

HOUSE AMENDMENTS TO HOUSE BILL 2359

By COMMITTEE ON HEALTH CARE

April 19

1 On page 1 of the printed bill, line 2, delete “192.630,”.

2 In line 3, delete “and 656.027” and insert “, 656.027 and 657.046”.

3 On page 2, delete lines 3 through 45 and delete pages 3 through 20 and insert:

4 **“SECTION 1. Section 2 of this 2021 Act is added to and made a part of ORS 413.550 to**
5 **413.558.**

6 **“SECTION 2. (1) Except as provided in subsection (2) of this section, a health care pro-**
7 **vider shall work with a health care interpreter from the health care interpreter registry**
8 **administered by the Oregon Health Authority under ORS 413.558 when communicating with**
9 **a patient who prefers to communicate in a language other than English, unless the health**
10 **care provider is a doctor or clinician who is proficient in the patient’s preferred language.**

11 **“(2) A health care provider who is otherwise required to work with a health care inter-**
12 **preter from the health care interpreter registry may work with a health care interpreter**
13 **who is not listed on the health care interpreter registry only if the provider:**

14 **“(a) Verifies, in the manner prescribed by rule by a board or agency described in section**
15 **3 of this 2021 Act, that the provider has taken appropriate steps needed to obtain a health**
16 **care interpreter from the health care interpreter registry in accordance with rules adopted**
17 **by the authority under ORS 413.558; or**

18 **“(b) Has offered the patient the services of a health care interpreter from the health care**
19 **interpreter registry and the patient declined the offer and chose a different interpreter.**

20 **“(3) A health care provider shall give personal protective equipment, consistent with es-**
21 **tablished national standards, to health care interpreters providing services on-site at no cost**
22 **to the health care interpreter and may not suggest to the health care interpreter that the**
23 **health care interpreter should procure the health care interpreter’s own personal protective**
24 **equipment as a condition of working with the health care provider.**

25 **“(4) A health care provider shall maintain records of each patient encounter in which the**
26 **provider worked with a health care interpreter from the health care interpreter registry.**
27 **The records must include:**

28 **“(a) The name of the health care interpreter;**

29 **“(b) The health care interpreter’s registry number; and**

30 **“(c) The language interpreted.**

31 **“(5) The boards and agencies described in section 3 of this 2021 Act shall adopt rules to**
32 **carry out the provisions of this section, which may include additional exemptions under**
33 **subsection (2) of this section.**

34 **“SECTION 3. Section 2 of this 2021 Act may be enforced by any means permitted under**
35 **law by:**

1 “(1) A health professional regulatory board with respect to a health care provider under
2 the jurisdiction of the board.

3 “(2) The Oregon Health Authority or the Department of Human Services with regard to
4 health care providers or facilities regulated by the authority or the department and health
5 care providers enrolled in the medical assistance program.

6 “(3) The authority with regard to emergency medical services providers licensed under
7 ORS 682.216 and clinical laboratories licensed under ORS 438.110.

8 “SECTION 4. (1) An interpretation service company operating in this state:

9 “(a) Except as provided in paragraph (b) of this subsection, may not arrange for a health
10 care interpreter to provide interpretation services in health care settings if the health care
11 interpreter is not listed on the health care interpreter registry described in ORS 413.558.

12 “(b) May arrange for a health care interpreter who is not listed on the health care in-
13 terpreter registry to provide interpretation services in health care settings only if:

14 “(A) A health care provider represents to the interpretation service company that the
15 health care provider:

16 “(i) Has taken appropriate steps necessary to arrange for a health care interpreter from
17 the health care interpreter registry in the manner prescribed by rule under section 2 of this
18 2021 Act; and

19 “(ii) Was unable to arrange for a health care interpreter from the health care interpreter
20 registry; and

21 “(B) The interpretation service company does not employ a health care interpreter listed
22 on the health care interpreter registry who is available to provide interpretation services to
23 the health care provider.

24 “(c) May not represent to a health care provider that a contracted or employed health
25 care interpreter referred by the company is a certified health care interpreter unless the
26 interpreter has met the requirements for certification under ORS 413.558 and has been issued
27 a valid certification by the authority.

28 “(d) May not require or suggest to a health care interpreter that the health care inter-
29 preter procure the health care interpreter’s own personal protective equipment as a condi-
30 tion of receiving a referral.

31 “(2) An interpretation service company shall maintain records of each encounter in
32 which the company refers to a health care provider worked with a health care interpreter
33 from the health care interpreter registry or a health care interpreter who is not on the
34 registry. The records must include:

35 “(a) The name of the health care interpreter; and

36 “(b) The health care interpreter’s registry number, if applicable.

37 “SECTION 5. Section 6 of this 2021 Act is added to and made a part of ORS chapter 414.

38 “SECTION 6. (1) As used in this section:

39 “(a) ‘Certified health care interpreter’ has the meaning given that term in ORS 413.550.

40 “(b) ‘Qualified health care interpreter’ has the meaning given that term in ORS 413.550.

41 “(2) The Oregon Health Authority shall adopt rules to ensure that a coordinated care
42 organization, in accordance with ORS 414.572 (2)(e), and any other health care provider that
43 is reimbursed for the cost of health care by the state medical assistance program:

44 “(a) Works with a certified health care interpreter or a qualified health care interpreter
45 when interacting with a recipient of medical assistance, or a caregiver of a recipient of

1 **medical assistance, who has limited English proficiency or who communicates in signed lan-**
2 **guage; and**

3 **“(b) Is reimbursed for the cost of the certified health care interpreter or qualified health**
4 **care interpreter.**

5 **“SECTION 7. (1) As used in this section, ‘health care interpreter’ has the meaning given**
6 **that term in ORS 413.550.**

7 **“(2) The Oregon Health Authority shall, in collaboration with the Oregon Council on**
8 **Health Care Interpreters and health care interpreters, conduct a study:**

9 **“(a) Of the best model for an online platform for patients and health care providers to**
10 **contract with health care interpreters and on how to use state and federal funds to finance**
11 **the platform, to be completed no later than July 1, 2022; and**

12 **“(b) Regarding sight translation as it pertains to the definition of ‘health care**
13 **interpreter’ in ORS 413.550 and related best practices.**

14 **“(3) No later than January 1, 2022, the authority shall report to the interim committees**
15 **of the Legislative Assembly related to health the results of the studies described in sub-**
16 **section (2) of this section and recommendations for legislative changes, if necessary, to im-**
17 **plement the findings of the studies.**

18 **“SECTION 8. ORS 413.550 is amended to read:**

19 **“413.550. As used in ORS 413.550 to 413.558:**

20 **“(1) ‘Certified health care interpreter’ means an individual who has been approved and certified**
21 **by the Oregon Health Authority under ORS 413.558.**

22 **“(2) ‘Coordinated care organization’ has the meaning given that term in ORS 414.025.**

23 **“[(2)] (3) ‘Health care’ means medical, surgical, oral or hospital care or any other remedial care**
24 **recognized by state law, including physical and behavioral health care.**

25 **“[(3)] (4)(a) ‘Health care interpreter’ means an individual who is readily able to:**

26 **“[(a)] (A) Communicate in English and communicate with a person with limited English pro-**
27 **iciency or who communicates in signed language;**

28 **“[(b)] (B) Accurately interpret the oral statements of a person with limited English proficiency,**
29 **or the statements of a person who communicates in [sign] signed language, into English;**

30 **“(C) Accurately interpret oral statements in English to a person with limited English**
31 **proficiency or who communicates in signed language;**

32 **“[(c)] (D) Sight translate documents from a person with limited English proficiency; and**

33 **“[(d)] (E) Interpret the oral statements of other persons into the language of the person with**
34 **limited English proficiency or into [sign] signed language; and].**

35 **“[(e) Sight translate documents in English into the language of the person with limited English**
36 **proficiency.]**

37 **“(b) ‘Health care interpreter’ also includes an individual who can provide the services**
38 **described in paragraph (a) of this subsection using relay or indirect interpretation.**

39 **“(5) ‘Health care interpreter registry’ means the registry described in ORS 413.558 that**
40 **is administered by the authority.**

41 **“(6) ‘Health care provider’ means any of the following that are reimbursed with public**
42 **funds, in whole or in part:**

43 **“(a) An individual licensed or certified by the:**

44 **“(A) State Board of Examiners for Speech-Language Pathology and Audiology;**

45 **“(B) State Board of Chiropractic Examiners;**

1 “(C) State Board of Licensed Social Workers;
2 “(D) Oregon Board of Licensed Professional Counselors and Therapists;
3 “(E) Oregon Board of Dentistry;
4 “(F) State Board of Massage Therapists;
5 “(G) Oregon Board of Naturopathic Medicine;
6 “(H) Oregon State Board of Nursing;
7 “(I) Oregon Board of Optometry;
8 “(J) State Board of Pharmacy;
9 “(K) Oregon Medical Board;
10 “(L) Occupational Therapy Licensing Board;
11 “(M) Oregon Board of Physical Therapy;
12 “(N) Oregon Board of Psychology;
13 “(O) Board of Medical Imaging;
14 “(P) State Board of Direct Entry Midwifery;
15 “(Q) Respiratory Therapist and Polysomnographic Technologist Licensing Board;
16 “(R) Board of Registered Polysomnographic Technologists;
17 “(S) Board of Licensed Dietitians; and
18 “(T) State Mortuary and Cemetery Board;
19 “(b) An emergency medical services provider licensed by the Oregon Health Authority
20 under ORS 682.216;
21 “(c) A clinical laboratory licensed under ORS 438.110;
22 “(d) A health care facility as defined in ORS 442.015;
23 “(e) A home health agency licensed under ORS 443.015;
24 “(f) A hospice program licensed under ORS 443.860; or
25 “(g) Any other person that provides health care or that bills for or is compensated for
26 health care provided, in the normal course of business.
27 “(7) ‘Interpretation service company’ means an entity, or a person acting on behalf of
28 an entity, that is in the business of arranging for health care interpreters to work with
29 health care providers in this state.
30 “[4] (8) ‘Person with limited English proficiency’ means a person who, by reason of place of
31 birth or culture, *[speaks]* **communicates in** a language other than English and does not *[speak]*
32 **communicate in** English with adequate ability to communicate effectively with a health care pro-
33 vider.
34 “(9) ‘Prepaid managed care health services organization’ has the meaning given that term
35 in ORS 414.025.
36 “[5] (10) ‘Qualified health care interpreter’ means an individual who has *[received]* **been issued**
37 a valid letter of qualification from the authority under ORS 413.558.
38 “[6] (11) ‘Sight translate’ means to translate a written document into spoken or *[sign]* **signed**
39 language.
40 “**SECTION 9.** ORS 413.552 is amended to read:
41 “413.552. (1) The Legislative Assembly finds that persons with limited English proficiency, or
42 who communicate in *[sign]* **signed** language, are often unable to interact effectively with health care
43 providers. Because of language differences, persons with limited English proficiency, or who com-
44 municate in *[sign]* **signed** language, are often excluded from health care services, experience delays
45 or denials of health care services or receive health care services based on inaccurate or incomplete

1 information.

2 “(2) The Legislative Assembly further finds that the lack of competent health care interpreters
3 among health care providers impedes the free flow of communication between the health care pro-
4 vider and patient, **negatively impacting health outcomes and** preventing clear and accurate
5 communication and the development of empathy, confidence and mutual trust that is essential for
6 an effective relationship between health care provider and patient.

7 “(3) It is the policy of the Legislative Assembly to require [*the use of*] **working with** certified
8 health care interpreters or qualified health care interpreters [*whenever possible*] to ensure the ac-
9 curate and adequate provision of health care to persons with limited English proficiency and to
10 persons who communicate in [*sign*] **signed** language.

11 “(4) It is the policy of the Legislative Assembly that health care for persons with limited English
12 proficiency be provided according to the guidelines established under the policy statement issued
13 August 30, 2000, by the U.S. Department of Health and Human Services, Office for Civil Rights,
14 entitled, ‘Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against Na-
15 tional Origin Discrimination As It Affects Persons With Limited English Proficiency,’ and the 1978
16 Patient’s Bill of Rights.

17 “**SECTION 10.** ORS 413.556 is amended to read:

18 “413.556. The Oregon Council on Health Care Interpreters shall work in cooperation with the
19 Oregon Health Authority to:

20 “(1) Develop **and approve** testing, qualification and certification standards, **consistent with**
21 **national standards**, for health care interpreters for persons with limited English proficiency and
22 for persons who communicate in [*sign*] **signed** language.

23 “[*2*] *Coordinate with other states, the federal government or professional organizations to develop*
24 *and implement educational and testing programs for health care interpreters.*]

25 “[*3*] *Examine operational and funding issues, including but not limited to the feasibility of devel-*
26 *oping a central registry and annual subscription mechanism for health care interpreters.*]

27 “[*4*] (2) Do all other acts as shall be necessary or appropriate under the provisions of ORS
28 413.550 to 413.558.

29 “**SECTION 11.** ORS 413.558 is amended to read:

30 “413.558. (1) In consultation with the Oregon Council on Health Care Interpreters, the Oregon
31 Health Authority shall by rule establish procedures for testing, qualification and certification of
32 health care interpreters for persons with limited English proficiency or for persons who communi-
33 cate in [*sign*] **signed** language, including but not limited to:

34 “(a) Minimum standards for qualification and certification as a health care interpreter, **which**
35 **may be modified as necessary**, including:

36 “(A) Oral [*and written*] **or signed** language skills in English and in the language for which
37 health care interpreter qualification or certification is granted; and

38 “(B) Formal education or training in **interpretation**, medical **behavioral or oral health** termi-
39 nology, anatomy and physiology[, *medical interpreting ethics and interpreting skills*];

40 “(b) Categories of expertise of health care interpreters based on the English and non-English
41 skills, or interpreting skills, and the medical terminology skills of the person seeking qualification
42 or certification;

43 “(c) Procedures for receiving applications and for examining applicants for qualification or cer-
44 tification;

45 “(d) The content and administration of required examinations;

1 “(e) The requirements and procedures for reciprocity of qualification and certification for health
2 care interpreters qualified or certified in another state or territory of the United States or by an-
3 other certifying body in the United States; and

4 “(f) Fees for application, examination, initial issuance, renewal and reciprocal acceptance of
5 qualification or certification as a health care interpreter if deemed necessary by the authority.

6 “(2) Any person seeking qualification or certification as a health care interpreter must submit
7 an application to the authority. If the applicant meets the requirements for qualification or certi-
8 fication established by the authority under this section, the authority shall issue a letter of quali-
9 fication or a certification to the health care interpreter. **The authority shall notify a person of**
10 **the authority’s determination on the person’s application no later than 60 days after the date**
11 **the application is received by the authority.**

12 “(3) The authority shall work with other states, the federal government or professional organ-
13 izations to develop educational and testing programs and procedures for the qualification and cer-
14 tification of health care interpreters.

15 “(4) In addition to the requirements for qualification established under subsection (1) of this
16 section, a person may be qualified as a health care interpreter only if the person:

17 “(a) Is able to fluently interpret [*the dialect*,] slang, **idioms and specialized vocabulary in**
18 **English and the slang, idioms** or specialized vocabulary of the non-English language for which
19 qualification is sought; and

20 “(b) Has had at least 60 hours of health care interpreter training that includes anatomy and
21 physiology and concepts of [*medical*] **health care** interpretation.

22 “(5) A person may not use the title of ‘qualified health care interpreter’ in this state, **or any**
23 **other title, designation, words, letters, abbreviation, sign or device tending to indicate that**
24 **the person is a qualified health care interpreter**, unless the person has met the requirements for
25 qualification established under subsections (1) and (4) of this section and has been issued a valid
26 letter of qualification by the authority.

27 “(6) In addition to the requirements for certification established under subsection (1) of this
28 section, a person may be certified as a health care interpreter only if:

29 “(a) The person has met all the requirements established under subsection (4) of this section;
30 and

31 “(b) The person has passed written and oral examinations required by the authority in English,
32 in a non-English language or [*sign*] **signed** language and in medical terminology.

33 “(7) A person may not use the title of ‘certified health care interpreter’ in this state, **or any**
34 **other title, designation, words, letters, abbreviation, sign or device tending to indicate that**
35 **the person is a certified health care interpreter**, unless the person has met the requirements for
36 certification established under subsections (1) and (6) of this section and has been issued a valid
37 certification by the authority.

38 “(8) **The authority shall:**

39 “(a) **Provide health care interpreter training and continuing education in accordance with**
40 **standards adopted by the Oregon Council on Health Care Interpreters under ORS 413.556 to**
41 **professionalize the health care interpreter workforce in this state. The training may be**
42 **provided at no cost or, if not, must be affordable.**

43 “(b) **Maintain a record of all health care interpreters who have completed an approved**
44 **training program.**

45 “(c) **Establish and maintain a central registry for all health care interpreters who are**

1 **qualified or certified by the authority and establish a process for health care interpreters to**
2 **biennially update their contact information and confirm their participation in the registry.**

3 **“(d) Adopt rules to carry out the provisions of this section.**

4 **“(9) The authority shall provide the notice described in ORS 183.335 (1) to all certified and**
5 **qualified health care interpreters listed on the registry prior to the adoption, amendment or**
6 **repeal of any rule concerning qualified or certified health care interpreter services.**

7 **“SECTION 12. The amendments to ORS 413.558 by section 11 of this 2021 Act do not re-**
8 **quire the Oregon Health Authority or the Oregon Council on Health Care Interpreters to**
9 **establish a new health care interpreter registry in addition to the health care interpreter**
10 **registry in effect on the effective date of this 2021 Act.**

11 **“SECTION 13. ORS 414.572 is amended to read:**

12 **“414.572. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and re-**
13 **quirements for a coordinated care organization and shall integrate the criteria and requirements**
14 **into each contract with a coordinated care organization. Coordinated care organizations may be**
15 **local, community-based organizations or statewide organizations with community-based participation**
16 **in governance or any combination of the two. Coordinated care organizations may contract with**
17 **counties or with other public or private entities to provide services to members. The authority may**
18 **not contract with only one statewide organization. A coordinated care organization may be a single**
19 **corporate structure or a network of providers organized through contractual relationships. The cri-**
20 **teria and requirements adopted by the authority under this section must include, but are not limited**
21 **to, a requirement that the coordinated care organization:**

22 **“(a) Have demonstrated experience and a capacity for managing financial risk and establishing**
23 **financial reserves.**

24 **“(b) Meet the following minimum financial requirements:**

25 **“(A) Maintain restricted reserves of \$250,000 plus an amount equal to 50 percent of the coordi-**
26 **nated care organization’s total actual or projected liabilities above \$250,000.**

27 **“(B) Maintain capital or surplus of not less than \$2,500,000 and any additional amounts neces-**
28 **sary to ensure the solvency of the coordinated care organization, as specified by the authority by**
29 **rules that are consistent with ORS 731.554 (6), 732.225, 732.230 and 750.045.**

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

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

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

42 **“(e) Coordinate the delivery of physical health care, [mental health and chemical dependency**
43 **services] behavioral health care, oral health care and covered long-term care services.**

44 **“(f) Engage community members and health care providers in improving the health of the com-**
45 **munity and addressing regional, cultural, socioeconomic and racial disparities in health care that**

1 exist among the coordinated care organization’s members and in the coordinated care organization’s
2 community.

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

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

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

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

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

16 “(e) Members *[receive]* **are provided:**

17 “(A) Assistance in navigating the health care delivery system;

18 “(B) **Assistance** *[and]* in accessing community and social support services and statewide
19 resources*], including through the use of certified health care interpreters and qualified health care in-*
20 *terpreters, as those terms are defined in ORS 413.550];*

21 “(C) **Meaningful language access as required by federal and state law including, but not**
22 **limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act of 1964, Title VI Guidance issued**
23 **by the United States Department of Justice and the National Standards for Culturally and**
24 **Linguistically Appropriate Services in Health and Health Care as issued by the United States**
25 **Department of Health and Human Services; and**

26 “(D) **Qualified health care interpreters or certified health care interpreters listed on the**
27 **health care interpreter registry, as those terms are defined in ORS 413.550.**

28 “(f) Services and supports are geographically located as close to where members reside as pos-
29 sible and are, if available, offered in nontraditional settings that are accessible to families, diverse
30 communities and underserved populations.

31 “(g) Each coordinated care organization uses health information technology to link services and
32 care providers across the continuum of care to the greatest extent practicable and if financially vi-
33 able.

34 “(h) Each coordinated care organization complies with the safeguards for members described in
35 ORS 414.605.

36 “(i) Each coordinated care organization convenes a community advisory council that meets the
37 criteria specified in ORS 414.575.

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

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

45 “(A) Work together to develop best practices for care and service delivery to reduce waste and

1 improve the health and well-being of members.

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

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

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

7 “(E) Include providers of specialty care.

8 “(F) Are selected by coordinated care organizations using universal application and credential-
9 ing procedures and objective quality information and are removed if the providers fail to meet ob-
10 jective quality standards.

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

14 “(L) Each coordinated care organization reports on outcome and quality measures adopted under
15 ORS 414.638 and participates in the health care data reporting system established in ORS 442.372
16 and 442.373.

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

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

21 “(o) Each coordinated care organization has a governing body that complies with ORS 414.584
22 and that includes:

23 “(A) At least one member representing persons that share in the financial risk of the organiza-
24 tion;

25 “(B) A representative of a dental care organization selected by the coordinated care organiza-
26 tion;

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

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

29 “(i) A physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS
30 678.375, whose area of practice is primary care; and

31 “(ii) A [*mental health or chemical dependency treatment*] **behavioral health** provider;

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

34 “(F) At least two members of the community advisory council, one of whom is or was within the
35 previous six months a recipient of medical assistance and is at least 16 years of age, or a parent,
36 guardian or primary caregiver of an individual who is or was within the previous six months a re-
37 cipient of medical assistance.

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

41 “(q) Each coordinated care organization publishes on a website maintained by or on behalf of
42 the coordinated care organization, in a manner determined by the authority, a document designed
43 to educate members about best practices, care quality expectations, screening practices, treatment
44 options and other support resources available for members who have mental illnesses or substance
45 use disorders.

1 “(r) Each coordinated care organization works with the Tribal Advisory Council established in
2 ORS 414.581 and has a dedicated tribal liaison, selected by the council, to:

3 “(A) Facilitate a resolution of any issues that arise between the coordinated care organization
4 and a provider of Indian health services within the area served by the coordinated care organiza-
5 tion;

6 “(B) Participate in the community health assessment and the development of the health im-
7 provement plan;

8 “(C) Communicate regularly with the Tribal Advisory Council; and

9 “(D) Be available for training by the office within the authority that is responsible for tribal
10 affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located
11 within the area served by the coordinated care organization and operated by an urban Indian or-
12 ganization pursuant to 25 U.S.C. 1651.

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

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

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

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

19 “(c) Allow more than one coordinated care organization to serve the geographic area if neces-
20 sary to optimize access and choice under this subsection.

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

24 “**SECTION 14.** ORS 414.572, as amended by section 14, chapter 489, Oregon Laws 2017, section
25 4, chapter 49, Oregon Laws 2018, section 8, chapter 358, Oregon Laws 2019, section 2, chapter 364,
26 Oregon Laws 2019, section 58, chapter 478, Oregon Laws 2019, and section 7, chapter 529, Oregon
27 Laws 2019, is amended to read:

28 “414.572. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and re-
29 quirements for a coordinated care organization and shall integrate the criteria and requirements
30 into each contract with a coordinated care organization. Coordinated care organizations may be
31 local, community-based organizations or statewide organizations with community-based participation
32 in governance or any combination of the two. Coordinated care organizations may contract with
33 counties or with other public or private entities to provide services to members. The authority may
34 not contract with only one statewide organization. A coordinated care organization may be a single
35 corporate structure or a network of providers organized through contractual relationships. The cri-
36 teria and requirements adopted by the authority under this section must include, but are not limited
37 to, a requirement that the coordinated care organization:

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

40 “(b) Meet the following minimum financial requirements:

41 “(A) Maintain restricted reserves of \$250,000 plus an amount equal to 50 percent of the coordi-
42 nated care organization’s total actual or projected liabilities above \$250,000.

43 “(B) Maintain capital or surplus of not less than \$2,500,000 and any additional amounts neces-
44 sary to ensure the solvency of the coordinated care organization, as specified by the authority by
45 rules that are consistent with ORS 731.554 (6), 732.225, 732.230 and 750.045.

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

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

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

13 “(e) Coordinate the delivery of physical health care, [*mental health and chemical dependency*
14 *services*] **behavioral health care**, oral health care and covered long-term care services.

15 “(f) Engage community members and health care providers in improving the health of the com-
16 munity and addressing regional, cultural, socioeconomic and racial disparities in health care that
17 exist among the coordinated care organization’s members and in the coordinated care organization’s
18 community.

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

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

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

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

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

32 “(e) Members [*receive*] **are provided:**

33 “(A) Assistance in navigating the health care delivery system;

34 “(B) **Assistance** [*and*] in accessing community and social support services and statewide
35 resources[, *including through the use of certified health care interpreters and qualified health care in-*
36 *terpreters, as those terms are defined in ORS 413.550*];

37 “(C) **Meaningful language access as required by federal and state law including, but not**
38 **limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act of 1964, Title VI Guidance issued**
39 **by the United States Department of Justice and the National Standards for Culturally and**
40 **Linguistically Appropriate Services in Health and Health Care as issued by the United States**
41 **Department of Health and Human Services; and**

42 “(D) **Qualified health care interpreters or certified health care interpreters listed on the**
43 **health care interpreter registry, as those terms are defined in ORS 413.550.**

44 “(f) Services and supports are geographically located as close to where members reside as pos-
45 sible and are, if available, offered in nontraditional settings that are accessible to families, diverse

1 communities and underserved populations.

2 “(g) Each coordinated care organization uses health information technology to link services and
3 care providers across the continuum of care to the greatest extent practicable and if financially vi-
4 able.

5 “(h) Each coordinated care organization complies with the safeguards for members described in
6 ORS 414.605.

7 “(i) Each coordinated care organization convenes a community advisory council that meets the
8 criteria specified in ORS 414.575.

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

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

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

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

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

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

23 “(E) Include providers of specialty care.

24 “(F) Are selected by coordinated care organizations using universal application and credential-
25 ing procedures and objective quality information and are removed if the providers fail to meet ob-
26 jective quality standards.

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

30 “(L) Each coordinated care organization reports on outcome and quality measures adopted under
31 ORS 414.638 and participates in the health care data reporting system established in ORS 442.372
32 and 442.373.

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

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

37 “(o) Each coordinated care organization has a governing body that complies with ORS 414.584
38 and that includes:

39 “(A) At least one member representing persons that share in the financial risk of the organiza-
40 tion;

41 “(B) A representative of a dental care organization selected by the coordinated care organiza-
42 tion;

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

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

45 “(i) A physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS

1 678.375, whose area of practice is primary care; and

2 “(ii) A [*mental health or chemical dependency treatment*] **behavioral health** provider;

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

5 “(F) At least two members of the community advisory council, one of whom is or was within the
6 previous six months a recipient of medical assistance and is at least 16 years of age or a parent,
7 guardian or primary caregiver of an individual who is or was within the previous six months a re-
8 cipient of medical assistance.

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

12 “(q) Each coordinated care organization publishes on a website maintained by or on behalf of
13 the coordinated care organization, in a manner determined by the authority, a document designed
14 to educate members about best practices, care quality expectations, screening practices, treatment
15 options and other support resources available for members who have mental illnesses or substance
16 use disorders.

17 “(r) Each coordinated care organization works with the Tribal Advisory Council established in
18 ORS 414.581 and has a dedicated tribal liaison, selected by the council, to:

19 “(A) Facilitate a resolution of any issues that arise between the coordinated care organization
20 and a provider of Indian health services within the area served by the coordinated care organiza-
21 tion;

22 “(B) Participate in the community health assessment and the development of the health im-
23 provement plan;

24 “(C) Communicate regularly with the Tribal Advisory Council; and

25 “(D) Be available for training by the office within the authority that is responsible for tribal
26 affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located
27 within the area served by the coordinated care organization and operated by an urban Indian or-
28 ganization pursuant to 25 U.S.C. 1651.

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

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

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

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

35 “(c) Allow more than one coordinated care organization to serve the geographic area if neces-
36 sary to optimize access and choice under this subsection.

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

40 “**SECTION 15.** ORS 656.027 is amended to read:

41 “656.027. All workers are subject to this chapter except those nonsubject workers described in
42 the following subsections:

43 “(1) A worker employed as a domestic servant in or about a private home. For the purposes of
44 this subsection ‘domestic servant’ means any worker engaged in household domestic service by pri-
45 vate employment contract, including, but not limited to, home health workers.

1 “(2) A worker employed to do gardening, maintenance, repair, remodeling or similar work in or
2 about the private home of the person employing the worker.

3 “(3)(a) A worker whose employment is casual and either:

4 “(A) The employment is not in the course of the trade, business or profession of the employer;
5 or

6 “(B) The employment is in the course of the trade, business or profession of a nonsubject em-
7 ployer.

8 “(b) For the purpose of this subsection, ‘casual’ refers only to employments where the work in
9 any 30-day period, without regard to the number of workers employed, involves a total labor cost
10 of less than \$500.

11 “(4) A person for whom a rule of liability for injury or death arising out of and in the course
12 of employment is provided by the laws of the United States.

13 “(5) A worker engaged in the transportation in interstate commerce of goods, persons or prop-
14 erty for hire by rail, water, aircraft or motor vehicle, and whose employer has no fixed place of
15 business in this state.

16 “(6) Firefighter and police employees of any city having a population of more than 200,000 that
17 provides a disability and retirement system by ordinance or charter.

18 “(7)(a) Sole proprietors, except those described in paragraph (b) of this subsection. When labor
19 or services are performed under contract, the sole proprietor must qualify as an independent con-
20 tractor **to be a nonsubject worker.**

21 “(b) Sole proprietors actively licensed under ORS 671.525 or 701.021. When labor or services are
22 performed under contract for remuneration, notwithstanding ORS 656.005 (30), the sole proprietor
23 must qualify as an independent contractor. Any sole proprietor licensed under ORS 671.525 or
24 701.021 and involved in activities subject thereto is conclusively presumed to be an independent
25 contractor.

26 “(8) Except as provided in subsection (23) of this section, partners who are not engaged in work
27 performed in direct connection with the construction, alteration, repair, improvement, moving or
28 demolition of an improvement on real property or appurtenances thereto. When labor or services
29 are performed under contract, the partnership must qualify as an independent contractor **to be a**
30 **nonsubject worker.**

31 “(9) Except as provided in subsection (25) of this section, members, including members who are
32 managers, of limited liability companies, regardless of the nature of the work performed. However,
33 members, including members who are managers, of limited liability companies with more than one
34 member, while engaged in work performed in direct connection with the construction, alteration,
35 repair, improvement, moving or demolition of an improvement on real property or appurtenances
36 thereto, are subject workers. When labor or services are performed under contract, the limited li-
37 ability company must qualify as an independent contractor **to be a nonsubject worker.**

38 “(10) Except as provided in subsection (24) of this section, corporate officers who are directors
39 of the corporation and who have a substantial ownership interest in the corporation, regardless of
40 the nature of the work performed by such officers, subject to the following limitations:

41 “(a) If the activities of the corporation are conducted on land that receives farm use tax as-
42 sessment pursuant to ORS chapter 308A, corporate officer includes all individuals identified as di-
43 rectors in the corporate bylaws, regardless of ownership interest, and who are members of the same
44 family, whether related by blood, marriage or adoption.

45 “(b) If the activities of the corporation involve the commercial harvest of timber and all officers

1 of the corporation are members of the same family and are parents, daughters or sons, daughters-
2 in-law or sons-in-law or grandchildren, then all such officers may elect to be nonsubject workers.
3 For all other corporations involving the commercial harvest of timber, the maximum number of ex-
4 empt corporate officers for the corporation shall be whichever is the greater of the following:

5 “(A) Two corporate officers; or

6 “(B) One corporate officer for each 10 corporate employees.

7 “(c) When labor or services are performed under contract, the corporation must qualify as an
8 independent contractor **to be a nonsubject worker.**

9 “(11) A person performing services primarily for board and lodging received from any religious,
10 charitable or relief organization.

11 “(12) A newspaper carrier utilized in compliance with the provisions of ORS 656.070 and 656.075.

12 “(13) A person who has been declared an amateur athlete under the rules of the United States
13 Olympic Committee or the Canadian Olympic Committee and who receives no remuneration for
14 performance of services as an athlete other than board, room, rent, housing, lodging or other rea-
15 sonable incidental subsistence allowance, or any amateur sports official who is certified by a re-
16 cognized Oregon or national certifying authority, which requires or provides liability and accident
17 insurance for such officials. A roster of recognized Oregon and national certifying authorities will
18 be maintained by the Department of Consumer and Business Services, from lists of certifying or-
19 ganizations submitted by the Oregon School Activities Association and the Oregon Park and Re-
20 creation Society.

21 “(14) Volunteer personnel participating in the ACTION programs, organized under the Domestic
22 Volunteer Service Act of 1973, P.L. 93-113, known as the Foster Grandparent Program and the
23 Senior Companion Program, whether or not the volunteers receive a stipend or nominal reimburse-
24 ment for time and travel expenses.

25 “(15) A person who has an ownership or leasehold interest in equipment and who furnishes,
26 maintains and operates the equipment. As used in this subsection ‘equipment’ means:

27 “(a) A motor vehicle used in the transportation of logs, poles or piling.

28 “(b) A motor vehicle used in the transportation of rocks, gravel, sand, dirt or asphalt concrete.

29 “(c) A motor vehicle used in the transportation of property by a for-hire motor carrier that is
30 required under ORS 825.100 or 825.104 to possess a certificate or permit or to be registered.

31 “(16) A person engaged in the transportation of the public for recreational down-river boating
32 activities on the waters of this state pursuant to a federal permit when the person furnishes the
33 equipment necessary for the activity. As used in this subsection, ‘recreational down-river boating
34 activities’ means those boating activities for the purpose of recreational fishing, swimming or
35 sightseeing utilizing a float craft with oars or paddles as the primary source of power.

36 “(17) A person who receives no wage other than ski passes or other noncash remuneration for
37 performing volunteer:

38 “(a) Ski patrol activities; or

39 “(b) Ski area program activities sponsored by a ski area operator, as defined in ORS 30.970, or
40 by a nonprofit corporation or organization.

41 “(18) A person 19 years of age or older who contracts with a newspaper publishing company or
42 independent newspaper dealer or contractor to distribute newspapers to the general public and
43 perform or undertake any necessary or attendant functions related thereto.

44 “(19) A person performing foster parent or adult foster care duties pursuant to [ORS 412.001 to
45 412.161 and 412.991 or] ORS chapter [411,] 418, 430 or 443.

1 “(20) A person performing services on a volunteer basis for a nonprofit, religious, charitable or
2 relief organization, whether or not such person receives meals or lodging or nominal reimbursements
3 or vouchers for meals, lodging or expenses.

4 “(21) A person performing services under a property tax work-off program established under
5 ORS 310.800.

6 “(22) A person who performs service as a caddy at a golf course in an established program for
7 the training and supervision of caddies under the direction of a person who is an employee of the
8 golf course.

9 “(23)(a) Partners who are actively licensed under ORS 671.525 or 701.021 and who have a sub-
10 stantial ownership interest in a partnership. If all partners are members of the same family and are
11 parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchil-
12 dren, all such partners may elect to be nonsubject workers. For all other partnerships licensed un-
13 der ORS 671.510 to 671.760 or 701.021, the maximum number of exempt partners shall be whichever
14 is the greater of the following:

15 “(A) Two partners; or

16 “(B) One partner for each 10 partnership employees.

17 “(b) When labor or services are performed under contract for remuneration, notwithstanding
18 ORS 656.005 (30), the partnership qualifies as an independent contractor. Any partnership licensed
19 under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to
20 be an independent contractor.

21 “(24)(a) Corporate officers who are directors of a corporation actively licensed under ORS
22 671.525 or 701.021 and who have a substantial ownership interest in the corporation, regardless of
23 the nature of the work performed. If all officers of the corporation are members of the same family
24 and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or
25 grandchildren, all such officers may elect to be nonsubject workers. For all other corporations li-
26 censed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt corporate officers
27 shall be whichever is the greater of the following:

28 “(A) Two corporate officers; or

29 “(B) One corporate officer for each 10 corporate employees.

30 “(b) When labor or services are performed under contract for remuneration, notwithstanding
31 ORS 656.005 (30), the corporation qualifies as an independent contractor. Any corporation licensed
32 under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to
33 be an independent contractor.

34 “(25)(a) Limited liability company members who are members of a company actively licensed
35 under ORS 671.525 or 701.021 and who have a substantial ownership interest in the company, re-
36 gardless of the nature of the work performed. If all members of the company are members of the
37 same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-
38 in-law or grandchildren, all such members may elect to be nonsubject workers. For all other com-
39 panies licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt company
40 members shall be whichever is the greater of the following:

41 “(A) Two company members; or

42 “(B) One company member for each 10 company employees.

43 “(b) When labor or services are performed under contract for remuneration, notwithstanding
44 ORS 656.005 (30), the company qualifies as an independent contractor. Any company licensed under
45 ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an

1 independent contractor.

2 “(26) A person serving as a referee or assistant referee in a youth or adult recreational soccer
3 match whose services are retained on a match-by-match basis.

4 “[~~(27)~~ A person performing language translator or interpreter services that are provided for others
5 through an agent or broker.]

6 “[~~(28)~~] (27) A person who operates, and who has an ownership or leasehold interest in, a pas-
7 senger motor vehicle that is operated as a taxicab or for nonemergency medical transportation.
8 As used in this subsection:

9 “(a) ‘Lease’ means a contract under which the lessor provides a vehicle to a lessee for consid-
10 eration.

11 “(b) ‘Leasehold’ includes, but is not limited to, a lease for a shift or a longer period.

12 “(c) ‘Passenger motor vehicle that is operated as a taxicab’ means a vehicle that:

13 “(A) Has a passenger seating capacity that does not exceed seven persons;

14 “(B) Is transporting persons, property or both on a route that begins or ends in Oregon; and

15 “(C)(i) Carries passengers for hire when the destination and route traveled may be controlled
16 by a passenger and the fare is calculated on the basis of any combination of an initial fee, distance
17 traveled or waiting time; or

18 “(ii) Is in use under a contract to provide specific service to a third party to transport desig-
19 nated passengers or to provide errand services to locations selected by the third party.

20 “(d) ‘Passenger motor vehicle that is operated for nonemergency medical transportation’ means
21 a vehicle that:

22 “(A) Has a passenger seating capacity that does not exceed seven persons;

23 “(B) Is transporting persons, property or both on a route that begins or ends in Oregon; and

24 “(C) Provides medical transportation services under contract with or on behalf of a mass transit
25 or transportation district.

26 “**SECTION 16.** ORS 657.046 is amended to read:

27 “657.046. (1) As used in this chapter, ‘employment’ does not include service performed in the
28 operation of a passenger motor vehicle that is operated as a taxicab or a passenger motor vehicle
29 that is operated for nonemergency medical transportation, by a person who has an ownership or
30 leasehold interest in the passenger motor vehicle, for an entity that is operated by a board of
31 owner-operators elected by the members of the entity.

32 “(2) As used in this section:

33 “(a) ‘Leasehold’ has the meaning given that term in ORS 656.027 [~~(28)~~] (27).

34 “(b) ‘Passenger motor vehicle that is operated as a taxicab’ means a vehicle that:

35 “(A) Has a passenger seating capacity of at least three persons and not more than seven per-
36 sons;

37 “(B) On a route that begins or ends in Oregon, is used primarily to transport persons;

38 “(C)(i) Carries passengers for hire when the destination and route traveled may be controlled
39 by a passenger and the fare is calculated on the basis of any combination of an initial fee, distance
40 traveled or waiting time; or

41 “(ii) Is in use under a contract to provide specific service to a third party to transport desig-
42 nated passengers to locations selected by the third party; and

43 “(D) Is not used more than secondarily or incidentally for errand services or to transport prop-
44 erty, instead of or in addition to transporting passengers.

45 “(c) ‘Passenger motor vehicle that is operated for nonemergency medical transportation’ means

1 a vehicle that:

2 “(A) Has a passenger seating capacity of at least three persons and not more than seven per-
3 sons;

4 “(B) On a route that begins or ends in Oregon, is used primarily to transport persons;

5 “(C) Provides medical transportation services under contract with or on behalf of a mass transit
6 or transportation district; and

7 “(D) Is not used more than secondarily or incidentally for errand services or to transport prop-
8 erty, instead of or in addition to transporting passengers.

9 “(3) The provisions of this section do not apply to service performed for:

10 “(a) A nonprofit employing unit;

11 “(b) This state;

12 “(c) A political subdivision of this state; or

13 “(d) An Indian tribe.

14 **“SECTION 17. ORS 657.048 is repealed.**

15 **“SECTION 18. (1) Section 4 of this 2021 Act and the amendments to ORS 413.550, 413.552**
16 **and 413.556 by sections 8 to 10 of this 2021 Act become operative on September 1, 2022.**

17 **“(2) Sections 2, 3 and 6 of this 2021 Act and the amendments to ORS 414.572 by section**
18 **13 of this 2021 Act become operative on July 1, 2022.**

19 **“SECTION 19. This 2021 Act being necessary for the immediate preservation of the public**
20 **peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect**
21 **on its passage.”.**

22
