

Requested by Representative SALINAS

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2359**

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

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

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

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

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

14 **“(2) A health care provider who is otherwise required to work with  
15 a health care interpreter from the health care interpreter registry may  
16 work with a health care interpreter who is not listed on the health  
17 care interpreter registry only if the provider:**

18 **“(a) Verifies, in the manner prescribed by rule by a board or agency  
19 described in section 3 of this 2021 Act, that the provider has taken  
20 appropriate steps needed to obtain a health care interpreter from the  
21 health care interpreter registry in accordance with rules adopted by**

1 the authority under ORS 413.558; or

2 “(b) Has offered the patient the services of a health care interpreter  
3 from the health care interpreter registry and the patient declined the  
4 offer and chose a different interpreter.

5 “(3) A health care provider shall give personal protective equip-  
6 ment, consistent with established national standards, to health care  
7 interpreters providing services on-site at no cost to the health care  
8 interpreter and may not suggest to the health care interpreter that the  
9 health care interpreter should procure the health care interpreter’s  
10 own personal protective equipment as a condition of working with the  
11 health care provider.

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

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

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

17 “(c) The language interpreted.

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

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

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

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

29 “(3) The authority with regard to emergency medical services pro-  
30 viders licensed under ORS 682.216 and clinical laboratories licensed

1 under ORS 438.110.

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

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

8 **“(b) May arrange for a health care interpreter who is not listed on**  
9 **the health care interpreter registry to provide interpretation services**  
10 **in health care settings only if:**

11 **“(A) A health care provider represents to the interpretation service**  
12 **company that the health care provider:**

13 **“(i) Has taken appropriate steps necessary to arrange for a health**  
14 **care interpreter from the health care interpreter registry in the man-**  
15 **ner prescribed by rule under section 2 of this 2021 Act; and**

16 **“(ii) Was unable to arrange for a health care interpreter from the**  
17 **health care interpreter registry; and**

18 **“(B) The interpretation service company does not employ a health**  
19 **care interpreter listed on the health care interpreter registry who is**  
20 **available to provide interpretation services to the health care provider.**

21 **“(c) May not represent to a health care provider that a contracted**  
22 **or employed health care interpreter referred by the company is a cer-**  
23 **tified health care interpreter unless the interpreter has met the re-**  
24 **quirements for certification under ORS 413.558 and has been issued a**  
25 **valid certification by the authority.**

26 **“(d) May not require or suggest to a health care interpreter that**  
27 **the health care interpreter procure the health care interpreter’s own**  
28 **personal protective equipment as a condition of receiving a referral.**

29 **“(2) An interpretation service company shall maintain records of**  
30 **each encounter in which the company refers to a health care provider**

1 worked with a health care interpreter from the health care interpreter  
2 registry or a health care interpreter who is not on the registry. The  
3 records must include:

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

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

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

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

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

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

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

17 “(a) Works with a certified health care interpreter or a qualified  
18 health care interpreter when interacting with a recipient of medical  
19 assistance, or a caregiver of a recipient of medical assistance, who has  
20 limited English proficiency or who communicates in signed language;  
21 and

22 “(b) Is reimbursed for the cost of the certified health care inter-  
23 preter or qualified health care interpreter.

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

26 “(2) The Oregon Health Authority shall, in collaboration with the  
27 Oregon Council on Health Care Interpreters and health care inter-  
28 preters, conduct a study:

29 “(a) Of the best model for an online platform for patients and  
30 health care providers to contract with health care interpreters and on

1 **how to use state and federal funds to finance the platform, to be**  
2 **completed no later than July 1, 2022; and**

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

5 **“(3) No later than January 1, 2022, the authority shall report to the**  
6 **interim committees of the Legislative Assembly related to health the**  
7 **results of the studies described in subsection (2) of this section and**  
8 **recommendations for legislative changes, if necessary, to implement**  
9 **the findings of the studies.**

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

11 **“413.550. As used in ORS 413.550 to 413.558:**

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

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

16 **“[(2)] (3) ‘Health care’ means medical, surgical, oral or hospital care or**  
17 **any other remedial care recognized by state law, including physical and be-**  
18 **havioral health care.**

19 **“[(3)] (4)(a) ‘Health care interpreter’ means an individual who is readily**  
20 **able to:**

21 **“[(a)] (A) Communicate in English and communicate with a person**  
22 **with limited English proficiency or who communicates in signed lan-**  
23 **guage;**

24 **“[(b)] (B) Accurately interpret the oral statements of a person with lim-**  
25 **ited English proficiency, or the statements of a person who communicates in**  
26 **[sign] signed language, into English;**

27 **“(C) Accurately interpret oral statements in English to a person**  
28 **with limited English proficiency or who communicates in signed lan-**  
29 **guage;**

30 **“[(c)] (D) Sight translate documents from a person with limited English**

1 proficiency; **and**

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

5 “[*e*] *Sight translate documents in English into the language of the person*  
6 *with limited English proficiency.*]

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

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

12 **“(6) ‘Health care provider’ means any of the following that are re-**  
13 **imbursed with public funds, in whole or in part:**

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

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

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

18 **“(C) State Board of Licensed Social Workers;**

19 **“(D) Oregon Board of Licensed Professional Counselors and Thera-**  
20 **pists;**

21 **“(E) Oregon Board of Dentistry;**

22 **“(F) State Board of Massage Therapists;**

23 **“(G) Oregon Board of Naturopathic Medicine;**

24 **“(H) Oregon State Board of Nursing;**

25 **“(I) Oregon Board of Optometry;**

26 **“(J) State Board of Pharmacy;**

27 **“(K) Oregon Medical Board;**

28 **“(L) Occupational Therapy Licensing Board;**

29 **“(M) Oregon Board of Physical Therapy;**

30 **“(N) Oregon Board of Psychology;**

1       **“(O) Board of Medical Imaging;**  
2       **“(P) State Board of Direct Entry Midwifery;**  
3       **“(Q) Respiratory Therapist and Polysomnographic Technologist Li-**  
4 **censing Board;**  
5       **“(R) Board of Registered Polysomnographic Technologists;**  
6       **“(S) Board of Licensed Dietitians; and**  
7       **“(T) State Mortuary and Cemetery Board;**  
8       **“(b) An emergency medical services provider licensed by the Oregon**  
9 **Health Authority under ORS 682.216;**  
10       **“(c) A clinical laboratory licensed under ORS 438.110;**  
11       **“(d) A health care facility as defined in ORS 442.015;**  
12       **“(e) A home health agency licensed under ORS 443.015;**  
13       **“(f) A hospice program licensed under ORS 443.860; or**  
14       **“(g) Any other person that provides health care or that bills for or**  
15 **is compensated for health care provided, in the normal course of**  
16 **business.**  
17       **“(7) ‘Interpretation service company’ means an entity, or a person**  
18 **acting on behalf of an entity, that is in the business of arranging for**  
19 **health care interpreters to work with health care providers in this**  
20 **state.**  
21       **“[(4)] (8) ‘Person with limited English proficiency’ means a person who,**  
22 **by reason of place of birth or culture, [speaks] communicates in a language**  
23 **other than English and does not [speak] communicate in English with ad-**  
24 **equiate ability to communicate effectively with a health care provider.**  
25       **“(9) ‘Prepaid managed care health services organization’ has the**  
26 **meaning given that term in ORS 414.025.**  
27       **“[(5)] (10) ‘Qualified health care interpreter’ means an individual who has**  
28 **[received] been issued a valid letter of qualification from the authority un-**  
29 **der ORS 413.558.**  
30       **“[(6)] (11) ‘Sight translate’ means to translate a written document into**

1 spoken or [*sign*] **signed** language.

2 **“SECTION 9.** ORS 413.552 is amended to read:

3 “413.552. (1) The Legislative Assembly finds that persons with limited  
4 English proficiency, or who communicate in [*sign*] **signed** language, are of-  
5 ten unable to interact effectively with health care providers. Because of  
6 language differences, persons with limited English proficiency, or who com-  
7 municate in [*sign*] **signed** language, are often excluded from health care  
8 services, experience delays or denials of health care services or receive  
9 health care services based on inaccurate or incomplete information.

10 “(2) The Legislative Assembly further finds that the lack of competent  
11 health care interpreters among health care providers impedes the free flow  
12 of communication between the health care provider and patient, **negatively**  
13 **impacting health outcomes and** preventing clear and accurate communi-  
14 cation and the development of empathy, confidence and mutual trust that is  
15 essential for an effective relationship between health care provider and pa-  
16 tient.

17 “(3) It is the policy of the Legislative Assembly to require [*the use of*]  
18 **working with** certified health care interpreters or qualified health care in-  
19 terpreters [*whenever possible*] to ensure the accurate and adequate provision  
20 of health care to persons with limited English proficiency and to persons  
21 who communicate in [*sign*] **signed** language.

22 “(4) It is the policy of the Legislative Assembly that health care for per-  
23 sons with limited English proficiency be provided according to the guidelines  
24 established under the policy statement issued August 30, 2000, by the U.S.  
25 Department of Health and Human Services, Office for Civil Rights, entitled,  
26 ‘Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition  
27 Against National Origin Discrimination As It Affects Persons With Limited  
28 English Proficiency,’ and the 1978 Patient’s Bill of Rights.

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

30 “413.556. The Oregon Council on Health Care Interpreters shall work in



1 cooperation with the Oregon Health Authority to:

2 “(1) Develop **and approve** testing, qualification and certification stan-  
3 dards, **consistent with national standards**, for health care interpreters for  
4 persons with limited English proficiency and for persons who communicate  
5 in [*sign*] **signed** language.

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

9 “[*(3) Examine operational and funding issues, including but not limited to*  
10 *the feasibility of developing a central registry and annual subscription mech-*  
11 *anism for health care interpreters.*]

12 “[*(4)*] **(2)** Do all other acts as shall be necessary or appropriate under the  
13 provisions of ORS 413.550 to 413.558.

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

15 “413.558. (1) In consultation with the Oregon Council on Health Care In-  
16 terpreters, the Oregon Health Authority shall by rule establish procedures  
17 for testing, qualification and certification of health care interpreters for  
18 persons with limited English proficiency or for persons who communicate in  
19 [*sign*] **signed** language, including but not limited to:

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

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

25 “(B) Formal education or training in **interpretation**, medical **behavioral**  
26 **or oral health** terminology, anatomy and physiology[, *medical interpreting*  
27 *ethics and interpreting skills*];

28 “(b) Categories of expertise of health care interpreters based on the Eng-  
29 lish and non-English skills, or interpreting skills, and the medical terminol-  
30 ogy skills of the person seeking qualification or certification;

1 “(c) Procedures for receiving applications and for examining applicants  
2 for qualification or certification;

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

4 “(e) The requirements and procedures for reciprocity of qualification and  
5 certification for health care interpreters qualified or certified in another  
6 state or territory of the United States or by another certifying body in the  
7 United States; and

8 “(f) Fees for application, examination, initial issuance, renewal and re-  
9 ciprocal acceptance of qualification or certification as a health care inter-  
10 preter if deemed necessary by the authority.

11 “(2) Any person seeking qualification or certification as a health care  
12 interpreter must submit an application to the authority. If the applicant  
13 meets the requirements for qualification or certification established by the  
14 authority under this section, the authority shall issue a letter of qualifica-  
15 tion or a certification to the health care interpreter. **The authority shall**  
16 **notify a person of the authority’s determination on the person’s ap-**  
17 **plication no later than 60 days after the date the application is re-**  
18 **ceived by the authority.**

19 “(3) The authority shall work with other states, the federal government  
20 or professional organizations to develop educational and testing programs  
21 and procedures for the qualification and certification of health care inter-  
22 preters.

23 “(4) In addition to the requirements for qualification established under  
24 subsection (1) of this section, a person may be qualified as a health care in-  
25 terpreter only if the person:

26 “(a) Is able to fluently interpret [*the dialect,*] slang, **idioms and spe-**  
27 **cialized vocabulary in English and the slang, idioms** or specialized vo-  
28 cabulary of the non-English language for which qualification is sought; and

29 “(b) Has had at least 60 hours of health care interpreter training that  
30 includes anatomy and physiology and concepts of [*medical*] **health care in-**

1 interpretation.

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

8 “(6) In addition to the requirements for certification established under  
9 subsection (1) of this section, a person may be certified as a health care in-  
10 terpreter only if:

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

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

16 “(7) A person may not use the title of ‘certified health care interpreter’  
17 in this state, **or any other title, designation, words, letters, abbrevi-**  
18 **ation, sign or device tending to indicate that the person is a certified**  
19 **health care interpreter**, unless the person has met the requirements for  
20 certification established under subsections (1) and (6) of this section and has  
21 been issued a valid certification by the authority.

22 “(8) **The authority shall:**

23 “(a) **Provide health care interpreter training and continuing educa-**  
24 **tion in accordance with standards adopted by the Oregon Council on**  
25 **Health Care Interpreters under ORS 413.556 to professionalize the**  
26 **health care interpreter workforce in this state. The training may be**  
27 **provided at no cost or, if not, must be affordable.**

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

30 “(c) **Establish and maintain a central registry for all health care**

1 **interpreters who are qualified or certified by the authority and estab-**  
2 **lish a process for health care interpreters to biennially update their**  
3 **contact information and confirm their participation in the registry.**

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

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

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

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

15 **“414.572. (1) The Oregon Health Authority shall adopt by rule the quali-**  
16 **fication criteria and requirements for a coordinated care organization and**  
17 **shall integrate the criteria and requirements into each contract with a co-**  
18 **ordinated care organization. Coordinated care organizations may be local,**  
19 **community-based organizations or statewide organizations with community-**  
20 **based participation in governance or any combination of the two. Coordi-**  
21 **nated care organizations may contract with counties or with other public or**  
22 **private entities to provide services to members. The authority may not con-**  
23 **tract with only one statewide organization. A coordinated care organization**  
24 **may be a single corporate structure or a network of providers organized**  
25 **through contractual relationships. The criteria and requirements adopted by**  
26 **the authority under this section must include, but are not limited to, a re-**  
27 **quirement that the coordinated care organization:**

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

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

1 “(A) Maintain restricted reserves of \$250,000 plus an amount equal to 50  
2 percent of the coordinated care organization’s total actual or projected li-  
3 abilities above \$250,000.

4 “(B) Maintain capital or surplus of not less than \$2,500,000 and any ad-  
5 ditional amounts necessary to ensure the solvency of the coordinated care  
6 organization, as specified by the authority by rules that are consistent with  
7 ORS 731.554 (6), 732.225, 732.230 and 750.045.

8 “(C) Expend a portion of the annual net income or reserves of the coor-  
9 dinated care organization that exceed the financial requirements specified in  
10 this paragraph on services designed to address health disparities and the  
11 social determinants of health consistent with the coordinated care  
12 organization’s community health improvement plan and transformation plan  
13 and the terms and conditions of the Medicaid demonstration project under  
14 section 1115 of the Social Security Act (42 U.S.C. 1315).

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

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

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

25 “(f) Engage community members and health care providers in improving  
26 the health of the community and addressing regional, cultural, socioeconomic  
27 and racial disparities in health care that exist among the coordinated care  
28 organization’s members and in the coordinated care organization’s commu-  
29 nity.

30 “(2) In addition to the criteria and requirements specified in subsection

1 (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

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

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

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

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

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

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

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

22 “(C) **Meaningful language access as required by federal and state  
23 law including, but not limited to, 42 U.S.C. 18116, Title VI of the Civil  
24 Rights Act of 1964, Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and  
25 Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services;  
26 and  
27**

28 **and**  
29 “(D) **Qualified health care interpreters or certified health care interpreters listed on the health care interpreter registry, as those terms**  
30

1 **are defined in ORS 413.550.**

2 “(f) Services and supports are geographically located as close to where  
3 members reside as possible and are, if available, offered in nontraditional  
4 settings that are accessible to families, diverse communities and underserved  
5 populations.

6 “(g) Each coordinated care organization uses health information technol-  
7 ogy to link services and care providers across the continuum of care to the  
8 greatest extent practicable and if financially viable.

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

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

13 “(j) Each coordinated care organization prioritizes working with members  
14 who have high health care needs, multiple chronic conditions[, *mental illness*  
15 *or chemical dependency*] **or behavioral health conditions** and involves those  
16 members in accessing and managing appropriate preventive, health, remedial  
17 and supportive care and services, including the services described in ORS  
18 414.766, to reduce the use of avoidable emergency room visits and hospital  
19 admissions.

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

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

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

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

30 “(D) Are permitted to participate in the networks of multiple coordinated

1 care organizations.

2 “(E) Include providers of specialty care.

3 “(F) Are selected by coordinated care organizations using universal ap-  
4 plication and credentialing procedures and objective quality information and  
5 are removed if the providers fail to meet objective quality standards.

6 “(G) Work together to develop best practices for culturally **and linguis-**  
7 **tically** appropriate care and service delivery to reduce waste, reduce health  
8 disparities and improve the health and well-being of members.

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

12 “(m) Each coordinated care organization uses best practices in the man-  
13 agement of finances, contracts, claims processing, payment functions and  
14 provider networks.

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

17 “(o) Each coordinated care organization has a governing body that com-  
18 plies with ORS 414.584 and that includes:

19 “(A) At least one member representing persons that share in the financial  
20 risk of the organization;

21 “(B) A representative of a dental care organization selected by the coor-  
22 dinated care organization;

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

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

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

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

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



1 members and the community; and

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

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

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

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

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

23 “(B) Participate in the community health assessment and the development  
24 of the health improvement plan;

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

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

1 “(3) The authority shall consider the participation of area agencies and  
2 other nonprofit agencies in the configuration of coordinated care organiza-  
3 tions.

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

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

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

10 “(c) Allow more than one coordinated care organization to serve the ge-  
11 ographic area if necessary to optimize access and choice under this sub-  
12 section.

13 “(5) On or before July 1, 2014, each coordinated care organization must  
14 have a formal contractual relationship with any dental care organization  
15 that serves members of the coordinated care organization in the area where  
16 they reside.

17 **“SECTION 14.** ORS 414.572, as amended by section 14, chapter 489,  
18 Oregon Laws 2017, section 4, chapter 49, Oregon Laws 2018, section 8, chap-  
19 ter 358, Oregon Laws 2019, section 2, chapter 364, Oregon Laws 2019, section  
20 58, chapter 478, Oregon Laws 2019, and section 7, chapter 529, Oregon Laws  
21 2019, is amended to read:

22 “414.572. (1) The Oregon Health Authority shall adopt by rule the quali-  
23 fication criteria and requirements for a coordinated care organization and  
24 shall integrate the criteria and requirements into each contract with a co-  
25 ordinated care organization. Coordinated care organizations may be local,  
26 community-based organizations or statewide organizations with community-  
27 based participation in governance or any combination of the two. Coordi-  
28 nated care organizations may contract with counties or with other public or  
29 private entities to provide services to members. The authority may not con-  
30 tract with only one statewide organization. A coordinated care organization

1 may be a single corporate structure or a network of providers organized  
2 through contractual relationships. The criteria and requirements adopted by  
3 the authority under this section must include, but are not limited to, a re-  
4 quirement that the coordinated care organization:

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

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

8 “(A) Maintain restricted reserves of \$250,000 plus an amount equal to 50  
9 percent of the coordinated care organization’s total actual or projected li-  
10 abilities above \$250,000.

11 “(B) Maintain capital or surplus of not less than \$2,500,000 and any ad-  
12 ditional amounts necessary to ensure the solvency of the coordinated care  
13 organization, as specified by the authority by rules that are consistent with  
14 ORS 731.554 (6), 732.225, 732.230 and 750.045.

15 “(C) Expend a portion of the annual net income or reserves of the coor-  
16 dinated care organization that exceed the financial requirements specified in  
17 this paragraph on services designed to address health disparities and the  
18 social determinants of health consistent with the coordinated care  
19 organization’s community health improvement plan and transformation plan  
20 and the terms and conditions of the Medicaid demonstration project under  
21 section 1115 of the Social Security Act (42 U.S.C. 1315).

22 “(c) Operate within a fixed global budget and spend on primary care, as  
23 defined by the authority by rule, at least 12 percent of the coordinated care  
24 organization’s total expenditures for physical and mental health care pro-  
25 vided to members, except for expenditures on prescription drugs, vision care  
26 and dental care.

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

29 “(e) Coordinate the delivery of physical health care, [*mental health and*  
30 *chemical dependency services*] **behavioral health care**, oral health care and

1 covered long-term care services.

2 “(f) Engage community members and health care providers in improving  
3 the health of the community and addressing regional, cultural, socioeconomic  
4 and racial disparities in health care that exist among the coordinated care  
5 organization’s members and in the coordinated care organization’s commu-  
6 nity.

7 “(2) In addition to the criteria and requirements specified in subsection  
8 (1) of this section, the authority must adopt by rule requirements for coor-  
9 dinated care organizations contracting with the authority so that:

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

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

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

20 “(d) Members receive comprehensive transitional care, including appro-  
21 priate follow-up, when entering and leaving an acute care facility or a long  
22 term care setting.

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

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

25 “(B) **Assistance** *[and]* in accessing community and social support ser-  
26 vices and statewide resources[, *including through the use of certified health*  
27 *care interpreters and qualified health care interpreters, as those terms are de-*  
28 *fined in ORS 413.550*];

29 “(C) **Meaningful language access as required by federal and state**  
30 **law including, but not limited to, 42 U.S.C. 18116, Title VI of the Civil**

1 **Rights Act of 1964, Title VI Guidance issued by the United States De-**  
2 **partment of Justice and the National Standards for Culturally and**  
3 **Linguistically Appropriate Services in Health and Health Care as is-**  
4 **sued by the United States Department of Health and Human Services;**  
5 **and**

6 **“(D) Qualified health care interpreters or certified health care in-**  
7 **terpreters listed on the health care interpreter registry, as those terms**  
8 **are defined in ORS 413.550.**

9 “(f) Services and supports are geographically located as close to where  
10 members reside as possible and are, if available, offered in nontraditional  
11 settings that are accessible to families, diverse communities and underserved  
12 populations.

13 “(g) Each coordinated care organization uses health information technol-  
14 ogy to link services and care providers across the continuum of care to the  
15 greatest extent practicable and if financially viable.

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

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

20 “(j) Each coordinated care organization prioritizes working with members  
21 who have high health care needs, multiple chronic conditions[, *mental illness*  
22 *or chemical dependency*] **or behavioral health conditions** and involves those  
23 members in accessing and managing appropriate preventive, health, remedial  
24 and supportive care and services, including the services described in ORS  
25 414.766, to reduce the use of avoidable emergency room visits and hospital  
26 admissions.

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

30 “(A) Work together to develop best practices for care and service delivery

1 to reduce waste and improve the health and well-being of members.

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

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

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

9 “(E) Include providers of specialty care.

10 “(F) Are selected by coordinated care organizations using universal ap-  
11 plication and credentialing procedures and objective quality information and  
12 are removed if the providers fail to meet objective quality standards.

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

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

19 “(m) Each coordinated care organization uses best practices in the man-  
20 agement of finances, contracts, claims processing, payment functions and  
21 provider networks.

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

24 “(o) Each coordinated care organization has a governing body that com-  
25 plies with ORS 414.584 and that includes:

26 “(A) At least one member representing persons that share in the financial  
27 risk of the organization;

28 “(B) A representative of a dental care organization selected by the coor-  
29 dinated care organization;

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

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

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

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

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

9 “(F) At least two members of the community advisory council, one of  
10 whom is or was within the previous six months a recipient of medical as-  
11 sistance and is at least 16 years of age or a parent, guardian or primary  
12 caregiver of an individual who is or was within the previous six months a  
13 recipient of medical assistance.

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

18 “(q) Each coordinated care organization publishes on a website main-  
19 tained by or on behalf of the coordinated care organization, in a manner  
20 determined by the authority, a document designed to educate members about  
21 best practices, care quality expectations, screening practices, treatment  
22 options and other support resources available for members who have mental  
23 illnesses or substance use disorders.

24 “(r) Each coordinated care organization works with the Tribal Advisory  
25 Council established in ORS 414.581 and has a dedicated tribal liaison, se-  
26 lected by the council, to:

27 “(A) Facilitate a resolution of any issues that arise between the coordi-  
28 nated care organization and a provider of Indian health services within the  
29 area served by the coordinated care organization;

30 “(B) Participate in the community health assessment and the development

1 of the health improvement plan;

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

3 “(D) Be available for training by the office within the authority that is  
4 responsible for tribal affairs, any federally recognized tribe in Oregon and  
5 the urban Indian health program that is located within the area served by  
6 the coordinated care organization and operated by an urban Indian organ-  
7 ization pursuant to 25 U.S.C. 1651.

8 “(3) The authority shall consider the participation of area agencies and  
9 other nonprofit agencies in the configuration of coordinated care organiza-  
10 tions.

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

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

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

17 “(c) Allow more than one coordinated care organization to serve the ge-  
18 ographic area if necessary to optimize access and choice under this sub-  
19 section.

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

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

25 “656.027. All workers are subject to this chapter except those nonsubject  
26 workers described in the following subsections:

27 “(1) A worker employed as a domestic servant in or about a private home.  
28 For the purposes of this subsection ‘domestic servant’ means any worker  
29 engaged in household domestic service by private employment contract, in-  
30 cluding, but not limited to, home health workers.



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

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

5 “(A) The employment is not in the course of the trade, business or pro-  
6 fession of the employer; or

7 “(B) The employment is in the course of the trade, business or profession  
8 of a nonsubject employer.

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

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

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

18 “(6) Firefighter and police employees of any city having a population of  
19 more than 200,000 that provides a disability and retirement system by ordi-  
20 nance or charter.

21 “(7)(a) Sole proprietors, except those described in paragraph (b) of this  
22 subsection. When labor or services are performed under contract, the sole  
23 proprietor must qualify as an independent contractor **to be a nonsubject**  
24 **worker.**

25 “(b) Sole proprietors actively licensed under ORS 671.525 or 701.021. When  
26 labor or services are performed under contract for remuneration, notwith-  
27 standing ORS 656.005 (30), the sole proprietor must qualify as an independent  
28 contractor. Any sole proprietor licensed under ORS 671.525 or 701.021 and  
29 involved in activities subject thereto is conclusively presumed to be an in-  
30 dependent contractor.

1 “(8) Except as provided in subsection (23) of this section, partners who  
2 are not engaged in work performed in direct connection with the con-  
3 struction, alteration, repair, improvement, moving or demolition of an im-  
4 provement on real property or appurtenances thereto. When labor or services  
5 are performed under contract, the partnership must qualify as an independ-  
6 ent contractor **to be a nonsubject worker.**

7 “(9) Except as provided in subsection (25) of this section, members, in-  
8 cluding members who are managers, of limited liability companies, regardless  
9 of the nature of the work performed. However, members, including members  
10 who are managers, of limited liability companies with more than one mem-  
11 ber, while engaged in work performed in direct connection with the con-  
12 struction, alteration, repair, improvement, moving or demolition of an  
13 improvement on real property or appurtenances thereto, are subject workers.  
14 When labor or services are performed under contract, the limited liability  
15 company must qualify as an independent contractor **to be a nonsubject**  
16 **worker.**

17 “(10) Except as provided in subsection (24) of this section, corporate offi-  
18 cers who are directors of the corporation and who have a substantial own-  
19 ership interest in the corporation, regardless of the nature of the work  
20 performed by such officers, subject to the following limitations:

21 “(a) If the activities of the corporation are conducted on land that re-  
22 ceives farm use tax assessment pursuant to ORS chapter 308A, corporate of-  
23 ficer includes all individuals identified as directors in the corporate bylaws,  
24 regardless of ownership interest, and who are members of the same family,  
25 whether related by blood, marriage or adoption.

26 “(b) If the activities of the corporation involve the commercial harvest  
27 of timber and all officers of the corporation are members of the same family  
28 and are parents, daughters or sons, daughters-in-law or sons-in-law or  
29 grandchildren, then all such officers may elect to be nonsubject workers. For  
30 all other corporations involving the commercial harvest of timber, the max-

1 imum number of exempt corporate officers for the corporation shall be  
2 whichever is the greater of the following:

3 “(A) Two corporate officers; or

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

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

7 “(11) A person performing services primarily for board and lodging re-  
8 ceived from any religious, charitable or relief organization.

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

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

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

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

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

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

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

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

13       “(17) A person who receives no wage other than ski passes or other non-  
14 cash remuneration for performing volunteer:

15       “(a) Ski patrol activities; or

16       “(b) Ski area program activities sponsored by a ski area operator, as de-  
17 fined in ORS 30.970, or by a nonprofit corporation or organization.

18       “(18) A person 19 years of age or older who contracts with a newspaper  
19 publishing company or independent newspaper dealer or contractor to dis-  
20 tribute newspapers to the general public and perform or undertake any nec-  
21 essary or attendant functions related thereto.

22       “(19) A person performing foster parent or adult foster care duties pur-  
23 suant to [*ORS 412.001 to 412.161 and 412.991 or*] ORS chapter [*411,*] 418, 430  
24 or 443.

25       “(20) A person performing services on a volunteer basis for a nonprofit,  
26 religious, charitable or relief organization, whether or not such person re-  
27 ceives meals or lodging or nominal reimbursements or vouchers for meals,  
28 lodging or expenses.

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

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

4       “(23)(a) Partners who are actively licensed under ORS 671.525 or 701.021  
5 and who have a substantial ownership interest in a partnership. If all part-  
6 ners are members of the same family and are parents, spouses, sisters,  
7 brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren,  
8 all such partners may elect to be nonsubject workers. For all other partner-  
9 ships licensed under ORS 671.510 to 671.760 or 701.021, the maximum number  
10 of exempt partners shall be whichever is the greater of the following:

11       “(A) Two partners; or

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

13       “(b) When labor or services are performed under contract for  
14 remuneration, notwithstanding ORS 656.005 (30), the partnership qualifies as  
15 an independent contractor. Any partnership licensed under ORS 671.525 or  
16 701.021 and involved in activities subject thereto is conclusively presumed  
17 to be an independent contractor.

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

27       “(A) Two corporate officers; or

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

29       “(b) When labor or services are performed under contract for  
30 remuneration, notwithstanding ORS 656.005 (30), the corporation qualifies as

1 an independent contractor. Any corporation licensed under ORS 671.525 or  
2 701.021 and involved in activities subject thereto is conclusively presumed  
3 to be an independent contractor.

4 “(25)(a) Limited liability company members who are members of a com-  
5 pany actively licensed under ORS 671.525 or 701.021 and who have a sub-  
6 stantial ownership interest in the company, regardless of the nature of the  
7 work performed. If all members of the company are members of the same  
8 family and are parents, spouses, sisters, brothers, daughters or sons,  
9 daughters-in-law or sons-in-law or grandchildren, all such members may elect  
10 to be nonsubject workers. For all other companies licensed under ORS  
11 671.510 to 671.760 or 701.021, the maximum number of exempt company  
12 members shall be whichever is the greater of the following:

13 “(A) Two company members; or

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

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

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

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

25 “[~~(28)~~] **(27)** A person who operates, and who has an ownership or  
26 leasehold interest in, a passenger motor vehicle that is operated as a taxicab  
27 or for nonemergency medical transportation. As used in this subsection:

28 “(a) ‘Lease’ means a contract under which the lessor provides a vehicle  
29 to a lessee for consideration.

30 “(b) ‘Leasehold’ includes, but is not limited to, a lease for a shift or a

1 longer period.

2 “(c) ‘Passenger motor vehicle that is operated as a taxicab’ means a ve-  
3 hicle that:

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

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

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

10 “(ii) Is in use under a contract to provide specific service to a third party  
11 to transport designated passengers or to provide errand services to locations  
12 selected by the third party.

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

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

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

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

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

21 “657.046. (1) As used in this chapter, ‘employment’ does not include ser-  
22 vice performed in the operation of a passenger motor vehicle that is operated  
23 as a taxicab or a passenger motor vehicle that is operated for nonemergency  
24 medical transportation, by a person who has an ownership or leasehold in-  
25 terest in the passenger motor vehicle, for an entity that is operated by a  
26 board of owner-operators elected by the members of the entity.

27 “(2) As used in this section:

28 “(a) ‘Leasehold’ has the meaning given that term in ORS 656.027 [(28)]  
29 **(27).**

30 “(b) ‘Passenger motor vehicle that is operated as a taxicab’ means a ve-

1 hicle that:

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

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

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

9 “(ii) Is in use under a contract to provide specific service to a third party  
10 to transport designated passengers to locations selected by the third party;  
11 and

12 “(D) Is not used more than secondarily or incidentally for errand services  
13 or to transport property, instead of or in addition to transporting passengers.

14 “(c) ‘Passenger motor vehicle that is operated for nonemergency medical  
15 transportation’ means a vehicle that:

16 “(A) Has a passenger seating capacity of at least three persons and not  
17 more than seven persons;

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

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

22 “(D) Is not used more than secondarily or incidentally for errand services  
23 or to transport property, instead of or in addition to transporting passengers.

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

25 “(a) A nonprofit employing unit;

26 “(b) This state;

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

28 “(d) An Indian tribe.

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

30 **“SECTION 18. (1) Section 4 of this 2021 Act and the amendments to**



1 **ORS 413.550, 413.552 and 413.556 by sections 8 to 10 this 2021 Act become**  
2 **operative on September 1, 2022.**

3 **“(2) Sections 2, 3 and 6 of this 2021 Act and the amendments to ORS**  
4 **414.572 by section 13 of this 2021 Act become operative on July 1, 2022.**

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

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