use zone under this
41 chapter. For the purposes of this paragraph, onsite treatment of septage prior to the land application
42 of biosolids is limited to treatment using treatment facilities that are portable, temporary and
43 transportable by truck trailer, as defined in ORS 801.580, during a period of time within which land
44 application of biosolids is authorized under the license, permit or other approval.

45 (w) A county law enforcement facility that lawfully existed on August 20, 2002, and is used to

1 provide rural law enforcement services primarily in rural areas, including parole and post-prison
2 supervision, but not including a correctional facility as defined under ORS 162.135.

3 (x) Dog training classes or testing trials, which may be conducted outdoors or in preexisting
4 farm buildings, when:

5 (A) The number of dogs participating in training does not exceed 10 dogs per training class and
6 the number of training classes to be held on-site does not exceed six per day; and

7 (B) The number of dogs participating in a testing trial does not exceed 60 and the number of
8 testing trials to be conducted on-site is limited to four or fewer trials per calendar year.

9 (y) A cider business, as described in ORS 215.451.

10 (z) A farm brewery, as described in ORS 215.449.

11 (2) The following nonfarm uses may be established, subject to the approval of the governing body
12 or its designee in any area zoned for exclusive farm use subject to ORS 215.296:

13 (a) Commercial activities that are in conjunction with farm use, including the processing of farm
14 crops into biofuel not permitted under ORS 215.203 (2)(b)(K) or 215.255.

15 (b) Operations conducted for:

16 (A) Mining and processing of geothermal resources as defined by ORS 522.005 and oil and gas
17 as defined by ORS 520.005 not otherwise permitted under subsection (1)(f) of this section;

18 (B) Mining, crushing or stockpiling of aggregate and other mineral and other subsurface re-
19 sources subject to ORS 215.298;

20 (C) Processing, as defined by ORS 517.750, of aggregate into asphalt or portland cement; and

21 (D) Processing of other mineral resources and other subsurface resources.

22 (c) Private parks, playgrounds, hunting and fishing preserves and campgrounds. Subject to the
23 approval of the county governing body or its designee, a private campground may provide yurts for
24 overnight camping. No more than one-third or a maximum of 10 campsites, whichever is smaller,
25 may include a yurt. The yurt shall be located on the ground or on a wood floor with no permanent
26 foundation. Upon request of a county governing body, the Land Conservation and Development
27 Commission may provide by rule for an increase in the number of yurts allowed on all or a portion
28 of the campgrounds in a county if the commission determines that the increase will comply with the
29 standards described in ORS 215.296 (1). As used in this paragraph, "yurt" means a round, domed
30 shelter of cloth or canvas on a collapsible frame with no plumbing, sewage disposal hookup or
31 internal cooking appliance.

32 (d) Parks and playgrounds. A public park may be established consistent with the provisions of
33 ORS 195.120.

34 (e) Community centers owned by a governmental agency or a nonprofit community organization
35 and operated primarily by and for residents of the local rural community. A community center au-
36 thorized under this paragraph may provide services to veterans, including but not limited to emer-
37 gency and transitional shelter, preparation and service of meals, vocational and educational
38 counseling and referral to local, state or federal agencies providing medical, mental health, disability
39 income replacement and [*substance abuse*] **substance use disorder** services, only in a facility that
40 is in existence on January 1, 2006. The services may not include direct delivery of medical, mental
41 health, disability income replacement or [*substance abuse*] **substance use disorder** services.

42 (f) Golf courses on land:

43 (A) Determined not to be high-value farmland, as defined in ORS 195.300 (10); or

44 (B) Determined to be high-value farmland described in ORS 195.300 (10)(c) if the land:

45 (i) Is not otherwise described in ORS 195.300 (10);

1 (ii) Is surrounded on all sides by an approved golf course; and

2 (iii) Is west of U.S. Highway 101.

3 (g) Commercial utility facilities for the purpose of generating power for public use by sale. If the
4 area zoned for exclusive farm use is high-value farmland, a photovoltaic solar power generation fa-
5 cility may be established as a commercial utility facility as provided in ORS 215.447. A renewable
6 energy facility as defined in ORS 215.446 may be established as a commercial utility facility.

7 (h) Personal-use airports for airplanes and helicopter pads, including associated hangar, main-
8 tenance and service facilities. A personal-use airport, as used in this section, means an airstrip re-
9 stricted, except for aircraft emergencies, to use by the owner, and, on an infrequent and occasional
10 basis, by invited guests, and by commercial aviation activities in connection with agricultural op-
11 erations. No aircraft may be based on a personal-use airport other than those owned or controlled
12 by the owner of the airstrip. Exceptions to the activities permitted under this definition may be
13 granted through waiver action by the Oregon Department of Aviation in specific instances. A
14 personal-use airport lawfully existing as of September 13, 1975, shall continue to be permitted sub-
15 ject to any applicable rules of the Oregon Department of Aviation.

16 (i) Home occupations as provided in ORS 215.448.

17 (j) A facility for the primary processing of forest products, provided that such facility is found
18 to not seriously interfere with accepted farming practices and is compatible with farm uses de-
19 scribed in ORS 215.203 (2). Such a facility may be approved for a one-year period which is
20 renewable. These facilities are intended to be only portable or temporary in nature. The primary
21 processing of a forest product, as used in this section, means the use of a portable chipper or stud
22 mill or other similar methods of initial treatment of a forest product in order to enable its shipment
23 to market. Forest products, as used in this section, means timber grown upon a parcel of land or
24 contiguous land where the primary processing facility is located.

25 (k) A site for the disposal of solid waste approved by the governing body of a city or county or
26 both and for which a permit has been granted under ORS 459.245 by the Department of Environ-
27 mental Quality together with equipment, facilities or buildings necessary for its operation.

28 (L) One manufactured dwelling or recreational vehicle, or the temporary residential use of an
29 existing building, in conjunction with an existing dwelling as a temporary use for the term of a
30 hardship suffered by the existing resident or a relative of the resident. Within three months of the
31 end of the hardship, the manufactured dwelling or recreational vehicle shall be removed or demol-
32 ished or, in the case of an existing building, the building shall be removed, demolished or returned
33 to an allowed nonresidential use. The governing body or its designee shall provide for periodic re-
34 view of the hardship claimed under this paragraph. A temporary residence approved under this
35 paragraph is not eligible for replacement under subsection (1)(p) of this section.

36 (m) Transmission towers over 200 feet in height.

37 (n)(A) Commercial dog boarding kennels; or

38 (B) Dog training classes or testing trials that cannot be established under subsection (1)(x) of
39 this section.

40 (o) Residential homes as defined in ORS 197.660, in existing dwellings.

41 (p) The propagation, cultivation, maintenance and harvesting of aquatic species that are not
42 under the jurisdiction of the State Fish and Wildlife Commission or insect species. Insect species
43 shall not include any species under quarantine by the State Department of Agriculture or the United
44 States Department of Agriculture. The county shall provide notice of all applications under this
45 paragraph to the State Department of Agriculture. Notice shall be provided in accordance with the

1 county's land use regulations but shall be mailed at least 20 calendar days prior to any administra-
 2 tive decision or initial public hearing on the application.

3 (q) Construction of additional passing and travel lanes requiring the acquisition of right of way
 4 but not resulting in the creation of new land parcels.

5 (r) Reconstruction or modification of public roads and highways involving the removal or dis-
 6 placement of buildings but not resulting in the creation of new land parcels.

7 (s) Improvement of public road and highway related facilities, such as maintenance yards, weigh
 8 stations and rest areas, where additional property or right of way is required but not resulting in
 9 the creation of new land parcels.

10 (t) A destination resort that is approved consistent with the requirements of any statewide
 11 planning goal relating to the siting of a destination resort.

12 (u) Room and board arrangements for a maximum of five unrelated persons in existing resi-
 13 dences.

14 (v) Operations for the extraction and bottling of water.

15 (w) Expansion of existing county fairgrounds and activities directly relating to county
 16 fairgrounds governed by county fair boards established pursuant to ORS 565.210.

17 (x) A living history museum related to resource based activities owned and operated by a gov-
 18 ernmental agency or a local historical society, together with limited commercial activities and fa-
 19 cilities that are directly related to the use and enjoyment of the museum and located within
 20 authentic buildings of the depicted historic period or the museum administration building, if areas
 21 other than an exclusive farm use zone cannot accommodate the museum and related activities or if
 22 the museum administration buildings and parking lot are located within one quarter mile of an ur-
 23 ban growth boundary. As used in this paragraph:

24 (A) "Living history museum" means a facility designed to depict and interpret everyday life and
 25 culture of some specific historic period using authentic buildings, tools, equipment and people to
 26 simulate past activities and events; and

27 (B) "Local historical society" means the local historical society recognized by the county gov-
 28 erning body and organized under ORS chapter 65.

29 (y) An aerial fireworks display business that has been in continuous operation at its current
 30 location within an exclusive farm use zone since December 31, 1986, and possesses a wholesaler's
 31 permit to sell or provide fireworks.

32 (z) A landscape contracting business, as defined in ORS 671.520, or a business providing land-
 33 scape architecture services, as described in ORS 671.318, if the business is pursued in conjunction
 34 with the growing and marketing of nursery stock on the land that constitutes farm use.

35 (aa) Public or private schools for kindergarten through grade 12, including all buildings essential
 36 to the operation of a school, primarily for residents of the rural area in which the school is located.

37 (bb) Equine and equine-affiliated therapeutic and counseling activities, provided:

38 (A) The activities are conducted in existing buildings that were lawfully constructed on the
 39 property before January 1, 2019, or in new buildings that are accessory, incidental and subordinate
 40 to the farm use on the tract; and

41 (B) All individuals conducting therapeutic or counseling activities are acting within the proper
 42 scope of any licenses required by the state.

43 (cc) Guest ranches in eastern Oregon, as described in ORS 215.461.

44 (3) Roads, highways and other transportation facilities and improvements not allowed under
 45 subsections (1) and (2) of this section may be established, subject to the approval of the governing

1 body or its designee, in areas zoned for exclusive farm use subject to:

2 (a) Adoption of an exception to the goal related to agricultural lands and to any other applicable
3 goal with which the facility or improvement does not comply; or

4 (b) ORS 215.296 for those uses identified by rule of the Land Conservation and Development
5 Commission as provided in section 3, chapter 529, Oregon Laws 1993.

6 (4) The following agri-tourism and other commercial events or activities that are related to and
7 supportive of agriculture may be established in any area zoned for exclusive farm use:

8 (a) A county may authorize a single agri-tourism or other commercial event or activity on a
9 tract in a calendar year by an authorization that is personal to the applicant and is not transferred
10 by, or transferable with, a conveyance of the tract, if the agri-tourism or other commercial event
11 or activity meets any local standards that apply and:

12 (A) The agri-tourism or other commercial event or activity is incidental and subordinate to ex-
13 isting farm use on the tract;

14 (B) The duration of the agri-tourism or other commercial event or activity does not exceed 72
15 consecutive hours;

16 (C) The maximum attendance at the agri-tourism or other commercial event or activity does not
17 exceed 500 people;

18 (D) The maximum number of motor vehicles parked at the site of the agri-tourism or other
19 commercial event or activity does not exceed 250 vehicles;

20 (E) The agri-tourism or other commercial event or activity complies with ORS 215.296;

21 (F) The agri-tourism or other commercial event or activity occurs outdoors, in temporary
22 structures, or in existing permitted structures, subject to health and fire and life safety require-
23 ments; and

24 (G) The agri-tourism or other commercial event or activity complies with conditions established
25 for:

26 (i) Planned hours of operation;

27 (ii) Access, egress and parking;

28 (iii) A traffic management plan that identifies the projected number of vehicles and any antic-
29 ipated use of public roads; and

30 (iv) Sanitation and solid waste.

31 (b) In the alternative to paragraphs (a) and (c) of this subsection, a county may authorize,
32 through an expedited, single-event license, a single agri-tourism or other commercial event or ac-
33 tivity on a tract in a calendar year by an expedited, single-event license that is personal to the ap-
34 plicant and is not transferred by, or transferable with, a conveyance of the tract. A decision
35 concerning an expedited, single-event license is not a land use decision, as defined in ORS 197.015.
36 To approve an expedited, single-event license, the governing body of a county or its designee must
37 determine that the proposed agri-tourism or other commercial event or activity meets any local
38 standards that apply, and the agri-tourism or other commercial event or activity:

39 (A) Must be incidental and subordinate to existing farm use on the tract;

40 (B) May not begin before 6 a.m. or end after 10 p.m.;

41 (C) May not involve more than 100 attendees or 50 vehicles;

42 (D) May not include the artificial amplification of music or voices before 8 a.m. or after 8 p.m.;

43 (E) May not require or involve the construction or use of a new permanent structure in con-
44 nection with the agri-tourism or other commercial event or activity;

45 (F) Must be located on a tract of at least 10 acres unless the owners or residents of adjoining

1 properties consent, in writing, to the location; and

2 (G) Must comply with applicable health and fire and life safety requirements.

3 (c) In the alternative to paragraphs (a) and (b) of this subsection, a county may authorize up to
 4 six agri-tourism or other commercial events or activities on a tract in a calendar year by a limited
 5 use permit that is personal to the applicant and is not transferred by, or transferable with, a
 6 conveyance of the tract. The agri-tourism or other commercial events or activities must meet any
 7 local standards that apply, and the agri-tourism or other commercial events or activities:

8 (A) Must be incidental and subordinate to existing farm use on the tract;

9 (B) May not, individually, exceed a duration of 72 consecutive hours;

10 (C) May not require that a new permanent structure be built, used or occupied in connection
 11 with the agri-tourism or other commercial events or activities;

12 (D) Must comply with ORS 215.296;

13 (E) May not, in combination with other agri-tourism or other commercial events or activities
 14 authorized in the area, materially alter the stability of the land use pattern in the area; and

15 (F) Must comply with conditions established for:

16 (i) The types of agri-tourism or other commercial events or activities that are authorized during
 17 each calendar year, including the number and duration of the agri-tourism or other commercial
 18 events and activities, the anticipated daily attendance and the hours of operation;

19 (ii) The location of existing structures and the location of proposed temporary structures to be
 20 used in connection with the agri-tourism or other commercial events or activities;

21 (iii) The location of access and egress and parking facilities to be used in connection with the
 22 agri-tourism or other commercial events or activities;

23 (iv) Traffic management, including the projected number of vehicles and any anticipated use of
 24 public roads; and

25 (v) Sanitation and solid waste.

26 (d) In addition to paragraphs (a) to (c) of this subsection, a county may authorize agri-tourism
 27 or other commercial events or activities that occur more frequently or for a longer period or that
 28 do not otherwise comply with paragraphs (a) to (c) of this subsection if the agri-tourism or other
 29 commercial events or activities comply with any local standards that apply and the agri-tourism or
 30 other commercial events or activities:

31 (A) Are incidental and subordinate to existing commercial farm use of the tract and are neces-
 32 sary to support the commercial farm uses or the commercial agricultural enterprises in the area;

33 (B) Comply with the requirements of paragraph (c)(C), (D), (E) and (F) of this subsection;

34 (C) Occur on a lot or parcel that complies with the acknowledged minimum lot or parcel size;
 35 and

36 (D) Do not exceed 18 events or activities in a calendar year.

37 (5) A holder of a permit authorized by a county under subsection (4)(d) of this section must re-
 38 quest review of the permit at four-year intervals. Upon receipt of a request for review, the county
 39 shall:

40 (a) Provide public notice and an opportunity for public comment as part of the review process;
 41 and

42 (b) Limit its review to events and activities authorized by the permit, conformance with condi-
 43 tions of approval required by the permit and the standards established by subsection (4)(d) of this
 44 section.

45 (6) For the purposes of subsection (4) of this section:

1 (a) A county may authorize the use of temporary structures established in connection with the
 2 agri-tourism or other commercial events or activities authorized under subsection (4) of this section.
 3 However, the temporary structures must be removed at the end of the agri-tourism or other event
 4 or activity. The county may not approve an alteration to the land in connection with an agri-tourism
 5 or other commercial event or activity authorized under subsection (4) of this section, including, but
 6 not limited to, grading, filling or paving.

7 (b) The county may issue the limited use permits authorized by subsection (4)(c) of this section
 8 for two calendar years. When considering an application for renewal, the county shall ensure com-
 9 pliance with the provisions of subsection (4)(c) of this section, any local standards that apply and
 10 conditions that apply to the permit or to the agri-tourism or other commercial events or activities
 11 authorized by the permit.

12 (c) The authorizations provided by subsection (4) of this section are in addition to other au-
 13 thorizations that may be provided by law, except that “outdoor mass gathering” and “other gather-
 14 ing,” as those terms are used in ORS 197.015 (10)(d), do not include agri-tourism or other commercial
 15 events and activities.

16 **SECTION 18.** ORS 320.308 is amended to read:

17 320.308. The following are exempt from the state transient lodging tax:

18 (1) A dwelling unit in a hospital, health care facility, long term care facility or any other resi-
 19 dential facility that is licensed, registered or certified by the Department of Human Services or the
 20 Oregon Health Authority.

21 (2) A dwelling unit in a facility providing treatment for [*drug or alcohol abuse*] **a substance use**
 22 **disorder** or providing mental health treatment.

23 (3) A dwelling unit that is used by members of the general public for temporary human occu-
 24 pancy for fewer than 30 days per year. The exemption granted under this subsection does not apply
 25 to a dwelling unit that is rented out as transient lodging using a platform of any kind provided in
 26 any manner by a transient lodging intermediary.

27 (4) A dwelling unit, the consideration for which is funded through a contract with a government
 28 agency and the purpose of which is to provide emergency or temporary shelter.

29 (5) A dwelling unit at a nonprofit youth or church camp, nonprofit conference center or other
 30 nonprofit facility.

31 (6) A dwelling unit that is leased or otherwise occupied by the same person for a consecutive
 32 period of 30 days or more during the year. The requirements of this subsection are satisfied even
 33 if the physical dwelling unit changes during the consecutive period, if:

34 (a) All dwelling units occupied are within the same facility; and

35 (b) The person paying consideration for the transient lodging is the same person throughout the
 36 consecutive period.

37 **SECTION 19.** ORS 329.832 is amended to read:

38 329.832. The Legislative Assembly finds that:

39 (1) Reading is the gateway to learning and a key to building a child’s self-esteem.

40 (2) Children who read below grade level after third grade are at significantly greater risk of
 41 truancy, school failure, criminal and at-risk behaviors, early pregnancy and substance [*abuse*] **use**
 42 **disorders**.

43 (3) Research shows that children who have academic problems and exhibit at-risk behavior can
 44 be helped most effectively through prevention programs designed specifically to strengthen the
 45 collaborative and collective decision-making skills of kindergarten through grade three teachers and

1 administrators within each individual school.

2 (4) Scientifically based assessment methods can identify as early as kindergarten those children
3 needing extra help to successfully learn to read.

4 (5) Scientifically based instructional reading materials can provide the reading skills children
5 need to successfully learn to read.

6 **SECTION 20.** ORS 336.109 is amended to read:

7 336.109. (1) After consultation with appropriate agencies and officials including the Department
8 of Education, each school district is encouraged to develop and adopt a comprehensive policy to
9 reduce gang involvement, violent activities and [*drug abuse*] **development of substance use dis-**
10 **orders** by public school students in the school district, including but not limited to:

11 (a) A statement that evaluates:

12 (A) The nature and extent of gang involvement, violent activities and [*drug abuse*] **substance**
13 **use disorders** by public school students of the school district; and

14 (B) The impact of gang involvement, violent activities and [*drug abuse*] **substance use disor-**
15 **ders** on the ability of public schools in the school district to meet curriculum requirements and
16 improve the attendance of public school students.

17 (b) A statement that emphasizes the need to reduce gang involvement, violent activities and
18 [*drug abuse*] **development of substance use disorders** by public school students.

19 (c) Strategies to reduce gang involvement, violent activities and [*drug abuse*] **development of**
20 **substance use disorders** by students of the school district considering the needs of the public
21 school students.

22 (d) Methods to communicate conflict resolution skills to the teachers and public school students
23 of the school district.

24 (e) Strategies to inform the teachers of the school district, the parents of public school students
25 and the public about the policy the school district developed pursuant to this section.

26 (2) As used in this section, “gang” means a group that identifies itself through the use of a
27 name, unique appearance or language, including hand signs, the claiming of geographical territory
28 or the espousing of a distinctive belief system that frequently results in criminal activity.

29 **SECTION 21.** ORS 336.222 is amended to read:

30 336.222. In accordance with rules adopted by the State Board of Education in consultation with
31 the Oregon Health Authority and the Alcohol and Drug Policy Commission, each district school
32 board shall adopt a comprehensive [*alcohol and drug abuse*] **substance use disorder** policy and
33 implementation plan, including but not limited to:

34 (1) [*Alcohol and drug abuse*] **Substance use disorder** prevention curriculum and public infor-
35 mation programs addressing students, parents, teachers, administrators and school board members;

36 (2) The nature and extent of the district’s expectation of intervention with students who appear
37 to have [*drug or alcohol abuse problems*] **substance use disorders**;

38 (3) The extent of the district’s alcohol and other drug prevention and intervention programs; and

39 (4) The district’s strategy to gain access to federal funds available for [*drug abuse*] **substance**
40 **use disorder** prevention programs.

41 **SECTION 22.** ORS 336.227 is amended to read:

42 336.227. To assist school districts to formulate the programs described in ORS 336.222 (1), the
43 Oregon Health Authority shall:

44 (1) Devise a public information program directed toward students, parents, teachers, adminis-
45 trators and school board members at the school district level; and

1 (2) Contact advocacy associations of the target groups described in subsection (1) of this section
 2 to facilitate outreach programs and disseminate [*alcohol and drug abuse*] **substance use disorder**
 3 prevention information.

4 **SECTION 23.** ORS 336.241 is amended to read:

5 336.241. (1) As part of the comprehensive [*alcohol and drug abuse*] **substance use disorder**
 6 policy and implementation plan described in ORS 336.222, the Oregon Health Authority, State Board
 7 of Education and Alcohol and Drug Policy Commission shall collaborate on developing curricula
 8 supplements for [*cannabis abuse*] prevention of **substance use disorders involving cannabis** and
 9 public information programs for students, parents, teachers, administrators and school board mem-
 10 bers.

11 (2) In the manner provided by ORS 192.245, the authority shall report on the implementation of
 12 this section to the Legislative Assembly on or before February 1 of each odd-numbered year.

13 **SECTION 24.** ORS 339.520 is amended to read:

14 339.520. The minimum information to be reported on students who withdraw from school prior
 15 to becoming graduates and who do not transfer to another educational system is:

- 16 (1) Age, sex and racial-ethnic designation of the student;
- 17 (2) Date of withdrawal;
- 18 (3) Reason for withdrawal, including but not limited to expulsion, work or death;
- 19 (4) Number of credits earned toward meeting graduation requirements, if applicable, or grade
 20 level, of the reporting district;
- 21 (5) Length of time the student was enrolled in the reporting district;
- 22 (6) Information relating to the disposition of the student after withdrawing, including but not
 23 limited to studying for an approved high school equivalency test such as the General Educational
 24 Development (GED) test, alternative certificate of participation, transfer to mental health or youth
 25 correction facility or participation in a [*substance abuse*] **substance use disorder** program or other
 26 dispositions listed in ORS 339.505 (1)(b) and (c); and
- 27 (7) Information on why the student withdrew as such information relates to academics, conduct
 28 standards, interpersonal relationships, relation with school personnel, personal characteristics such
 29 as illness, lack of motivation, home and family characteristics, alternative education participation
 30 and employment information.

31 **SECTION 25.** ORS 352.256 is amended to read:

32 352.256. In consultation with the Oregon Health Authority and the Alcohol and Drug Policy
 33 Commission, each public university listed in ORS 352.002 shall adopt a comprehensive [*alcohol and*
 34 *drug abuse*] **substance use disorder** policy and implementation plan.

35 **SECTION 26.** ORS 353.120 is amended to read:

36 353.120. The Oregon Health and Science University, in consultation with the Alcohol and Drug
 37 Policy Commission, shall adopt a comprehensive [*alcohol and drug abuse*] **substance use disorder**
 38 policy and implementation plan.

39 **SECTION 27.** ORS 410.720 is amended to read:

40 410.720. It is the policy of this state to provide mental health and addiction services for all
 41 Oregon senior citizens and persons with disabilities through a comprehensive and coordinated
 42 statewide network of local mental health services and [*alcohol and drug abuse*] **substance use dis-**
 43 **order** education and treatment. These services should involve family and friends and be provided in
 44 the least restrictive and most appropriate settings.

45 (2) The Department of Human Services and the Oregon Health Authority shall facilitate the

1 formation of local community partnerships between the senior, disability, mental health, [*alcohol and*
 2 *drug abuse*] **substance use disorder** and health care communities by supporting the development
 3 of program approaches that meet minimum standards adopted by the Oregon Health Authority under
 4 ORS 430.357 including, but not limited to:

5 (a) Mental health and addiction screenings and assessments in long term care settings;

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

8 (c) Multilingual and multicultural medical and psychiatric services for ethnic minorities with
 9 physical disabilities and hearing impairments;

10 (d) Education and training for health care consumers, health care professionals and mental
 11 health and addiction services providers on mental health and addiction issues, programs and ser-
 12 vices for seniors and persons with disabilities; and

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

15 (3) In carrying out the provisions of subsections (1) and (2) of this section, the department and
 16 the authority shall:

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

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

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

22 **SECTION 28.** ORS 411.439 is amended to read:

23 411.439. (1) As used in this section:

24 (a) "Person with a serious mental illness" means a person who is diagnosed by a psychiatrist,
 25 a licensed clinical psychologist or a certified nonmedical examiner as having dementia,
 26 schizophrenia, bipolar disorder, major depression or other affective disorder or psychotic mental
 27 disorder other than a disorder caused primarily by substance [*abuse*] **use**.

28 (b) "Recertification date" means the date 12 months after the date an application for medical
 29 assistance was last approved or renewed.

30 (c) "State hospital" has the meaning given that term in ORS 162.135.

31 (2) The Department of Human Services and the Oregon Health Authority may continue the
 32 medical assistance of a person who is admitted to a state hospital until the earlier of:

33 (a) Twelve months after the person is admitted to the state hospital; or

34 (b) The person's recertification date.

35 (3) This section does not extend eligibility to an otherwise ineligible person or extend medical
 36 assistance to a person if matching federal funds are not available to pay for medical assistance.

37 (4) Subsection (2) of this section does not apply to a person with a serious mental illness residing
 38 in a state hospital who is under 22 years of age or who is 65 years of age or older.

39 (5) A person with a serious mental illness whose medical assistance is terminated while the
 40 person is admitted to a state hospital may apply for medical assistance up to 120 days prior to the
 41 expected date of the person's release from a state hospital. If the person is found to be eligible, the
 42 effective date of the person's medical assistance shall be the date of the person's release from the
 43 state hospital.

44 **SECTION 29.** ORS 412.009 is amended to read:

45 412.009. (1) The Legislative Assembly finds that:

1 (a) There is evidence that families who experience the most disqualifications from the job op-
2 portunity and basic skills program are often those with the most barriers to employment; and

3 (b) The loss of income from a program disqualification adds strain and creates instability in
4 families already experiencing extreme poverty, and this affects the health and food security of the
5 dependent children in the family.

6 (2) The Department of Human Services by rule shall adopt proven methods of encouraging
7 participants' full engagement in the job opportunity and basic skills program, including the devel-
8 opment of an individualized case plan and an ongoing process to ensure that the case plan is ap-
9 propriate.

10 (3)(a) The department shall facilitate the participation of needy caretaker relatives and may not
11 reduce the family's aid payment as a method of encouraging full engagement in the job opportunity
12 and basic skills program pursuant to subsection (2) of this section until the department determines
13 that the needy caretaker relative that is not fully engaged:

14 (A) Has no identified barriers or refuses to take appropriate steps to address identified barriers
15 to participation in the program; and

16 (B) Refuses without good cause, as defined by the department by rule, to meet the requirements
17 of an individualized and appropriate case plan.

18 (b) The department may not reduce aid payments under this subsection to families:

19 (A) Receiving aid pursuant to ORS 412.014 or 412.124;

20 (B) In which the caretaker relative participates in suitable activities for the number of hours
21 required each month to satisfy federally required participation rates; or

22 (C) Until the department has screened for and, if appropriate, assessed barriers to participation,
23 including but not limited to physical or mental health needs, [*substance abuse*] **a substance use**
24 **disorder**, domestic violence or learning needs.

25 (c) The department may not reduce aid payments under this subsection before assessing the risk
26 of harm posed to the children in the household by the reduction in aid payments and taking steps
27 to ameliorate the risk.

28 (4) Following notice and an opportunity for a hearing under ORS chapter 183 and subject to
29 subsection (2) of this section, the department may reduce the aid payment to the family of an indi-
30 vidual who refuses to participate in suitable activities required by the individual's case plan or may
31 terminate the aid payment to the family of a noncompliant individual in accordance with procedures
32 adopted by the department by rule.

33 (5) A caretaker relative may request a hearing to contest the basis for a reduction in or termi-
34 nation of an aid payment under this section within 90 days of a reduction in or termination of aid.

35 (6) Every six months, the department shall report to the Family Services Review Commission
36 established under ORS 411.075 the status of and outcomes for families for whom aid has been re-
37 duced or terminated under subsection (4) of this section. The department shall work with the com-
38 mission to establish the details to be provided in the report.

39 **SECTION 30.** ORS 412.079 is amended to read:

40 412.079. (1) Except as provided in subsections (2) and (3) of this section, a needy caretaker rel-
41 ative may not receive aid under ORS 412.006 if the needy caretaker relative has received aid under
42 the temporary assistance for needy families program in this state or any other state for more than
43 a total of 60 months.

44 (2) The Department of Human Services may not count toward the 60-month limit on receipt of
45 aid described in subsection (1) of this section any month in which a needy caretaker relative:

1 (a) Receives a grant of temporary assistance for needy families under ORS 412.001 to 412.069,
 2 or assistance funded under Title IV-A of the Social Security Act in this or another state, prior to
 3 July 1, 2003;

4 (b) Resides in an area described in 18 U.S.C. 1151, and 50 percent or more of the adult residents
 5 in the area are unemployed;

6 (c) Is, in that month, a minor child and neither the head of the household nor married to the
 7 head of the household; or

8 (d) Receives aid under ORS 411.878, 412.014 or 412.124.

9 (3) Notwithstanding subsection (1) of this section, a needy caretaker relative may receive aid for
 10 more than 60 months if the needy caretaker relative:

11 (a) Is enrolled at an educational institution under ORS 412.016;

12 (b) Is exempt from time limits pursuant to rules adopted by the department in accordance with
 13 section 408(a)(7)(C) of the Social Security Act; or

14 (c) Is unable to obtain or maintain employment that provides earnings in excess of income limits
 15 established by the department under ORS 412.007 because the needy caretaker relative:

16 (A) Is a victim of domestic violence as defined in ORS 411.117;

17 (B) Has a certified learning disability;

18 (C) Has a mental health condition or [*an alcohol or drug abuse problem*] **a substance use dis-**
 19 **order;**

20 (D) Has a disability as defined by the department by rule in a manner consistent with the defi-
 21 nition of disability in the Americans with Disabilities Act;

22 (E) Has a child with a disability;

23 (F) Is deprived of needed medical care;

24 (G) Is subjected to battery or extreme cruelty as defined by the department by rule; or

25 (H) Qualifies as having a hardship as defined by the department by rule.

26 (4)(a) The Department of Human Services shall monitor the average period of time a family re-
 27 ceives aid and shall record such information by family demographics. The department shall monitor
 28 the wages and benefits received by an individual who becomes employed while receiving aid, in-
 29 cluding child care benefits. The department shall monitor and record the rate at which families who
 30 cease receiving aid for employment subsequently apply for and receive aid.

31 (b) The department shall report the results of the monitoring required under paragraph (a) of
 32 this subsection to the Legislative Assembly not later than the 15th day of each odd-numbered year
 33 regular session.

34 **SECTION 31.** ORS 412.089 is amended to read:

35 412.089. (1) The Department of Human Services shall refer a person applying for or receiving
 36 temporary assistance for needy families to an evaluation by a mental health or [*drug abuse*] **sub-**
 37 **stance use disorder** professional if the department reasonably believes such referral is necessary.
 38 The Department of Human Services shall develop guidelines to assist in the identification and re-
 39 ferral of individuals requiring mental health or [*drug abuse*] **substance use disorder** treatment.

40 (2) If an evaluation conducted under subsection (1) of this section determines that mental health
 41 or [*drug abuse*] **substance use disorder** treatment is necessary for the person to function success-
 42 fully in the workplace, the department shall provide such resources as are necessary and available
 43 for the person to participate in and successfully complete treatment.

44 (3) A person who refuses to participate in an evaluation under subsection (1) of this section or
 45 treatment under subsection (2) of this section shall be subject to the provisions of ORS 412.009 (3)

1 and (4).

2 (4) The department shall provide training to staff who work directly with persons applying for
 3 or receiving temporary assistance for needy families in assessment and evaluation of mental health
 4 disorders, addictions and domestic violence as may be necessary to implement the provisions of
 5 subsection (1) of this section.

6 **SECTION 32.** ORS 413.032 is amended to read:

7 413.032. (1) The Oregon Health Authority is established. The authority shall:

8 (a) Carry out policies adopted by the Oregon Health Policy Board;

9 (b) Administer the Oregon Integrated and Coordinated Health Care Delivery System established
 10 in ORS 414.570;

11 (c) Administer the Oregon Prescription Drug Program;

12 (d) Develop the policies for and the provision of publicly funded medical care and medical as-
 13 sistance in this state;

14 (e) Develop the policies for and the provision of mental health treatment and treatment of ad-
 15 dictions;

16 (f) Assess, promote and protect the health of the public as specified by state and federal law;

17 (g) Provide regular reports to the board with respect to the performance of health services
 18 contractors serving recipients of medical assistance, including reports of trends in health services
 19 and enrollee satisfaction;

20 (h) Guide and support, with the authorization of the board, community-centered health initiatives
 21 designed to address critical risk factors, especially those that contribute to chronic disease;

22 (i) Be the state Medicaid agency for the administration of funds from Titles XIX and XXI of the
 23 Social Security Act and administer medical assistance under ORS chapter 414;

24 (j) In consultation with the Director of the Department of Consumer and Business Services, pe-
 25 riodically review and recommend standards and methodologies to the Legislative Assembly for:

26 (A) Review of administrative expenses of health insurers;

27 (B) Approval of rates; and

28 (C) Enforcement of rating rules adopted by the Department of Consumer and Business Services;

29 (k) Structure reimbursement rates for providers that serve recipients of medical assistance to
 30 reward comprehensive management of diseases, quality outcomes and the efficient use of resources
 31 and to promote cost-effective procedures, services and programs including, without limitation, pre-
 32 ventive health, dental and primary care services, web-based office visits, telephone consultations and
 33 telemedicine consultations;

34 (L) Guide and support community three-share agreements in which an employer, state or local
 35 government and an individual all contribute a portion of a premium for a community-centered health
 36 initiative or for insurance coverage;

37 (m) Develop, in consultation with the Department of Consumer and Business Services, one or
 38 more products designed to provide more affordable options for the small group market;

39 (n) Implement policies and programs to expand the skilled, diverse workforce as described in
 40 ORS 414.018 (4); and

41 (o) Implement a process for collecting the health outcome and quality measure data identified
 42 by the Health Plan Quality Metrics Committee and report the data to the Oregon Health Policy
 43 Board.

44 (2) The Oregon Health Authority is authorized to:

45 (a) Create an all-claims, all-payer database to collect health care data and monitor and evaluate

1 health care reform in Oregon and to provide comparative cost and quality information to consumers,
 2 providers and purchasers of health care about Oregon's health care systems and health plan net-
 3 works in order to provide comparative information to consumers.

4 (b) Develop uniform contracting standards for the purchase of health care, including the fol-
 5 lowing:

6 (A) Uniform quality standards and performance measures;

7 (B) Evidence-based guidelines for major chronic disease management and health care services
 8 with unexplained variations in frequency or cost;

9 (C) Evidence-based effectiveness guidelines for select new technologies and medical equipment;

10 (D) A statewide drug formulary that may be used by publicly funded health benefit plans; and

11 (E) Standards that accept and consider tribal-based practices for mental health and [*substance*
 12 *abuse*] **substance use disorder** prevention, counseling and treatment for persons who are Native
 13 American or Alaska Native as equivalent to evidence-based practices.

14 (3) The enumeration of duties, functions and powers in this section is not intended to be exclu-
 15 sive nor to limit the duties, functions and powers imposed on or vested in the Oregon Health Au-
 16 thority by ORS 413.006 to 413.042, 415.012 to 415.430 and 741.340 or by other statutes.

17 **SECTION 33.** ORS 414.672 is amended to read:

18 414.672. A medical assistance program shall consider tribal-based practices for mental health
 19 and [*substance abuse*] **substance use disorder** prevention, counseling and treatment services for
 20 members who are Native American or Alaska Native as equivalent to evidence-based practices for
 21 purposes of meeting standards of care and shall reimburse for those tribal-based practices.

22 **SECTION 34.** ORS 417.270 is amended to read:

23 417.270. (1) The Legislative Assembly hereby acknowledges that females under 18 years of age
 24 often lack equal access, both individually and as a group, when compared with males under 18 years
 25 of age, to the facilities, services and treatment available through human services and juvenile cor-
 26 rections programs provided by or funded by the State of Oregon.

27 (2) The Legislative Assembly therefore declares that, as a matter of statewide concern, it is in
 28 the best interests of the people of this state that equal access for both males and females under 18
 29 years of age to appropriate facilities, services and treatment be available through all state agencies
 30 providing or funding human services and juvenile corrections programs for children and adolescents.

31 (3) Recognizing this concern, the Legislative Assembly further declares that:

32 (a) Any state administrative agency that regularly provides services to minors shall, when the
 33 agency submits its annual budget to the Legislative Assembly, specify the percentages of moneys
 34 allocated to, and expended for, the two separate groups, males under 18 years of age and females
 35 under 18 years of age;

36 (b) All state agencies providing human services and juvenile corrections programs shall identify
 37 existing disparities in the allocations of moneys and services to, and expended for, the two groups,
 38 males under 18 years of age and females under 18 years of age, and shall document such disparities,
 39 if any, for the purpose of reporting the information to the next odd-numbered year regular session
 40 of the Legislative Assembly; and

41 (c) The state agencies described in subsection (1) of this section shall:

42 (A) Develop a plan to implement equal access to appropriate services and treatment, based on
 43 presenting behaviors, for both males under 18 years of age and females under 18 years of age, by
 44 January 1, 1995; and

45 (B) Monitor the implementation and results of newly enacted legislation intended to improve

1 services for females under 18 years of age.

2 (4) As used in subsection (3)(b) of this section, disparities include, but are not limited to, dis-
 3 parities in:

4 (a) The nature, extent and effectiveness of services offered for females under 18 years of age
 5 within the areas of teen pregnancy, physical and sexual abuse, [*alcohol and drug abuse*] **substance**
 6 **use disorders**, services offered for runaway and homeless females under 18 years of age and ser-
 7 vices offered for females under 18 years of age who are involved in gangs or other delinquent ac-
 8 tivity; and

9 (b) The equity of services offered to at-risk children and youth with respect to gender within the
 10 areas of physical and sexual abuse, [*alcohol and drug abuse*] **substance use disorders** and services
 11 offered to runaway and homeless children and youth.

12 **SECTION 35.** ORS 417.280 is amended to read:

13 417.280. (1) As used in this section, “victim services provider” means a nonprofit agency or
 14 program receiving moneys administered by the Department of Human Services or the Department
 15 of Justice that offers safety planning, counseling, support or advocacy to victims of domestic vi-
 16 olence.

17 (2) The Department of Human Services may contract with local victim services providers to
 18 place staff members from victim services providers at child welfare offices for the purposes of al-
 19 lowing the staff members to divide their time between the child welfare office and the staff member’s
 20 office to foster a closer working relationship between the child welfare system and victim services
 21 providers.

22 (3) If the department contracts with local victim services providers, the staff members described
 23 in subsection (2) of this section shall:

24 (a) Provide in-depth safety planning, education, advocacy and continuing support to adult victims
 25 of domestic violence who have children in the child welfare system;

26 (b) Receive referrals on cases that are closed at assessment; and

27 (c) Participate in case reviews and provide consultation to workers at the child welfare office.

28 (4) In addition to the services provided under subsection (3) of this section, staff members from
 29 victim services providers shall work with addiction and recovery teams to help address co-
 30 occurrence of domestic violence and [*substance abuse*] **substance use disorders**.

31 (5) If the department contracts with local victim services providers, the department shall consult
 32 with victim services providers in creating policies and protocols to coordinate the provision of ser-
 33 vices under this section.

34 **SECTION 36.** ORS 417.786 is amended to read:

35 417.786. As used in this section and ORS 417.788:

36 (1) “At risk” means likely to enter foster care due to multiple risk factors, including but not
 37 limited to:

38 (a) Living in a household that is at or near poverty, as determined under federal poverty
 39 guidelines;

40 (b) Living in inadequate or unsafe housing;

41 (c) Having inadequate nutrition;

42 (d) Living in a household where there is significant or documented domestic conflict, disruption
 43 or violence;

44 (e) Having a parent who suffers from mental illness, who [*engages in substance abuse*] **has a**
 45 **substance use disorder** or who experiences a developmental disability or an intellectual disability;

1 (f) Living in circumstances under which there is neglectful or abusive caregiving;

2 (g) Having unmet health care and medical treatment needs; or

3 (h) Having a racial or ethnic minority status that is historically consistent with disproportionate
4 overrepresentation in academic achievement gaps or in the system of child welfare, foster care or
5 juvenile or adult corrections.

6 (2) "Relief Nursery program" means a program that:

7 (a) Provides services to families with at-risk children who are zero through five years of age,
8 where the participation and progress of each child and family are tracked and reported through a
9 database that is created and maintained by the Oregon Association of Relief Nurseries;

10 (b) Is community based and implemented by a nongovernmental entity;

11 (c) Is exempt from income tax under section 501(c)(3) of the Internal Revenue Code; and

12 (d) Maintains or exceeds the minimum therapeutic program services necessary for certification
13 by the Oregon Association of Relief Nurseries, including but not limited to therapeutic early child-
14 hood programs, home visiting and parent education, support and outreach.

15 **SECTION 37.** ORS 417.855 is amended to read:

16 417.855. (1) Each board of county commissioners shall designate an agency or organization to
17 serve as the lead planning organization to facilitate the creation of a partnership among state and
18 local public and private entities in each county. The partnership shall include, but is not limited to,
19 education representatives, public health representatives, local alcohol and drug planning commit-
20 tees, representatives of the court system, local mental health planning committees, city or municipal
21 representatives and local public safety coordinating councils. The partnership shall develop a local
22 high-risk juvenile crime prevention plan.

23 (2) The local high-risk juvenile crime prevention plans shall use services and activities to meet
24 the needs of a targeted population of youths who:

25 (a) Have more than one of the following risk factors:

26 (A) Antisocial behavior;

27 (B) Poor family functioning or poor family support;

28 (C) Failure in school;

29 (D) [*Substance abuse problems*] **A substance use disorder**; or

30 (E) Negative peer association; and

31 (b) Are clearly demonstrating at-risk behaviors that have come to the attention of government
32 or community agencies, schools or law enforcement and will lead to imminent or increased involve-
33 ment in the juvenile justice system.

34 (3)(a) The Youth Development Council shall allocate funds available to support the local high-
35 risk juvenile crime prevention plans to counties based on the youth population age 18 or younger
36 in those counties.

37 (b) The Youth Development Council shall award a minimum grant to small counties. The mini-
38 mum grant level shall be determined by the council through a public process and reviewed by the
39 council biennially.

40 **SECTION 38.** ORS 418.578 is amended to read:

41 418.578. The Legislative Assembly finds that:

42 (1) There is growing empirical evidence that severe trauma may result when children are re-
43 moved from their families, and that this trauma may give rise to negative outcomes that last a life-
44 time, cause intergenerational patterns of addiction, abuse and neglect, and give rise to disrupted and
45 broken families.

1 (2) Improving permanency outcomes for children is best accomplished by providing services that
2 allow children to remain with their families and in their homes when appropriate and safe.

3 (3) Allowing families to remain intact while parents undergo mental health or addiction treat-
4 ment, take steps to move out of poverty by obtaining employment and housing or receive family
5 strengthening services preserves child-parent bonds with improved outcomes for children and fami-
6 lies and positive long-term societal effects.

7 (4) When placement in foster or substitute care outside the home must occur, this can be less
8 traumatic and of shorter duration with the provision of family-focused treatment and services, and
9 the provision of routine family contact and visitation as frequently as is appropriate. After children
10 are returned to the family, they should receive continuing services to ensure safety and stabilization.

11 (5) Children should receive continuing services sufficient to achieve stabilization after returning
12 to the community.

13 (6) A new systemwide model for providing child welfare services should be adopted that provides
14 services and supports that have proved effective in keeping children safely with their parents, that
15 reduces children's risk of future entry into the criminal justice and child welfare systems, that
16 lowers the risk of intergenerational abuse and that decreases the associated human and economic
17 costs.

18 (7) The efficacy of programs that allow families to remain together or that assist families with
19 reunification has been demonstrated by pilot programs, including one that has operated in Jackson
20 County since 2007 and other national best practice models.

21 (8) Foster care savings that are reinvested can enhance and expand child welfare services.

22 (9) Housing is essential to the safe reduction of the number of children in foster care. Partner-
23 ships between affordable housing providers and nonprofit service agencies must be formed where
24 possible. Tenancy requirements and exclusion criteria related to criminal, credit and tenant histo-
25 ries, particularly when associated with [*substance abuse*] **a substance use disorder**, must be ree-
26 valuated and modified where possible.

27 **SECTION 39.** ORS 418.813 is amended to read:

28 418.813. (1) Subject to subsection (2)(b) of this section, each Critical Incident Review Team as-
29 signed under ORS 418.811 shall submit a detailed, written final report to the Department of Human
30 Services no later than the 100th day following the date the department assigned the team.

31 (2)(a) Prior to publishing a final report under this section, the department shall take into con-
32 sideration the following:

33 (A) Whether publication of the report is likely to compromise an ongoing investigation of a law
34 enforcement agency, after the team has communicated with and obtained agreement of appropriate
35 law enforcement agency representatives and the district attorney;

36 (B) Whether the report can be modified so as to permit publication of the report without com-
37 promising a law enforcement agency investigation; and

38 (C) Whether, as determined by the team with the advice and consultation of the Director of
39 Human Services, the public interest outweighs the potential consequences to a law enforcement
40 agency investigation as provided in ORS 192.345 (3).

41 (b) The director may extend the deadline for publication of the final report if the director de-
42 termines that the report, even if modified, will compromise a law enforcement agency investigation
43 and the public interest does not outweigh the potential consequences.

44 (3) Each final report must include, to the extent determined, at a minimum:

45 (a) A description of the critical incident.

- 1 (b) The date of the critical incident.
- 2 (c) The date the department first became aware of the fatality.
- 3 (d) The date the department or a law enforcement agency caused an investigation to be made
- 4 under ORS 419B.020 to determine the nature and cause of the fatality.
- 5 (e) The date the findings in the case were entered under ORS 419B.026.
- 6 (f) The date the department assigned the team.
- 7 (g) The dates of, and number of members in attendance at, each meeting of the team.
- 8 (h) Whether the director appointed members of the public to the team.
- 9 (i) The date the team submitted the final report to the department.
- 10 (j) A description of all department contacts with the deceased child regarding the critical inci-
- 11 dent, including contacts with the deceased child's siblings or the deceased child's parents, foster
- 12 parents or other caretakers. The description of the department's contacts under this paragraph must
- 13 include a description of any relevant prior reports of abuse the department received involving the
- 14 individuals identified in this paragraph. The description of relevant prior reports of abuse must in-
- 15 clude:
 - 16 (A) A summary of the specific nature of any allegations of abuse;
 - 17 (B) A summary of the assessment or investigation activities related to any allegations of abuse;
 - 18 and
 - 19 (C) The disposition of the reports, including whether the reports were assigned for assessment
 - 20 or investigation.
- 21 (k) A description of any concerns the team has regarding actions taken or not taken by the
- 22 department or law enforcement agencies in response to the critical incident or to the events that
- 23 led to the critical incident.
- 24 (L) Any recommendations for improvements in the administration and oversight of the child
- 25 welfare system that are specific to the critical incident and any historical information reviewed by
- 26 the team.
- 27 (4) A final report under this section may include the team's recommendations regarding training
- 28 and intervention to support the department personnel involved in responding to critical incidents.
- 29 (5) Each final report shall be written in a manner that respects the dignity of the child, the
- 30 child's family and those involved in the critical incident case. Details about individuals involved in
- 31 the case may not be included in the report unless the details are relevant to:
 - 32 (a) The history of alleged abuse and neglect of the deceased child and the history of relevant
 - 33 alleged abuse and neglect of other children in the deceased child's home at the time of the critical
 - 34 incident and the deceased child's siblings.
 - 35 (b) The exposure of the deceased child or any other children in the deceased child's home at the
 - 36 time of the critical incident to domestic violence or *[substance abuse]* **a substance use disorder.**
 - 37 (c) The history of the department's involvement with the family.
 - 38 (d) The goal of constructively informing public policy related to child welfare, which may in-
 - 39 clude public policies related to health care coordination, public health, suicide prevention, mental
 - 40 health and addiction services, poverty, law enforcement, chronic neglect, prevention services or
 - 41 other issues that affect the safety and well-being of Oregon families.
 - 42 (6) A final report may not include the names of any person assigned to the team or any per-
 - 43 sonally identifiable information regarding any person involved in the critical incident case, including
 - 44 but not limited to employees of the department, the Oregon Health Authority or law enforcement.
 - 45 (7) Any statements contained in a final report or document created solely for the critical inci-

1 dent review process that are or may be construed as an admission of error, liability or violation of
 2 law, policy or practice are not admissible as evidence in any civil or administrative proceeding. This
 3 restriction does not apply to any document that existed prior to its use and consideration in a
 4 critical incident review or that is created independently of the critical incident review process.

5 **SECTION 40.** ORS 419C.225 is amended to read:

6 419C.225. (1) Following a review of a police report and other relevant information, a county ju-
 7 venile department may refer a youth to an authorized diversion program if the youth is eligible to
 8 enter into a formal accountability agreement under ORS 419C.230.

9 (2) An authorized diversion program may include a youth court, mediation program, crime pre-
 10 vention or [*chemical substance abuse*] **substance use disorder** education program or other program
 11 established for the purpose of providing consequences and reformation and preventing future delin-
 12 quent acts.

13 (3) An authorized diversion program for a youth who is alleged to have committed an act that
 14 is a violation of ORS 813.010 must include an agreement that the youth will not use intoxicants
 15 while the youth is participating in the diversion program.

16 **SECTION 41.** ORS 419C.411 is amended to read:

17 419C.411. (1) At the termination of the hearing or hearings in the proceeding or after entry of
 18 an order under ORS 419C.067, the court shall enter an appropriate order directing the disposition
 19 to be made of the case.

20 (2) The court shall find a youth responsible except for insanity if:

21 (a) The youth asserted qualifying mental disorder as a defense as provided in ORS 419C.524; and

22 (b) The court determined by a preponderance of the evidence that, as a result of a qualifying
 23 mental disorder at the time the youth committed the act alleged in the petition, the youth lacked
 24 substantial capacity either to appreciate the nature and quality of the act or to conform the youth's
 25 conduct to the requirements of law.

26 (3) Except as otherwise provided in subsections (6) and (7) of this section, in determining the
 27 disposition of the case, the court shall consider each of the following:

28 (a) The gravity of the loss, damage or injury caused or attempted during, or as part of, the
 29 conduct that is the basis for jurisdiction under ORS 419C.005;

30 (b) Whether the manner in which the youth offender engaged in the conduct was aggressive,
 31 violent, premeditated or willful;

32 (c) Whether the youth offender was held in detention under ORS 419C.145 and, if so, the reasons
 33 for the detention;

34 (d) The immediate and future protection required by the victim, the victim's family and the
 35 community; and

36 (e) The youth offender's juvenile court record and response to the requirements and conditions
 37 imposed by previous juvenile court orders.

38 (4) In addition to the factors listed in subsection (3) of this section, the court may consider the
 39 following:

40 (a) Whether the youth offender has made any efforts toward reform or rehabilitation or making
 41 restitution;

42 (b) The youth offender's educational status and school attendance record;

43 (c) The youth offender's past and present employment;

44 (d) The disposition proposed by the youth offender;

45 (e) The recommendations of the district attorney and the juvenile court counselor and the

1 statements of the victim and the victim’s family;

2 (f) The youth offender’s mental, emotional and physical health and the results of the mental
3 health or [*substance abuse*] **substance use disorder** treatment; and

4 (g) Any other relevant factors or circumstances raised by the parties.

5 (5) The court’s consideration of matters under this section may be addressed on appeal only if
6 raised by a party at a dispositional hearing or by a motion to modify or set aside under ORS
7 419C.610.

8 (6) When a youth is found responsible except for insanity, the court shall order a disposition
9 under ORS 419C.529 if the court finds by a preponderance of the evidence that, at the time of dis-
10 position, the youth:

11 (a) Has a serious mental condition; or

12 (b) Has a qualifying mental disorder other than a serious mental condition and presents a sub-
13 stantial danger to others.

14 (7) When a youth is found responsible except for insanity and the court does not make a finding
15 described in subsection (6) of this section, the court may:

16 (a) Enter an order finding the youth to be within the court’s jurisdiction under ORS 419B.100
17 and make any disposition authorized by ORS chapter 419B;

18 (b) Initiate civil commitment proceedings; or

19 (c) Enter an order of discharge.

20 **SECTION 42.** ORS 420A.125 is amended to read:

21 420A.125. (1) The Oregon Youth Authority shall conduct, or cause to be conducted, intake as-
22 sessments when youth offenders and other persons are initially placed in a youth correction facility.

23 (2) At the time of the intake assessment, the youth authority shall provide the person with a
24 copy of the rules of conduct for youth offenders and other persons in custody in youth correction
25 facilities. The youth authority shall also provide a youth offender with information concerning the
26 process for transferring from one level of custody to another.

27 (3) An intake assessment shall include the following for each person:

28 (a) A physical health evaluation;

29 (b) If appropriate, a psychiatric evaluation;

30 (c) A psychological evaluation if a psychological evaluation of the person has not been done in
31 the six months prior to the person’s commitment to the youth correction facility;

32 (d) A [*drug and alcohol abuse*] **substance use disorder** evaluation;

33 (e) If appropriate, a sex offender evaluation; and

34 (f) If appropriate, a vocational evaluation.

35 (4) For a youth offender, the intake assessment must also include an educational evaluation to
36 be provided by the Department of Education. The educational evaluation must include evaluations
37 for special education as required by the Individuals with Disabilities Education Act, 20 U.S.C. 1400
38 et seq.

39 (5) Following assessment of a youth offender, the Director of the Oregon Youth Authority shall
40 prepare, or cause to be prepared, a reformation plan for the youth offender and make the initial
41 placement of the youth offender based upon the plan. The director shall base the placement on:

42 (a) The evaluations required by subsections (3) and (4) of this section;

43 (b) The severity of the conduct engaged in by the youth offender;

44 (c) The juvenile record of the youth offender; and

45 (d) The conduct of the youth offender during assessment.

1 **SECTION 43.** ORS 420A.203 is amended to read:

2 420A.203. (1)(a) This section and ORS 420A.206 apply only to a person who:

3 (A) Was under 18 years of age at the time of the commission of the offense for which the person
4 was sentenced to a term of imprisonment, who committed the offense on or after June 30, 1995, and
5 who was:

6 (i) Sentenced to a term of imprisonment of at least 24 months following waiver under ORS
7 419C.349 (1)(b), 419C.352, 419C.364 or 419C.370; or

8 (ii) Sentenced to a term of imprisonment of at least 24 months under ORS 137.707 or 137.712;
9 or

10 (B)(i) Was under 18 years of age at the time of the commission of all offenses for which the
11 person was sentenced to a term of imprisonment;

12 (ii) Is in the physical custody of the Oregon Youth Authority; and

13 (iii) Has a projected release date, as determined by the Department of Corrections, that falls on
14 or after the person's 25th birthday and before the person's 27th birthday.

15 (b) When a person described in paragraph (a)(A) of this subsection has served one-half of the
16 sentence imposed or when a person described in paragraph (a)(B) of this subsection attains 24 years
17 and six months of age, the sentencing court shall determine what further commitment or disposition
18 is appropriate as provided in this section. As used in this subsection and subsection (2) of this sec-
19 tion, "sentence imposed" means the total period of mandatory incarceration imposed for all con-
20 victions resulting from a single prosecution or criminal proceeding not including any reduction in
21 the sentence under ORS 421.121 or any other statute.

22 (2)(a) No more than 120 days and not less than 60 days before the date on which a person has
23 served one-half of the sentence imposed or attains 24 years and six months of age, the Oregon Youth
24 Authority or the Department of Corrections, whichever has physical custody of the person, shall file
25 in the sentencing court a notice and request that the court set a time and place for the hearing
26 required under this section. The youth authority or department shall serve the person with a copy
27 of the notice and request for hearing on or before the date of filing.

28 (b) Upon receiving the notice and request for a hearing under paragraph (a) of this subsection,
29 the sentencing court shall schedule a hearing for a date not more than 30 days after the date on
30 which the person will have served one-half of the sentence imposed or attains 24 years and six
31 months of age, or such later date as is agreed upon by the parties.

32 (c) The court shall notify the following of the time and place of the hearing:

33 (A) The person and, if the person is under 18 years of age, the person's parents;

34 (B) The records supervisor of the correctional institution in which the person is incarcerated;
35 and

36 (C) The district attorney who prosecuted the case.

37 (d) The court shall make reasonable efforts to notify the following of the time and place of the
38 hearing:

39 (A) The victim and, if the victim is under 18 years of age, the victim's parents or legal guardian;
40 and

41 (B) Any other person who has filed a written request with the court to be notified of any hear-
42 ing concerning the transfer, discharge or release of the person.

43 (e) Notwithstanding paragraph (b) of this subsection, the court may delay the hearing for good
44 cause.

45 (3) In a hearing under this section:

- 1 (a) The person and the state are parties to the proceeding.
- 2 (b) The person has the right to appear with counsel. If the person requests that the court ap-
3 point counsel and the court determines that the person is financially eligible for appointed counsel
4 at state expense, the court shall order that counsel be appointed.
- 5 (c) The district attorney represents the state.
- 6 (d) The court shall determine admissibility of evidence as if the hearing were a sentencing pro-
7 ceeding.
- 8 (e) The court may consider, when relevant, written reports of the Oregon Youth Authority, the
9 Department of Corrections and qualified experts, in addition to the testimony of witnesses. Within
10 a reasonable time before the hearing, as determined by the court, the person must be given the op-
11 portunity to examine all reports and other documents concerning the person that the state, the
12 Oregon Youth Authority or the Department of Corrections intends to submit for consideration by
13 the court at the hearing.
- 14 (f) Except as otherwise provided by law or by order of the court based on good cause, the person
15 must be given access to the records maintained in the person's case by the Oregon Youth Authority
16 and the Department of Corrections.
- 17 (g) The person may examine all of the witnesses called by the state, may subpoena and call
18 witnesses to testify on the person's behalf and may present evidence and argument. The court may
19 permit witnesses to appear by telephone or other two-way electronic communication device.
- 20 (h) The hearing must be recorded.
- 21 (i) The hearing and the record of the hearing are open to the public.
- 22 (j) The question to be decided is which of the dispositions provided in subsection (4) of this
23 section should be ordered in the case.
- 24 (k) The person has the burden of proving by clear and convincing evidence that the person has
25 been rehabilitated and reformed, and if conditionally released, the person would not be a threat to
26 the safety of the victim, the victim's family or the community and that the person would comply with
27 the release conditions.
- 28 (4)(a) At the conclusion of the hearing and after considering and making findings regarding each
29 of the factors in paragraph (b) of this subsection, the court shall order one of the following dispo-
30 sitions:
- 31 (A) Order that the person serve the entire remainder of the sentence of imprisonment imposed,
32 taking into account any reduction in the sentence under ORS 421.121 or any other statute, with the
33 person's physical custody determined under ORS 137.124, 420.011 and 420A.200.
- 34 (B) Order that the person be conditionally released under ORS 420A.206 at such time as the
35 court may order, if the court finds that the person:
- 36 (i) Has been rehabilitated and reformed;
- 37 (ii) Is not a threat to the safety of the victim, the victim's family or the community; and
- 38 (iii) Will comply with the conditions of release.
- 39 (b) In making the determination under this section, the court shall consider:
- 40 (A) The experiences and character of the person before and after commitment to the Oregon
41 Youth Authority or the Department of Corrections;
- 42 (B) The person's juvenile and criminal records;
- 43 (C) The person's mental, emotional and physical health;
- 44 (D) The gravity of the loss, damage or injury caused or attempted, during or as part of the
45 criminal act for which the person was convicted and sentenced;

1 (E) The manner in which the person committed the criminal act for which the person was con-
2 victed and sentenced;

3 (F) The person's efforts, participation and progress in rehabilitation programs since the person's
4 conviction;

5 (G) The results of any mental health or substance [*abuse*] **use disorder** treatment;

6 (H) Whether the person demonstrates accountability and responsibility for past and future con-
7 duct;

8 (I) Whether the person has made and will continue to make restitution to the victim and the
9 community;

10 (J) Whether the person will comply with and benefit from all conditions that will be imposed if
11 the person is conditionally released;

12 (K) The safety of the victim, the victim's family and the community;

13 (L) The recommendations of the district attorney, the Oregon Youth Authority and the Depart-
14 ment of Corrections; and

15 (M) Any other relevant factors or circumstances raised by the state, the Oregon Youth Au-
16 thority, the Department of Corrections or the person.

17 (5) The court shall provide copies of its disposition order under subsection (4) of this section to
18 the parties, to the records supervisor of the correctional institution in which the person is
19 incarcerated and to the manager of the institution-based records office of the Department of Cor-
20 rections.

21 (6) The person or the state may appeal an order entered under this section. On appeal, the ap-
22 pellate court's review is limited to claims that:

23 (a) The disposition is not authorized under this section;

24 (b) The court failed to comply with the requirements of this section in imposing the disposition;
25 or

26 (c) The findings of the court are not supported by substantial evidence in the record.

27 (7) A person described in subsection (1)(a)(B) of this section may waive a hearing under this
28 section.

29 **SECTION 44.** ORS 421.500 is amended to read:

30 421.500. The Legislative Assembly finds that:

31 (1) There is no method in this state for diverting sentenced offenders from a traditional
32 correctional setting;

33 (2) The absence of a program that instills discipline, enhances self-esteem and promotes alter-
34 natives to criminal behavior has a major impact on overcrowding of prisons and criminal recidivism
35 in this state; and

36 (3) An emergency need exists to implement a highly structured corrections program that in-
37 volves intensive mental and physical training and [*substance abuse*] **substance use disorder** treat-
38 ment.

39 **SECTION 45.** ORS 426.495 is amended to read:

40 426.495. (1) As used in ORS 426.490 to 426.500, unless the context requires otherwise:

41 (a) "Case manager" means a person who works on a continuing basis with a person with a
42 chronic mental illness and is responsible for assuring the continuity of the various services called
43 for in the discharge plan of the person with a chronic mental illness including services for basic
44 personal maintenance, mental and personal treatment, and appropriate education and employment.

45 (b) "Discharge plan" means a written plan prepared jointly with the person with a chronic

1 mental illness, mental health staff and case manager prior to discharge, prescribing for the basic
2 and special needs of the person upon release from the hospital.

3 (c) “Person with a chronic mental illness” means an individual who is:

4 (A) Eighteen years of age or older; and

5 (B) Diagnosed by a psychiatrist, a licensed clinical psychologist, a licensed independent practi-
6 tioner as defined in ORS 426.005 or a nonmedical examiner certified by the Oregon Health Authority
7 or the Department of Human Services as having chronic schizophrenia, a chronic major affective
8 disorder, a chronic paranoid disorder or another chronic psychotic mental disorder other than those
9 caused by substance [abuse] **use**.

10 (2) For purposes of providing services in the community, the authority may adopt rules consist-
11 ent with accepted professional practices in the fields of psychology and psychiatry to specify other
12 criteria for determining who is a person with a chronic mental illness.

13 **SECTION 46.** ORS 427.005 is amended to read:

14 427.005. As used in this chapter:

15 (1) “Adaptive behavior” means the effectiveness or degree with which an individual meets the
16 standards of personal independence and social responsibility expected for age and cultural group.

17 (2) “Care” means:

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

19 (b) Supervision;

20 (c) Protection; and

21 (d) Assistance in bathing, dressing, grooming, eating, management of money, transportation or
22 recreation.

23 (3) “Community developmental disabilities program director” means the director of an entity
24 that provides services described in ORS 430.664 to persons with intellectual disabilities or other
25 developmental disabilities.

26 (4) “Developmental disability” means autism, cerebral palsy, epilepsy or other condition diag-
27 nosed by a qualified professional that:

28 (a) Originates before an individual is 22 years of age and is expected to continue indefinitely;

29 (b) Results in a significant impairment in adaptive behavior as measured by a qualified profes-
30 sional;

31 (c) Is not attributed primarily to other conditions including, but not limited to, a mental or
32 emotional disorder, sensory impairment, [substance abuse] **substance use disorder**, personality dis-
33 order, learning disability or attention deficit hyperactivity disorder; and

34 (d) Requires supports similar to those required by an individual with an intellectual disability.

35 (5) “Director of the facility” means the person in charge of care, treatment and training pro-
36 grams at a facility.

37 (6) “Facility” means a group home, activity center, community mental health clinic or other fa-
38 cility or program that the Department of Human Services approves to provide necessary services
39 to persons with intellectual disabilities or other developmental disabilities.

40 (7) “Incapacitated” means a person is unable, without assistance, to properly manage or take
41 care of personal affairs, including but not limited to financial and medical decision-making, or is
42 incapable, without assistance, of self-care.

43 (8) “Independence” means the extent to which persons with intellectual disabilities or other
44 developmental disabilities exert control and choice over their own lives.

45 (9) “Integration” means:

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

3 (b) Participation by persons with intellectual disabilities or other developmental disabilities in
4 the same community activities in which persons without disabilities participate, together with reg-
5 ular contact with persons without disabilities; and

6 (c) Residence by persons with intellectual disabilities or other developmental disabilities in
7 homes or in home-like settings that are in proximity to community resources, together with regular
8 contact with persons without disabilities in their community.

9 (10)(a) "Intellectual disability" means an intelligence quotient of 70 or below as measured by a
10 qualified professional and existing concurrently with significant impairment in adaptive behavior,
11 that is manifested before the individual is 18 years of age.

12 (b) An individual with intelligence quotients of 71 through 75 may be considered to have an in-
13 tellectual disability if there is also significant impairment in adaptive behavior, as diagnosed and
14 measured by a qualified professional.

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

16 (11) "Minor" means an unmarried person under 18 years of age.

17 (12) "Naturopathic physician" has the meaning given the term in ORS 685.010.

18 (13) "Physician" means a person licensed by the Oregon Medical Board to practice medicine and
19 surgery.

20 (14) "Productivity" means regular engagement in income-producing work, preferably competitive
21 employment with supports and accommodations to the extent necessary, by a person with an intel-
22 lectual disability or another developmental disability which is measured through improvements in
23 income level, employment status or job advancement or engagement by a person with an intellectual
24 disability or another developmental disability in work contributing to a household or community.

25 (15) "Service coordination" means person-centered planning, case management, procuring, coor-
26 dinating and monitoring of services under an individualized support plan to establish desired out-
27 comes, determine needs and identify resources for a person with developmental disabilities and
28 advocating for the person.

29 (16) "Training" means:

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

32 (b) The planned sequence of systematic interactions, activities, structured learning situations
33 or education designed to meet each person's specified needs in the areas of physical, emotional, in-
34 tellectual and social growth.

35 (17) "Treatment" means the provision of specific physical, mental, social interventions and
36 therapies that halt, control or reverse processes that cause, aggravate or complicate malfunctions
37 or dysfunctions.

38 **SECTION 47.** ORS 430.221 is amended to read:

39 430.221. (1) As used in this section and ORS 430.223:

40 (a) "Participating state agency" means the Department of Corrections, the Department of Hu-
41 man Services, the Oregon Health Authority, the Department of Education, the Oregon Criminal
42 Justice Commission, the Oregon State Police, the Oregon Youth Authority or any other state agency
43 that is approved by the Alcohol and Drug Policy Commission to license, contract for, provide or
44 coordinate [*alcohol or drug abuse*] **substance use disorder** prevention or treatment services.

45 (b) "Provider" means any person that is licensed by the Oregon Health Authority to provide

1 [alcohol or drug abuse] **substance use disorder** prevention or treatment services.

2 (2) There is created the Alcohol and Drug Policy Commission, which is charged with improving
 3 the effectiveness and efficiency of state and local [alcohol and drug abuse] **substance use disorder**
 4 prevention and treatment services.

5 (3) The membership of the commission consists of:

6 (a) No more than 17 members appointed by the Governor, subject to confirmation by the Senate
 7 in the manner prescribed in ORS 171.562 and 171.565 and appointed, as the Governor deems practi-
 8 cable, to ensure representation from stakeholders directly impacted by the work of the commission,
 9 as follows:

10 (A) At least 75 percent of the members appointed by the Governor must be representatives of
 11 the following public health and health care stakeholder groups:

12 (i) County commissioners, managers and administrators;

13 (ii) Indian tribes;

14 (iii) The following providers of addiction prevention and recovery services:

15 (I) Treatment providers employed by an outpatient addiction treatment program;

16 (II) Directors of inpatient addiction treatment centers;

17 (III) Addiction treatment providers who are culturally competent to serve specific cultural or
 18 ethnic populations;

19 (IV) Certified prevention specialists;

20 (V) Certified addiction counselors; and

21 (VI) Certified addiction recovery mentors;

22 (iv) Alcohol or drug treatment researchers or epidemiologists;

23 (v) The health insurance industry or hospitals;

24 (vi) Consumers of addiction recovery services who are in recovery and the family members of
 25 consumers;

26 (vii) Experts in addiction medicine;

27 (viii) Entities that provide housing to individuals who are in recovery; and

28 (ix) Social service providers.

29 (B) Up to 25 percent of the members appointed by the Governor shall be representatives of one
 30 or more of the following stakeholder groups:

31 (i) District attorneys.

32 (ii) County sheriffs.

33 (iii) Chiefs of police.

34 (iv) Criminal defense attorneys.

35 (v) County community corrections agencies.

36 (b) Two members of the Legislative Assembly appointed to the commission as nonvoting mem-
 37 bers of the commission, acting in an advisory capacity only and including:

38 (A) One member from among members of the Senate appointed by the President of the Senate;
 39 and

40 (B) One member from among members of the House of Representatives appointed by the Speaker
 41 of the House of Representatives.

42 (c) A judge of a circuit court appointed to the commission as a nonvoting member by the Chief
 43 Justice of the Supreme Court.

44 (d) The director of the behavioral health program of the Oregon Health Authority as a nonvot-
 45 ing member.

1 (e) A representative of a coordinated care organization appointed to the commission as a non-
2 voting member by the Governor.

3 (4) The Alcohol and Drug Policy Commission shall select one of its members as chairperson and
4 another as vice chairperson, for such terms and with duties and powers necessary for the perform-
5 ance of the functions of such offices as the commission determines.

6 (5)(a) A majority of the voting members of the commission constitutes a quorum for the trans-
7 action of business.

8 (b) If a member of the commission is absent for more than two consecutive scheduled meetings
9 of the commission, the Director of the Alcohol and Drug Policy Commission appointed under ORS
10 430.220 may recommend to the Governor that the member be replaced.

11 (6) Official action of the commission requires the approval of a majority of a quorum.

12 (7) The commission may establish a steering committee and subcommittees. These committees
13 may be continuing or temporary. A person who is not a member of the commission may be appointed
14 by the commission to serve on a subcommittee. The commission shall appoint subcommittee members
15 to ensure representation from all stakeholders directly impacted by the work of the commission.

16 (8) The term of office of each commission member appointed by the Governor is four years, but
17 a member serves at the pleasure of the Governor. If there is a vacancy for any cause, the Governor
18 shall make an appointment to become immediately effective.

19 (9) The Oregon Health Authority shall provide staff support to the commission. Subject to
20 available funding, the commission may contract with a public or private entity to provide staff sup-
21 port.

22 (10) Members of the commission who are not members of the Legislative Assembly are entitled
23 to compensation and expenses incurred by them in the performance of their official duties in the
24 manner and amounts provided for in ORS 292.495. Claims for compensation and expenses shall be
25 paid out of funds appropriated to the Oregon Health Authority or funds appropriated to the com-
26 mission for purposes of the commission.

27 **SECTION 48.** ORS 430.223, as amended by section 7, chapter 44, Oregon Laws 2018, and section
28 3, chapter 54, Oregon Laws 2019, is amended to read:

29 430.223. (1) For purposes of this section, "program" means a state, local or tribal [*alcohol and*
30 *drug abuse*] **substance use disorder** prevention and treatment program.

31 (2) The Alcohol and Drug Policy Commission established under ORS 430.221 shall develop a
32 comprehensive addiction, prevention, treatment and recovery plan for this state. The plan must in-
33 clude, but is not limited to, recommendations regarding:

34 (a) Capacity, type and utilization of programs;

35 (b) Methods to assess the effectiveness and performance of programs;

36 (c) The best use of existing programs;

37 (d) Budget policy priorities for participating state agencies;

38 (e) Standards for licensing programs;

39 (f) Minimum standards for contracting for, providing and coordinating [*alcohol and drug abuse*]
40 **substance use disorder** prevention and treatment services among programs that use federal, pri-
41 vate or state funds administered by the state; and

42 (g) The most effective and efficient use of participating state agency resources to support pro-
43 grams.

44 (3) The commission shall review and update the plan developed under subsection (2) of this
45 section no later than July 1 of each even-numbered year.

1 (4) The commission may:

2 (a) Conduct studies related to the duties of the commission in collaboration with other state
3 agencies;

4 (b) Apply for and receive gifts and grants for public and private sources; and

5 (c) Use funds received by the commission to carry out the purposes of ORS 430.220 and 430.221
6 and this section.

7 (5) All state and local agencies shall assist the commission in developing the comprehensive
8 addiction, prevention, treatment and recovery plan.

9 (6) The commission may adopt rules to carry out its duties under this section.

10 **SECTION 49.** ORS 430.231 is amended to read:

11 430.231. (1) The Improving People’s Access to Community-based Treatment, Supports and Ser-
12 vices Program is established in recognition of the shortage of comprehensive community supports
13 and services for individuals with mental health or substance use disorders, leading to their in-
14 volvement with the criminal justice system, hospitalizations and institutional placements. The pur-
15 pose of the program is to address this need by awarding grants to counties and Oregon’s federally
16 recognized Indian tribes to establish evidence-based and tribal-based programs to provide the needed
17 supports and services.

18 (2) The Improving People’s Access to Community-based Treatment, Supports and Services Grant
19 Review Committee established in ORS 430.234 shall adopt rules for administering the program, in-
20 cluding rules:

21 (a) Identifying the target population of people with frequent criminal justice involvement and
22 behavioral health conditions to be served by the programs funded with the grants;

23 (b) Prescribing a methodology for the committee to review and approve grant applications;

24 (c) Establishing program or service outcome measures;

25 (d) Establishing criteria for allowing a grantee to use a grant or a portion of a grant to:

26 (A) Expand the workforce of providers of mental health or substance *[abuse]* **use disorder** ser-
27 vices in the community; or

28 (B) Provide permanent, supportive housing for individuals with mental health or substance use
29 disorders; and

30 (e) Allowing the committee to terminate an agreement with an entity that fails to meet the grant
31 requirements or has been found to have misused funds or committed fraud. The ability to meet the
32 grant requirements may be a consideration in future funding or the amount of funding.

33 (3) The committee shall allocate funds in the Improving People’s Access to Community-based
34 Treatment, Supports and Services Account established in ORS 430.233 to grantees. The funds may
35 not be used for a purpose other than the programs providing supports and services for which the
36 grants were awarded.

37 (4) If unallocated funds remain at the conclusion of the grant acceptance period, the committee
38 may establish a supplemental grant period and distribute the unallocated funds to the counties or
39 Oregon’s federally recognized Indian tribes that received grants.

40 (5) Up to 20 percent of the funds in the account may be used for operating a statewide program
41 to support the design and implementation of community-based services, including but not limited to:

42 (a) Technical assistance to prospective grantees in developing proposals, particularly for devel-
43 oping proposals for supportive housing;

44 (b) Technical assistance to grantees for troubleshooting data collection requirements and shar-
45 ing information with third parties as necessary for carrying out the programs;

1 (c) Statewide training, provided in-person and remotely, for grantees and nongrantees, focused
 2 on improving outcomes for the target population;

3 (d) Making resources available to district attorneys and defense attorneys for consultation on
 4 cases involving defendants with complex behavioral health issues;

5 (e) Developing or strengthening a centralized system to make available to communities practi-
 6 tioners in professional specialties for which there is a shortage, including practitioners of addiction
 7 medicine and psychiatry; and

8 (f) A one-time investment in information technology to support the data system needs for the
 9 evaluation, accountability and innovation components of the program.

10 (6)(a) The committee shall procure and enter into contracts for goods, services and personal
 11 services related to the creation, operation, maintenance and management of information technology
 12 systems for the purpose of carrying out this section.

13 (b) The committee shall procure and enter into contracts for goods, services and personal ser-
 14 vices related to designing, developing, conducting, performing and completing research, review, au-
 15 dits, statistical analyses, investigations, studies, reports and evaluations for the purpose of carrying
 16 out this section.

17 (7) Three percent of the funds in the account must be used to support outcome measures, eval-
 18 uation or both.

19 (8) An application for a grant must be submitted by the federally recognized Indian tribe or the
 20 local public safety coordinating council on behalf of the county and:

21 (a) Must include:

22 (A) Letters of support and commitments from community leaders or organizations that are not
 23 members of the local public safety coordinating council, including but not limited to:

- 24 (i) Agencies working with homeless individuals;
- 25 (ii) Behavioral health care providers;
- 26 (iii) Coordinated care organizations; and
- 27 (iv) Local hospitals.

28 (B) For applications from counties, a report of the input from the local federally recognized In-
 29 dian tribes and, to the extent feasible, an explanation of how the input was incorporated into the
 30 design of the program, supports and services.

31 (C) For applications from federally recognized Indian tribes, a report of the input from the local
 32 public safety coordinating council and, to the extent feasible, an explanation of how the input was
 33 incorporated into the design of the program, supports and services.

34 (D) An agreement to screen all participants receiving supports and services funded by the grants
 35 for potential eligibility for medical assistance and to assist eligible participants to apply for medical
 36 assistance, including an agreement for a process for sharing data and protecting the confidentiality
 37 of recipients among the program participants.

38 (E) A process for program partners, participating jails and hospitals to:

- 39 (i) Provide information upon admission or at intake about the potential risks and benefits of
 40 tribal notification; and
- 41 (ii) Offer tribal members the opportunity to disclose their statuses and situations to the federally
 42 recognized Indian tribe of their choosing.

43 (b) May include a request to have more flexibility in using existing state funding to provide
 44 supports and services that address the need described in subsection (1) of this section.

45 (9) Annually, grantees shall report to the committee and to the Oregon Health Authority the

1 medical assistance enrollment data in addition to other outcome measures or evaluation metrics
2 collected as part of the grant for participants receiving supports and services provided with funds
3 from the grants.

4 **SECTION 50.** ORS 430.256 is amended to read:

5 430.256. (1) The Director of the Oregon Health Authority shall administer [*alcohol and drug*
6 *abuse*] **substance use disorder** programs, including but not limited to programs or components of
7 programs described in ORS 430.397 to 430.401 and 475.225 and ORS chapters 430 and 801 to 822.

8 (2) Subject to ORS 417.300 and 417.305, the director shall:

9 (a) Report to the Alcohol and Drug Policy Commission on accomplishments and issues occurring
10 during each biennium, and report on a new biennial plan describing resources, needs and priorities
11 for all [*alcohol and drug abuse*] **substance use disorder** programs.

12 (b) Develop within the Oregon Health Authority priorities for [*alcohol and drug abuse*] **sub-**
13 **stance use disorder** programs and activities.

14 (c) Conduct statewide and special planning processes that provide for participation from state
15 and local agencies, groups and individuals.

16 (d) Identify the needs of special populations including minorities, elderly, youth, women and in-
17 dividuals with disabilities.

18 (e) Subject to ORS chapter 183, adopt such rules as are necessary for the performance of the
19 duties and functions specified by this section.

20 (3) The director may apply for, receive and administer funds, including federal funds and grants,
21 from sources other than the state. Subject to expenditure limitation set by the Legislative Assembly,
22 funds received under this subsection may be expended by the director:

23 (a) For the study, prevention or treatment of [*alcohol and drug abuse and dependence*] **substance**
24 **use disorders** in this state.

25 (b) To provide training, both within this state and in other states, in the prevention and treat-
26 ment of [*alcohol and drug abuse and dependence*] **substance use disorders**.

27 (4) The director shall, in consultation with state agencies and counties, establish guidelines to
28 coordinate program review and audit activities by state agencies and counties that provide funds to
29 alcohol and drug prevention and treatment programs. The purpose of the guidelines is to minimize
30 duplication of auditing and program review requirements imposed by state agencies and counties on
31 alcohol and drug prevention and treatment programs that receive state funds, including programs
32 that receive beer and wine tax revenues under ORS 430.380 and 471.810.

33 **SECTION 51.** ORS 430.306 is amended to read:

34 430.306. As used in ORS 430.262, 430.315, 430.335, 430.342, 430.397, 430.399, 430.401, 430.402,
35 430.420 and 430.630, unless the context requires otherwise:

36 [(1) "*Alcoholic*" means any person who has lost the ability to control the use of alcoholic beverages,
37 or who uses alcoholic beverages to the extent that the health of the person or that of others is sub-
38 stantially impaired or endangered or the social or economic function of the person is substantially
39 disrupted. An alcoholic may be physically dependent, a condition in which the body requires a contin-
40 uing supply of alcohol to avoid characteristic withdrawal symptoms, or psychologically dependent, a
41 condition characterized by an overwhelming mental desire for continued use of alcoholic beverages.]

42 [(2)] (1) "Detoxification center" means a publicly or privately operated profit or nonprofit facil-
43 ity approved by the Oregon Health Authority that provides emergency care or treatment for [*alco-*
44 *holics or drug-dependent persons*] **persons with substance use disorders**.

45 [(3)] (2) "Director of the treatment facility" means the person in charge of treatment and reha-

1 bilitation programs at a treatment facility.

2 [(4) “Drug-dependent person” means one who has lost the ability to control the personal use of
3 controlled substances or other substances with abuse potential, or who uses such substances or con-
4 trolled substances to the extent that the health of the person or that of others is substantially impaired
5 or endangered or the social or economic function of the person is substantially disrupted. A drug-
6 dependent person may be physically dependent, a condition in which the body requires a continuing
7 supply of a drug or controlled substance to avoid characteristic withdrawal symptoms, or
8 psychologically dependent, a condition characterized by an overwhelming mental desire for continued
9 use of a drug or controlled substance.]

10 [(5)] (3) “Halfway house” means a publicly or privately operated profit or nonprofit, residential
11 facility approved by the authority that provides rehabilitative care and treatment for [*alcoholics or*
12 *drug-dependent persons*] **persons with substance use disorders.**

13 [(6)] (4) “Local planning committee” means a local planning committee for alcohol and drug
14 prevention and treatment services appointed or designated by the county governing body under ORS
15 430.342.

16 [(7)] (5) “Police officer” means a member of a law enforcement unit who is employed on a part-
17 time or full-time basis as a peace officer, commissioned by a city, a county or the Department of
18 State Police and responsible for enforcing the criminal laws of this state and any person formally
19 deputized by the law enforcement unit to take custody of a person who is intoxicated or under the
20 influence of controlled substances.

21 [(8)] (6) “Sobering facility” means a facility that meets all of the following criteria:

22 (a) The facility operates for the purpose of providing to individuals who are acutely intoxicated
23 a safe, clean and supervised environment until the individuals are no longer acutely intoxicated.

24 (b) The facility contracts with or is affiliated with a treatment program or a provider approved
25 by the authority to provide addiction treatment, and the contract or affiliation agreement includes,
26 but is not limited to, case consultation, training and advice and a plan for making referrals to ad-
27 diction treatment.

28 (c) The facility, in consultation with the addiction treatment program or provider, has adopted
29 comprehensive written policies and procedures incorporating best practices for the safety of
30 intoxicated individuals, employees of the facility and volunteers at the facility.

31 (d) The facility is registered with the Oregon Health Authority under ORS 430.262.

32 (7) **“Substance use disorder” means a disorder that causes a person to lose the ability to**
33 **control the use of substances with abuse potential, including alcoholic beverages and con-**
34 **trolled substances, or that causes a person to use such substances to the extent that the**
35 **health of the person or that of others is substantially impaired or endangered or the social**
36 **or economic function of the person is substantially disrupted. A person with a substance use**
37 **disorder may be physically dependent on the substance, a condition in which the body re-**
38 **quires a continuing supply of a substance to avoid characteristic withdrawal symptoms, or**
39 **psychologically dependent, a condition characterized by an overwhelming mental desire for**
40 **continued use of a substance.**

41 [(9)] (8) “Treatment facility” includes outpatient facilities, inpatient facilities and other facilities
42 the authority determines suitable and that provide services that meet minimum standards estab-
43 lished under ORS 430.357, any of which may provide diagnosis and evaluation, medical care,
44 detoxification, social services or rehabilitation for [*alcoholics or drug-dependent persons*] **persons**
45 **with substance use disorders** and which operate in the form of a general hospital, a state hospital,

1 a foster home, a hostel, a clinic or other suitable form approved by the authority.

2 **SECTION 52.** ORS 430.315 is amended to read:

3 430.315. The Legislative Assembly finds [*alcoholism or drug dependence*] **a substance use dis-**
 4 **order** is an illness. [*The alcoholic or drug-dependent person*] **A person with a substance use dis-**
 5 **order** is ill and should be afforded treatment for that illness. To the greatest extent possible, the
 6 least costly settings for treatment, outpatient services and residential facilities shall be widely
 7 available and utilized except when contraindicated because of individual health care needs. State
 8 agencies that purchase treatment for alcoholism or drug dependence shall develop criteria consist-
 9 ent with this policy in consultation with the Oregon Health Authority. In reviewing applications for
 10 certificate of need, the Director of the Oregon Health Authority shall take this policy into account.

11 **SECTION 53.** ORS 430.335 is amended to read:

12 430.335. In accordance with the policies, priorities and standards established by the Alcohol and
 13 Drug Policy Commission under ORS 430.223, and subject to the availability of funds therefor, the
 14 Oregon Health Authority may:

15 (1) Provide directly through publicly operated treatment facilities, which shall not be considered
 16 to be state institutions, or by contract with publicly or privately operated profit or nonprofit treat-
 17 ment facilities, for the care of [*alcoholics or drug-dependent persons*] **persons with substance use**
 18 **disorders.**

19 (2) Sponsor and encourage research of [*alcoholism and drug dependence*] **substance use disor-**
 20 **ders.**

21 (3) Seek to coordinate public and private programs relating to [*alcoholism and drug*
 22 *dependence*] **substance use disorders.**

23 (4) Apply for federally granted funds available for study or prevention and treatment of
 24 alcoholism and drug dependence.

25 (5) Directly or by contract with public or private entities, administer financial assistance, loan
 26 and other programs to assist the development of drug and alcohol free housing.

27 **SECTION 54.** ORS 430.338 is amended to read:

28 430.338. The purposes of ORS 430.338 to 430.380 are:

29 (1) To encourage local units of government to provide treatment and rehabilitation services to
 30 persons suffering from [*alcoholism*] **substance use disorders;**

31 (2) To foster sound local planning to address the problem of [*alcoholism*] **substance use disor-**
 32 **ders** and [*its*] **their** social consequences;

33 (3) To promote a variety of treatment and rehabilitation services for [*alcoholics*] **persons with**
 34 **substance use disorders** designed to meet the therapeutic needs of diverse segments of a
 35 community's population, recognizing that no single approach to [*alcoholism*] **substance use disorder**
 36 treatment and rehabilitation is suitable to every individual;

37 (4) To increase the independence and ability of individuals recovering from [*alcoholism*] **sub-**
 38 **stance use disorders** to lead satisfying and productive lives, thereby reducing continued reliance
 39 upon therapeutic support;

40 (5) To ensure sufficient emphasis upon the unique treatment and rehabilitation needs of minori-
 41 ties; and

42 (6) To stimulate adequate evaluation of [*alcoholism*] **substance use disorder** treatment and re-
 43 habilitation programs.

44 **SECTION 55.** ORS 430.345 is amended to read:

45 430.345. Upon application therefor, the Oregon Health Authority may make grants from funds

1 specifically appropriated for the purposes of carrying out ORS 430.338 to 430.380 to any applicant
 2 for the establishment, operation and maintenance of [*alcohol and drug abuse*] **substance use dis-**
 3 **order** prevention, early intervention and treatment services. When necessary, a portion of the ap-
 4 propriated funds may be designated by the authority for training and technical assistance, or
 5 additional funds may be appropriated for this purpose. [*Alcohol and drug abuse*] **Substance use**
 6 **disorder** prevention, early intervention and treatment services shall be approved if the applicant
 7 establishes to the satisfaction of the authority:

8 (1)(a) The adequacy of the services to accomplish the goals of the applicant and the needs and
 9 priorities established under ORS 430.338 to 430.380; or

10 (b) The community need for the services as determined by the local planning committee for [*al-*
 11 *cohol and drug*] **substance use disorder** prevention and treatment services under ORS 430.342;

12 (2) That an appropriate operating agreement exists, or will exist with other community facilities
 13 able to assist in providing [*alcohol and drug abuse*] **substance use disorder** prevention, early
 14 intervention and treatment services, including nearby detoxification centers and halfway houses; and

15 (3) That the services comply with the rules adopted by the authority pursuant to ORS 430.357.

16 **SECTION 56.** ORS 430.350 is amended to read:

17 430.350. (1) Every applicant for a grant made under ORS 430.345 to 430.380 shall be assisted in
 18 the preparation and development of [*alcohol and drug abuse*] **substance use disorder** prevention,
 19 early intervention and treatment services by the local planning committee operating in the area to
 20 which the application relates. Every application shall establish to the satisfaction of the Oregon
 21 Health Authority that the committee was actively involved in the development and preparation of
 22 such program.

23 (2) The authority shall require of every applicant for a grant made under ORS 430.345 to 430.380
 24 the recommendation of the local planning committee in the area to which the application relates.
 25 The authority shall take such recommendation into consideration before making or refusing grants
 26 under ORS 430.345 to 430.380.

27 **SECTION 57.** ORS 430.355 is amended to read:

28 430.355. An application for funds under ORS 430.345 to 430.380 may contain requests for funds
 29 to establish, operate and maintain any number of [*alcohol and drug abuse*] **substance use disorder**
 30 prevention, early intervention and treatment services.

31 **SECTION 58.** ORS 430.359 is amended to read:

32 430.359. (1) Upon approval of an application, the Oregon Health Authority shall enter into a
 33 matching fund relationship with the applicant. In all cases the amount granted by the authority
 34 under the matching formula shall not exceed 50 percent of the total estimated costs, as approved
 35 by the authority, of the [*alcohol and drug abuse*] **substance use disorder** prevention, early inter-
 36 vention and treatment services.

37 (2) The authority shall distribute funds to applicants consistent with the budget priority policies
 38 adopted by the Alcohol and Drug Policy Commission, the community needs as determined by local
 39 planning committees for [*alcohol and drug*] **substance use disorder** prevention and treatment ser-
 40 vices under ORS 430.342 and the particular needs of minority groups with a significant population
 41 of affected persons. The funds granted shall be distributed monthly.

42 (3) Federal funds at the disposal of an applicant for use in providing [*alcohol and drug abuse*]
 43 **substance use disorder** prevention, early intervention and treatment services may be counted to-
 44 ward the percentage contribution of an applicant.

45 (4) An applicant that is, at the time of a grant made under this section, expending funds appro-

1 priated by its governing body for the [*alcohol and drug abuse*] **substance use disorder** prevention,
 2 early intervention and treatment services shall, as a condition to the receipt of funds under this
 3 section, maintain its financial contribution to these programs at an amount not less than the pre-
 4 ceding year. However, the financial contribution requirement may be waived in its entirety or in
 5 part in any year by the authority because of:

6 (a) The severe financial hardship that would be imposed to maintain the contribution in full or
 7 in part;

8 (b) The application of any special funds for the [*alcohol and drug abuse*] **substance use disorder**
 9 prevention, early intervention and treatment services in the prior year when such funds are not
 10 available in the current year;

11 (c) The application of federal funds, including but not limited to general revenue sharing, dis-
 12 tributions from the Oregon and California land grant fund and block grant funds to the [*alcohol and*
 13 *drug abuse*] **substance use disorder** prevention, early intervention and treatment services in the
 14 prior year when such funds are not available for such application in the current year; or

15 (d) The application of fund balances resulting from fees, donations or underexpenditures in a
 16 given year of the funds appropriated to counties pursuant to ORS 430.380 to the [*alcohol and drug*
 17 *abuse*] **substance use disorder** prevention, early intervention and treatment services in the prior
 18 year when such funds are not available for such application in the current year.

19 (5) Any moneys received by an applicant from fees, contributions or other sources for [*alcohol*
 20 *and drug abuse*] **substance use disorder** prevention, early intervention and treatment services for
 21 service purposes, including federal funds, shall be considered a portion of an applicant's contribution
 22 for the purpose of determining the matching fund formula relationship. All moneys so received shall
 23 only be used for the purposes of carrying out ORS 430.345 to 430.380.

24 (6) Grants made pursuant to ORS 430.345 to 430.380 shall be paid from funds specifically ap-
 25 propriated therefor and shall be paid in the same manner as other claims against the state are paid.

26 **SECTION 59.** ORS 430.362 is amended to read:

27 430.362. (1) To receive priority consideration under ORS 430.359 (2), an applicant shall clearly
 28 set forth in its application:

29 (a) The number of minorities within the county with significant populations of affected persons
 30 and an estimate of the nature and extent of the need within each minority population for [*alcohol*
 31 *and drug abuse*] **substance use disorder** prevention, early intervention and treatment services; and

32 (b) The manner in which the need within each minority population is to be addressed, including
 33 support for minority programs under the application.

34 (2) Minority program funding proposals included within an application must be clearly identified
 35 as minority programs and must include distinct or severable budget statements.

36 (3) Nothing in this section is intended to preclude any minority program from being funded by
 37 a city or county or to preclude any other program from serving the needs of minorities.

38 **SECTION 60.** ORS 430.366 is amended to read:

39 430.366. (1) Every proposal for [*alcohol and drug abuse*] **substance use disorder** prevention,
 40 early intervention and treatment services received from an applicant shall contain:

41 (a) A clear statement of the goals and objectives of the program for the following fiscal year,
 42 including the number of persons to be served and methods of measuring the success of services
 43 rendered;

44 (b) A description of services to be funded; and

45 (c) A statement of the minorities to be served, if a minority program.

1 (2) Each grant recipient and provider of *[alcohol and drug abuse]* **substance use disorder** pre-
 2 vention, early intervention and treatment services funded with moneys from the Mental Health
 3 Alcoholism and Drug Services Account established by ORS 430.380 shall report to the Alcohol and
 4 Drug Policy Commission all data regarding the services in the form and manner prescribed by the
 5 commission. This subsection does not apply to sobering facilities that receive moneys under ORS
 6 430.380.

7 **SECTION 61.** ORS 430.368 is amended to read:

8 430.368. (1) Any *[alcohol and drug abuse]* **substance use disorder** prevention, early intervention
 9 and treatment service, including but not limited to minority programs, aggrieved by any final action
 10 of an applicant with regard to requesting funding for the program from the Oregon Health Author-
 11 ity, may appeal the applicant's action to the Director of the Oregon Health Authority within 30 days
 12 of the action. For the purposes of this section "final action" means the submission of the applicant's
 13 compiled funding requests to the authority. The director shall review all appealed actions for com-
 14 pliance with the purposes and requirements of ORS 430.338 to 430.380.

15 (2) The director shall act on all appeals within 60 days of filing, or before the time of the
 16 authority's decision on the applicant's funding request, whichever is less. The director is not re-
 17 quired to follow procedures for hearing a contested case, but shall set forth written findings justi-
 18 fying the action. The decision of the director shall be final, and shall not be subject to judicial
 19 review.

20 **SECTION 62.** ORS 430.370 is amended to read:

21 430.370. (1) A county may provide *[alcohol and drug abuse]* **substance use disorder** prevention,
 22 early intervention and treatment services by contracting therefor with public or private, profit or
 23 nonprofit agencies. A county entering into such a contract shall receive grants under ORS 430.345
 24 to 430.380 only if the contracting agency meets the requirements of ORS 430.345 or is a sobering
 25 facility registered under ORS 430.262.

26 (2) A city and county, or any combination thereof, may enter into a written agreement, as pro-
 27 vided in ORS 190.003 to 190.620, jointly to establish, operate and maintain *[alcohol and drug abuse]*
 28 **substance use disorder** prevention, early intervention and treatment services.

29 **SECTION 63.** ORS 430.375 is amended to read:

30 430.375. The Oregon Health Authority shall recommend fee schedules to be used in determining
 31 the dollar fee to charge a person admitted to approved *[alcohol and drug abuse]* **substance use**
 32 **disorder** prevention, early intervention and treatment services for the expenses incurred by the
 33 service in offering *[alcohol and drug abuse]* **substance use disorder** prevention, early intervention
 34 and treatment services. An individual facility may adopt the schedules developed by the authority
 35 or may, subject to the approval of the authority, develop and adopt its own fee schedules. The fee
 36 schedules adopted by each facility shall be applied uniformly to all persons admitted to the facility
 37 and shall be based on the costs of a person's *[alcohol and drug abuse]* **substance use disorder**
 38 prevention, early intervention and treatment services and the ability of the person to pay. The per-
 39 son admitted shall be liable to the facility only to the extent indicated by the fee schedules.

40 **SECTION 64.** ORS 430.380 is amended to read:

41 430.380. (1) There is established in the General Fund of the State Treasury an account to be
 42 known as the Mental Health Alcoholism and Drug Services Account. Moneys deposited in the ac-
 43 count are continuously appropriated for the purposes of ORS 430.345 to 430.380 and to provide
 44 funding for sobering facilities registered under ORS 430.262. Moneys deposited in the account may
 45 be invested in the manner prescribed in ORS 293.701 to 293.857.

1 (2) Forty percent of the moneys in the Mental Health Alcoholism and Drug Services Account
 2 shall be continuously appropriated to the counties on the basis of population. The counties must use
 3 the moneys for the establishment, operation and maintenance of *[alcohol and drug abuse]* **substance**
 4 **use disorder** prevention, early intervention and treatment services and for local matching funds
 5 under ORS 430.345 to 430.380. The counties may use up to 10 percent of the moneys appropriated
 6 under this subsection to provide funds for sobering facilities registered under ORS 430.262.

7 (3) Forty percent of the moneys shall be continuously appropriated to the Oregon Health Au-
 8 thority to be used for state matching funds to counties for *[alcohol and drug abuse]* **substance use**
 9 **disorder** prevention, early intervention and treatment services pursuant to ORS 430.345 to 430.380.
 10 The authority may use up to 10 percent of the moneys appropriated under this subsection for
 11 matching funds to counties for sobering facilities registered under ORS 430.262.

12 (4) Twenty percent of the moneys shall be continuously appropriated to the Oregon Health Au-
 13 thority to be used for *[alcohol and drug abuse]* **substance use disorder** prevention, early inter-
 14 vention and treatment services for adults in custody of correctional and penal institutions and for
 15 parolees therefrom and for probationers as provided pursuant to rules of the authority. However,
 16 prior to expenditure of moneys under this subsection, the authority must present its program plans
 17 for approval to the appropriate legislative body which is either the Joint Ways and Means Com-
 18 mittee during a session of the Legislative Assembly or the Emergency Board during the interim
 19 between sessions.

20 (5) Counties and state agencies:

21 (a) May not use moneys appropriated to counties and state agencies under subsections (1) to (4)
 22 of this section for *[alcohol and drug]* **substance use disorder** prevention and treatment services
 23 that do not meet or exceed minimum standards established under ORS 430.357; and

24 (b) Shall include in all grants and contracts with providers of *[alcohol and drug]* **substance use**
 25 **disorder** prevention and treatment services a contract provision that the grant or contract may be
 26 terminated by the county or state agency if the provider does not meet or exceed the minimum
 27 standards adopted by the Oregon Health Authority pursuant to ORS 430.357. A county or state
 28 agency may not be penalized and is not liable for the termination of a contract under this section.

29 **SECTION 65.** ORS 430.385 is amended to read:

30 430.385. Nothing in ORS 430.347, 430.359, 430.380, 471.805, 471.810, 473.030 or this section shall
 31 be construed as justification for a reduction in General Fund support of local *[alcohol and drug*
 32 *abuse]* **substance use disorder** prevention, early intervention and treatment services.

33 **SECTION 66.** ORS 430.405 is amended to read:

34 430.405. As used in ORS 430.415, [*“drug-dependent person”*] **“person with a substance use**
 35 **disorder”** means one who has lost the ability to control the use of controlled substances or other
 36 substances with abuse potential, or who uses such substances or controlled substances to the extent
 37 that the health of the person or that of others is substantially impaired or endangered or the social
 38 or economic function of the person is substantially disrupted. A [*drug-dependent*] person **with a**
 39 **substance use disorder** may be physically dependent, a condition in which the body requires a
 40 continuing supply of a drug or controlled substance to avoid characteristic withdrawal symptoms,
 41 or psychologically dependent, a condition characterized by an overwhelming mental desire for con-
 42 tinued use of a drug or controlled substance.

43 **SECTION 67.** ORS 430.415 is amended to read:

44 430.415. The Legislative Assembly finds [*drug dependence*] **a substance use disorder** is an ill-
 45 ness. [*The drug-dependent*] **A person with a substance use disorder** is ill and shall be afforded

1 treatment for the illness of the *[drug-dependent]* person.

2 **SECTION 68.** ORS 430.450 is amended to read:

3 430.450. As used in ORS 430.450 to 430.555, unless the context requires otherwise:

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

5 (2) "Community diversion plan" means a system of services approved and monitored by the
6 Oregon Health Authority in accordance with approved county mental health plans, which may in-
7 clude but need not be limited to, medical, educational, vocational, social and psychological services,
8 training, counseling, provision for residential care, and other rehabilitative services designed to
9 benefit the defendant and protect the public.

10 (3) "Crimes of violence against the person" means criminal homicide, assault and related of-
11 fenses as defined in ORS 163.165 to 163.208, rape and sexual abuse, incest, or any other crime in-
12 volving the use of a deadly weapon or which results in physical harm or death to a victim.

13 (4) "Diversion" means the referral or transfer from the criminal justice system into a program
14 of treatment or rehabilitation of a defendant diagnosed as drug dependent and in need of treatment
15 at authority approved sites, on the condition that the defendant successfully fulfills the specified
16 obligations of a program designed for rehabilitation.

17 (5) "Diversion coordinator" means a person designated by a county mental health program di-
18 rector to work with the criminal justice system and health care delivery system to screen defendants
19 who may be suitable for diversion; to coordinate the formulation of individual diversion plans for
20 such defendants; and to report to the court the performance of those defendants being treated under
21 an individual diversion plan.

22 (6) "Director of the treatment facility" means the person in charge of treatment and rehabili-
23 tation programs at the treatment facility.

24 [(7) "*Drug abuse*" means repetitive, excessive use of a drug or controlled substance short of de-
25 pendence, without medical supervision, which may have a detrimental effect on the individual or soci-
26 ety.]

27 [(8) "*Drug-dependent person*" means one who has lost the ability to control the personal use of
28 controlled substances or other substances with abuse potential, or who uses such substances or con-
29 trolled substances to the extent that the health of the person or that of others is substantially impaired
30 or endangered or the social or economic function of the person is substantially disrupted. A drug-
31 dependent person may be physically dependent, a condition in which the body requires a continuing
32 supply of a drug or controlled substance to avoid characteristic withdrawal symptoms, or
33 psychologically dependent, a condition characterized by an overwhelming mental desire for continued
34 use of a drug or controlled substance.]

35 [(9) (7) "Evaluation" means any diagnostic procedures used in the determination of *[drug de-*
36 *pendency]* **a substance use disorder involving a drug**, and may include but are not limited to
37 chemical testing, medical examinations and interviews.

38 [(10) (8) "Individual diversion plan" means a system of services tailored to the individual's
39 unique needs as identified in the evaluation, which may include but need not be limited to medical,
40 educational, vocational, social and psychological services, training, counseling, provision for resi-
41 dential care, and other rehabilitative services designed to benefit the defendant and protect the
42 public. The plan shall include appropriate methods for monitoring the individual's progress toward
43 achievement of the defined treatment objectives and shall also include periodic review by the court.

44 (9) "**Person with a substance use disorder involving a drug**" means one who has lost the
45 **ability to control the personal use of controlled substances or other substances with abuse**

1 **potential, or who uses such substances or controlled substances to the extent that the health**
 2 **of the person or that of others is substantially impaired or endangered or the social or eco-**
 3 **nomic function of the person is substantially disrupted. A person with a substance use dis-**
 4 **order involving a drug may be physically dependent, a condition in which the body requires**
 5 **a continuing supply of a drug or controlled substance to avoid characteristic withdrawal**
 6 **symptoms, or psychologically dependent, a condition characterized by an overwhelming**
 7 **mental desire for continued use of a drug or controlled substance.**

8 [(11)] (10) "Treatment facility" means detoxification centers, outpatient clinics, residential care
 9 facilities, hospitals and such other facilities determined to be suitable by the authority as meeting
 10 minimum standards under ORS 430.357, any of which may provide diagnosis and evaluation, medical
 11 care, detoxification, social services or rehabilitation.

12 **SECTION 69.** ORS 430.455 is amended to read:

13 430.455. When a person is arrested for violation of the criminal statutes of this state which do
 14 not involve crimes of violence against another person, and the officer or person making the arrest
 15 has reasonable grounds for believing the arrested individual is a [*drug-dependent person*] **person**
 16 **with a substance use disorder involving a drug**, the officer or person making the arrest may:

17 (1) Fully inform the arrested person of the right of the arrested person to evaluation and the
 18 possible consequences of such evaluation;

19 (2) Inform the arrested person of the right of the arrested person to counsel before consenting
 20 to evaluation; and

21 (3) Fully explain the voluntary nature of the evaluation and the limitations upon the
 22 confidentiality of the information obtained during the evaluation.

23 **SECTION 70.** ORS 430.460 is amended to read:

24 430.460. Upon obtaining the written consent of the arrested person, the officer or person making
 25 the arrest shall request an approved site to conduct an evaluation to determine whether the arrested
 26 person is [*drug dependent*] **a person with a substance use disorder involving a drug**. Refusal of
 27 the arrested person to consent to the evaluation is not admissible in evidence upon the trial of the
 28 arrested person.

29 **SECTION 71.** ORS 430.475 is amended to read:

30 430.475. (1) The results of the evaluation of an arrested person suspected of being [*drug de-*
 31 *pendent*] **a person with a substance use disorder involving a drug** shall be made available to the
 32 prosecuting and defense attorneys and the presiding judge for the judicial district, but shall not be
 33 entered into evidence in any subsequent trial of the accused except upon written consent of the
 34 accused or upon a finding by the court that the relevance of the results outweighs their prejudicial
 35 effect.

36 (2) Except as provided in subsection (1) of this section, results of evaluation or information
 37 voluntarily provided to evaluation or treatment personnel by a person under ORS 430.450 to 430.555
 38 shall be confidential and shall not be admitted as evidence in criminal proceedings. Reports sub-
 39 mitted to the court or the prosecutor by the diversion coordinator shall consist solely of matters
 40 required to be reported by the terms of the diversion plan, together with an assessment of the
 41 person's progress toward achieving the goals set forth in the plan. Communications between the
 42 person participating in the plan and the diversion coordinator shall be privileged unless they relate
 43 directly to the elements required to be reported under the diversion plan.

44 **SECTION 72.** ORS 430.485 is amended to read:

45 430.485. When the results of the evaluation obtained under ORS 430.460 or 430.465 indicate that

1 the defendant is a *[drug-dependent person]* **person with a substance use disorder involving a drug**
 2 within the meaning of ORS 430.450 to 430.555, and the results of the evaluation indicate that such
 3 person may benefit in a substantial manner from treatment for *[drug dependence]* **a substance use**
 4 **disorder involving a drug**, the prosecutor, with the concurrence of the court, may direct the de-
 5 fendant to receive treatment as a contingent alternative to prosecution. If defendant refuses treat-
 6 ment, criminal proceedings shall be resumed.

7 **SECTION 73.** ORS 430.535 is amended to read:

8 430.535. (1) The Oregon Health Authority shall, subject to the availability of funds, develop bi-
 9 lingual forms to assist non-English-speaking persons in understanding their rights under ORS 430.450
 10 to 430.555.

11 (2) The authority shall assist county mental health programs in the development of comprehen-
 12 sive and coordinated identification, evaluation, treatment, education and rehabilitation services for
 13 the *[drug-dependent person]* **person with a substance use disorder involving a drug**. The State
 14 Plan for Drug Problems shall be consistent with such system.

15 **SECTION 74.** ORS 430.540 is amended to read:

16 430.540. (1) The county mental health program director shall designate sites for evaluation in
 17 the county plan of individuals who may be or are known to *[be drug dependent]* **have a substance**
 18 **use disorder involving a drug**. The Oregon Health Authority shall establish standards for such
 19 sites, consistent with ORS 430.357, and periodically publish a list of approved sites.

20 (2) The costs of evaluation shall be borne by the county of appropriate jurisdiction.

21 **SECTION 75.** ORS 430.545 is amended to read:

22 430.545. (1) Evaluation sites provided for under ORS 430.450 to 430.555 shall conduct such proce-
 23 dures as may be necessary to determine if an individual is a *[drug-dependent person]* **person with**
 24 **a substance use disorder involving a drug**. A person shall be evaluated only with that person's
 25 written consent. Subject to approval of the Oregon Health Authority, the director of a treatment
 26 facility or the director of an evaluation site may designate personnel to provide treatment or eval-
 27 uation as appropriate under the lawful limitations of their certification, licensure or professional
 28 practice.

29 (2) Antagonist drugs may be administered for diagnosis of addiction by a registered nurse at an
 30 approved site when the nurse has completed required training and a physician or naturopathic
 31 physician is available on call. Antagonist drugs shall not be administered without informed written
 32 consent of the person.

33 **SECTION 76.** ORS 430.570 is amended to read:

34 430.570. The Oregon Health Authority shall cause information concerning the usefulness and
 35 feasibility of opiate inhibitors to be made available to persons involved in administering diversion
 36 programs, corrections programs and other programs for *[drug dependent persons]* **persons with**
 37 **substance use disorders involving drugs**.

38 **SECTION 77.** ORS 430.572 is amended to read:

39 430.572. (1) The Oregon Health Authority shall develop and regularly update a web-based,
 40 searchable inventory of the following:

41 (a) Each *[opioid and opiate abuse or dependency]* treatment provider located in this state **that**
 42 **provides treatment for substance use disorders involving opiates**;

43 (b) Treatment options offered by each *[opioid and opiate abuse or dependency]* treatment provider
 44 located in this state **that provides treatment for substance use disorders involving opiates**; and

45 (c) The maximum capacity of each *[opioid and opiate abuse or dependency]* treatment provider

1 located in this state **that provides treatment for substance use disorders involving opiates.**

2 (2) The authority shall post the inventory developed under subsection (1) of this section on a
3 website of the authority.

4 **SECTION 78.** ORS 430.573 is amended to read:

5 430.573. (1) In developing the inventory required by ORS 430.572, the Oregon Health Authority
6 shall analyze the data to determine whether identifiable geographic regions have insufficient treat-
7 ment options for, or capacity to treat individuals suffering from, [*opioid or opiate abuse or depend-*
8 *ency*] **substance use disorders involving opiates.**

9 (2) Not later than September 15 of each year, the authority shall report to the interim commit-
10 tees of the Legislative Assembly related to health care, in the manner provided by ORS 192.245, on
11 identifiable geographic regions that have insufficient treatment options for, or capacity to treat in-
12 dividuals suffering from, [*opioid or opiate abuse or dependency*] **substance use disorders involving**
13 **opiates.**

14 **SECTION 79.** ORS 430.610 is amended to read:

15 430.610. It is declared to be the policy and intent of the Legislative Assembly that:

16 (1) Subject to the availability of funds, services should be available to all persons with mental
17 or emotional disturbances, developmental disabilities[, *alcoholism or drug dependence, and persons*
18 *who are alcohol or drug abusers*] **or substance use disorders**, regardless of age, county of residence
19 or ability to pay;

20 (2) The Department of Human Services, the Oregon Health Authority and other state agencies
21 shall conduct their activities in the least costly and most efficient manner so that delivery of ser-
22 vices to persons with mental or emotional disturbances, developmental disabilities[, *alcoholism or*
23 *drug dependence, and persons who are alcohol or drug abusers*] **or substance use disorders**, shall
24 be effective and coordinated;

25 (3) To the greatest extent possible, mental health and developmental disabilities services shall
26 be delivered in the community where the person lives in order to achieve maximum coordination of
27 services and minimum disruption in the life of the person; and

28 (4) The State of Oregon shall encourage, aid and financially assist its county governments in the
29 establishment and development of community mental health programs or community developmental
30 disabilities programs, including but not limited to, treatment and rehabilitation services for persons
31 with mental or emotional disturbances, developmental disabilities[, *alcoholism or drug dependence,*
32 *and persons who are alcohol or drug abusers*] **or substance use disorders**, and prevention of these
33 problems through county administered community mental health programs or community develop-
34 mental disabilities programs.

35 **SECTION 80.** ORS 430.630 is amended to read:

36 430.630. (1) In addition to any other requirements that may be established by rule by the Oregon
37 Health Authority, each community mental health program, subject to the availability of funds, shall
38 provide the following basic services to persons with [*alcoholism or drug dependence, and persons who*
39 *are alcohol or drug abusers*] **a substance use disorder:**

40 (a) Outpatient services;

41 (b) Aftercare for persons released from hospitals;

42 (c) Training, case and program consultation and education for community agencies, related
43 professions and the public;

44 (d) Guidance and assistance to other human service agencies for joint development of prevention
45 programs and activities to reduce factors causing [*alcohol abuse, alcoholism, drug abuse and drug*

1 *dependence*] **substance use disorders**; and

2 (e) Age-appropriate treatment options for older adults.

3 (2) As alternatives to state hospitalization, it is the responsibility of the community mental
4 health program to ensure that, subject to the availability of funds, the following services for persons
5 with [*alcoholism or drug dependence, and persons who are alcohol or drug abusers*] **a substance use**
6 **disorder**, are available when needed and approved by the Oregon Health Authority:

7 (a) Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention
8 and prehospital screening examination;

9 (b) Care and treatment for a portion of the day or night, which may include day treatment
10 centers, work activity centers and after-school programs;

11 (c) Residential care and treatment in facilities such as halfway houses, detoxification centers
12 and other community living facilities;

13 (d) Continuity of care, such as that provided by service coordinators, community case develop-
14 ment specialists and core staff of federally assisted community mental health centers;

15 (e) Inpatient treatment in community hospitals; and

16 (f) Other alternative services to state hospitalization as defined by the Oregon Health Authority.

17 (3) In addition to any other requirements that may be established by rule of the Oregon Health
18 Authority, each community mental health program, subject to the availability of funds, shall provide
19 or ensure the provision of the following services to persons with mental or emotional disturbances:

20 (a) Screening and evaluation to determine the client's service needs;

21 (b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturbances,
22 including the costs of investigations and prehearing detention in community hospitals or other fa-
23 cilities approved by the authority for persons involved in involuntary commitment procedures;

24 (c) Vocational and social services that are appropriate for the client's age, designed to improve
25 the client's vocational, social, educational and recreational functioning;

26 (d) Continuity of care to link the client to housing and appropriate and available health and
27 social service needs;

28 (e) Psychiatric care in state and community hospitals, subject to the provisions of subsection (4)
29 of this section;

30 (f) Residential services;

31 (g) Medication monitoring;

32 (h) Individual, family and group counseling and therapy;

33 (i) Public education and information;

34 (j) Prevention of mental or emotional disturbances and promotion of mental health;

35 (k) Consultation with other community agencies;

36 (L) Preventive mental health services for children and adolescents, including primary prevention
37 efforts, early identification and early intervention services. Preventive services should be patterned
38 after service models that have demonstrated effectiveness in reducing the incidence of emotional,
39 behavioral and cognitive disorders in children. As used in this paragraph:

40 (A) "Early identification" means detecting emotional disturbance in its initial developmental
41 stage;

42 (B) "Early intervention services" for children at risk of later development of emotional disturb-
43 ances means programs and activities for children and their families that promote conditions, oppor-
44 tunities and experiences that encourage and develop emotional stability, self-sufficiency and
45 increased personal competence; and

1 (C) "Primary prevention efforts" means efforts that prevent emotional problems from occurring
 2 by addressing issues early so that disturbances do not have an opportunity to develop; and

3 (m) Preventive mental health services for older adults, including primary prevention efforts,
 4 early identification and early intervention services. Preventive services should be patterned after
 5 service models that have demonstrated effectiveness in reducing the incidence of emotional and be-
 6 havioral disorders and suicide attempts in older adults. As used in this paragraph:

7 (A) "Early identification" means detecting emotional disturbance in its initial developmental
 8 stage;

9 (B) "Early intervention services" for older adults at risk of development of emotional disturb-
 10 ances means programs and activities for older adults and their families that promote conditions,
 11 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and
 12 increased personal competence and that deter suicide; and

13 (C) "Primary prevention efforts" means efforts that prevent emotional problems from occurring
 14 by addressing issues early so that disturbances do not have an opportunity to develop.

15 (4) A community mental health program shall assume responsibility for psychiatric care in state
 16 and community hospitals, as provided in subsection (3)(e) of this section, in the following circum-
 17 stances:

18 (a) The person receiving care is a resident of the county served by the program. For purposes
 19 of this paragraph, "resident" means the resident of a county in which the person maintains a current
 20 mailing address or, if the person does not maintain a current mailing address within the state, the
 21 county in which the person is found, or the county in which a court-committed person with a mental
 22 illness has been conditionally released.

23 (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
 24 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
 25 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

26 (c) Payment is made for the first 60 consecutive days of hospitalization.

27 (d) The hospital has collected all available patient payments and third-party reimbursements.

28 (e) In the case of a community hospital, the authority has approved the hospital for the care of
 29 persons with mental or emotional disturbances, the community mental health program has a con-
 30 tract with the hospital for the psychiatric care of residents and a representative of the program
 31 approves voluntary or involuntary admissions to the hospital prior to admission.

32 (5) Subject to the review and approval of the Oregon Health Authority, a community mental
 33 health program may initiate additional services after the services defined in this section are pro-
 34 vided.

35 (6) Each community mental health program and the state hospital serving the program's ge-
 36 ographic area shall enter into a written agreement concerning the policies and procedures to be
 37 followed by the program and the hospital when a patient is admitted to, and discharged from, the
 38 hospital and during the period of hospitalization.

39 (7) Each community mental health program shall have a mental health advisory committee, ap-
 40 pointed by the board of county commissioners or the county court or, if two or more counties have
 41 combined to provide mental health services, the boards or courts of the participating counties or,
 42 in the case of a Native American reservation, the tribal council.

43 (8) A community mental health program may request and the authority may grant a waiver re-
 44 garding provision of one or more of the services described in subsection (3) of this section upon a
 45 showing by the county and a determination by the authority that persons with mental or emotional

1 disturbances in that county would be better served and unnecessary institutionalization avoided.

2 (9)(a) As used in this subsection, “local mental health authority” means one of the following
3 entities:

4 (A) The board of county commissioners of one or more counties that establishes or operates a
5 community mental health program;

6 (B) The tribal council, in the case of a federally recognized tribe of Native Americans that elects
7 to enter into an agreement to provide mental health services; or

8 (C) A regional local mental health authority comprising two or more boards of county commis-
9 sioners.

10 (b) Each local mental health authority that provides mental health services shall determine the
11 need for local mental health services and adopt a comprehensive local plan for the delivery of
12 mental health services for children, families, adults and older adults that describes the methods by
13 which the local mental health authority shall provide those services. The purpose of the local plan
14 is to create a blueprint to provide mental health services that are directed by and responsive to the
15 mental health needs of individuals in the community served by the local plan. A local mental health
16 authority shall coordinate its local planning with the development of the community health im-
17 provement plan under ORS 414.575 by the coordinated care organization serving the area. The
18 Oregon Health Authority may require a local mental health authority to review and revise the local
19 plan periodically.

20 (c) The local plan shall identify ways to:

21 (A) Coordinate and ensure accountability for all levels of care described in paragraph (e) of this
22 subsection;

23 (B) Maximize resources for consumers and minimize administrative expenses;

24 (C) Provide supported employment and other vocational opportunities for consumers;

25 (D) Determine the most appropriate service provider among a range of qualified providers;

26 (E) Ensure that appropriate mental health referrals are made;

27 (F) Address local housing needs for persons with mental health disorders;

28 (G) Develop a process for discharge from state and local psychiatric hospitals and transition
29 planning between levels of care or components of the system of care;

30 (H) Provide peer support services, including but not limited to drop-in centers and paid peer
31 support;

32 (I) Provide transportation supports; and

33 (J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile
34 corrections systems and local mental health programs to ensure that persons with mental illness
35 who come into contact with the justice and corrections systems receive needed care and to ensure
36 continuity of services for adults and juveniles leaving the corrections system.

37 (d) When developing a local plan, a local mental health authority shall:

38 (A) Coordinate with the budgetary cycles of state and local governments that provide the local
39 mental health authority with funding for mental health services;

40 (B) Involve consumers, advocates, families, service providers, schools and other interested par-
41 ties in the planning process;

42 (C) Coordinate with the local public safety coordinating council to address the services de-
43 scribed in paragraph (c)(J) of this subsection;

44 (D) Conduct a population based needs assessment to determine the types of services needed lo-
45 cally;

1 (E) Determine the ethnic, age-specific, cultural and diversity needs of the population served by
2 the local plan;

3 (F) Describe the anticipated outcomes of services and the actions to be achieved in the local
4 plan;

5 (G) Ensure that the local plan coordinates planning, funding and services with:

6 (i) The educational needs of children, adults and older adults;

7 (ii) Providers of social supports, including but not limited to housing, employment, transportation
8 and education; and

9 (iii) Providers of physical health and medical services;

10 (H) Describe how funds, other than state resources, may be used to support and implement the
11 local plan;

12 (I) Demonstrate ways to integrate local services and administrative functions in order to support
13 integrated service delivery in the local plan; and

14 (J) Involve the local mental health advisory committees described in subsection (7) of this sec-
15 tion.

16 (e) The local plan must describe how the local mental health authority will ensure the delivery
17 of and be accountable for clinically appropriate services in a continuum of care based on consumer
18 needs. The local plan shall include, but not be limited to, services providing the following levels of
19 care:

20 (A) Twenty-four-hour crisis services;

21 (B) Secure and nonsecure extended psychiatric care;

22 (C) Secure and nonsecure acute psychiatric care;

23 (D) Twenty-four-hour supervised structured treatment;

24 (E) Psychiatric day treatment;

25 (F) Treatments that maximize client independence;

26 (G) Family and peer support and self-help services;

27 (H) Support services;

28 (I) Prevention and early intervention services;

29 (J) Transition assistance between levels of care;

30 (K) Dual diagnosis services;

31 (L) Access to placement in state-funded psychiatric hospital beds;

32 (M) Precommitment and civil commitment in accordance with ORS chapter 426; and

33 (N) Outreach to older adults at locations appropriate for making contact with older adults, in-
34 cluding senior centers, long term care facilities and personal residences.

35 (f) In developing the part of the local plan referred to in paragraph (c)(J) of this subsection, the
36 local mental health authority shall collaborate with the local public safety coordinating council to
37 address the following:

38 (A) Training for all law enforcement officers on ways to recognize and interact with persons
39 with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems;

40 (B) Developing voluntary locked facilities for crisis treatment and follow-up as an alternative
41 to custodial arrests;

42 (C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and
43 the identity of persons of concern and offering mental health services to those in custody;

44 (D) Developing a voluntary diversion program to provide an alternative for persons with mental
45 illness in the criminal and juvenile justice systems; and

1 (E) Developing mental health services, including housing, for persons with mental illness prior
 2 to and upon release from custody.

3 (g) Services described in the local plan shall:

4 (A) Address the vision, values and guiding principles described in the Report to the Governor
 5 from the Mental Health Alignment Workgroup, January 2001;

6 (B) Be provided to children, older adults and families as close to their homes as possible;

7 (C) Be culturally appropriate and competent;

8 (D) Be, for children, older adults and adults with mental health needs, from providers appropri-
 9 ate to deliver those services;

10 (E) Be delivered in an integrated service delivery system with integrated service sites or pro-
 11 cesses, and with the use of integrated service teams;

12 (F) Ensure consumer choice among a range of qualified providers in the community;

13 (G) Be distributed geographically;

14 (H) Involve consumers, families, clinicians, children and schools in treatment as appropriate;

15 (I) Maximize early identification and early intervention;

16 (J) Ensure appropriate transition planning between providers and service delivery systems, with
 17 an emphasis on transition between children and adult mental health services;

18 (K) Be based on the ability of a client to pay;

19 (L) Be delivered collaboratively;

20 (M) Use age-appropriate, research-based quality indicators;

21 (N) Use best-practice innovations; and

22 (O) Be delivered using a community-based, multisystem approach.

23 (h) A local mental health authority shall submit to the Oregon Health Authority a copy of the
 24 local plan and revisions adopted under paragraph (b) of this subsection at time intervals established
 25 by the Oregon Health Authority.

26 **SECTION 81.** ORS 430.640 is amended to read:

27 430.640. (1) The Oregon Health Authority, in carrying out the legislative policy declared in ORS
 28 430.610, subject to the availability of funds, shall:

29 (a) Assist Oregon counties and groups of Oregon counties in the establishment and financing
 30 of community mental health programs operated or contracted for by one or more counties.

31 (b) If a county declines to operate or contract for a community mental health program, contract
 32 with another public agency or private corporation to provide the program. The county must be
 33 provided with an opportunity to review and comment.

34 (c) In an emergency situation when no community mental health program is operating within a
 35 county or when a county is unable to provide a service essential to public health and safety, operate
 36 the program or service on a temporary basis.

37 (d) At the request of the tribal council of a federally recognized tribe of Native Americans,
 38 contract with the tribal council for the establishment and operation of a community mental health
 39 program in the same manner in which the authority contracts with a county court or board of
 40 county commissioners.

41 (e) If a county agrees, contract with a public agency or private corporation for all services
 42 within one or more of the following program areas:

43 (A) Mental or emotional disturbances.

44 (B) *[Drug abuse]* **Substance use disorders.**

45 *[(C) Alcohol abuse and alcoholism.]*

1 (f) Approve or disapprove the local plan and budget information for the establishment and op-
2 eration of each community mental health program. Subsequent amendments to or modifications of
3 an approved plan or budget information involving more than 10 percent of the state funds provided
4 for services under ORS 430.630 may not be placed in effect without prior approval of the authority.
5 However, an amendment or modification affecting 10 percent or less of state funds for services under
6 ORS 430.630 within the portion of the program for persons with mental or emotional disturbances
7 or within the portion for persons with [*alcohol or drug dependence*] **a substance use disorder** may
8 be made without authority approval.

9 (g) Make all necessary and proper rules to govern the establishment and operation of community
10 mental health programs, including adopting rules defining the range and nature of the services
11 which shall or may be provided under ORS 430.630.

12 (h) Collect data and evaluate services in the state hospitals in accordance with the same meth-
13 ods prescribed for community mental health programs under ORS 430.634.

14 (i) Develop guidelines that include, for the development of comprehensive local plans in consul-
15 tation with local mental health authorities:

16 (A) The use of integrated services;

17 (B) The outcomes expected from services and programs provided;

18 (C) Incentives to reduce the use of state hospitals;

19 (D) Mechanisms for local sharing of risk for state hospitalization;

20 (E) The provision of clinically appropriate levels of care based on an assessment of the mental
21 health needs of consumers;

22 (F) The transition of consumers between levels of care; and

23 (G) The development, maintenance and continuation of older adult mental health programs with
24 mental health professionals trained in geriatrics.

25 (j) Work with local mental health authorities to provide incentives for community-based care
26 whenever appropriate while simultaneously ensuring adequate statewide capacity.

27 (k) Provide technical assistance and information regarding state and federal requirements to
28 local mental health authorities throughout the local planning process required under ORS 430.630
29 (9).

30 (L) Provide incentives for local mental health authorities to enhance or increase vocational
31 placements for adults with mental health needs.

32 (m) Develop or adopt nationally recognized system-level performance measures, linked to the
33 Oregon Benchmarks, for state-level monitoring and reporting of mental health services for children,
34 adults and older adults, including but not limited to quality and appropriateness of services, out-
35 comes from services, structure and management of local plans, prevention of mental health disorders
36 and integration of mental health services with other needed supports.

37 (n) Develop standardized criteria for each level of care described in ORS 430.630 (9), including
38 protocols for implementation of local plans, strength-based mental health assessment and case plan-
39 ning.

40 (o) Develop a comprehensive long-term plan for providing appropriate and adequate mental
41 health treatment and services to children, adults and older adults that is derived from the needs
42 identified in local plans, is consistent with the vision, values and guiding principles in the Report
43 to the Governor from the Mental Health Alignment Workgroup, January 2001, and addresses the
44 need for and the role of state hospitals.

45 (p) Report biennially to the Governor and the Legislative Assembly on the progress of the local

1 planning process and the implementation of the local plans adopted under ORS 430.630 (9)(b) and the
 2 state planning process described in paragraph (o) of this subsection, and on the performance meas-
 3 ures and performance data available under paragraph (m) of this subsection.

4 (q) On a periodic basis, not to exceed 10 years, reevaluate the methodology used to estimate
 5 prevalence and demand for mental health services using the most current nationally recognized
 6 models and data.

7 (r) Encourage the development of regional local mental health authorities comprised of two or
 8 more boards of county commissioners that establish or operate a community mental health program.

9 (2) The Oregon Health Authority may provide technical assistance and other incentives to assist
 10 in the planning, development and implementation of regional local mental health authorities when-
 11 ever the Oregon Health Authority determines that a regional approach will optimize the compre-
 12 hensive local plan described under ORS 430.630 (9).

13 (3) The enumeration of duties and functions in subsections (1) and (2) of this section shall not
 14 be deemed exclusive nor construed as a limitation on the powers and authority vested in the au-
 15 thority by other provisions of law.

16 **SECTION 82.** ORS 430.735 is amended to read:

17 430.735. As used in ORS 430.735 to 430.765:

18 (1) "Abuse" means one or more of the following:

19 (a) Abandonment, including desertion or willful forsaking of an adult or the withdrawal or neg-
 20 lect of duties and obligations owed an adult by a caregiver or other person.

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

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

24 (d) Sexual abuse.

25 (e) Neglect.

26 (f) Verbal abuse of an adult.

27 (g) Financial exploitation of an adult.

28 (h) Involuntary seclusion of an adult for the convenience of the caregiver or to discipline the
 29 adult.

30 (i) A wrongful use of a physical or chemical restraint upon an adult, excluding an act of re-
 31 straint prescribed by a physician licensed under ORS chapter 677, physician assistant licensed under
 32 ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practi-
 33 tioner licensed under ORS 678.375 to 678.390 and any treatment activities that are consistent with
 34 an approved treatment plan or in connection with a court order.

35 (j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427,
 36 163.465 or 163.467.

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

38 (2) "Adult" means a person 18 years of age or older:

39 (a) With a developmental disability who is currently receiving services from a community pro-
 40 gram or facility or who was previously determined eligible for services as an adult by a community
 41 program or facility;

42 (b) With a severe and persistent mental illness who is receiving mental health treatment from
 43 a community program; or

44 (c) Who is receiving services for a substance use disorder or a mental illness in a facility or a
 45 state hospital.

1 (3) “Adult protective services” means the necessary actions taken to prevent abuse or exploi-
 2 tation of an adult, to prevent self-destructive acts and to safeguard the adult’s person, property and
 3 funds, including petitioning for a protective order as defined in ORS 125.005. Any actions taken to
 4 protect an adult shall be undertaken in a manner that is least intrusive to the adult and provides
 5 for the greatest degree of independence.

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

8 (5) “Community program” includes:

9 (a) A community mental health program or a community developmental disabilities program as
 10 established in ORS 430.610 to 430.695; or

11 (b) A provider that is paid directly or indirectly by the Oregon Health Authority to provide
 12 mental health treatment in the community.

13 (6) “Facility” means a residential treatment home or facility, residential care facility, adult fos-
 14 ter home, residential training home or facility or crisis respite facility.

15 (7) “Financial exploitation” means:

16 (a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an
 17 adult.

18 (b) Alarming an adult by conveying a threat to wrongfully take or appropriate money or prop-
 19 erty of the adult if the adult would reasonably believe that the threat conveyed would be carried
 20 out.

21 (c) Misappropriating, misusing or transferring without authorization any money from any ac-
 22 count held jointly or singly by an adult.

23 (d) Failing to use the income or assets of an adult effectively for the support and maintenance
 24 of the adult.

25 (8) “Intimidation” means compelling or deterring conduct by threat.

26 (9) “Law enforcement agency” means:

27 (a) Any city or municipal police department;

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

29 (c) Any county sheriff’s office;

30 (d) The Oregon State Police; or

31 (e) Any district attorney.

32 (10) “Neglect” means:

33 (a) Failure to provide the care, supervision or services necessary to maintain the physical and
 34 mental health of an adult that may result in physical harm or significant emotional harm to the
 35 adult;

36 (b) Failure of a caregiver to make a reasonable effort to protect an adult from abuse; or

37 (c) Withholding of services necessary to maintain the health and well-being of an adult that
 38 leads to physical harm of the adult.

39 (11) “Public or private official” means:

40 (a) Physician licensed under ORS chapter 677, physician assistant licensed under ORS 677.505
 41 to 677.525, naturopathic physician, psychologist or chiropractor, including any intern or resident;

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

44 (c) Employee of the Department of Human Services or Oregon Health Authority, local health
 45 department, community mental health program or community developmental disabilities program or

1 private agency contracting with a public body to provide any community mental health service;

2 (d) Peace officer;

3 (e) Member of the clergy;

4 (f) Regulated social worker;

5 (g) Physical, speech or occupational therapist;

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

7 (i) Attorney;

8 (j) Licensed professional counselor or licensed marriage and family therapist;

9 (k) Any public official;

10 (L) Firefighter or emergency medical services provider;

11 (m) Member of the Legislative Assembly;

12 (n) Personal support worker, as defined in ORS 410.600;

13 (o) Home care worker, as defined in ORS 410.600; or

14 (p) An individual paid by the Department of Human Services to provide a service identified in
15 an individualized written service plan of an adult with a developmental disability.

16 (12) "Services" includes but is not limited to the provision of food, clothing, medicine, housing,
17 medical services, assistance with bathing or personal hygiene or any other service essential to the
18 well-being of an adult.

19 (13)(a) "Sexual abuse" means:

20 (A) Sexual contact with a nonconsenting adult or with an adult considered incapable of con-
21 senting to a sexual act under ORS 163.315;

22 (B) Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit mate-
23 rial or language;

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

26 (D) Any sexual contact between an adult and a relative of the adult other than a spouse;

27 (E) Any sexual contact that is achieved through force, trickery, threat or coercion; or

28 (F) Any sexual contact between an individual receiving mental health or substance [abuse] **use**
29 **disorder** treatment and the individual providing the mental health or substance [abuse] **use disor-**
30 **der** treatment.

31 (b) "Sexual abuse" does not mean consensual sexual contact between an adult and a paid
32 caregiver who is the spouse of the adult.

33 (14) "Sexual contact" has the meaning given that term in ORS 163.305.

34 (15) "Verbal abuse" means to threaten significant physical or emotional harm to an adult
35 through the use of:

36 (a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

37 (b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate
38 sexual comments.

39 **SECTION 83.** ORS 430.850 is amended to read:

40 430.850. (1) Subject to the availability of funds therefor, the Oregon Health Authority may es-
41 tablish and administer a treatment program with courts, with the consent of the judge thereof, for
42 any person convicted of driving under the influence of alcohol, or of any crime committed while the
43 defendant was intoxicated when the judge has probable cause to believe the person [*is an alcoholic*
44 *or problem drinker*] **has a substance use disorder** and would benefit from treatment, who is eligible
45 under subsection (2) of this section to participate in such program. The program must meet minimum

1 standards established by the authority under ORS 430.357.

2 (2) A person eligible to participate in the program is a person who:

3 (a)(A) Has been convicted of driving under the influence of alcohol if such conviction has not
4 been appealed, or if such conviction has been appealed, whose conviction has been sustained upon
5 appeal; or

6 (B) Has been convicted of any crime committed while the defendant was intoxicated if such
7 conviction has not been reversed on appeal, and when the judge has probable cause to believe the
8 person [*is an alcoholic or problem drinker*] **has a substance use disorder** and would benefit from
9 treatment; and

10 (b)(A) Has been referred by the participating court to the authority for participation in the
11 treatment program;

12 (B) Prior to sentencing, has been medically evaluated by the authority and accepted by the au-
13 thority as a participant in the program;

14 (C) Has consented as a condition to probation to participate in the program; and

15 (D) Has been sentenced to probation by the court, a condition of which probation is partic-
16 ipation in the program according to the rules adopted by the authority under ORS 430.870.

17 **SECTION 83a.** ORS 430.905 is amended to read:

18 430.905. The Legislative Assembly declares:

19 (1) Because the growing numbers of pregnant substance users and drug- and alcohol-affected
20 infants place a heavy financial burden on Oregon's taxpayers and those who pay for health care, it
21 is the policy of this state to take effective action that will minimize these costs.

22 (2) Special attention must be focused on preventive programs and services directed at women
23 at risk of becoming pregnant substance users as well as on pregnant women who use substances or
24 who are at risk of [*substance use or abuse*] **developing a substance use disorder**.

25 (3) It is the policy of this state to achieve desired results such as alcohol- and drug-free pregnant
26 women and healthy infants through a holistic approach covering the following categories of needs:

27 (a) Biological-physical need, including but not limited to detoxification, dietary and obstetrical.

28 (b) Psychological need, including but not limited to support, treatment for anxiety, depression
29 and low self-esteem.

30 (c) Instrumental need, including but not limited to child care, transportation to facilitate the
31 receipt of services and housing.

32 (d) Informational and educational needs, including but not limited to prenatal and postpartum
33 health, substance use and parenting.

34 **SECTION 84.** ORS 430.920 is amended to read:

35 430.920. (1) The attending health care provider shall perform during the first trimester of preg-
36 nancy or as early as possible a risk assessment which shall include an assessment for drug and al-
37cohol usage. If the results of the assessment indicate that the patient uses [*or abuses*] drugs, [*or*]
38 alcohol or [*uses*] unlawful controlled substances, the provider shall tell the patient about the po-
39 tential health effects of continued substance [*abuse*] **use** and recommend counseling by a trained
40 [*drug or alcohol abuse*] **substance use disorder** counselor.

41 (2) The provider shall supply demographic information concerning patients described in sub-
42 section (1) of this section to the Alcohol and Drug Policy Commission, for purposes related to the
43 commission's accountability and data collection system, and to the local public health administrator,
44 as defined in ORS 431.003, without revealing the identity of the patients. The local public health
45 administrator shall use forms prescribed by the Oregon Health Authority and shall send copies of

1 the forms and any compilation made from the forms to the authority at such times as the authority
2 may require by rule.

3 (3) The provider, if otherwise authorized, may administer or prescribe controlled substances that
4 relieve withdrawal symptoms and assist the patient in reducing the need for unlawful controlled
5 substances according to medically acceptable practices.

6 **SECTION 85.** ORS 430.930 is amended to read:

7 430.930. The Oregon Health and Science University shall have an integrated curriculum in the
8 medical school to teach medical students [*drug and alcohol abuse*] **substance use disorder** assess-
9 ment and treatment procedures and practices.

10 **SECTION 86.** ORS 442.015 is amended to read:

11 442.015. As used in ORS chapter 441 and this chapter, unless the context requires otherwise:

12 (1) “Acquire” or “acquisition” means obtaining equipment, supplies, components or facilities by
13 any means, including purchase, capital or operating lease, rental or donation, for the purpose of
14 using such equipment, supplies, components or facilities to provide health services in Oregon. When
15 equipment or other materials are obtained outside of this state, acquisition is considered to occur
16 when the equipment or other materials begin to be used in Oregon for the provision of health ser-
17 vices or when such services are offered for use in Oregon.

18 (2) “Affected persons” has the same meaning as given to “party” in ORS 183.310.

19 (3)(a) “Ambulatory surgical center” means a facility or portion of a facility that operates ex-
20 clusively for the purpose of providing surgical services to patients who do not require
21 hospitalization and for whom the expected duration of services does not exceed 24 hours following
22 admission.

23 (b) “Ambulatory surgical center” does not mean:

24 (A) Individual or group practice offices of private physicians or dentists that do not contain a
25 distinct area used for outpatient surgical treatment on a regular and organized basis, or that only
26 provide surgery routinely provided in a physician’s or dentist’s office using local anesthesia or
27 conscious sedation; or

28 (B) A portion of a licensed hospital designated for outpatient surgical treatment.

29 (4) “Delegated credentialing agreement” means a written agreement between an originating-site
30 hospital and a distant-site hospital that provides that the medical staff of the originating-site hospi-
31 tal will rely upon the credentialing and privileging decisions of the distant-site hospital in making
32 recommendations to the governing body of the originating-site hospital as to whether to credential
33 a telemedicine provider, practicing at the distant-site hospital either as an employee or under con-
34 tract, to provide telemedicine services to patients in the originating-site hospital.

35 (5) “Develop” means to undertake those activities that on their completion will result in the
36 offer of a new institutional health service or the incurring of a financial obligation, as defined under
37 applicable state law, in relation to the offering of such a health service.

38 (6) “Distant-site hospital” means the hospital where a telemedicine provider, at the time the
39 telemedicine provider is providing telemedicine services, is practicing as an employee or under
40 contract.

41 (7) “Expenditure” or “capital expenditure” means the actual expenditure, an obligation to an
42 expenditure, lease or similar arrangement in lieu of an expenditure, and the reasonable value of a
43 donation or grant in lieu of an expenditure but not including any interest thereon.

44 (8) “Extended stay center” means a facility licensed in accordance with ORS 441.026.

45 (9) “Freestanding birthing center” means a facility licensed for the primary purpose of per-

1 forming low risk deliveries.

2 (10) "Governmental unit" means the state, or any county, municipality or other political subdivi-
 3 sion, or any related department, division, board or other agency.

4 (11) "Gross revenue" means the sum of daily hospital service charges, ambulatory service
 5 charges, ancillary service charges and other operating revenue. "Gross revenue" does not include
 6 contributions, donations, legacies or bequests made to a hospital without restriction by the donors.

7 (12)(a) "Health care facility" means:

8 (A) A hospital;

9 (B) A long term care facility;

10 (C) An ambulatory surgical center;

11 (D) A freestanding birthing center;

12 (E) An outpatient renal dialysis facility; or

13 (F) An extended stay center.

14 (b) "Health care facility" does not mean:

15 (A) A residential facility licensed by the Department of Human Services or the Oregon Health
 16 Authority under ORS 443.415;

17 (B) An establishment furnishing primarily domiciliary care as described in ORS 443.205;

18 (C) A residential facility licensed or approved under the rules of the Department of Corrections;

19 (D) Facilities established by ORS 430.335 for treatment of [*substance abuse disorders*] **substance**
 20 **use disorders**; or

21 (E) Community mental health programs or community developmental disabilities programs es-
 22 tablished under ORS 430.620.

23 (13) "Health maintenance organization" or "HMO" means a public organization or a private
 24 organization organized under the laws of any state that:

25 (a) Is a qualified HMO under section 1310(d) of the U.S. Public Health Services Act; or

26 (b)(A) Provides or otherwise makes available to enrolled participants health care services, in-
 27 cluding at least the following basic health care services:

28 (i) Usual physician services;

29 (ii) Hospitalization;

30 (iii) Laboratory;

31 (iv) X-ray;

32 (v) Emergency and preventive services; and

33 (vi) Out-of-area coverage;

34 (B) Is compensated, except for copayments, for the provision of the basic health care services
 35 listed in subparagraph (A) of this paragraph to enrolled participants on a predetermined periodic
 36 rate basis; and

37 (C) Provides physicians' services primarily directly through physicians who are either employees
 38 or partners of such organization, or through arrangements with individual physicians or one or more
 39 groups of physicians organized on a group practice or individual practice basis.

40 (14) "Health services" means clinically related diagnostic, treatment or rehabilitative services,
 41 and includes [*alcohol, drug or controlled substance abuse*] **substance use disorder services** and
 42 mental health services that may be provided either directly or indirectly on an inpatient or
 43 ambulatory patient basis.

44 (15) "Hospital" means:

45 (a) A facility with an organized medical staff and a permanent building that is capable of pro-

1 viding 24-hour inpatient care to two or more individuals who have an illness or injury and that
 2 provides at least the following health services:

- 3 (A) Medical;
- 4 (B) Nursing;
- 5 (C) Laboratory;
- 6 (D) Pharmacy; and
- 7 (E) Dietary; or

8 (b) A special inpatient care facility as that term is defined by the authority by rule.

9 (16) "Institutional health services" means health services provided in or through health care
 10 facilities and the entities in or through which such services are provided.

11 (17) "Intermediate care facility" means a facility that provides, on a regular basis, health-related
 12 care and services to individuals who do not require the degree of care and treatment that a hospital
 13 or skilled nursing facility is designed to provide, but who because of their mental or physical con-
 14 dition require care and services above the level of room and board that can be made available to
 15 them only through institutional facilities.

16 (18)(a) "Long term care facility" means a permanent facility with inpatient beds, providing:

17 (A) Medical services, including nursing services but excluding surgical procedures except as
 18 may be permitted by the rules of the Director of Human Services; and

19 (B) Treatment for two or more unrelated patients.

20 (b) "Long term care facility" includes skilled nursing facilities and intermediate care facilities
 21 but does not include facilities licensed and operated pursuant to ORS 443.400 to 443.455.

22 (19) "New hospital" means:

23 (a) A facility that did not offer hospital services on a regular basis within its service area within
 24 the prior 12-month period and is initiating or proposing to initiate such services; or

25 (b) Any replacement of an existing hospital that involves a substantial increase or change in the
 26 services offered.

27 (20) "New skilled nursing or intermediate care service or facility" means a service or facility
 28 that did not offer long term care services on a regular basis by or through the facility within the
 29 prior 12-month period and is initiating or proposing to initiate such services. "New skilled nursing
 30 or intermediate care service or facility" also includes the rebuilding of a long term care facility, the
 31 relocation of buildings that are a part of a long term care facility, the relocation of long term care
 32 beds from one facility to another or an increase in the number of beds of more than 10 or 10 percent
 33 of the bed capacity, whichever is the lesser, within a two-year period.

34 (21) "Offer" means that the health care facility holds itself out as capable of providing, or as
 35 having the means for the provision of, specified health services.

36 (22) "Originating-site hospital" means a hospital in which a patient is located while receiving
 37 telemedicine services.

38 (23) "Outpatient renal dialysis facility" means a facility that provides renal dialysis services
 39 directly to outpatients.

40 (24) "Person" means an individual, a trust or estate, a partnership, a corporation (including as-
 41 sociations, joint stock companies and insurance companies), a state, or a political subdivision or
 42 instrumentality, including a municipal corporation, of a state.

43 (25) "Skilled nursing facility" means a facility or a distinct part of a facility, that is primarily
 44 engaged in providing to inpatients skilled nursing care and related services for patients who require
 45 medical or nursing care, or an institution that provides rehabilitation services for the rehabilitation

1 of individuals who are injured or sick or who have disabilities.

2 (26) "Telemedicine" means the provision of health services to patients by physicians and health
3 care practitioners from a distance using electronic communications.

4 **SECTION 87.** ORS 442.502 is amended to read:

5 442.502. (1) For purposes of determining the size of a rural hospital, beds certified by the Oregon
6 Health Authority on the license of the hospital as special inpatient care beds shall not be included.

7 (2) As used in this section, "special inpatient care beds" means beds that:

8 (a) Are used for the treatment of patients with mental illness or for the treatment of [*alcoholism*
9 *or drug abuse*] **substance use disorders**, or are located in a rehabilitation center, a college
10 infirmary, a chiropractic facility, a freestanding hospice facility, an infirmary for the homeless or
11 an inpatient care facility described in ORS 441.065;

12 (b) Are physically separate from acute inpatient care beds, at least by being located on separate
13 floors or wings of the same building;

14 (c) Are never used for acute patient care;

15 (d) Are staffed by dedicated direct care personnel for whom separate employment records are
16 maintained;

17 (e) Have separate medical directors; and

18 (f) Maintain separate admission, discharge and patient records.

19 **SECTION 88.** ORS 443.004 is amended to read:

20 443.004. (1)(a) The Department of Human Services or the Oregon Health Authority shall com-
21 plete a criminal records check under ORS 181A.195 on:

22 (A) An employee of a residential facility or an adult foster home;

23 (B) Any individual who is paid directly or indirectly with public funds who has or will have
24 contact with a recipient of support services or a resident of an adult foster home or a residential
25 facility; and

26 (C) A home care worker or personal support worker registering with the Home Care Commission
27 or renewing a registration with the Home Care Commission.

28 (b) The department or the authority shall complete the criminal records check under paragraph
29 (a) of this subsection not more than once during a two-year period unless the department or the
30 authority:

31 (A) Receives credible evidence of a new criminal conviction;

32 (B) Receives credible evidence to substantiate a complaint of abuse or neglect;

33 (C) Is required by federal law to conduct more frequent criminal records checks; or

34 (D) Is notified that a subject individual has changed positions or duties for which there are
35 different criminal records check requirements.

36 (2)(a) A home health agency shall conduct a criminal background check before hiring or con-
37 tracting with an individual and before allowing an individual to volunteer to provide services on
38 behalf of the home health agency, if the individual will have direct contact with a patient of the
39 home health agency.

40 (b) An in-home care agency shall conduct a criminal background check before hiring or con-
41 tracting with an individual and before allowing an individual to volunteer to provide services on
42 behalf of the in-home care agency, if the individual will have direct contact with a client of the in-
43 home care agency.

44 (c) The authority shall prescribe by rule the process for conducting a criminal background
45 check.

1 (3) Public funds may not be used to support, in whole or in part, the employment in any capacity
2 having contact with a recipient of support services or a resident of a residential facility or an adult
3 foster home, of an individual, other than a mental health or [substance abuse] **substance use dis-**
4 **order** treatment provider, who has been convicted:

5 (a) Of a crime described in ORS 163.095, 163.107, 163.115, 163.118, 163.125, 163.145, 163.149,
6 163.165, 163.175, 163.185, 163.187, 163.200, 163.205, 163.225, 163.235, 163.263, 163.264, 163.266, 163.275,
7 163.465, 163.467, 163.535, 163.537, 163.547, 163.689, 163.700, 163.701, 164.055, 164.057, 164.098, 164.125
8 (5)(c) or (d), 164.215, 164.225, 164.325, 164.377 (2) or (3), 164.405, 164.415, 165.013, 165.022, 165.032,
9 165.800, 165.803, 167.012, 167.017, 167.057, 167.320 or 167.322;

10 (b) Notwithstanding paragraph (a) of this subsection, of a crime described in ORS 163.465,
11 163.467, 163.700, 163.701, 164.055, 164.125 or 164.377, the date of conviction for which was within the
12 five years immediately preceding employment in any capacity of an individual, other than a mental
13 health or [substance abuse] **substance use disorder** treatment provider, having contact with a re-
14 cipient of support services, a resident of a residential facility or a resident of an adult foster home,
15 when the recipient or resident is 65 years of age or older;

16 (c) Of a crime listed in ORS 163A.005;

17 (d) In the last 10 years, of a crime involving the delivery or manufacture of a controlled sub-
18 stance;

19 (e) Of an attempt, conspiracy or solicitation to commit a crime described in paragraphs (a) to
20 (d) of this subsection; or

21 (f) Of a crime in another jurisdiction that is substantially equivalent, as defined by rule, to a
22 crime described in paragraphs (a) to (e) of this subsection.

23 (4) If the criminal background check conducted by a home health agency or in-home care agency
24 under subsection (2) of this section reveals that the individual who is subject to the criminal back-
25 ground check has been convicted of any of the crimes described in subsection (3) of this section, the
26 home health agency or in-home care agency may not employ the individual.

27 (5) Public funds may not be used to support, in whole or in part, the employment, in any ca-
28 pacity having contact with a recipient of support services or a resident of a residential facility or
29 an adult foster home, of a mental health or [substance abuse] **substance use disorder** treatment
30 provider who has been convicted of committing, or convicted of an attempt, conspiracy or solicita-
31 tion to commit, a crime described in ORS 163.095, 163.107, 163.115, 163.375, 163.405, 163.411 or
32 163.427.

33 (6) Upon the request of a mental health or [substance abuse] **substance use disorder** treatment
34 provider, the department or authority shall maintain a record of the results of any fitness determi-
35 nation made under ORS 181A.195 (10). The department or authority may disclose the record only to
36 a person the provider specifically authorizes, by a written release, to receive the information.

37 (7) If the department or authority has a record of substantiated abuse committed by an employee
38 or potential employee of a home health agency, in-home care agency, adult foster home or residen-
39 tial facility, regardless of whether criminal charges were filed, the department or authority shall
40 notify, in writing, the employer and the employee or potential employee and may conduct a fitness
41 determination in accordance with this section and ORS 181A.195.

42 (8) As used in this section:

43 (a) "Adult foster home" has the meaning given that term in ORS 443.705.

44 (b) "Home care worker" has the meaning given that term in ORS 410.600.

45 (c) "Home health agency" has the meaning given that term in ORS 443.014.

1 (d) "In-home care agency" has the meaning given that term in ORS 443.305.

2 (e) "Mental health or [*substance abuse*] **substance use disorder** treatment provider" means:

3 (A) A peer support specialist;

4 (B) An employee of a residential treatment facility or a residential treatment home that is li-
5 censed under ORS 443.415 to provide treatment for individuals with [*alcohol or drug dependence*]
6 **substance use disorders**;

7 (C) An individual who provides treatment or services for persons with substance use disorders;

8 or

9 (D) An individual who provides mental health treatment or services.

10 (f) "Peer support specialist" has the meaning given that term in ORS 414.025.

11 (g) "Personal support worker" has the meaning given that term in ORS 410.600.

12 (h) "Residential facility" has the meaning given that term in ORS 443.400.

13 **SECTION 89.** ORS 458.385 is amended to read:

14 458.385. (1) The Housing and Community Services Department, in collaboration with the Oregon
15 Health Authority, shall disburse moneys in the Housing for Mental Health Fund to provide funding
16 for:

17 (a) The development of community-based housing, including licensed residential treatment facil-
18 ities, for individuals with mental illness and individuals with substance use disorders; and

19 (b) Crisis intervention services, rental subsidies and other housing-related services to help keep
20 individuals with mental illness and individuals with substance use disorders safe and healthy in their
21 communities.

22 (2) The department shall provide funding for:

23 (a) A portion of the costs to purchase land and to construct housing described in subsection
24 (1)(a) of this section; and

25 (b) Up to 50 percent of the start-up costs for providing housing described in subsection (1)(a) of
26 this section, including but not limited to fixtures, furnishings and training of staff.

27 (3)(a) The department shall prescribe the financing mechanisms to be used to provide funding
28 under subsection (2)(a) of this section of up to 35 percent of the total project development costs.

29 (b) The department may waive the 35 percent limit on total project development costs under
30 paragraph (a) of this subsection for a low-cost project or to meet a critical need in a rural area.

31 (4) The department shall convene an advisory group to make recommendations to the depart-
32 ment for:

33 (a) The allocation of moneys between different types of housing;

34 (b) The financing of housing described in subsection (1)(a) of this section;

35 (c) The provision of services described in subsection (1)(b) of this section;

36 (d) Soliciting funding proposals; and

37 (e) Processing applications for funding.

38 (5) The advisory group convened under subsection (4) of this section must include:

39 (a) One representative of a private provider of mental health treatment;

40 (b) One representative of a private provider of [*substance abuse*] **substance use disorder**
41 treatment;

42 (c) Two representatives of groups that advocate on behalf of consumers of mental health or
43 [*substance abuse*] **substance use disorder** treatment;

44 (d) One staff person from the department;

45 (e) One staff person from the division of the Oregon Health Authority that regulates mental

1 health and [*substance abuse*] **substance use disorder** treatment programs;

2 (f) Two consumers of mental health or [*substance abuse*] **substance use disorder** treatment;

3 (g) One representative of a community mental health program;

4 (h) One person with expertise in developing and financing community housing projects in rural
5 communities; and

6 (i) One representative of community corrections.

7 **SECTION 90.** ORS 471.542 is amended to read:

8 471.542. (1) Except as provided in subsection (2) of this section, the Oregon Liquor Control
9 Commission shall require a person applying for issuance or renewal of a service permit or any li-
10 cense that authorizes the sale or service of alcoholic beverages for consumption on the premises to
11 complete an approved alcohol server education course and examination as a condition of the issu-
12 ance or renewal of the permit or license.

13 (2) A person applying for issuance or renewal of a license that authorizes the sale or service
14 of alcoholic beverages for consumption on the premises need not complete an approved alcohol
15 server education course and examination as a condition of the issuance or renewal of the license if:

16 (a) The license has been restricted by the commission to prohibit sale or service of alcoholic
17 beverages for consumption on the premises; or

18 (b) The person applying for issuance or renewal of the license submits a sworn statement to the
19 commission stating that the person will not engage in sale or service of alcoholic beverages for
20 consumption on the premises, will not directly supervise or manage persons who sell or serve alco-
21 holic beverages on the premises, and will not participate in establishing policies governing the sale
22 or service of alcoholic beverages on the premises.

23 (3) The commission by rule shall establish requirements that licensees and permittees must
24 comply with as a condition of requalifying for a license or permit. The licensee or permittee must
25 comply with those requirements once every five years after completing the initial alcohol server
26 education course and examination. The requirements established by the commission to requalify for
27 a license may include retaking the alcohol server education course and examination. The require-
28 ments established by the commission to requalify for a service permit shall include retaking the al-
29 cehol server education course and examination.

30 (4) The commission may extend the time periods established by this section upon a showing of
31 hardship. The commission by rule may exempt a licensee from the requirements of this section if the
32 licensee does not participate in the management of the business.

33 (5) The standards and curriculum of alcohol server education courses shall include but not be
34 limited to the following:

35 (a) Alcohol as a drug and its effects on the body and behavior, especially driving ability.

36 (b) Effects of alcohol in combination with commonly used legal, prescription or nonprescription,
37 drugs and illegal drugs.

38 (c) Recognizing [*the problem drinker*] **indications of a substance use disorder**, and community
39 treatment programs and agencies.

40 (d) State alcohol beverage laws such as prohibition of sale to minors and sale to intoxicated
41 persons, sale for on-premises or off-premises consumption, hours of operation and penalties for vio-
42 lation of the laws.

43 (e) Drunk driving laws and liquor liability statutes.

44 (f) Intervention with the problem customer, including ways to cut off service, ways to deal with
45 the belligerent customer and alternative means of transportation to get the customer safely home.

1 (g) Advertising and marketing for safe and responsible drinking patterns and standard operating
 2 procedures for dealing with customers.

3 (6) The commission shall adopt rules to impose reasonable fees for administrative costs on al-
 4 cohol server education course instructors and providers.

5 (7) The commission shall provide alcohol server education courses and examinations through
 6 independent contractors, private persons or private or public schools certified by the commission.
 7 The commission shall adopt rules governing the manner in which alcohol server education courses
 8 and examinations are made available to persons required to take the course. In adopting rules under
 9 this subsection, the commission shall consider alternative means of providing courses, including but
 10 not limited to providing courses through audiotapes, videotapes, the Internet and other electronic
 11 media.

12 **SECTION 91.** ORS 475.565 is amended to read:

13 475.565. (1) In addition to any other penalty provided by law:

14 (a) A person who violates ORS 475.525 shall incur a civil penalty in an amount of at least \$2,000
 15 and not more than \$10,000; and

16 (b) The court may order other equitable remedies including but not limited to injunctive relief.

17 (2) Any amounts collected under this section shall be forwarded to the State Treasurer for de-
 18 posit in the General Fund to the credit of the Oregon Health Authority. The moneys shall be used
 19 for the development and implementation of [*drug abuse*] **substance use disorder** prevention activ-
 20 ities and adolescent treatment.

21 **SECTION 92.** ORS 475B.759 is amended to read:

22 475B.759. (1) There is established the Oregon Marijuana Account, separate and distinct from the
 23 General Fund.

24 (2) The account shall consist of moneys transferred to the account under ORS 475B.760.

25 (3)(a) The Department of Revenue shall certify quarterly the amount of moneys available in the
 26 Oregon Marijuana Account.

27 (b) Subject to subsection (4) of this section, the department shall transfer quarterly 20 percent
 28 of the moneys in the Oregon Marijuana Account as follows:

29 (A) Ten percent of the moneys in the account must be transferred to the cities of this state in
 30 the following shares:

31 (i) Seventy-five percent of the 10 percent must be transferred in shares that reflect the popu-
 32 lation of each city of this state that is not exempt from this paragraph pursuant to subsection (4)(a)
 33 of this section compared to the population of all cities of this state that are not exempt from this
 34 paragraph pursuant to subsection (4)(a) of this section, as determined by Portland State University
 35 under ORS 190.510 to 190.610, on the date immediately preceding the date of the transfer; and

36 (ii) Twenty-five percent of the 10 percent must be transferred in shares that reflect the number
 37 of licenses held pursuant to ORS 475B.070, 475B.090, 475B.100 and 475B.105 on the last business day
 38 of the calendar quarter preceding the date of the transfer for premises located in each city compared
 39 to the number of licenses held pursuant to ORS 475B.070, 475B.090, 475B.100 and 475B.105 on the
 40 last business day of that calendar quarter for all premises in this state located in cities; and

41 (B) Ten percent of the moneys in the account must be transferred to counties in the following
 42 shares:

43 (i) Fifty percent of the 10 percent must be transferred in shares that reflect the total commer-
 44 cially available area of all grow canopies associated with marijuana producer licenses held pursuant
 45 to ORS 475B.070 on the last business day of the calendar quarter preceding the date of the transfer

1 for all premises located in each county compared to the total commercially available area of all
2 grow canopies associated with marijuana producer licenses held pursuant to ORS 475B.070 on the
3 last business day of that calendar quarter for all premises located in this state; and

4 (ii) Fifty percent of the 10 percent must be transferred in shares that reflect the number of li-
5 censes held pursuant to ORS 475B.090, 475B.100 and 475B.105 on the last business day of the cal-
6 endar quarter preceding the date of the transfer for premises located in each county compared to
7 the number of licenses held pursuant to ORS 475B.090, 475B.100 and 475B.105 on the last business
8 day of that calendar quarter for all premises in this state.

9 (c) Eighty percent of the moneys in the Oregon Marijuana Account must be used as follows:

10 (A) Forty percent of the moneys in the account must be used solely for purposes for which
11 moneys in the State School Fund established under ORS 327.008 may be used;

12 (B) Twenty percent of the moneys in the account must be used solely for mental health treat-
13 ment or for [*alcohol and drug abuse*] **substance use disorder** prevention, early intervention and
14 treatment;

15 (C) Fifteen percent of the moneys in the account must be used solely for purposes for which
16 moneys in the State Police Account established under ORS 181A.020 may be used; and

17 (D) Five percent of the moneys in the account must be used solely for purposes related to [*al-*
18 *cohol and drug abuse*] **substance use disorder** prevention, early intervention and treatment ser-
19 vices.

20 (4)(a) A city that has an ordinance prohibiting the establishment of a premises for which issu-
21 ance of a license under ORS 475B.070, 475B.090, 475B.100 or 475B.105 is required is not eligible to
22 receive transfers of moneys under subsection (3)(b)(A) of this section.

23 (b) A county that has an ordinance prohibiting the establishment of a premises for which issu-
24 ance of a license under ORS 475B.070 is required is not eligible to receive transfers of moneys under
25 subsection (3)(b)(B)(i) of this section.

26 (c) A county that has an ordinance prohibiting the establishment of a premises for which issu-
27 ance of a license under ORS 475B.090, 475B.100 or 475B.105 is required is not eligible to receive
28 transfers of moneys under subsection (3)(b)(B)(ii) of this section.

29 (5)(a) A city or county that is ineligible under subsection (4) of this section to receive a transfer
30 of moneys from the Oregon Marijuana Account during a given quarter but has received a transfer
31 of moneys for that quarter shall return the amount transferred to the Department of Revenue, with
32 interest as described under paragraph (f) of this subsection. An ineligible city or county may vol-
33 untarily transfer the moneys to the Department of Revenue immediately upon receipt of the ineligi-
34 ble transfer.

35 (b) If the Director of the Oregon Department of Administrative Services determines that a city
36 or county received a transfer of moneys under subsection (3)(b) of this section but was ineligible to
37 receive that transfer under subsection (4) of this section, the director shall provide notice to the
38 ineligible city or county and order the city or county to return the amount received to the Depart-
39 ment of Revenue, with interest as described under paragraph (f) of this subsection. A city or county
40 may appeal the order within 30 days of the date of the order under the procedures for a contested
41 case under ORS chapter 183.

42 (c) As soon as the order under paragraph (b) of this subsection becomes final, the director shall
43 notify the Department of Revenue and the ineligible city or county. Upon notification, the Depart-
44 ment of Revenue immediately shall proceed to collect the amount stated in the notice.

45 (d) The Department of Revenue shall have the benefit of all laws of the state pertaining to the

1 collection of income and excise taxes and may proceed to collect the amounts described in the no-
 2 tice under paragraph (c) of this subsection. An assessment of tax is not necessary and the collection
 3 described in this subsection is not precluded by any statute of limitations.

4 (e) If a city or county is subject to an order to return moneys from an ineligible transfer, the
 5 city or county shall be denied any further relief in connection with the ineligible transfer on or after
 6 the date that the order becomes final.

7 (f) Interest under this section shall accrue at the rate established in ORS 305.220 beginning on
 8 the date the ineligible transfer was made.

9 (g) Both the moneys and the interest collected from or returned by an ineligible city or county
 10 shall be redistributed to the cities or counties that were eligible to receive a transfer under sub-
 11 section (3)(b) of this section on the date the ineligible transfer was made.

12 (6)(a) Not later than July 1 of each year, each city and county in this state shall certify with
 13 the Oregon Department of Administrative Services whether the city or county has an ordinance
 14 prohibiting the establishment of a premises for which issuance of a license under ORS 475B.070,
 15 475B.090, 475B.100 or 475B.105 is required. The certification shall be made concurrently with the
 16 certifications under ORS 221.770, in a form and manner prescribed by the Oregon Department of
 17 Administrative Services.

18 (b) If a city fails to comply with this subsection, the city is not eligible to receive transfers of
 19 moneys under subsection (3)(b)(A) of this section. If a county fails to comply with this subsection,
 20 the county is not eligible to receive transfers of moneys under subsection (3)(b)(B) of this section.

21 (c) A city or county that repeals an ordinance as provided in ORS 475B.496 shall file an updated
 22 certification with the Oregon Department of Administrative Services in a form and manner pre-
 23 scribed by the department, noting the effective date of the change. A city or county that repeals an
 24 ordinance as provided in ORS 475B.496 is eligible to receive quarterly transfers of moneys under
 25 this section for quarters where the repeal is effective for the entire quarter and the updated certi-
 26 fication was filed at least 30 days before the date of transfer.

27 **SECTION 93.** ORS 657.176 is amended to read:

28 657.176. (1) An authorized representative designated by the Director of the Employment De-
 29 partment shall promptly examine each claim to determine whether an individual is subject to dis-
 30 qualification as a result of a separation, termination, leaving, resignation, or disciplinary suspension
 31 from work or as a result of failure to apply for or accept work and shall promptly enter a director's
 32 decision if required by ORS 657.267. The authorized representative may address issues raised by
 33 information before the authorized representative, including but not limited to the nature of the
 34 separation, notwithstanding the way the parties characterize those issues.

35 (2) An individual shall be disqualified from the receipt of benefits until the individual has per-
 36 formed service in employment subject to this chapter or the equivalent law of another state or
 37 Canada or as defined in ORS 657.030 (2) or as an employee of the federal government, for which
 38 remuneration is received that equals or exceeds four times the individual's weekly benefit amount
 39 subsequent to the week in which the act causing the disqualification occurred, if the authorized
 40 representative designated by the director finds that the individual:

- 41 (a) Has been discharged for misconduct connected with work;
- 42 (b) Has been suspended from work for misconduct connected with work;
- 43 (c) Voluntarily left work without good cause;
- 44 (d) Failed without good cause to apply for available suitable work when referred by the em-
 45 ployment office or the director;

- 1 (e) Failed without good cause to accept suitable work when offered;
- 2 (f) Has been discharged or suspended for being absent or tardy in reporting to work and the
- 3 absence or tardiness occurred as a result of the unlawful use of any drug unless the person was
- 4 participating in a recognized drug rehabilitation program at the time of the absence or tardiness,
- 5 or is so participating within 10 days after the date of the discharge or suspension, and the person
- 6 provides to the Employment Department documentation of program participation. As used in this
- 7 paragraph, “unlawful use” does not include the use of a drug taken under the supervision of a li-
- 8 censed health care professional and in accordance with the prescribed directions for consumption,
- 9 or other uses authorized by the laws of this state;
- 10 (g) Has been discharged or suspended for being absent or tardy in reporting to work and the
- 11 absence or tardiness occurred as the result of the use of alcohol or cannabis on a second or any
- 12 subsequent occasion within a period of 12 months unless the person was participating in a recog-
- 13 nized alcohol or cannabis rehabilitation program at the time of the absence or tardiness, or is so
- 14 participating within 10 days after the date of the discharge or suspension, and the person provides
- 15 to the department documentation of program participation; or
- 16 (h) Has committed a disqualifying act described in subsection (9) or (10) of this section.
- 17 (3) If the authorized representative designated by the director finds that an individual was dis-
- 18 charged for misconduct because of the individual’s commission of a felony or theft in connection
- 19 with the individual’s work, all benefit rights based on wages earned prior to the date of the dis-
- 20 charge shall be canceled if the individual’s employer notifies the director of the discharge within
- 21 10 days following issuance of the notice provided for in ORS 657.265 or 30 days following issuance
- 22 of the notice provided for in ORS 657.266, and:
 - 23 (a) The individual has admitted commission of the felony or theft to an authorized representative
 - 24 of the director;
 - 25 (b) The individual has signed a written admission of the felony or theft and the written admis-
 - 26 sion has been presented to an authorized representative of the director; or
 - 27 (c) The felony or theft has resulted in a conviction by a court of competent jurisdiction.
- 28 (4) An individual disqualified under subsection (2) of this section shall have the individual’s
- 29 maximum benefit amount reduced by eight times the individual’s weekly benefit amount. However,
- 30 in no event shall the individual’s maximum benefit amount be reduced to less than the individual’s
- 31 weekly benefit amount unless the individual has previously received benefits during the individual’s
- 32 benefit year.
- 33 (5) An individual may not be disqualified from receiving benefits under subsection (2)(c) or (e)
- 34 of this section or under ORS 657.200 if the individual ceases work or fails to accept work when a
- 35 collective bargaining agreement between the individual’s bargaining unit and the individual’s em-
- 36 ployer is in effect and the employer unilaterally modifies the amount of wages payable under the
- 37 agreement, in breach of the agreement.
- 38 (6) For purposes of applying subsection (2) of this section, when an individual has notified an
- 39 employer that the individual will leave work on a specific date and it is determined that:
 - 40 (a) The separation would be for reasons that constitute good cause;
 - 41 (b) The individual voluntarily left work without good cause prior to the date of the impending
 - 42 good cause voluntary leaving date; and
 - 43 (c) The actual voluntary leaving of work occurred no more than 15 days prior to the planned
 - 44 date of voluntary leaving,
 - 45

1 then the separation from work shall be adjudicated as if the actual voluntary leaving had not oc-
 2 curred and the planned voluntary leaving had occurred. However, the individual shall be ineligible
 3 for benefits for the period including the week in which the actual voluntary leaving occurred
 4 through the week prior to the week of the planned good cause voluntary leaving date.

5 (7) For purposes of applying subsection (2) of this section, when an employer has notified an
 6 individual that the individual will be discharged on a specific date and it is determined that:

7 (a) The discharge would not be for reasons that constitute misconduct connected with the work;

8 (b) The individual voluntarily left work without good cause prior to the date of the impending
 9 discharge; and

10 (c) The voluntary leaving of work occurred no more than 15 days prior to the date of the im-
 11 pending discharge,

12
 13 then the separation from work shall be adjudicated as if the voluntary leaving had not occurred and
 14 the discharge had occurred. However, the individual shall be ineligible for benefits for the period
 15 including the week in which the voluntary leaving occurred through the week prior to the week in
 16 which the individual would have been discharged.

17 (8) For purposes of applying subsection (2) of this section, when an individual has notified an
 18 employer that the individual will leave work on a specific date and it is determined that:

19 (a) The voluntary leaving would be for reasons that do not constitute good cause;

20 (b) The employer discharged the individual, but not for misconduct connected with work, prior
 21 to the date of the planned voluntary leaving; and

22 (c) The actual discharge occurred no more than 15 days prior to the planned voluntary leaving,
 23

24 then the separation from work shall be adjudicated as if the discharge had not occurred and the
 25 planned voluntary leaving had occurred. However, the individual shall be eligible for benefits for the
 26 period including the week in which the actual discharge occurred through the week prior to the
 27 week of the planned voluntary leaving date.

28 (9)(a) For the purposes of subsection (2) of this section, an individual is considered to have
 29 committed a disqualifying act when the individual:

30 (A) Fails to comply with the terms and conditions of a reasonable written policy established by
 31 the employer or through collective bargaining, which may include blanket, random, periodic and
 32 probable cause testing, that governs the use, sale, possession or effects of drugs, cannabis or alcohol
 33 in the workplace;

34 (B) Fails or refuses to take a drug, cannabis or alcohol test as required by the employer's rea-
 35 sonable written policy;

36 (C) Refuses to cooperate with or subverts or attempts to subvert a drug, cannabis or alcohol
 37 testing process in any employment-related test required by the employer's reasonable written policy,
 38 including but not limited to:

39 (i) Refusal or failure to complete proper documentation that authorizes the test;

40 (ii) Refusal or failure to sign a chain of custody form;

41 (iii) Presentation of false identification;

42 (iv) Placement of an adulterant in the individual's specimen for testing, when the adulterant is
 43 identified by a testing facility; or

44 (v) Interference with the accuracy of the test results by conduct that includes dilution or
 45 adulteration of a test specimen;

1 (D) Is under the influence of intoxicants while performing services for the employer;

2 (E) Possesses cannabis or a drug unlawfully or in violation of the employer's reasonable written
3 policy during work;

4 (F) Tests positive for alcohol, cannabis or an unlawful drug in connection with employment; or

5 (G) Refuses to enter into or violates the terms of a last chance agreement with the employer.

6 (b)(A) Except as provided in subparagraph (B) of this paragraph, an individual is not considered
7 to have committed a disqualifying act under this subsection if the individual, on the date of sepa-
8 ration or within 10 days after the date of separation, is participating in a recognized drug, cannabis
9 or alcohol rehabilitation program and provides documentation of participation in the program to the
10 department.

11 (B) This paragraph does not apply to an individual who has refused to enter into or has violated
12 the terms of a last chance agreement with the employer.

13 (c) It is no defense or excuse under this section that the individual's separation resulted from
14 alcohol use, cannabis use, unlawful drug use[, *alcoholism or addiction to cannabis or drugs*] **or a**
15 **substance use disorder.**

16 (d) The department shall adopt rules to carry out the provisions of this subsection.

17 (10) For the purposes of subsection (2) of this section, an individual is considered to have com-
18 mitted a disqualifying act when the individual voluntarily leaves work, fails to apply for available
19 suitable work when referred by the employment office or the director or fails to accept suitable
20 work when offered:

21 (a) Because the employer has or introduces a reasonable written cannabis-free or drug-free
22 workplace policy that is consistent with subsection (9)(a)(A) of this section;

23 (b) Because the employer requires the employee to consent to present or future drug, cannabis
24 or alcohol tests under a reasonable written policy that is consistent with subsection (9)(a)(A) of this
25 section;

26 (c) To avoid taking a drug, cannabis or alcohol test under a reasonable written policy that is
27 consistent with subsection (9)(a)(A) of this section; or

28 (d) To avoid meeting the requirements of a last chance agreement.

29 (11) An individual may not be disqualified from receiving benefits under subsection (2)(c) of this
30 section and shall be deemed laid off if the individual:

31 (a) Works under a collective bargaining agreement;

32 (b) Elects to be laid off when the employer has decided to lay off employees; and

33 (c) Is placed on the referral list under the collective bargaining agreement.

34 (12) An individual may not be disqualified from receiving benefits under subsection (2)(c), (d) or
35 (e) of this section or be considered unavailable for purposes of ORS 657.155 if:

36 (a) The individual or a member of the individual's immediate family is a victim of domestic vi-
37 olence, stalking, sexual assault or intimidation, or the individual believes that the individual or a
38 member of the individual's immediate family could become a victim of domestic violence, stalking,
39 sexual assault or intimidation; and

40 (b) The individual leaves work, fails to apply for available suitable work or fails to accept suit-
41 able work when offered in order to protect the individual or a member of the individual's immediate
42 family from domestic violence, stalking, sexual assault or intimidation that the individual reasonably
43 believes will occur as a result of the individual's continued employment or acceptance of work.

44 (13) For purposes of this section:

45 (a) "Adulterant" means a substance that does not occur naturally in urine, or that occurs na-

1 turally in urine but not at the concentrations detected. “Adulterant” includes but is not limited to
 2 glutaraldehyde, nitrite concentrations above physiological levels, hypochlorite or soap.

3 (b) “Drug” means a controlled substance as defined in ORS 475.005.

4 (c) “Intimidation” means:

5 (A) Conduct that, in the determination of the director, more likely than not constitutes the crime
 6 of intimidation in the first degree described in ORS 166.165 (2017 Edition) or the crime of intim-
 7 idation in the second degree described in ORS 166.155 (2017 Edition); or

8 (B) Similar conduct, as defined by the director by rule.

9 (d) “Last chance agreement” means a reasonable agreement:

10 (A) Between an employer and an employee who has violated the employer’s reasonable written
 11 policy, has engaged in drug, cannabis or alcohol use connected with work or has admitted to [*alcohol*
 12 *abuse, cannabis abuse or*] unlawful drug use **or having a substance use disorder**; and

13 (B) That permits the employee to return to work under conditions that may require the em-
 14 ployee to:

15 (i) Abstain from alcohol use, cannabis use and unlawful drug use; and

16 (ii) Attend and comply with the requirements of a rehabilitation or education program accepta-
 17 ble to the employer.

18 (e) “Under the influence of intoxicants” means the level of alcohol, cannabis or unlawful drugs
 19 present in an individual’s body exceeds the amount prescribed in a collective bargaining agreement
 20 or the amount prescribed in the employer’s reasonable written policy if there is no applicable col-
 21 lective bargaining agreement provision.

22 **SECTION 94.** ORS 659A.127 is amended to read:

23 659A.127. ORS 659A.112 to 659A.139 do not affect the ability of an employer to do any of the
 24 following:

25 (1) An employer may prohibit the transfer, offering, sale, purchase or illegal use of drugs at the
 26 workplace by any employee. An employer may prohibit possession of drugs except for drugs pre-
 27 scribed by a licensed health care professional.

28 (2) An employer may prohibit the use of alcohol at the workplace by any employee.

29 (3) An employer may require that employees not be under the influence of alcohol or illegally
 30 used drugs at the workplace.

31 (4) An employer may require that employees behave in conformance with the requirements es-
 32 tablished under the federal Drug-Free Workplace Act of 1988.

33 (5) An employer may hold an employee who engages in the illegal use of drugs or who [*is an*
 34 *alcoholic*] **has a substance use disorder** to the same qualification standards for employment, job
 35 performance and behavior to which the employer holds other employees, even if the unsatisfactory
 36 performance or behavior is related to the [*alcoholism of*] **substance use disorder** or the illegal use
 37 of drugs by the employee.

38 (6) An employer may require that employees comply with all federal and state statutes and
 39 regulations regarding alcohol and the illegal use of drugs.

40 **SECTION 95.** ORS 675.523 is amended to read:

41 675.523. A person may not practice clinical social work unless the person is a clinical social
 42 worker licensed under ORS 675.530 or a clinical social work associate certified under ORS 675.537,
 43 except if the person is:

44 (1) Licensed or certified by the State of Oregon to provide mental health services, provided that
 45 the person is acting within the lawful scope of practice for the person’s license or certification and

1 does not represent that the person is a regulated social worker;

2 (2) Certified to provide [*alcohol and drug abuse*] **substance use disorder** prevention services,
 3 intervention services and treatment in compliance with rules adopted under ORS 430.256 and
 4 430.357, provided that the person is acting within the lawful scope of practice for the person's cer-
 5 tification and does not represent that the person is a regulated social worker;

6 (3) Employed by or contracting with an entity that is certified or licensed by the State of Oregon
 7 under ORS 430.610 to 430.695 to provide mental health treatment or addiction services, provided that
 8 the person is practicing within the lawful scope of the person's employment or contract;

9 (4) A recognized member of the clergy, provided that the person is acting in the person's
 10 ministerial capacity and does not represent that the person is a regulated social worker; or

11 (5) A student in a social work graduate degree program that meets the requirements established
 12 by the State Board of Licensed Social Workers by rule.

13 **SECTION 96.** ORS 676.190 is amended to read:

14 676.190. (1) The health profession licensing boards may establish or contract to establish an
 15 impaired health professional program.

16 (2) A program established or contracted for under this section must:

17 (a) Enroll licensees of participating health profession licensing boards who have been diagnosed
 18 with [*alcohol or substance abuse*] **a substance use disorder** or a mental health disorder;

19 (b) Require that a licensee sign a written consent prior to enrollment in the program allowing
 20 disclosure and exchange of information between the program, the licensee's board, the licensee's
 21 employer, evaluators and treatment entities in compliance with ORS 179.505 and 42 C.F.R. part 2;

22 (c) Enter into diversion agreements with enrolled licensees;

23 (d) If the enrolled licensee has a direct supervisor, assess the ability of the direct supervisor to
 24 supervise the licensee, including an assessment of any documentation of the direct supervisor's
 25 completion of specialized training;

26 (e) Report substantial noncompliance with a diversion agreement to a noncompliant licensee's
 27 board within one business day after the program learns of the substantial noncompliance; and

28 (f) At least weekly, submit to licensees' boards:

29 (A) A list of licensees who were referred to the program by a health profession licensing board
 30 and who are enrolled in the program; and

31 (B) A list of licensees who were referred to the program by a health profession licensing board
 32 and who successfully complete the program.

33 (3) The lists submitted under subsection (2)(f) of this section are exempt from disclosure as a
 34 public record under ORS 192.311 to 192.478.

35 (4) When the program reports substantial noncompliance under subsection (2)(e) of this section
 36 to a licensee's board, the report must include:

37 (a) A description of the substantial noncompliance;

38 (b) A copy of a report from the independent third party who diagnosed the licensee under ORS
 39 676.200 (2)(a) or subsection (7)(a) of this section stating the licensee's diagnosis;

40 (c) A copy of the licensee's diversion agreement; and

41 (d) The licensee's employment status.

42 (5) The program may not diagnose or treat licensees enrolled in the program.

43 (6) The diversion agreement required by subsection (2) of this section must:

44 (a) Require the licensee to consent to disclosure and exchange of information between the pro-
 45 gram, the licensee's board, the licensee's employer, evaluators and treatment programs or providers,

1 in compliance with ORS 179.505 and 42 C.F.R. part 2;

2 (b) Require that the licensee comply continuously with the agreement for at least two years to
3 successfully complete the program;

4 (c) Require that the licensee abstain from mind-altering or intoxicating substances or potentially
5 addictive drugs, unless the drug is:

6 (A) Prescribed for a documented medical condition by a person authorized by law to prescribe
7 the drug to the licensee; and

8 (B) Approved by the program if the licensee's board has granted the program that authority;

9 (d) Require the licensee to report use of mind-altering or intoxicating substances or potentially
10 addictive drugs within 24 hours;

11 (e) Require the licensee to agree to participate in a recommended treatment plan;

12 (f) Contain limits on the licensee's practice of the licensee's health profession;

13 (g) Require the licensee to submit to random drug or alcohol testing in accordance with federal
14 regulations, unless the licensee is diagnosed with solely a mental health disorder and the licensee's
15 board does not otherwise require the licensee to submit to random drug or alcohol testing;

16 (h) Require the licensee to report to the program regarding the licensee's compliance with the
17 agreement;

18 (i) Require the licensee to report any arrest for or conviction of a misdemeanor or felony crime
19 to the program within three business days after the licensee is arrested or convicted;

20 (j) Require the licensee to report applications for licensure in other states, changes in employ-
21 ment and changes in practice setting; and

22 (k) Provide that the licensee is responsible for the cost of evaluations, toxicology testing and
23 treatment.

24 (7)(a) A health profession licensing board may establish by rule an option to permit licensees
25 of the health profession licensing board to self-refer to the program.

26 (b) The program shall require a licensee who self-refers to the program to attest that the
27 licensee is not, to the best of the licensee's knowledge, under investigation by the licensee's board.
28 The program shall enroll the licensee on the date on which the licensee attests that the licensee,
29 to the best of the licensee's knowledge, is not under investigation by the licensee's board.

30 (c) When a licensee self-refers to the program, the program shall:

31 (A) Require that an independent third party approved by the licensee's board to evaluate [*alco-*
32 *hol or substance abuse*] **substance use disorders** or mental health disorders evaluate the licensee
33 for [*alcohol or substance abuse*] **a substance use disorder** or mental health disorders; and

34 (B) Investigate to determine whether the licensee's practice while impaired has presented or
35 presents a danger to the public.

36 (d) When a licensee self-refers to the program, the program may not report the licensee's en-
37 rollment in or successful completion of the program to the licensee's board.

38 (8) The health profession licensing boards shall arrange for an independent third party to con-
39 duct an audit every four years of an impaired health professional program for the licensees of those
40 health profession licensing boards to ensure compliance with program guidelines. The health pro-
41 fession licensing boards shall report the results of the audit to the Legislative Assembly in the
42 manner provided by ORS 192.245 and to the Governor. The report may not contain individually
43 identifiable information about licensees.

44 (9) The health profession licensing boards, in consultation with one another, may adopt rules to
45 carry out this section.

1 **SECTION 97.** ORS 676.200 is amended to read:

2 676.200. (1)(a) A health profession licensing board that is authorized by law to take disciplinary
3 action against licensees may adopt rules opting to participate in the impaired health professional
4 program established under ORS 676.190 and may contract with or designate one or more programs
5 to deliver therapeutic services to its licensees.

6 (b) A board may not establish the board's own impaired health professional program for the
7 purpose of monitoring licensees of the board that have been referred to the program.

8 (c) A board may adopt rules establishing additional requirements for licensees referred to the
9 impaired health professional program established under ORS 676.190 or a program with which the
10 board has entered into a contract or designated to deliver therapeutic services under subsection (1)
11 of this section.

12 (2) If a board participates in the impaired health professional program, the board shall establish
13 by rule a procedure for referring licensees to the program. The procedure must provide that, before
14 the board refers a licensee to the program, the board shall ensure that:

15 (a) An independent third party approved by the board to evaluate [*alcohol or substance abuse*]
16 **substance use disorders** or mental health disorders has diagnosed the licensee with [*alcohol or*
17 *substance abuse*] **a substance use disorder** or a mental health disorder and provided the diagnosis
18 and treatment options to the licensee and the board;

19 (b) The board has investigated to determine whether the licensee's professional practice while
20 impaired has presented or presents a danger to the public; and

21 (c) The licensee has agreed to report any arrest for or conviction of a misdemeanor or felony
22 crime to the board within three business days after the licensee is arrested or convicted.

23 (3) A board that participates in the impaired health professional program shall review reports
24 received from the program. If the board finds that a licensee is substantially noncompliant with a
25 diversion agreement entered into under ORS 676.190, the board may suspend, restrict, modify or
26 revoke the licensee's license or end the licensee's participation in the impaired health professional
27 program.

28 (4) A board may not discipline a licensee solely because the licensee:

29 (a) Self-refers to or participates in the impaired health professional program;

30 (b) Has been diagnosed with [*alcohol or substance abuse*] **a substance use disorder** or a mental
31 health disorder; or

32 (c) Used controlled substances or cannabis before entry into the impaired health professional
33 program, if the licensee did not practice while impaired.

34 **SECTION 98.** ORS 676.553 is amended to read:

35 676.553. (1) As used in this section:

36 (a) **"Addictive disorder services or mental health services and support" means all ser-**
37 **vices and supports necessary to treat addictive disorders or other mental health issues, such**
38 **as outpatient behavioral health services and supports for children and adults, intensive**
39 **treatment services for children, outpatient and residential substance use disorders treatment**
40 **services and outpatient and residential treatment services for addictive disorders involving**
41 **gambling.**

42 [(a)] (b) "Advertisement" means a public notice, announcement or communication in any form
43 or by means of any media that describes a mental health or [*substance abuse*] **addictive disorder**
44 treatment service or facility for the purpose of promoting, soliciting the purchase of or selling
45 [*substance abuse, problem gambling*] **addictive disorder services** or mental health services and

1 support that a person provides to residents of this state.

2 [(b)(A)] (c)(A) "Person" means a natural person, a partnership, a limited partnership, a limited
 3 liability partnership, a corporation, a professional corporation, a nonprofit corporation, a limited li-
 4 ability company, a business trust or another business entity.

5 (B) "Person" does not include a public body, as defined in ORS 174.109, or the Oregon Health
 6 and Science University.

7 [(c) "*Substance abuse, problem gambling or mental health services and support*" means all services
 8 and supports necessary to treat substance abuse, problem gambling or other mental health issues, such
 9 as outpatient behavioral health services and supports for children and adults, intensive treatment ser-
 10 vices for children, outpatient and residential substance use disorders treatment services and outpatient
 11 and residential problem gambling treatment services.]

12 (2) A person that provides [*substance abuse, problem gambling*] **addictive disorder services** or
 13 mental health services and support may not:

14 (a) Accept from another person, or pay to another person, a fee, commission, bonus, rebate or
 15 other compensation for a referral of, or to refer, a resident of this state for [*substance abuse, problem*
 16 *gambling*] **addictive disorder services** or mental health services and support.

17 (b) Issue, engage, pay for, disseminate or otherwise make available an advertisement that in-
 18 tentiously falsely states or misrepresents the need for a resident of this state to obtain [*substance*
 19 *abuse, problem gambling*] **addictive disorder services** or mental health services and support outside
 20 this state or at a facility that is located outside this state.

21 (c) Intentionally misrepresent or falsely state in an advertisement a resident of this state's el-
 22 igibility to participate in a medical assistance program.

23 **SECTION 99.** ORS 677.290 is amended to read:

24 677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid
 25 into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board
 26 Account which is established. Such moneys are appropriated continuously and shall be used only for
 27 the administration and enforcement of this chapter and ORS 676.850 and 676.860.

28 (2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account
 29 in a sum not to exceed \$50,000 for the purpose of receiving and paying pass-through moneys relating
 30 to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs
 31 pursuant to its duties under this chapter relating to the education and rehabilitation of licensees in
 32 the areas of [*chemical substance abuse*] **a substance use disorder**, inappropriate prescribing and
 33 medical competence. The creation of and disbursement of moneys from the revolving account shall
 34 not require an allotment or allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in
 35 the account are continuously appropriated for purposes set forth in this subsection.

36 (3) Each year \$10 shall be paid to the Oregon Health and Science University for each in-state
 37 physician licensed under this chapter, which amount is continuously appropriated to the Oregon
 38 Health and Science University to be used in maintaining a circulating library of medical and surgi-
 39 cal books and publications for the use of practitioners of medicine in this state, and when not so in
 40 use to be kept at the library of the School of Medicine and accessible to its students. The balance
 41 of the money received by the board is appropriated continuously and shall be used only for the ad-
 42 ministration and enforcement of this chapter, but any part of the balance may, upon the order of the
 43 board, be paid into the circulating library fund.

44 **SECTION 100.** ORS 679.140 is amended to read:

45 679.140. (1) The Oregon Board of Dentistry may discipline as provided in this section any person

1 licensed to practice dentistry in this state for any of the following causes:

2 (a) Conviction of any violation of the law for which the court could impose a punishment if the
 3 board makes the finding required by ORS 670.280. The record of conviction or a certified copy
 4 thereof, certified by the clerk of the court or by the judge in whose court the conviction is entered,
 5 is conclusive evidence of the conviction.

6 (b) Renting or lending a license or diploma of the dentist to be used as the license or diploma
 7 of another person.

8 (c) Unprofessional conduct.

9 (d) Any violation of this chapter or ORS 680.010 to 680.205, of rules adopted pursuant to this
 10 chapter or ORS 680.010 to 680.205 or of an order issued by the board.

11 (e) Engaging in or permitting the performance of unacceptable patient care by the dentist or by
 12 any person working under the supervision of the dentist due to a deliberate or negligent act or
 13 failure to act by the dentist, regardless of whether actual injury to the patient is established.

14 (f) Incapacity to practice safely.

15 (2) "Unprofessional conduct" as used in this chapter includes but is not limited to the following:

16 (a) Obtaining any fee by fraud or misrepresentation.

17 (b) Willfully betraying confidences involved in the patient-dentist relationship.

18 (c) Employing, aiding, abetting or permitting any unlicensed personnel to practice dentistry or
 19 dental hygiene.

20 (d) Making use of any advertising statements of a character tending to deceive or mislead the
 21 public or that are untruthful.

22 (e) Impairment as defined in ORS 676.303.

23 (f) Obtaining or attempting to obtain a controlled substance in any manner proscribed by the
 24 rules of the board.

25 (g) Prescribing or dispensing drugs outside the scope of the practice of dentistry or in a manner
 26 that impairs the health and safety of an individual.

27 (h) Disciplinary action by a state licensing or regulatory agency of this or another state re-
 28 garding a license to practice dentistry, dental hygiene or any other health care profession when, in
 29 the judgment of the board, the act or conduct resulting in the disciplinary action bears a demon-
 30 strable relationship to the ability of the licensee or applicant to practice dentistry or dental hygiene
 31 in accordance with the provisions of this chapter. A certified copy of the record of the disciplinary
 32 action is conclusive evidence of the disciplinary action.

33 (3) The proceedings under this section may be taken by the board from the matters within its
 34 knowledge or may be taken upon the information of another, but if the informant is a member of the
 35 board, the other members of the board shall constitute the board for the purpose of finding judgment
 36 of the accused.

37 (4) In determining what constitutes unacceptable patient care, the board may take into account
 38 all relevant factors and practices, including but not limited to the practices generally and currently
 39 followed and accepted by persons licensed to practice dentistry in this state, the current teachings
 40 at accredited dental schools, relevant technical reports published in recognized dental journals and
 41 the desirability of reasonable experimentation in the furtherance of the dental arts.

42 (5) In disciplining a person as authorized by subsection (1) of this section, the board may use
 43 any or all of the following methods:

44 (a) Suspend judgment.

45 (b) Place a licensee on probation.

- 1 (c) Suspend a license to practice dentistry in this state.
- 2 (d) Revoke a license to practice dentistry in this state.
- 3 (e) Place limitations on a license to practice dentistry in this state.
- 4 (f) Refuse to renew a license to practice dentistry in this state.
- 5 (g) Accept the resignation of a licensee to practice dentistry in this state.
- 6 (h) Assess a civil penalty.
- 7 (i) Reprimand a licensee.
- 8 (j) Impose any other disciplinary action the board in its discretion finds proper, including as-
- 9 sessment of the costs of the disciplinary proceedings as a civil penalty.
- 10 (6) If the board places any person upon probation as set forth in subsection (5)(b) of this section,
- 11 the board may determine and may at any time modify the conditions of the probation and may in-
- 12 clude among them any reasonable condition for the purpose of protection of the public and for the
- 13 purpose of the rehabilitation of the probationer or both. Upon expiration of the term of probation,
- 14 further proceedings shall be abated by the board if the person holding the license furnishes the
- 15 board with evidence that the person is competent to practice dentistry and has complied with the
- 16 terms of probation. If the evidence fails to establish competence to the satisfaction of the board or
- 17 if the evidence shows failure to comply with the terms of the probation, the board may revoke or
- 18 suspend the license.
- 19 (7) If a license to practice dentistry in this state is suspended, the person holding the license
- 20 may not practice during the term of suspension. Upon the expiration of the term of suspension, the
- 21 license shall be reinstated by the board if the board finds, based upon evidence furnished by the
- 22 person, that the person is competent to practice dentistry and has not practiced dentistry in this
- 23 state during the term of suspension. If the evidence fails to establish to the satisfaction of the board
- 24 that the person is competent or if any evidence shows the person has practiced dentistry in this
- 25 state during the term of suspension, the board may revoke the license after notice and hearing.
- 26 (8) Upon receipt of a complaint under this chapter or ORS 680.010 to 680.205, the board shall
- 27 conduct an investigation as described under ORS 676.165.
- 28 (9) Information that the board obtains as part of an investigation into licensee or applicant
- 29 conduct or as part of a contested case proceeding, consent order or stipulated agreement involving
- 30 licensee or applicant conduct is confidential as provided under ORS 676.175. Notwithstanding ORS
- 31 676.165 to 676.180, the board may disclose confidential information regarding a licensee or an ap-
- 32 plicant to persons who may evaluate or treat the licensee or applicant for [*drug abuse, alcohol*
- 33 *abuse*] **a substance use disorder** or any other health related conditions.
- 34 (10) The board may impose against any person who violates the provisions of this chapter or
- 35 ORS 680.010 to 680.205 or rules of the board a civil penalty of up to \$5,000 for each violation. Any
- 36 civil penalty imposed under this section shall be imposed in the manner provided in ORS 183.745.
- 37 (11) Notwithstanding the expiration, suspension, revocation or surrender of the license, or the
- 38 resignation or retirement of the licensee, the board may:
- 39 (a) Proceed with any investigation of, or any action or disciplinary proceedings against, the
- 40 dentist or dental hygienist; or
- 41 (b) Revise or render void an order suspending or revoking the license.
- 42 (12)(a) The board may continue with any proceeding or investigation for a period not to exceed
- 43 four years from the date of the expiration, suspension, revocation or surrender of the license, or the
- 44 resignation or retirement of the licensee; or
- 45 (b) If the board receives a complaint or initiates an investigation within that four-year period,

1 the board’s jurisdiction continues until the matter is concluded by a final order of the board fol-
2 lowing any appeal.

3 (13) Withdrawing the application for license does not close any investigation, action or pro-
4 ceeding against an applicant.

5 **SECTION 101.** ORS 688.240 is amended to read:

6 688.240. The provisions of the Physical Therapy Licensure Compact are as follows:
7

8
9 PHYSICAL THERAPY LICENSURE
10 COMPACT
11

12 **SECTION 1. PURPOSE**

13 The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal
14 of improving public access to physical therapy services. The practice of physical therapy occurs in
15 the state where the patient/client is located at the time of the patient/client encounter. The Compact
16 preserves the regulatory authority of states to protect public health and safety through the current
17 system of state licensure.

18 This Compact is designed to achieve the following objectives:

- 19 1. Increase public access to physical therapy services by providing for the mutual recognition
20 of other member state licenses;
- 21 2. Enhance the states’ ability to protect the public’s health and safety;
- 22 3. Encourage the cooperation of member states in regulating multi-state physical therapy prac-
23 tice;
- 24 4. Support spouses of relocating military members;
- 25 5. Enhance the exchange of licensure, investigative, and disciplinary information between mem-
26 ber states; and
- 27 6. Allow a remote state to hold a provider of services with a compact privilege in that state
28 accountable to that state’s practice standards.

29 **SECTION 2. DEFINITIONS**

30 As used in this Compact, and except as otherwise provided, the following definitions shall apply:

- 31 1. “Active Duty Military” means full-time duty status in the active uniformed service of the
32 United States, including members of the National Guard and Reserve on active duty orders pursuant
33 to 10 U.S.C. Section 1209 and 1211.
- 34 2. “Adverse Action” means disciplinary action taken by a physical therapy licensing board based
35 upon misconduct, unacceptable performance, or a combination of both.
- 36 3. “Alternative Program” means a non-disciplinary monitoring or practice remediation process
37 approved by a physical therapy licensing board. This includes, but is not limited to, [*substance abuse*
38 *issues*] **substance use disorders**.
- 39 4. “Compact privilege” means the authorization granted by a remote state to allow a licensee
40 from another member state to practice as a physical therapist or work as a physical therapist as-
41 sistant in the remote state under its laws and rules. The practice of physical therapy occurs in the
42 member state where the patient/client is located at the time of the patient/client encounter.
- 43 5. “Continuing competence” means a requirement, as a condition of license renewal, to provide
44 evidence of participation in, and/or completion of, educational and professional activities relevant
45 to practice or area of work.

1 6. “Data system” means a repository of information about licensees, including examination,
2 licensure, investigative, compact privilege, and adverse action.

3 7. “Encumbered license” means a license that a physical therapy licensing board has limited in
4 any way.

5 8. “Executive Board” means a group of directors elected or appointed to act on behalf of, and
6 within the powers granted to them by, the Commission.

7 9. “Home state” means the member state that is the licensee’s primary state of residence.

8 10. “Investigative information” means information, records, and documents received or gener-
9 ated by a physical therapy licensing board pursuant to an investigation.

10 11. “Jurisprudence Requirement” means the assessment of an individual’s knowledge of the laws
11 and rules governing the practice of physical therapy in a state.

12 12. “Licensee” means an individual who currently holds an authorization from the state to
13 practice as a physical therapist or to work as a physical therapist assistant.

14 13. “Member state” means a state that has enacted the Compact.

15 14. “Party state” means any member state in which a licensee holds a current license or com-
16 pact privilege or is applying for a license or compact privilege.

17 15. “Physical therapist” means an individual who is licensed by a state to practice physical
18 therapy.

19 16. “Physical therapist assistant” means an individual who is licensed/certified by a state and
20 who assists the physical therapist in selected components of physical therapy.

21 17. “Physical therapy,” “physical therapy practice,” and “the practice of physical therapy” mean
22 the care and services provided by or under the direction and supervision of a licensed physical
23 therapist. The “practice of physical therapy” also has the meaning given that term in ORS 688.010.

24 18. “Physical Therapy Compact Commission” or “Commission” means the national administra-
25 tive body whose membership consists of all states that have enacted the Compact.

26 19. “Physical therapy licensing board” or “licensing board” means the agency of a state that is
27 responsible for the licensing and regulation of physical therapists and physical therapist assistants.

28 20. “Remote State” means a member state other than the home state, where a licensee is exer-
29 cising or seeking to exercise the compact privilege.

30 21. “Rule” means a regulation, principle, or directive promulgated by the Commission that has
31 the force of law.

32 22. “State” means any state, commonwealth, district, or territory of the United States of Amer-
33 ica that regulates the practice of physical therapy.

34 SECTION 3. STATE PARTICIPATION IN THE COMPACT

35 A. To participate in the Compact, a state must:

36 1. Participate fully in the Commission’s data system, including using the Commission’s unique
37 identifier as defined in rules;

38 2. Have a mechanism in place for receiving and investigating complaints about licensees;

39 3. Notify the Commission, in compliance with the terms of the Compact and rules, of any adverse
40 action or the availability of investigative information regarding a licensee;

41 4. Fully implement a criminal background check requirement, within a time frame established
42 by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal
43 background checks and use the results in making licensure decisions in accordance with Section
44 3.B.;

45 5. Comply with the rules of the Commission;

1 6. Utilize a recognized national examination as a requirement for licensure pursuant to the rules
2 of the Commission; and

3 7. Have continuing competence requirements as a condition for license renewal.

4 B. Upon adoption of this statute, the member state shall have the authority to obtain
5 biometric-based information from each physical therapy licensure applicant and submit this infor-
6 mation to the Federal Bureau of Investigation for a criminal background check in accordance with
7 28 U.S.C. §534 and 42 U.S.C. §14616.

8 C. A member state shall grant the compact privilege to a licensee holding a valid unencumbered
9 license in another member state in accordance with the terms of the Compact and rules.

10 D. Member states may charge a fee for granting a compact privilege.

11 SECTION 4. COMPACT PRIVILEGE

12 A. To exercise the compact privilege under the terms and provisions of the Compact, the
13 licensee shall:

14 1. Hold a license in the home state;

15 2. Have no encumbrance on any state license;

16 3. Be eligible for a compact privilege in any member state in accordance with Section 4D, G and
17 H;

18 4. Have not had any adverse action against any license or compact privilege within the previous
19 2 years;

20 5. Notify the Commission that the licensee is seeking the compact privilege within a remote
21 state(s);

22 6. Pay any applicable fees, including any state fee, for the compact privilege;

23 7. Meet any jurisprudence requirements established by the remote state(s) in which the licensee
24 is seeking a compact privilege; and

25 8. Report to the Commission adverse action taken by any non-member state within 30 days from
26 the date the adverse action is taken.

27 B. The compact privilege is valid until the expiration date of the home license. The licensee
28 must comply with the requirements of Section 4A to maintain the compact privilege in the remote
29 state.

30 C. A licensee providing physical therapy in a remote state under the compact privilege shall
31 function within the laws and regulations of the remote state.

32 D. A licensee providing physical therapy in a remote state is subject to that state's regulatory
33 authority. A remote state may, in accordance with due process and that state's laws, remove a
34 licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or
35 take any other necessary actions to protect the health and safety of its citizens. The licensee is not
36 eligible for a compact privilege in any state until the specific time for removal has passed and all
37 fines are paid.

38 E. If a home state license is encumbered, the licensee shall lose the compact privilege in any
39 remote state until the following occur:

40 1. The home state license is no longer encumbered; and

41 2. Two years have elapsed from the date of the adverse action.

42 F. Once an encumbered license in the home state is restored to good standing, the licensee must
43 meet the requirements of Section 4A to obtain a compact privilege in any remote state.

44 G. If a licensee's compact privilege in any remote state is removed, the individual shall lose the
45 compact privilege in any remote state until the following occur:

- 1 1. The specific period of time for which the compact privilege was removed has ended;
- 2 2. All fines have been paid; and
- 3 3. Two years have elapsed from the date of the adverse action.

4 H. Once the requirements of Section 4G have been met, the license must meet the requirements
5 in Section 4A to obtain a compact privilege in a remote state.

6 SECTION 5. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

7 A licensee who is active duty military or is the spouse of an individual who is active duty mil-
8 itary may designate one of the following as the home state:

- 9 A. Home of record;
- 10 B. Permanent Change of Station (PCS); or
- 11 C. State of current residence if it is different than the PCS state or home of record.

12 SECTION 6. ADVERSE ACTIONS

13 A. A home state shall have exclusive power to impose adverse action against a license issued
14 by the home state.

15 B. A home state may take adverse action based on the investigative information of a remote
16 state, so long as the home state follows its own procedures for imposing adverse action.

17 C. Nothing in this Compact shall override a member state's decision that participation in an
18 alternative program may be used in lieu of adverse action and that such participation shall remain
19 non-public if required by the member state's laws. Member states must require licensees who enter
20 any alternative programs in lieu of discipline to agree not to practice in any other member state
21 during the term of the alternative program without prior authorization from such other member
22 state.

23 D. Any member state may investigate actual or alleged violations of the statutes and rules au-
24 thORIZING the practice of physical therapy in any other member state in which a physical therapist
25 or physical therapist assistant holds a license or compact privilege.

26 E. A remote state shall have the authority to:

27 1. Take adverse actions as set forth in Section 4D against a licensee's compact privilege in the
28 state;

29 2. Issue subpoenas for both hearings and investigations that require the attendance and testi-
30 mony of witnesses, and the production of evidence. Subpoenas issued by a physical therapy licensing
31 board in a party state for the attendance and testimony of witnesses, and/or the production of evi-
32 dence from another party state, shall be enforced in the latter state by any court of competent ju-
33 risdiction, according to the practice and procedure of that court applicable to subpoenas issued in
34 proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses,
35 mileage, and other fees required by the service statutes of the state where the witnesses and/or
36 evidence are located; and

37 3. If otherwise permitted by state law, recover from the licensee the costs of investigations and
38 disposition of cases resulting from any adverse action taken against that licensee.

39 F. Joint Investigations

40 1. In addition to the authority granted to a member state by its respective physical therapy
41 practice act or other applicable state law, a member state may participate with other member states
42 in joint investigations of licensees.

43 2. Member states shall share any investigative, litigation, or compliance materials in furtherance
44 of any joint or individual investigation initiated under the Compact.

45 SECTION 7. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

1 A. The Compact member states hereby create and establish a joint public agency known as the
2 Physical Therapy Compact Commission:

3 1. The Commission is an instrumentality of the Compact states.

4 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely
5 and exclusively in a court of competent jurisdiction where the principal office of the Commission is
6 located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or
7 consents to participate in alternative dispute resolution proceedings.

8 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

9 B. Membership, Voting, and Meetings

10 1. Each member state shall have and be limited to one (1) delegate selected by that member
11 state's licensing board.

12 2. The delegate shall be a current member of the licensing board, who is a physical therapist,
13 physical therapist assistant, public member, or the board administrator.

14 3. Any delegate may be removed or suspended from office as provided by the law of the state
15 from which the delegate is appointed.

16 4. The member state board shall fill any vacancy occurring in the Commission.

17 5. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and
18 creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs
19 of the Commission.

20 6. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws
21 may provide for delegates' participation in meetings by telephone or other means of communication.

22 7. The Commission shall meet at least once during each calendar year. Additional meetings shall
23 be held as set forth in the bylaws.

24 C. The Commission shall have the following powers and duties:

25 1. Establish the fiscal year of the Commission;

26 2. Establish bylaws;

27 3. Maintain its financial records in accordance with the bylaws;

28 4. Meet and take such actions as are consistent with the provisions of this Compact and the
29 bylaws;

30 5. Promulgate uniform rules to facilitate and coordinate implementation and administration of
31 this Compact. The rules shall have the force and effect of law and shall be binding in all member
32 states;

33 6. Bring and prosecute legal proceedings or actions in the name of the Commission, provided
34 that the standing of any state physical therapy licensing board to sue or be sued under applicable
35 law shall not be affected;

36 7. Purchase and maintain insurance and bonds;

37 8. Borrow, accept, or contract for services of personnel, including, but not limited to, employees
38 of a member state;

39 9. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individ-
40 uals appropriate authority to carry out the purposes of the Compact, and to establish the
41 Commission's personnel policies and programs relating to conflicts of interest, qualifications of per-
42 sonnel, and other related personnel matters;

43 10. Accept any and all appropriate donations and grants of money, equipment, supplies, materi-
44 als and services, and to receive, utilize and dispose of the same; provided that at all times the
45 Commission shall avoid any appearance of impropriety and/or conflict of interest;

1 11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve
 2 or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid
 3 any appearance of impropriety;

4 12. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any prop-
 5 erty real, personal, or mixed;

6 13. Establish a budget and make expenditures;

7 14. Borrow money;

8 15. Appoint committees, including standing committees comprised of members, state regulators,
 9 state legislators or their representatives, and consumer representatives, and such other interested
 10 persons as may be designated in this Compact and the bylaws;

11 16. Provide and receive information from, and cooperate with, law enforcement agencies;

12 17. Establish and elect an Executive Board; and

13 18. Perform such other functions as may be necessary or appropriate to achieve the purposes
 14 of this Compact consistent with the state regulation of physical therapy licensure and practice.

15 D. The Executive Board

16 The Executive Board shall have the power to act on behalf of the Commission according to the
 17 terms of this Compact.

18 1. The Executive Board shall be comprised of nine members:

19 a. Seven voting members who are elected by the Commission from the current membership of
 20 the Commission;

21 b. One ex-officio, nonvoting member from the recognized national physical therapy professional
 22 association; and

23 c. One ex-officio, nonvoting member from the recognized membership organization of the phys-
 24 ical therapy licensing boards.

25 2. The ex-officio members will be selected by their respective organizations.

26 3. The Commission may remove any member of the Executive Board as provided in bylaws.

27 4. The Executive Board shall meet at least annually.

28 5. The Executive Board shall have the following Duties and responsibilities:

29 a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Com-
 30 pact legislation, fees paid by Compact member states such as annual dues, and any commission
 31 Compact fee charged to licensees for the compact privilege;

32 b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

33 c. Prepare and recommend the budget;

34 d. Maintain financial records on behalf of the Commission;

35 e. Monitor Compact compliance of member states and provide compliance reports to the Com-
 36 mission;

37 f. Establish additional committees as necessary; and

38 g. Other duties as provided in rules or bylaws.

39 E. Meetings of the Commission

40 1. All meetings shall be open to the public, and public notice of meetings shall be given in the
 41 same manner as required under the rulemaking provisions in Section 9.

42 2. The Commission or the Executive Board or other committees of the Commission may convene
 43 in a closed, non-public meeting if the Commission or Executive Board or other committees of the
 44 Commission must discuss:

45 a. Non-compliance of a member state with its obligations under the Compact;

1 b. The employment, compensation, discipline or other matters, practices or procedures related
 2 to specific employees or other matters related to the Commission's internal personnel practices and
 3 procedures;

4 c. Current, threatened, or reasonably anticipated litigation;

5 d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

6 e. Accusing any person of a crime or formally censuring any person;

7 f. Disclosure of trade secrets or commercial or financial information that is privileged or confi-
 8 dential;

9 g. Disclosure of information of a personal nature where disclosure would constitute a clearly
 10 unwarranted invasion of personal privacy;

11 h. Disclosure of investigative records compiled for law enforcement purposes;

12 i. Disclosure of information related to any investigative reports prepared by or on behalf of or
 13 for use of the Commission or other committee charged with responsibility of investigation or deter-
 14 mination of compliance issues pursuant to the Compact; or

15 j. Matters specifically exempted from disclosure by federal or member state statute.

16 3. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's
 17 legal counsel or designee shall certify that the meeting may be closed and shall reference each rel-
 18 evant exempting provision.

19 4. The Commission shall keep minutes that fully and clearly describe all matters discussed in a
 20 meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore,
 21 including a description of the views expressed. All documents considered in connection with an
 22 action shall be identified in such minutes. All minutes and documents of a closed meeting shall re-
 23 main under seal, subject to release by a majority vote of the Commission or order of a court of
 24 competent jurisdiction.

25 F. Financing of the Commission

26 1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its es-
 27 tablishment, organization, and ongoing activities.

28 2. The Commission may accept any and all appropriate revenue sources, donations, and grants
 29 of money, equipment, supplies, materials, and services.

30 3. The Commission may levy on and collect an annual assessment from each member state or
 31 impose fees on other parties to cover the cost of the operations and activities of the Commission
 32 and its staff, which must be in a total amount sufficient to cover its annual budget as approved each
 33 year for which revenue is not provided by other sources. The aggregate annual assessment amount
 34 shall be allocated based upon a formula to be determined by the Commission, which shall promulgate
 35 a rule binding upon all member states.

36 4. The Commission shall not incur obligations of any kind prior to securing the funds adequate
 37 to meet the same; nor shall the Commission pledge the credit of any of the member states, except
 38 by and with the authority of the member state.

39 5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts
 40 and disbursements of the Commission shall be subject to the audit and accounting procedures es-
 41 tablished under its bylaws. However, all receipts and disbursements of funds handled by the Com-
 42 mission shall be audited yearly by a certified or licensed public accountant, and the report of the
 43 audit shall be included in and become part of the annual report of the Commission.

44 6. An assessment levied, or any other financial obligation imposed, under this Compact is effec-
 45 tive against the State of Oregon only to the extent that moneys necessary to pay the assessment

1 or meet the financial obligations have been deposited in an account established under ORS 182.470
2 by the Oregon Board of Physical Therapy pursuant to ORS 688.201.

3 G. Qualified Immunity, Defense, and Indemnification

4 1. The members, officers, executive director, employees and representatives of the Commission
5 shall be immune from suit and liability, either personally or in their official capacity, for any claim
6 for damage to or loss of property or personal injury or other civil liability caused by or arising out
7 of any actual or alleged act, error or omission that occurred, or that the person against whom the
8 claim is made had a reasonable basis for believing occurred within the scope of Commission em-
9 ployment, duties or responsibilities; provided that nothing in this paragraph shall be construed to
10 protect any such person from suit and/or liability for any damage, loss, injury, or liability caused
11 by the intentional or willful or wanton misconduct of that person.

12 2. The Commission shall defend any member, officer, executive director, employee or represen-
13 tative of the Commission in any civil action seeking to impose liability arising out of any actual or
14 alleged act, error, or omission that occurred within the scope of Commission employment, duties,
15 or responsibilities, or that the person against whom the claim is made had a reasonable basis for
16 believing occurred within the scope of Commission employment, duties, or responsibilities; provided
17 that nothing herein shall be construed to prohibit that person from retaining his or her own counsel;
18 and provided further, that the actual or alleged act, error, or omission did not result from that
19 person's intentional or willful or wanton misconduct.

20 3. The Commission shall indemnify and hold harmless any member, officer, executive director,
21 employee, or representative of the Commission for the amount of any settlement or judgment ob-
22 tained against that person arising out of any actual or alleged act, error or omission that occurred
23 within the scope of Commission employment, duties, or responsibilities, or that such person had a
24 reasonable basis for believing occurred within the scope of Commission employment, duties, or re-
25 sponsibilities, provided that the actual or alleged act, error, or omission did not result from the in-
26 tentional or willful or wanton misconduct of that person.

27 SECTION 8. DATA SYSTEM

28 A. 1. The Commission shall provide for the development, maintenance, and utilization of a co-
29 ordinated database and reporting system containing licensure, adverse action, and investigative in-
30 formation on all licensed individuals in member states.

31 2. Notwithstanding Section 9.A.1., the Oregon Board of Physical Therapy shall review the rules
32 of the Commission. The licensing board may approve and adopt the rules of the Commission as rules
33 of the licensing board. The State of Oregon is subject to a rule of the Commission only if the rule
34 of the Commission is adopted by the licensing board.

35 B. Notwithstanding any other provision of state law to the contrary, a member state shall sub-
36 mit a uniform data set to the data system on all individuals to whom this Compact is applicable as
37 required by the rules of the Commission, including:

38 1. Identifying information;

39 2. Licensure data;

40 3. Adverse actions against a license or compact privilege;

41 4. Non-confidential information related to alternative program participation;

42 5. Any denial of application for licensure, and the reason(s) for such denial; and

43 6. Other information that may facilitate the administration of this Compact, as determined by
44 the rules of the Commission.

45 C. Investigative information pertaining to a licensee in any member state will only be available

1 to other party states.

2 D. The Commission shall promptly notify all member states of any adverse action taken against
 3 a licensee or an individual applying for a license. Adverse action information pertaining to a
 4 licensee in any member state will be available to any other member state.

5 E. Member states contributing information to the data system may designate information that
 6 may not be shared with the public without the express permission of the contributing state.

7 F. Any information submitted to the data system that is subsequently required to be expunged
 8 by the laws of the member state contributing the information shall be removed from the data system.

9 SECTION 9. RULEMAKING

10 A. 1. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in
 11 this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the
 12 date specified in each rule or amendment.

13 2. Notwithstanding Section 9.A.1., the Oregon Board of Physical Therapy shall review the rules
 14 of the Commission. The licensing board may approve and adopt the rules of the Commission as rules
 15 of the licensing board. The State of Oregon is subject to a rule of the Commission only if the rule
 16 of the Commission is adopted by the licensing board.

17 B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute
 18 or resolution in the same manner used to adopt the Compact within 4 years of the date of adoption
 19 of the rule, then such rule shall have no further force and effect in any member state.

20 C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the
 21 Commission.

22 D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least
 23 thirty (30) days in advance of the meeting at which the rule will be considered and voted upon, the
 24 Commission shall file a Notice of Proposed Rulemaking:

- 25 1. On the website of the Commission or other publicly accessible platform; and
- 26 2. On the website of each member state physical therapy licensing board or other publicly ac-
 27 cessible platform or the publication in which each state would otherwise publish proposed rules.

28 E. The Notice of Proposed Rulemaking shall include:

- 29 1. The proposed time, date, and location of the meeting in which the rule will be considered and
 30 voted upon;
- 31 2. The text of the proposed rule or amendment and the reason for the proposed rule;
- 32 3. A request for comments on the proposed rule from any interested person; and
- 33 4. The manner in which interested persons may submit notice to the Commission of their in-
 34 tentation to attend the public hearing and any written comments.

35 F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written
 36 data, facts, opinions, and arguments, which shall be made available to the public.

37 G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or
 38 amendment if a hearing is requested by:

- 39 1. At least twenty-five (25) persons;
- 40 2. A state or federal governmental subdivision or agency; or
- 41 3. An association having at least twenty-five (25) members.

42 H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the
 43 place, time, and date of the scheduled public hearing. If the hearing is held via electronic means,
 44 the Commission shall publish the mechanism for access to the electronic hearing.

- 45 1. All persons wishing to be heard at the hearing shall notify the executive director of the

1 Commission or other designated member in writing of their desire to appear and testify at the
 2 hearing not less than five (5) business days before the scheduled date of the hearing.

3 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair
 4 and reasonable opportunity to comment orally or in writing.

5 3. All hearings will be recorded. A copy of the recording will be made available on request.

6 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules
 7 may be grouped for the convenience of the Commission at hearings required by this section.

8 I. Following the scheduled hearing date, or by the close of business on the scheduled hearing
 9 date if the hearing was not held, the Commission shall consider all written and oral comments re-
 10 ceived.

11 J. If no written notice of intent to attend the public hearing by interested parties is received,
 12 the Commission may proceed with promulgation of the proposed rule without a public hearing.

13 K. The Commission shall, by majority vote of all members, take final action on the proposed rule
 14 and shall determine the effective date of the rule, if any, based on the rulemaking record and the
 15 full text of the rule.

16 L. Upon determination that an emergency exists, the Commission may consider and adopt an
 17 emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual
 18 rulemaking procedures provided in the Compact and in this section shall be retroactively applied to
 19 the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective
 20 date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted
 21 immediately in order to:

22 1. Meet an imminent threat to public health, safety, or welfare;

23 2. Prevent a loss of Commission or member state funds;

24 3. Meet a deadline for the promulgation of an administrative rule that is established by federal
 25 law or rule; or

26 4. Protect public health and safety.

27 M. The Commission or an authorized committee of the Commission may direct revisions to a
 28 previously adopted rule or amendment for purposes of correcting typographical errors, errors in
 29 format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted
 30 on the website of the Commission. The revision shall be subject to challenge by any person for a
 31 period of thirty (30) days after posting. The revision may be challenged only on grounds that the
 32 revision results in a material change to a rule. A challenge shall be made in writing, and delivered
 33 to the chair of the Commission prior to the end of the notice period. If no challenge is made, the
 34 revision will take effect without further action. If the revision is challenged, the revision may not
 35 take effect without the approval of the Commission.

36 SECTION 10. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

37 A. Oversight

38 1. The executive, legislative, and judicial branches of state government in each member state
 39 shall enforce this Compact and take all actions necessary and appropriate to effectuate the
 40 Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder
 41 and adopted by the Oregon Board of Physical Therapy shall have standing as statutory law.

42 2. All courts shall take judicial notice of the Compact and the rules in any judicial or adminis-
 43 trative proceeding in a member state pertaining to the subject matter of this Compact which may
 44 affect the powers, responsibilities or actions of the Commission.

45 3. The Commission shall be entitled to receive service of process in any such proceeding, and

1 shall have standing to intervene in such a proceeding for all purposes. Failure to provide service
2 of process to the Commission shall render a judgment or order void as to the Commission, this
3 Compact, or promulgated rules.

4 B. Default, Technical Assistance, and Termination

5 1. If the Commission determines that a member state has defaulted in the performance of its
6 obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

7 a. Provide written notice to the defaulting state and other member states of the nature of the
8 default, the proposed means of curing the default and/or any other action to be taken by the Com-
9 mission; and

10 b. Provide remedial training and specific technical assistance regarding the default.

11 2. If a state in default fails to cure the default, the defaulting state may be terminated from the
12 Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and
13 benefits conferred by this Compact may be terminated on the effective date of termination. A cure
14 of the default does not relieve the offending state of obligations or liabilities incurred during the
15 period of default.

16 3. Termination of membership in the Compact shall be imposed only after all other means of
17 securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given
18 by the Commission to the governor, the majority and minority leaders of the defaulting state's leg-
19 islature, and each of the member states.

20 4. A state that has been terminated is responsible for all assessments, obligations, and liabilities
21 incurred through the effective date of termination, including obligations that extend beyond the ef-
22 fective date of termination.

23 5. The Commission shall not bear any costs related to a state that is found to be in default or
24 that has been terminated from the Compact, unless agreed upon in writing between the Commission
25 and the defaulting state.

26 6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District
27 Court for the District of Columbia or the federal district where the Commission has its principal
28 offices. The prevailing member shall be awarded all costs of such litigation, including reasonable
29 attorney's fees.

30 C. Dispute Resolution

31 1. Upon request by a member state, the Commission shall attempt to resolve disputes related to
32 the Compact that arise among member states and between member and non-member states.

33 2. The Commission shall promulgate a rule providing for both mediation and binding dispute
34 resolution for disputes as appropriate.

35 D. Enforcement

36 1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and
37 rules of this Compact.

38 2. By majority vote, the Commission may initiate legal action in the United States District Court
39 for the District of Columbia or the federal district where the Commission has its principal offices
40 against a member state in default to enforce compliance with the provisions of the Compact and its
41 promulgated rules and bylaws. The relief sought may include injunctive relief. In the event judicial
42 enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, in-
43 cluding reasonable attorney's fees.

44 3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission
45 may pursue any other remedies available under federal or state law.

1 SECTION 11. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR
 2 PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMEND-
 3 MENT

4 A. The Compact shall come into effect on the date on which the Compact statute is enacted into
 5 law in the tenth member state. The provisions, which become effective at that time, shall be limited
 6 to the powers granted to the Commission relating to assembly and the promulgation of rules.
 7 Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implemen-
 8 tation and administration of the Compact.

9 B. Any state that joins the Compact subsequent to the Commission’s initial adoption of the rules
 10 shall be subject to the rules as they exist on the date on which the Compact becomes law in that
 11 state. Any rule that has been previously adopted by the Commission shall have the full force and
 12 effect of law on the day the Compact becomes law in that state.

13 C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

14 1. A member state’s withdrawal shall not take effect until six (6) months after enactment of the
 15 repealing statute.

16 2. Withdrawal shall not affect the continuing requirement of the withdrawing state’s physical
 17 therapy licensing board to comply with the investigative and adverse action reporting requirements
 18 of this act prior to the effective date of withdrawal.

19 D. Nothing contained in this Compact shall be construed to invalidate or prevent any physical
 20 therapy licensure agreement or other cooperative arrangement between a member state and a non-
 21 member state that does not conflict with the provisions of this Compact.

22 E. This Compact may be amended by the member states. No amendment to this Compact shall
 23 become effective and binding upon any member state until it is enacted into the laws of all member
 24 states.

25 SECTION 12. CONSTRUCTION AND SEVERABILITY

26 This Compact shall be liberally construed so as to effectuate the purposes thereof. The pro-
 27 visions of this Compact shall be severable and if any phrase, clause, sentence or provision of this
 28 Compact is declared to be contrary to the constitution of any party state or of the United States
 29 or the applicability thereof to any government, agency, person or circumstance is held invalid, the
 30 validity of the remainder of this Compact and the applicability thereof to any government, agency,
 31 person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the
 32 constitution of any party state, the Compact shall remain in full force and effect as to the remaining
 33 party states and in full force and effect as to the party state affected as to all severable matters.

34
 35
 36 SECTION 102. ORS 689.005 is amended to read:

37 689.005. As used in this chapter:

38 (1) “Administer” means the direct application of a drug or device whether by injection,
 39 inhalation, ingestion, or any other means, to the body of a patient or research subject by:

- 40 (a) A practitioner or the practitioner’s authorized agent; or
- 41 (b) The patient or research subject at the direction of the practitioner.

42 (2) “Approved continuing pharmacy education program” means those seminars, classes,
 43 meetings, workshops and other educational programs on the subject of pharmacy approved by the
 44 board.

45 (3) “Board of pharmacy” or “board” means the State Board of Pharmacy.

1 (4) "Clinical pharmacy agreement" means an agreement between a pharmacist or pharmacy and
2 a health care organization or a physician as defined in ORS 677.010 or a naturopathic physician as
3 defined in ORS 685.010 that permits the pharmacist to engage in the practice of clinical pharmacy
4 for the benefit of the patients of the health care organization, physician or naturopathic physician.

5 (5) "Continuing pharmacy education" means:

6 (a) Professional, pharmaceutical post-graduate education in the general areas of socio-economic
7 and legal aspects of health care;

8 (b) The properties and actions of drugs and dosage forms; and

9 (c) The etiology, characteristics and therapeutics of the disease state.

10 (6) "Continuing pharmacy education unit" means the unit of measurement of credits for ap-
11 proved continuing education courses and programs.

12 (7) "Deliver" or "delivery" means the actual, constructive or attempted transfer of a drug or
13 device other than by administration from one person to another, whether or not for a consideration.

14 (8) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro
15 reagent or other similar or related article, including any component part or accessory, which is re-
16 quired under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.

17 (9) "Dispense" or "dispensing" means the preparation and delivery of a prescription drug pur-
18 suant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent
19 administration to or use by a patient or other individual entitled to receive the prescription drug.

20 (10) "Distribute" means the delivery of a drug other than by administering or dispensing.

21 (11) "Drug" means:

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

25 (b) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of dis-
26 ease in a human or other animal;

27 (c) Articles, other than food, intended to affect the structure or any function of the body of hu-
28 mans or other animals; and

29 (d) Articles intended for use as a component of any articles specified in paragraph (a), (b) or (c)
30 of this subsection.

31 (12) "Drug order" means a written order, in a hospital or other inpatient care facility, for an
32 ultimate user of any drug or device issued and signed by a practitioner, or an order transmitted by
33 other means of communication from a practitioner, that is immediately reduced to writing by a
34 pharmacist, licensed nurse or other practitioner.

35 (13) "Drug outlet" means a pharmacy, nursing home, shelter home, convalescent home, extended
36 care facility, [drug abuse] **substance use disorder** treatment center, penal institution, hospital,
37 family planning clinic, student health center, retail store, wholesaler, manufacturer, mail-order ven-
38 dor or other establishment with facilities located within or out of this state that is engaged in dis-
39 pensing, delivery or distribution of drugs within this state.

40 (14) "Drug room" means a secure and lockable location within an inpatient care facility that
41 does not have a licensed pharmacy.

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

1 (16) "Injectable hormonal contraceptive" means a drug composed of a hormone or a combination
 2 of hormones that is approved by the United States Food and Drug Administration to prevent preg-
 3 nancy and that a health care practitioner administers to the patient by injection.

4 (17) "Institutional drug outlet" means hospitals and inpatient care facilities where medications
 5 are dispensed to another health care professional for administration to patients served by the hos-
 6 pitals or facilities.

7 (18) "Intern" means a person who is enrolled in or has completed a course of study at a school
 8 or college of pharmacy approved by the board and who is licensed with the board as an intern.

9 (19) "Internship" means a professional experiential program approved by the board under the
 10 supervision of a licensed pharmacist registered with the board as a preceptor.

11 (20) "Itinerant vendor" means a person who sells or distributes nonprescription drugs by passing
 12 from house to house, or by haranguing the people on the public streets or in public places, or who
 13 uses the customary devices for attracting crowds, recommending their wares and offering them for
 14 sale.

15 (21) "Labeling" means the process of preparing and affixing of a label to any drug container
 16 exclusive, however, of the labeling by a manufacturer, packer or distributor of a nonprescription
 17 drug or commercially packaged legend drug or device.

18 (22) "Manufacture" means the production, preparation, propagation, compounding, conversion
 19 or processing of a device or a drug, either directly or indirectly by extraction from substances of
 20 natural origin or independently by means of chemical synthesis or by a combination of extraction
 21 and chemical synthesis and includes any packaging or repackaging of the substances or labeling or
 22 relabeling of its container, except that this term does not include the preparation or compounding
 23 of a drug by an individual for their own use or the preparation, compounding, packaging or labeling
 24 of a drug:

25 (a) By a practitioner as an incident to administering or dispensing of a drug in the course of
 26 professional practice; or

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

29 (23) "Manufacturer" means a person engaged in the manufacture of drugs.

30 (24) "Nonprescription drug outlet" means shopkeepers and itinerant vendors registered under
 31 ORS 689.305.

32 (25) "Nonprescription drugs" means drugs which may be sold without a prescription and which
 33 are prepackaged for use by the consumer and labeled in accordance with the requirements of the
 34 statutes and regulations of this state and the federal government.

35 (26) "Person" means an individual, corporation, partnership, association or other legal entity.

36 (27) "Pharmacist" means an individual licensed by this state to engage in the practice of phar-
 37 macy or to engage in the practice of clinical pharmacy.

38 (28) "Pharmacy" means a place that meets the requirements of rules of the board, is licensed
 39 and approved by the board where the practice of pharmacy may lawfully occur and includes
 40 apothecaries, drug stores, dispensaries, hospital outpatient pharmacies, pharmacy departments and
 41 prescription laboratories but does not include a place used by a manufacturer or wholesaler.

42 (29) "Pharmacy technician" means a person licensed by the State Board of Pharmacy who assists
 43 the pharmacist in the practice of pharmacy pursuant to rules of the board.

44 (30) "Practice of clinical pharmacy" means:

45 (a) The health science discipline in which, in conjunction with the patient's other practitioners,

1 a pharmacist provides patient care to optimize medication therapy and to promote disease pre-
 2 vention and the patient's health and wellness;

3 (b) The provision of patient care services, including but not limited to post-diagnostic disease
 4 state management services; and

5 (c) The practice of pharmacy by a pharmacist pursuant to a clinical pharmacy agreement.

6 (31) "Practice of pharmacy" means:

7 (a) The interpretation and evaluation of prescription orders;

8 (b) The compounding, dispensing and labeling of drugs and devices, except labeling by a man-
 9 ufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs
 10 and devices;

11 (c) The prescribing and administering of vaccines and immunizations and the providing of pa-
 12 tient care services pursuant to ORS 689.645;

13 (d) The administering of drugs and devices to the extent permitted under ORS 689.655;

14 (e) The participation in drug selection and drug utilization reviews;

15 (f) The proper and safe storage of drugs and devices and the maintenance of proper records re-
 16 garding the safe storage of drugs and devices;

17 (g) The responsibility for advising, where necessary or where regulated, of therapeutic values,
 18 content, hazards and use of drugs and devices;

19 (h) The monitoring of therapeutic response or adverse effect to drug therapy;

20 (i) The optimizing of drug therapy through the practice of clinical pharmacy;

21 (j) Patient care services, including medication therapy management and comprehensive
 22 medication review;

23 (k) The offering or performing of those acts, services, operations or transactions necessary in
 24 the conduct, operation, management and control of pharmacy;

25 (L) The prescribing and administering of injectable hormonal contraceptives and the prescribing
 26 and dispensing of self-administered hormonal contraceptives pursuant to ORS 689.689; and

27 (m) The prescribing and dispensing of emergency refills of insulin and associated insulin-related
 28 devices and supplies pursuant to ORS 689.696.

29 (32) "Practitioner" means a person licensed and operating within the scope of such license to
 30 prescribe, dispense, conduct research with respect to or administer drugs in the course of profes-
 31 sional practice or research:

32 (a) In this state; or

33 (b) In another state or territory of the United States if the person does not reside in Oregon and
 34 is registered under the federal Controlled Substances Act.

35 (33) "Preceptor" means a pharmacist or a person licensed by the board to supervise the
 36 internship training of a licensed intern.

37 (34) "Prescription drug" or "legend drug" means a drug which is:

38 (a) Required by federal law, prior to being dispensed or delivered, to be labeled with either of
 39 the following statements:

40 (A) "Caution: Federal law prohibits dispensing without prescription"; or

41 (B) "Caution: Federal law restricts this drug to use by or on the order of a licensed
 42 veterinarian"; or

43 (b) Required by any applicable federal or state law or regulation to be dispensed on prescription
 44 only or is restricted to use by practitioners only.

45 (35) "Prescription" or "prescription drug order" means a written, oral or electronically trans-

mitted direction, given by a practitioner authorized to prescribe drugs, 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.

(36) “Retail drug outlet” means a place used for the conduct of the retail sale, administering or dispensing or compounding of drugs or chemicals or for the administering or dispensing of prescriptions and licensed by the board as a place where the practice of pharmacy may lawfully occur.

(37) “Self-administered hormonal contraceptive” means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may administer to oneself. “Self-administered hormonal contraceptive” includes, but is not limited to, hormonal contraceptive patches and hormonal contraceptive pills.

(38) “Shopkeeper” means a business or other establishment, open to the general public, for the sale or nonprofit distribution of drugs.

(39) “Unit dose” means a sealed single-unit container so designed that the contents are administered to the patient as a single dose, direct from the container. Each unit dose container must bear a separate label, be labeled with the name and strength of the medication, the name of the manufacturer or distributor, an identifying lot number and, if applicable, the expiration date of the medication.

(40) “Wholesale drug outlet” means a person who imports, stores, distributes or sells for resale drugs, including legend drugs and nonprescription drugs.

SECTION 103. ORS 742.420 is amended to read:

742.420. As used in ORS 742.420 to 742.440:

(1) “Discount medical plan” means a contract, agreement or other business arrangement between a discount medical plan organization and a plan member in which the organization, in exchange for fees, service or subscription charges, dues or other consideration, offers or purports to offer the plan member access to providers and the right to receive medical and ancillary services at a discount from providers.

(2) “Discount medical plan organization” means a person that contracts on behalf of plan members with a provider, a provider network or another discount medical plan organization for access to medical and ancillary services at a discounted rate and determines what plan members will pay as a fee, service or subscription charge, dues or other consideration for a discount medical plan.

(3) “Licensee” means a discount medical plan organization that has obtained a license from the Director of the Department of Consumer and Business Services in accordance with ORS 742.426.

(4) “Medical and ancillary services” means, except when administered by or under contract with the State of Oregon, any care, service, treatment or product provided for any dysfunction, injury or illness of the human body including, but not limited to, care provided by a physician, naturopathic physician, physician assistant or nurse practitioner, inpatient care, hospital and surgical services, emergency and ambulance services, audiology services, dental care services, vision care services, mental health services, [substance abuse] **substance use disorder** counseling or treatment, chiropractic services, podiatric care services, laboratory services, home health care services, medical equipment and supplies or prescription drugs.

(5) “Plan member” means an individual who pays fees, service or subscription charges, dues or other consideration in exchange for the right to participate in a discount medical plan.

(6)(a) “Provider” means a person that has contracted or otherwise agreed with a discount medical plan organization to provide medical and ancillary services to plan members at a discount from

1 the person's ordinary or customary fees or charges.

2 (b) "Provider" does not include:

3 (A) A person that, apart from any agreement or contract with a discount medical plan organ-
4 ization, provides medical and ancillary services at a discount or at fixed or scheduled prices to pa-
5 tients or customers the person serves regularly; or

6 (B) A person that does not charge fees, service or subscription charges, dues or other consid-
7 eration in exchange for providing medical and ancillary services at a discount or at fixed or sched-
8 uled prices.

9 (7) "Provider network" means a person that negotiates directly or indirectly with a discount
10 medical plan organization on behalf of more than one provider that provides medical or ancillary
11 services to plan members.

12 **SECTION 104.** ORS 743B.425 is amended to read:

13 743B.425. (1) In reimbursing the cost of medication prescribed for the purpose of treating opioid
14 or opiate withdrawal, an insurer offering a health benefit plan as defined in ORS 743B.005 may not
15 require prior authorization of payment during the first 30 days of treatment.

16 (2) This section is not subject to ORS 743A.001.

17 (3) Nothing in this section shall be interpreted to prohibit prior authorization for reimbursement
18 for payment for prescribing opioids or opiates for purposes other than medical management or
19 treatment of **a substance use disorder involving an** opioid or opiate [*abuse or addiction*].

20 **SECTION 105.** ORS 743B.505 is amended to read:

21 743B.505. (1) An insurer offering a health benefit plan in this state that provides coverage to
22 individuals or to small employers, as defined in ORS 743B.005, through a specified network of health
23 care providers shall:

24 (a) Contract with or employ a network of providers that is sufficient in number, geographic
25 distribution and types of providers to ensure that all covered services under the health benefit plan,
26 including mental health and [*substance abuse*] **substance use disorder** treatment, are accessible to
27 enrollees without unreasonable delay.

28 (b)(A) With respect to health benefit plans offered through the health insurance exchange under
29 ORS 741.310, contract with a sufficient number and geographic distribution of essential community
30 providers, where available, to ensure reasonable and timely access to a broad range of essential
31 community providers for low-income, medically underserved individuals in the plan's service area in
32 accordance with the network adequacy standards established by the Department of Consumer and
33 Business Services;

34 (B) If the health benefit plan offered through the health insurance exchange offers a majority
35 of the covered services through physicians employed by the insurer or through a single contracted
36 medical group, have a sufficient number and geographic distribution of employed or contracted
37 providers and hospital facilities to ensure reasonable and timely access for low-income, medically
38 underserved enrollees in the plan's service area, in accordance with network adequacy standards
39 adopted by the Department of Consumer and Business Services; or

40 (C) With respect to health benefit plans offered outside of the health insurance exchange, con-
41 tract with or employ a network of providers that is sufficient in number, geographic distribution and
42 types of providers to ensure access to care by enrollees who reside in locations within the health
43 benefit plan's service area that are designated by the Health Resources and Services Administration
44 of the United States Department of Health and Human Services as health professional shortage
45 areas or low-income zip codes.

1 (c) Annually report to the Department of Consumer and Business Services, in the format pre-
2 scribed by the department, the insurer's plan for ensuring that the network of providers for each
3 health benefit plan meets the requirements of this section.

4 (2)(a) An insurer may not discriminate with respect to participation under a health benefit plan
5 or coverage under the plan against any health care provider who is acting within the scope of the
6 provider's license or certification in this state.

7 (b) This subsection does not require an insurer to contract with any health care provider who
8 is willing to abide by the insurer's terms and conditions for participation established by the insurer.

9 (c) This subsection does not prevent an insurer from establishing varying reimbursement rates
10 based on quality or performance measures.

11 (d) Rules adopted by the Department of Consumer and Business Services to implement this sec-
12 tion shall be consistent with the provisions of 42 U.S.C. 300gg-5 and the rules adopted by the United
13 States Department of Health and Human Services, the United States Department of the Treasury
14 or the United States Department of Labor to carry out 42 U.S.C. 300gg-5 that are in effect on Jan-
15 uary 1, 2017.

16 (3) The Department of Consumer and Business Services shall use one of the following methods
17 in evaluating whether the network of providers available to enrollees in a health benefit plan meets
18 the requirements of this section:

19 (a) An approach by which an insurer submits evidence that the insurer is complying with at
20 least one of the factors prescribed by the department by rule from each of the following categories:

21 (A) Access to care consistent with the needs of the enrollees served by the network;

22 (B) Consumer satisfaction;

23 (C) Transparency; and

24 (D) Quality of care and cost containment; or

25 (b) A nationally recognized standard adopted by the department and adjusted, as necessary, to
26 reflect the age demographics of the enrollees in the plan.

27 (4) This section does not require an insurer to contract with an essential community provider
28 that refuses to accept the insurer's generally applicable payment rates for services covered by the
29 plan.

30 (5) This section does not require an insurer to submit provider contracts to the department for
31 review.

32 **SECTION 106.** ORS 813.200 is amended to read:

33 813.200. (1) The court shall inform at arraignment a defendant charged with the offense of
34 driving while under the influence of intoxicants as defined in ORS 813.010 or a city ordinance con-
35 forming thereto that a diversion agreement may be available if the defendant meets the criteria set
36 out in ORS 813.215 and files with the court a petition for a driving while under the influence of
37 intoxicants diversion agreement.

38 (2) The petition forms for a driving while under the influence of intoxicants diversion agreement
39 shall be available to a defendant at the court.

40 (3) The form of the petition for a driving while under the influence of intoxicants diversion
41 agreement and the information and blanks contained therein shall be determined by the Supreme
42 Court under ORS 1.525. The petition forms made available to a defendant by any city or state court
43 shall conform to the requirements adopted by the Supreme Court.

44 (4) In addition to any other information required by the Supreme Court to be contained in a
45 petition for a driving while under the influence of intoxicants diversion agreement, the petition shall

1 include:

2 (a) A plea of guilty or no contest to the charge of driving while under the influence of
3 intoxicants signed by the defendant;

4 (b) An agreement by the defendant to complete at an agency or organization designated by the
5 city or state court a screening interview to determine the possible existence and degree of [*an al-*
6 *cohol or drug abuse problem*] **a substance use disorder;**

7 (c) An agreement by the defendant to complete, at defendant’s own expense based on defendant’s
8 ability to pay, the program of treatment:

9 (A) Indicated as necessary by the screening interview; or

10 (B) If ordered by the court under ORS 813.640 after the court receives at least two negative
11 reports;

12 (d) Except as provided in subsection (5) of this section, an agreement by the defendant to not
13 use intoxicants during the diversion period and to comply fully with the laws of this state designed
14 to discourage the use of intoxicants;

15 (e) A notice to the defendant that the diversion agreement will be considered to be violated if
16 the court receives notice that the defendant at any time during the diversion period committed the
17 offense of driving while under the influence of intoxicants or committed a violation of ORS 811.170;

18 (f) An agreement by the defendant to keep the court advised of the defendant’s current mailing
19 address at all times during the diversion period;

20 (g) A waiver by the defendant of any former jeopardy rights under the federal and state Con-
21 stitutions and ORS 131.505 to 131.525 in any subsequent action upon the charge or any other of-
22 fenses based upon the same criminal episode;

23 (h) A sworn statement, as defined in ORS 162.055, by the defendant certifying that the defendant
24 meets the criteria set out in ORS 813.215 to be eligible to enter into the driving while under the
25 influence of intoxicants diversion agreement;

26 (i) An agreement by the defendant to pay court-appointed attorney fees as determined by the
27 court; and

28 (j) An agreement by the defendant to pay restitution if ordered by the court under ORS 137.108.

29 (5) A person may use intoxicants during the diversion period if:

30 (a) The person consumes sacramental wine given or provided as part of a religious rite or ser-
31 vice;

32 (b) The person has a valid prescription for a substance and the person takes the substance as
33 directed; or

34 (c) The person is using a nonprescription drug, as defined in ORS 689.005, in accordance with
35 the directions for use that are printed on the label for that nonprescription drug.

36

37

UNIT CAPTIONS

38

39 **SECTION 107. The unit captions used in this 2020 Act are provided only for the conven-**
40 **ience of the reader and do not become part of the statutory law of this state or express any**
41 **legislative intent in the enactment of this 2020 Act.**

42

43

OPERATIVE AND EFFECTIVE DATES

44

45 **SECTION 108. (1) Sections 3 and 4 of this 2020 Act and the amendments to ORS 3.450,**

1 90.243, 131.594, 135.973, 135.980, 137.227, 137.228, 137.300, 137.540, 144.228, 192.191, 215.283,
 2 320.308, 329.832, 336.109, 336.222, 336.227, 336.241, 339.520, 352.256, 353.120, 410.720, 411.439,
 3 412.009, 412.079, 412.089, 413.032, 414.672, 417.270, 417.280, 417.786, 417.855, 418.578, 418.813,
 4 419C.225, 419C.411, 420A.125, 420A.203, 421.500, 426.495, 427.005, 430.221, 430.223, 430.231, 430.256,
 5 430.306, 430.315, 430.335, 430.338, 430.345, 430.350, 430.355, 430.359, 430.362, 430.366, 430.368,
 6 430.370, 430.375, 430.380, 430.385, 430.405, 430.415, 430.450, 430.455, 430.460, 430.475, 430.485,
 7 430.535, 430.540, 430.545, 430.570, 430.572, 430.573, 430.610, 430.630, 430.640, 430.735, 430.850,
 8 430.905, 430.920, 430.930, 442.015, 442.502, 443.004, 458.385, 471.542, 475.565, 475B.759, 657.176,
 9 659A.127, 675.523, 675.825, 676.190, 676.200, 676.553, 677.290, 679.140, 688.240, 689.005, 742.420,
 10 743B.425, 743B.505 and 813.200 by sections 1 and 6 to 106 of this 2020 Act become operative
 11 on January 1, 2021.

12 (2) The State Court Administrator, the Alcohol and Drug Policy Commission, the Oregon
 13 Criminal Justice Commission, the Department of Corrections, the State Board of Parole and
 14 Post-Prison Supervision, the Department of Justice, the Department of Human Services,
 15 Oregon Health and Science University, the Youth Development Council, the Housing and
 16 Community Services Department, the Department of Revenue, the Employment Department,
 17 the Oregon Medical Board, the Oregon Board of Dentistry, the State Board of Pharmacy, the
 18 Department of Consumer and Business Services, the Oregon Board of Licensed Professional
 19 Counselors and Therapists, the Improving People’s Access to Community-based Treatment,
 20 Supports and Services Grant Review Committee, the Oregon Liquor Control Commission, the
 21 Oregon Health Authority and a health profession licensing board may take any action before
 22 the operative date specified in subsection (1) of this section that is necessary to enable those
 23 state agencies to exercise, on and after the operative date specified in subsection (1) of this
 24 section, all of the duties, functions and powers conferred on those state agencies by sections
 25 3 and 4 of this 2020 Act and the amendments to ORS 3.450, 90.243, 131.594, 135.973, 135.980,
 26 137.227, 137.228, 137.300, 137.540, 144.228, 192.191, 215.283, 320.308, 329.832, 336.109, 336.222,
 27 336.227, 336.241, 339.520, 352.256, 353.120, 410.720, 411.439, 412.009, 412.079, 412.089, 413.032,
 28 414.672, 417.270, 417.280, 417.786, 417.855, 418.578, 418.813, 419C.225, 419C.411, 420A.125, 420A.203,
 29 421.500, 426.495, 427.005, 430.221, 430.223, 430.231, 430.256, 430.306, 430.315, 430.335, 430.338,
 30 430.345, 430.350, 430.355, 430.359, 430.362, 430.366, 430.368, 430.370, 430.375, 430.380, 430.385,
 31 430.405, 430.415, 430.450, 430.455, 430.460, 430.475, 430.485, 430.535, 430.540, 430.545, 430.570,
 32 430.572, 430.573, 430.610, 430.630, 430.640, 430.735, 430.850, 430.905, 430.920, 430.930, 442.015,
 33 442.502, 443.004, 458.385, 471.542, 475.565, 475B.759, 657.176, 659A.127, 675.523, 675.825, 676.190,
 34 676.200, 676.553, 677.290, 679.140, 688.240, 689.005, 742.420, 743B.425, 743B.505 and 813.200 by
 35 sections 1 and 6 to 106 of this 2020 Act.

36 **SECTION 109.** This 2020 Act takes effect on the 91st day after the date on which the 2020
 37 regular session of the Eightieth Legislative Assembly adjourns sine die.

38