

House Bill 2078

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown)

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**.

Repeals electronic credentialing information program.

Removes requirement for Pain Management Commission to review pain management curricula of educational institutions. Modifies pain management education requirements for health professionals.

Removes requirement for Oregon Health Authority to annually report to Legislative Assembly on Oregon Health Information Technology program.

Aligns with federal law requirements about eligibility of temporary public employees to qualify for health benefit coverage.

A BILL FOR AN ACT

1
2 Relating to health; creating new provisions; amending ORS 243.105, 413.310, 413.572, 413.590, 441.223,
3 459A.200, 675.110, 677.228, 677.510, 678.101, 684.092, 685.102, 685.106 and 689.285; and repealing
4 ORS 441.224, 441.226, 441.228, 441.229, 441.232 and 441.233.

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

ELECTRONIC CREDENTIALING INFORMATION PROGRAM REPEALED

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10 **SECTION 1. ORS 441.224, 441.226, 441.228, 441.229, 441.232 and 441.233 are repealed.**

PAIN MANAGEMENT EDUCATION

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14 **SECTION 2.** ORS 413.572 is amended to read:

15 413.572. (1) The Pain Management Commission shall:

16 (a) Develop a pain management education program curriculum **for a one-hour training** and
17 update it biennially.

18 (b) Provide health professional regulatory boards and other health boards, committees or task
19 forces with the curriculum.

20 (c) Work with health professional regulatory boards and other health boards, committees or task
21 forces to develop approved pain management education programs as required.

22 *[(d) Review the pain management curricula of educational institutions in this state that provide*
23 *post-secondary education or training for persons required by ORS 413.590 to complete a pain manage-*
24 *ment education program. The commission shall make recommendations about legislation needed to en-*
25 *sure that adequate information about pain management is included in the curricula reviewed and shall*
26 *report its findings to the Legislative Assembly in the manner required by ORS 192.245 by January 1*
27 *of each odd-numbered year.]*

28 *[(2) As used in this section, "educational institution" has the meaning given that term in ORS*

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.

1 348.105.]

2 (2) **The curriculum must take into account the needs of people of color, minority popu-**
 3 **lations and other groups who have been disproportionately affected by adverse social deter-**
 4 **minants of health, such as racism, trauma, adverse childhood experiences and other factors**
 5 **that influence how an individual experiences chronic pain.**

6 **SECTION 3.** ORS 413.590 is amended to read:

7 413.590. (1) [*An approved*] **The following practitioners must complete a** pain management
 8 education program described in ORS 413.572 (1)(c) or an equivalent pain management education
 9 program as described in ORS 675.110, 677.228, 677.510, 678.101, 684.092, 685.102 or 689.285 [*must be*
 10 *completed by*] **at initial licensure and at the earlier of the date the license is renewed or every**
 11 **36 months thereafter:**

- 12 (a) A physician assistant licensed under ORS chapter 677;
- 13 (b) A nurse licensed under ORS chapter 678;
- 14 (c) A psychologist licensed under ORS 675.010 to 675.150;
- 15 (d) A chiropractic physician licensed under ORS chapter 684;
- 16 (e) A naturopath licensed under ORS chapter 685;
- 17 (f) An acupuncturist licensed under ORS 677.759;
- 18 (g) A pharmacist licensed under ORS chapter 689;
- 19 (h) A dentist licensed under ORS chapter 679;
- 20 (i) An occupational therapist licensed under ORS 675.210 to 675.340;
- 21 (j) A physical therapist licensed under ORS 688.010 to 688.201; and
- 22 (k) An optometrist licensed under ORS chapter 683.

23 (2) The Oregon Medical Board, in consultation with the Pain Management Commission, shall
 24 identify by rule physicians licensed under ORS chapter 677 who, on an ongoing basis, treat patients
 25 in chronic or terminal pain and who must complete [*one*] **a** pain management education program
 26 [*established under*] **described in** ORS 413.572. The board may identify by rule circumstances under
 27 which a requirement under this section may be waived.

28 **SECTION 4.** ORS 675.110 is amended to read:

29 675.110. In addition to the powers otherwise granted under ORS 675.010 to 675.150, the Oregon
 30 Board of Psychology has all powers necessary or proper to:

- 31 (1) Determine qualifications of applicants to practice psychology in this state, prepare, conduct
 32 and grade examinations and license qualified applicants who comply with the provisions of ORS
 33 675.010 to 675.150 and the rules of the board.
- 34 (2) Grant or deny renewal of licenses and renew licenses that have lapsed for nonpayment of the
 35 renewal fee, subject to the provisions of ORS 675.010 to 675.150.
- 36 (3) Suspend or revoke licenses, subject to ORS 675.010 to 675.150.
- 37 (4) Issue letters of reprimand and impose probationary periods with the authority to restrict the
 38 scope of practice of a licensed psychologist or to require practice under supervision.
- 39 (5) Impose civil penalties as provided in ORS 675.070.
- 40 (6) Restore licenses that have been suspended or revoked or voided by nonpayment of the re-
 41 newal fee.
- 42 (7) Collect fees for application, examination and licensing of applicants, for renewal of licenses
 43 and for issuance of limited permits and use the fees to defray the expenses of the board as provided
 44 in ORS 675.140.
- 45 (8) Collect a delinquent renewal fee for licenses renewed after the deadline for renewal but be-

1 fore the grace period for renewal has expired.

2 (9) Investigate alleged violations of ORS 675.010 to 675.150.

3 (10) Issue subpoenas for the attendance of witnesses, take testimony, administer oaths or affir-
4 mations to witnesses, conduct hearings and require the production of relevant documents in all
5 proceedings pertaining to the duties and powers of the board.

6 (11) Enforce ORS 675.010 to 675.150 and exercise general supervision over the practice of psy-
7 chology in this state.

8 (12) Adopt a common seal.

9 (13) Formulate a code of professional conduct for the practice of psychology giving particular
10 consideration to the Ethical Standards of Psychologists promulgated by the American Psychological
11 Association.

12 (14) Establish standards of service and training and educational qualifications for rendering
13 ethical psychological services in this state, including the formulation of standards for the issuance
14 of licenses for areas of special competence.

15 (15) Formulate and enforce continuing education requirements for duly licensed psychologists
16 to ensure the highest quality of professional services to the public.

17 (16) Deny renewal of a license, or renewal of a license that has lapsed for nonpayment of the
18 renewal fee, unless the applicant completes, or provides documentation of [*previous*] completion
19 **within the previous 36 months** of:

20 (a) A **one-hour** pain management education program approved by the board and developed [*in*
21 *conjunction with*] **based on recommendations of** the Pain Management Commission [*established*
22 *under ORS 413.570*]; or

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

24 (17) For the purpose of requesting a state or nationwide criminal records check under ORS
25 181A.195, require the fingerprints of a person who is:

26 (a) Applying for a license that is issued by the board;

27 (b) Applying for renewal of a license that is issued by the board; or

28 (c) Under investigation by the board.

29 (18) Prescribe, in consultation with the Oregon Board of Licensed Professional Counselors and
30 Therapists, the duties of the Director of the Mental Health Regulatory Agency.

31 (19) Subject to the applicable provisions of ORS chapter 183, adopt reasonable rules to carry
32 out the provisions of ORS 675.010 to 675.150.

33 **SECTION 5.** ORS 677.228 is amended to read:

34 677.228. (1) A person's license to practice under this chapter automatically lapses if the licensee
35 fails to:

36 (a) Pay the registration fee as required by rule of the Oregon Medical Board.

37 (b) Notify the board of a change of location not later than the 30th day after such change.

38 (c) Complete prior to payment of the registration fee described in paragraph (a) of this sub-
39 section, or provide documentation of previous completion of, if required by rule of the board:

40 (A) A **one-hour** pain management education program approved by the board and developed [*in*
41 *conjunction with*] **based on recommendations of** the Pain Management Commission [*established*
42 *under ORS 413.570*]; or

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

44 (2) If a license issued automatically lapses under this section, the holder of the license shall not
45 practice until the conditions for which the license automatically lapsed no longer exist.

1 (3) A person whose license has automatically lapsed under subsection (1)(a) of this section is
 2 reinstated automatically when the licensee pays the registration fee plus all late fees then due.

3 (4) A person whose license has automatically lapsed under subsection (1)(b) of this section is
 4 reinstated automatically if the board receives notification of the current and correct address of the
 5 licensee not later than the 10th day after such automatic lapse takes effect. Otherwise the lapse
 6 continues until terminated by the board.

7 (5) A person whose license has automatically lapsed under subsection (1)(c) of this section is
 8 reinstated automatically when the board receives documentation of the person's completion of a pain
 9 management education program if required by subsection (1)(c) of this section.

10 **SECTION 6.** ORS 677.510 is amended to read:

11 677.510. (1) A person licensed to practice medicine under this chapter may not use the services
 12 of a physician assistant without the prior approval of the Oregon Medical Board.

13 (2) A supervising physician or a supervising physician organization may apply to the board to
 14 use the services of a physician assistant. The application must:

15 (a) If the applicant is not a supervising physician organization, state the name and contact in-
 16 formation of the supervising physician;

17 (b) If the applicant is a supervising physician organization:

18 (A) State the names and contact information of all supervising physicians; and

19 (B) State the name of the primary supervising physician required by subsection (5) of this sec-
 20 tion;

21 (c) Generally describe the medical services provided by each supervising physician;

22 (d) Contain a statement acknowledging that each supervising physician has reviewed statutes
 23 and rules relating to the practice of physician assistants and the role of a supervising physician; and

24 (e) Provide such other information in such a form as the board may require.

25 (3) The board shall approve or reject an application within seven working days after the board
 26 receives the application, unless the board is conducting an investigation of the supervising physician
 27 or of any of the supervising physicians in a supervising physician organization applying to use the
 28 services of a physician assistant.

29 (4) A supervising physician organization shall provide the board with a list of the supervising
 30 physicians in the supervising physician organization. The supervising physician organization shall
 31 continually update the list and notify the board of any changes.

32 (5) A supervising physician organization shall designate a primary supervising physician and
 33 notify the board in the manner prescribed by the board.

34 (6)(a) A physician assistant may not practice medicine until the physician assistant enters into
 35 a practice agreement with a supervising physician or supervising physician organization whose ap-
 36 plication has been approved under subsection (3) of this section. The practice agreement must:

37 (A) Include the name, contact information and license number of the physician assistant and
 38 each supervising physician.

39 (B) Describe the degree and methods of supervision that the supervising physician or supervising
 40 physician organization will use. The degree of supervision, whether general, direct or personal, must
 41 be based on the level of competency of the physician assistant as judged by the supervising physi-
 42 cian.

43 (C) Generally describe the medical duties delegated to the physician assistant.

44 (D) Describe the services or procedures common to the practice or specialty that the physician
 45 assistant is not permitted to perform.

1 (E) Describe the prescriptive and medication administration privileges that the physician as-
2 sistant will exercise.

3 (F) Provide the list of settings and licensed facilities in which the physician assistant will pro-
4 vide services.

5 (G) State that the physician assistant and each supervising physician is in full compliance with
6 the laws and regulations governing the practice of medicine by physician assistants, supervising
7 physicians and supervising physician organizations and acknowledge that violation of laws or regu-
8 lations governing the practice of medicine may subject the physician assistant and supervising phy-
9 sician or supervising physician organization to discipline.

10 (H) Be signed by the supervising physician or the primary supervising physician of the super-
11 vising physician organization and by the physician assistant.

12 (I) Be updated at least every two years.

13 (b) The supervising physician or supervising physician organization shall provide the board with
14 a copy of the practice agreement within 10 days after the physician assistant begins practice with
15 the supervising physician or supervising physician organization. The supervising physician or
16 supervising physician organization shall keep a copy of the practice agreement at the practice lo-
17 cation and make a copy of the practice agreement available to the board on request. The practice
18 agreement is not subject to board approval, but the board may request a meeting with a supervising
19 physician or supervising physician organization and a physician assistant to discuss a practice
20 agreement.

21 (7) A physician assistant's supervising physician shall ensure that the physician assistant is
22 competent to perform all duties delegated to the physician assistant. The supervising physician or
23 supervising physician organization and the physician assistant are responsible for ensuring the
24 competent practice of the physician assistant.

25 (8) A supervising physician or the agent of a supervising physician must be competent to per-
26 form the duties delegated to the physician assistant by the supervising physician or by a supervising
27 physician organization.

28 (9) The board may not require that a supervising physician be physically present at all times
29 when the physician assistant is providing services, but may require that:

30 (a) The physician assistant have access to personal or telephone communication with a super-
31 vising physician when the physician assistant is providing services; and

32 (b) The proximity of a supervising physician and the methods and means of supervision be ap-
33 propriate to the practice setting and the patient conditions treated in the practice setting.

34 (10)(a) A supervising physician organization may supervise any number of physician assistants.
35 The board may not adopt rules limiting the number of physician assistants that a supervising phy-
36 sician organization may supervise.

37 (b) A physician assistant who is supervised by a supervising physician organization may be
38 supervised by any of the supervising physicians in the supervising physician organization.

39 (11) If a physician assistant is not supervised by a supervising physician organization, the phy-
40 sician assistant may be supervised by no more than four supervising physicians, unless the board
41 approves a request from the physician assistant, or from a supervising physician, for the physician
42 assistant to be supervised by more than four supervising physicians.

43 (12) A supervising physician who is not acting as part of a supervising physician organization
44 may supervise four physician assistants, unless the board approves a request from the supervising
45 physician or from a physician assistant for the supervising physician to supervise more than four

1 physician assistants.

2 (13) A supervising physician who is not acting as part of a supervising physician organization
 3 may designate a physician to serve as the agent of the supervising physician for a predetermined
 4 period of time.

5 (14) A physician assistant may render services in any setting included in the practice agreement.

6 (15) A physician assistant for whom an application under this section has been approved by the
 7 board on or after January 2, 2006, shall submit to the board, within 24 months after the approval
 8 **and every 36 months thereafter**, documentation of completion of:

9 (a) A **one-hour** pain management education program approved by the board and developed [*in*
 10 *conjunction with*] **based on recommendations of** the Pain Management Commission [*established*
 11 *under ORS 413.570*]; or

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

13 **SECTION 7.** ORS 678.101 is amended to read:

14 678.101. (1) Every person licensed to practice nursing shall apply for renewal of the license
 15 other than a limited license in every second year before 12:01 a.m. on the anniversary of the
 16 birthdate of the person in the odd-numbered year for persons whose birth occurred in an odd-
 17 numbered year and in the even-numbered year for persons whose birth occurred in an even-
 18 numbered year. Persons whose birthdate anniversary falls on February 29 shall be treated as if the
 19 anniversary were March 1.

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

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

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

24 (b) Prior to payment of the renewal fee described in subsection (2) of this section the person
 25 completes, or provides documentation of [*previous*] completion **within the previous 36 months**, of:

26 (A) A **one-hour** pain management education program approved by the board and developed [*in*
 27 *conjunction with*] **based on recommendations of** the Pain Management Commission [*established*
 28 *under ORS 413.570*]; or

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

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

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

38 **SECTION 8.** ORS 684.092 is amended to read:

39 684.092. (1) Except as provided in subsection (3) of this section, a chiropractic physician sub-
 40 mitting a fee under ORS 684.090 shall, at the same time, verify with satisfactory evidence the suc-
 41 cessful completion of approved continuing chiropractic education during the preceding 12-month
 42 period as provided in subsection (2) of this section and completion, or documentation of [*previous*]
 43 completion **within the previous 36 months**, of:

44 (a) A **one-hour** pain management education program approved by the State Board of
 45 Chiropractic Examiners and developed [*in conjunction with*] **based on recommendations of** the Pain

1 Management Commission [*established under ORS 413.570*]; or

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

3 (2) A chiropractic physician submitting a fee under ORS 684.090 shall verify completion during
4 the previous 12-month period of:

5 (a) At least 20 hours of approved continuing chiropractic education, for a person actively prac-
6 ticing chiropractic.

7 (b) At least six hours of approved continuing chiropractic education, for an active senior.

8 (3) The State Board of Chiropractic Examiners may exempt a chiropractic physician from the
9 requirements of subsection (1) of this section upon an application by the chiropractic physician
10 showing by evidence satisfactory to the board that the chiropractic physician is unable to comply
11 with the requirements because of unusual or extenuating circumstances or because no program has
12 been approved by the board.

13 **SECTION 9.** ORS 685.102 is amended to read:

14 685.102. (1) Except as provided in subsections (2) and (5) of this section, each person holding a
15 license under this chapter shall submit annually by December 31, evidence satisfactory to the
16 Oregon Board of Naturopathic Medicine of successful completion of an approved program of con-
17 tinuing education of at least 25 hours in naturopathic medicine, completed in the calendar year
18 preceding the date on which the evidence is submitted, and completion during the renewal period,
19 or documentation of [*previous*] completion **within the previous 36 months**, of:

20 (a) A pain management education program approved by the board and developed [*in conjunction*
21 *with*] **based on recommendations of** the Pain Management Commission [*established under ORS*
22 *413.570*]; or

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

24 (2) The board may exempt any person holding a license under this chapter from the require-
25 ments of subsection (1) of this section upon application showing evidence satisfactory to the board
26 of inability to comply with the requirements because of physical or mental condition or because of
27 other unusual or extenuating circumstances. However, a person may not be exempted from the re-
28 quirements of subsection (1) of this section more than once in any five-year period.

29 (3) Notwithstanding subsection (2) of this section, a person holding a license under this chapter
30 may be exempted from the requirements of subsection (1) of this section upon application showing
31 evidence satisfactory to the board that the applicant is or will be in the next calendar year at least
32 70 years of age and is retired or will retire in the next calendar year from the practice of
33 naturopathic medicine.

34 (4) The board shall require licensees to obtain continuing education for the use of
35 pharmacological substances for diagnostic, preventive and therapeutic purposes in order to maintain
36 current licensure.

37 (5) A person whose license is in inactive status must submit by December 31 of each year evi-
38 dence satisfactory to the board of completion of 10 hours of approved continuing education in the
39 calendar year preceding the date on which the evidence is submitted.

40 (6) Notwithstanding subsections (1), (2) and (5) of this section, in the case of an applicant under
41 ORS 685.100 (6)(b) for reactivation of an inactive license, the continuing education requirement for
42 reactivation shall be set by rule of the board.

43 **SECTION 10.** ORS 685.106 is amended to read:

44 685.106. (1) The Oregon Board of Naturopathic Medicine may offer a program of continuing ed-
45 ucation in naturopathic medicine to meet the requirements of ORS 685.102. The board may also ap-

1 prove a program to be presented by persons reasonably qualified to do so.

2 (2) Any person seeking approval of a program of continuing education in naturopathic medicine,
 3 to be offered to assist persons holding licenses under this chapter to comply with the requirements
 4 of ORS 685.102 (1), shall submit to the board, at such time as the board may require, [*copies of*
 5 *courses of study*] **a copy of the program** to be offered and proof of such other qualifications as the
 6 board may require. Approval granted to any program of continuing education shall be reviewed pe-
 7 riodically and approval may be withdrawn from any program that fails to meet the requirements of
 8 the board.

9 (3) Any program of continuing education in naturopathic medicine offered or approved under
 10 this section shall consist of study covering new, review, experimental, research and specialty sub-
 11 jects in the field of naturopathic medicine.

12 **SECTION 11.** ORS 689.285 is amended to read:

13 689.285. (1) The Legislative Assembly finds and declares that:

14 (a) The continuous introduction of new medical agents and the changing concepts of the delivery
 15 of health care services in the practice of pharmacy make it essential that a pharmacist undertake
 16 a continuing education program in order to maintain professional competency and improve profes-
 17 sional skills;

18 (b) The state has a basic obligation to regulate and control the profession of pharmacy in order
 19 to protect the public health and welfare of its citizens; and

20 (c) It is the purpose of this chapter to protect the health and welfare of Oregon citizens and to
 21 ensure uniform qualifications and continued competency of licensed pharmacists by requiring par-
 22 ticipation in a continuing pharmacy education program as a condition for renewal of licenses to
 23 practice pharmacy.

24 (2) All pharmacists licensed in the State of Oregon on and after October 3, 1979, shall satisfac-
 25 torily complete courses of study and satisfactorily continue their education by other means as de-
 26 termined by the State Board of Pharmacy in subjects relating to the practice of the profession of
 27 pharmacy in order to be eligible for renewal of licenses.

28 (3) In accordance with applicable provisions of ORS chapter 183, the board shall adopt reason-
 29 able rules:

30 (a) Prescribing the procedure and criteria for approval of continuing pharmacy education pro-
 31 grams, including the number of hours of courses of study necessary to constitute a continuing
 32 pharmacy education unit and the number of continuing pharmacy education units required annually
 33 for renewal of a pharmacist license.

34 (b) Prescribing the scope of the examinations given by the board including grading procedures.

35 (c) Prescribing the content of the form to be submitted to the board certifying completion of an
 36 approved continuing pharmacy education program.

37 (d) Necessary to carry out the provisions of this chapter.

38 (e) Prescribing the completion, **at initial licensure and at the earlier of the date the license**
 39 **is renewed or every 36 months thereafter**, of:

40 (A) A **one-hour** pain management education program approved by the board and developed [*in*
 41 *conjunction with*] **based on recommendations of** the Pain Management Commission [*established*
 42 *under ORS 413.570*]; or

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

44 (4) In adopting rules pursuant to subsection (3) of this section, the board shall consider:

45 (a) The need for formal regularly scheduled pharmacy education programs.

1 (b) Alternate methods of study including home-study courses, seminars or other such programs
 2 for those persons who, upon written application to the board and for good cause shown, demonstrate
 3 their inability to attend regularly scheduled formal classroom programs.

4 (c) The necessity for examinations or other evaluation methods used to ensure satisfactory
 5 completion of the continuing pharmacy education program.

6 (5) The board may contract for the providing of educational programs to fulfill the requirements
 7 of this chapter. The board is further authorized to treat funds set aside for the purpose of continuing
 8 education as state funds for the purpose of accepting any funds made available under federal law
 9 on a matching basis for the promulgation and maintenance of programs of continuing education. In
 10 no instance shall the board require a greater number of hours of study than it provides or approves
 11 in the State of Oregon and which are available on the same basis to all licensed pharmacists.

12 (6) The board may levy an additional fee, established by the board by rule, for each license re-
 13 newal to carry out the provisions of this chapter.

14
 15 **OREGON HEALTH INFORMATION**
 16 **TECHNOLOGY PROGRAM**
 17

18 **SECTION 12.** ORS 413.310 is amended to read:

19 413.310. (1) The Oregon Health Authority shall establish and maintain the Oregon Health In-
 20 formation Technology program to:

21 (a) Support the Oregon Integrated and Coordinated Health Care Delivery System established by
 22 ORS 414.570;

23 (b) Facilitate the exchange and sharing of electronic health-related information;

24 (c) Support improved health outcomes in this state;

25 (d) Promote accountability and transparency; and

26 (e) Support new payment models for coordinated care organizations and health systems.

27 (2) The authority may engage in activities necessary to become accredited or certified as a
 28 provider of health information technology and take actions associated with providing health infor-
 29 mation technology.

30 (3) Subject to ORS 279A.050 (7), the authority may enter into agreements with other entities that
 31 provide health information technology to carry out the objectives of the Oregon Health Information
 32 Technology program.

33 (4) The authority may establish and enforce standards for connecting to and using the Oregon
 34 Health Information Technology program, including standards for interoperability, privacy and secu-
 35 rity.

36 (5) The authority may conduct or participate in activities to enable and promote the secure
 37 transmission of electronic health information between users of different health information technol-
 38 ogy systems, including activities in other states. The activities may include, but are not limited to,
 39 participating in organizations or associations that manage and enforce agreements to abide by a
 40 common set of standards, policies and practices applicable to health information technology systems.

41 (6) The authority may, by rule, impose fees on entities or individuals that use the program's
 42 services in order to pay the cost of administering the Oregon Health Information Technology pro-
 43 gram.

44 (7) The authority may initiate one or more partnerships or participate in new or existing
 45 collaboratives to establish and carry out the Oregon Health Information Technology program's ob-

jectives. The authority’s participation may include, but is not limited to:

(a) Participating as a voting member in the governing body of a partnership or collaborative that provides health information technology services;

(b) Paying dues or providing funding to partnerships or collaboratives;

(c) Entering into agreements, subject to ORS 279A.050 (7), with partnerships or collaboratives with respect to participation and funding in order to establish the role of the authority and protect the interests of this state when the partnerships or collaboratives provide health information technology services; or

(d) Transferring the implementation or management of one or more services offered by the Oregon Health Information Technology program to a partnership or collaborative.

[(8) At least once each calendar year the authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245, on the status of the Oregon Health Information Technology program.]

**PUBLIC EMPLOYEE HEALTH
BENEFIT PLAN ELIGIBILITY**

SECTION 13. ORS 243.105 is amended to read:

243.105. As used in ORS 243.105 to 243.285, unless the context requires otherwise:

(1) “Benefit plan” includes, but is not limited to:

(a) Contracts for insurance or other benefits, including medical, dental, vision, life, disability and other health care recognized by state law, and related services and supplies;

(b) Comparable benefits for employees who rely on spiritual means of healing; and

(c) Self-insurance programs managed by the Public Employees’ Benefit Board.

(2) “Board” means the Public Employees’ Benefit Board.

(3) “Carrier” means an insurance company or health care service contractor holding a valid certificate of authority from the Director of the Department of Consumer and Business Services, or two or more companies or contractors acting together pursuant to a joint venture, partnership or other joint means of operation, or a board-approved guarantor of benefit plan coverage and compensation.

(4)(a) “Eligible employee” means an officer or employee of a state agency or local government who elects to participate in one of the group benefit plans described in ORS 243.135. The term includes, but is not limited to, state officers and employees in the exempt, unclassified and classified service, and state officers and employees, whether or not retired, who:

(A) Are receiving a service retirement allowance, a disability retirement allowance or a pension under the Public Employees Retirement System or are receiving a service retirement allowance, a disability retirement allowance or a pension under any other retirement or disability benefit plan or system offered by the State of Oregon for its officers and employees;

(B) Are eligible to receive a service retirement allowance under the Public Employees Retirement System and have reached earliest retirement age under ORS chapter 238;

(C) Are eligible to receive a pension under ORS 238A.100 to 238A.250, and have reached earliest retirement age as described in ORS 238A.165; or

(D) Are eligible to receive a service retirement allowance or pension under another retirement benefit plan or system offered by the State of Oregon and have attained earliest retirement age under the plan or system.

1 (b) "Eligible employee" does not include individuals:

2 (A) Engaged as independent contractors;

3 (B) Whose periods of employment in emergency work are on an intermittent or irregular basis;

4 (C) Who are employed on less than half-time basis unless the individuals are employed in posi-
5 tions classified as job-sharing positions, unless the individuals are defined as eligible under rules of
6 the board;

7 (D) Appointed under ORS 240.309, **except as required by 26 U.S.C. 4980H**;

8 (E) Provided sheltered employment or make-work by the state in an employment or industries
9 program maintained for the benefit of such individuals;

10 (F) Provided student health care services in conjunction with their enrollment as students at a
11 public university listed in ORS 352.002; or

12 (G) Who are members of a collective bargaining unit that represents police officers or fire-
13 fighters.

14 (5) "Family member" means an eligible employee's spouse and any unmarried child or stepchild
15 within age limits and other conditions imposed by the board with regard to unmarried children or
16 stepchildren.

17 (6) "Local government" means any city, county or special district in this state or any intergov-
18 ernmental entity created under ORS chapter 190.

19 (7) "Payroll disbursing officer" means the officer or official authorized to disburse moneys in
20 payment of salaries and wages of employees of a state agency or local government.

21 (8) "Premium" means the monthly or other periodic charge for a benefit plan.

22 (9) "Primary care" means family medicine, general internal medicine, naturopathic medicine,
23 obstetrics and gynecology, pediatrics or general psychiatry.

24 (10) "State agency" means every state officer, board, commission, department or other activity
25 of state government.

26 (11) "Total medical expenditures" means payments to reimburse the cost of physical and mental
27 health care provided to eligible employees or their family members, excluding prescription drugs,
28 vision care and dental care, whether paid on a fee-for-service basis or as part of a capitated rate
29 or other type of payment mechanism.

30
31 **CONFORMING AMENDMENTS**

32
33 **SECTION 14.** ORS 441.223 is amended to read:

34 441.223. (1) Upon receiving the recommendations of the Advisory Committee on Physician Cre-
35 dentialing Information, the Oregon Health Authority shall:

36 (a) Adopt administrative rules in a timely manner, as required by the Administrative Procedures
37 Act, for the purpose of effectuating the provisions of ORS 441.221 to 441.223; **and**

38 *[(b) Consult with the advisory group convened under ORS 441.232 to review the recommendations*
39 *and obtain advice on the rules; and]*

40 *[(c)]* (b) Ensure that the rules adopted by the Oregon Health Authority are identical and are
41 consistent with the recommendations developed pursuant to ORS 441.222 for affected credentialing
42 organizations.

43 (2) The uniform credentialing information required pursuant to the administrative rules of the
44 Oregon Health Authority represents the minimum uniform credentialing information required by the
45 affected credentialing organizations. Except as provided in subsection (3) of this section, a creden-

1 tialing organization may request additional credentialing information from a health care practitioner
 2 for the purpose of completing credentialing procedures used by the credentialing organization to
 3 credential health care practitioners.

4 (3) In credentialing a telemedicine provider, a hospital is subject to the requirements prescribed
 5 by rule by the authority under ORS 441.056.

6 **SECTION 15.** ORS 459A.200 is amended to read:

7 459A.200. As used in ORS 459A.200 to 459A.266:

8 (1) “Analogous product” means:

9 (a) With regard to a virus, a product prepared from or with a virus or agent that is actually or
 10 potentially infectious, regardless of the degree of virulence or toxigenicity of the specific virus
 11 strain used.

12 (b) With regard to a therapeutic serum, a product composed of whole blood or plasma, or that
 13 contains some organic constituent or product that is not a hormone or amino acid derived from
 14 whole blood, plasma or serum.

15 (c) With regard to an antitoxin or toxin, a product, regardless of its origin source, that is in-
 16 tended to be applicable to the prevention, treatment or cure of a disease or human injury through
 17 a specific immune process.

18 (2) “Antitoxin” means a product containing the soluble substance in serum or other bodily fluid
 19 of an immunized animal that specifically neutralizes the toxin to which the animal is immune.

20 (3) “Authorized collector” means a person that enters into an agreement with a program oper-
 21 ator for the purpose of collecting covered drugs under a drug take-back program.

22 (4) “Biologics” means a virus, therapeutic serum, toxin, antitoxin or analogous product applica-
 23 ble to the prevention, treatment or cure of human diseases or injuries.

24 (5)(a) “Covered drug” means a drug that a covered entity has discarded or abandoned or that
 25 a covered entity intends to discard or abandon.

26 (b) “Covered drug” includes:

27 (A) Prescription drugs, as defined in ORS 689.005;

28 (B) Nonprescription drugs, as defined in ORS 689.005;

29 (C) Drugs marketed under a brand name, as defined in ORS 689.515;

30 (D) Drugs marketed under a generic name, as defined in ORS 689.515; and

31 (E) Combination products.

32 (c) “Covered drug” does not include:

33 (A) Vitamins or supplements;

34 (B) Herbal-based remedies or homeopathic drugs, products or remedies;

35 (C) Products that are regulated as both cosmetics and nonprescription drugs by the federal Food
 36 and Drug Administration;

37 (D) Drugs and biological products for which a covered manufacturer administers a drug take-
 38 back program as part of a risk evaluation and mitigation strategy under the oversight of the federal
 39 Food and Drug Administration;

40 (E) Drugs administered in a clinical setting;

41 (F) Drugs that are used for animal medicines, including but not limited to parasiticide drugs for
 42 animals;

43 (G) Exposed sharps, as defined in ORS 459.386, or other used drug products that are medical
 44 waste;

45 (H) Emptied injector products or medical devices and their components;

1 (I) Dialysis concentrates and solutions used for kidney dialysis in a patient's home; or

2 (J) Biologics.

3 (6)(a) "Covered entity" means:

4 (A) A resident of this state;

5 (B) A nonbusiness entity located in this state; or

6 (C) An ultimate user as defined by 21 U.S.C. 802(27).

7 (b) "Covered entity" does not include a law enforcement agency or an entity that generates
8 pharmaceutical waste, such as a hospital, health care clinic, office of a health care provider,
9 veterinary clinic or pharmacy.

10 (7)(a) "Covered manufacturer" means a person that manufactures covered drugs that are sold
11 within this state, including, but not limited to, a person that manufactures covered drugs for another
12 manufacturer pursuant to an agreement.

13 (b) "Covered manufacturer" does not include:

14 (A) A person that:

15 (i)(I) Packages covered drugs that are sold within this state or that labels the containers of
16 covered drugs that are sold within this state; or

17 (II) Repackages covered drugs that are sold within this state or that relabels the containers of
18 covered drugs that are sold within this state, if the person informs the Department of Environmental
19 Quality of the name of the original manufacturer of the covered drug; and

20 (ii) Does not produce, prepare, propagate, compound, convert or process drugs that are sold
21 within this state; or

22 (B) A prepaid group practice [*described in ORS 441.229*] **that serves at least 200,000 members**
23 **in this state and that has been issued a certificate of authority by the Department of Con-**
24 **sumer and Business Services.**

25 (8) "Drop-off site" means the location where an authorized collector operates a secure repository
26 for collecting covered drugs.

27 (9) "Drug" has the meaning given that term in ORS 689.005.

28 (10) "Drug take-back organization" means an organization designated by a covered manufacturer
29 or a group of covered manufacturers to act as an agent of the covered manufacturer or group of
30 covered manufacturers for the purpose of participating in a drug take-back program.

31 (11) "Drug take-back program" means a program developed and implemented by a program op-
32 erator for the collection, transportation and disposal of covered drugs for which a plan has been
33 approved under ORS 459A.209.

34 (12) "Mail-back service" means a method of collecting covered drugs from a covered entity by
35 using prepaid, preaddressed mailing envelopes.

36 (13) "Manufacture" has the meaning given that term in ORS 689.005.

37 (14) "Pharmacy" has the meaning given that term in ORS 689.005.

38 (15) "Potential authorized collector" means:

39 (a) A person that:

40 (A) Is registered with the Drug Enforcement Administration of the United States Department
41 of Justice; and

42 (B) Qualifies under federal law to collect and dispose of controlled substances, or qualifies under
43 federal law to have the person's registration modified in such a way that authorizes the person to
44 collect and dispose of controlled substances.

45 (b) A law enforcement agency.

1 (16) "Program operator" means a covered manufacturer, group of covered manufacturers or drug
2 take-back organization that develops and implements, or plans to develop and implement, a drug
3 take-back program approved by the Department of Environmental Quality.

4 (17)(a) "Retail drug outlet" means a retail drug outlet, as defined in ORS 689.005, that is open
5 to and accessible by the public.

6 (b) "Retail drug outlet" does not include a hospital that does not have an on-site pharmacy or
7 a health care clinic that does not have an on-site pharmacy.

8 (18) "Therapeutic serum" means a product obtained from blood by removing the clot or clot
9 components and the blood cells.

10 (19) "Toxin" means a product that contains a soluble substance poisonous to animals or humans
11 in a dose of one milliliter or less, and that, after administration by injection of a nonlethal dose into
12 an animal, causes to be produced within the animal another soluble substance that specifically
13 neutralizes the poisonous substance, demonstrable in the serum of the immunized animal.

14 (20) "Virus" means a product containing the minute living cause of an infectious disease and
15 that includes but is not limited to filterable viruses, bacteria, rickettsia, fungi and protozoa.

16
17 **UNIT CAPTIONS**

18
19 **SECTION 16. The unit captions used in this 2021 Act are provided only for the conven-**
20 **ience of the reader and do not become part of the statutory law of this state or express any**
21 **legislative intent in the enactment of this 2021 Act.**