

# Senate Bill 69

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## 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**.

Expands range of housing for individuals with substance use disorders that is authorized to receive development funding from Oregon Health Authority.

Updates references to alcoholism, drug dependency and detoxification.

## A BILL FOR AN ACT

Relating to services for individuals with substance use disorders; creating new provisions; amending ORS 90.243, 90.440, 109.680, 137.227, 137.228, 421.633, 426.005, 430.021, 430.165, 430.197, 430.254, 430.265, 430.306, 430.315, 430.335, 430.338, 430.342, 430.345, 430.359, 430.364, 430.395, 430.402, 430.415, 430.450, 430.455, 430.460, 430.475, 430.485, 430.535, 430.540, 430.545, 430.560, 430.570, 430.630, 430.850, 430.905, 442.015, 678.150, 689.045 and 689.185; and repealing ORS 430.405.

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

## EXPANDED OPTIONS FOR PUBLICLY FINANCED HOUSING FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS

**SECTION 1.** ORS 430.335 is amended to read:

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

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

(2) Sponsor and encourage research of [*alcoholism and drug dependence*] **substance use disorders**.

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

(4) Apply for federally granted funds available for study or prevention and treatment of [*alcoholism and drug dependence*] **substance use disorders**.

(5) Directly or by contract with public or private entities, administer financial assistance, loan and other programs to assist the development of [*drug and alcohol free*] housing **for individuals with substance use disorders**.

## UPDATED TERMINOLOGY

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

**SECTION 2.** ORS 90.243 is amended to read:

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

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

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

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

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

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

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

(C) Individual and group support for recovery; and

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

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

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

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

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

(D) That the tenant shall participate in a program of recovery, which specific program is described in the rental agreement;

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

(i) Alcohol;

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

(iii) Illegal drugs;

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

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

(2) A dwelling unit qualifies as drug and alcohol free housing despite the premises not having

1 the minimum number of qualified dwelling units required by subsection (1)(a) of this section if:

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

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

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

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

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

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

15 (4) As used in this section, “program of recovery” means a verifiable program of counseling and  
16 rehabilitation treatment services, including a written plan, to assist [*recovering alcoholics or drug*  
17 *addicts*] **individuals in recovery from a substance use disorder** to recover from their addiction  
18 to alcohol, cannabis or illegal drugs while living in drug and alcohol free housing. A “program of  
19 recovery” includes Alcoholics Anonymous, Narcotics Anonymous and similar programs.

20 **SECTION 3.** ORS 90.440 is amended to read:

21 90.440. (1) As used in this section:

22 (a) “Group recovery home” means a place that provides occupants with shared living facilities  
23 and that meets the description of a group home under 42 U.S.C. 300x-25.

24 (b) “Illegal drugs” includes controlled substances or prescription drugs:

25 (A) For which the tenant does not have a valid prescription; or

26 (B) That are used by the tenant in a manner contrary to the prescribed regimen.

27 (c) “Marijuana item” has the meaning given that term in ORS 475B.015.

28 (d) “Peace officer” means:

29 (A) A sheriff, constable, marshal or deputy;

30 (B) A member of a state or city police force;

31 (C) A police officer commissioned by a university under ORS 352.121 or 353.125; or

32 (D) An authorized tribal police officer as defined in ORS 181A.680.

33 (2)(a) Notwithstanding ORS 90.375 and 90.435, a group recovery home may terminate a tenancy  
34 and peaceably remove a tenant without complying with ORS 105.105 to 105.168 if the tenant has  
35 used or possessed alcohol, a marijuana item or illegal drugs within the preceding seven days.

36 (b) For purposes of this subsection, the following are sufficient proof that a tenant has used or  
37 possessed alcohol, a marijuana item or illegal drugs:

38 (A) The tenant fails a test for alcohol, cannabis or illegal drug use;

39 (B) The tenant refuses a request made in good faith by the group recovery home that the tenant  
40 take a test for alcohol, cannabis or illegal drug use; or

41 (C) Any person has personally observed the tenant using or possessing alcohol, a marijuana item  
42 or illegal drugs.

43 (3) A group recovery home that undertakes the removal of a tenant under this section shall  
44 personally deliver to the tenant a written notice that:

45 (a) Describes why the tenant is being removed;

1 (b) Describes the proof that the tenant has used or possessed alcohol, a marijuana item or illegal  
2 drugs within the seven days preceding delivery of the notice;

3 (c) Specifies the date and time by which the tenant must move out of the group recovery home;

4 (d) Explains that if the removal was wrongful or in bad faith the tenant may seek injunctive  
5 relief to recover possession under ORS 105.121 and may bring an action to recover monetary dam-  
6 ages; and

7 (e) Gives contact information for the local legal services office and for the Oregon State Bar's  
8 Lawyer Referral Service, identifying those services as possible sources for free or reduced-cost legal  
9 services.

10 (4) A written notice in substantially the following form meets the requirements of subsection (3)  
11 of this section:

12 \_\_\_\_\_

13  
14 This notice is to inform you that you must move out of \_\_\_\_\_ (insert address of group  
15 recovery home) by \_\_\_\_\_ (insert date and time that is not less than 24 hours after delivery  
16 of notice).

17 The reason for this notice is \_\_\_\_\_ (specify use or possession of alcohol, marijuana or  
18 illegal drugs, as applicable, and dates of occurrence).

19 The proof of your use or possession is \_\_\_\_\_ (specify facts).

20 If you did not use or possess alcohol, marijuana or illegal drugs within the seven days before  
21 delivery of this notice, if this notice was given in bad faith or if your group recovery home has not  
22 substantially complied with ORS 90.440, you may be able to get a court to order the group recovery  
23 home to let you move back in. You may also be able to recover monetary damages.

24 You may be eligible for free legal services at your local legal services office \_\_\_\_\_ (in-  
25 sert telephone number) or reduced fee legal services through the Oregon State Bar at 1-800-452-7636.

26 \_\_\_\_\_

27  
28 (5) Within the notice period, a group recovery home shall allow a tenant removed under this  
29 section to follow any emergency departure plan that was prepared by the tenant and approved by  
30 the group recovery home at the time the tenancy began. If the removed tenant does not have an  
31 emergency departure plan, a representative of the group recovery home shall offer to take the re-  
32 moved tenant to a public shelter, [*detoxification*] **withdrawal management** center or similar lo-  
33 cation if existing in the community.

34 (6) The date and time for moving out specified in a notice under subsection (3) of this section  
35 must be at least 24 hours after the date and time the notice is delivered to the tenant. If the tenant  
36 remains on the group recovery home premises after the date and time for moving out specified in  
37 the notice, the tenant is a person remaining unlawfully in a dwelling as described in ORS 164.255  
38 and not a person described in ORS 105.115. Only a peace officer may forcibly remove a tenant who  
39 remains on the group recovery home premises after the date and time specified for moving out.

40 (7) A group recovery home that removes a tenant under this section shall send a copy of the  
41 notice described in subsection (3) of this section to the Oregon Health Authority no later than 72  
42 hours after delivering the notice to the tenant.

43 (8) A tenant who is removed under subsection (2) of this section may obtain injunctive relief to  
44 recover possession and may recover an amount equal to the greater of actual damages or three  
45 times the tenant's monthly rent if:

1 (a) The group recovery home removed the tenant in bad faith or without substantially complying  
2 with this section; or

3 (b) If removal is under subsection (2)(b)(C) of this section, the removal was wrongful because the  
4 tenant did not use or possess alcohol, a marijuana item or illegal drugs.

5 (9) Notwithstanding ORS 12.125, a tenant who seeks to obtain injunctive relief to recover pos-  
6 session under ORS 105.121 must commence the action to seek relief not more than 90 days after the  
7 date specified in the notice for the tenant to move out.

8 (10) In any court action regarding the removal of a tenant under this section, a group recovery  
9 home may present evidence that the tenant used or possessed alcohol, a marijuana item or illegal  
10 drugs within seven days preceding the removal, whether or not the evidence was described in the  
11 notice required by subsection (3) of this section.

12 (11) This section does not prevent a group recovery home from terminating a tenancy as pro-  
13 vided by any other provision of this chapter and evicting a tenant as provided in ORS 105.105 to  
14 105.168.

15 **SECTION 4.** ORS 137.227 is amended to read:

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

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

26 **SECTION 5.** ORS 137.228 is amended to read:

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

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

38 **SECTION 6.** ORS 109.680 is amended to read:

39 109.680. A physician, physician assistant, psychologist, nurse practitioner, clinical social worker  
40 licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the  
41 Oregon Board of Licensed Professional Counselors and Therapists, naturopathic physician licensed  
42 under ORS chapter 685 or community mental health program described in ORS 109.675 may advise  
43 the parent or parents or legal guardian of a minor described in ORS 109.675 of the diagnosis or  
44 treatment whenever the disclosure is clinically appropriate and will serve the best interests of the  
45 minor's treatment because the minor's condition has deteriorated or the risk of a suicide attempt

1 has become such that inpatient treatment is necessary, or the minor's condition requires  
 2 [detoxification] **withdrawal management** in a residential or acute care facility. If such disclosure  
 3 is made, the physician, physician assistant, psychologist, nurse practitioner, clinical social worker  
 4 licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the  
 5 Oregon Board of Licensed Professional Counselors and Therapists, naturopathic physician licensed  
 6 under ORS chapter 685 or community mental health program **described in ORS 109.675** shall not  
 7 be subject to any civil liability for advising the parent, parents or legal guardian without the con-  
 8 sent of the minor.

9 **SECTION 7.** ORS 421.633 is amended to read:

10 421.633. (1) Notwithstanding ORS 421.611 to 421.630 or any actions taken under ORS 421.611 to  
 11 421.630, the Department of Corrections may lease all or part of the real property and any improve-  
 12 ments to the real property known as the Milliron Road Site south of Junction City, Lane County,  
 13 to the Oregon Health Authority for a period of years agreed upon by the department and the au-  
 14 thority.

15 (2) The authority may build, own and operate, on the real property leased from the department  
 16 under subsection (1) of this section, a hospital to provide diagnosis and evaluation, medical care,  
 17 [detoxification] **withdrawal management**, social services, rehabilitation or other services for indi-  
 18 viduals committed to the authority under ORS 426.130 and individuals committed to a state hospital  
 19 under ORS 161.327 or 161.370.

20 (3) The department and the authority are authorized to negotiate and enter into a written  
 21 agreement transferring ownership of the hospital described in subsection (2) of this section from the  
 22 authority to the department, under terms and conditions acceptable to the agencies.

23 **SECTION 8.** ORS 426.005 is amended to read:

24 426.005. (1) As used in ORS 426.005 to 426.390, unless the context requires otherwise:

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

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

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

36 (d) "Licensed independent practitioner" means:

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

38 (B) A nurse practitioner licensed under ORS 678.375 and authorized to write prescriptions under  
 39 ORS 678.390; or

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

41 (e) "Nonhospital facility" means any facility, other than a hospital, that is approved by the au-  
 42 thority to provide adequate security, psychiatric, nursing and other services to persons under ORS  
 43 426.232 or 426.233.

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

1 (A) Dangerous to self or others.

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

4 (C) A person:

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

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

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

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

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

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

19 **SECTION 9.** ORS 430.021 is amended to read:

20 430.021. Subject to ORS 417.300 and 417.305:

21 (1) The Department of Human Services shall directly or through contracts with private entities,  
22 counties under ORS 430.620 or other public entities:

23 (a) Direct, promote, correlate and coordinate all the activities, duties and direct services for  
24 persons with developmental disabilities.

25 (b) Promote, correlate and coordinate the developmental disabilities activities of all govern-  
26 mental organizations throughout the state in which there is any direct contact with developmental  
27 disabilities programs.

28 (c) Establish, coordinate, assist and direct a community developmental disabilities program in  
29 cooperation with local government units and integrate such a program with the state developmental  
30 disabilities program.

31 (d) Promote public education in this state concerning developmental disabilities and act as the  
32 liaison center for work with all interested public and private groups and agencies in the field of  
33 developmental disabilities services.

34 (2) The Oregon Health Authority shall directly or by contract with private or public entities:

35 (a) Direct, promote, correlate and coordinate all the activities, duties and direct services for  
36 persons with mental or emotional disturbances[, *alcoholism or drug dependence*] **or substance use**  
37 **disorders.**

38 (b) Promote, correlate and coordinate the mental health activities of all governmental organ-  
39 izations throughout the state in which there is any direct contact with mental health programs.

40 (c) Establish, coordinate, assist and direct a community mental health program in cooperation  
41 with local government units and integrate such a program with the state mental health program.

42 (d) Promote public education in this state concerning mental health and act as the liaison center  
43 for work with all interested public and private groups and agencies in the field of mental health  
44 services.

45 (3) The department and the authority shall develop cooperative programs with interested private

1 groups throughout the state to effect better community awareness and action in the fields of mental  
 2 health and developmental disabilities, and encourage and assist in all necessary ways community  
 3 general hospitals to establish psychiatric services.

4 (4) To the greatest extent possible, the least costly settings for treatment, outpatient services  
 5 and residential facilities shall be widely available and utilized except when contraindicated because  
 6 of individual health care needs. State agencies that purchase treatment for mental or emotional  
 7 disturbances shall develop criteria consistent with this policy. In reviewing applications for certifi-  
 8 cates of need, the Director of the Oregon Health Authority shall take this policy into account.

9 (5) The department and the authority shall accept the custody of persons committed to its care  
 10 by the courts of this state.

11 (6) The authority shall adopt rules to require a facility and a nonhospital facility as those terms  
 12 are defined in ORS 426.005, and a provider that employs a person described in ORS 426.415, if sub-  
 13 ject to authority rules regarding the use of restraint or seclusion during the course of mental health  
 14 treatment of a child or adult, to report to the authority each calendar quarter the number of inci-  
 15 dents involving the use of restraint or seclusion. The aggregate data shall be made available to the  
 16 public.

17 **SECTION 10.** ORS 430.254 is amended to read:

18 430.254. The Oregon Health Authority shall develop treatment programs, meeting minimum  
 19 standards adopted pursuant to ORS 430.357, to assist [*drug-dependent persons*] **individuals with drug**  
 20 **dependency** to become [*persons who are*] able to live healthy and productive lives without the use  
 21 of any natural or synthetic opiates.

22 **SECTION 11.** ORS 430.265 is amended to read:

23 430.265. The Oregon Health Authority is authorized to contract with the federal government for  
 24 services to [*alcohol and drug-dependent persons*] **individuals with substance use disorders** who are  
 25 either residents or nonresidents of the State of Oregon.

26 **SECTION 12.** ORS 430.306 is amended to read:

27 430.306. As used in ORS 430.262, 430.315, 430.335, 430.342, 430.397, 430.399, 430.401, 430.402,  
 28 **430.415**, 430.420 and 430.630, unless the context requires otherwise:

29 (1) [*Alcoholic*] **“Alcoholism”** means [*any person who*] **an illness in which an individual** has  
 30 lost the ability to control the use of alcoholic beverages, or [*who*] uses alcoholic beverages to the  
 31 extent that the health of the [*person*] **individual** or that of others is substantially impaired or en-  
 32 dangered or the social or economic function of the [*person*] **individual** is substantially disrupted.  
 33 [*An alcoholic*] **An individual with alcoholism** may be physically dependent, a condition in which  
 34 the body requires a continuing supply of alcohol to avoid characteristic withdrawal symptoms, or  
 35 psychologically dependent, a condition characterized by an overwhelming mental desire for contin-  
 36 ued use of alcoholic beverages.

37 [(2) *“Detoxification center” means a publicly or privately operated profit or nonprofit facility ap-*  
 38 *proved by the Oregon Health Authority that provides emergency care or treatment for alcoholics or*  
 39 *drug-dependent persons.*]

40 [(3)] (2) **“Director of the treatment facility”** means the person in charge of treatment and reha-  
 41 bilitation programs at a treatment facility.

42 [(4)] (3) [*“Drug-dependent person”*] **“Drug dependency”** means [*one who*] **an illness in which**  
 43 **an individual** has lost the ability to control the personal use of controlled substances or other  
 44 substances with abuse potential, or [*who*] uses such substances or controlled substances to the ex-  
 45 tent that the health of the [*person*] **individual** or that of others is substantially impaired or endan-



gered or the social or economic function of the *[person]* **individual** is substantially disrupted. *[A drug-dependent person]* **An individual with drug dependency** may be physically dependent, a condition in which the body requires a continuing supply of a drug or controlled substance to avoid characteristic withdrawal symptoms, or psychologically dependent, a condition characterized by an overwhelming mental desire for continued use of a drug or controlled substance.

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

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

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

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

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

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

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

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

**(8) “Substance use disorder” means alcoholism or drug dependency.**

(9) “Treatment facility” includes outpatient facilities, inpatient facilities and other facilities the authority determines suitable and that provide services that meet minimum standards established under ORS 430.357, any of which may provide diagnosis and evaluation, medical care, *[detoxification]* **withdrawal management**, social services or rehabilitation for *[alcoholics or drug-dependent persons]* **individuals with substance use disorders** and which operate in the form of a general hospital, a state hospital, a foster home, a hostel, a clinic or other suitable form approved by the authority.

**(10) “Withdrawal management center” means a publicly or privately operated profit or nonprofit facility approved by the Oregon Health Authority that provides emergency care or treatment for individuals with substance use disorders.**

**SECTION 13.** ORS 430.315 is amended to read:

430.315. The Legislative Assembly finds alcoholism or drug *[dependence]* **dependency** is an illness. *[The alcoholic or drug-dependent person]* **An individual with alcoholism or drug dependency** is ill and should be afforded treatment for that illness. To the greatest extent possible, the least costly settings for treatment, outpatient services and residential facilities shall be widely available and utilized except when contraindicated because of individual health care needs. State agencies that purchase treatment for alcoholism or drug *[dependence]* **dependency** shall develop criteria

1 consistent with this policy in consultation with the Oregon Health Authority. In reviewing applica-  
 2 tions for certificate of need, the Director of the Oregon Health Authority shall take this policy into  
 3 account.

4 **SECTION 14.** ORS 430.338 is amended to read:

5 430.338. The purposes of ORS 430.338 to 430.380 are:

6 (1) To encourage local units of government to provide treatment and rehabilitation services to  
 7 *[persons suffering from]* **individuals with** alcoholism;

8 (2) To foster sound local planning to address the problem of alcoholism and its social conse-  
 9 quences;

10 (3) To promote a variety of treatment and rehabilitation services for *[alcoholics]* **individuals**  
 11 **with alcoholism** designed to meet the therapeutic needs of diverse segments of a community's pop-  
 12 ulation, recognizing that no single approach to alcoholism treatment and rehabilitation is suitable  
 13 to every individual;

14 (4) To increase the independence and ability of individuals recovering from alcoholism to lead  
 15 satisfying and productive lives, thereby reducing continued reliance upon therapeutic support;

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

18 (6) To stimulate adequate evaluation of alcoholism treatment and rehabilitation programs.

19 **SECTION 15.** ORS 430.342 is amended to read:

20 430.342. (1) The governing body of each county or combination of counties in a mental health  
 21 administrative area, as designated by the Alcohol and Drug Policy Commission, shall:

22 (a) Appoint a local planning committee for alcohol and drug **abuse** prevention and treatment  
 23 services; or

24 (b) Designate an already existing body to act as the local planning committee for alcohol and  
 25 drug **abuse** prevention and treatment services.

26 (2) The committee shall identify needs and establish priorities for alcohol and drug **abuse** pre-  
 27 vention and treatment services that best suit the needs and values of the community and shall report  
 28 its findings to the Oregon Health Authority, the governing bodies of the counties served by the  
 29 committee and the budget advisory committee of the commission.

30 (3) Members of the local planning committee shall be representative of the geographic area and  
 31 shall be persons with interest or experience in developing alcohol and drug **abuse** prevention and  
 32 treatment services. The membership of the committee shall include a number of minority members  
 33 which reasonably reflects the proportion of the need for prevention, treatment and rehabilitation  
 34 services of minorities in the community.

35 **SECTION 16.** ORS 430.345 is amended to read:

36 430.345. Upon application therefor, the Oregon Health Authority may make grants from funds  
 37 specifically appropriated for the purposes of carrying out ORS 430.338 to 430.380 to any applicant  
 38 for the establishment, operation and maintenance of alcohol and drug abuse prevention, early  
 39 intervention and treatment services. When necessary, a portion of the appropriated funds may be  
 40 designated by the authority for training and technical assistance, or additional funds may be ap-  
 41 propriated for this purpose. Alcohol and drug abuse prevention, early intervention and treatment  
 42 services shall be approved if the applicant establishes to the satisfaction of the authority:

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

45 (b) The community need for the services as determined by the local planning committee for al-

1cohol and drug **abuse** prevention and treatment services under ORS 430.342;

2 (2) That an appropriate operating agreement exists, or will exist with other community facilities  
3 able to assist in providing alcohol and drug abuse prevention, early intervention and treatment  
4 services, including nearby [*detoxification*] **withdrawal management** centers and halfway houses;  
5 and

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

7 **SECTION 17.** ORS 430.359 is amended to read:

8 430.359. (1) Upon approval of an application, the Oregon Health Authority shall enter into a  
9 matching fund relationship with the applicant. In all cases the amount granted by the authority  
10 under the matching formula shall not exceed 50 percent of the total estimated costs, as approved  
11 by the authority, of the alcohol and drug abuse prevention, early intervention and treatment ser-  
12 vices.

13 (2) The authority shall distribute funds to applicants consistent with the budget priority policies  
14 adopted by the Alcohol and Drug Policy Commission, the community needs as determined by local  
15 planning committees for alcohol and drug **abuse** prevention and treatment services under ORS  
16 430.342 and the particular needs of minority groups with a significant population of affected persons.  
17 The funds granted shall be distributed monthly.

18 (3) Federal funds at the disposal of an applicant for use in providing alcohol and drug abuse  
19 prevention, early intervention and treatment services may be counted toward the percentage con-  
20 tribution of an applicant.

21 (4) An applicant that is, at the time of a grant made under this section, expending funds appro-  
22 priated by its governing body for the alcohol and drug abuse prevention, early intervention and  
23 treatment services shall, as a condition to the receipt of funds under this section, maintain its fi-  
24 nancial contribution to these programs at an amount not less than the preceding year. However, the  
25 financial contribution requirement may be waived in its entirety or in part in any year by the au-  
26 thority because of:

27 (a) The severe financial hardship that would be imposed to maintain the contribution in full or  
28 in part;

29 (b) The application of any special funds for the alcohol and drug abuse prevention, early inter-  
30 vention and treatment services in the prior year when such funds are not available in the current  
31 year;

32 (c) The application of federal funds, including but not limited to general revenue sharing, dis-  
33 tributions from the Oregon and California land grant fund and block grant funds to the alcohol and  
34 drug abuse prevention, early intervention and treatment services in the prior year when such funds  
35 are not available for such application in the current year; or

36 (d) The application of fund balances resulting from fees, donations or underexpenditures in a  
37 given year of the funds appropriated to counties pursuant to ORS 430.380 to the alcohol and drug  
38 abuse prevention, early intervention and treatment services in the prior year when such funds are  
39 not available for such application in the current year.

40 (5) Any moneys received by an applicant from fees, contributions or other sources for alcohol  
41 and drug abuse prevention, early intervention and treatment services for service purposes, including  
42 federal funds, shall be considered a portion of an applicant's contribution for the purpose of deter-  
43 mining the matching fund formula relationship. All moneys so received shall only be used for the  
44 purposes of carrying out ORS 430.345 to 430.380.

45 (6) Grants made pursuant to ORS 430.345 to 430.380 shall be paid from funds specifically ap-

1 appropriated therefor and shall be paid in the same manner as other claims against the state are paid.

2 **SECTION 18.** ORS 430.364 is amended to read:

3 430.364. Within the limits of available funds, in giving priority consideration under ORS 430.359  
4 (2), the Oregon Health Authority shall:

5 (1) Identify all applications containing funding proposals for minority programs and assess the  
6 extent to which such funding proposals address the needs of minorities as stated in ORS 430.362,  
7 adjusting such amounts as it deems justified on the basis of the facts presented for its consideration  
8 and such additional information as may be necessary to determine an appropriate level of funding  
9 for such programs, and award such funds to those applicants for the purposes stated in the appli-  
10 cation; and

11 (2) After making a determination of the appropriate level of funding minority programs under  
12 subsection (1) of this section, assess the remaining portions of all applications containing minority  
13 program funding proposals together with applications which do not contain funding proposals for  
14 minority programs on the basis of the remaining community need determined by the local planning  
15 committee for alcohol and drug **abuse** prevention and treatment services under ORS 430.342, ad-  
16 justing such amounts as it deems justified on the basis of the facts presented for its consideration  
17 and such additional information as may be necessary to determine an appropriate level of funding  
18 such programs, and award such funds to those applicants.

19 **SECTION 19.** ORS 430.395 is amended to read:

20 430.395. (1) In accordance with ORS 430.357, and consistent with the budget priority policies  
21 adopted by the Alcohol and Drug Policy Commission, the Oregon Health Authority may fund re-  
22 gional centers for the treatment of adolescents with [*drug and alcohol dependencies*] **substance use**  
23 **disorders**.

24 (2) The authority shall define by rule a minimum number of inpatient beds and outpatient slots  
25 necessary for effective treatment and economic operation of any regional center funded by state  
26 funds.

27 (3) The areas to be served by any treatment facility shall be determined by the following:

- 28 (a) Areas that demonstrate the most need;
- 29 (b) Areas with no treatment program or an inadequate program; and
- 30 (c) Areas where there is strong, organized community support for youth treatment programs.

31 (4) The area need is determined by the local planning committee for alcohol and drug **abuse**  
32 prevention and treatment services under ORS 430.342 using the following information:

- 33 (a) Current area youth admissions to treatment programs;
- 34 (b) Per capita consumption of alcohol in the area;
- 35 (c) Percentage of area population between 10 and 18 years of age;
- 36 (d) Whether the area has effective, specialized outpatient and early intervention services in  
37 place;
- 38 (e) Whether the area suffers high unemployment and economic depression; and
- 39 (f) Other evidence of need.

40 (5) As used in this section, “regional center” means a community residential treatment facility  
41 including intensive residential and outpatient care for adolescents with [*drug and alcohol depend-*  
42 *encies*] **substance use disorders**.

43 **SECTION 20.** ORS 430.402 is amended to read:

44 430.402. (1) A political subdivision in this state shall not adopt or enforce any local law or reg-  
45 ulation that makes any of the following an offense, a violation or the subject of criminal or civil

1 penalties or sanctions of any kind:

2 (a) Public intoxication.

3 (b) Public drinking, except as to places where any consumption of alcoholic beverages is gen-  
4 erally prohibited.

5 (c) Drunk and disorderly conduct.

6 (d) Vagrancy or other behavior that includes as one of its elements either drinking alcoholic  
7 beverages or using cannabis or controlled substances in public, being [*an alcoholic or a drug-*  
8 *dependent person,*] **an individual with a substance use disorder** or being found in specified places  
9 under the influence of alcohol, cannabis or controlled substances.

10 (e) Using or being under the influence of cannabis or controlled substances.

11 (2) Nothing in subsection (1) of this section shall affect any local law or regulation of any poli-  
12 tical subdivision in this state against driving while under the influence of intoxicants, as defined in  
13 ORS 813.010, or other similar offenses that involve the operation of motor vehicles.

14 **SECTION 21.** ORS 430.415 is amended to read:

15 430.415. The Legislative Assembly finds drug [*dependence*] **dependency** is an illness. [*The drug-*  
16 *dependent person*] **An individual with drug dependency** is ill and shall be afforded treatment for  
17 [*the illness of the drug-dependent person*] **drug dependency**.

18 **SECTION 22.** ORS 430.450 is amended to read:

19 430.450. As used in ORS 430.450 to 430.555, unless the context requires otherwise:

20 (1) “Authority” means the Oregon Health Authority.

21 (2) “Community diversion plan” means a system of services approved and monitored by the  
22 Oregon Health Authority in accordance with approved county mental health plans, which may in-  
23 clude but need not be limited to, medical, educational, vocational, social and psychological services,  
24 training, counseling, provision for residential care, and other rehabilitative services designed to  
25 benefit the defendant and protect the public.

26 (3) “Crimes of violence against the person” means criminal homicide, assault and related of-  
27 fenses as defined in ORS 163.165 to 163.208, rape and sexual abuse, incest, or any other crime in-  
28 volving the use of a deadly weapon or which results in physical harm or death to a victim.

29 (4) “Diversion” means the referral or transfer from the criminal justice system into a program  
30 of treatment or rehabilitation of a defendant diagnosed [*as drug dependent*] **with drug dependency**  
31 and in need of treatment at authority approved sites, on the condition that the defendant success-  
32 fully fulfills the specified obligations of a program designed for rehabilitation.

33 (5) “Diversion coordinator” means a person designated by a county mental health program di-  
34 rector to work with the criminal justice system and health care delivery system to:

35 (a) Screen defendants who may be suitable for diversion; [*to*]

36 (b) Coordinate the formulation of individual diversion plans for such defendants; and [*to*]

37 (c) Report to the court the performance of those defendants being treated under an individual  
38 diversion plan.

39 (6) “Director of the treatment facility” means the person in charge of treatment and rehabili-  
40 tation programs at the treatment facility.

41 (7) “Drug abuse” means repetitive, excessive use of a drug or controlled substance short of de-  
42 pendence, without medical supervision, which may have a detrimental effect on the individual or  
43 society.

44 (8) [*“Drug-dependent person” means one who has lost the ability to control the personal use of*  
45 *controlled substances or other substances with abuse potential, or who uses such substances or con-*

1 *trolled substances to the extent that the health of the person or that of others is substantially impaired*  
 2 *or endangered or the social or economic function of the person is substantially disrupted. A drug-*  
 3 *dependent person may be physically dependent, a condition in which the body requires a continuing*  
 4 *supply of a drug or controlled substance to avoid characteristic withdrawal symptoms, or*  
 5 *psychologically dependent, a condition characterized by an overwhelming mental desire for continued*  
 6 *use of a drug or controlled substance.] “Drug dependency” has the meaning given that term in*  
 7 **ORS 430.306.**

8 (9) “Evaluation” means any diagnostic procedures used in the determination of drug dependency,  
 9 and may include but are not limited to chemical testing, medical examinations and interviews.

10 (10) “Individual diversion plan” means a system of services tailored to the individual’s unique  
 11 needs as identified in the evaluation, which may include but need not be limited to medical, educa-  
 12 tional, vocational, social and psychological services, training, counseling, provision for residential  
 13 care, and other rehabilitative services designed to benefit the defendant and protect the public. The  
 14 plan shall include appropriate methods for monitoring the individual’s progress toward achievement  
 15 of the defined treatment objectives and shall also include periodic review by the court.

16 (11) “Treatment facility” means [*detoxification*] **withdrawal management** centers, outpatient  
 17 clinics, residential care facilities, hospitals and such other facilities determined to be suitable by the  
 18 authority as meeting minimum standards under ORS 430.357, any of which may provide diagnosis  
 19 and evaluation, medical care, [*detoxification*] **withdrawal management**, social services or rehabili-  
 20 tation.

21 **SECTION 23.** ORS 430.455 is amended to read:

22 430.455. When a person is arrested for violation of the criminal statutes of this state which do  
 23 not involve crimes of violence against another person, and the officer or person making the arrest  
 24 has reasonable grounds for believing the arrested individual [*is a drug-dependent person*] **has drug**  
 25 **dependency**, the officer or person making the arrest may:

26 (1) Fully inform the arrested person of the right of the arrested person to evaluation and the  
 27 possible consequences of such evaluation;

28 (2) Inform the arrested person of the right of the arrested person to counsel before consenting  
 29 to evaluation; and

30 (3) Fully explain the voluntary nature of the evaluation and the limitations upon the  
 31 confidentiality of the information obtained during the evaluation.

32 **SECTION 24.** ORS 430.460 is amended to read:

33 430.460. Upon obtaining the written consent of the arrested person, the officer or person making  
 34 the arrest shall request an approved site to conduct an evaluation to determine whether the arrested  
 35 person [*is drug dependent*] **has drug dependency**. Refusal of the arrested person to consent to the  
 36 evaluation is not admissible in evidence upon the trial of the arrested person.

37 **SECTION 25.** ORS 430.475 is amended to read:

38 430.475. (1) The results of the evaluation of an arrested person suspected of [*being drug de-*  
 39 *pendent*] **having drug dependency** shall be made available to the prosecuting and defense attorneys  
 40 and the presiding judge for the judicial district, but shall not be entered into evidence in any sub-  
 41 sequent trial of the accused except upon written consent of the accused or upon a finding by the  
 42 court that the relevance of the results outweighs their prejudicial effect.

43 (2) Except as provided in subsection (1) of this section, results of evaluation or information  
 44 voluntarily provided to evaluation or treatment personnel by a person under ORS 430.450 to 430.555  
 45 shall be confidential and shall not be admitted as evidence in criminal proceedings. Reports sub-

mitted to the court or the prosecutor by the diversion coordinator shall consist solely of matters required to be reported by the terms of the diversion plan, together with an assessment of the person's progress toward achieving the goals set forth in the plan. Communications between the person participating in the plan and the diversion coordinator shall be privileged unless they relate directly to the elements required to be reported under the diversion plan.

**SECTION 26.** ORS 430.485 is amended to read:

430.485. When the results of the evaluation obtained under ORS 430.460 or 430.465 indicate that the defendant [*is a drug-dependent person*] **has drug dependency** within the meaning of ORS 430.450 to 430.555, and the results of the evaluation indicate that such person may benefit in a substantial manner from treatment for drug dependence, the prosecutor, with the concurrence of the court, may direct the defendant to receive treatment as a contingent alternative to prosecution. If defendant refuses treatment, criminal proceedings shall be resumed.

**SECTION 27.** ORS 430.535 is amended to read:

430.535. (1) The Oregon Health Authority shall, subject to the availability of funds, develop bilingual forms to assist non-English-speaking persons in understanding their rights under ORS 430.450 to 430.555.

(2) The authority shall assist county mental health programs in the development of comprehensive and coordinated identification, evaluation, treatment, education and rehabilitation services for [*the drug-dependent person*] **individuals with drug dependency**. The State Plan for Drug Problems shall be consistent with such system.

**SECTION 28.** ORS 430.540 is amended to read:

430.540. (1) The county mental health program director shall designate sites for evaluation in the county plan of individuals who may be or are known to [*be drug dependent*] **have drug dependency**. The Oregon Health Authority shall establish standards for such sites, consistent with ORS 430.357, and periodically publish a list of approved sites.

(2) The costs of evaluation shall be borne by the county of appropriate jurisdiction.

**SECTION 29.** ORS 430.545 is amended to read:

430.545. (1) Evaluation sites provided for under ORS 430.450 to 430.555 shall conduct such procedures as may be necessary to determine if an individual [*is a drug-dependent person*] **has drug dependency**. A person shall be evaluated only with that person's written consent. Subject to approval of the Oregon Health Authority, the director of a treatment facility or the director of an evaluation site may designate personnel to provide treatment or evaluation as appropriate under the lawful limitations of their certification, licensure or professional practice.

(2) Antagonist drugs may be administered for diagnosis of addiction by a registered nurse at an approved site when the nurse has completed required training and a physician or naturopathic physician is available on call. Antagonist drugs shall not be administered without informed written consent of the person.

**SECTION 30.** ORS 430.560 is amended to read:

430.560. (1) The Oregon Health Authority shall adopt rules to establish requirements, in accordance with ORS 430.357, for drug treatment programs that contract with the authority and that involve:

(a) [*Detoxification*] **Withdrawal management**;

(b) [*Detoxification*] **Withdrawal management** with acupuncture and counseling; and

(c) The supplying of synthetic opiates to such persons under close supervision and control.

However, the supplying of synthetic opiates shall be used only when [*detoxification*] **withdrawal**

1 **management** or [*detoxification*] **withdrawal management** with acupuncture and counseling has  
 2 proven ineffective or upon a written request of a physician licensed by the Oregon Medical Board  
 3 or a naturopathic physician licensed by the Oregon Board of Naturopathic Medicine showing med-  
 4 ical need for synthetic opiates. A copy of the request must be included in the client's permanent  
 5 treatment and releasing authority records.

6 (2) Notwithstanding subsection (1) of this section, synthetic opiates may be made available to a  
 7 pregnant woman with her informed consent without prior resort to the treatment programs de-  
 8 scribed in subsection (1)(a) and (b) of this section.

9 **SECTION 31.** ORS 430.570 is amended to read:

10 430.570. The Oregon Health Authority shall cause information concerning the usefulness and  
 11 feasibility of opiate inhibitors to be made available to persons involved in administering diversion  
 12 programs, corrections programs and other programs for [*drug dependent persons*] **individuals with**  
 13 **drug dependency.**

14 **SECTION 32.** ORS 430.630 is amended to read:

15 430.630. (1) In addition to any other requirements that may be established by rule by the Oregon  
 16 Health Authority, each community mental health program, subject to the availability of funds, shall  
 17 provide the following basic services to persons with [*alcoholism or drug dependence, and persons who*  
 18 *are alcohol or drug abusers*] **substance use disorders:**

19 (a) Outpatient services;

20 (b) Aftercare for persons released from hospitals;

21 (c) Training, case and program consultation and education for community agencies, related  
 22 professions and the public;

23 (d) Guidance and assistance to other human service agencies for joint development of prevention  
 24 programs and activities to reduce factors causing alcohol abuse, alcoholism, drug abuse and drug  
 25 [*dependence*] **dependency;** and

26 (e) Age-appropriate treatment options for older adults.

27 (2) As alternatives to state hospitalization, it is the responsibility of the community mental  
 28 health program to ensure that, subject to the availability of funds, the following services for persons  
 29 with [*alcoholism or drug dependence, and persons who are alcohol or drug abusers*] **substance use**  
 30 **disorders,** are available when needed and approved by the Oregon Health Authority:

31 (a) Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention  
 32 and prehospital screening examination;

33 (b) Care and treatment for a portion of the day or night, which may include day treatment  
 34 centers, work activity centers and after-school programs;

35 (c) Residential care and treatment in facilities such as halfway houses, [*detoxification*] **with-**  
 36 **drawal management** centers and other community living facilities;

37 (d) Continuity of care, such as that provided by service coordinators, community case develop-  
 38 ment specialists and core staff of federally assisted community mental health centers;

39 (e) Inpatient treatment in community hospitals; and

40 (f) Other alternative services to state hospitalization as defined by the Oregon Health Authority.

41 (3) In addition to any other requirements that may be established by rule of the Oregon Health  
 42 Authority, each community mental health program, subject to the availability of funds, shall provide  
 43 or ensure the provision of the following services to persons with mental or emotional disturbances:

44 (a) Screening and evaluation to determine the client's service needs;

45 (b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturbances,



1 including the costs of investigations and prehearing detention in community hospitals or other fa-  
 2 cilities approved by the authority for persons involved in involuntary commitment procedures;

3 (c) Vocational and social services that are appropriate for the client’s age, designed to improve  
 4 the client’s vocational, social, educational and recreational functioning;

5 (d) Continuity of care to link the client to housing and appropriate and available health and  
 6 social service needs;

7 (e) Psychiatric care in state and community hospitals, subject to the provisions of subsection (4)  
 8 of this section;

9 (f) Residential services;

10 (g) Medication monitoring;

11 (h) Individual, family and group counseling and therapy;

12 (i) Public education and information;

13 (j) Prevention of mental or emotional disturbances and promotion of mental health;

14 (k) Consultation with other community agencies;

15 (L) Preventive mental health services for children and adolescents, including primary prevention  
 16 efforts, early identification and early intervention services. Preventive services should be patterned  
 17 after service models that have demonstrated effectiveness in reducing the incidence of emotional,  
 18 behavioral and cognitive disorders in children. As used in this paragraph:

19 (A) “Early identification” means detecting emotional disturbance in its initial developmental  
 20 stage;

21 (B) “Early intervention services” for children at risk of later development of emotional disturb-  
 22 ances means programs and activities for children and their families that promote conditions, oppor-  
 23 tunities and experiences that encourage and develop emotional stability, self-sufficiency and  
 24 increased personal competence; and

25 (C) “Primary prevention efforts” means efforts that prevent emotional problems from occurring  
 26 by addressing issues early so that disturbances do not have an opportunity to develop; and

27 (m) Preventive mental health services for older adults, including primary prevention efforts,  
 28 early identification and early intervention services. Preventive services should be patterned after  
 29 service models that have demonstrated effectiveness in reducing the incidence of emotional and be-  
 30 havioral disorders and suicide attempts in older adults. As used in this paragraph:

31 (A) “Early identification” means detecting emotional disturbance in its initial developmental  
 32 stage;

33 (B) “Early intervention services” for older adults at risk of development of emotional disturb-  
 34 ances means programs and activities for older adults and their families that promote conditions,  
 35 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and  
 36 increased personal competence and that deter suicide; and

37 (C) “Primary prevention efforts” means efforts that prevent emotional problems from occurring  
 38 by addressing issues early so that disturbances do not have an opportunity to develop.

39 (4) A community mental health program shall assume responsibility for psychiatric care in state  
 40 and community hospitals, as provided in subsection (3)(e) of this section, in the following circum-  
 41 stances:

42 (a) The person receiving care is a resident of the county served by the program. For purposes  
 43 of this paragraph, “resident” means the resident of a county in which the person maintains a current  
 44 mailing address or, if the person does not maintain a current mailing address within the state, the  
 45 county in which the person is found, or the county in which a court-committed person with a mental

1 illness has been conditionally released.

2 (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or  
3 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon  
4 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

5 (c) Payment is made for the first 60 consecutive days of hospitalization.

6 (d) The hospital has collected all available patient payments and third-party reimbursements.

7 (e) In the case of a community hospital, the authority has approved the hospital for the care of  
8 persons with mental or emotional disturbances, the community mental health program has a con-  
9 tract with the hospital for the psychiatric care of residents and a representative of the program  
10 approves voluntary or involuntary admissions to the hospital prior to admission.

11 (5) Subject to the review and approval of the Oregon Health Authority, a community mental  
12 health program may initiate additional services after the services defined in this section are pro-  
13 vided.

14 (6) Each community mental health program and the state hospital serving the program's ge-  
15 ographic area shall enter into a written agreement concerning the policies and procedures to be  
16 followed by the program and the hospital when a patient is admitted to, and discharged from, the  
17 hospital and during the period of hospitalization.

18 (7) Each community mental health program shall have a mental health advisory committee, ap-  
19 pointed by the board of county commissioners or the county court or, if two or more counties have  
20 combined to provide mental health services, the boards or courts of the participating counties or,  
21 in the case of a Native American reservation, the tribal council.

22 (8) A community mental health program may request and the authority may grant a waiver re-  
23 garding provision of one or more of the services described in subsection (3) of this section upon a  
24 showing by the county and a determination by the authority that persons with mental or emotional  
25 disturbances in that county would be better served and unnecessary institutionalization avoided.

26 (9)(a) As used in this subsection, "local mental health authority" means one of the following  
27 entities:

28 (A) The board of county commissioners of one or more counties that establishes or operates a  
29 community mental health program;

30 (B) The tribal council, in the case of a federally recognized tribe of Native Americans that elects  
31 to enter into an agreement to provide mental health services; or

32 (C) A regional local mental health authority comprising two or more boards of county commis-  
33 sioners.

34 (b) Each local mental health authority that provides mental health services shall determine the  
35 need for local mental health services and adopt a comprehensive local plan for the delivery of  
36 mental health services for children, families, adults and older adults that describes the methods by  
37 which the local mental health authority shall provide those services. The purpose of the local plan  
38 is to create a blueprint to provide mental health services that are directed by and responsive to the  
39 mental health needs of individuals in the community served by the local plan. A local mental health  
40 authority shall coordinate its local planning with the development of the community health im-  
41 provement plan under ORS 414.575 by the coordinated care organization serving the area. The  
42 Oregon Health Authority may require a local mental health authority to review and revise the local  
43 plan periodically.

44 (c) The local plan shall identify ways to:

45 (A) Coordinate and ensure accountability for all levels of care described in paragraph (e) of this

- 1 subsection;
- 2 (B) Maximize resources for consumers and minimize administrative expenses;
- 3 (C) Provide supported employment and other vocational opportunities for consumers;
- 4 (D) Determine the most appropriate service provider among a range of qualified providers;
- 5 (E) Ensure that appropriate mental health referrals are made;
- 6 (F) Address local housing needs for persons with mental health disorders;
- 7 (G) Develop a process for discharge from state and local psychiatric hospitals and transition
- 8 planning between levels of care or components of the system of care;
- 9 (H) Provide peer support services, including but not limited to drop-in centers and paid peer
- 10 support;
- 11 (I) Provide transportation supports; and
- 12 (J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile
- 13 corrections systems and local mental health programs to ensure that persons with mental illness
- 14 who come into contact with the justice and corrections systems receive needed care and to ensure
- 15 continuity of services for adults and juveniles leaving the corrections system.
- 16 (d) When developing a local plan, a local mental health authority shall:
- 17 (A) Coordinate with the budgetary cycles of state and local governments that provide the local
- 18 mental health authority with funding for mental health services;
- 19 (B) Involve consumers, advocates, families, service providers, schools and other interested par-
- 20 ties in the planning process;
- 21 (C) Coordinate with the local public safety coordinating council to address the services de-
- 22 scribed in paragraph (c)(J) of this subsection;
- 23 (D) Conduct a population based needs assessment to determine the types of services needed lo-
- 24 cally;
- 25 (E) Determine the ethnic, age-specific, cultural and diversity needs of the population served by
- 26 the local plan;
- 27 (F) Describe the anticipated outcomes of services and the actions to be achieved in the local
- 28 plan;
- 29 (G) Ensure that the local plan coordinates planning, funding and services with:
- 30 (i) The educational needs of children, adults and older adults;
- 31 (ii) Providers of social supports, including but not limited to housing, employment, transportation
- 32 and education; and
- 33 (iii) Providers of physical health and medical services;
- 34 (H) Describe how funds, other than state resources, may be used to support and implement the
- 35 local plan;
- 36 (I) Demonstrate ways to integrate local services and administrative functions in order to support
- 37 integrated service delivery in the local plan; and
- 38 (J) Involve the local mental health advisory committees described in subsection (7) of this sec-
- 39 tion.
- 40 (e) The local plan must describe how the local mental health authority will ensure the delivery
- 41 of and be accountable for clinically appropriate services in a continuum of care based on consumer
- 42 needs. The local plan shall include, but not be limited to, services providing the following levels of
- 43 care:
- 44 (A) Twenty-four-hour crisis services;
- 45 (B) Secure and nonsecure extended psychiatric care;

- 1 (C) Secure and nonsecure acute psychiatric care;
- 2 (D) Twenty-four-hour supervised structured treatment;
- 3 (E) Psychiatric day treatment;
- 4 (F) Treatments that maximize client independence;
- 5 (G) Family and peer support and self-help services;
- 6 (H) Support services;
- 7 (I) Prevention and early intervention services;
- 8 (J) Transition assistance between levels of care;
- 9 (K) Dual diagnosis services;
- 10 (L) Access to placement in state-funded psychiatric hospital beds;
- 11 (M) Precommitment and civil commitment in accordance with ORS chapter 426; and
- 12 (N) Outreach to older adults at locations appropriate for making contact with older adults, in-
- 13 cluding senior centers, long term care facilities and personal residences.
- 14 (f) In developing the part of the local plan referred to in paragraph (c)(J) of this subsection, the
- 15 local mental health authority shall collaborate with the local public safety coordinating council to
- 16 address the following:
- 17 (A) Training for all law enforcement officers on ways to recognize and interact with persons
- 18 with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems;
- 19 (B) Developing voluntary locked facilities for crisis treatment and follow-up as an alternative
- 20 to custodial arrests;
- 21 (C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and
- 22 the identity of persons of concern and offering mental health services to those in custody;
- 23 (D) Developing a voluntary diversion program to provide an alternative for persons with mental
- 24 illness in the criminal and juvenile justice systems; and
- 25 (E) Developing mental health services, including housing, for persons with mental illness prior
- 26 to and upon release from custody.
- 27 (g) Services described in the local plan shall:
- 28 (A) Address the vision, values and guiding principles described in the Report to the Governor
- 29 from the Mental Health Alignment Workgroup, January 2001;
- 30 (B) Be provided to children, older adults and families as close to their homes as possible;
- 31 (C) Be culturally appropriate and competent;
- 32 (D) Be, for children, older adults and adults with mental health needs, from providers appropri-
- 33 ate to deliver those services;
- 34 (E) Be delivered in an integrated service delivery system with integrated service sites or pro-
- 35 cesses, and with the use of integrated service teams;
- 36 (F) Ensure consumer choice among a range of qualified providers in the community;
- 37 (G) Be distributed geographically;
- 38 (H) Involve consumers, families, clinicians, children and schools in treatment as appropriate;
- 39 (I) Maximize early identification and early intervention;
- 40 (J) Ensure appropriate transition planning between providers and service delivery systems, with
- 41 an emphasis on transition between children and adult mental health services;
- 42 (K) Be based on the ability of a client to pay;
- 43 (L) Be delivered collaboratively;
- 44 (M) Use age-appropriate, research-based quality indicators;
- 45 (N) Use best-practice innovations; and

1 (O) Be delivered using a community-based, multisystem approach.

2 (h) A local mental health authority shall submit to the Oregon Health Authority a copy of the  
3 local plan and revisions adopted under paragraph (b) of this subsection at time intervals established  
4 by the Oregon Health Authority.

5 **SECTION 33.** ORS 430.850 is amended to read:

6 430.850. (1) Subject to the availability of funds therefor, the Oregon Health Authority may es-  
7 tablish and administer a treatment program with courts, with the consent of the judge thereof, for  
8 any person convicted of driving under the influence of alcohol, or of any crime committed while the  
9 defendant was intoxicated when the judge has probable cause to believe the person [*is an alcoholic*  
10 *or problem drinker*] **has alcoholism** and would benefit from treatment, who is eligible under sub-  
11 section (2) of this section to participate in such program. The program must meet minimum stan-  
12 dards established by the authority under ORS 430.357.

13 (2) A person eligible to participate in the program is a person who:

14 (a)(A) Has been convicted of driving under the influence of alcohol if such conviction has not  
15 been appealed, or if such conviction has been appealed, whose conviction has been sustained upon  
16 appeal; or

17 (B) Has been convicted of any crime committed while the defendant was intoxicated if such  
18 conviction has not been reversed on appeal, and when the judge has probable cause to believe the  
19 person [*is an alcoholic or problem drinker*] **has alcoholism** and would benefit from treatment; and

20 (b)(A) Has been referred by the participating court to the authority for participation in the  
21 treatment program;

22 (B) Prior to sentencing, has been medically evaluated by the authority and accepted by the au-  
23 thority as a participant in the program;

24 (C) Has consented as a condition to probation to participate in the program; and

25 (D) Has been sentenced to probation by the court, a condition of which probation is partic-  
26 ipation in the program according to the rules adopted by the authority under ORS 430.870.

27 **SECTION 34.** ORS 430.905 is amended to read:

28 430.905. The Legislative Assembly declares:

29 (1) Because the growing numbers of pregnant substance users and drug- and alcohol-affected  
30 infants place a heavy financial burden on Oregon's taxpayers and those who pay for health care, it  
31 is the policy of this state to take effective action that will minimize these costs.

32 (2) Special attention must be focused on preventive programs and services directed at women  
33 at risk of becoming pregnant substance users as well as on pregnant women who use substances or  
34 who are at risk of substance use or abuse.

35 (3) It is the policy of this state to achieve desired results such as alcohol- and drug-free pregnant  
36 women and healthy infants through a holistic approach covering the following categories of needs:

37 (a) Biological-physical need, including but not limited to [*detoxification*] **withdrawal manage-**  
38 **ment**, dietary and obstetrical.

39 (b) Psychological need, including but not limited to support, treatment for anxiety, depression  
40 and low self-esteem.

41 (c) Instrumental need, including but not limited to child care, transportation to facilitate the  
42 receipt of services and housing.

43 (d) Informational and educational needs, including but not limited to prenatal and postpartum  
44 health, substance use and parenting.

45 **SECTION 35.** ORS 442.015 is amended to read:

1 442.015. As used in ORS chapter 441 and this chapter, unless the context requires otherwise:

2 (1) "Acquire" or "acquisition" means obtaining equipment, supplies, components or facilities by  
3 any means, including purchase, capital or operating lease, rental or donation, for the purpose of  
4 using such equipment, supplies, components or facilities to provide health services in Oregon. When  
5 equipment or other materials are obtained outside of this state, acquisition is considered to occur  
6 when the equipment or other materials begin to be used in Oregon for the provision of health ser-  
7 vices or when such services are offered for use in Oregon.

8 (2) "Affected persons" has the same meaning as given to "party" in ORS 183.310.

9 (3)(a) "Ambulatory surgical center" means a facility or portion of a facility that operates ex-  
10 clusively for the purpose of providing surgical services to patients who do not require  
11 hospitalization and for whom the expected duration of services does not exceed 24 hours following  
12 admission.

13 (b) "Ambulatory surgical center" does not mean:

14 (A) Individual or group practice offices of private physicians or dentists that do not contain a  
15 distinct area used for outpatient surgical treatment on a regular and organized basis, or that only  
16 provide surgery routinely provided in a physician's or dentist's office using local anesthesia or  
17 conscious sedation; or

18 (B) A portion of a licensed hospital designated for outpatient surgical treatment.

19 (4) "Delegated credentialing agreement" means a written agreement between an originating-site  
20 hospital and a distant-site hospital that provides that the medical staff of the originating-site hospi-  
21 tal will rely upon the credentialing and privileging decisions of the distant-site hospital in making  
22 recommendations to the governing body of the originating-site hospital as to whether to credential  
23 a telemedicine provider, practicing at the distant-site hospital either as an employee or under con-  
24 tract, to provide telemedicine services to patients in the originating-site hospital.

25 (5) "Develop" means to undertake those activities that on their completion will result in the  
26 offer of a new institutional health service or the incurring of a financial obligation, as defined under  
27 applicable state law, in relation to the offering of such a health service.

28 (6) "Distant-site hospital" means the hospital where a telemedicine provider, at the time the  
29 telemedicine provider is providing telemedicine services, is practicing as an employee or under  
30 contract.

31 (7) "Expenditure" or "capital expenditure" means the actual expenditure, an obligation to an  
32 expenditure, lease or similar arrangement in lieu of an expenditure, and the reasonable value of a  
33 donation or grant in lieu of an expenditure but not including any interest thereon.

34 (8) "Extended stay center" means a facility licensed in accordance with ORS 441.026.

35 (9) "Freestanding birthing center" means a facility licensed for the primary purpose of per-  
36 forming low risk deliveries.

37 (10) "Governmental unit" means the state, or any county, municipality or other political subdi-  
38 vision, or any related department, division, board or other agency.

39 (11) "Gross revenue" means the sum of daily hospital service charges, ambulatory service  
40 charges, ancillary service charges and other operating revenue. "Gross revenue" does not include  
41 contributions, donations, legacies or bequests made to a hospital without restriction by the donors.

42 (12)(a) "Health care facility" means:

43 (A) A hospital;

44 (B) A long term care facility;

45 (C) An ambulatory surgical center;

1 (D) A freestanding birthing center;

2 (E) An outpatient renal dialysis facility; or

3 (F) An extended stay center.

4 (b) “Health care facility” does not mean:

5 (A) A residential facility licensed by the Department of Human Services or the Oregon Health  
6 Authority under ORS 443.415;

7 (B) An establishment furnishing primarily domiciliary care as described in ORS 443.205;

8 (C) A residential facility licensed or approved under the rules of the Department of Corrections;

9 (D) Facilities established by ORS 430.335 for treatment of substance [abuse] **use** disorders; or

10 (E) Community mental health programs or community developmental disabilities programs es-  
11 tablished under ORS 430.620.

12 (13) “Health maintenance organization” or “HMO” means a public organization or a private  
13 organization organized under the laws of any state that:

14 (a) Is a qualified HMO under section 1310(d) of the U.S. Public Health Services Act; or

15 (b)(A) Provides or otherwise makes available to enrolled participants health care services, in-  
16 cluding at least the following basic health care services:

17 (i) Usual physician services;

18 (ii) Hospitalization;

19 (iii) Laboratory;

20 (iv) X-ray;

21 (v) Emergency and preventive services; and

22 (vi) Out-of-area coverage;

23 (B) Is compensated, except for copayments, for the provision of the basic health care services  
24 listed in subparagraph (A) of this paragraph to enrolled participants on a predetermined periodic  
25 rate basis; and

26 (C) Provides physicians’ services primarily directly through physicians who are either employees  
27 or partners of such organization, or through arrangements with individual physicians or one or more  
28 groups of physicians organized on a group practice or individual practice basis.

29 (14) “Health services” means clinically related diagnostic, treatment or rehabilitative services,  
30 and includes [alcohol, drug or controlled substance abuse] **substance use disorder** and mental health  
31 services that may be provided either directly or indirectly on an inpatient or ambulatory patient  
32 basis.

33 (15) “Hospital” means:

34 (a) A facility with an organized medical staff and a permanent building that is capable of pro-  
35 viding 24-hour inpatient care to two or more individuals who have an illness or injury and that  
36 provides at least the following health services:

37 (A) Medical;

38 (B) Nursing;

39 (C) Laboratory;

40 (D) Pharmacy; and

41 (E) Dietary; or

42 (b) A special inpatient care facility as that term is defined by the authority by rule.

43 (16) “Institutional health services” means health services provided in or through health care  
44 facilities and the entities in or through which such services are provided.

45 (17) “Intermediate care facility” means a facility that provides, on a regular basis, health-related

1 care and services to individuals who do not require the degree of care and treatment that a hospital  
2 or skilled nursing facility is designed to provide, but who because of their mental or physical con-  
3 dition require care and services above the level of room and board that can be made available to  
4 them only through institutional facilities.

5 (18)(a) "Long term care facility" means a permanent facility with inpatient beds, providing:

6 (A) Medical services, including nursing services but excluding surgical procedures except as  
7 may be permitted by the rules of the Director of Human Services; and

8 (B) Treatment for two or more unrelated patients.

9 (b) "Long term care facility" includes skilled nursing facilities and intermediate care facilities  
10 but does not include facilities licensed and operated pursuant to ORS 443.400 to 443.455.

11 (19) "New hospital" means:

12 (a) A facility that did not offer hospital services on a regular basis within its service area within  
13 the prior 12-month period and is initiating or proposing to initiate such services; or

14 (b) Any replacement of an existing hospital that involves a substantial increase or change in the  
15 services offered.

16 (20) "New skilled nursing or intermediate care service or facility" means a service or facility  
17 that did not offer long term care services on a regular basis by or through the facility within the  
18 prior 12-month period and is initiating or proposing to initiate such services. "New skilled nursing  
19 or intermediate care service or facility" also includes the rebuilding of a long term care facility, the  
20 relocation of buildings that are a part of a long term care facility, the relocation of long term care  
21 beds from one facility to another or an increase in the number of beds of more than 10 or 10 percent  
22 of the bed capacity, whichever is the lesser, within a two-year period.

23 (21) "Offer" means that the health care facility holds itself out as capable of providing, or as  
24 having the means for the provision of, specified health services.

25 (22) "Originating-site hospital" means a hospital in which a patient is located while receiving  
26 telemedicine services.

27 (23) "Outpatient renal dialysis facility" means a facility that provides renal dialysis services  
28 directly to outpatients.

29 (24) "Person" means an individual, a trust or estate, a partnership, a corporation (including as-  
30 sociations, joint stock companies and insurance companies), a state, or a political subdivision or  
31 instrumentality, including a municipal corporation, of a state.

32 (25) "Skilled nursing facility" means a facility or a distinct part of a facility, that is primarily  
33 engaged in providing to inpatients skilled nursing care and related services for patients who require  
34 medical or nursing care, or an institution that provides rehabilitation services for the rehabilitation  
35 of individuals who are injured or sick or who have disabilities.

36 (26) "Telemedicine" means the provision of health services to patients by physicians and health  
37 care practitioners from a distance using electronic communications.

38 **SECTION 36.** ORS 678.150 is amended to read:

39 678.150. (1) The Oregon State Board of Nursing shall elect annually from its number a president,  
40 a president-elect and a secretary, each of whom shall serve until a successor is elected and qualified.  
41 The board shall meet on the call of the president or as the board may require. Special meetings of  
42 the board may be called by the secretary upon the request of any three members. Five members  
43 constitute a quorum.

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

45 (3) The board shall keep a record of all its proceedings and of all persons licensed and schools



1 or programs approved under ORS 678.010 to 678.448. The records must at all reasonable times be  
2 open to public scrutiny.

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

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

10 (6) The board shall:

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

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

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

15 (d) Approve nursing education programs that meet the requirements of ORS 678.010 to 678.448  
16 and of the board.

17 (e) Deny or withdraw approval from nursing education programs for failure to meet prescribed  
18 standards.

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

20 (g) Issue subpoenas for any records relevant to a board investigation, including patient and  
21 other medical records, personnel records applicable to nurses and nursing assistants, records of  
22 schools of nursing and nursing assistant training records and any other relevant records; issue  
23 subpoenas to persons for personal interviews relating to board investigations; compel the attendance  
24 of witnesses; and administer oaths or affirmations to persons giving testimony during an investi-  
25 gation or at hearings. In any proceeding under this subsection, when a subpoena is issued to an  
26 applicant, certificate holder or licensee of the board, a claim of nurse-patient privilege under ORS  
27 40.240 or of psychotherapist-patient privilege under ORS 40.230 is not grounds for quashing the  
28 subpoena or for refusing to produce the material that is subject to the subpoena.

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

31 (i) Prescribe standards for the delegation of tasks of patient care to nursing assistants and for  
32 the supervision of nursing assistants. The standards must include rules governing the delegation of  
33 administration of noninjectable medication by nursing assistants and must include rules prescribing  
34 the types of noninjectable medication that can be administered by nursing assistants, and the cir-  
35 cumstances, if any, and level of supervision under which nursing assistants can administer  
36 noninjectable medication. In formulating the rules governing the administration of noninjectable  
37 medication by nursing assistants, the board shall consult with nurses and other stakeholders ap-  
38 propriate to the context of patient care. Notwithstanding any other provision of this paragraph,  
39 however, the registered nurse issuing the order shall determine the appropriateness of the delega-  
40 tion of a task of patient care.

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

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

45 (8) For local correctional facilities, lockups and juvenile detention facilities, as defined in ORS

1 169.005, for youth correction facilities as defined in ORS 420.005, for facilities operated by a public  
 2 agency for [*detoxification of*] **withdrawal management for** persons who use alcohol excessively, for  
 3 homes or facilities licensed under ORS 443.705 to 443.825 for adult foster care, and for facilities li-  
 4 censed under ORS 443.400 to 443.455 for residential care, training or treatment, the board shall  
 5 adopt rules pertaining to the provision of nursing care, and to the various tasks relating to the ad-  
 6 ministration of noninjectable medication including administration of controlled substances. The rules  
 7 must provide for delegation of nursing care and tasks relating to the administration of medication  
 8 to other than licensed nursing personnel by a physician licensed by the Oregon Medical Board or  
 9 by a registered nurse, designated by the facility. The delegation must occur under the procedural  
 10 guidance, initial direction and periodic inspection and evaluation of the physician or registered  
 11 nurse. However, the provision of nursing care may be delegated only by a registered nurse.

12 (9) The Oregon State Board of Nursing may require applicants, licensees and certificate holders  
 13 under ORS 678.010 to 678.448 to provide to the board data concerning the individual’s nursing em-  
 14 ployment and education.

15 (10) For the purpose of requesting a state or nationwide criminal records check under ORS  
 16 181A.195, the board may require the fingerprints of a person who is:

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

20 (11) Pursuant to ORS chapter 183, the board shall adopt rules necessary to carry out the pro-  
 21 visions of ORS 678.010 to 678.448.

22  
 23 **REPEAL OF OUTDATED DEFINITION**

24  
 25 **SECTION 37. ORS 430.405 is repealed.**

26  
 27 **CONFORMING AMENDMENTS**

28  
 29 **SECTION 38.** ORS 430.165 is amended to read:

30 430.165. The Oregon Health Authority may prescribe fee schedules for any of the programs that  
 31 it establishes and operates under ORS 430.265, 430.306 to 430.375, [~~430.405,~~] 430.415 and 430.850 to  
 32 430.880. The fees shall be charged and collected by the authority in the same manner as charges are  
 33 collected under ORS 179.610 to 179.770. When the authority acts under this section, “person in a  
 34 state institution” or “person at a state institution” or any similar phrase, as defined in ORS 179.610,  
 35 includes a person who receives services from a program for which fee schedules are established  
 36 under this section.

37 **SECTION 39.** ORS 430.197 is amended to read:

38 430.197. The Mental Health Services Fund is established in the State Treasury, separate and  
 39 distinct from the General Fund. The Mental Health Services Fund comprises moneys collected or  
 40 received by the Oregon Health Authority, the Department of Human Services and the Department  
 41 of Corrections under ORS 179.640, 426.241 and 430.165. The moneys in the fund are continuously  
 42 appropriated to the Oregon Health Authority, the Department of Human Services and the Depart-  
 43 ment of Corrections for the purposes of paying the costs of:

- 44 (1) Services provided to a person in a state institution, as defined in ORS 179.610;
- 45 (2) Emergency psychiatric care, custody and treatment paid under ORS 426.241;

1 (3) Emergency care, custody or treatment provided to a person admitted to or detained in a state  
 2 mental hospital or nonhospital facility under ORS 426.070, 426.140, 426.180 to 426.210, 426.228,  
 3 426.232 or 426.233; and

4 (4) Programs operating under ORS 430.265, 430.306 to 430.375, [430.405,] 430.415 and 430.850 to  
 5 430.880.

6 **SECTION 40.** ORS 689.045 is amended to read:

7 689.045. If any provision of ORS 167.203, 414.325, [430.405,] 435.010, 453.025, 475.005, 475.135,  
 8 475.185, 475.752, 475.906 and 616.855 and ORS chapter 689 is declared unconstitutional or illegal, or  
 9 the applicability of ORS 167.203, 414.325, [430.405,] 435.010, 453.025, 475.005, 475.135, 475.185, 475.752,  
 10 475.906 and 616.855 and ORS chapter 689 to any person or circumstances is held invalid by a court  
 11 of competent jurisdiction, the constitutionality or legality of the remaining provisions of ORS  
 12 167.203, 414.325, [430.405,] 435.010, 453.025, 475.005, 475.135, 475.185, 475.752, 475.906 and 616.855 and  
 13 ORS chapter 689 and the application of ORS 167.203, 414.325, [430.405,] 435.010, 453.025, 475.005,  
 14 475.135, 475.185, 475.752, 475.906 and 616.855 and ORS chapter 689 to other persons and circum-  
 15 stances shall not be affected and shall remain in full force and effect without the invalid provision  
 16 or application.

17 **SECTION 41.** ORS 689.185 is amended to read:

18 689.185. (1) The State Board of Pharmacy shall meet at least once every three months to trans-  
 19 act its business. One such meeting held during each fiscal year of the state shall be designated by  
 20 rule as the annual meeting and shall be for the purpose of electing officers and for the reorganiza-  
 21 tion of the board. The board shall meet at such additional times as it may determine. Such addi-  
 22 tional meetings may be called by the president of the board or by majority of members of the board.

23 (2) The board shall meet at such place as it may from time to time determine. The place for each  
 24 meeting shall be determined prior to giving notice of such meeting and shall not be changed after  
 25 such notice is given without adequate subsequent notice.

26 (3) Notice of all meetings of the board shall be given in the manner and pursuant to require-  
 27 ments prescribed by the state’s applicable rules.

28 (4) A majority of the members of the board shall constitute a quorum for the conduct of a board  
 29 meeting and, except where a greater number is required by ORS 167.203, 414.325, [430.405,] 435.010,  
 30 453.025, 475.005, 475.135, 475.185, 475.752, 475.906 and 616.855 and this chapter, or by any rule of the  
 31 board, all actions of the board shall be by a majority of a quorum.

32 (5) All board meetings and hearings shall be open to the public. The board may, in its discretion  
 33 and according to law, conduct any portion of its meeting in executive session closed to the public.

34  
 35 **CAPTIONS**

36  
 37 **SECTION 42.** The unit captions used in this 2021 Act are provided only for the conven-  
 38 ience of the reader and do not become part of the statutory law of this state or express any  
 39 legislative intent in the enactment of this 2021 Act.