House Bill 2335

Sponsored by Representative BONHAM; Senator STEINER HAYWARD (Presession filed.)

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.

Enacts interstate Nurse Licensure Compact. Permits Oregon State Board of Nursing to disclose specified information to Interstate Commission of Nurse Licensure Compact Administrators. Exempts individuals practicing nursing in this state under compact from restrictions on use of titles. Allows board to establish account to meet financial obligations imposed on State of Oregon as result of participation in compact. Continuously appropriates moneys from account to board for specified purpose.

Enacts Interstate Medical Licensure Compact. Permits Oregon Medical Board to disclose specified information to Interstate Medical Licensure Compact Commission. Exempts individuals practicing medicine in this state under compact from restrictions on use of titles. Allows board to establish account to meet financial obligations imposed on State of Oregon as result of participation in compact. Continuously appropriates moneys from account to board for specified purpose.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to interstate health professional licensure compacts; creating new provisions; amending ORS 676.177, 677.080, 677.290, 678.021, 678.023 and 678.170; and declaring an emergency.

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

NURSE LICENSURE COMPACT

SECTION 1. The provisions of the Nurse Licensure Compact are as follows:

Nurse Licensure Compact

ARTICLE I

Findings and Declaration of Purpose

a. The party states find that:

1. The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

2. Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

3. The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

4. New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

5. The current system of duplicative licensure for nurses practicing in multiple states is
cumbersome and redundant for both nurses and states; and
6. Uniformity of nurse licensure requirements throughout the states promotes public
safety and public health benefits.

b. The general purposes of this Compact are to:
1. Facilitate the states' responsibility to protect the public's health and safety;
2. Ensure and encourage the cooperation of party states in the areas of nurse licensure
and regulation;
3. Facilitate the exchange of information between party states in the areas of nurse
regulation, investigation and adverse actions;
4. Promote compliance with the laws governing the practice of nursing in each jurisdic-
tion;
5. Invest all party states with the authority to hold a nurse accountable for meeting all
state practice laws in the state in which the patient is located at the time care is rendered
through the mutual recognition of party state licenses;
6. Decrease redundancies in the consideration and issuance of nurse licenses; and
7. Provide opportunities for interstate practice by nurses who meet uniform licensure
requirements.

ARTICLE II
Definitions
As used in this Compact:

a. "Adverse action" means any administrative, civil, equitable or criminal action per-
mitted by a state's laws which is imposed by a licensing board or other authority against a
nurse, including actions against an individual's license or multistate licensure privilege such
as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's
practice, or any other encumbrance on licensure affecting a nurse's authorization to prac-
tice, including issuance of a cease and desist action.

b. "Alternative program" means a nondisciplinary monitoring program approved by a li-
censing board.

c. "Coordinated licensure information system" means an integrated process for collect-
ing, storing and sharing information on nurse licensure and enforcement activities related
to nurse licensure laws that is administered by a nonprofit organization composed of and
controlled by licensing boards.

d. "Current significant investigative information" means:
1. Investigative information that a licensing board, after a preliminary inquiry that in-
cludes notification and an opportunity for the nurse to respond, if required by state law, has
reason to believe is not groundless and, if proved true, would indicate more than a minor
infraction; or
2. Investigative information that indicates that the nurse represents an immediate threat
to public health and safety regardless of whether the nurse has been notified and had an
opportunity to respond.

e. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and
unrestricted practice of nursing imposed by a licensing board.

f. "Home state" means the party state which is the nurse's primary state of residence.

g. "Licensing board" means a party state's regulatory body responsible for issuing nurse
licenses.
h. “Multistate license” means a license to practice as a registered or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

i. “Multistate licensure privilege” means a legal authorization associated with a multistate license permitting the practice of nursing as either a registered nurse (RN) or LPN/VN in a remote state.

j. “Nurse” means RN or LPN/VN, as those terms are defined by each party state's practice laws.

k. “Party state” means any state that has adopted this Compact.

l. “Remote state” means a party state, other than the home state.

m. “Single-state license” means a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.

n. “State” means a state, territory or possession of the United States and the District of Columbia.

o. “State practice laws” means a party state's laws, rules and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. “State practice laws” do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

a. A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), under a multistate licensure privilege, in each party state.

b. A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

c. Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

   1. Meets the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws;

   2. i. Has graduated or is eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program; or

      ii. Has graduated from a foreign RN or LPN/VN prelicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

   3. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening;
4. Has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized predecessor, as applicable;
5. Is eligible for or holds an active, unencumbered license;
6. Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;
7. Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
8. Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
9. Is not currently enrolled in an alternative program;
10. Is subject to self-disclosure requirements regarding current participation in an alternative program; and
11. Has a valid United States Social Security number.

d. All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

e. A nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege will subject a nurse to the jurisdiction of the licensing board, the courts and the laws of the party state in which the client is located at the time service is provided.

f. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this Compact shall affect the requirements established by a party state for the issuance of a single-state license.

g. Any nurse holding a home state multistate license, on the effective date of this Compact, may retain and renew the multistate license issued by the nurse's then-current home state, provided that:

1. A nurse, who changes primary state of residence after this Compact's effective date, must meet all applicable Article III.c. requirements to obtain a multistate license from a new home state.

2. A nurse who fails to satisfy the multistate licensure requirements in Article III.c. due to a disqualifying event occurring after this Compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of
Nurse Licensure Compact Administrators ("Commission").

ARTICLE IV

Applications for Licensure in a Party State

a. Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.

b. A nurse may hold a multistate license, issued by the home state, in only one party state at a time.

c. If a nurse changes primary state of residence by moving between two party states, the nurse must apply for licensure in the new home state, and the multistate license issued by the prior home state will be deactivated in accordance with applicable rules adopted by the Commission.

1. The nurse may apply for licensure in advance of a change in primary state of residence.

2. A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

d. If a nurse changes primary state of residence by moving from a party state to a non-party state, the multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

ARTICLE V

Additional Authorities Invested in Party State Licensing Boards

a. In addition to the other powers conferred by state law, a licensing board shall have the authority to:

1. Take adverse action against a nurse's multistate licensure privilege to practice within that party state.
   i. Only the home state shall have the power to take adverse action against a nurse's license issued by the home state.
   ii. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

2. Issue cease and desist orders or impose an encumbrance on a nurse’s authority to practice within that party state.

3. Complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

4. Issue subpoenas for both hearings and investigations that require the attendance and
testimony of witnesses, as well as, the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

5. Obtain and submit, for each nurse licensure applicant, fingerprint or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.

6. If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.

7. Take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking such adverse action.

b. If adverse action is taken by the home state against a nurse’s multistate license, the nurse’s multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse’s multistate license shall include a statement that the nurse’s multistate licensure privilege is deactivated in all party states during the pendency of the order.

c. Nothing in this Compact shall override a party state’s decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse’s participation in an alternative program.

ARTICLE VI

Coordinated Licensure Information System and Exchange of Information

a. All party states shall participate in a coordinated licensure information system of all licensed registered nurses (RNs) and licensed practical/vocational nurses (LPNs/VNs). This system will include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

b. The Commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.

c. All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials) and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.

d. Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.

e. Notwithstanding any other provision of law, all party state licensing boards contrib-
uting information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

f. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

g. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

h. The Compact administrator of each party state shall furnish a uniform data set to the Compact administrator of each other party state, which shall include, at a minimum:

1. Identifying information;
2. Licensure data;
3. Information related to alternative program participation; and
4. Other information that may facilitate the administration of this Compact, as determined by Commission rules.

i. The Compact administrator of a party state shall provide all investigative documents and information requested by another party state.

ARTICLE VII

Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

a. The party states hereby create and establish a joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators.

1. The Commission is an instrumentality of the party states.

2. Venue is proper, and judicial proceedings by or against the Commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

b. Membership, Voting and Meetings

1. Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this Compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

2. Each administrator shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article VIII.
5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:
   i. Noncompliance of a party state with its obligations under this Compact;
   ii. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
   iii. Current, threatened or reasonably anticipated litigation;
   iv. Negotiation of contracts for the purchase or sale of goods, services or real estate;
   v. Accusing any person of a crime or formally censuring any person;
   vi. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
   vii. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
   viii. Disclosure of investigatory records compiled for law enforcement purposes;
   ix. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact;
   x. Matters specifically exempted from disclosure by federal or state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

c. The Commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this Compact, including but not limited to:
   1. Establishing the fiscal year of the Commission;
   2. Providing reasonable standards and procedures:
      i. For the establishment and meetings of other committees; and
   3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;
   4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
   5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar
laws of any party state, the bylaws shall exclusively govern the personnel policies and pro-
grams of the Commission; and

6. Providing a mechanism for winding up the operations of the Commission and the eq-
uitable disposition of any surplus funds that may exist after the termination of this Compact
after the payment or reserving of all of its debts and obligations;
d. The Commission shall publish its bylaws and rules, and any amendments thereto, in
a convenient form on the website of the Commission.
e. The Commission shall maintain its financial records in accordance with the bylaws.
f. The Commission shall meet and take such actions as are consistent with the provisions
of this Compact and the bylaws.
g. The Commission shall have the following powers:

1. To promulgate uniform rules to facilitate and coordinate implementation and admin-
istration of this Compact. The rules shall have the force and effect of law and shall be
binding in all party states, except that only the rules adopted by the Oregon State Board of
Nursing shall have the force and effect of law and shall be binding on the State of Oregon;
2. To bring and prosecute legal proceedings or actions in the name of the Commission,
provided that the standing of any licensing board to sue or be sued under applicable law shall
not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept or contract for services of personnel, including, but not limited to,
employees of a party state or nonprofit organizations;
5. To cooperate with other organizations that administer state compacts related to the
regulation of nursing, including but not limited to sharing administrative or staff expenses,
office space or other resources;
6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such
individuals appropriate authority to carry out the purposes of this Compact, and to establish
the Commission’s personnel policies and programs relating to conflicts of interest, qual-
ifications of personnel and other related personnel matters;
7. To accept any and all appropriate donations, grants and gifts of money, equipment,
supplies, materials and services, and to receive, utilize and dispose of the same; provided that
at all times the Commission shall avoid any appearance of impropriety or conflict of interest;
8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold,
improve or use, any property, whether real, personal or mixed; provided that at all times the
Commission shall avoid any appearance of impropriety;
9. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any
property, whether real, personal or mixed;
10. To establish a budget and make expenditures;
11. To borrow money;
12. To appoint committees, including advisory committees comprised of administrators,
state nursing regulators, state legislators or their representatives, and consumer represen-
tatives, and other such interested persons;
13. To provide and receive information from, and to cooperate with, law enforcement
agencies;
14. To adopt and use an official seal; and
15. To perform such other functions as may be necessary or appropriate to achieve the

purposes of this Compact consistent with the state regulation of nurse licensure and prac-
tice.

h. Financing of the Commission
1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.
2. The Commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states.
3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the party states, except by, and with the authority of, such party state.
4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.
5. An assessment levied, or any other financial obligation imposed, under this Compact is effective against the State of Oregon only to the extent that moneys necessary to pay the assessment or meet the financial obligations have been deposited in an account established by the Oregon State Board of Nursing pursuant to ORS 678.170.
i. Qualified Immunity, Defense and Indemnification
1. The administrators, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton misconduct of that person.
2. The Commission shall defend any administrator, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error or omission did not result from that person's intentional, willful or wanton misconduct.
3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error
or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional, willful or wanton misconduct of that person.

ARTICLE VIII

Rulemaking
a. A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.

B. Notwithstanding Article VIII a.A., the Oregon State Board of Nursing shall review the rules of the Commission. The board may approve and adopt the rules of the Commission as rules of the board. The State of Oregon is subject to a rule of the Commission only if the rule of the Commission is adopted by the board.

c. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least 60 days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
1. On the website of the Commission; and
2. On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.

d. The notice of proposed rulemaking shall include:
1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment, and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

e. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

f. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.

g. The Commission shall publish the place, time and date of the scheduled public hearing.
1. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.
2. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

h. If no one appears at the public hearing, the Commission may proceed with promulgation of the proposed rule.

i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral
comments received.

j. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

k. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety or welfare;
2. Prevent a loss of Commission or party state funds; or
3. Meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.

l. The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE IX
Oversight, Dispute Resolution and Enforcement

a. Oversight

1. Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact’s purposes and intent. The provisions of this Compact and the rules promulgated hereunder and adopted by the Oregon State Board of Nursing shall have standing as statutory law.

2. The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

b. Default, Technical Assistance and Termination

1. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

i. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default or any other action to be taken by the Commission; and

ii. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state’s membership in this Compact may be terminated upon an affirmative vote of a majority of the administrators,
and all rights, privileges and benefits conferred by this Compact may be terminated on the
effective date of termination. A cure of the default does not relieve the offending state of
obligations or liabilities incurred during the period of default.

3. Termination of membership in this Compact shall be imposed only after all other
means of securing compliance have been exhausted. Notice of intent to suspend or terminate
shall be given by the Commission to the governor of the defaulting state and to the executive
officer of the defaulting state’s licensing board and each of the party states.

4. A state whose membership in this Compact has been terminated is responsible for all
assessments, obligations and liabilities incurred through the effective date of termination,
including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in de-
default or whose membership in this Compact has been terminated unless agreed upon in
writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S.
District Court for the District of Columbia or the federal district in which the Commission
has its principal offices. The prevailing party shall be awarded all costs of such litigation,
including reasonable attorneys’ fees.

c. Dispute Resolution

1. Upon request by a party state, the Commission shall attempt to resolve disputes re-
lated to the Compact that arise among party states and between party and nonparty states.

2. The Commission shall promulgate a rule providing for both mediation and binding
dispute resolution for disputes, as appropriate.

3. In the event the Commission cannot resolve disputes among party states arising under
this Compact:

   i. The party states may submit the issues in dispute to an arbitration panel, which will
be comprised of individuals appointed by the Compact administrator in each of the affected
party states and an individual mutually agreed upon by the Compact administrators of all the
party states involved in the dispute.

   ii. The decision of a majority of the arbitrators shall be final and binding.

d. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the pro-
visions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the U.S. District Court
for the District of Columbia or the federal district in which the Commission has its principal
offices against a party state that is in default to enforce compliance with the provisions of
this Compact and its promulgated rules and bylaws. The relief sought may include both
injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing
party shall be awarded all costs of such litigation, including reasonable attorneys’ fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The
Commission may pursue any other remedies available under federal or state law.

ARTICLE X

Effective Date, Withdrawal and Amendment

a. This Compact shall become effective and binding on the date of legislative enactment
of this Compact into law by no less than 26 states. All party states to this Compact, that also
were parties to the prior Nurse Licensure Compact, superseded by this Compact, (“Prior
Compact”), shall be deemed to have withdrawn from said Prior Compact within six months after the effective date of this Compact.

b. Each party state to this Compact shall continue to recognize a nurse's multistate licensure privilege to practice in that party state issued under the Prior Compact until such party state has withdrawn from the Prior Compact.

c. Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six months after enactment of the repealing statute.

d. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

e. Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this Compact.

f. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

g. Representatives of nonparty states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

ARTICLE XI

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

SECTION 2. The Legislative Assembly of Oregon hereby ratifies the Nurse Licensure Compact set forth in section 1 of this 2021 Act.

AMENDMENTS

SECTION 3. ORS 678.021 is amended to read:

678.021. (1) It shall be unlawful for any person to practice nursing or offer to practice nursing in this state or to use any title or abbreviation, sign, card or device to indicate the person is practicing either practical or registered nursing unless the person is licensed under ORS 678.010 to 678.410 at the level for which the indication of practice is made and the license is valid and in effect.

(2) Subsection (1) of this section does not apply to an individual who is authorized to
practice as a nurse by multistate licensure privilege as defined in section 1 of this 2021 Act.

SECTION 4. ORS 678.023 is amended to read:

678.023. (1)(a) An individual may not use the title “nurse” unless the individual:

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

[(a)] (i) Approved by the Oregon State Board of Nursing; or

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

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

(2) Subsection (1) of this section does not apply to an individual who is authorized to
practice as a nurse by multistate licensure privilege as defined in section 1 of this 2021 Act.

SECTION 5. ORS 678.170 is amended to read:

678.170. (1) All money received by the Oregon State Board of Nursing under ORS 678.010 to
678.448 shall be paid into the General Fund in the State Treasury and placed to the credit of the
Oregon State Board of Nursing Account. The board may establish an additional account for the
purpose of meeting financial obligations imposed on the State of Oregon as a result of this
state’s participation in the Nurse Licensure Compact established under section 1 of this 2021
Act.

(2) [Such moneys are appropriated continuously and shall] The moneys paid into the accounts
described in subsection (1) of this section are continuously appropriated to the board and
may be used only for the administration and enforcement of ORS 676.850, 676.860 and 678.010 to
678.448 and for the purpose of meeting financial obligations imposed on the State of Oregon
as a result of this state’s participation in the Nurse Licensure Compact established under
section 1 of this 2021 Act.

[(2)] (3) The board shall keep a record of all moneys deposited in the Oregon State Board of
Nursing Account. This record shall indicate by separate cumulative accounts the source from which
the moneys are derived and the individual activity or program against which each withdrawal is
charged.

[(3)] (4) The board may maintain a petty cash fund in compliance with ORS 293.180 in the
amount of $1,000.

SECTION 6. (1) The amendments to ORS 678.021 and 678.023 by sections 3 and 4 of this
2021 Act apply to individuals authorized to practice nursing by multistate licensure privilege
on or after the effective date of this 2021 Act.

(2) The amendments to ORS 678.170 by section 5 of this 2021 Act apply to moneys received
by the Oregon State Board of Nursing on or after the effective date of this 2021 Act.

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 7. The provisions of the Interstate Medical Licensure Compact are as follows:

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE
In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state’s existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

SECTION 2. DEFINITIONS

In this compact:

(a) “Bylaws” means those bylaws established by the Interstate Commission pursuant to Section 11.

(b) “Commissioner” means the voting representative appointed by each member board pursuant to Section 11.

(c) “Conviction” means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.

(d) “Expedited License” means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.

(e) “Interstate Commission” means the interstate commission created pursuant to Section 11.

(f) “License” means authorization by a member state for a physician to engage in the practice of medicine, which would be unlawful without authorization.

(g) “Medical Practice Act” means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(h) “Member Board” means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(i) “Member State” means a state that has enacted the Compact.

(j) “Practice of Medicine” means that clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state. The “practice of medicine” is also as described in ORS 677.085.

(k) “Physician” means any person who:

1) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;

2) Passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within
three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;

3) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

5) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;

6) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

7) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license;

8) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and

9) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(l) “Offense” means a felony, gross misdemeanor, or crime of moral turpitude.

(m) “Rule” means a written statement by the Interstate Commission promulgated pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(n) “State” means any state, commonwealth, district, or territory of the United States.

(o) “State of Principal License” means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

SECTION 3. ELIGIBILITY

(a) A physician must meet the eligibility requirements as defined in Section 2(k) to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of Section 2(k) may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

1) The state of principal residence for the physician, or

2) The state where at least 25 percent of the practice of medicine occurs, or

3) The location of the physician’s employer, or

4) If no state qualifies under subsection (1), subsection (2), or subsection (3), the state designated as state of residence for purpose of federal income tax.
(b) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements of subsection (a).

c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

1) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

2) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. §731.202.

3) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

(c) Upon verification in subsection (b), physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection (a), including the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) and any fees under subsection (c), a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

SECTION 6. FEES FOR EXPEDITED LICENSURE

(a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited
SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:
1) Maintains a full and unrestricted license in a state of principal license;
2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license; and
4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c), a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of licenses obtained through the Compact.

SECTION 8. COORDINATED INFORMATION SYSTEM

(a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under Section 5.

(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any nonpublic complaint, disciplinary, or investigatory information not required by subsection (c) to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

SECTION 9. JOINT INVESTIGATIONS

(a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.
(d) Member boards may share any investigative, litigation, or compliance materials in
furtherance of any joint or individual investigation initiated under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes au-
thorizing the practice of medicine in any other member state in which a physician holds a
license to practice medicine.

SECTION 10. DISCIPLINARY ACTIONS

(a) Any disciplinary action taken by any member board against a physician licensed
through the Compact shall be deemed unprofessional conduct which may be subject to dis-
cipline by other member boards, in addition to any violation of the Medical Practice Act or
regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal li-
cense is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all li-
censes issued to the physician by member boards shall automatically be placed, without
further action necessary by any member board, on the same status. If the member board in
the state of principal license subsequently reinstates the physician’s license, a license issued
to the physician by any other member board shall remain encumbered until that respective
member board takes action to reinstate the license in a manner consistent with the Medical
Practice Act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state
of principal license, any other member board may deem the action conclusive as to matter
of law and fact decided, and:

1) Impose the same or lesser sanction(s) against the physician so long as such sanctions
are consistent with the Medical Practice Act of that state; or

2) Pursue separate disciplinary action against the physician under its respective Medical
Practice Act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered or re-
linquished in lieu of discipline, or suspended, then any license(s) issued to the physician by
any other member board(s) shall be suspended, automatically and immediately without fur-
ther action necessary by the other member board(s), for 90 days upon entry of the order by
the disciplining board, to permit the member board(s) to investigate the basis for the action
under the Medical Practice Act of that state. A member board may terminate the automatic
suspension of the license it issued prior to the completion of the 90 day suspension period in
a manner consistent with the Medical Practice Act of that state.

SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

(a) The member states hereby create the “Interstate Medical Licensure Compact Com-
mission”.

(b) The purpose of the Interstate Commission is the administration of the Interstate
Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member
states and shall have all the responsibilities, powers, and duties set forth in the Compact,
and such additional powers as may be conferred upon it by a subsequent concurrent action
of the respective legislatures of the member states in accordance with the terms of the
Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by
each member state who shall serve as Commissioners. In states where allopathic and
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osteopathic physicians are regulated by separate member boards, or if the licensing and disciplin-ary authority is split between separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall be:

1) Allopathic or osteopathic physician appointed to a member board;
2) Executive director, executive secretary, or similar executive of a member board; or
3) Member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commission shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d).

(h) The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public. The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to:

1) Relate solely to the internal personnel practice and procedures of the Interstate Commission;
2) Discuss matters specifically exempted from disclosure by federal statute;
3) Discuss trade secrets, commercial, or financial information that is privileged or confidential;
4) Involve accusing a person of a crime, or formally censuring a person;
5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
6) Discuss investigative records compiled for law enforcement purposes; or
7) Specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the adminis-
tration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(l) The Interstate Commission shall establish other committees for governance and administration of the Compact.

SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION

(a) Oversee and maintain the administration of the Compact;
(b) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact;
(c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;
(d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate Commission, and the bylaws, using all necessary and proper means, including but not limited to the use of judicial process;
(e) Establish and appoint committees including, but not limited to, an executive committee as required by Section 11, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;
(f) Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission;
(g) Establish and maintain one or more offices;
(h) Borrow, accept, hire, or contract for services of personnel;
(i) Purchase and maintain insurance and bonds;
(j) Employ an executive director who shall have such powers to employ, select or appoint employees, agents, or consultants, and to determine their qualifications, define their duties, and fix their compensation;
(k) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel;
(l) Accept donations and grants of money, equipment, supplies, materials, and services and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the Interstate Commission;
(m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal, or mixed;
(n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;
(o) Establish a budget and make expenditures;
(p) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;
(q) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;
(r) Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation;
(s) Maintain records in accordance with the bylaws;
(t) Seek and obtain trademarks, copyrights, and patents; and
(u) Perform such functions as may be necessary or appropriate to achieve the purpose
of the Compact.

SECTION 13. FINANCE POWERS

(a) The Interstate Commission may levy on and collect an annual assessment from each
member state to cover the cost of the operations and activities of the Interstate Commission
and its staff. The total assessment must be sufficient to cover the annual budget approved
each year for which revenue is not provided by other sources. The aggregate annual assess-
ment amount shall be allocated upon a formula to be determined by the Interstate Commis-
sion, which shall promulgate a rule binding upon all member states.

(b) The Interstate Commission shall not incur obligations of any kind prior to securing
the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states,
except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by
a certified or licensed accountant and the report of the audit shall be included in the annual
report of the Interstate Commission.

(e) An assessment levied, or any other financial obligation imposed, under this Compact
is effective against the State of Oregon only to the extent that moneys necessary to pay the
assessment or meet the financial obligations have been deposited in an account established
by the Oregon Medical Board pursuant to ORS 677.290.

SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall, by a majority of Commissioners present and voting,
adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the
purposes of the Compact within 12 months of the first Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint annually from among its Commis-
sioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such
authority and duties as may be specified in the bylaws. The chairperson, or in the
chairperson’s absence or disability, the vice-chairperson, shall preside at all meetings of the
Interstate Commission.

(c) Officers selected in subsection (b) shall serve without remuneration for the Interstate
Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit
and liability, either personally or in their official property or personal injury or other civil
liability caused or arising out of, or relating to, an actual or alleged act, error, or omission
that occurred, or that such person had a reasonable basis for believing occurred, within the
scope of Interstate Commission employment, duties, or responsibilities; provided that such
person shall not be protected from suit or liability for damage, loss, injury, or liability caused
by the intentional or willful and wanton misconduct of such person.

(e) The liability of the executive director and employees of the Interstate Commission or
representatives of the Interstate Commission, acting within the scope of such person’s em-
ployment or duties for acts, errors, or omissions occurring within such person’s state, may
not exceed the limits of liability set forth under the constitution and laws of that state for
state officials, employees, and agents. The Interstate Commission is considered to be an
instrumentality of the states for the purpose of any such action. Nothing in this subsection
shall be construed to protect such person from suit or liability for damage, loss, injury, or
liability caused by the intentional or willful and wanton misconduct of such person.
(f) The Interstate Commission shall defend the executive director, its employees, and
subject to the approval of the attorney general or other appropriate legal counsel of the
member state represented by an Interstate Commission representative, shall defend such
Interstate Commission representative in any civil action seeking to impose liability arising
out of an actual or alleged act, error or omission that occurred within the scope of Interstate
Commission employment, duties or responsibilities, or that the defendant had a reasonable
basis for believing occurred within the scope of Interstate Commission employment, duties,
or responsibilities, provided that the actual or alleged act, error, or omission did not result
from intentional or willful and wanton misconduct on the part of such person.

(g) To the extent not covered by the state involved, member state, or the Interstate
Commission, the representatives or employees of the Interstate Commission shall be held
harmless in the amount of a settlement or judgement, including attorney's fees and costs,
obtained against such persons arising out of an actual or alleged act, error, or omission that
occurred within the scope of the Interstate Commission employment, duties, or responsibil-
ities, or that such persons had a reasonable basis for believing occurred within the scope of
Interstate Commission employment, duties, or responsibilities, provided that the actual or
alleged act, error, or omission did not result from intentional or willful and wanton miscon-
duct on the part of such person.

SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

(a) 1) The Interstate Commission shall promulgate reasonable rules in order to effectively
and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the
event the Interstate Commission exercises its rulemaking authority in a manner that is be-
yond the scope of the purposes of the Compact, or the powers granted hereunder, then such
an action by the Interstate Commission shall be invalid and have no force or effect.

2) Notwithstanding subsection (1), the Oregon Medical Board shall review the rules of the
Interstate Commission. The board may approve and adopt the rules of the Interstate Com-
mission as rules of the board. The State of Oregon is subject to a rule of the Interstate
Commission only if the rule of the Interstate Commission is adopted by the board.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be
made pursuant to a rulemaking process that substantially conforms to the “Model State
Administrative Procedure Act” of 2010, and subsequent amendments thereto.

(c) Not later than 30 days after a rule is promulgated, any person may file a petition for
judicial review of the rule in the United States District Court for the District of Columbia
or the federal district where the Interstate Commission has its principal offices, provided
that the filing of such a petition shall not stay or otherwise prevent the rule from becoming
effective unless the court finds that the petitioner has a substantial likelihood of success.
The court shall give deference to the actions of the Interstate Commission consistent with
applicable law and shall not find the rule to be unlawful if the rule represents a reasonable
exercise of the authority granted to the Interstate Commission.

SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

(a) The executive, legislative, and judicial branches of state government in each member
state shall enforce the Compact and shall take all actions necessary and appropriate to
effectuate the Compact’s purposes and intent. The provisions of the Compact and the rules
promulgated hereunder shall have standing as statutory law but shall not override existing
state authority to regulate the practice of medicine. The provisions of this Compact and the
rules promulgated hereunder and adopted by the Oregon Medical Board shall have standing as statutory law.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all services of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact, or promulgated rules.

SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may including both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or regulation of a profession.

SECTION 18. DEFAULT PROCEDURES

(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the Interstate Commission shall:

1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default; and

2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses
and physicians that are materially impacted by the termination of a member state, or the
withdrawal of a member state.

(f) The member state which has been terminated is responsible for all dues, obligations,
and liabilities incurred through the effective date of termination including obligations, the
performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has
been found to be in default or which has been terminated from the Compact, unless other-
wise mutually agreed upon in writing between the Interstate Commission and the defaulting
state.

(h) The defaulting state may appeal the action of the Interstate Commission by peti-
tioning the United States District Court for the District of Columbia or the federal district
where the Interstate Commission has its principal offices. The prevailing party shall be
awarded all costs of such litigation including reasonable attorney’s fees.

SECTION 19. DISPUTE RESOLUTION

(a) The Interstate Commission shall attempt, upon the request of a member state, to
resolve disputes which are subject to the Compact and which may arise among member
states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and
binding dispute resolution as appropriate.

SECTION 20. MEMBER STATES, EFFECTIVE DATE, AND AMENDMENT

(a) Any state is eligible to become a member of the Compact.

(b) The Compact shall become effective and binding upon legislative enactment of the
Compact into law by no less than seven states. Thereafter, it shall become effective and
binding on a state upon enactment of the Compact into law by that state.

(c) The governors of nonmember states, or their designees, shall be invited to participate
in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the
Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment
by the member states. No amendment shall become effective and binding upon the Interstate
Commission and the member states unless and until it is enacted into law by unanimous
consent of the member states.

SECTION 21. WITHDRAWAL

(a) Once effective, the Compact shall continue in force and remain binding upon each and
evory member state; provided that a member state may withdraw from the Compact by
specifically repealing the statute which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the
same, but shall not take effect until one year after the effective date of such statute and
until written notice of the withdrawal has been given by the withdrawing state to the gov-
ernor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate
Commission in writing upon the introduction of legislation repealing the Compact in the
withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing
state’s intent to withdraw within 60 days of its receipt of notice provided under subsection
(e).
(e) The withdrawing state is responsible for all dues, obligations, and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing date reenacting the Compact or upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

SECTION 22. DISSOLUTION

(a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership of the Compact to one member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded, and surplus funds shall be distributed in accordance with the bylaws.

SECTION 23. SEVERABILITY AND CONSTRUCTION

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the member states are members.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

SECTION 8. The Legislative Assembly of Oregon hereby ratifies the Interstate Medical Licensure Compact set forth in section 7 of this 2021 Act.

AMENDMENTS

SECTION 9. ORS 677.080 is amended to read:

677.080. No person shall A person may not:

(1) Knowingly make any false statement or representation on a matter, or willfully conceal any fact material to the right of the person to practice medicine or to obtain a license under this
chapter.

(2) Sell or fraudulently obtain or furnish any medical and surgical diploma, license, record or registration, or aid or abet in the same.

(3) Impersonate anyone to whom a license has been granted by the Oregon Medical Board.

(4) Except as provided in ORS 677.060, practice medicine in this state without a license required by this chapter.

(5) Subsection (4) of this section does not apply to an individual who is authorized to practice medicine under an expedited license as defined in section 7 of this 2021 Act.

SECTION 10. ORS 677.290 is amended to read:

677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board Account which is established. The board may establish an additional account for the purpose of meeting financial obligations imposed on the State of Oregon as a result of this state's participation in the Interstate Medical Licensure Compact established under section 7 of this 2021 Act. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter and ORS 676.850 and 676.860 and for the purpose of meeting financial obligations imposed on the State of Oregon as a result of this state's participation in the Interstate Medical Licensure Compact established under section 7 of this 2021 Act.

(2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account in a sum not to exceed $50,000 for the purpose of receiving and paying pass-through moneys relating to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs pursuant to its duties under this chapter relating to the education and rehabilitation of licensees in the areas of chemical substance abuse, inappropriate prescribing and medical competence. The creation of and disbursement of moneys from the revolving account shall not require an allotment or allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously appropriated for purposes set forth in this subsection.

(3) Each year $10 shall be paid to the Oregon Health and Science University for each in-state physician licensed under this chapter, which amount is continuously appropriated to the Oregon Health and Science University to be used in maintaining a circulating library of medical and surgical books and publications for the use of practitioners of medicine in this state, and when not so in use to be kept at the library of the School of Medicine and accessible to its students. The balance of the money received by the board is appropriated continuously and shall be used only for the administration and enforcement of this chapter, but any part of the balance may, upon the order of the board, be paid into the circulating library fund.

SECTION 11. (1) The amendments to ORS 677.080 by section 9 of this 2021 Act apply to individuals authorized to practice medicine under an expedited license as defined in section 7 of this 2021 Act on or after the effective date of this 2021 Act.

(2) The amendments to ORS 677.290 by section 10 of this 2021 Act apply to moneys received by the Oregon Medical Board on or after the effective date of this 2021 Act.

OTHER AMENDMENTS

SECTION 12. ORS 676.177 is amended to read:
(1) Notwithstanding any other provision of ORS 676.165 to 676.180, a health professional regulatory board, upon a determination by the board that it possesses otherwise confidential information that reasonably relates to the regulatory or enforcement function of another public entity, may disclose that information to the other public entity.

(2) Any public entity that receives information pursuant to subsection (1) of this section shall agree to take all reasonable steps to maintain the confidentiality of the information, except that the public entity may use or disclose the information to the extent necessary to carry out the regulatory or enforcement functions of the public entity.

(3) For purposes of this section, “public entity” means:

(a) A board or agency of this state, or a board or agency of another state with regulatory or enforcement functions similar to the functions of a health professional regulatory board of this state;
(b) A district attorney;
(c) The Department of Justice;
(d) A state or local public body of this state that licenses, franchises or provides emergency medical services; or
(e) A law enforcement agency of this state, another state or the federal government.

(4) Notwithstanding subsections (1) to (3) of this section:

(a) The Oregon Board of Physical Therapy may disclose information described in subsection (1) of this section to the Physical Therapy Compact Commission established in ORS 688.240.
(b) The Oregon State Board of Nursing may disclose information described in subsection (1) of this section to the Interstate Commission of Nurse Licensure Compact Administrators established in section 1 of this 2021 Act.
(c) The Oregon Medical Board may disclose information described in subsection (1) of this section to the Interstate Medical Licensure Compact Commission established in section 7 of this 2021 Act.

SECTION 13. The amendments to ORS 676.177 by section 12 this 2021 Act apply to information disclosed on or after the effective date of this 2021 Act.

CAPTIONS

SECTION 14. The unit captions used in this 2021 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2021 Act.

EFFECTIVE DATE

SECTION 15. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect on its passage.