

Enrolled House Bill 4010

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Behavioral Health and Health Care)

CHAPTER

AN ACT

Relating to health care; creating new provisions; amending ORS 3.450, 30.302, 30.800, 30.802, 31.260, 31.740, 58.376, 87.555, 87.560, 87.565, 87.575, 87.581, 109.640, 109.650, 109.675, 109.680, 109.685, 124.050, 127.663, 127.700, 135.139, 136.220, 137.076, 137.473, 137.476, 146.181, 146.750, 147.403, 169.076, 169.077, 169.750, 192.547, 192.556, 192.566, 315.616, 336.479, 336.490, 339.870, 343.146, 348.303, 353.450, 408.310, 408.315, 408.340, 410.530, 413.273, 413.574, 413.590, 414.550, 418.747, 418.782, 419B.005, 419B.020, 419B.023, 419B.035, 419B.352, 421.467, 421.590, 430.401, 430.735, 431.180, 431A.570, 432.005, 433.010, 433.017, 433.110, 433.260, 433.443, 433.800, 433.815, 435.205, 435.305, 436.225, 436.235, 436.295, 438.010, 441.064, 441.098, 441.775, 441.776, 442.490, 443.065, 443.075, 443.850, 453.307, 463.015, 475.005, 475.528, 475.744, 475.950, 475.975, 475.976, 475.978, 475C.777, 475C.891, 496.018, 616.750, 628.270, 656.005, 656.245, 656.260, 656.799, 659A.150, 659A.413, 675.755, 676.340, 676.345, 676.347, 676.454, 676.650, 676.860, 677.085, 677.095, 677.097, 677.135, 677.137, 677.139, 677.141, 677.235, 677.494, 677.495, 677.500, 677.505, 677.510, 677.511, 677.512, 677.515, 677.518, 677.520, 677.525, 677.535, 680.205, 680.545, 688.132, 688.405, 688.510, 688.515, 688.525, 688.805, 694.042, 735.631, 742.400, 742.504, 743A.036, 743A.044, 743B.221, 743B.222, 743B.427, 744.364, 744.367, 746.230, 746.600, 750.055, 759.693, 759.698, 807.090, 811.220, 811.604 and 811.611 and section 9, chapter 550, Oregon Laws 2011, section 2, chapter 575, Oregon Laws 2015, section 20, chapter 349, Oregon Laws 2021, and section 9, chapter 629, Oregon Laws 2021; and prescribing an effective date.

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

DRUGS

SECTION 1. Section 2 of this 2024 Act is added to and made a part of ORS chapter 689.

SECTION 2. The addition of flavoring to a drug intended for dispensation may not be considered compounding if the flavoring:

(1) Is inert, nonallergenic and has no effect other than imparting a flavor to the drug or modifying the flavor of the drug; and

(2) Does not constitute more than five percent of the total volume of the drug.

NOTE: Section 3 was deleted by amendment. Subsequent sections were not renumbered.

HOSPITAL STAFFING

SECTION 4. ORS 441.775 is amended to read:

441.775. (1)(a) For each hospital there shall be established a hospital professional and technical staffing committee. A hospital professional and technical staffing committee shall consist of an equal number of hospital professional and technical managers and professional and technical staff who work at the hospital.

(b) If the professional and technical staff who work at the hospital have an exclusive representative, the exclusive representative shall select the staff members of the hospital professional and technical staffing committee.

(c) If none of the professional and technical staff who work at the hospital have an exclusive representative, the professional and technical managers shall select the professional and technical staff members of the hospital professional and technical staffing committee.

(2) A hospital professional and technical staffing committee shall develop a written hospital-wide professional and technical staffing plan in accordance with subsection (5) of this section. In developing the staffing plan, the primary goal of the committee shall be to ensure that the hospital is staffed sufficiently to meet the health care needs of the patients in the hospital. The committee shall review and modify the staffing plan, as needed, in accordance with this section.

(3) A majority of the members of the hospital professional and technical staffing committee constitutes a quorum for the transaction of business.

(4) A hospital professional and technical staffing committee must have two cochairs. One cochair shall be a professional or technical manager elected by the members of the committee who are professional or technical managers. The other cochair shall be a professional or technical staff person elected by the members of the committee who are professional and technical staff.

(5)(a) A hospital professional and technical staffing committee shall develop a professional and technical staffing plan that is consistent with the approved nurse staffing plan for the hospital and that takes into account the hospital service staffing plan for the hospital developed under ORS 441.776.

(b) The hospital professional and technical staffing committee shall consider the following criteria when developing the professional and technical staffing plan:

- (A) The hospital's census;
- (B) Location of the patients;
- (C) Patient types and patient acuity;
- (D) National standards, if any;
- (E) The size of the hospital and square footage of the hospital;
- (F) Ensuring patient access to care; and
- (G) Feedback received during committee meetings from staff.

(6)(a) A hospital professional and technical staffing committee must adopt a professional and technical staffing plan by a majority vote of the members of the committee. If a quorum of members present at a meeting comprises an unequal number of professional and technical staff and professional and technical managers, only an equal number of staff and managers may vote. A staffing plan adopted by the committee must include a summary of the committee's consideration of the criteria in subsection (5) of this section and how the plan:

(A) Is consistent with the approved nurse staffing plan for the hospital; and

(B) Takes into account the hospital service staffing plan for the hospital that was developed in accordance with ORS 441.776.

(b) If the hospital professional and technical staffing committee does not adopt a professional and technical staffing plan or adopts only a part of the staffing plan, either cochair may invoke the commencement of a 60-day period during which the committee shall continue to develop the staffing plan. If, by the end of the 60-day period, the committee does not adopt a staffing plan or adopts only part of a staffing plan, the committee shall submit the disputed plan or parts of the plan, as applicable, including a summary of the committee's consideration of the criteria in subsection (5) of this section, to the chief executive officer of the hospital. No later than 60 days after receiving the submission from the committee, the chief executive officer or the chief executive officer's designee shall decide the disputed plan or parts of the plan, as applicable, considering the summary of the

committee's consideration of the criteria in subsection (5) of this section, and adopt the staffing plan or parts of the staffing plan that were not adopted by the committee. The chief executive officer or the chief executive officer's designee shall provide to the committee:

(A) A written explanation of the staffing plan or the parts of the staffing plan that were in dispute;

(B) The final written proposals of the members of the committee and the members' rationales for their proposals and the committee's summary of the committee's consideration of the criteria in subsection (5) of this section; and

(C) A summary of the consideration by the chief executive officer or the chief executive officer's designee of the criteria in subsection (5) of this section.

(c) If the hospital professional and technical staffing committee is unable to reach an agreement on the professional and technical staffing plan during the 60-day period invoked under paragraph (b) of this subsection, the members of the committee may extend deliberations for one additional 60-day period before the disputed plan or parts of the plan must be submitted to the chief executive officer or the chief executive officer's designee in accordance with paragraph (b) of this subsection. The deliberations may be extended under this paragraph only by a majority vote of the members of the committee. If a quorum of members present at a meeting comprises an unequal number of professional and technical staff and professional and technical managers, only an equal number of staff and managers may vote.

(d) A professional and technical staffing plan adopted by a hospital professional and technical staffing committee, a chief executive officer or the chief executive officer's designee must include any staffing-related terms and conditions that were previously adopted through any applicable collective bargaining agreement, including any meal break and rest break requirements, unless a term or condition is in direct conflict with an applicable statute or administrative rule.

(7) A hospital professional and technical staffing committee must meet three times each year and at the call of either cochair, at a time and place specified by the cochairs.

(8)(a) Except as provided in paragraph (b) of this subsection, a hospital professional and technical staffing committee meeting must be open to:

(A) The hospital's professional and technical staff, who shall be offered the opportunity to provide feedback to the committee during the committee's meetings; and

(B) Other observers or presenters invited by either cochair.

(b) While the committee is deliberating or voting during a meeting, either cochair may exclude individuals described in paragraph (a) of this subsection.

(9) Minutes must be taken at every hospital professional and technical staffing committee meeting and the minutes must:

(a) Include all motions made and the outcome of all votes taken;

(b) Include a summary of all discussions; and

(c) Be made available in a timely manner to any of the hospital staff upon request.

(10) A manager shall release from their duties staff and managers who serve on the hospital professional and technical staffing committee and compensate the staff and managers who serve on the committee for time spent attending committee meetings.

(11) The hospital shall submit the professional and technical staffing plan adopted under subsection (6) of this section to the Oregon Health Authority no later than 30 days after adoption of the staffing plan and shall submit any subsequent changes to the authority no later than 30 days after the changes are adopted.

(12) Each hospital unit, as defined by the chief executive officer or the chief executive officer's designee, may deviate from the professional and technical staffing plan within a period of 12 consecutive hours, no more than six times during a rolling 30-day period, without being in violation of the staffing plan. The unit manager must notify the hospital professional and technical staffing committee cochairs no later than 10 days after each deviation. Each subsequent deviation during the 30-day period constitutes a separate violation under ORS 441.792.

(13) This section does not apply to the Oregon State Hospital.

SECTION 5. ORS 441.776 is amended to read:

441.776. (1)(a) For each hospital there shall be established a hospital service staffing committee. A hospital service staffing committee shall consist of an equal number of service staff managers and service staff who work at the hospital.

(b) If the service staff who work at the hospital have an exclusive representative, the exclusive representative shall select the service staff members of the hospital service staffing committee.

(c) If none of the service staff who work at the hospital have an exclusive representative, the service staff managers shall select the service staff members of the hospital service staffing committee.

(2) A hospital service staffing committee shall develop a written hospital-wide hospital service staffing plan in accordance with subsection (5) of this section. The committee shall review and modify the staffing plan as needed in accordance with this section.

(3) A majority of the members of the hospital service staffing committee constitutes a quorum for the transaction of business.

(4) A hospital service staffing committee must have two cochairs. One cochair shall be a service staff manager elected by the members of the committee who are service staff managers. The other cochair shall be a service staff person elected by the members of the committee who are service staff.

(5) A hospital service staffing committee shall develop a hospital service staffing plan that is consistent with the approved nurse staffing plan for the hospital and that takes into account the professional and technical staffing plan for the hospital developed under ORS 441.775. The committee shall consider the following criteria in developing the staffing plan:

- (a) The hospital's census;
- (b) Location of the patients;
- (c) Patient types and patient acuity;
- (d) National standards, if any;
- (e) The size of the hospital and square footage of the hospital;
- (f) Ensuring patient access to care; and
- (g) Feedback received during committee meetings from staff.

(6)(a) A hospital service staffing committee must adopt a hospital service staffing plan by a majority vote of the members of the committee. If a quorum of members present at a meeting comprises an unequal number of service staff and service staff managers, only an equal number of staff and managers may vote. A staffing plan adopted by the committee must include a summary of the committee's consideration of the criteria in subsection (5) of this section and how the plan:

(A) Is consistent with the approved nurse staffing plan for the hospital; and

(B) Takes into account the professional and technical staffing plan for the hospital that was developed in accordance with ORS 441.775.

(b) If the hospital service staffing committee does not adopt a hospital service staffing plan or adopts only a part of the staffing plan, either cochair may invoke the commencement of a 60-day period during which the committee shall continue to develop the staffing plan. If, by the end of the 60-day period, the committee does not adopt a staffing plan or adopts only part of a staffing plan, the committee shall submit the disputed plan or parts of the plan, as applicable, including a summary of the committee's consideration of the criteria in subsection (5) of this section, to the chief executive officer of the hospital. No later than 60 days after receiving the submission from the committee, the chief executive officer or the chief executive officer's designee shall decide the disputed plan or parts of the plan, as applicable, considering the summary of the committee's consideration of the criteria in subsection (5) of this section, and adopt the staffing plan or parts of the staffing plan that were not adopted by the committee. The chief executive officer or the chief executive officer's designee shall provide to the committee:

(A) A written explanation of the staffing plan or the parts of the staffing plan that were in dispute;

(B) The final written proposals of the members of the committee and the members' rationales for their proposals and the committee's summary of the committee's consideration of the criteria in subsection (5) of this section; and

(C) A summary of the consideration by the chief executive officer or the chief executive officer's designee of the criteria in subsection (5) of this section.

(c) If the hospital service staffing committee is unable to reach an agreement on the hospital service staffing plan during the 60-day period invoked under paragraph (b) of this subsection, the members of the committee may extend deliberations for one additional 60-day period before the disputed plan or parts of the plan must be submitted to the chief executive officer or the chief executive officer's designee in accordance with paragraph (b) of this subsection. The deliberations may be extended under this paragraph only by a majority vote of the members of the committee. If a quorum of members present at a meeting comprises an unequal number of hospital service staff and hospital service managers, only an equal number of staff and managers may vote.

(d) A hospital service staffing plan adopted by a hospital service staffing committee, a chief executive officer or the chief executive officer's designee must include any staffing-related terms and conditions that were previously adopted through any applicable collective bargaining agreement, including any meal break and rest break requirements, unless a term or condition is in direct conflict with an applicable statute or administrative rule.

(7) A hospital service staffing committee must meet three times each year and at the call of either cochair, at a time and place specified by the cochairs.

(8)(a) Except as provided in paragraph (b) of this subsection, a hospital service staffing committee meeting must be open to:

(A) The hospital's service staff, who shall be offered the opportunity to provide feedback to the committee during the committee's meetings; and

(B) Other observers or presenters invited by either cochair.

(b) While the committee is deliberating or voting during a meeting, either cochair may exclude individuals described in paragraph (a) of this subsection.

(9) Minutes must be taken at every hospital service staffing committee meeting and the minutes must:

(a) Include all motions made and the outcome of all votes taken;

(b) Include a summary of all discussions; and

(c) Be made available in a timely manner to any of the hospital staff upon request.

(10) A manager shall release from their duties staff and managers who serve on the hospital service staffing committee and compensate the staff and managers who serve on the committee for time spent attending committee meetings.

(11) The hospital shall submit the hospital service staffing plan adopted under subsection (6) of this section to the Oregon Health Authority no later than 30 days after adoption of the staffing plan and shall submit any subsequent changes to the authority no later than 30 days after the changes are adopted.

(12) Each hospital unit, as defined by the chief executive officer or the chief executive officer's designee, may deviate from the hospital service staffing plan within a period of 12 consecutive hours, no more than six times during a rolling 30-day period, without being in violation of the staffing plan. The unit manager must notify the hospital service staffing committee cochairs no later than 10 days after each deviation. Each subsequent deviation during the 30-day period constitutes a separate violation under ORS 441.792.

(13) This section does not apply to the Oregon State Hospital.

NOTE: Sections 6 and 7 were deleted by amendment. Subsequent sections were not renumbered.

HEALTH CARE PROVIDERS

SECTION 8. ORS 743B.221 is amended to read:

743B.221. (1) As used in this section, “primary care provider” means an individual, **clinic or team of health care providers** licensed or certified in this state to provide outpatient, nonspecialty medical services or the coordination of health care for the purpose of:

(a) Promoting or maintaining mental and physical health and wellness; and

(b) Diagnosis, treatment or management of acute or chronic conditions caused by disease, injury or illness.

(2) An insurer offering an individual or group policy or certificate of health insurance that reimburses the cost of hospital, medical or surgical expenses, other than coverage limited to expenses from accidents or specific diseases and limited benefit coverage, must assign a beneficiary under the policy or certificate to a primary care provider if the beneficiary or a parent of a minor beneficiary has not selected a primary care provider by the 90th day of the plan year. If the insurer assigns the beneficiary to a primary care provider, the insurer shall provide notice of the assignment to the beneficiary or parent and to the primary care provider.

(3) A beneficiary may select a different primary care provider at any time.

(4) The Department of Consumer and Business Services shall adopt rules prescribing a methodology for assignment and attribution of beneficiaries, to ensure accuracy and agreement between insurers and providers. The rules must prioritize consumer choice, ensure collaboration between insurers and providers and be consistent with recommendations of the primary care payment reform collaborative described in section 2, chapter 575, Oregon Laws 2015.

SECTION 9. ORS 743B.221, as amended by section 14, chapter 37, Oregon Laws 2022, is amended to read:

743B.221. (1) As used in this section, “primary care provider” means an individual, **clinic or team of health care providers** licensed or certified in this state to provide outpatient, nonspecialty medical services or the coordination of health care for the purpose of:

(a) Promoting or maintaining mental and physical health and wellness; and

(b) Diagnosis, treatment or management of acute or chronic conditions caused by disease, injury or illness.

(2) An insurer offering an individual or group policy or certificate of health insurance that reimburses the cost of hospital, medical or surgical expenses, other than coverage limited to expenses from accidents or specific diseases and limited benefit coverage, must assign a beneficiary under the policy or certificate to a primary care provider if the beneficiary or a parent of a minor beneficiary has not selected a primary care provider by the 90th day of the plan year. If the insurer assigns the beneficiary to a primary care provider, the insurer shall provide notice of the assignment to the beneficiary or parent and to the primary care provider.

(3) A beneficiary may select a different primary care provider at any time.

(4) The Department of Consumer and Business Services shall adopt rules prescribing a methodology for assignment and attribution of beneficiaries, to ensure accuracy and agreement between insurers and providers. The rules must prioritize consumer choice and ensure collaboration between insurers and providers.

PROFESSIONAL DISCLOSURE STATEMENT

SECTION 10. ORS 675.755 is amended to read:

675.755. (1) Except as provided in subsection [(6)] (4) of this section, prior to the performance of professional counseling or marriage and family therapy, *[the]* a licensee must furnish the client with a copy of a professional disclosure statement. If the licensee fails to provide the statement, the licensee *[shall]* **may** not charge *[a]* **the** client a fee for services.

(2) A professional disclosure statement *[shall]* **must** include the following information regarding the *[applicant or]* licensee:

(a) Name, business address and telephone number;

(b) Philosophy and approach to counseling or marriage and family therapy;

(c) Formal education and training;

- (d) Continuing education and supervision requirements; and
- (e) Fee schedules.

(3) The statement must include the name, address and telephone number of the Oregon Board of Licensed Professional Counselors and Therapists.

[(4) An applicant shall submit a professional disclosure statement for board approval upon application for a license.]

[(5) Whenever an applicant or licensee makes a change in the professional disclosure statement, the new statement shall be presented to the board for approval.]

[(6)] (4) The board may adopt by rule exemptions from the requirements of this section.

SECTION 11. The amendments to ORS 675.755 by section 10 of this 2024 Act apply to applications received by the Oregon Board of Licensed Professional Counselors and Marriage and Family Therapists on or after the effective date of this 2024 Act and to professional disclosure statements changed on or after the effective date of this 2024 Act.

NOTE: Sections 12 and 13 were deleted by amendment. Subsequent sections were not renumbered.

PROTECTED HEALTH INFORMATION

SECTION 14. ORS 192.566 is amended to read:

192.566. A health care provider may use an authorization that contains the following provisions in accordance with ORS 192.558:

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

I authorize: _____ (Name of person/entity disclosing information) to use and disclose a copy of the specific health information described below regarding: _____ (Name of individual) consisting of: (Describe information to be used/disclosed)

to: _____ (Name and address of recipient or recipients) for the purpose of: (Describe each purpose of disclosure or indicate that the disclosure is at the request of the individual)

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed if I [*place my initials*] **mark** in the applicable space next to the type of information.

_____ HIV/AIDS information

- _____ Mental health information
- _____ Genetic testing information
- _____ Drug/alcohol diagnosis, treatment, or referral information.

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, treatment or referral information.

PROVIDER INFORMATION

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. The only exception is when a covered entity has taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage.

To revoke this authorization, please send a written statement to _____ (contact person) at _____ (address of person/entity disclosing information) and state that you are revoking this authorization.

SIGNATURE

I have read this authorization and I understand it. Unless revoked, this authorization expires _____ (insert either applicable date or event).

By: _____
(individual or personal representative)

Date: _____

Description of personal representative's authority:

PHYSICIAN ASSISTANTS

SECTION 15. ORS 3.450 is amended to read:

3.450. (1) As used in this section:

(a) "Drug court program" means a program in which:

(A) Individuals who are before the court obtain treatment for substance abuse issues and report regularly to the court on the progress of their treatment; and

(B) A local drug court team, consisting of the court, agency personnel and treatment and service providers, monitors the individuals' participation in treatment.

(b) "Individual-provider relationship" includes a relationship between an individual and a physician, a *[physician assistant]* **physician associate** or nurse practitioner.

(2)(a) The governing body of a county or a treatment provider may establish fees that individuals participating in a drug court program may be required to pay for treatment and other services provided as part of the drug court program.

(b) A court may order an individual participating in a drug court program to pay fees to participate in the program. Fees imposed under this subsection may not be paid to the court.

(3) Records that are maintained by the circuit court specifically for the purpose of a drug court program must be maintained separately from other court records. Records maintained by a circuit court specifically for the purpose of a drug court program are confidential and may not be disclosed except in accordance with regulations adopted under 42 U.S.C. 290dd-2, including under the circumstances described in subsections (4) to (7) of this section.

(4) If the individual who is the subject of the record gives written consent, a record described in subsection (3) of this section may be disclosed to members of the local drug court team in order to develop treatment plans, monitor progress in treatment and determine outcomes of participation in the drug court program.

(5) A record described in subsection (3) of this section may not be introduced into evidence in any legal proceeding other than the drug court program unless:

(a) The individual who is the subject of the record gives written consent for introduction of the record; or

(b) The court finds good cause for introduction. In determining whether good cause exists for purposes of this paragraph, the court shall weigh the public interest and the need for disclosure against the potential injury caused by the disclosure to:

(A) The individual who is the subject of the record;

(B) The individual-provider relationship; and

(C) The treatment services being provided to the individual who is the subject of the record.

(6) A court, the State Court Administrator, the Alcohol and Drug Policy Commission or the Oregon Criminal Justice Commission:

(a) May use records described in subsection (3) of this section and other drug court program information to track and develop statistics about the effectiveness, costs and other areas of public interest concerning drug court programs.

(b) May release statistics developed under paragraph (a) of this subsection and analyses based on the statistics to the public.

(7) Statistics and analyses released under subsection (6) of this section may not contain any information that identifies an individual participant in a drug court program.

SECTION 16. ORS 30.302 is amended to read:

30.302. (1) As used in this section, "retired provider" means any person:

(a) Who holds a degree of Doctor of Medicine, Doctor of Osteopathic Medicine or Doctor of Podiatric Medicine, or who has met the minimum educational requirements for licensure to practice naturopathic medicine or as a *[physician assistant]* **physician associate** under ORS 677.505 to 677.525 or a nurse practitioner under ORS 678.375 to 678.390;

(b) Who has been licensed and is currently retired in accordance with the provisions of ORS chapter 677, 678 or 685;

(c) Who is registered with the Oregon Medical Board as a retired emeritus physician or who complies with the requirements of the Oregon Medical Board as a retired *[physician assistant]* **physician associate**, the Oregon State Board of Nursing as a retired nurse practitioner or the Oregon Board of Naturopathic Medicine as a retired *[naturopath]* **naturopathic physician**;

(d) Who registers with the local health officer of the local public health authority, as defined in ORS 431.003, in which the physician, *[physician assistant]* **physician associate**, nurse practitioner or *[naturopath]* **naturopathic physician** practices; and

(e) Who provides medical care as a volunteer without compensation solely through referrals from the local health officer specified in paragraph (d) of this subsection.

(2) Any retired provider who treats patients pursuant to this section shall be considered to be an agent of a public body for the purposes of ORS 30.260 to 30.300.

SECTION 17. ORS 30.800 is amended to read:

30.800. (1) As used in this section and ORS 30.805, “emergency medical assistance” means:

(a) Medical or dental care not provided in a place where emergency medical or dental care is regularly available, including but not limited to a hospital, industrial first-aid station or the office of a physician, naturopathic physician, [*physician assistant*] **physician associate** or dentist, given voluntarily and without the expectation of compensation to an injured person who is in need of immediate medical or dental care and under emergency circumstances that suggest that the giving of assistance is the only alternative to death or serious physical aftereffects; or

(b) Medical care provided voluntarily in good faith and without expectation of compensation by a physician licensed under ORS chapter 677, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, a nurse practitioner licensed under ORS 678.375 to 678.390 or a naturopathic physician licensed under ORS chapter 685 and in the person’s professional capacity as a provider of health care for an athletic team at a public or private school or college athletic event or as a volunteer provider of health care at other athletic events.

(2) No person may maintain an action for damages for injury, death or loss that results from acts or omissions of a person while rendering emergency medical assistance unless it is alleged and proved by the complaining party that the person was grossly negligent in rendering the emergency medical assistance.

(3) The giving of emergency medical assistance by a person does not, of itself, establish a professional relationship between the person giving the assistance and the person receiving the assistance insofar as the relationship carries with it any duty to provide or arrange for further medical care for the injured person after the giving of emergency medical assistance.

SECTION 18. ORS 30.802 is amended to read:

30.802. (1) As used in this section:

(a) “Automated external defibrillator” means an automated external defibrillator approved for sale by the federal Food and Drug Administration.

(b) “Public setting” means a location that is:

(A) Accessible to members of the general public, employees, visitors and guests, but that is not a private residence;

(B) A public school facility as defined in ORS 327.365;

(C) A health club as defined in ORS 431A.450; or

(D) A place of public assembly as defined in ORS 431A.455.

(2) A person may not bring a cause of action against another person for damages for injury, death or loss that result from acts or omissions involving the use, attempted use or nonuse of an automated external defibrillator when the other person:

(a) Used or attempted to use an automated external defibrillator;

(b) Was present when an automated external defibrillator was used or should have been used;

(c) Provided training in the use of an automated external defibrillator;

(d) Is a physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390 or a naturopathic physician licensed under ORS chapter 685 and provided services related to the placement or use of an automated external defibrillator; or

(e) Possesses or controls one or more automated external defibrillators placed in a public setting.

(3) The immunity provided by this section does not apply if:

(a) The person against whom the action is brought acted with gross negligence or with reckless, wanton or intentional misconduct; or

(b) The use, attempted use or nonuse of an automated external defibrillator occurred at a location where emergency medical care is regularly available.

(4) Nothing in this section affects the liability of a manufacturer, designer, developer, distributor or supplier of an automated external defibrillator, or an accessory for an automated external defibrillator, under the provisions of ORS 30.900 to 30.920 or any other applicable state or federal law.

SECTION 19. ORS 31.260 is amended to read:

31.260. As used in ORS 31.260 to 31.278:

(1) “Adverse health care incident” means an objective, definable and unanticipated consequence of patient care that is usually preventable and results in the death of or serious physical injury to the patient.

(2) “Health care facility” has the meaning given that term in ORS 442.015.

(3) “Health care provider” means a person practicing within the scope of the person’s license, registration or certification to practice as:

- (a) A psychologist under ORS 675.030 to 675.070, 675.085 and 675.090;
- (b) An occupational therapist under ORS 675.230 to 675.300;
- (c) A physician under ORS 677.100 to 677.228;
- (d) An emergency medical services provider under ORS chapter 682;
- (e) A podiatric physician and surgeon under ORS 677.820 to 677.840;
- (f) A registered nurse under ORS 678.010 to 678.410;
- (g) A dentist under ORS chapter 679;
- (h) A dental hygienist under ORS 680.040 to 680.100;
- (i) A denturist under ORS 680.515 to 680.535;
- (j) An audiologist or speech-language pathologist under ORS 681.250 to 681.350;
- (k) An optometrist under ORS 683.040 to 683.155 and 683.170 to 683.220;
- (L) A chiropractor under ORS 684.040 to 684.105;
- (m) A [*naturopath*] **naturopathic physician** under ORS 685.060 to 685.110, 685.125 and 685.135;
- (n) A massage therapist under ORS 687.011 to 687.250;
- (o) A direct entry midwife under ORS 687.405 to 687.495;
- (p) A physical therapist under ORS 688.040 to 688.145;
- (q) A medical imaging licensee under ORS 688.445 to 688.525;
- (r) A pharmacist under ORS 689.151 and 689.225 to 689.285;
- (s) A [*physician assistant*] **physician associate** under ORS 677.505 to 677.525; or
- (t) A professional counselor or marriage and family therapist under ORS 675.715 to 675.835.

(4) “Patient” means the patient or, if the patient is a minor, is deceased or has been medically confirmed by the patient’s treating physician to be incapable of making decisions for purposes of ORS 31.260 to 31.278, the patient’s representative as provided in ORS 31.274.

SECTION 20. ORS 31.740 is amended to read:

31.740. Punitive damages may not be awarded against a health practitioner if:

- (1) The health practitioner is licensed, registered or certified as:
 - (a) A psychologist under ORS 675.030 to 675.070, 675.085 and 675.090;
 - (b) An occupational therapist under ORS 675.230 to 675.300;
 - (c) A regulated social worker under ORS 675.510 to 675.600;
 - (d) A physician under ORS 677.100 to 677.228 or 677.805 to 677.840;
 - (e) An emergency medical services provider under ORS chapter 682;
 - (f) A nurse under ORS 678.040 to 678.101;
 - (g) A nurse practitioner under ORS 678.375 to 678.390;
 - (h) A dentist under ORS chapter 679;
 - (i) A dental hygienist under ORS 680.040 to 680.100;
 - (j) A denturist under ORS 680.515 to 680.535;
 - (k) An audiologist or speech-language pathologist under ORS 681.250 to 681.350;
 - (L) An optometrist under ORS 683.040 to 683.155 and 683.170 to 683.220;
 - (m) A chiropractor under ORS 684.040 to 684.105;
 - (n) A [*naturopath*] **naturopathic physician** under ORS 685.060 to 685.110, 685.125 and 685.135;

- (o) A massage therapist under ORS 687.011 to 687.250;
 - (p) A physical therapist under ORS 688.040 to 688.145;
 - (q) A medical imaging licensee under ORS 688.445 to 688.525;
 - (r) A pharmacist under ORS 689.151 and 689.225 to 689.285;
 - (s) A [*physician assistant*] **physician associate** as provided by ORS 677.505 to 677.525; or
 - (t) A professional counselor or marriage and family therapist under ORS 675.715 to 675.835; and
- (2) The health practitioner was engaged in conduct regulated by the license, registration or certificate issued by the appropriate governing body and was acting within the scope of practice for which the license, registration or certificate was issued and without malice.

SECTION 21. ORS 58.376 is amended to read:

58.376. (1) As used in this section, “licensee” means an individual who has a license as a physician or a license as a [*physician assistant*] **physician associate** from the Oregon Medical Board or who has a license as a nurse practitioner from the Oregon State Board of Nursing.

(2) In a professional corporation that is organized for the purpose of allowing physicians, [*physician assistants*] **physician associates** and nurse practitioners to jointly render professional health care services, licensees must:

(a) Hold a majority of each class of shares of the professional corporation that is entitled to vote; and

(b) Be a majority of the directors of the professional corporation.

(3) An individual whom the professional corporation employs, or an individual who owns an interest in the professional corporation, may not direct or control the professional judgment of a licensee who is practicing within the professional corporation and within the scope of practice permitted under the licensee’s license.

(4) A licensee whom the professional corporation employs, or a licensee who owns an interest in the professional corporation, may not direct or control the services of another licensee who is practicing within the professional corporation unless the other licensee is also practicing within the scope of practice permitted under the licensee’s license.

(5) A professional corporation that is subject to ORS 58.375 may elect to become subject to this section by amending the professional corporation’s articles of incorporation or bylaws.

SECTION 21a. If House Bill 4130 becomes law, section 21 of this 2024 Act (amending ORS 58.376) is repealed.

SECTION 22. ORS 87.555 is amended to read:

87.555. (1) Except as otherwise provided by law, whenever any person receives hospitalization or medical treatment on account of any injury, and the person, or the personal representative of the person after the death of the person, claims damages from the person causing the injury, then the hospital or any physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390 who treats the injured person in the hospital or who provides medical services shall have a lien upon any sum awarded the injured person or the personal representative of the person by judgment or award or obtained by a settlement or compromise to the extent of the amount due the hospital and the physician, [*physician assistant*] **physician associate** or nurse practitioner for the reasonable value of such medical treatment rendered prior to the date of judgment, award, settlement or compromise. However, no such lien shall be valid against anyone coming under the Workers’ Compensation Act.

(2) When the injured person receiving hospitalization or medical care from a physician, [*physician assistant*] **physician associate** or nurse practitioner is the beneficiary of an insurance policy, including a policy that provides personal injury protection coverage or similar no-fault medical insurance but excluding a health insurance policy, that provides for payment of such hospitalization and medical care, both the hospital and physician, [*physician assistant*] **physician associate** or nurse practitioner shall have liens upon the amount payable under the insurance policy. If a hospital or physician, [*physician assistant*] **physician associate** or nurse practitioner has properly perfected a lien pursuant to ORS 87.565 (2), the insurer obligated to make payment shall pay the sum due under

the insurance policy directly to the hospital and physician, [*physician assistant*] **physician associate** or nurse practitioner in the amount due each for services rendered, and such payment shall constitute a release of the insurer making the payment to the extent of the payment.

(3) When there are insufficient funds to satisfy in full the liens of all hospitals, physicians, [*physician assistants*] **physician associates** and nurse practitioners claiming a lien created by this section, the insurer making the payment shall prorate the available funds without regard to the sequence of the filing of the notice of lien by the hospitals, physicians, [*physician assistants*] **physician associates** or nurse practitioners and pay the hospitals, physicians, [*physician assistants*] **physician associates** or nurse practitioners in proportion to the amount due each for services rendered.

SECTION 23. ORS 87.560 is amended to read:

87.560. (1) No lien under ORS 87.555 (1) shall be allowed:

(a) For hospitalization and treatment from a physician, [*physician assistant*] **physician associate** or nurse practitioner rendered after a settlement has been effected by or on behalf of the party causing the injury;

(b) Against any sum for necessary attorney fees, costs and expenses incurred by the injured party in securing a settlement, compromise, award or judgment; or

(c) For an amount payable for medical services under a policy that provides personal injury protection coverage provided to an injured person prior to a hospital, physician, [*physician assistant*] **physician associate** or nurse practitioner perfecting a lien under ORS 87.565 (2).

(2) This section does not preclude a hospital, a physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390 from perfecting a lien under ORS 87.555.

SECTION 24. ORS 87.565 is amended to read:

87.565. (1) In order to perfect a lien under ORS 87.555 (1), a hospital, an owner or operator of a hospital, a physician, a [*physician assistant*] **physician associate** or a nurse practitioner shall:

(a) Not later than 30 days after the discharge of the patient from the hospital, file a notice of lien substantially in the form prescribed in ORS 87.570, containing a statement of the amount claimed, with the recording officer of the county wherein such hospital is located; and

(b) Prior to the date of judgment, award, settlement or compromise, serve a certified copy of the notice of lien by registered or certified mail upon:

(A) The person alleged to be responsible for causing the injury and from whom damages are or may be claimed or to the last-known address of the person; or

(B) The insurance carrier that has insured the person alleged to be responsible, if such insurance carrier is known.

(2) In order to perfect a lien under ORS 87.555 (2), a hospital, an owner or operator of a hospital, a physician, a [*physician assistant*] **physician associate** or a nurse practitioner shall:

(a) Not later than 30 days after the discharge of the patient from the hospital, file a notice of lien substantially in the form prescribed in ORS 87.570, containing a statement of the amount claimed, with the recording officer of the county wherein such hospital is located; and

(b) Serve a certified copy of the notice of lien by certified mail upon the insurance company that is obligated to make payment for hospitalization and medical services.

SECTION 25. ORS 87.575 is amended to read:

87.575. Each recording officer shall maintain a lien docket in which, upon the filing of a notice of lien, the recording officer shall enter the name of the injured person, the approximate date of the hospitalization services or medical treatment, the name and address of the hospital filing the notice and the amount claimed and the name and address of the physician, [*physician assistant*] **physician associate** or nurse practitioner filing the notice and the amount claimed. The recording officer shall make an index thereto in the names of the injured persons.

SECTION 26. ORS 87.581 is amended to read:

87.581. (1) A person or insurer shall be liable to a hospital and physician, [*physician assistant*] **physician associate** or nurse practitioner for the reasonable value of hospitalization services and medical treatment rendered out of the moneys due under any payment, award, judgment, settlement

or compromise, after paying the attorney fees, costs and expenses incurred in connection therewith, or the proportion of that amount as determined under ORS 87.555 (3), if the person or insurer:

(a) Has received a notice of lien that complies with ORS 87.565;

(b) Has not paid the hospital and physician, [*physician assistant*] **physician associate** or nurse practitioner the reasonable value of hospitalization services and medical treatment that the hospital and physician, [*physician assistant*] **physician associate** or nurse practitioner rendered; and

(c) Pays moneys to the injured person, the heirs or personal representative of the injured person, the attorney for the injured person or for the heirs or personal representative of the injured person, or a person not claiming a valid lien under ORS 87.555, as compensation for the injury suffered or as payment for the costs of hospitalization services or medical treatment incurred by the injured person.

(2) An action arising under subsection (1) of this section shall be commenced within 180 days after the date of payment under subsection (1)(c) of this section.

SECTION 27. ORS 109.640 is amended to read:

109.640. (1) As used in this section, “reproductive health care” has the meaning given that term in ORS 435.190, except that “reproductive health care” does not include the elective sterilization of a minor under 15 years of age.

(2)(a) As used in this subsection, “health care provider” means a physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390 or a pharmacist licensed under ORS chapter 689.

(b) A minor under 15 years of age may give consent, without the consent of a parent or guardian of the minor, to an abortion only if the abortion is provided by a health care provider who is acting within the health care provider’s scope of practice and who reasonably believes, in the health care provider’s professional judgment, that:

(A) Involving the parent or guardian of the minor may result in the physical or emotional abuse of the minor or the neglect of the minor; or

(B) Requiring the consent of a parent or guardian of the minor would not be in the best interest of the minor, for the reasons documented by the health care provider after obtaining the concurrence of another health care provider who is associated with a separate medical practice or facility.

(3) Except as provided in subsection (2) of this section and notwithstanding subsection (4) of this section, a minor of any age may give consent, without the consent of a parent or guardian of the minor, to receive reproductive health care information and services from a health care provider who is a physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, pharmacist licensed under ORS chapter 689 or naturopathic physician licensed under ORS chapter 685, and who is acting within the provider’s scope of practice.

(4) A minor 15 years of age or older may give consent, without the consent of a parent or guardian of the minor, to:

(a) Hospital care, medical or surgical diagnosis or treatment by a physician licensed by the Oregon Medical Board or a naturopathic physician licensed under ORS chapter 685, and dental or surgical diagnosis or treatment by a dentist licensed by the Oregon Board of Dentistry.

(b) Diagnosis or treatment by a [*physician assistant*] **physician associate** who is licensed under ORS 677.505 to 677.525 and who is acting pursuant to a collaboration agreement as defined in ORS 677.495.

(c) Diagnosis and treatment by a nurse practitioner who is licensed by the Oregon State Board of Nursing under ORS 678.375 and who is acting within the scope of practice for a nurse practitioner.

(d) Except when the minor is obtaining contact lenses for the first time, diagnosis and treatment by an optometrist who is licensed by the Oregon Board of Optometry under ORS 683.010 to 683.340 and who is acting within the scope of practice for an optometrist.

(5) If a person, including a health care provider, has reasonable cause to believe that a minor the person comes into contact with under this section has suffered abuse, as defined in ORS

419B.005, the person shall immediately comply with the person's mandatory child abuse reporting duties under ORS 419B.010.

SECTION 28. ORS 109.650 is amended to read:

109.650. A hospital or a physician, [*physician assistant*] **physician associate**, nurse practitioner, naturopathic physician, dentist or optometrist described in ORS 109.640 may advise a parent or legal guardian of a minor of the care, diagnosis or treatment of the minor or the need for any treatment of the minor, without the consent of the minor, and is not liable for advising the parent or legal guardian without the consent of the minor.

SECTION 29. ORS 109.675 is amended to read:

109.675. (1) A minor 14 years of age or older may obtain, without parental knowledge or consent:

(a) Outpatient diagnosis or treatment of a mental or emotional disorder or a chemical dependency, excluding methadone maintenance, by a physician or [*physician assistant*] **physician associate** licensed by the Oregon Medical Board, a psychologist licensed by the Oregon Board of Psychology, a nurse practitioner registered by the Oregon State Board of Nursing, a clinical social worker licensed by the State Board of Licensed Social Workers, a professional counselor or marriage and family therapist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, a naturopathic physician licensed by the Oregon Board of Naturopathic Medicine or a community mental health program established and operated pursuant to ORS 430.620 when approved to do so by the Oregon Health Authority pursuant to rule.

(b) Outpatient applied behavior analysis, as defined in ORS 676.802, as a treatment of a mental or emotional disorder or a chemical dependency, excluding methadone maintenance, by a behavior analyst or assistant behavior analyst licensed under ORS 676.810 or a behavior analysis interventionist registered by the Health Licensing Office under ORS 676.815 if the treatment is within the scope of practice of the behavior analyst, assistant behavior analyst or behavior analysis interventionist.

(2) However, the person providing treatment shall have the parents of the minor involved before the end of treatment unless the parents refuse or unless there are clear clinical indications to the contrary, which shall be documented in the treatment record. The provisions of this subsection do not apply to:

(a) A minor who has been sexually abused by a parent; or

(b) An emancipated minor, whether emancipated under the provisions of ORS 109.510 and 109.520 or 419B.550 to 419B.558 or, for the purpose of this section only, emancipated by virtue of having lived apart from the parents or legal guardian while being self-sustaining for a period of 90 days prior to obtaining treatment as provided by this section.

SECTION 30. ORS 109.680 is amended to read:

109.680. (1) As used in this section, "mental health care provider" means a physician or [*physician assistant*] **physician associate** licensed by the Oregon Medical Board, psychologist licensed by the Oregon Board of Psychology, nurse practitioner registered by the Oregon State Board of Nursing, clinical social worker licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, naturopathic physician licensed under ORS chapter 685 or community mental health program established and operated pursuant to ORS 430.620 when approved to do so by the Oregon Health Authority pursuant to rule.

(2)(a) A mental health care provider that is providing services to a minor pursuant to ORS 109.675 may disclose relevant health information about the minor without the minor's consent as provided in ORS 109.675 (2) and this subsection.

(b) If the minor's condition has deteriorated or the risk of a suicide attempt has become such that inpatient treatment is necessary, or if the minor's condition requires detoxification in a residential or acute care facility, the minor's mental health care provider may disclose the relevant information regarding the minor's diagnosis and treatment to the minor's parent or legal guardian to the extent the mental health care provider determines the disclosure is clinically appropriate and will serve the best interests of the minor's treatment.

(c) If the mental health care provider assesses the minor to be at serious and imminent risk of a suicide attempt but inpatient treatment is not necessary or practicable:

(A) The mental health care provider shall disclose relevant information about the minor to and engage in safety planning with the minor's parent, legal guardian or other individuals the provider reasonably believes may be able to prevent or lessen the minor's risk of a suicide attempt.

(B) The mental health care provider may disclose relevant information regarding the minor's treatment and diagnosis that the mental health care provider determines is necessary to further the minor's treatment to those organizations, including appropriate schools and social service entities, that the mental health care provider reasonably believes will provide treatment support to the minor to the extent the mental health care provider determines necessary.

(d) Except as provided in ORS 109.675 (2) and paragraphs (a) and (b) of this subsection, if a mental health care provider has provided the minor with the opportunity to object to the disclosure and the minor has not expressed an objection, the mental health care provider may disclose information related to the minor's treatment and diagnosis to individuals, including the minor's parent or legal guardian, and organizations when the information directly relates to the individual's or organization's involvement in the minor's treatment.

(3) Notwithstanding subsection (2)(c)(A) of this section, a mental health care provider is not required to disclose the minor's treatment and diagnosis information to an individual if the mental health care provider:

(a) Reasonably believes the individual has abused or neglected the minor or subjected the minor to domestic violence or may abuse or neglect the minor or subject the minor to domestic violence;

(b) Reasonably believes disclosure of the minor's information to the individual could endanger the minor; or

(c) Determines that it is not in the minor's best interest to disclose the information to the individual.

(4) Nothing in this section is intended to limit a mental health care provider's authority to disclose information related to the minor with the minor's consent.

(5) If a mental health care provider discloses a minor's information as provided in subsection (2) of this section in good faith, the mental health care provider is immune from civil liability for making the disclosure without the consent of the minor.

SECTION 31. ORS 109.685 is amended to read:

109.685. A physician, [*physician assistant*] **physician associate**, psychologist, nurse practitioner, clinical social worker licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, naturopathic physician licensed under ORS chapter 685 or community mental health program described in ORS 109.675 who in good faith provides diagnosis or treatment to a minor as authorized by ORS 109.675 shall not be subject to any civil liability for providing such diagnosis or treatment without consent of the parent or legal guardian of the minor.

SECTION 32. ORS 124.050 is amended to read:

124.050. As used in ORS 124.050 to 124.095:

(1) "Abuse" means one or more of the following:

(a) Any physical injury to an elderly person caused by other than accidental means, or which appears to be at variance with the explanation given of the injury.

(b) Neglect.

(c) Abandonment, including desertion or willful forsaking of an elderly person or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.

(d) Willful infliction of physical pain or injury upon an elderly person.

(e) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465, 163.467 or 163.525.

(f) Verbal abuse.

(g) Financial exploitation.

(h) Sexual abuse.

(i) Involuntary seclusion of an elderly person for the convenience of a caregiver or to discipline the person.

(j) A wrongful use of a physical or chemical restraint of an elderly person, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677 and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.

(2) "Elderly person" means any person 65 years of age or older who is not subject to the provisions of ORS 441.640 to 441.665.

(3) "Facility" means:

(a) A long term care facility as that term is defined in ORS 442.015.

(b) A residential facility as that term is defined in ORS 443.400, including but not limited to an assisted living facility.

(c) An adult foster home as that term is defined in ORS 443.705.

(4) "Financial exploitation" means:

(a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an elderly person or a person with a disability.

(b) Alarming an elderly person or a person with a disability by conveying a threat to wrongfully take or appropriate money or property of the person if the person would reasonably believe that the threat conveyed would be carried out.

(c) Misappropriating, misusing or transferring without authorization any money from any account held jointly or singly by an elderly person or a person with a disability.

(d) Failing to use the income or assets of an elderly person or a person with a disability effectively for the support and maintenance of the person.

(5) "Intimidation" means compelling or deterring conduct by threat.

(6) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) Any county sheriff's office.

(c) The Oregon State Police.

(d) Any district attorney.

(e) A police department established by a university under ORS 352.121 or 353.125.

(7) "Neglect" means failure to provide basic care or services that are necessary to maintain the health or safety of an elderly person.

(8) "Person with a disability" means a person described in:

(a) ORS 410.040 (7); or

(b) ORS 410.715.

(9) "Public or private official" means:

(a) Physician or [*physician assistant*] **physician associate** licensed under ORS chapter 677, naturopathic physician or chiropractor, including any intern or resident.

(b) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.

(c) Employee of the Department of Human Services or community developmental disabilities program.

(d) Employee of the Oregon Health Authority, local health department or community mental health program.

(e) Peace officer.

(f) Member of the clergy.

(g) Regulated social worker.

(h) Physical, speech or occupational therapist.

(i) Senior center employee.

(j) Information and referral or outreach worker.

(k) Licensed professional counselor or licensed marriage and family therapist.

(L) Elected official of a branch of government of this state or a state agency, board, commission or department of a branch of government of this state or of a city, county or other political subdivision in this state.

(m) Firefighter or emergency medical services provider.

(n) Psychologist.

(o) Provider of adult foster care or an employee of the provider.

(p) Audiologist.

(q) Speech-language pathologist.

(r) Attorney.

(s) Dentist.

(t) Optometrist.

(u) Chiropractor.

(v) Personal support worker, as defined in ORS 410.600.

(w) Home care worker, as defined in ORS 410.600.

(x) Referral agent, as defined in ORS 443.370.

(y) A person providing agency with choice services under ORS 427.181.

(10) "Services" includes but is not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene or any other service essential to the well-being of an elderly person.

(11)(a) "Sexual abuse" means:

(A) Sexual contact with an elderly person who does not consent or is considered incapable of consenting to a sexual act under ORS 163.315;

(B) Verbal or physical harassment of a sexual nature, including but not limited to severe or pervasive exposure to sexually explicit material or language;

(C) Sexual exploitation;

(D) Any sexual contact between an employee of a facility or paid caregiver and an elderly person served by the facility or caregiver; or

(E) Any sexual contact that is achieved through force, trickery, threat or coercion.

(b) "Sexual abuse" does not mean consensual sexual contact between an elderly person and:

(A) An employee of a facility who is also the spouse of the elderly person; or

(B) A paid caregiver.

(12) "Sexual contact" has the meaning given that term in ORS 163.305.

(13) "Verbal abuse" means to threaten significant physical or emotional harm to an elderly person or a person with a disability through the use of:

(a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

(b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.

SECTION 33. ORS 127.663 is amended to read:

127.663. As used in ORS 127.663 to 127.684:

(1) "Authorized user" means a person authorized by the Oregon Health Authority to provide information to or receive information from the POLST registry.

(2) "Life-sustaining treatment" means any medical procedure, pharmaceutical, medical device or medical intervention that maintains life by sustaining, restoring or supplanting a vital function. "Life-sustaining treatment" does not include routine care necessary to sustain patient cleanliness and comfort.

(3) "Naturopathic physician" has the meaning given the term in ORS 685.010.

(4) "Nurse practitioner" has the meaning given that term in ORS 678.010.

(5) "Physician" has the meaning given that term in ORS 677.010.

(6) "[*Physician assistant*]" "**Physician associate**" has the meaning given that term in ORS 677.495.

(7) "POLST" means a physician order for life-sustaining treatment signed by a physician, naturopathic physician, nurse practitioner or [*physician assistant*] **physician associate**.

(8) "POLST registry" means the registry established in ORS 127.666.

SECTION 34. ORS 127.700 is amended to read:

127.700. As used in ORS 127.700 to 127.737:

(1) "Attending physician" shall have the same meaning as provided in ORS 127.505.

(2) "Attorney-in-fact" means an adult validly appointed under ORS 127.540, 127.700 to 127.737 and 426.385 to make mental health treatment decisions for a principal under a declaration for mental health treatment and also means an alternative attorney-in-fact.

(3) "Declaration" means a document making a declaration of preferences or instructions regarding mental health treatment.

(4) "Health care facility" shall have the same meaning as provided in ORS 127.505.

(5) "Health care provider" shall have the same meaning as provided in ORS 127.505.

(6) "Incapable" means that, in the opinion of the court in a protective proceeding under ORS chapter 125, or the opinion of two physicians, a person's ability to receive and evaluate information effectively or communicate decisions is impaired to such an extent that the person currently lacks the capacity to make mental health treatment decisions.

(7) "Mental health treatment" means convulsive treatment, treatment of mental illness with psychoactive medication, admission to and retention in a health care facility for a period not to exceed 17 days for care or treatment of mental illness, and outpatient services.

(8) "Outpatient services" means treatment for a mental or emotional disorder that is obtained by appointment and is provided by an outpatient service as defined in ORS 430.010.

(9) "Provider" means a mental health treatment provider, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390.

(10) "Representative" means "attorney-in-fact" as defined in this section.

SECTION 35. ORS 135.139 is amended to read:

135.139. (1) When a person has been charged with a crime in which it appears from the nature of the charge that the transmission of body fluids from one person to another may have been involved, the district attorney, upon the request of the victim or the parent or guardian of a minor or incapacitated victim, shall seek the consent of the person charged to submit to a test for HIV and any other communicable disease. In the absence of such consent or failure to submit to the test, the district attorney shall petition the court for an order requiring the person charged to submit to a test for HIV and any other communicable disease.

(2)(a) At the time of an appearance before a circuit court judge on a criminal charge, the judge shall inform every person arrested and charged with a crime, in which it appears from the nature of the charge that the transmission of body fluids from one person to another may have been involved, of the availability of testing for HIV and other communicable diseases and shall cause the alleged victim of such a crime, if any, or a parent or guardian of the victim, if any, to be notified that testing for HIV and other communicable diseases is available. The judge shall inform the person arrested and charged and the victim, or parent or guardian of the victim, of the availability of counseling under the circumstances described in subsection (7) of this section.

(b) Notwithstanding the provisions of ORS 433.045, when the district attorney files a petition under subsection (1) of this section, the court shall order the person charged to submit to testing if the court determines there is probable cause to believe that:

(A) The person charged committed the crime; and

(B) The victim has received a substantial exposure, as defined by rule of the Oregon Health Authority.

(c) If the district attorney files a petition under subsection (1) of this section at or before the defendant's arraignment on the indictment or information and the court orders the defendant to submit to testing, the testing must be done within 48 hours of the defendant's arraignment.

(d) The results of the test described in this subsection must be provided to the victim of the crime, or a parent or guardian of the victim, and to the defendant, as soon as practicable.

(e) Any necessary follow-up testing must be provided as medically appropriate.

(3) Notwithstanding the provisions of ORS 433.045, upon conviction of a person for any crime in which the court determines from the facts that the transmission of body fluids from one person to another was involved and if the person has not been tested pursuant to subsection (2) of this section, the court shall seek the consent of the convicted person to submit to a test for HIV and other communicable diseases. In the absence of such consent or failure to submit to the test, the court shall order the convicted person to submit to the test if the victim of the crime, or a parent or guardian of the victim, requests the court to make such order.

(4) When a test is ordered under subsection (2) or (3) of this section, the victim of the crime or a parent or guardian of the victim, shall designate an attending physician, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390 to receive such information on behalf of the victim.

(5) If an HIV test results in a negative reaction, the court may order the person to submit to another HIV test six months after the first test was administered.

(6) The result of any test ordered under this section is not a public record and shall be available only to:

- (a) The victim.
- (b) The parent or guardian of a minor or incapacitated victim.
- (c) The attending physician, [*physician assistant*] **physician associate** or nurse practitioner.
- (d) The Oregon Health Authority.
- (e) The person tested.

(7) If an HIV test ordered under this section results in a positive reaction, the individual subject to the test shall receive post-test counseling as required by the Oregon Health Authority by rule. The results of HIV tests ordered under this section shall be reported to the authority. Counseling and referral for appropriate health care, testing and support services as directed by the Director of the Oregon Health Authority shall be provided to the victim or victims at the request of the victim or victims, or the parent or guardian of a minor or incapacitated victim.

(8) The costs of testing and counseling provided under subsections (2), (3) and (7) of this section shall be paid through the compensation for crime victims program authorized by ORS 147.005 to 147.367 from amounts appropriated for such purposes. Restitution to the state for payment of the costs of any counseling provided under this section and for payment of the costs of any test ordered under this section shall be included by the court in any order requiring the convicted person to pay restitution.

(9) When a court orders a convicted person to submit to a test under this section, the withdrawal of blood may be performed only by a physician licensed under ORS chapter 677, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390, or by another licensed health care provider acting within the provider's licensed scope of practice or acting under the supervision of a physician licensed under ORS chapter 677, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390.

(10) No person authorized by subsection (9) of this section to withdraw blood, no person assisting in the performance of the test nor any medical care facility where blood is withdrawn or tested that has been ordered by the court to withdraw or test blood shall be liable in any civil or criminal action when the act is performed in a reasonable manner according to generally accepted medical practices.

(11) The results of tests or reports, or information therein, obtained under this section shall be confidential and shall not be divulged to any person not authorized by this section to receive the information. Any violation of this subsection is a Class C misdemeanor.

(12) As used in this section:

(a) "HIV test" means a test as defined in ORS 433.045.

(b) "Parent or guardian of the victim" means a custodial parent or legal guardian of a victim who is a minor or incapacitated person.

(c) "Positive reaction" means a positive HIV test with a positive confirmatory test result as specified by the Oregon Health Authority.

(d) "Transmission of body fluids" means the transfer of blood, semen, vaginal secretions or other body fluids identified by rule of the authority, from the perpetrator of a crime to the mucous membranes or potentially broken skin of the victim.

(e) "Victim" means the person or persons to whom transmission of body fluids from the perpetrator of the crime occurred or was likely to have occurred in the course of the crime.

SECTION 36. ORS 136.220 is amended to read:

136.220. A challenge for implied bias shall be allowed for any of the following causes and for no other:

(1) Consanguinity or affinity within the fourth degree to the person alleged to be injured by the offense charged in the accusatory instrument, to the complainant or to the defendant.

(2) Standing in the relation of guardian and ward, attorney and client, physician and patient, naturopathic physician and patient, [*physician assistant*] **physician associate** and patient, nurse practitioner and patient, master and servant, debtor and creditor, principal and agent or landlord and tenant with the:

(a) Defendant;

(b) Person alleged to be injured by the offense charged in the accusatory instrument; or

(c) Complainant.

(3) Being a member of the family, a partner in business with or in the employment of any person referred to in subsection (2)(a), (b) or (c) of this section or a surety in the action or otherwise for the defendant.

(4) Having served on the grand jury which found the indictment or on a jury of inquest which inquired into the death of a person whose death is the subject of the indictment or information.

(5) Having been one of a jury formerly sworn in the same action, and whose verdict was set aside or which was discharged without a verdict after the cause was submitted to it.

(6) Having served as a juror in a civil action, suit or proceeding brought against the defendant for substantially the same act charged as an offense.

(7) Having served as a juror in a criminal action upon substantially the same facts, transaction or criminal episode.

SECTION 37. ORS 137.076 is amended to read:

137.076. (1) This section applies to any person convicted of:

(a) A felony;

(b) Sexual abuse in the third degree or public indecency;

(c) Conspiracy or attempt to commit rape in the third degree, sodomy in the third degree, sexual abuse in the second degree, burglary in the second degree or promoting prostitution; or

(d) Murder or aggravated murder.

(2) When a person is convicted of an offense listed in subsection (1) of this section:

(a) The person shall, whether or not ordered to do so by the court under paragraph (b) of this subsection, provide a blood or buccal sample at the request of the appropriate agency designated in paragraph (c) of this subsection.

(b) The court shall include in the judgment of conviction an order stating that a blood or buccal sample is required to be obtained at the request of the appropriate agency and, unless the convicted person lacks the ability to pay, that the person shall reimburse the appropriate agency for the cost of obtaining and transmitting the blood or buccal sample. If the judgment sentences the convicted person to probation, the court shall order the convicted person to submit to the obtaining of a blood or buccal sample as a condition of the probation.

(c) The appropriate agency shall cause a blood or buccal sample to be obtained and transmitted to the Department of State Police. The agency shall cause the sample to be obtained as soon as practicable after conviction. The agency shall obtain the convicted person's thumbprint at the same time the agency obtains the blood or buccal sample. The agency shall include the thumbprint with the identifying information that accompanies the sample. Whenever an agency is notified by the

Department of State Police that a sample is not adequate for analysis, the agency shall obtain and transmit a blood sample. The appropriate agency shall be:

(A) The Department of Corrections, whenever the convicted person is committed to the legal and physical custody of the department.

(B) In all other cases, the law enforcement agency attending upon the court.

(3)(a) A blood sample may only be drawn in a medically acceptable manner by a licensed physician, a person acting under the direction or control of a licensed physician, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, a nurse licensed under ORS chapter 678 or a qualified medical technician.

(b) A buccal sample may be obtained by anyone authorized to do so by the appropriate agency. The person obtaining the buccal sample shall follow the collection procedures established by the Department of State Police.

(c) A person authorized by this subsection to obtain a blood or buccal sample shall not be held civilly liable for obtaining a sample in accordance with this subsection and subsection (2) of this section, ORS 161.325 and 419C.473. The sample shall also be obtained and transmitted in accordance with any procedures that may be established by the Department of State Police. However, no test result or opinion based upon a test result shall be rendered inadmissible as evidence solely because of deviations from procedures adopted by the Department of State Police that do not affect the reliability of the opinion or test result.

(4) No sample is required to be obtained if:

(a) The Department of State Police notifies the court or the appropriate agency that it has previously received an adequate blood or buccal sample obtained from the convicted person in accordance with this section or ORS 161.325 or 419C.473; or

(b) The court determines that obtaining a sample would create a substantial and unreasonable risk to the health of the convicted person.

(5) The provisions of subsections (1) to (4) of this section apply to any person who, on or after September 29, 1991, is serving a term of incarceration as a sentence or as a condition of probation imposed for conviction of an offense listed in subsection (1) of this section, and any such person shall submit to the obtaining of a blood or buccal sample. Before releasing any such person from incarceration, the supervisory authority shall cause a blood or buccal sample and the person's thumbprint to be obtained and transmitted in accordance with subsections (1) to (4) of this section.

SECTION 38. ORS 137.473 is amended to read:

137.473. (1) The punishment of death shall be inflicted by the intravenous administration of a lethal quantity of an ultra-short-acting barbiturate in combination with a chemical paralytic agent and potassium chloride or other equally effective substances sufficient to cause death. The judgment shall be executed by the superintendent of the Department of Corrections institution in which the execution takes place, or by the designee of that superintendent. All executions shall take place within the enclosure of a Department of Corrections institution designated by the Director of the Department of Corrections. The superintendent of the institution shall be present at the execution and shall invite the presence of one or more physicians, [*physician assistants*] **physician associates** or nurse practitioners, the Attorney General, the sheriff of the county in which the judgment was rendered and representatives from the media. At the request of the defendant, the superintendent shall allow no more than two members of the clergy designated by the defendant to be present at the execution. At the discretion of the superintendent, no more than five friends and relatives designated by the defendant may be present at the execution. The superintendent shall allow the presence of any peace officers as the superintendent thinks expedient.

(2) The person who administers the lethal injection under subsection (1) of this section shall not thereby be considered to be engaged in the practice of medicine.

(3)(a) Any wholesale distributor drug outlet, as defined in ORS 689.005, registered with the State Board of Pharmacy under ORS 689.305 may provide the lethal substance or substances described in subsection (1) of this section upon written order of the Director of the Department of Corrections, accompanied by a certified copy of the judgment of the court imposing the punishment.

(b) For purposes of ORS 689.527 (7) the director shall be considered authorized to purchase the lethal substance or substances described in subsection (1) of this section.

(c) The lethal substance or substances described in subsection (1) of this section are not controlled substances when purchased, possessed or used for purposes of this section.

(4) The superintendent may require that persons who are present at the execution under subsection (1) of this section view the initial execution procedures, prior to the point of the administration of the lethal injection, by means of a simultaneous closed-circuit television transmission under the direction and control of the superintendent.

SECTION 39. ORS 137.476 is amended to read:

137.476. (1) Notwithstanding any other law, a licensed health care professional or a nonlicensed medically trained person may assist the Department of Corrections in an execution carried out under ORS 137.473.

(2) Any assistance rendered in an execution carried out under ORS 137.473 by a licensed health care professional or a nonlicensed medically trained person is not cause for disciplinary measures or regulatory oversight by any board, commission or agency created by this state or governed by state law that oversees or regulates the practice of health care professionals including, but not limited to, the Oregon Medical Board, the Oregon State Board of Nursing and the Oregon Health Authority.

(3) The infliction of the punishment of death by the administration of the required lethal substances in the manner required by ORS 137.473 may not be construed to be the practice of medicine.

(4) As used in this section, "licensed health care professional" includes, but is not limited to, a physician, [*physician assistant*] **physician associate**, nurse practitioner or nurse licensed by the Oregon Medical Board or the Oregon State Board of Nursing or an emergency medical services provider licensed by the Oregon Health Authority.

SECTION 40. ORS 146.181 is amended to read:

146.181. (1) When a person is reported as missing to any city, county or state police agency, the agency, within 12 hours thereafter, shall enter into state and federal records maintained for that purpose, a report of the missing person in a format and according to procedures established by the authorities responsible respectively for the state and federal records.

(2) The law enforcement agency to which the report is made:

(a) May request from the person making the report information or material likely to be useful in identifying the missing person or the human remains of the missing person, including, but not limited to:

(A) The name of the missing person and any alternative names the person uses;

(B) The date of birth of the missing person;

(C) A physical description of the missing person, including the height, weight, gender, race, eye color, current hair color and natural hair color of the missing person, any identifying marks on the missing person, any prosthetics used by, or surgical implants in, the missing person and any physical anomalies of the missing person;

(D) The blood type of the missing person;

(E) The driver license number of the missing person;

(F) The Social Security number of the missing person;

(G) A recent photograph of the missing person;

(H) A description of the clothing the missing person is believed to have been wearing at the time the person disappeared;

(I) A description of items that the missing person is believed to have had with the person at the time the person disappeared;

(J) Telephone numbers and electronic mail addresses of the missing person;

(K) The name and address of any school the missing person attends;

(L) The name and address of any employer of the missing person;

(M) The name and address of the physician, [*physician assistant*] **physician associate**, naturopathic physician, nurse practitioner or dentist who provides health care services to the missing person;

(N) A description of any vehicle that the missing person might have been driving or riding in when the person disappeared;

(O) The reasons why the person making the missing person report believes the person is missing;

(P) Any circumstances that indicate that the missing person may be at risk of injury or death;

(Q) Any circumstances that may indicate that the disappearance is not voluntary;

(R) Information about a known or possible abductor or a person who was last seen with the missing person; and

(S) The date of the last contact with the missing person.

(b) May request in writing from any dentist, denturist, physician, [*physician assistant*] **physician associate**, naturopathic physician, nurse practitioner, optometrist or other medical practitioner possessing it such medical, dental or other physically descriptive information as is likely to be useful in identifying the missing person or the human remains of the missing person.

(3) The law enforcement agency, upon obtaining information pursuant to subsection (2) of this section, shall make a supplementary entry of that information into the state and federal records described in subsection (1) of this section. The supplementary report shall be in a format and according to procedures established by the authorities responsible respectively for the state and federal records.

SECTION 41. ORS 146.750 is amended to read:

146.750. (1) Except as required in subsection (3) of this section, a physician, including an intern and resident, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, a naturopathic physician licensed under ORS chapter 685 or a registered nurse licensed under ORS chapter 678, who has reasonable cause to suspect that a person brought to the physician, [*physician assistant*] **physician associate**, naturopathic physician or registered nurse or coming before the physician, [*physician assistant*] **physician associate**, naturopathic physician or registered nurse for examination, care or treatment has had injury inflicted upon the person other than by accidental means, shall report or cause reports to be made in accordance with the provisions of subsection (2) of this section.

(2) An oral report must be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing, to an appropriate law enforcement agency.

(3) When an injury, or abuse as defined in ORS 419B.005, occurs to an unmarried person who is under 18 years of age, the provisions of ORS 419B.005 to 419B.050 apply.

SECTION 42. ORS 147.403 is amended to read:

147.403. (1) Each hospital, emergency medical service provider, intermediate care facility, skilled nursing facility, long term care facility and residential care facility in this state shall adopt policies for the treatment or referral of acute sexual assault patients, if such policies are not otherwise provided for by statute or administrative rule.

(2)(a) Each hospital, emergency medical service provider, intermediate care facility, skilled nursing facility, long term care facility and residential care facility in this state that performs forensic medical examinations of sexual assault patients shall:

(A) Adopt, in addition to the facility's own guidelines, if any, the State of Oregon Medical Guideline for Sexual Assault Evaluation of Adolescent and Adult Patients developed and published by the Attorney General's Sexual Assault Task Force.

(B) Except as provided in paragraph (b) of this subsection, employ or contract with at least one sexual assault forensic examiner who has completed didactic training sufficient to satisfy the training requirement for certification by the Oregon SAE/SANE Certification Commission established by the Attorney General.

(b) Paragraph (a)(B) of this subsection does not apply to a hospital that performs forensic medical examinations only of sexual assault patients who are minors. A hospital described in this paragraph may use physicians, [*physician assistants*] **physician associates** licensed under ORS 677.505

to 677.525, naturopathic physicians licensed under ORS chapter 685 and nurses to conduct the examinations in consultation with a social worker trained in assisting sexual assault victims who are minors.

SECTION 43. ORS 169.076 is amended to read:

169.076. Each local correctional facility shall:

(1) Provide sufficient staff to perform all audio and visual functions involving security, control, custody and supervision of all confined detainees and prisoners, with personal inspection at least once each hour. The supervision may include the use of electronic monitoring equipment when approved by the Department of Corrections and the governing body of the jurisdiction in which the facility is located.

(2) Have a comprehensive written policy with respect to:

(a) Legal confinement authority.

(b) Denial of admission.

(c) Telephone calls.

(d) Admission and release medical procedures.

(e) Medication and prescriptions.

(f) Personal property accountability that complies with ORS 133.455.

(g) Vermin and communicable disease control.

(h) Release process to include authority, identification and return of personal property.

(i) Rules of the facility governing correspondence and visitations.

(3) Formulate and publish plans to meet emergencies involving escape, riots, assaults, fires, rebellions and other types of emergencies, and regulations for the operation of the facility.

(4) Not administer any physical punishment to any prisoner at any time.

(5) Provide for emergency medical and dental health, having written policies providing for:

(a) Review of the facility's medical and dental plans by a licensed physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner.

(b) The security of medication and medical supplies.

(c) A medical and dental record system to include request for medical and dental attention, treatment prescribed, prescriptions, special diets and other services provided.

(d) First aid supplies and staff first aid training.

(6) Prohibit firearms from the security area of the facility except in times of emergency as determined by the administrator of the facility.

(7) Ensure that confined detainees and prisoners:

(a) Will be fed daily at least three meals served at regular times, with no more than 14 hours between meals except when routinely absent from the facility for work or other purposes.

(b) Will be fed nutritionally adequate meals in accordance with a plan reviewed by a registered dietitian or the Oregon Health Authority.

(c) Be provided special diets as prescribed by the facility's designated physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner.

(d) Shall have food procured, stored, prepared, distributed and served under sanitary conditions, as defined by the authority under ORS 624.041.

(8) Ensure that the facility be clean, and provide each confined detainee or prisoner:

(a) Materials to maintain personal hygiene.

(b) Clean clothing twice weekly.

(c) Mattresses and blankets that are clean and fire-retardant.

(9) Require each prisoner to shower at least twice weekly.

(10) Forward, without examination or censorship, each prisoner's outgoing written communications to the Governor, jail administrator, Attorney General, judge, Department of Corrections or the attorney of the prisoner.

(11) Keep the facility safe and secure in accordance with the State of Oregon Structural Specialty Code and Fire and Life Safety Code.

(12) Have and provide each prisoner with written rules for prisoner conduct and disciplinary procedures. If a prisoner cannot read or is unable to understand the written rules, the information shall be conveyed to the prisoner orally.

(13) Not restrict the free exercise of religion unless failure to impose the restriction will cause a threat to facility or order.

(14) Safeguard and ensure that the prisoner's legal rights to access to legal materials are protected.

(15) In addition to the items listed in subsection (8) of this section, make available tampons, sanitary pads, postpartum pads and panty liners at no cost to all confined detainees and prisoners for use in connection with vaginal discharge. Facilities shall maintain a sufficient supply, which shall be stored, dispensed and disposed of in a sanitary manner. The supply of products available shall include at least the following:

- (a) Regular absorbent and super absorbent tampons;
- (b) Regular absorbent and super absorbent sanitary pads;
- (c) Postpartum pads; and
- (d) Regular absorbent panty liners.

SECTION 44. ORS 169.077 is amended to read:

169.077. Each lockup facility shall:

(1) Maintain 24-hour supervision when persons are confined. The supervision may include the use of electronic monitoring equipment when approved by the Department of Corrections and the governing body of the jurisdiction in which the facility is located.

(2) Make a personal inspection of each person confined at least once each hour.

(3) Prohibit firearms from the security area of the facility except in times of emergency as determined by the administrator of the facility.

(4) Ensure that confined detainees and prisoners will be fed daily at least three nutritionally adequate meals served at regular times, with no more than 14 hours between meals except when routinely absent from the facility for work or other such purposes.

(5) Forward, without examination or censorship, each prisoner's outgoing written communications to the Governor, jail administrator, Attorney General, judge, Department of Corrections or the attorney of the prisoner.

(6) Provide rules of the facility governing correspondence and visitations.

(7) Keep the facility safe and secure in accordance with the State of Oregon Structural Specialty Code and Fire and Life Safety Code.

(8) Formulate and publish plans to meet emergencies involving escape, riots, assaults, fires, rebellions and other types of emergencies, and policies and regulations for the operation of the facility.

(9) Ensure that the facility be clean, provide mattresses and blankets that are clean and fire-retardant, and furnish materials to maintain personal hygiene.

(10) Provide for emergency medical and dental health, having written policies providing for review of the facility's medical and dental plans by a licensed physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner.

(11) In addition to the items listed in subsection (9) of this section, make available tampons, sanitary pads, postpartum pads and panty liners at no cost to all confined detainees and prisoners for use in connection with vaginal discharge. Facilities shall maintain a sufficient supply, which shall be stored, dispensed and disposed of in a sanitary manner. The supply of products available shall include at least the following:

- (a) Regular absorbent and super absorbent tampons;
- (b) Regular absorbent and super absorbent sanitary pads;
- (c) Postpartum pads; and
- (d) Regular absorbent panty liners.

SECTION 45. ORS 169.750 is amended to read:

169.750. A juvenile detention facility may not:

(1) Impose upon a detained juvenile for purposes of discipline or punishment any infliction of or threat of physical injury or pain, deliberate humiliation, physical restraint, withholding of meals, or isolation, or detention under conditions that violate the provisions of subsections (2) to (8) of this section or ORS 169.076 (7) to (11) or (13) to (15) or 169.740;

(2) Use any physical force, other means of physical control or isolation upon a detained juvenile except as reasonably necessary and justified to prevent escape from the facility, physical injury to another person, to protect a detained juvenile from physical self-injury or to prevent destruction of property, or to effectuate the confinement of the juvenile in roomlock or isolation as provided for in ORS 169.090, 169.730 to 169.800, 419A.050 and 419A.052, and for only so long as it appears that the danger exists. A use of force or other physical means of control may not employ:

(a) The use of restraining devices for a purpose other than to prevent physical injury or escape, or, in any case, for a period in excess of six hours. However, the time during which a detained juvenile is being transported to another facility pursuant to court order shall not be counted within the six hours; or

(b) Isolation for a period in excess of six hours;

(3) Use roomlock except for the discipline and punishment of a detained juvenile for violation of a rule of conduct or behavior of the facility as provided for in ORS 169.076 (12) or for conduct that constitutes a crime under the laws of this state or that would justify physical force, control or isolation under subsection (2) of this section;

(4) Cause to be made an internal examination of a detained juvenile's anus or vagina, except upon probable cause that contraband, as defined in ORS 162.135 (1), will be found upon such examination and then only by a physician licensed under ORS chapter 677, naturopathic physician licensed under ORS chapter 685, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse licensed under ORS chapter 678;

(5)(a) Administer to any detained juvenile medication, except upon the informed consent of the juvenile or in the case of an imminent threat to the life of the juvenile or where the juvenile has a contagious or communicable disease that poses an imminent threat to the health of other persons in the facility. However, prescription medication may not be administered except upon a written prescription or written order by a physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, naturopathic physician licensed under ORS chapter 685 or dentist licensed under ORS chapter 679, and administered by a person authorized under ORS chapter 677, 678 or 679 to administer medication. Facility staff not otherwise authorized by law to administer medications may administer noninjectable medications in accordance with rules adopted by the Oregon State Board of Nursing pursuant to ORS 678.150 (8);

(b) Nonmedical personnel shall receive training for administering medications, including recognition of and response to drug reactions and unanticipated side effects, from the responsible physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse and the official responsible for the facility. All personnel shall be responsible for administering the dosage medications according to orders and for recording the administrations of the dosage in a manner and on a form approved by the responsible physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner; and

(c) Notwithstanding any other provision of law, medication may not be administered unless a physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse licensed under ORS chapter 678 is either physically on the premises or readily available by telephone and within 30 minutes travel time of the patient;

(6) Administer to any detained juvenile any medication or medical procedure for purposes of experimentation;

(7) Discipline or punish any juvenile for conduct or behavior by roomlock, for a period in excess of 12 hours, or by denial of any privilege, regularly awarded other detained adults or juveniles, for more than one day, except after:

- (a) Advising the juvenile in writing of the alleged offensive conduct or behavior;
- (b) Providing the juvenile the opportunity to a hearing before a staff member who was not a witness to the alleged offensive conduct or behavior;
- (c) Providing the juvenile the opportunity to produce witnesses and evidence and to cross-examine witnesses;
- (d) Providing the detained juvenile the opportunity to testify, at the sole option of the juvenile; and
- (e) A finding that the alleged conduct or behavior was proven by a preponderance of the evidence and that it violated a rule of conduct or behavior of the facility as provided for in ORS 169.076 (12) or constituted a crime under the laws of this state; and
- (8) Detain juveniles with emotional disturbances, mental retardation or physical disabilities on the same charges and circumstances for which other juveniles would have been released or provided with another alternative.

SECTION 46. ORS 192.547 is amended to read:

192.547. (1)(a) The Oregon Health Authority shall adopt rules for conducting research using DNA samples, genetic testing and genetic information. Rules establishing minimum research standards shall conform to the Federal Policy for the Protection of Human Subjects, 45 C.F.R. 46, that is current at the time the rules are adopted. The rules may be changed from time to time as may be necessary.

(b) The rules adopted by the Oregon Health Authority shall address the operation and appointment of institutional review boards. The rules shall conform to the compositional and operational standards for such boards contained in the Federal Policy for the Protection of Human Subjects that is current at the time the rules are adopted. The rules must require that research conducted under paragraph (a) of this subsection be conducted with the approval of the institutional review board.

(c) Persons proposing to conduct anonymous research, coded research or genetic research that is otherwise thought to be exempt from review must obtain from an institutional review board prior to conducting such research a determination that the proposed research is exempt from review.

(2) A person proposing to conduct research under subsection (1) of this section, including anonymous research or coded research, must disclose to the institutional review board the proposed use of DNA samples, genetic testing or genetic information.

(3) The Oregon Health Authority shall adopt rules requiring that all institutional review boards operating under subsection (1)(b) of this section register with the department. The Advisory Committee on Genetic Privacy and Research shall use the registry to educate institutional review boards about the purposes and requirements of the genetic privacy statutes and administrative rules relating to genetic research.

(4) The Oregon Health Authority shall consult with the Advisory Committee on Genetic Privacy and Research before adopting the rules required under subsections (1) and (3) of this section, including rules identifying those parts of the Federal Policy for the Protection of Human Subjects that are applicable to this section.

(5) Genetic research in which the DNA sample or genetic information is coded shall satisfy the following requirements:

- (a)(A) The subject has granted informed consent for the specific research project;
 - (B) The subject has consented to genetic research generally; or
 - (C) The DNA sample or genetic information is derived from a biological specimen or from clinical individually identifiable health information that was obtained or retained in compliance with ORS 192.537 (2).
- (b) The research has been approved by an institutional review board after disclosure by the investigator to the board of risks associated with the coding.
- (c) The code is:
- (A) Not derived from individual identifiers;
 - (B) Kept securely and separately from the DNA samples and genetic information; and

(C) Not accessible to the investigator unless specifically approved by the institutional review board.

(d) Data is stored securely in password protected electronic files or by other means with access limited to necessary personnel.

(e) The data is limited to elements required for analysis and meets the criteria in 45 C.F.R. 164.514(e) for a limited data set.

(f) The investigator is a party to the data use agreement as provided by 45 C.F.R. 164.514(e) for limited data set recipients.

(6) Research conducted in accordance with this section is rebuttably presumed to comply with ORS 192.535 and 192.539.

(7)(a) Notwithstanding ORS 192.535, a person may use a DNA sample or genetic information obtained, with blanket informed consent, before June 25, 2001, for genetic research.

(b) Notwithstanding ORS 192.535, a person may use a DNA sample or genetic information obtained without specific informed consent and derived from a biological specimen or clinical individually identifiable health information for anonymous research or coded research if an institutional review board operating under subsection (1)(b) of this section:

(A) Waives or alters the consent requirements pursuant to the Federal Policy for the Protection of Human Subjects; and

(B) Waives authorization pursuant to the federal Health Insurance Portability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164.

(c) Except as provided in subsection (5)(a) of this section or paragraph (b) of this subsection, a person must have specific informed consent from an individual to use a DNA sample or genetic information of the individual obtained on or after June 25, 2001, for genetic research.

(8) Except as otherwise allowed by rule of the Oregon Health Authority, if DNA samples or genetic information obtained for either clinical or research purposes is used in research, a person may not recontact the individual or the physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner of the individual by using research information that is identifiable or coded. The Oregon Health Authority shall adopt by rule criteria for recontacting an individual or the physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner of an individual. In adopting the criteria, the department shall consider the recommendations of national organizations such as those created by executive order by the President of the United States and the recommendations of the Advisory Committee on Genetic Privacy and Research.

(9) The requirements for consent to, or notification of, obtaining a DNA sample or genetic information for genetic research are governed by the provisions of ORS 192.531 to 192.549 and the administrative rules that were in effect on the effective date of the institutional review board's most recent approval of the study.

SECTION 47. ORS 192.556 is amended to read:

192.556. As used in ORS 192.553 to 192.581:

(1) "Authorization" means a document written in plain language that contains at least the following:

(a) A description of the information to be used or disclosed that identifies the information in a specific and meaningful way;

(b) The name or other specific identification of the person or persons authorized to make the requested use or disclosure;

(c) The name or other specific identification of the person or persons to whom the covered entity may make the requested use or disclosure;

(d) A description of each purpose of the requested use or disclosure, including but not limited to a statement that the use or disclosure is at the request of the individual;

(e) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;

(f) The signature of the individual or personal representative of the individual and the date;

- (g) A description of the authority of the personal representative, if applicable; and
- (h) Statements adequate to place the individual on notice of the following:
 - (A) The individual's right to revoke the authorization in writing;
 - (B) The exceptions to the right to revoke the authorization;
 - (C) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization; and
 - (D) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected.
- (2) "Covered entity" means:
 - (a) A state health plan;
 - (b) A health insurer;
 - (c) A health care provider that transmits any health information in electronic form to carry out financial or administrative activities in connection with a transaction covered by ORS 192.553 to 192.581; or
 - (d) A health care clearinghouse.
- (3) "Health care" means care, services or supplies related to the health of an individual.
- (4) "Health care operations" includes but is not limited to:
 - (a) Quality assessment, accreditation, auditing and improvement activities;
 - (b) Case management and care coordination;
 - (c) Reviewing the competence, qualifications or performance of health care providers or health insurers;
 - (d) Underwriting activities;
 - (e) Arranging for legal services;
 - (f) Business planning;
 - (g) Customer services;
 - (h) Resolving internal grievances;
 - (i) Creating deidentified information; and
 - (j) Fundraising.
- (5) "Health care provider" includes but is not limited to:
 - (a) A psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675 or an employee of the psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist;
 - (b) A physician or [*physician assistant*] **physician associate** licensed under ORS chapter 677, an acupuncturist licensed under ORS 677.759 or an employee of the physician, [*physician assistant*] **physician associate** or acupuncturist;
 - (c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of the nurse or nursing home administrator;
 - (d) A dentist licensed under ORS chapter 679 or an employee of the dentist;
 - (e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental hygienist or denturist;
 - (f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee of the speech-language pathologist or audiologist;
 - (g) An emergency medical services provider licensed under ORS chapter 682;
 - (h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;
 - (i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic physician;
 - (j) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic physician;
 - (k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage therapist;

(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct entry midwife;

(m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical therapist;

(n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical imaging licensee;

(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory care practitioner;

(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the polysomnographic technologist;

(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

(r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;

(s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral service practitioner;

(t) A health care facility as defined in ORS 442.015;

(u) A home health agency as defined in ORS 443.014;

(v) A hospice program as defined in ORS 443.850;

(w) A clinical laboratory as defined in ORS 438.010;

(x) A pharmacy as defined in ORS 689.005; and

(y) Any other person or entity that furnishes, bills for or is paid for health care in the normal course of business.

(6) "Health information" means any oral or written information in any form or medium that:

(a) Is created or received by a covered entity, a public health authority, an employer, a life insurer, a school, a university or a health care provider that is not a covered entity; and

(b) Relates to:

(A) The past, present or future physical or mental health or condition of an individual;

(B) The provision of health care to an individual; or

(C) The past, present or future payment for the provision of health care to an individual.

(7) "Health insurer" means an insurer as defined in ORS 731.106 who offers:

(a) A health benefit plan as defined in ORS 743B.005;

(b) A short term health insurance policy, the duration of which does not exceed three months including renewals;

(c) A student health insurance policy;

(d) A Medicare supplemental policy; or

(e) A dental only policy.

(8) "Individually identifiable health information" means any oral or written health information in any form or medium that is:

(a) Created or received by a covered entity, an employer or a health care provider that is not a covered entity; and

(b) Identifiable to an individual, including demographic information that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify an individual, and that relates to:

(A) The past, present or future physical or mental health or condition of an individual;

(B) The provision of health care to an individual; or

(C) The past, present or future payment for the provision of health care to an individual.

(9) "Payment" includes but is not limited to:

(a) Efforts to obtain premiums or reimbursement;

(b) Determining eligibility or coverage;

(c) Billing activities;

(d) Claims management;

(e) Reviewing health care to determine medical necessity;

(f) Utilization review; and

(g) Disclosures to consumer reporting agencies.

(10) "Personal representative" includes but is not limited to:

(a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with authority to make medical and health care decisions;

(b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a representative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment decisions;

(c) A person appointed as a personal representative under ORS chapter 113; and

(d) A person described in ORS 192.573.

(11)(a) "Protected health information" means individually identifiable health information that is maintained or transmitted in any form of electronic or other medium by a covered entity.

(b) "Protected health information" does not mean individually identifiable health information in:

(A) Education records covered by the federal Family Educational Rights and Privacy Act (20 U.S.C. 1232g);

(B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or

(C) Employment records held by a covered entity in its role as employer.

(12) "State health plan" means:

(a) Medical assistance as defined in ORS 414.025;

(b) The Cover All People program; or

(c) Any medical assistance or premium assistance program operated by the Oregon Health Authority.

(13) "Treatment" includes but is not limited to:

(a) The provision, coordination or management of health care; and

(b) Consultations and referrals between health care providers.

SECTION 47a. ORS 315.616 is amended to read:

315.616. A resident or nonresident individual who is certified as eligible under ORS 442.561, 442.562, 442.563 or 442.564, and is licensed as a physician under ORS chapter 677, licensed as a [physician assistant] **physician associate** under ORS [chapter 677] **677.505 to 677.525**, licensed as a nurse practitioner under ORS [chapter 678] **678.375 to 678.390**, licensed as a certified registered nurse anesthetist [under ORS chapter 678] **as defined in ORS 678.010**, licensed as a dentist under ORS chapter 679 or licensed as an optometrist under ORS 683.010 to 683.340 is entitled to the tax credit described in ORS 315.613 even if not a member of the hospital medical staff if the Office of Rural Health certifies that the individual:

(1) Is engaged for at least 20 hours per week, averaged over the month, during the tax year in a rural practice; and

(2)(a) If a physician or a [physician assistant] **physician associate**, can cause a patient to be admitted to the hospital;

(b) If a certified registered nurse anesthetist, is employed by or has a contractual relationship with one of the hospitals described in ORS 315.613 (1); or

(c) If an optometrist, has consulting privileges with a hospital listed in ORS 315.613 (1). This paragraph does not apply to an optometrist who qualifies as a "frontier rural practitioner," as defined by the Office of Rural Health.

SECTION 48. ORS 336.479 is amended to read:

336.479. (1) As used in this section, "participation" means participation in sports practices and actual interscholastic sports competition.

(2) Each school district shall require students who participate in extracurricular sports in grades 7 through 12 in the schools of the district to have a physical examination prior to participation. A person conducting the physical examination shall use a form and protocol prescribed by rule of the State Board of Education pursuant to subsection (6) of this section.

(3) A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years.

(4) Notwithstanding subsection (3) of this section, a school district shall require a student who is diagnosed with a significant illness or has had a major surgery to have a physical examination prior to further participation in extracurricular sports.

(5) Any physical examination required by this section shall be conducted by a:

(a) Physician possessing an unrestricted license to practice medicine;

(b) Licensed naturopathic physician;

(c) Licensed [*physician assistant*] **physician associate**;

(d) Licensed nurse practitioner; or

(e) Licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects.

(6) The State Board of Education shall by rule prescribe the form and protocol to be used for physical examinations required by this section.

SECTION 49. ORS 336.490 is amended to read:

336.490. (1) As used in this section, "health care professional" includes a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a [*physician assistant*] **physician associate** or a nurse practitioner who is licensed or registered under the laws of this state.

(2) A health care professional meets the requirements of a qualified health care professional for the purposes of ORS 336.485 and 417.875 if the health care professional has a certificate as described in subsection (3) of this section.

(3)(a) A health care professional is eligible to receive a certificate for the purposes of ORS 336.485 and 417.875 if the health care professional successfully completes an online program that:

(A) Is established and maintained by Oregon Health and Science University;

(B) Establishes for health care professionals a foundation of knowledge related to the assessment, diagnosis and management of sports-related concussions; and

(C) Informs health care professionals of:

(i) The requirements imposed by ORS 336.485 and 417.875 and any other related legal requirements; and

(ii) Limitations of the training provided through the online program.

(b) For the online program, the university:

(A) Shall establish the program in consultation with health care professionals and other stakeholders who are appropriately qualified for consultations;

(B) Shall ensure that the program is reviewed at least once every four years by health care professionals and other stakeholders who are appropriately qualified to make the review;

(C) Shall include minimum standards or clinical criteria that are evidence based and that incorporate best practices in relation to the assessment, diagnosis and management of sports-related concussions; and

(D) May charge participants in the program a reasonable fee.

(4) Certificates issued by Oregon Health and Science University under this section are valid for a term of four years. A health care professional may continue to meet the requirements of a qualified health care professional for the purposes of ORS 336.485 and 417.875 by renewing a certificate. The university shall prescribe the requirements for renewal, including requirements for additional training.

(5)(a) Except as provided by paragraph (b) of this subsection, no civil or criminal action, suit or proceeding may be commenced against Oregon Health and Science University, or any board member, officer or employee of the university, as a result of the death or injury of a member of a school athletic team or nonschool athletic team if:

(A) The death or injury is related to a head injury sustained during an athletic event or training; and

(B) The member received a medical release from a health care professional who held a certificate issued under this section.

(b) The civil and criminal immunities imposed by this subsection do not apply to an act or omission that:

(A) Amounts to gross negligence or willful or wanton misconduct; or

(B) Was performed by a board member, officer or employee of the university if the board member, officer or employee was providing health care services as a health care professional when the board member, officer or employee committed the act or omission.

SECTION 50. ORS 339.870 is amended to read:

339.870. (1)(a) A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of nonprescription medication, if the school administrator, teacher or other school employee in good faith administers nonprescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

(b) A school administrator, teacher or other school employee may administer a short-acting opioid antagonist to a student who experienced or is experiencing an opioid overdose without written permission and instructions of the student's parents or guardian.

(2)(a) A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription medication, if the school administrator, teacher or other school employee in compliance with the instructions of a physician, [*physician assistant*] **physician associate**, nurse practitioner, naturopathic physician or clinical nurse specialist, in good faith administers prescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

(b) A person may not maintain an action for injury, death or loss that results from acts or omissions of a school administrator, teacher or other school employee during the administration of a short-acting opioid antagonist as described in subsection (1)(b) of this section unless it is alleged and proved by the complaining party that the school administrator, teacher or other school employee was grossly negligent in administering the short-acting opioid antagonist.

(c) Unless it is alleged and proved by the complaining party that the school district or member of the school district board was grossly negligent in administering the short-acting opioid antagonist, a person may not maintain an action for damages for injury, death or loss that results from acts or omissions of a school district or members of the school district board during the administration of a short-acting opioid antagonist:

(A) As described in subsection (1)(b) of this section; or

(B) By any person who administers the short-acting opioid antagonist to a student or other individual who the person believes is experiencing an opioid overdose and the administration occurs on school premises, including at a school, on school property under the jurisdiction of the school district or at any activity under the jurisdiction of the school district.

(3) The civil and criminal immunities imposed by subsections (1) and (2)(a) of this section do not apply to an act or omission amounting to gross negligence or willful and wanton misconduct.

SECTION 51. ORS 343.146 is amended to read:

343.146. (1) To receive special education, children with disabilities shall be determined eligible for special education services under a school district program approved under ORS 343.045 and as provided under ORS 343.221.

(2) Before initially providing special education, the school district shall ensure that a full and individual evaluation is conducted to determine the child's eligibility for special education and the child's special educational needs.

(3) Eligibility for special education shall be determined pursuant to rules adopted by the State Board of Education.

(4) Each school district shall conduct a reevaluation of each child with a disability in accordance with rules adopted by the State Board of Education.

(5) If a medical examination is required as part of an initial evaluation or reevaluation, the examination must be given by:

(a) A physician licensed under ORS chapter 677 or by the appropriate authority in another state;
(b) A naturopathic physician licensed under ORS chapter 685 or by the appropriate authority in another state;

(c) A nurse practitioner licensed under ORS 678.375 to 678.390 or by the appropriate authority in another state; or

(d) A [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or by the appropriate authority in another state.

(6) If a vision examination is required as part of an initial evaluation or reevaluation, the examination must be given by:

(a) A person licensed to practice optometry under ORS chapter 683 or by the appropriate authority in another state; or

(b) A physician who specializes in ophthalmology and who is licensed under ORS chapter 677 or by the appropriate authority in another state.

(7) If an audiological assessment is required as part of an initial evaluation or reevaluation, the assessment must be given by an audiologist licensed under ORS chapter 681 or by the appropriate authority in another state.

(8) The information obtained in an examination or assessment performed under subsection (5), (6) or (7) of this section must be reported by the practitioner who performed the examination or assessment to the school district in which the child is or will be enrolled.

SECTION 52. ORS 348.303 is amended to read:

348.303. (1) As used in this section:

(a) “Designated service site” means a rural health clinic as defined in 42 U.S.C. 1395x(aa)(2), a rural critical access hospital as defined in ORS 442.470, a federally qualified health center as defined in 42 U.S.C. 1396d(l)(2) or any geographic area, population group or facility that is located in Oregon and has been designated by the Health Resources and Services Administration of the United States Department of Health and Human Services as a health professional shortage area, a medically underserved area or a medically underserved population.

(b) “Health care practitioner” means a:

(A) Physician licensed under ORS chapter 677;

(B) Dentist licensed under ORS chapter 679;

(C) Nurse practitioner licensed under ORS 678.375 to 678.390;

(D) [*Physician assistant*] **Physician associate** licensed under ORS 677.505 to 677.525; or

(E) Certified registered nurse anesthetist licensed under ORS chapter 678.

(c) “Participant” means a person who has been selected by the Oregon Health and Science University to receive a scholarship under subsection (5) of this section.

(d) “Prospective health care practitioner” means a person who has been accepted into, but has not yet started, a health care program at the Oregon Health and Science University that meets the educational requirements for licensure as a physician, dentist, nurse practitioner, [*physician assistant*] **physician associate** or certified registered nurse anesthetist.

(e) “Service agreement” means the agreement executed by a prospective health care practitioner under subsection (3) of this section.

(2) There is created the Scholars for a Healthy Oregon Initiative, to be administered by the Oregon Health and Science University pursuant to rules adopted by the university.

(3) A prospective health care practitioner who wishes to participate in the initiative shall submit an application to the Oregon Health and Science University in accordance with rules adopted by the university. To be eligible to be a participant in the initiative, a prospective health care practitioner must:

(a) Have been accepted into, but not yet started, the first year of the prospective health care practitioner’s health care education at the Oregon Health and Science University;

(b) Be considered a resident of Oregon under the university’s admission guidelines or qualify as a student exempted from paying nonresident tuition under ORS 352.287;

(c) Execute a service agreement stating that:

(A) Immediately upon the prospective health care practitioner's completion of the health care education degree, residency or training, as established for each degree by the Oregon Health and Science University by rule, the participant will practice as a health care practitioner in a designated service site in this state approved by the university for one year longer than the number of years the participant spent in the health care program for which the participant received a scholarship; and

(B) While practicing as a health care practitioner in a designated service site, the participant must see all patients, regardless of any patient's ability to pay for services; and

(d) Meet other requirements established by the university by rule.

(4) The Oregon Health and Science University may select participants from among the prospective health care practitioners who submit applications as provided in subsection (3) of this section. The university shall give preference to prospective health care practitioners who are:

(a) Individuals admitted to the Oregon Health and Science University as a student from rural heritage, as defined by the university's admission policy;

(b) First generation college students; or

(c) Individuals from a diverse or underrepresented community.

(5) The Oregon Health and Science University shall provide a scholarship covering the entire cost of tuition and fees for the participant's health care education at the university.

(6) A participant receiving a scholarship under subsection (5) of this section who fails to complete the terms of the service agreement shall repay the amount received plus an additional penalty of 25 percent of the amount received to the Oregon Health and Science University. The total amount to be paid to the university under this subsection shall be reduced for every full year that the participant complied with the service agreement on a pro rata basis, as computed by the total number of years agreed to in the service agreement.

(7) A participant receiving a scholarship under subsection (5) of this section who fails to complete the health care degree for which the scholarship was awarded shall repay the amount received to the Oregon Health and Science University.

(8) In the event that a participant is required to repay the Oregon Health and Science University under subsection (6) or (7) of this section, the university may:

(a) Collect any amounts due;

(b) Have any amounts due be collected by the Collections Unit in the Department of Revenue under ORS 293.250; or

(c) Contract with a collections agency to collect any amounts due.

(9) Any moneys received or collected by the Oregon Health and Science University under subsections (6) to (8) of this section shall be deposited into a separate fund held by the university for the purpose of carrying out the provisions of this section. The university may not use the moneys in these funds for any other purpose.

(10) The Oregon Health and Science University may accept funds from any public or private source for the purposes of carrying out the provisions of this section.

(11) Not later than December 1 of each even-numbered year, the Oregon Health and Science University shall report to the Legislative Assembly on the status of the Scholars for a Healthy Oregon Initiative. The report shall include, for the previous biennium:

(a) The total number of active participants in the initiative; and

(b) A breakdown of active participants in the initiative by health care practitioner category.

SECTION 53. ORS 353.450 is amended to read:

353.450. (1) It is the finding of the Legislative Assembly that there is need to provide programs that will assist a rural community to recruit and retain physicians, [*physician assistants*] **physician associates** and nurse practitioners. For that purpose:

(a) The Legislative Assembly supports the development at the Oregon Health and Science University of an Area Health Education Center program as provided for under the United States Public Health Service Act, Section 781.

(b) The university shall provide continuing education opportunities for persons licensed to practice medicine under ORS chapter 677 who practice in rural areas of this state in cooperation with the respective professional organizations, including the Oregon Medical Association and the Oregon Society of Physician Assistants.

(c) The university shall seek funding through grants and other means to implement and operate a fellowship program for physicians, [*physician assistants*] **physician associates** and nurse practitioners intending to practice in rural areas.

(2) With the moneys transferred to the Area Health Education Center program by ORS 442.870, the program shall:

(a) Establish educational opportunities for emergency medical services providers in rural counties;

(b) Contract with educational facilities qualified to conduct emergency medical training programs using a curriculum approved by the Emergency Medical Services and Trauma Systems Program; and

(c) Review requests for training funds with input from the State Emergency Medical Service Committee and other individuals with expertise in emergency medical services.

SECTION 54. ORS 408.310 is amended to read:

408.310. (1) A physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390 who has primary responsibility for the treatment of a veteran who may have been exposed to causative agents while serving in the Armed Forces of the United States or for the treatment of a veteran's spouse, surviving spouse or minor child who may be exhibiting symptoms or conditions that may be attributable to the veteran's exposure to causative agents shall, at the request and direction of the veteran, veteran's spouse or surviving spouse or the parent or guardian of such minor child, submit a report to the Oregon Health Authority. The report shall be made on a form adopted by the authority and made available to physicians, [*physician assistants*] **physician associates**, nurse practitioners and hospitals in this state.

(2) If there is no physician, [*physician assistant*] **physician associate** or nurse practitioner having primary responsibility for the treatment of a veteran, veteran's spouse, surviving spouse or minor child, then the senior medical supervisor of the hospital or clinic treating the veteran, veteran's spouse, surviving spouse or minor child shall submit the report described in this section to the authority at the request and direction of the veteran, veteran's spouse or surviving spouse or the parent or legal guardian of a veteran's minor child.

(3) The form adopted by the authority under this section shall list the symptoms commonly attributed to exposure to causative agents, and shall require the following information:

(a) Symptoms of the patient which may be related to exposure to causative agents.

(b) A diagnosis of the patient's condition.

(c) Methods of treatment prescribed.

(d) Any other information required by the authority.

(4) The authority, after receiving a report from a physician, [*physician assistant*] **physician associate**, nurse practitioner, hospital or clinic under this section, may require the veteran, veteran's spouse, surviving spouse or minor child to provide such other information as may be required by the authority.

SECTION 55. ORS 408.315 is amended to read:

408.315. (1) ORS 408.310 applies to all veterans, spouses, surviving spouses and minor children of veterans treated by a physician, [*physician assistant*] **physician associate**, nurse practitioner, hospital or clinic after January 1, 1982. Physicians, [*physician assistants*] **physician associates**, nurse practitioners, hospitals or clinics shall submit the reports and study required under ORS 408.310 for veterans, spouses, surviving spouses and minor children of veterans treated prior to that date when requested and directed to do so by such individuals.

(2) ORS 408.300 to 408.340 apply to all physicians, [*physician assistants*] **physician associates**, nurse practitioners, hospitals and clinics, whether public or private, within the State of Oregon.

SECTION 56. ORS 408.340 is amended to read:

408.340. (1) A physician, [*physician assistant*] **physician associate**, nurse practitioner, hospital or clinic subject to ORS 408.300 to 408.340 shall not be subject to any criminal or civil liability for providing information required under ORS 408.300 to 408.340.

(2) Nothing in this section shall prevent, however, any action for negligence by a physician, [*physician assistant*] **physician associate**, nurse practitioner, hospital or clinic in choosing or providing medical treatment.

SECTION 57. ORS 410.530 is amended to read:

410.530. (1) The Department of Human Services has the following authority which it may delegate to any program certified by the department to provide assessment services:

(a) To provide information and education to the general public, hospitals, nursing facilities, physicians, [*physician assistants*] **physician associates**, naturopathic physicians and nurses regarding availability of the assessment program.

(b) To accept referrals from individuals, families, physicians, naturopathic physicians, human service professionals, nursing home professionals, social service agencies or other organizations.

(c) To assess the long term care needs of referred persons.

(d) To identify available noninstitutional services to meet the needs of referred persons, including public and private case management services.

(e) To prepare, explain and document recommendations for persons receiving assessment program services as to the need for skilled nursing care, for intermediate care as provided in a facility or for other care which is available in the community.

(f) To inform referred persons of the extent to which home and community-based services are available, and of their right to choose among the appropriate alternatives that may be available, in consultation with an attending physician and a family member.

(g) To provide public education targeted at older persons, caregivers and families regarding alternative long term care services.

(h) To determine and publish minimum qualifications for members of the admission assessment team.

(2)(a) After consultation with the committee appointed under subsection (3) of this section, the Department of Human Services shall adopt by rule criteria and procedures for certifying and decertifying public or private admission assessment programs and contracting with certified programs. The department shall establish a maximum fee that a certified program may charge for assessment services. The rules shall specify that a certified program may not charge the person receiving assessment services for any portion of the fee associated with the services necessary to meet the minimum federal criteria.

(b) In certifying a program, the department shall determine that the program includes:

(A) Adequately trained personnel;

(B) Information regarding appropriate service and placement alternatives, including nursing facilities and community-based options;

(C) Provisions to the applicant of information about appropriate options; and

(D) Prohibition of an assessment being provided by any certified program which has any financial interest in the facility to which placement is recommended.

(c) The program shall not require the recommendation of the admission team be binding and the applicant has the right to choose from any options that are available.

(3) The Director of Human Services shall appoint an advisory committee to advise the department in certifying and decertifying programs that provide or fail to provide the service described in this section. The director shall appoint representatives from trade associations in Oregon for hospitals and health systems, nursing facilities and residential facilities and from an organization in Oregon representing the interests of senior citizens.

SECTION 58. ORS 413.273 is amended to read:

413.273. (1) As used in this section and ORS 413.270 and 413.271:

(a) "Appropriate" means consistent with applicable legal, health and professional standards, a patient's clinical and other circumstances, and the patient's known wishes and beliefs.

(b) "Health facility" includes:

(A) Hospitals and long term care facilities licensed under ORS 441.025; and

(B) Residential facilities licensed under ORS 443.415.

(c) "Medical care" means professional services for a patient that are provided, requested or supervised by a physician, nurse practitioner or [*physician assistant*] **physician associate**.

(d)(A) "Palliative care" means patient-centered and family-centered medical care that optimizes a patient's quality of life by anticipating, preventing and treating the suffering caused by serious illness and involves addressing the patient's physical, social and spiritual needs and facilitating the patient's autonomy, access to information and choice.

(B) "Palliative care" includes, but is not limited to:

(i) Discussing a patient's goals for treatment;

(ii) Discussing the treatment options that are appropriate for the patient; and

(iii) Comprehensive pain and symptom management.

(e) "Serious illness" means any illness, physical injury or condition that substantially impairs a patient's quality of life for more than a short period of time.

(2) A health facility shall:

(a) Establish a system for identifying patients or residents who could benefit from palliative care;

(b) Provide information to patients, residents and their families about palliative care; and

(c) Coordinate with a patient's or resident's primary care provider, if practicable, to facilitate the access of patients and residents with serious illnesses to appropriate palliative care.

SECTION 59. ORS 413.574 is amended to read:

413.574. (1) The Pain Management Commission shall consist of 19 members as follows:

(a) Seventeen members shall be appointed by the Director of the Oregon Health Authority. Prior to making appointments, the director shall request and consider recommendations from individuals and public and private agencies and organizations with experience or a demonstrated interest in pain management issues, including but not limited to:

(A) Physicians licensed under ORS chapter 677 or organizations representing physicians;

(B) Nurses licensed under ORS chapter 678 or organizations representing nurses;

(C) Psychologists licensed under ORS 675.010 to 675.150 or organizations representing psychologists;

(D) [*Physician assistants*] **Physician associates** licensed under ORS [*chapter 677*] **677.505 to 677.525** or organizations representing [*physician assistants*] **physician associates**;

(E) Chiropractic physicians licensed under ORS chapter 684 or organizations representing chiropractic physicians;

(F) Naturopaths licensed under ORS chapter 685 or organizations representing naturopaths;

(G) Clinical social workers licensed under ORS 675.530 or organizations representing clinical social workers;

(H) Acupuncturists licensed under ORS 677.759;

(I) Pharmacists licensed under ORS chapter 689;

(J) Palliative care professionals or organizations representing palliative care professionals;

(K) Mental health professionals or organizations representing mental health professionals;

(L) Health care consumers or organizations representing health care consumers;

(M) Hospitals and health plans or organizations representing hospitals and health plans;

(N) Patients or advocacy groups representing patients;

(O) Dentists licensed under ORS chapter 679;

(P) Occupational therapists licensed under ORS 675.210 to 675.340;

(Q) Physical therapists licensed under ORS 688.010 to 688.201; and

(R) Members of the public.

(b) Two members shall be members of a legislative committee with jurisdiction over human services issues, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives. Both members shall be nonvoting members of the commission.

(2) The term of office of each member is four years, but a member serves at the pleasure of the appointing authority. Before the expiration of the term of a member, the appointing authority shall appoint a successor whose term begins on July 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

(3) Members of the commission are not entitled to compensation or reimbursement for expenses and serve as volunteers on the commission.

SECTION 60. ORS 413.590 is amended to read:

413.590. (1) The following practitioners must complete a pain management education program described in ORS 413.572 (1)(c) or an equivalent pain management education program as described in ORS 675.110, 677.228, 678.101, 684.092, 685.102 or 689.285 at initial licensure and every 36 months thereafter:

(a) A [*physician assistant*] **physician associate** licensed under ORS [*chapter 677*] **677.505 to 677.525**;

(b) A nurse licensed under ORS chapter 678;

(c) A psychologist licensed under ORS 675.010 to 675.150;

(d) A chiropractic physician licensed under ORS chapter 684;

(e) A [*naturopath*] **naturopathic physician** licensed under ORS chapter 685;

(f) An acupuncturist licensed under ORS 677.759;

(g) A pharmacist licensed under ORS chapter 689;

(h) A dentist licensed under ORS chapter 679;

(i) An occupational therapist licensed under ORS 675.210 to 675.340;

(j) A physical therapist licensed under ORS 688.010 to 688.201; and

(k) An optometrist licensed under ORS chapter 683.

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

SECTION 61. ORS 414.550 is amended to read:

414.550. As used in ORS 414.550 to 414.565:

(1) "Cystic fibrosis services" means a program for medical care, including the cost of prescribed medications and equipment, respiratory therapy, physical therapy, counseling services that pertain directly to cystic fibrosis related health needs and outpatient services including physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner fees, X-rays and necessary clinical tests to insure proper ongoing monitoring and maintenance of the patient's health.

(2) "Eligible individual" means a resident of the State of Oregon over 18 years of age.

SECTION 62. ORS 418.747 is amended to read:

418.747. (1) The district attorney in each county shall be responsible for developing county child abuse multidisciplinary teams to consist of but not be limited to law enforcement personnel, Department of Human Services child protective service workers, school officials, local health department personnel, county mental health department personnel who have experience with children and family mental health issues, child abuse intervention center workers, if available, and juvenile department representatives, as well as others specially trained in child abuse, child sexual abuse and rape of children investigation.

(2) The teams shall develop a written protocol for immediate investigation of and notification procedures for child abuse cases, including child sexual abuse, and for interviewing child abuse victims. Each team also shall develop written agreements signed by member agencies that are represented on the team that specify:

- (a) The role of each agency;
 - (b) Procedures to be followed to assess risks to the child;
 - (c) Guidelines for timely communication between member agencies;
 - (d) Guidelines for completion of responsibilities by member agencies;
 - (e) That upon clear disclosure that the alleged child abuse occurred in a child care facility as defined in ORS 329A.250, immediate notification of parents or guardians of children attending the child care facility is required regarding any abuse allegation and pending investigation; and
 - (f) Criteria and procedures to be followed when removal of the child is necessary for the child's safety.
- (3) Each team member and the personnel conducting child abuse investigations and interviews of child abuse victims shall be trained in risk assessment, the dynamics of child abuse, child sexual abuse and rape of children, and forensic interviewing.
- (4) All investigations of child abuse and interviews of child abuse victims shall be carried out by appropriate personnel using the protocols and procedures called for in this section. If trained personnel are not available in a timely fashion and, in the judgment of a law enforcement officer or child protective services worker, there is reasonable cause to believe a delay in investigation or interview of the child abuse victim could place the child in jeopardy of physical harm, the investigation may proceed without full participation of all personnel. This authority applies only for as long as reasonable danger to the child exists. A law enforcement officer or child protective services worker shall make a reasonable effort to find and provide a trained investigator or interviewer.
- (5) To ensure the protection and safe placement of a child, the Department of Human Services may request that team members obtain criminal history information on any person who is part of the household where the department may place or has placed a child who is in the department's custody. All information obtained by the team members and the department in the exercise of their duties is confidential and may be disclosed only when necessary to ensure the safe placement of a child.
- (6) Each team shall classify, assess and review cases under investigation.
- (7)(a) Each team shall develop and implement procedures for evaluating and reporting compliance of member agencies with the protocols and procedures required under this section. Each team shall submit to the administrator of the Child Abuse Multidisciplinary Intervention Program copies of the protocols and procedures required under this section and the results of the evaluation as requested.
- (b) The administrator may:
- (A) Consider the evaluation results when making eligibility determinations under ORS 418.746 (3);
 - (B) If requested by the Advisory Council on Child Abuse Assessment, ask a team to revise the protocols and procedures being used by the team based on the evaluation results; or
 - (C) Ask a team to evaluate the team's compliance with the protocols and procedures in a particular case.
- (c) The information and records compiled under this subsection are exempt from ORS 192.311 to 192.478.
- (8) Each team shall develop policies that provide for an independent review of investigation procedures of sensitive cases after completion of court actions on particular cases. The policies shall include independent citizen input. Parents of child abuse victims shall be notified of the review procedure.
- (9) Each team shall designate at least one physician, [*physician assistant*] **physician associate** or nurse practitioner who has been trained to conduct child abuse assessments, as defined in ORS 418.782, and who is, or who may designate another physician, [*physician assistant*] **physician associate** or nurse practitioner who is, regularly available to conduct the medical assessment described in ORS 419B.023.

(10) If photographs are taken pursuant to ORS 419B.028, and if the team meets to discuss the case, the photographs shall be made available to each member of the team at the first meeting regarding the child's case following the taking of the photographs.

(11) No later than September 1, 2008, each team shall submit to the Department of Justice a written summary identifying the designated medical professional described in subsection (9) of this section. After that date, this information shall be included in each regular report to the Department of Justice.

(12) If, after reasonable effort, the team is not able to identify a designated medical professional described in subsection (9) of this section, the team shall develop a written plan outlining the necessary steps, recruitment and training needed to make such a medical professional available to the children of the county. The team shall also develop a written strategy to ensure that each child in the county who is a suspected victim of child abuse will receive a medical assessment in compliance with ORS 419B.023. This strategy, and the estimated fiscal impact of any necessary recruitment and training, shall be submitted to the Department of Justice no later than September 1, 2008. This information shall be included in each regular report to the Department of Justice for each reporting period in which a team is not able to identify a designated medical professional described in subsection (9) of this section.

SECTION 63. ORS 418.782 is amended to read:

418.782. As used in ORS 418.746 to 418.796:

(1) "Child abuse" means "abuse" as defined by ORS 419B.005.

(2) "Child abuse assessment" means services provided by a children's advocacy center for the purpose of determining whether or not a child has been abused and identifying the appropriate treatment or referral for follow-up for the child. "Child abuse assessment" may include one or more of the following:

- (a) A medical assessment;
- (b) A forensic interview;
- (c) Care coordination; or
- (d) Family support.

(3) "Children's advocacy center" means a facility that meets the facility standards described in ORS 418.788, to which a child from the community may be referred to receive a thorough child abuse assessment for the purpose of determining whether the child has been abused or neglected, and that facilitates a coordinated, comprehensive and multidisciplinary response to cases of child abuse.

(4) "Forensic interview" means an interview that is conducted by an individual who has completed training described in ORS 418.788 for the purpose of preserving a child's statements and that is conducted in a manner that is legally sound, age appropriate, of a neutral, fact-finding nature and coordinated to avoid duplicative interviewing.

(5) "Medical assessment" means the taking of a child's thorough medical history and a complete physical examination of the child, for the purpose of making a medical diagnosis, by or under the direction of an individual trained in the evaluation, diagnosis and treatment of child abuse who is a licensed physician, [*physician assistant*] **physician associate** or nurse practitioner.

(6) "Regional children's advocacy center" means a facility operated by a children's advocacy center that meets the facility standards described in ORS 418.788 and is selected by the Child Abuse Multidisciplinary Intervention Program to provide training and complex case assistance.

(7) "Training and complex case assistance" includes one or more of the following:

- (a) Consultation;
- (b) Education;
- (c) Referral;
- (d) Technical assistance; and
- (e) If authorized by the Department of Justice, other services as needed.

SECTION 64. ORS 419B.005 is amended to read:

419B.005. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child that has been caused by other than accidental means, including any injury that appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only cruel or unconscionable acts or statements made, or threatened to be made, to a child if the acts, statements or threats result in severe harm to the child's psychological, cognitive, emotional or social well-being and functioning.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163.

(D) Sexual abuse, as described in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct that allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition that, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct that is part of any investigation conducted pursuant to ORS 419B.020 or that is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to engage in commercial sexual solicitation as described in ORS 167.008.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.

(J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful manufacturing of a cannabinoid extract, as defined in ORS 475C.009, that subjects a child to a substantial risk of harm to the child's health or safety.

(K) The restraint or seclusion of a child in violation of ORS 339.285, 339.288, 339.291, 339.303 or 339.308.

(L) The infliction of corporal punishment on a child in violation of ORS 339.250 (9).

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who:

(a) Is under 18 years of age; or

(b) Is a child in care, as defined in ORS 418.257.

(3) "Higher education institution" means:

(a) A community college as defined in ORS 341.005;

(b) A public university listed in ORS 352.002;

(c) The Oregon Health and Science University; and

(d) A private institution of higher education located in Oregon.

(4)(a) "Investigation" means a detailed inquiry into or assessment of the safety of a child alleged to have experienced abuse.

(b) "Investigation" does not include screening activities conducted upon the receipt of a report.

(5) "Law enforcement agency" means:

(a) A city or municipal police department.

(b) A county sheriff's office.

- (c) The Oregon State Police.
- (d) A police department established by a university under ORS 352.121 or 353.125.
- (e) A county juvenile department.
- (6) “Public or private official” means:
 - (a) Physician or [*physician assistant*] **physician associate** licensed under ORS chapter 677 or naturopathic physician, including any intern or resident.
 - (b) Dentist.
 - (c) School employee, including an employee of a higher education institution.
 - (d) Licensed practical nurse, registered nurse, nurse practitioner, nurse’s aide, home health aide or employee of an in-home health service.
 - (e) Employee of the Department of Human Services, Oregon Health Authority, Department of Early Learning and Care, Department of Education, Youth Development Division, the Oregon Youth Authority, a local health department, a community mental health program, a community developmental disabilities program, a county juvenile department, a child-caring agency as that term is defined in ORS 418.205 or an alcohol and drug treatment program.
 - (f) Peace officer.
 - (g) Psychologist.
 - (h) Member of the clergy.
 - (i) Regulated social worker.
 - (j) Optometrist.
 - (k) Chiropractor.
 - (L) Certified provider of foster care, or an employee thereof.
 - (m) Attorney.
 - (n) Licensed professional counselor.
 - (o) Licensed marriage and family therapist.
 - (p) Firefighter or emergency medical services provider.
 - (q) Court appointed special advocate, as defined in ORS 419A.004.
 - (r) Child care provider registered or certified under ORS 329A.250 to 329A.450.
 - (s) Elected official of a branch of government of this state or a state agency, board, commission or department of a branch of government of this state or of a city, county or other political subdivision in this state.
 - (t) Physical, speech or occupational therapist.
 - (u) Audiologist.
 - (v) Speech-language pathologist.
 - (w) Employee of the Teacher Standards and Practices Commission directly involved in investigations or discipline by the commission.
 - (x) Pharmacist.
 - (y) Operator of a preschool recorded program under ORS 329A.255.
 - (z) Operator of a school-age recorded program under ORS 329A.255.
 - (aa) Employee of a private agency or organization facilitating the provision of respite services, as defined in ORS 418.205, for parents pursuant to a properly executed power of attorney under ORS 109.056.
 - (bb) Employee of a public or private organization providing child-related services or activities:
 - (A) Including but not limited to an employee of a:
 - (i) Youth group or center;
 - (ii) Scout group or camp;
 - (iii) Summer or day camp;
 - (iv) Survival camp; or
 - (v) Group, center or camp that is operated under the guidance, supervision or auspices of a religious, public or private educational system or a community service organization; and

(B) Excluding an employee of a qualified victim services program as defined in ORS 147.600 that provides confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking.

(cc) Coach, assistant coach or trainer of an amateur, semiprofessional or professional athlete, if compensated and if the athlete is a child.

(dd) Personal support worker, as defined in ORS 410.600.

(ee) Home care worker, as defined in ORS 410.600.

(ff) Animal control officer, as defined in ORS 609.500.

(gg) Member of a school district board, an education service district board or a public charter school governing body.

(hh) Individual who is paid by a public body, in accordance with ORS 430.215, to provide a service identified in an individualized service plan of a child with a developmental disability.

(ii) Referral agent, as defined in ORS 418.351.

(jj) Parole and probation officer, as defined in ORS 181A.355.

(kk) Behavior analyst or assistant behavior analyst licensed under ORS 676.810 or behavior analysis interventionist registered by the Health Licensing Office under ORS 676.815.

SECTION 65. ORS 419B.005, as amended by section 6, chapter 581, Oregon Laws 2023, is amended to read:

419B.005. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child that has been caused by other than accidental means, including any injury that appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only cruel or unconscionable acts or statements made, or threatened to be made, to a child if the acts, statements or threats result in severe harm to the child's psychological, cognitive, emotional or social well-being and functioning.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163.

(D) Sexual abuse, as described in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct that allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition that, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct that is part of any investigation conducted pursuant to ORS 419B.020 or that is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to engage in commercial sexual solicitation as described in ORS 167.008.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.

(J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful manufacturing of a cannabinoid extract, as defined in ORS 475C.009, that subjects a child to a substantial risk of harm to the child's health or safety.

- (K) The infliction of corporal punishment on a child in violation of ORS 339.250 (9).
- (b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.
- (2) "Child" means an unmarried person who:
- (a) Is under 18 years of age; or
 - (b) Is a child in care, as defined in ORS 418.257.
- (3) "Higher education institution" means:
- (a) A community college as defined in ORS 341.005;
 - (b) A public university listed in ORS 352.002;
 - (c) The Oregon Health and Science University; and
 - (d) A private institution of higher education located in Oregon.
- (4)(a) "Investigation" means a detailed inquiry into or assessment of the safety of a child alleged to have experienced abuse.
- (b) "Investigation" does not include screening activities conducted upon the receipt of a report.
- (5) "Law enforcement agency" means:
- (a) A city or municipal police department.
 - (b) A county sheriff's office.
 - (c) The Oregon State Police.
 - (d) A police department established by a university under ORS 352.121 or 353.125.
 - (e) A county juvenile department.
- (6) "Public or private official" means:
- (a) Physician or [*physician assistant*] **physician associate** licensed under ORS chapter 677 or naturopathic physician, including any intern or resident.
 - (b) Dentist.
 - (c) School employee, including an employee of a higher education institution.
 - (d) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.
 - (e) Employee of the Department of Human Services, Oregon Health Authority, Department of Early Learning and Care, Department of Education, Youth Development Division, the Oregon Youth Authority, a local health department, a community mental health program, a community developmental disabilities program, a county juvenile department, a child-caring agency as that term is defined in ORS 418.205 or an alcohol and drug treatment program.
 - (f) Peace officer.
 - (g) Psychologist.
 - (h) Member of the clergy.
 - (i) Regulated social worker.
 - (j) Optometrist.
 - (k) Chiropractor.
 - (L) Certified provider of foster care, or an employee thereof.
 - (m) Attorney.
 - (n) Licensed professional counselor.
 - (o) Licensed marriage and family therapist.
 - (p) Firefighter or emergency medical services provider.
 - (q) Court appointed special advocate, as defined in ORS 419A.004.
 - (r) Child care provider registered or certified under ORS 329A.250 to 329A.450.
 - (s) Elected official of a branch of government of this state or a state agency, board, commission or department of a branch of government of this state or of a city, county or other political subdivision in this state.
 - (t) Physical, speech or occupational therapist.
 - (u) Audiologist.
 - (v) Speech-language pathologist.

(w) Employee of the Teacher Standards and Practices Commission directly involved in investigations or discipline by the commission.

(x) Pharmacist.

(y) Operator of a preschool recorded program under ORS 329A.255.

(z) Operator of a school-age recorded program under ORS 329A.255.

(aa) Employee of a private agency or organization facilitating the provision of respite services, as defined in ORS 418.205, for parents pursuant to a properly executed power of attorney under ORS 109.056.

(bb) Employee of a public or private organization providing child-related services or activities:

(A) Including but not limited to an employee of a:

(i) Youth group or center;

(ii) Scout group or camp;

(iii) Summer or day camp;

(iv) Survival camp; or

(v) Group, center or camp that is operated under the guidance, supervision or auspices of a religious, public or private educational system or a community service organization; and

(B) Excluding an employee of a qualified victim services program as defined in ORS 147.600 that provides confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking.

(cc) Coach, assistant coach or trainer of an amateur, semiprofessional or professional athlete, if compensated and if the athlete is a child.

(dd) Personal support worker, as defined in ORS 410.600.

(ee) Home care worker, as defined in ORS 410.600.

(ff) Animal control officer, as defined in ORS 609.500.

(gg) Member of a school district board, an education service district board or a public charter school governing body.

(hh) Individual who is paid by a public body, in accordance with ORS 430.215, to provide a service identified in an individualized service plan of a child with a developmental disability.

(ii) Referral agent, as defined in ORS 418.351.

(jj) Parole and probation officer, as defined in ORS 181A.355.

(kk) Behavior analyst or assistant behavior analyst licensed under ORS 676.810 or behavior analysis interventionist registered by the Health Licensing Office under ORS 676.815.

SECTION 66. ORS 419B.020 is amended to read:

419B.020. (1) If the Department of Human Services or a law enforcement agency receives a report of child abuse, the department or the agency shall immediately:

(a) Cause an investigation to be made to determine the nature and cause of the abuse of the child; and

(b) Make the following notifications:

(A) To the Department of Early Learning and Care if the alleged child abuse occurred in a child care facility as defined in ORS 329A.250; or

(B) To the Department of Education if the alleged child abuse occurred in a school, was related to a school-sponsored activity or was conduct that may be subject to actions taken by the Department of Education under ORS 339.370 to 339.400.

(2) The Department of Human Services shall ensure that an investigation required by subsection (1) of this section is completed if the report is not investigated by a law enforcement agency.

(3) If the alleged child abuse reported in subsection (1) of this section occurred at a child care facility or in a school, was related to a school-sponsored activity or was conduct that may be subject to actions taken by the Department of Education under ORS 339.370 to 339.400:

(a) The Department of Human Services and the law enforcement agency shall jointly determine the roles and responsibilities of the Department of Human Services and the agency in their respective investigations; and

(b) The Department of Human Services and the agency shall each report the outcomes of their investigations:

(A) To the Department of Early Learning and Care if the alleged child abuse occurred in a child care facility as defined in ORS 329A.250; or

(B) To the Department of Education if the alleged child abuse:

(i) Occurred in a school;

(ii) Was related to a school-sponsored activity; or

(iii) Was conduct that may be subject to actions taken by the Department of Education under ORS 339.370 to 339.400.

(4) If the law enforcement agency conducting the investigation finds reasonable cause to believe that abuse has occurred, the law enforcement agency shall notify the Department of Human Services by making an oral report followed by a written report to the centralized child abuse reporting system described in ORS 418.190. The department shall provide protective social services of its own or of other available social agencies if necessary to prevent further abuses to the child or to safeguard the child's welfare.

(5) If a child is taken into protective custody by the Department of Human Services, the department shall promptly make reasonable efforts to ascertain the name and address of the child's parents or guardian.

(6)(a) If a child is taken into protective custody by the Department of Human Services or a law enforcement official, the department or law enforcement official shall, if possible, make reasonable efforts to advise the parents or guardian immediately, regardless of the time of day, that the child has been taken into custody, the reasons the child has been taken into custody and general information about the child's placement, and the telephone number of the local office of the department and any after-hours telephone numbers.

(b) Notice may be given by any means reasonably certain of notifying the parents or guardian, including but not limited to written, telephonic or in-person oral notification. If the initial notification is not in writing, the information required by paragraph (a) of this subsection also shall be provided to the parents or guardian in writing as soon as possible.

(c) The department also shall make a reasonable effort to notify the noncustodial parent of the information required by paragraph (a) of this subsection in a timely manner.

(d) If a child is taken into custody while under the care and supervision of a person or organization other than the parent, the department, if possible, shall immediately notify the person or organization that the child has been taken into protective custody.

(7) If a law enforcement officer or the Department of Human Services, when taking a child into protective custody, has reasonable cause to believe that the child has been affected by sexual abuse and rape of a child as defined in ORS 419B.005 (1)(a)(C) and that physical evidence of the abuse exists and is likely to disappear, the court may authorize a physical examination for the purposes of preserving evidence if the court finds that it is in the best interest of the child to have such an examination. Nothing in this section affects the authority of the department to consent to physical examinations of the child at other times.

(8) A minor child of 12 years of age or older may refuse to consent to the examination described in subsection (7) of this section. The examination shall be conducted by or under the supervision of a physician licensed under ORS chapter 677, a *[physician assistant]* **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS chapter 678 and, whenever practicable, trained in conducting such examinations.

(9) When the Department of Human Services completes an investigation under this section, if the person who made the report of child abuse provided contact information to the department, the department shall notify the person about whether contact with the child was made, whether the department determined that child abuse occurred and whether services will be provided. The department is not required to disclose information under this subsection if the department determines that disclosure is not permitted under ORS 419B.035.

(10) When the Department of Education receives a notification under subsection (1) of this section or a report on the outcomes of an investigation under subsection (3) of this section, the Department of Education shall act under, and is subject to, ORS 339.389.

SECTION 67. ORS 419B.023 is amended to read:

419B.023. (1) As used in this section:

(a) “Designated medical professional” means the person described in ORS 418.747 (9) or the person’s designee.

(b) “Medical assessment” has the meaning given that term in ORS 418.782.

(c) “Suspicious physical injury” includes, but is not limited to:

(A) Burns or scalds;

(B) Extensive bruising or abrasions on any part of the body;

(C) Bruising, swelling or abrasions on the head, neck or face;

(D) Fractures of any bone in a child under the age of three;

(E) Multiple fractures in a child of any age;

(F) Dislocations, soft tissue swelling or moderate to severe cuts;

(G) Loss of the ability to walk or move normally according to the child’s developmental ability;

(H) Unconsciousness or difficulty maintaining consciousness;

(I) Multiple injuries of different types;

(J) Injuries causing serious or protracted disfigurement or loss or impairment of the function of any bodily organ; or

(K) Any other injury that threatens the physical well-being of the child.

(2)(a) If a person conducting an investigation under ORS 419B.020 observes a child who has suffered suspicious physical injury and the person is certain or has a reasonable suspicion that the injury is or may be the result of abuse, the person shall, in accordance with the protocols and procedures of the county child abuse multidisciplinary team described in ORS 418.747:

(A) Immediately photograph or cause to have photographed the suspicious physical injuries in accordance with ORS 419B.028; and

(B) Ensure that a designated medical professional conducts a medical assessment within 48 hours, or sooner if dictated by the child’s medical needs.

(b) Notwithstanding ORS 419B.150, the person described in paragraph (a) of this subsection may take the child into protective custody, without a court order, only for the period of time necessary to ensure compliance with the requirements of this subsection.

(3) The requirement of subsection (2) of this section shall apply:

(a) Each time suspicious physical injury is observed by Department of Human Services or law enforcement personnel:

(A) During the investigation of a new allegation of abuse; or

(B) If the injury was not previously observed by a person conducting an investigation under ORS 419B.020; and

(b) Regardless of whether the child has previously been photographed or assessed during an investigation of an allegation of abuse.

(4)(a) Department or law enforcement personnel shall make a reasonable effort to locate a designated medical professional. If after reasonable efforts a designated medical professional is not available to conduct a medical assessment within 48 hours, the child shall be evaluated by an available physician, a *[physician assistant]* **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390.

(b) If the child is evaluated by a health care provider as defined in ORS 127.505 other than a designated medical professional, the health care provider shall make photographs, clinical notes, diagnostic and testing results and any other relevant materials available to the designated medical professional for consultation within 72 hours following evaluation of the child.

(c) The person conducting the medical assessment may consult with and obtain records from the child’s health care provider under ORS 419B.050.

(5) Nothing in this section prevents a person conducting a child abuse investigation from seeking immediate medical treatment from a hospital emergency room or other medical provider for a child who is physically injured or otherwise in need of immediate medical care.

(6) If the child described in subsection (2) of this section is less than five years of age, the designated medical professional may, within 14 days, refer the child for a screening for early intervention services or early childhood special education, as those terms are defined in ORS 343.035. The referral may not indicate the child is subject to a child abuse investigation unless written consent is obtained from the child's parent authorizing such disclosure. If the child is already receiving those services, or is enrolled in the Head Start program, a person involved in the delivery of those services to the child shall be invited to participate in the county child abuse multidisciplinary team's review of the case and shall be provided with paid time to do so by the person's employer.

(7) Nothing in this section limits the rights provided to minors in ORS chapter 109 or the ability of a minor to refuse to consent to the medical assessment described in this section.

SECTION 68. ORS 419B.035 is amended to read:

419B.035. (1) Notwithstanding the provisions of ORS 192.001 to 192.170, 192.210 to 192.478 and 192.610 to 192.810 relating to confidentiality and accessibility for public inspection of public records and public documents, reports and records compiled under the provisions of ORS 419B.010 to 419B.050 are confidential and may not be disclosed except as provided in this section. The Department of Human Services shall make the records available to:

(a) Any law enforcement agency or a child abuse registry in any other state for the purpose of subsequent investigation of child abuse;

(b) Any physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390, at the request of the physician, [*physician assistant*] **physician associate** or nurse practitioner, regarding any child brought to the physician, [*physician assistant*] **physician associate** or nurse practitioner or coming before the physician, [*physician assistant*] **physician associate** or nurse practitioner for examination, care or treatment;

(c) Attorneys of record for the child or child's parent or guardian in any juvenile court proceeding;

(d) Citizen review boards established by the Judicial Department for the purpose of periodically reviewing the status of children, youths and adjudicated youths under the jurisdiction of the juvenile court under ORS 419B.100 and 419C.005. Citizen review boards may make such records available to participants in case reviews;

(e) A court appointed special advocate in any juvenile court proceeding in which it is alleged that a child has been subjected to child abuse or neglect;

(f) The Department of Early Learning and Care for the purpose of carrying out the functions of the department, including the certification, registration or regulation of child care facilities and child care providers and the administration of enrollment in the Central Background Registry;

(g) The Office of Children's Advocate;

(h) The Teacher Standards and Practices Commission for investigations conducted under ORS 339.390 or 342.176 involving any child or any student;

(i) Any person, upon request to the Department of Human Services, if the reports or records requested regard an incident in which a child, as the result of abuse, died or suffered serious physical injury as defined in ORS 161.015. Reports or records disclosed under this paragraph must be disclosed in accordance with ORS 192.311 to 192.478;

(j) The Department of Early Learning and Care for purposes of applications described in ORS 329A.030 (11)(c)(G) to (J);

(k) With respect to a report of abuse occurring at a school or in an educational setting that involves a child with a disability, Disability Rights Oregon;

(L) The Department of Education for purposes of investigations conducted under ORS 339.391;

(m) An education provider for the purpose of making determinations under ORS 339.388; and

(n) A national nonprofit organization designated by the Department of Human Services that provides assistance with locating, recovering or providing services to children or youth determined by the department to be missing.

(2)(a) When disclosing reports and records pursuant to subsection (1)(i) of this section, the Department of Human Services may exempt from disclosure the names, addresses and other identifying information about other children, witnesses, victims or other persons named in the report or record if the department determines, in written findings, that the safety or well-being of a person named in the report or record may be jeopardized by disclosure of the names, addresses or other identifying information, and if that concern outweighs the public's interest in the disclosure of that information.

(b) If the Department of Human Services does not have a report or record of abuse regarding a child who, as the result of abuse, died or suffered serious physical injury as defined in ORS 161.015, the department may disclose that information.

(3) The Department of Human Services may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to any person, administrative hearings officer, court, agency, organization or other entity when the department determines that such disclosure is necessary to administer its child welfare services and is in the best interests of the affected child, or that such disclosure is necessary to investigate, prevent or treat child abuse and neglect, to protect children from abuse and neglect or for research when the Director of Human Services gives prior written approval. The Department of Human Services shall adopt rules setting forth the procedures by which it will make the disclosures authorized under this subsection or subsection (1) or (2) of this section. The name, address and other identifying information about the person who made the report may not be disclosed pursuant to this subsection and subsection (1) of this section.

(4) A law enforcement agency may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to other law enforcement agencies, district attorneys, city attorneys with criminal prosecutorial functions and the Attorney General when the law enforcement agency determines that disclosure is necessary for the investigation or enforcement of laws relating to child abuse and neglect or necessary to determine a claim for crime victim compensation under ORS 147.005 to 147.367.

(5)(a) A law enforcement agency, upon completing an investigation and closing the file in a specific case relating to child abuse or neglect, shall make reports and records in the case available upon request to:

(A) Any law enforcement agency or community corrections agency in this state, to the Department of Corrections, to the Oregon Youth Authority or to the State Board of Parole and Post-Prison Supervision for the purpose of managing and supervising offenders in custody or on probation, parole, post-prison supervision or other form of conditional or supervised release; and

(B) The Teacher Standards and Practices Commission for investigations conducted under ORS 339.390 and 342.176.

(b) A law enforcement agency may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to the Oregon Youth Authority, the Teacher Standards and Practices Commission for investigations conducted under ORS 339.390 and 342.176, law enforcement, community corrections, corrections or parole agencies in an open case when the law enforcement agency determines that the disclosure will not interfere with an ongoing investigation in the case.

(c) The name, address and other identifying information about the person who made the report may not be disclosed under this subsection or subsection (6)(b) of this section.

(6)(a) Any record made available to a law enforcement agency or community corrections agency in this state, to the Department of Corrections, the Oregon Youth Authority, the State Board of Parole and Post-Prison Supervision or the Teacher Standards and Practices Commission or to a physician, [*physician assistant*] **physician associate** or nurse practitioner in this state, as authorized by subsections (1) to (5) of this section, shall be kept confidential by the agency, department, board, commission, physician, [*physician assistant*] **physician associate** or nurse practitioner. Any record or report disclosed by the Department of Human Services to other persons or entities pursuant to subsections (1) and (3) of this section shall be kept confidential.

(b) Notwithstanding paragraph (a) of this subsection:

(A) A law enforcement agency, a community corrections agency, the Department of Corrections, the Oregon Youth Authority and the State Board of Parole and Post-Prison Supervision may disclose records made available to them under subsection (5) of this section to each other, to law enforcement, community corrections, corrections and parole agencies of other states and to authorized treatment providers for the purpose of managing and supervising offenders in custody or on probation, parole, post-prison supervision or other form of conditional or supervised release.

(B) The Department of Corrections and the Oregon Youth Authority may disclose records made available to them under subsection (5) of this section regarding a person in the custody of the Department of Corrections or the Oregon Youth Authority to each other, to the court, to the district attorney and to the person's attorney for the purpose of the person's hearing under ORS 420A.200 to 420A.206.

(C) A person may disclose records made available to the person under subsection (1)(i) of this section if the records are disclosed for the purpose of advancing the public interest.

(7) Except as provided by ORS 339.389, an officer or employee of the Department of Human Services or of a law enforcement agency or any person or entity to whom disclosure is made pursuant to subsections (1) to (6) of this section may not release any information not authorized by subsections (1) to (6) of this section.

(8) A record of sexual orientation, gender identity or gender expression, as defined in ORS 409.225, is exempt from disclosure under subsection (1) of this section unless:

(a) The department determines, in written findings, that failure to disclose the record is reasonably likely to jeopardize the child's safety or well-being;

(b) The department determines, in written findings, that disclosure of the record is necessary to provide services to the child or the child's family; or

(c) The child consents to the disclosure.

(9) As used in this section, "law enforcement agency" has the meaning given that term in ORS 181A.010.

(10) A person who violates subsection (6)(a) or (7) of this section commits a Class A violation.

SECTION 69. ORS 419B.352 is amended to read:

419B.352. The court may direct that the child or ward be examined or treated by a physician, psychiatrist, psychologist, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390, or receive other special care or treatment in a hospital or other suitable facility. If the court determines that mental health examination and treatment should be provided by services delivered through the Department of Human Services, the department shall determine the appropriate placement or services in consultation with the court and other affected agencies. If an affected agency objects to the type of placement or services, the court shall determine the appropriate type of placement or service. During the examination or treatment of the child or ward, the department may, if appropriate, be appointed guardian of the child or ward.

SECTION 70. ORS 421.467 is amended to read:

421.467. (1) Subject to ORS 421.468, the governing body of a county or city in this state may transfer a local adult in custody to the temporary custody of the Department of Corrections solely for employment at a forest work camp established under ORS 421.455 to 421.480. The county or city transferring the local adult in custody shall pay the cost of transportation and other expenses incidental to the conveyance to the forest work camp of the adult in custody and the return of the local adult in custody to the county or city, including the expenses of law enforcement officers accompanying the local adult in custody, and is responsible for costs of any medical treatment of the local adult in custody while the local adult in custody is employed at the forest work camp not compensated under ORS 655.505 to 655.555.

(2) Before a local adult in custody is sent to a forest work camp, the governing body of the county or city shall cause the local adult in custody to be given such inoculations as are necessary in the public interest, and must submit to the Department of Corrections a certificate, signed by a

physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 that the local adult in custody is physically and mentally able to perform the work described in ORS 421.470, and is free from communicable disease.

SECTION 71. ORS 421.590 is amended to read:

421.590. (1) For the purposes of this section:

(a) “Medical treatment program” means a treatment program based on a successful medical model that has been proven to reduce recidivism and that is within the range of treatments generally recognized as acceptable within the medical community, including:

(A) Treatment by prescribed medication when recommended by a qualified psychiatrist, physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner; or

(B) Psychological treatment.

(b) “Program participant” means a person sentenced for a term of imprisonment based on conviction of a sex crime or a felony attempt to commit a sex crime, or a person who is eligible for parole or post-prison supervision after a term of imprisonment based on conviction of a sex crime or a felony attempt to commit a sex crime, who agrees to participate in a medical treatment program after having been evaluated to be a suitable candidate and who has been provided with adequate information to give informed consent to participation.

(c) “Sex crime” means rape in any degree, sodomy in any degree, unlawful sexual penetration in any degree and sexual abuse in the first or second degree.

(2) The Department of Corrections shall establish a medical treatment program for persons convicted of a sex crime or a felony attempt to commit a sex crime. Any person sentenced for a sex crime or a felony attempt to commit a sex crime may be evaluated to determine if available medical or psychological treatment would be likely to reduce the biological, emotional or psychological impulses that were the probable cause of the person’s criminal conduct. If the evaluation determines that the person is a suitable candidate, the department shall offer to allow the person to participate in the medical treatment program. The person must agree to become a program participant.

(3) The State Board of Parole and Post-Prison Supervision shall offer as a condition of parole or post-prison supervision to persons convicted of a sex crime or a felony attempt to commit a sex crime the opportunity to participate in a medical treatment program established by the Department of Corrections under this section. Any person eligible for release for a sex crime or felony attempt to commit a sex crime may be evaluated to determine if available medical or psychological treatment would be likely to reduce the biological, emotional or psychological impulses that were the probable cause of the person’s criminal conduct. If the evaluation determines that the person is a suitable candidate, the board shall offer to allow the person to participate in the medical treatment program. The person must agree to become a program participant.

(4) The Department of Corrections shall adopt rules prescribing the procedures and guidelines for implementing the medical treatment programs required under the provisions of this section.

SECTION 72. ORS 430.401 is amended to read:

430.401. (1) A police officer, physician, naturopathic physician, [*physician assistant*] **physician associate**, nurse practitioner, judge, treatment facility, treatment facility staff member or sobering facility that is registered with the Oregon Health Authority under ORS 430.262 based on a written request for registration received by the authority before January 1, 2016, or the staff of the sobering facility, may not be held criminally or civilly liable for actions pursuant to ORS 430.315, 430.335, 430.397 to 430.401 and 430.402 provided the actions are in good faith, on probable cause and without malice.

(2) A sobering facility registered with the authority under ORS 430.262 based on a written request for registration received by the authority on or after January 1, 2016, and the staff of the sobering facility, may not be held criminally or civilly liable for actions pursuant to ORS 430.315, 430.335, 430.397 to 430.401 and 430.402 provided the actions are in good faith, on probable cause and without gross negligence.

SECTION 73. ORS 430.735 is amended to read:

430.735. As used in ORS 430.735 to 430.765:

(1) "Abuse" means one or more of the following:

(a) Abandonment, including desertion or willful forsaking of an adult or the withdrawal or neglect of duties and obligations owed an adult by a caregiver or other person.

(b) Any physical injury to an adult caused by other than accidental means, or that appears to be at variance with the explanation given of the injury.

(c) Willful infliction of physical pain or injury upon an adult.

(d) Sexual abuse.

(e) Neglect.

(f) Verbal abuse of an adult.

(g) Financial exploitation of an adult.

(h) Involuntary seclusion of an adult for the convenience of the caregiver or to discipline the adult.

(i) A wrongful use of a physical or chemical restraint upon an adult, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.

(j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465 or 163.467.

(k) Any death of an adult caused by other than accidental or natural means.

(L) The restraint or seclusion of an adult with a developmental disability in violation of ORS 339.288, 339.291 or 339.308.

(m) The infliction of corporal punishment on an adult with a developmental disability in violation of ORS 339.250 (9).

(2) "Adult" means a person 18 years of age or older:

(a) With a developmental disability who is currently receiving services from a community program or facility or who was previously determined eligible for services as an adult by a community program or facility;

(b) With a severe and persistent mental illness who is receiving mental health treatment from a community program; or

(c) Who is receiving services for a substance use disorder or a mental illness in a facility or a state hospital.

(3) "Adult protective services" means the necessary actions taken to prevent abuse or exploitation of an adult, to prevent self-destructive acts and to safeguard the adult's person, property and funds, including petitioning for a protective order as defined in ORS 125.005. Any actions taken to protect an adult shall be undertaken in a manner that is least intrusive to the adult and provides for the greatest degree of independence.

(4) "Caregiver" means an individual, whether paid or unpaid, or a facility that has assumed responsibility for all or a portion of the care of an adult as a result of a contract or agreement.

(5) "Community program" includes:

(a) A community mental health program or a community developmental disabilities program as established in ORS 430.610 to 430.695; or

(b) A provider that is paid directly or indirectly by the Oregon Health Authority to provide mental health treatment in the community.

(6) "Facility" means a residential treatment home or facility, residential care facility, adult foster home, residential training home or facility or crisis respite facility.

(7) "Financial exploitation" means:

(a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an adult.

(b) Alarming an adult by conveying a threat to wrongfully take or appropriate money or property of the adult if the adult would reasonably believe that the threat conveyed would be carried out.

(c) Misappropriating, misusing or transferring without authorization any money from any account held jointly or singly by an adult.

(d) Failing to use the income or assets of an adult effectively for the support and maintenance of the adult.

(8) "Intimidation" means compelling or deterring conduct by threat.

(9) "Law enforcement agency" means:

(a) Any city or municipal police department;

(b) A police department established by a university under ORS 352.121 or 353.125;

(c) Any county sheriff's office;

(d) The Oregon State Police; or

(e) Any district attorney.

(10) "Neglect" means:

(a) Failure to provide the care, supervision or services necessary to maintain the physical and mental health of an adult that may result in physical harm or significant emotional harm to the adult;

(b) Failure of a caregiver to make a reasonable effort to protect an adult from abuse; or

(c) Withholding of services necessary to maintain the health and well-being of an adult that leads to physical harm of the adult.

(11) "Public or private official" means:

(a) Physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician, psychologist or chiropractor, including any intern or resident;

(b) Licensed practical nurse, registered nurse, nurse's aide, home health aide or employee of an in-home health service;

(c) Employee of the Department of Human Services or Oregon Health Authority, local health department, community mental health program or community developmental disabilities program or private agency contracting with a public body to provide any community mental health service;

(d) Peace officer;

(e) Member of the clergy;

(f) Regulated social worker;

(g) Physical, speech or occupational therapist;

(h) Information and referral, outreach or crisis worker;

(i) Attorney;

(j) Licensed professional counselor or licensed marriage and family therapist;

(k) Any public official;

(L) Firefighter or emergency medical services provider;

(m) Elected official of a branch of government of this state or a state agency, board, commission or department of a branch of government of this state or of a city, county or other political subdivision in this state;

(n) Personal support worker, as defined in ORS 410.600;

(o) Home care worker, as defined in ORS 410.600; or

(p) Individual paid by the Department of Human Services to provide a service identified in an individualized service plan of an adult with a developmental disability.

(12) "Services" includes but is not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene or any other service essential to the well-being of an adult.

(13)(a) "Sexual abuse" means:

(A) Sexual contact with a nonconsenting adult or with an adult considered incapable of consenting to a sexual act under ORS 163.315;

(B) Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit material or language;

(C) Any sexual contact between an employee of a facility or paid caregiver and an adult served by the facility or caregiver;

(D) Any sexual contact between an adult and a relative of the adult other than a spouse;

(E) Any sexual contact that is achieved through force, trickery, threat or coercion; or

(F) Any sexual contact between an individual receiving mental health or substance abuse treatment and the individual providing the mental health or substance abuse treatment.

(b) "Sexual abuse" does not mean consensual sexual contact between an adult and a paid caregiver who is the spouse of the adult.

(14) "Sexual contact" has the meaning given that term in ORS 163.305.

(15) "Verbal abuse" means to threaten significant physical or emotional harm to an adult through the use of:

(a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

(b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.

SECTION 74. ORS 431.180 is amended to read:

431.180. (1) Nothing in ORS 431.001 to 431.550 and 431.990 or any other public health law of this state shall be construed as authorizing the Oregon Health Authority or its representatives, or any local public health authority or its representatives, to interfere in any manner with an individual's right to select the physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner of the individual's choice or the individual's choice of mode of treatment, nor as interfering with the practice of a person whose religion treats or administers sick or suffering people by purely spiritual means.

(2) This section does not apply to the laws of this state imposing sanitary requirements or rules adopted under the laws of this state imposing sanitary requirements.

SECTION 75. ORS 431A.570 is amended to read:

431A.570. (1) As used in this section:

(a) "Communicable disease" has the meaning given that term in ORS 431A.005.

(b) "Good faith effort to obtain the voluntary consent of the source person" includes a good faith effort to locate or contact the source person.

(c) "Significant exposure" means direct contact with blood, bodily fluids or other potentially infectious materials of a person, and the contact is capable of transmitting a communicable disease.

(2) Notwithstanding any other provision of law, an employee of the Department of Corrections, a law enforcement officer as defined in ORS 414.805, a parole and probation officer as defined in ORS 181A.355, a corrections officer as defined in ORS 181A.355, an emergency medical services provider as defined in ORS 682.025, a licensed health care provider as defined in ORS 433.060 or a firefighter who, in the performance of the person's official duties, comes into contact with the blood, bodily fluid or other potentially infectious material of another person may petition the circuit court for an order compelling the testing of the source person for a communicable disease, provided that the person making the petition has first made a good faith effort to obtain the voluntary consent of the source person to be tested for a communicable disease.

(3) A petition submitted under this section must:

(a) Set forth the facts and circumstances of the contact with the source person and the reasons the petitioner and a medically trained person representing the petitioner, if available, believe the contact with the source person constitutes significant exposure and that testing is appropriate;

(b) If a medically trained person is not available to represent the petitioner, include the reason for the unavailability;

(c) Include information sufficient to identify the source person and the location of the source person, if known; and

(d) Include a statement by the petitioner attesting to having made a good faith effort to obtain the voluntary consent of the source person to be tested for a communicable disease.

(4) The circuit court shall hold an ex parte hearing in person, by telephone or by other appropriate means no later than three judicial days after receiving a petition under this section. Upon a finding that the requirements of subsection (3) of this section have been met and a showing that the circumstances create probable cause to conclude that the petitioner's contact with the source person constitutes significant exposure, the court shall order the testing of the source person. The court shall issue the order no later than four judicial days after receiving a petition under this section.

(5) If the circuit court orders a test under subsection (4) of this section:

(a) The order shall direct the source person to allow a test to be performed by a licensed health care provider, without delay, for a communicable disease that may be transmitted by the type of contact that occurred and may specify the date by which the test must be completed. If the source person is in custody or otherwise subject to the legal control of another person, the order may be directed to the agency with custody of, or the other person with legal control over, the source person. The order may direct the agency or other person to provide the source person with a copy of the order. The order may contain any directions necessary to ensure that the test is performed.

(b) The petitioner shall designate a physician, *[physician assistant]* **physician associate** or nurse practitioner to receive the results of the test on behalf of the petitioner.

(c) The order must inform the source person, or the agency with custody of or other person with legal control over the source person, of:

(A) The physician, *[physician assistant]* **physician associate** or nurse practitioner who is to receive the results of the test on behalf of the petitioner; and

(B) How to obtain payment for costs under subsection (8) of this section.

(d) The order must be served on the source person, or the agency with custody of or other person with legal control over the source person, in the manner directed by the court. The court may provide for service of the order by any means appropriate to the circumstances of the source person, including directing the petitioner or the sheriff to serve the order. The costs associated with serving the order must be paid as provided under subsection (8) of this section.

(e) The order is enforceable through the contempt powers of the court.

(6) The results of a test ordered under this section:

(a) Are confidential and not subject to public disclosure under ORS 192.311 to 192.478; and

(b) May be made available only to the physician, *[physician assistant]* **physician associate** or nurse practitioner designated by the petitioner to receive the results of the test, the Oregon Health Authority and the source person.

(7) Blood, bodily fluids or other potentially infectious materials taken from a source person for the purpose of performing a test under this section:

(a) May not be used for a civil or criminal investigation or as evidence in civil or criminal proceeding; and

(b) May be retained only as long as necessary to confirm the results of a test performed under this section.

(8) A charge or filing fee may not be imposed for the filing of a petition under this section. The cost of any testing ordered under this section shall be the responsibility of the employer of the petitioner.

SECTION 76. ORS 432.005 is amended to read:

432.005. As used in this chapter, unless the context requires otherwise:

(1) "Alkaline hydrolysis" or "hydrolysis" means the technical process for reducing human remains by placing the remains in a dissolution chamber that uses heat, pressure, water and base chemical agents, in a licensed hydrolysis facility, to reduce human remains to bone fragments and essential elements.

(2) "Amendment" means a change to an item that appears on a certified copy of a vital record after a certified copy has been issued.

(3) "Authorized representative" means an agent designated in a written statement signed by the registrant or other qualified applicant, the signing of which was witnessed.

(4) "Certified copy" means the document, in either paper or electronic format, issued by the State Registrar of the Center for Health Statistics and containing all or a part of the information contained on the original vital record, and which, when issued by the state registrar, has the full force and effect of the original vital record.

(5) "Certified copy item" means any item of information that appears on a certified copy.

(6) "Certifier" means a person required to attest to the accuracy of information submitted on a report.

(7) "Correction" means a change to an item that is not included in a certified copy of a vital record, or a change to an item that is included in a certified copy provided that no certified copy has been issued.

(8) "Court of competent jurisdiction" means a court within the United States with jurisdiction over a person subject to regulation under this chapter.

(9) "Date of registration" means the month, day and year a vital record is incorporated into the official records of the Center for Health Statistics.

(10) "Dead body" means a human body or such parts of such human body from the condition of which it reasonably may be concluded that death occurred.

(11) "Electronic signature" means an electronic sound, symbol or process attached to or logically associated with a contract or other record that is executed or adopted by a person with the intent to attest to the accuracy of the facts in the record.

(12) "Government agency" means a unit of federal, state, local or tribal government.

(13) "Health research" means a systematic study to gain information and understanding about health, with the goal of finding ways to improve human health, that conforms to or is conducted in accordance with generally accepted scientific standards or principles and that is designed to develop or contribute to general scientific knowledge.

(14) "Facts of live birth" means the name of the child, date of birth, place of birth, sex and parent's name or parents' names appearing on the record of live birth.

(15) "Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, that is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of the voluntary muscles.

(16) "Final disposition" means the burial, interment, cremation, reduction, removal from the state or other authorized disposition of a dead body or fetus, except that when removal from the state is conducted by the holder of a certificate of removal registration issued under ORS 692.270, the final disposition may not be considered complete until the report of death is filed.

(17)(a) "Human remains" means a dead body.

(b) "Human remains" does not include cremated or reduced human remains recovered after cremation or reduction.

(18)(a) "Induced termination of pregnancy" means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant and that does not result in a live birth.

(b) "Induced termination of pregnancy" does not include management of prolonged retention of products of conception following fetal death.

(19) "Institution" means any establishment, public or private, that provides inpatient or outpatient medical, surgical or diagnostic care or treatment or nursing, custodial or domiciliary care, or to which persons are committed by law.

(20) "Interment" means the disposition of human remains by entombment or burial.

(21) "Legal representative" means a licensed attorney representing the registrant or other qualified applicant.

(22) "Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, that, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the

umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

(23) “Medical certifier” means a physician, [*physician assistant*] **physician associate** or nurse practitioner licensed under the laws of this state or under the laws of Washington, Idaho or California who has treated a decedent within the 12 months preceding death.

(24) “Natural organic reduction” means the contained, accelerated conversion of human remains to soil.

(25) “Person acting as a funeral service practitioner” means:

(a) A person other than a funeral service practitioner licensed under ORS 692.045, including but not limited to a relative, friend or other interested party, who performs the duties of a funeral service practitioner without payment; or

(b) A funeral service practitioner who submits reports of death in another state if the funeral service practitioner is employed by a funeral establishment licensed in another state and registered with the State Mortuary and Cemetery Board under ORS 692.270.

(26) “Person in charge of an institution” means the officer or employee who is responsible for administration of an institution.

(27) “Personally identifiable information” means information that can be used to distinguish or trace an individual’s identity or, when combined with other personal or identifying information, is linked or linkable to a specific individual.

(28) “Physician” means a person authorized to practice medicine, chiropractic or naturopathic medicine under the laws of this state or under the laws of Washington, Idaho or California, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390.

(29) “Record” means a report that has been registered by the state registrar.

(30) “Record of foreign live birth” means a document registered by the state registrar for a person born in a foreign country who may or may not be a citizen of the United States and who was adopted under the laws of this state.

(31) “Reduction” means an authorized process for reducing human remains. Authorized processes for reducing human remains include alkaline hydrolysis, natural organic reduction and any other alternative process authorized by the State Mortuary and Cemetery Board.

(32) “Registration” means the process by which vital records and reports are accepted and incorporated into the official records of the Center for Health Statistics.

(33) “Report” means a document, whether in paper or electronic format, containing information related to a vital event submitted by a person required to submit the information to the state registrar for the purpose of registering a vital event.

(34) “State” includes a state or territory of the United States, the District of Columbia and New York City.

(35) “System of vital statistics” means:

(a) The collection, registration, preservation, amendment, certification and verification of, and the maintenance of the security and integrity of, vital records;

(b) The collection of reports required by this chapter; and

(c) Activities related to the activities described in paragraphs (a) and (b) of this subsection, including the tabulation, analysis, dissemination and publication of vital statistics and training in the use of health data.

(36) “Verification” means confirmation of the information on a vital record based on the facts contained in a report.

(37) “Vital record” means a report of a live birth, death, fetal death, marriage, declaration of domestic partnership, dissolution of marriage or domestic partnership and related data that have been accepted for registration and incorporated into the official records of the Center for Health Statistics.

(38) “Vital statistics” means the aggregated data derived from records and reports of live birth, death, fetal death, induced termination of pregnancy, marriage, declaration of domestic partnership,

dissolution of marriage, dissolution of domestic partnership and supporting documentation and related reports.

SECTION 77. ORS 433.010 is amended to read:

433.010. (1) No person shall willfully cause the spread of any communicable disease within this state.

(2) Whenever the laws of this state require a person to secure a health certificate, such certificate shall be acquired from a physician licensed by the Oregon Medical Board or the Oregon Board of Naturopathic Medicine, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390 in accordance with rules adopted by the Oregon Health Authority.

SECTION 78. ORS 433.017 is amended to read:

433.017. (1) A licensed physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 attending a pregnant woman in this state for conditions relating to her pregnancy during the period of gestation or at the time of delivery shall, as required by rule of the Oregon Health Authority, take or cause to be taken a sample of blood of every woman so attended at the time of the first professional visit or within 10 days thereafter. The blood specimen obtained under this subsection must be submitted to a licensed laboratory for tests related to any infectious condition which may affect a pregnant woman or fetus, as the authority shall by rule require, including but not limited to an HIV test as defined in ORS 433.045.

(2) Every other person permitted by law to attend a pregnant woman in this state, but not permitted by law to take blood samples, shall, as required by rule of the authority, cause a sample of blood of such pregnant woman to be taken by a licensed physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 and have such sample submitted to a licensed laboratory for the tests described under subsection (1) of this section.

(3) In all cases under subsections (1) and (2) of this section the physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse practitioner shall request consent of the patient to take a blood sample. A sample may not be taken without the patient's consent.

SECTION 79. ORS 433.110 is amended to read:

433.110. Every physician, [*physician assistant*] **physician associate**, naturopathic physician or nurse attending a person affected with any communicable disease shall use all precautionary measures to prevent the spread of the disease as the Oregon Health Authority may prescribe by rule.

SECTION 80. ORS 433.260 is amended to read:

433.260. (1) Whenever any administrator has reason to suspect that any child or employee has or has been exposed to any restrictable disease and is required by the rules of the Oregon Health Authority to be excluded from a school or children's facility, the administrator shall send such person home and, if the disease is one that must be reported to the authority, report the occurrence to the local health department by the most direct means available.

(2) Any person excluded under subsection (1) of this section may not be permitted to be in the school or facility until the person presents a certificate from a physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, local health department nurse or school nurse stating that the person does not have or is not a carrier of any restrictable disease.

SECTION 81. ORS 433.443 is amended to read:

433.443. (1) As used in this section:

(a) "Covered entity" means:

(A) The Children's Health Insurance Program;

(B) A health insurer that is an insurer as defined in ORS 731.106 and that issues health insurance as defined in ORS 731.162;

(C) The state medical assistance program; and

(D) A health care provider.

(b) "Health care provider" includes but is not limited to:

(A) A psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675 or an employee of the psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist;

(B) A physician or [*physician assistant*] **physician associate** licensed under ORS chapter 677, an acupuncturist licensed under ORS 677.759 or an employee of the physician, [*physician assistant*] **physician associate** or acupuncturist;

(C) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of the nurse or nursing home administrator;

(D) A dentist licensed under ORS chapter 679 or an employee of the dentist;

(E) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental hygienist or denturist;

(F) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee of the speech-language pathologist or audiologist;

(G) An emergency medical services provider licensed under ORS chapter 682;

(H) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;

(I) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic physician;

(J) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic physician;

(K) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage therapist;

(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct entry midwife;

(M) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical therapist;

(N) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical imaging licensee;

(O) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory care practitioner;

(P) A polysomnographic technologist licensed under ORS 688.819 or an employee of the polysomnographic technologist;

(Q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

(R) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;

(S) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral service practitioner;

(T) A health care facility as defined in ORS 442.015;

(U) A home health agency as defined in ORS 443.014;

(V) A hospice program as defined in ORS 443.850;

(W) A clinical laboratory as defined in ORS 438.010;

(X) A pharmacy as defined in ORS 689.005; and

(Y) Any other person or entity that furnishes, bills for or is paid for health care in the normal course of business.

(c) "Individual" means a natural person.

(d) "Individually identifiable health information" means any oral or written health information in any form or medium that is:

(A) Created or received by a covered entity, an employer or a health care provider that is not a covered entity; and

(B) Identifiable to an individual, including demographic information that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify an individual, and that relates to:

- (i) The past, present or future physical or mental health or condition of an individual;
- (ii) The provision of health care to an individual; or
- (iii) The past, present or future payment for the provision of health care to an individual.

(e) "Legal representative" means attorney at law, person holding a general power of attorney, guardian, conservator or any person appointed by a court to manage the personal or financial affairs of a person, or agency legally responsible for the welfare or support of a person.

(2)(a) During a public health emergency declared under ORS 433.441, the Public Health Director may, as necessary to appropriately respond to the public health emergency:

(A) Adopt reporting requirements for and provide notice of those requirements to health care providers, institutions and facilities for the purpose of obtaining information directly related to the public health emergency;

(B) After consultation with appropriate medical experts, create and require the use of diagnostic and treatment protocols to respond to the public health emergency and provide notice of those protocols to health care providers, institutions and facilities;

(C) Order, or authorize local public health administrators to order, public health measures appropriate to the public health threat presented;

(D) Authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons who are three years of age or older;

(E) Upon approval of the Governor, take other actions necessary to address the public health emergency and provide notice of those actions to health care providers, institutions and facilities, including public health actions authorized by ORS 431A.015;

(F) Take any enforcement action authorized by ORS 431A.010, including the imposition of civil penalties of up to \$500 per day against individuals, institutions or facilities that knowingly fail to comply with requirements resulting from actions taken in accordance with the powers granted to the Public Health Director under subparagraphs (A), (B) and (E) of this paragraph; and

(G) The authority granted to the Public Health Director under this section:

(i) Supersedes any authority granted to a local public health authority if the local public health authority acts in a manner inconsistent with guidelines established or rules adopted by the director under this section; and

(ii) Does not supersede the general authority granted to a local public health authority or a local public health administrator except as authorized by law or necessary to respond to a public health emergency.

(b) The authority of the Public Health Director to take administrative action, and the effectiveness of any action taken, under paragraph (a)(A), (B) and (D) to (G) of this subsection terminates upon the expiration of the declared state of public health emergency, unless the actions are continued under other applicable law.

(3) Civil penalties under subsection (2) of this section shall be imposed in the manner provided in ORS 183.745. The Public Health Director must establish that the individual, institution or facility subject to the civil penalty had actual notice of the action taken that is the basis for the penalty. The maximum aggregate total for penalties that may be imposed against an individual, institution or facility under subsection (2) of this section is \$500 for each day of violation, regardless of the number of violations of subsection (2) of this section that occurred on each day of violation.

(4)(a) During a declared state of public health emergency, the Public Health Director and local public health administrators shall be given immediate access to individually identifiable health information necessary to:

- (A) Determine the causes of an illness related to the public health emergency;
- (B) Identify persons at risk;
- (C) Identify patterns of transmission;
- (D) Provide treatment; and
- (E) Take steps to control the disease.

(b) Individually identifiable health information accessed as provided by paragraph (a) of this subsection may not be used for conducting nonemergency epidemiologic research or to identify

persons at risk for post-traumatic mental health problems, or for any other purpose except the purposes listed in paragraph (a) of this subsection.

(c) Individually identifiable health information obtained by the Public Health Director or local public health administrators under this subsection may not be disclosed without written authorization of the identified individual except:

(A) Directly to the individual who is the subject of the information or to the legal representative of that individual;

(B) To state, local or federal agencies authorized to receive such information by state or federal law;

(C) To identify or to determine the cause or manner of death of a deceased individual; or

(D) Directly to a health care provider for the evaluation or treatment of a condition that is the subject of a declaration of a state of public health emergency issued under ORS 433.441.

(d) Upon expiration of the state of public health emergency, the Public Health Director or local public health administrators may not use or disclose any individually identifiable health information that has been obtained under this section. If a state of emergency that is related to the state of public health emergency has been declared under ORS 401.165, the Public Health Director and local public health administrators may continue to use any individually identifiable information obtained as provided under this section until termination of the state of emergency.

(5) All civil penalties recovered under this section shall be paid into the State Treasury and credited to the General Fund and are available for general governmental expenses.

(6) The Public Health Director may request assistance in enforcing orders issued pursuant to this section from state or local law enforcement authorities. If so requested by the Public Health Director, state and local law enforcement authorities, to the extent resources are available, shall assist in enforcing orders issued pursuant to this section.

(7) If the Oregon Health Authority adopts temporary rules to implement the provisions of this section, the rules adopted are not subject to the provisions of ORS 183.335 (6)(a). The authority may amend temporary rules adopted pursuant to this subsection as often as necessary to respond to the public health emergency.

SECTION 82. ORS 433.800 is amended to read:

433.800. As used in ORS 433.800 to 433.830, unless the context requires otherwise:

(1) "Adrenal crisis" means a sudden, severe worsening of symptoms associated with adrenal insufficiency, such as severe pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure or loss of consciousness.

(2) "Adrenal insufficiency" means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones.

(3) "Allergen" means a substance, usually a protein, that evokes a particular adverse response in a sensitive individual.

(4) "Allergic response" means a medical condition caused by exposure to an allergen, with physical symptoms that range from localized itching to severe anaphylactic shock and that may be life threatening.

(5) "Hypoglycemia" means a condition in which a person experiences low blood sugar, producing symptoms such as drowsiness, loss of muscle control so that chewing or swallowing is impaired, irrational behavior in which food intake is resisted, convulsions, fainting or coma.

(6) "Nurse practitioner" means a nurse practitioner licensed under ORS chapter 678.

(7) "Other treatment" means oral administration of food containing glucose or other forms of carbohydrate, such as jelly or candy.

(8) "Other treatment has failed" means a hypoglycemic student's symptoms have worsened after the administration of a food containing glucose or other form of carbohydrate or a hypoglycemic student has become incoherent, unconscious or unresponsive.

(9) "Physician" means a physician licensed under ORS chapter 677.

(10) [*Physician assistant*] "**Physician associate**" means a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525.

SECTION 83. ORS 433.815 is amended to read:

433.815. (1) Educational training on the treatment of allergic responses, as required by ORS 433.800 to 433.830, shall be conducted by a physician, [*physician assistant*] **physician associate** or nurse practitioner. The training may be conducted by any other health care professional licensed under ORS chapter 678 as assigned by a physician, [*physician assistant*] **physician associate** or nurse practitioner, or by an emergency medical services provider meeting the requirements established by the Oregon Health Authority by rule. The curricula shall include, at a minimum, the following subjects:

(a) Recognition of the symptoms of systemic allergic responses to insect stings and other allergens;

(b) Familiarity with common factors that are likely to elicit systemic allergic responses;

(c) Proper administration of an intramuscular or subcutaneous injection of epinephrine for severe allergic responses to insect stings and other specific allergens; and

(d) Necessary follow-up treatment.

(2) Educational training on the treatment of hypoglycemia, as required by ORS 433.800 to 433.830, shall be conducted by a physician, [*physician assistant*] **physician associate**, nurse practitioner or any other health care professional licensed under ORS chapter 678. The curricula shall include, at a minimum, the following subjects:

(a) Recognition of the symptoms of hypoglycemia;

(b) Familiarity with common factors that may induce hypoglycemia;

(c) Proper administration of a subcutaneous injection of glucagon for severe hypoglycemia when other treatment has failed or cannot be initiated; and

(d) Necessary follow-up treatment.

(3) Educational training on the treatment of adrenal insufficiency, as required by ORS 433.800 to 433.830, shall be conducted by a physician, [*physician assistant*] **physician associate**, nurse practitioner or any other health care professional licensed under ORS chapter 678. The curricula shall include, at a minimum, the following subjects:

(a) General information about adrenal insufficiency and the dangers associated with adrenal insufficiency;

(b) Recognition of the symptoms of a person who is experiencing an adrenal crisis;

(c) The types of medications that are available for treating adrenal insufficiency; and

(d) Proper administration of medications that treat adrenal insufficiency.

SECTION 84. ORS 435.205 is amended to read:

435.205. (1) The Oregon Health Authority and every local health department shall offer family planning and birth control services within the limits of available funds. Both agencies jointly may offer the services described in this subsection. The Director of the Oregon Health Authority or a designee shall initiate and conduct discussions of family planning with each person who might have an interest in and benefit from the services. The authority shall furnish consultation and assistance to local health departments.

(2) Family planning and birth control services may include, but are not limited to:

(a) Interviews with trained personnel;

(b) Distribution of literature;

(c) Referral to a physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 for consultation, examination, medical treatment and prescription; and

(d) To the extent so prescribed, the distribution of rhythm charts, the initial supply of a drug or other medical preparation, contraceptive devices and similar products.

(3) Any literature, charts or other family planning and birth control information offered under this section in counties in which a significant segment of the population does not speak English must be made available in the appropriate language for that segment of the population.

(4) In carrying out its duties under this section, and with the consent of the local public health authority as defined in ORS 431.003, the local health department may adopt a fee schedule for services provided by the local health department. The fees shall be reasonably calculated not to exceed costs of services provided and may be adjusted on a sliding scale reflecting ability to pay.

(5) The local health department shall collect fees according to the schedule adopted under subsection (4) of this section. Moneys from fees collected may be used to meet the expenses of providing the services authorized by this section.

SECTION 85. ORS 435.305 is amended to read:

435.305. (1) A person may be sterilized by appropriate means upon request and upon the advice of a physician licensed under ORS chapter 677, naturopathic physician licensed under ORS chapter 685 or [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525.

(2) A health care provider described in this section, or a hospital, may not be held liable for performing a sterilization without obtaining the consent of the spouse of the person sterilized.

(3) Free clinics to sterilize males under subsections (1) and (4)(d) of this section may be conducted as a part of the program provided for in ORS 435.205.

(4)(a) A nurse practitioner licensed by the Oregon State Board of Nursing under ORS 678.375 and acting within the scope of practice authorized by the board may provide medical advice to any person about a sterilization procedure.

(b) A nurse practitioner may acknowledge and sign a consent to sterilization procedure form if, no fewer than 30 days before the procedure, the form is provided to and signed by the person on whom the procedure will be performed.

(c) A nurse practitioner may not acknowledge or sign a consent to sterilization procedure form if the form is provided to or signed by the person on whom the procedure will be performed fewer than 30 days before the procedure.

(d) A nurse practitioner may not perform a sterilization procedure on any person, except that a nurse practitioner may perform a vasectomy.

SECTION 86. ORS 436.225 is amended to read:

436.225. (1) In obtaining informed consent for sterilization a physician, [*physician assistant*] **physician associate** or nurse practitioner must offer to answer any questions the individual to be sterilized may have concerning the proposed procedure, and must provide orally all of the following information or advice to the individual to be sterilized:

(a) Advice that the individual is free to withhold or withdraw consent to the procedure at any time before the sterilization without affecting the right to future care or treatment;

(b) A description of available alternative methods of family planning and birth control;

(c) Advice that the sterilization procedure is considered to be irreversible;

(d) A thorough explanation of the specific sterilization procedure to be performed;

(e) A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used; and

(f) A full description of the benefits or advantages that may be expected as a result of the sterilization.

(2) A natural parent, or a legal guardian or conservator of a minor child or protected person appointed under ORS chapter 125, may not give substitute consent for sterilization.

(3) Whenever any physician, [*physician assistant*] **physician associate** or nurse practitioner has reason to believe an individual 15 years of age or older is unable to give informed consent, no sterilization shall be performed until it is determined by a circuit court that the individual involved is able to and has given informed consent. Whenever the court determines, under the provisions of this chapter, that a person lacks the ability to give informed consent, the court shall permit sterilization only if the person is 18 years of age or older and only upon showing that such operation, treatment or procedure is in the best interest of the individual.

(4) Notwithstanding ORS 435.210, informed consent may not be obtained while the individual to be sterilized is:

- (a) In labor or childbirth;
- (b) Seeking to obtain or obtaining an abortion; or
- (c) Under the influence of alcohol or other substances that affect the individual's state of awareness.

SECTION 87. ORS 436.235 is amended to read:

436.235. A petition for a determination of a person's ability to give informed consent to a sterilization procedure may be filed by the person seeking sterilization, the attending physician, [*physician assistant*] **physician associate** or nurse practitioner of the person seeking sterilization, or by an interested person concerned with the respondent's health and well-being. Such a petition shall be filed in the circuit court in the county in which the respondent resides or has domicile.

SECTION 88. ORS 436.295 is amended to read:

436.295. (1) If the court does not determine by clear and convincing evidence that the respondent lacks the ability to give informed consent for sterilization:

(a) If the court determines that the respondent has the ability to give informed consent to sterilization, the court shall issue an order so stating and permitting the sterilization to be performed. Prior to the performance of the sterilization, the physician, [*physician assistant*] **physician associate** or nurse practitioner and hospital involved shall obtain the written informed consent of the person for sterilization.

(b) If the respondent refuses to consent to sterilization, the court shall issue an order so stating and forbidding sterilization of the respondent, unless the respondent later makes a different choice and only after a rehearing under this section.

(2) If the court determines by clear and convincing evidence that the respondent lacks the ability to give informed consent for sterilization, the court shall retain its jurisdiction and continue the hearing to determine whether sterilization is in the best interests of the respondent.

SECTION 89. ORS 438.010 is amended to read:

438.010. As used in ORS 438.010 to 438.510, unless the context requires otherwise:

(1) "Authority" means the Oregon Health Authority.

(2) "Clinical laboratory" or "laboratory" means a facility where the microbiological, serological, chemical, hematological, immunohematological, immunological, toxicological, cytogenetical, exfoliative cytological, histological, pathological or other examinations are performed on materials derived from the human body, for the purpose of diagnosis, prevention of disease or treatment of patients by physicians, dentists and other persons who are authorized by license to diagnose or treat humans.

(3) "Clinical laboratory specialty" or "laboratory specialty" means the examination of materials derived from the human body for the purpose of diagnosis and treatment of patients or assessment of health, employing one of the following sciences: Serology, microbiology, chemistry, hematology, immunohematology, immunology, toxicology, cytogenetics, exfoliative cytology, histology or pathology.

(4) "Clinician" means a nurse practitioner licensed by the Oregon State Board of Nursing, or a [*physician assistant*] **physician associate** licensed by the Oregon Medical Board.

(5) "Custody chain" means the handling of specimens in a way that supports legal testimony to prove that the sample integrity and identification of the sample have not been violated, as well as the documentation describing those procedures from specimen collection to the final report.

(6) "Dentist" means a person licensed to practice dentistry by the Oregon Board of Dentistry.

(7) "Director of clinical laboratory" or "director" means the person who plans, organizes, directs and participates in any or all of the technical operations of a clinical laboratory, including but not limited to reviewing laboratory procedures and their results, training and supervising laboratory personnel, and evaluating the technical competency of such personnel.

(8) "Health screen testing" means tests performed for the purpose of identifying health risks, providing health information and referring the person being tested to medical care.

(9) "High complexity laboratory" means a facility that performs testing classified as highly complex in the specialties of microbiology, chemistry, hematology, diagnostic immunology,

immunohematology, clinical cytogenetics, cytology, histopathology, oral pathology, pathology, radiobioassay and histocompatibility and that may also perform moderate complexity tests and waived tests.

(10) "High complexity test" means a procedure performed on materials derived from the human body that meet the criteria for this category of testing in the specialties of microbiology, chemistry, hematology, immunohematology, diagnostic immunology, clinical cytogenetics, cytology, histopathology, oral pathology, pathology, radiobioassay and histocompatibility as established by the authority.

(11) "Laboratory evaluation system" means a system of testing clinical laboratory methods, procedures and proficiency by periodic performance and reporting on test specimens submitted for examination.

(12) "Moderate complexity laboratory" means a facility that performs testing classified as moderately complex in the specialties of microbiology, hematology, chemistry, immunohematology or diagnostic immunology and may also perform any waived test.

(13) "Moderate complexity test" means a procedure performed on materials derived from the human body that meet the criteria for this category of testing in the specialties of microbiology, hematology, chemistry, immunohematology or diagnostic immunology as established by the authority.

(14) "Operator of a substances of abuse on-site screening facility" or "operator" means the person who plans, organizes, directs and participates in any or all of the technical and administrative operations of a substances of abuse on-site screening facility.

(15) "Owner of a clinical laboratory" means the person who owns the clinical laboratory, or a county or municipality operating a clinical laboratory or the owner of any institution operating a clinical laboratory.

(16) "Physician" means a person licensed to practice medicine by the Oregon Medical Board.

(17) "Physician performed microscopy procedure" means a test personally performed by a physician or other clinician during a patient's visit on a specimen obtained during the examination of the patient.

(18) "Physician performed microscopy procedures" means a limited group of tests that are performed only by a physician or clinician.

(19) "Specimen" means materials derived from a human being or body.

(20) "Substances of abuse" means ethanol, cannabis and controlled substances.

(21) "Substances of abuse on-site screening facility" or "on-site facility" means a location where on-site tests are performed on specimens for the purpose of screening for the detection of substances of abuse.

(22) "Substances of abuse on-site screening test" or "on-site test" means a substances of abuse test that is easily portable and can meet the requirements of the federal Food and Drug Administration for commercial distribution or an alcohol screening test that meets the requirements of the conforming products list found in the United States Department of Transportation National Highway Traffic Safety Administration Docket No. 94-004 and meets the standards of the United States Department of Transportation Alcohol Testing Procedure, 49 C.F.R. part 40, in effect on October 23, 1999.

(23) "Waived test" means a procedure performed on materials derived from the human body that meet the criteria for this category of testing as established by the authority.

SECTION 90. ORS 441.064 is amended to read:

441.064. (1) As used in this section:

(a) "Nurse practitioner" has the meaning given that term in ORS 678.010;

(b) "Physician" has the meaning given that term in ORS 677.010; and

(c) [*Physician assistant*] "**Physician associate**" has the meaning given that term in ORS 677.495.

(2) The rules of any hospital in this state may grant privileges to nurse practitioners and [*physician assistants*] **physician associates** for purposes of patient care.

- (3) Rules must be in writing and may include, but need not be limited to:
- (a) Limitations on the scope of privileges;
 - (b) Monitoring and supervision of nurse practitioners and collaboration with [*physician assistants*] **physician associates** in the hospital by physicians who are members of the medical staff;
 - (c) A requirement that a nurse practitioner or [*physician assistant*] **physician associate** co-admit patients with a physician who is a member of the medical staff; and
 - (d) Qualifications of nurse practitioners and [*physician assistants*] **physician associates** to be eligible for privileges including but not limited to requirements of prior clinical and hospital experience.
- (4) The rules may:
- (a) Regulate the credentialing and conduct of nurse practitioners and [*physician assistants*] **physician associates** while using the facilities of the hospital;
 - (b) Prescribe the procedures for suspension or termination of a nurse practitioner's or [*physician assistant's*] **physician associate's** privileges; and
 - (c) Allow the hospital to refuse privileges to a nurse practitioner or [*physician assistant*] **physician associate**, but only on the same basis that the hospital refuses privileges to other medical providers.
- (5) Notwithstanding subsection (3) of this section, rules adopted by a hospital that grant privileges to licensed registered nurses who are licensed by the Oregon State Board of Nursing as nurse practitioners specializing in nurse midwifery must:
- (a) Include admitting privileges;
 - (b) Be consistent with the privileges of the other medical staff; and
 - (c) Permit the nurse practitioner specializing in nurse midwifery to exercise the voting rights of the other members of the medical staff.
- (6) Rules described in this section are subject to hospital and medical staff bylaws and rules governing credentialing and staff privileges.

SECTION 91. ORS 441.098 is amended to read:

441.098. (1) As used in this section and ORS 441.099 and 441.991:

- (a) "Facility" means a hospital, outpatient clinic owned by a hospital, ambulatory surgical center, freestanding birthing center or facility that receives Medicare reimbursement as an independent diagnostic testing facility.
 - (b) "Financial interest" means a five percent or greater direct or indirect ownership interest.
 - (c)(A) "Health practitioner" means a physician, naturopathic physician licensed under ORS chapter 685, dentist, direct entry midwife, licensed [*physician assistant*] **physician associate** or medical imaging licensee under ORS 688.405 to 688.605 or a nurse practitioner or nurse practitioner specializing in nurse midwifery licensed under ORS chapter 678.
 - (B) "Health practitioner" does not include a provider in a health maintenance organization as defined in ORS 750.005.
 - (d) "Physician" has the meaning given that term in ORS 677.010.
- (2) A health practitioner's decision to refer a patient to a facility for a diagnostic test or health care treatment or service shall be based on the patient's clinical needs and personal health choices.
- (3) If a health practitioner refers a patient for a diagnostic test or health care treatment or service at a facility in which the health practitioner or an immediate family member of the health practitioner has a financial interest, the health practitioner or the practitioner's designee shall inform the patient orally and in writing of that interest at the time of the referral.
- (4)(a) If a health practitioner refers a patient to a facility for a diagnostic test or health care treatment or service, the health practitioner or the practitioner's designee shall inform the patient, in the form and manner prescribed by the Oregon Health Authority by rule, that:
- (A) The patient may receive the test, treatment or service at a different facility of the patient's choice; and

(B) If the patient chooses a different facility, the patient should contact the patient's insurer regarding the extent of coverage or the limitations on coverage for the test, treatment or service at the facility chosen by the patient.

(b) Rules concerning the form and manner for informing a patient as required by this subsection shall:

(A) Be designed to ensure that the information is conveyed in a timely and meaningful manner;

(B) Be administratively simple; and

(C) Accommodate a provider's adoption and use of electronic health record systems.

(5) A health practitioner may not deny, limit or withdraw a referral to a facility solely for the reason that the patient chooses to obtain the test, treatment or service from a different facility.

(6) The authority may not impose additional restrictions or limitations on any referral described in this section that are in addition to the requirements specified in subsections (3) and (4) of this section.

(7) In obtaining informed consent for a diagnostic test or health care treatment or service that will take place at a facility, a health practitioner shall disclose the manner in which care will be provided in the event that complications occur that require health services beyond what the facility has the capability to provide.

(8) Subsections (3) to (5) of this section do not apply to a referral for a diagnostic test or health care treatment or service:

(a) For a patient who is receiving inpatient hospital services or services in an emergency department if the referral is for a diagnostic test or health care treatment or service to be performed while the patient is in the hospital or emergency department;

(b) Made to a particular facility after the initial referral of the patient to that facility; or

(c) Made by the facility or provider to whom a patient was referred.

SECTION 92. ORS 442.490 is amended to read:

442.490. (1) In carrying out its responsibilities, the Office of Rural Health shall be advised by the Rural Health Coordinating Council. All members of the Rural Health Coordinating Council shall have knowledge, interest, expertise or experience in rural areas and health care delivery. The membership of the Rural Health Coordinating Council shall consist of:

(a) One primary care physician who is appointed by the office from a list of physicians recommended by the Oregon Medical Association and one primary care physician appointed by the office from a list of physicians recommended by the Osteopathic Physicians and Surgeons of Oregon;

(b) One nurse practitioner who is appointed by the office from a list of nurse practitioners recommended by the Oregon Nurses Association;

(c) One pharmacist who is appointed by the State Board of Pharmacy;

(d) Five consumers who are appointed by the Governor as follows:

(A) One consumer representative from each of three rural health service areas as defined by the office; and

(B) Two consumer representatives at large from communities of less than 3,500 people;

(e) One representative appointed by the office from a list of individuals recommended by the Conference of Local Health Officials;

(f) One volunteer emergency medical services provider from a community of less than 3,500 people appointed by office from a list of providers recommended by the Oregon EMS Association;

(g) One representative appointed by the office from a list of individuals recommended by the Oregon Association for Home Care;

(h) One representative from the Oregon Health and Science University, appointed by the president of the Oregon Health and Science University;

(i) One representative from the Oregon Association of Hospitals and Health Systems, appointed by the office from a list of individuals recommended by the Oregon Association of Hospitals and Health Systems;

(j) One dentist appointed by the office from a list of dentists recommended by the Oregon Dental Association;

(k) One optometrist appointed by the office from a list of optometrists recommended by the Oregon Optometric Physicians Association;

(L) One [*physician assistant*] **physician associate** who is appointed by the office from a list of [*physician assistants*] **physician associates** recommended by the Oregon Society of Physician Assistants; and

(m) One naturopathic physician appointed by the office from a list of physicians recommended by the Oregon Association of Naturopathic Physicians.

(2) The Rural Health Coordinating Council shall elect a chairperson and vice chairperson.

(3) A member of the council is entitled to compensation and expenses as provided in ORS 292.495.

(4) The chairperson may appoint nonvoting, advisory members of the Rural Health Coordinating Council. However, advisory members without voting rights are not entitled to compensation or reimbursement as provided in ORS 292.495.

(5) Members shall serve for two-year terms.

(6) The Rural Health Coordinating Council shall report its findings to the Office of Rural Health.

SECTION 93. ORS 443.065 is amended to read:

443.065. A home health agency licensed in this state shall:

(1) Be primarily engaged in providing skilled nursing services and at least one other service delineated in ORS 443.075 (1)(b) and (c);

(2) Have policies established by professional personnel associated with the agency or organization, including one or more physicians or naturopathic physicians and one or more registered nurses, at least two of whom are neither owners nor employees of the agency, and two consumers, to govern the services that it provides;

(3) Require supervision of services that it provides under subsection (1) of this section by a physician, [*physician assistant*] **physician associate**, nurse practitioner, naturopathic physician or registered nurse, preferably a public health nurse;

(4) Ensure that in-home care services, as defined in ORS 443.305, that it provides in addition to skilled nursing services are provided by individuals who meet the training requirements established by the Oregon Health Authority under ORS 443.011, if applicable;

(5) Maintain clinical and financial records on all patients; and

(6) Have an overall plan and budget in effect.

SECTION 94. ORS 443.075 is amended to read:

443.075. (1) A home health agency must have an order for treatment, plan of treatment or plan of care from a physician, naturopathic physician licensed under ORS chapter 685, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390 for the following services and supplies:

(a) Home nursing care provided by or under the supervision of a registered nurse;

(b) Physical, occupational or speech therapy, medical social services or other therapeutic services;

(c) Home health aide services; and

(d) Medical supplies, other than drugs and biologicals, and the use of medical appliances.

(2) A home health agency shall have each plan of treatment or plan of care reviewed by the physician, naturopathic physician, [*physician assistant*] **physician associate** or nurse practitioner periodically, in accordance with rules adopted by the Oregon Health Authority.

SECTION 95. ORS 443.850 is amended to read:

443.850. As used in ORS 443.850 to 443.869:

(1) "Hospice program" means a coordinated program of home and inpatient care, available 24 hours a day, that utilizes an interdisciplinary team of personnel trained to provide palliative and supportive services to a patient-family unit experiencing a life threatening disease with a limited prognosis. A hospice program is an institution for purposes of ORS 146.100.

(2) "Hospice services" means items and services provided to a patient-family unit by a hospice program or by other individuals or community agencies under a consulting or contractual arrange-

ment with a hospice program. Hospice services include acute, respite, home care and bereavement services provided to meet the physical, psychosocial, spiritual and other special needs of a patient-family unit during the final stages of illness, dying and the bereavement period.

(3) "Interdisciplinary team" means a group of individuals working together in a coordinated manner to provide hospice care. An interdisciplinary team includes, but is not limited to, the patient-family unit, the patient's attending physician or clinician and one or more of the following hospice program personnel:

- (a) Physician.
- (b) [*Physician assistant*] **Physician associate**.
- (c) Nurse practitioner.
- (d) Nurse.
- (e) Nurse's aide.
- (f) Occupational therapist.
- (g) Physical therapist.
- (h) Trained lay volunteer.
- (i) Clergy or spiritual counselor.
- (j) Credentialed mental health professional such as psychiatrist, psychologist, psychiatric nurse or social worker.
- (k) Naturopathic physician.

(4) "Patient-family unit" includes an individual who has a life threatening disease with a limited prognosis and all others sharing housing, common ancestry or a common personal commitment with the individual.

(5) "Person" includes individuals, organizations and groups of organizations.

SECTION 96. ORS 453.307 is amended to read:
453.307. As used in ORS 453.307 to 453.414:

(1) "Community right to know regulatory program" or "local program" means any law, rule, ordinance, regulation or charter amendment established, enforced or enacted by a local government that requires an employer to collect or report information relating to the use, storage, release, possession or composition of hazardous substances and toxic substances if a primary intent of the law, rule, ordinance, regulation or charter amendment is the public distribution of the information.

(2) "Emergency service personnel" includes those entities providing emergency services as defined in ORS 401.025.

(3) "Employer" means:

(a) Any person operating a facility that is included in one or more of the 21 standard industrial classification categories in Appendix B of the Natural Resources Defense Council v. Train Consent Decree of June 8, 1976 (8 E.R.C. 2120); or

(b) Any person operating a facility designated by the State Fire Marshal.

(4) "Fire district" means any agency having responsibility for providing fire protection services.

(5) "Hazardous substance" means:

(a) Any substance designated as hazardous by the Director of the Department of Consumer and Business Services or by the State Fire Marshal;

(b) Any substance for which a material safety data sheet is required by the Director of the Department of Consumer and Business Services under ORS 654.035 and which appears on the list of Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment by the American Conference of Governmental Industrial Hygienists; or

(c) Radioactive waste and material as defined in ORS 469.300 and radioactive substance as defined in ORS 453.005.

(6) "Health professional" means a physician licensed under ORS chapter 677, naturopathic physician licensed under ORS chapter 685, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, registered nurse, industrial hygienist, toxicologist, epidemiologist or emergency medical services provider.

(7) "Law enforcement agency" has the meaning given that term in ORS 181A.010.

(8) "Local government" means a city, town, county, regional authority or other political subdivision of this state.

(9) "Person" includes individuals, corporations, associations, firms, partnerships, joint stock companies, public and municipal corporations, political subdivisions, the state and any agency thereof, and the federal government and any agency thereof.

(10) "Trade secret" has the meaning given that term in ORS 192.345 (2).

SECTION 97. ORS 463.015 is amended to read:

463.015. As used in this chapter:

(1) "Amateur athletic organization" means an entity organized and operated exclusively to foster state, national and international amateur unarmed combat sports competition.

(2) "Entertainment wrestling" means a noncompetitive performance in which the participants deliver blows or apply holds with no intent to punish or immobilize an opponent. Entertainment wrestling is distinguished from unarmed combat sports by the fact that the outcome of the performance is predetermined.

(3) "Event" means an unarmed combat sports or entertainment wrestling match, bout, contest, exhibition or performance.

(4) "Exhibition" means a demonstration of unarmed combat sports skills, the results of which are not counted toward the official record of the competitors.

(5) "Gross receipts" means the consideration, including money, credits, rights or other items of value, received from the sale of tickets or other admissions indicia or rights, without any deduction from the total value of the consideration.

(6) "Judge" means a person licensed by the Superintendent of State Police who is at cageside or ringside during an unarmed combat sports event and who has the responsibility of scoring the bout of the competitors in the event.

(7) "Manager" means a person licensed by the superintendent who does any of the following:

(a) By contract or agreement undertakes to represent the interests of a professional unarmed combat sports competitor in procuring or arranging the conduct of an unarmed combat sports event in which the professional unarmed combat sports competitor is a participant.

(b) Receives or is entitled to receive more than 10 percent of the contracted portion of the gross purse of a professional unarmed combat sports competitor for services related to the unarmed combat sports competitor's participation in an unarmed combat sports event.

(c) Is an officer, director or stockholder of a corporation that receives or is entitled to receive more than 10 percent of the contracted portion of the gross purse of a professional unarmed combat sports competitor for services relating to the unarmed combat sports competitor's participation in an unarmed combat sports event.

(d) Directs or controls the professional activities of a professional unarmed combat sports competitor.

(e) Attends to the professional unarmed combat sports competitor at cageside or ringside or purports to be the manager of a professional unarmed combat sports competitor.

(8) "Matchmaker" means a person licensed by the superintendent who is employed by or associated with a promoter in the capacity of booking and arranging unarmed combat sports events between unarmed combat sports competitors and for whose activities in this regard the promoter is legally responsible.

(9) "Medical personnel" means a physician licensed under ORS chapter 677 or a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525.

(10) "Official" means an individual authorized by the superintendent or an authorized representative of the superintendent to perform duties as assigned by the superintendent or an authorized representative of the superintendent. "Official" includes, but is not limited to, a referee, judge, timekeeper or inspector.

(11) "Person" includes an individual, association, organization, partnership or corporation.

(12) "Professional unarmed combat sports competitor" means an individual licensed by the superintendent who competes for or has competed for a money prize, purse or compensation in an unarmed combat sports event.

(13) "Promoter" means a person licensed by the superintendent who arranges, gives, holds or conducts an entertainment wrestling or unarmed combat sports event in this state and who is legally responsible for the lawful conduct of the event.

(14) "Striking" means a physical attack in which an individual uses a part of the individual's body with the intent to inflict damage on an opponent.

(15) "Submission" means an act by an individual who yields to the individual's opponent and that results in the individual's immediate defeat.

(16) "Unarmed combat sports" means a form of competition where the intent is to win by striking, knockout, technical knockout or submission. "Unarmed combat sports" does not include tae kwon do, karate, kenpo karate, judo, sumo, jujitsu, Brazilian jujitsu, submission wrestling, kung fu, submission grappling or other martial art where the intent is for the competitor to win by points only and where that martial art is exhibited independently.

(17) "Unarmed combat sports competitor" means an individual licensed by the superintendent who competes in an unarmed combat sports event.

SECTION 98. ORS 475.005 is amended to read:

475.005. As used in ORS 475.005 to 475.285 and 475.752 to 475.980, unless the context requires otherwise:

(1) "Abuse" means the repetitive excessive use of a drug short of dependence, without legal or medical supervision, which may have a detrimental effect on the individual or society.

(2) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:

(a) A practitioner or an authorized agent thereof; or

(b) The patient or research subject at the direction of the practitioner.

(3) "Administration" means the Drug Enforcement Administration of the United States Department of Justice, or its successor agency.

(4) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser. It does not include a common or contract carrier, public warehouseman or employee of the carrier or warehouseman.

(5) "Board" means the State Board of Pharmacy.

(6) "Controlled substance":

(a) Means a drug or its immediate precursor classified in Schedules I through V under the federal Controlled Substances Act, 21 U.S.C. 811 to 812, as modified under ORS 475.035. The use of the term "precursor" in this paragraph does not control and is not controlled by the use of the term "precursor" in ORS 475.752 to 475.980.

(b) Does not include:

(A) The plant Cannabis family Cannabaceae;

(B) Any part of the plant Cannabis family Cannabaceae, whether growing or not;

(C) Resin extracted from any part of the plant Cannabis family Cannabaceae;

(D) The seeds of the plant Cannabis family Cannabaceae;

(E) Any compound, manufacture, salt, derivative, mixture or preparation of a plant, part of a plant, resin or seed described in this paragraph; or

(F) Psilocybin or psilocin, but only if and to the extent that a person manufactures, delivers, or possesses psilocybin, psilocin, or psilocybin products in accordance with the provisions of ORS 475A.210 to 475A.722 and rules adopted under ORS 475A.210 to 475A.722.

(7) "Counterfeit substance" means a controlled substance or its container or labeling, which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor or dispenser other than the person who in fact manufactured, delivered or dispensed the substance.

(8) “Deliver” or “delivery” means the actual, constructive or attempted transfer, other than by administering or dispensing, from one person to another of a controlled substance, whether or not there is an agency relationship.

(9) “Device” means instruments, apparatus or contrivances, including their components, parts or accessories, intended:

(a) For use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or animals; or

(b) To affect the structure of any function of the body of humans or animals.

(10) “Dispense” means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, and includes the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

(11) “Dispenser” means a practitioner who dispenses.

(12) “Distributor” means a person who delivers.

(13) “Drug” means:

(a) Substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them;

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or animals;

(c) Substances (other than food) intended to affect the structure or any function of the body of humans or animals; and

(d) Substances intended for use as a component of any article specified in paragraph (a), (b) or (c) of this subsection; however, the term does not include devices or their components, parts or accessories.

(14) “Electronically transmitted” or “electronic transmission” means a communication sent or received through technological apparatuses, including computer terminals or other equipment or mechanisms linked by telephone or microwave relays, or any similar apparatus having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

(15) “Manufacture” means the production, preparation, propagation, compounding, conversion or processing of a controlled substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a controlled substance:

(a) By a practitioner as an incident to administering or dispensing of a controlled substance in the course of professional practice; or

(b) By a practitioner, or by an authorized agent under the practitioner’s supervision, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale.

(16) “Person” includes a government subdivision or agency, business trust, estate, trust or any other legal entity.

(17) “Practitioner” means physician, dentist, veterinarian, scientific investigator, licensed nurse practitioner, [*physician assistant*] **physician associate** or other person licensed, registered or otherwise permitted by law to dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state but does not include a pharmacist or a pharmacy.

(18) “Prescription” means a written, oral or electronically transmitted direction, given by a practitioner for the preparation and use of a drug. When the context requires, “prescription” also means the drug prepared under such written, oral or electronically transmitted direction. Any label affixed to a drug prepared under written, oral or electronically transmitted direction shall prominently display a warning that the removal thereof is prohibited by law.

(19) “Production” includes the manufacture, planting, cultivation, growing or harvesting of a controlled substance.

(20) “Research” means an activity conducted by the person registered with the federal Drug Enforcement Administration pursuant to a protocol approved by the United States Food and Drug Administration.

(21) “Ultimate user” means a person who lawfully possesses a controlled substance for the use of the person or for the use of a member of the household of the person or for administering to an animal owned by the person or by a member of the household of the person.

(22) “Usable quantity” means:

(a) An amount of a controlled substance that is sufficient to physically weigh independent of its packaging and that does not fall below the uncertainty of the measuring scale; or

(b) An amount of a controlled substance that has not been deemed unweighable, as determined by a Department of State Police forensic laboratory, due to the circumstances of the controlled substance.

(23) “Within 1,000 feet” means a straight line measurement in a radius extending for 1,000 feet or less in every direction from a specified location or from any point on the boundary line of a specified unit of property.

SECTION 99. ORS 475.528 is amended to read:

475.528. (1) Notwithstanding ORS 475.525 (3), it is unlawful to provide single-use drug test strips or drug testing tools to a minor who is under 15 years of age unless the strips or tools are provided to the minor as part of the minor’s substance use disorder treatment provided by a mental health care provider and the strips or tools are provided by the mental health care provider.

(2) As used in this section, “mental health care provider” means a:

(a) Physician licensed under ORS chapter 677;

(b) [*Physician assistant*] **Physician associate** licensed under ORS 677.505 to 677.525;

(c) Psychologist licensed under ORS 675.010 to 675.150;

(d) Nurse practitioner licensed under ORS 678.375 to 678.390;

(e) Clinical social worker licensed under ORS 675.530;

(f) Licensed professional counselor licensed under ORS 675.715;

(g) Licensed marriage and family therapist licensed under ORS 675.715;

(h) Naturopathic physician licensed under ORS chapter 685;

(i) Chiropractic physician licensed under ORS chapter 684;

(j) Community mental health program established and operated pursuant to ORS 430.620 when approved to do so by the Oregon Health Authority pursuant to rule; or

(k) Organizational provider, as defined in ORS 430.637, that holds a certificate of approval.

SECTION 100. ORS 475.744 is amended to read:

475.744. (1) A person may not sell or give a:

(a) Hypodermic device to a minor unless the minor demonstrates a lawful need for the hypodermic device by authorization of a physician, naturopathic physician licensed under ORS chapter 685, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, parent or legal guardian or by other means acceptable to the seller or donor.

(b)(A) Pipe to a minor unless the minor demonstrates a lawful need for the pipe by authorization of a physician, naturopathic physician licensed under ORS chapter 685, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390, or the minor’s parent or legal guardian; and

(B) The minor obtains the consent of the minor’s parent or legal guardian to possess the pipe.

(2) As used in this section:

(a) “Hypodermic device” means a hypodermic needle or syringe or medication packaged in a hypodermic syringe or any instrument adapted for the subcutaneous injection of a controlled substance as defined in ORS 475.005.

(b) “Pipe” means:

(A) Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens;

(B) Water pipes;

- (C) Carburetion tubes and devices;
- (D) Chamber pipes;
- (E) Carburetor pipes;
- (F) Electric pipes;
- (G) Air-driven pipes; and
- (H) Ice pipes or chillers.

SECTION 101. ORS 475.950 is amended to read:

475.950. (1) A person commits the offense of failure to report a precursor substances transaction if the person does any of the following:

(a) Sells, transfers or otherwise furnishes any precursor substance described in ORS 475.940 (3)(a) to (hh) and (oo) and does not, at least three days before delivery of the substance, submit to the Department of State Police a report that meets the reporting requirements established by rule under ORS 475.945.

(b) Receives any precursor substance described in ORS 475.940 (3)(a) to (hh) and (oo) and does not, within 10 days after receipt of the substance, submit to the department a report that meets the reporting requirements established by rule under ORS 475.945.

(2) This section does not apply to any of the following:

(a) Any pharmacist or other authorized person who sells or furnishes a precursor substance upon the prescription of a physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, naturopathic physician licensed under ORS chapter 685, dentist or veterinarian.

(b) Any practitioner, as defined in ORS 475.005, who administers or furnishes a precursor substance to patients upon prescription.

(c) Any person licensed by the State Board of Pharmacy who sells, transfers or otherwise furnishes a precursor substance to a licensed pharmacy, physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, naturopathic physician licensed under ORS chapter 685, dentist or veterinarian for distribution to patients upon prescription.

(d) Any person who is authorized by rule under ORS 475.945 to report in an alternate manner if the person complies with the alternate reporting requirements.

(e) Any patient of a practitioner, as defined in ORS 475.005, who obtains a precursor substance from a licensed pharmacist, physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, naturopathic physician licensed under ORS chapter 685, dentist or veterinarian pursuant to a prescription.

(f) Any person who sells or transfers ephedrine, pseudoephedrine or phenylpropanolamine in compliance with ORS 475.230 or 475.973.

(g) Any practitioner, as defined in ORS 475.005, who dispenses a precursor substance to a person with whom the practitioner has a professional relationship.

(h) Any person who obtains a precursor substance from a practitioner, as defined in ORS 475.005, with whom the person has a professional relationship.

(i) Any person who sells or transfers an isomer of a precursor substance, unless it is an optical isomer.

(3) Penalties related to providing false information on a report required under this section are provided under ORS 475.965.

(4) The Department of State Police and any law enforcement agency may inspect and remove copies of the sales records of any retail or wholesale distributor of methyl sulfonyl methane or a precursor substance during the normal business hours of the retail or wholesale distributor or may require the retail or wholesale distributor to provide copies of the records.

(5) Failure to report a precursor substances transaction is a Class A misdemeanor.

SECTION 102. ORS 475.975 is amended to read:

475.975. (1) Except as otherwise provided in subsection (2) of this section, a person commits the crime of unlawful possession of iodine in its elemental form if the person knowingly possesses iodine in its elemental form.

(2) Subsection (1) of this section does not apply to:

(a) A physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, naturopathic physician licensed under ORS chapter 685, pharmacist, retail distributor, wholesaler, manufacturer, warehouseman or common carrier or an agent of any of these persons who possesses iodine in its elemental form in the regular course of lawful business activities;

(b) A person who possesses iodine in its elemental form in conjunction with experiments conducted in a chemistry or chemistry related laboratory maintained by a:

(A) Regularly established public or private secondary school;

(B) Public or private institution of higher education that is accredited by a regional or national accrediting agency recognized by the United States Department of Education; or

(C) Manufacturing, government agency or research facility in the course of lawful business activities;

(c) A licensed veterinarian;

(d) A person working in a general hospital who possesses iodine in its elemental form in the regular course of employment at the hospital; or

(e) A person who possesses iodine in its elemental form as a prescription drug pursuant to a prescription issued by a licensed veterinarian, physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390.

(3) Except as otherwise provided in subsection (4) of this section, a person who sells or otherwise transfers iodine in its elemental form to another person shall make a record of each sale or transfer. The record must be made on a form provided by the Department of State Police, completed pursuant to instructions provided by the department and retained by the person for at least three years or sent to the department if directed to do so by the department. Failure to make and retain or send a record required under this subsection is a Class A misdemeanor.

(4) A licensed veterinarian is not required to make a record of a sale or transfer of iodine in its elemental form under subsection (3) of this section if the veterinarian makes a record of the sale or transfer under other applicable laws or rules regarding the prescribing and dispensing of regulated or controlled substances by veterinarians.

(5) A person commits the crime of unlawful distribution of iodine in its elemental form if the person knowingly sells or otherwise transfers iodine in its elemental form to a person not listed in subsection (2) of this section.

(6) Unlawful possession of iodine in its elemental form is a Class A misdemeanor.

(7) Unlawful distribution of iodine in its elemental form is a Class A misdemeanor.

SECTION 103. ORS 475.976 is amended to read:

475.976. (1) Except as otherwise provided in subsection (2) of this section, a person commits the crime of unlawful possession of an iodine matrix if the person knowingly possesses an iodine matrix.

(2) Subsection (1) of this section does not apply to:

(a) A person who possesses an iodine matrix as a prescription drug, pursuant to a prescription issued by a licensed veterinarian, physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390;

(b) A person who is actively engaged in the practice of animal husbandry of livestock as defined in ORS 609.125;

(c) A person who possesses an iodine matrix in conjunction with experiments conducted in a chemistry or chemistry related laboratory maintained by a:

(A) Regularly established public or private secondary school;

(B) Public or private institution of higher education that is accredited by a regional or national accrediting agency recognized by the United States Department of Education; or

(C) Manufacturing, government agency or research facility in the course of lawful business activities;

(d) A veterinarian, physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, naturopathic physician licensed under ORS chapter 685, pharmacist, retail distributor, wholesaler, manufacturer, warehouseman or common carrier or an agent of any of these persons who possesses an iodine matrix in the regular course of lawful business activities; or

(e) A person working in a general hospital who possesses an iodine matrix in the regular course of employment at the hospital.

(3) Except as otherwise provided in subsection (4) of this section, a person who sells or otherwise transfers an iodine matrix to another person shall make a record of each sale or transfer. The record must be made on a form provided by the Department of State Police, completed pursuant to instructions provided by the department and retained by the person for at least three years or sent to the department if directed to do so by the department. Failure to make and retain or send a record required under this subsection is a Class A misdemeanor.

(4) A licensed veterinarian is not required to make a record of a sale or transfer of an iodine matrix under subsection (3) of this section if the veterinarian makes a record of the sale or transfer under other applicable laws or rules regarding the prescribing and dispensing of regulated or controlled substances by veterinarians.

(5) A person commits the crime of unlawful distribution of an iodine matrix if the person knowingly sells or otherwise transfers an iodine matrix to a person not listed in subsection (2) of this section.

(6) Unlawful possession of an iodine matrix is a Class A misdemeanor.

(7) Unlawful distribution of an iodine matrix is a Class A misdemeanor.

SECTION 104. ORS 475.978 is amended to read:

475.978. (1) A person who sells or otherwise transfers more than the amount permitted by administrative rule adopted by the Department of State Police of methyl sulfonyl methane to a person other than a physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, naturopathic physician licensed under ORS chapter 685, pharmacist, veterinarian, retail distributor, wholesaler, manufacturer, warehouseman or common carrier or an agent of any of these persons shall make a record of each such sale or transfer. The record must be made on a form provided by the department, completed pursuant to instructions provided by the department and retained by the person for at least three years. Failure to make and retain a record required under this subsection is a Class A violation.

(2) The department shall adopt a rule establishing the minimum amount of methyl sulfonyl methane the sale or transfer of which requires a report under subsection (1) of this section. In establishing the minimum amount, the department shall determine an amount that is reasonably designed not to infringe upon legitimate uses of methyl sulfonyl methane but that discourages the use of methyl sulfonyl methane in the illicit production and distribution of methamphetamine.

(3) This section applies to the sale or transfer of bulk methyl sulfonyl methane in its powder form only, and does not apply to the sale or transfer of products containing methyl sulfonyl methane in other forms including, but not limited to, liquids, tablets, capsules not containing methyl sulfonyl methane in pure powder form, ointments, creams, cosmetics, foods and beverages.

SECTION 105. ORS 475C.777 is amended to read:

475C.777. As used in ORS 475C.770 to 475C.919:

(1) "Attending provider" means one of the following health care providers who has primary responsibility for the care and treatment of a person diagnosed with a debilitating medical condition:

(a) A physician licensed under ORS chapter 677;

(b) A [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525;

(c) A nurse practitioner licensed under ORS 678.375 to 678.390;

- (d) A clinical nurse specialist licensed under ORS 678.370 and 678.372;
 - (e) A certified registered nurse anesthetist as defined in ORS 678.010; or
 - (f) A naturopathic physician licensed under ORS chapter 685.
- (2) “Cannabinoid” means any of the chemical compounds that are the active constituents of marijuana.
- (3) “Cannabinoid concentrate” means a substance obtained by separating cannabinoids from marijuana by:
- (a) A mechanical extraction process;
 - (b) A chemical extraction process using a nonhydrocarbon-based solvent, such as vegetable glycerin, vegetable oils, animal fats, isopropyl alcohol or ethanol;
 - (c) A chemical extraction process using the hydrocarbon-based solvent carbon dioxide, provided that the process does not involve the use of high heat or pressure; or
 - (d) Any other process identified by the Oregon Health Authority, in consultation with the Oregon Liquor and Cannabis Commission, by rule.
- (4) “Cannabinoid edible” means food or potable liquid into which a cannabinoid concentrate, cannabinoid extract or dried leaves or flowers of marijuana have been incorporated.
- (5) “Cannabinoid extract” means a substance obtained by separating cannabinoids from marijuana by:
- (a) A chemical extraction process using a hydrocarbon-based solvent, such as butane, hexane or propane;
 - (b) A chemical extraction process using the hydrocarbon-based solvent carbon dioxide, if the process uses high heat or pressure; or
 - (c) Any other process identified by the Oregon Health Authority, in consultation with the Oregon Liquor and Cannabis Commission, by rule.
- (6) “Debilitating medical condition” means:
- (a) Cancer, glaucoma, a degenerative or pervasive neurological condition, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, or a side effect related to the treatment of those medical conditions;
 - (b) A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:
 - (A) Cachexia;
 - (B) Severe pain;
 - (C) Severe nausea;
 - (D) Seizures, including seizures caused by epilepsy; or
 - (E) Persistent muscle spasms, including spasms caused by multiple sclerosis;
 - (c) Post-traumatic stress disorder; or
 - (d) Any other medical condition or side effect related to the treatment of a medical condition adopted by the Oregon Health Authority by rule or approved by the authority pursuant to a petition filed under ORS 475C.913.
- (7)(a) “Delivery” has the meaning given that term in ORS 475.005.
- (b) “Delivery” does not include transfer of marijuana by a registry identification cardholder to another registry identification cardholder if no consideration is paid for the transfer.
- (8)(a) “Designated primary caregiver” means an individual:
- (A) Who is 18 years of age or older;
 - (B) Who has significant responsibility for managing the well-being of a person who has been diagnosed with a debilitating medical condition; and
 - (C) Who is designated as the person responsible for managing the well-being of a person who has been diagnosed with a debilitating medical condition on that person’s application for a registry identification card or in other written notification submitted to the authority.
- (b) “Designated primary caregiver” does not include a person’s attending provider.
- (9) “High heat” means a temperature exceeding 180 degrees.
- (10) “Immature marijuana plant” means a marijuana plant that is not flowering.

(11)(a) “Marijuana” means the plant Cannabis family Cannabaceae, any part of the plant Cannabis family Cannabaceae and the seeds of the plant Cannabis family Cannabaceae.

(b) “Marijuana” does not include:

(A) Industrial hemp, as defined in ORS 571.269; or

(B) Prescription drugs, as that term is defined in ORS 689.005, including those containing one or more cannabinoids, that are approved by the United States Food and Drug Administration and dispensed by a pharmacy, as defined in ORS 689.005.

(12) “Marijuana grow site” means a location registered under ORS 475C.792 where marijuana is produced for use by a registry identification cardholder.

(13) “Marijuana processing site” means a marijuana processing site registered under ORS 475C.815 or a site for which an applicant has submitted an application for registration under ORS 475C.815.

(14) “Mature marijuana plant” means a marijuana plant that is not an immature marijuana plant.

(15)(a) “Medical cannabinoid product” means a cannabinoid edible and any other product intended for human consumption or use, including a product intended to be applied to a person’s skin or hair, that contains cannabinoids or dried leaves or flowers of marijuana.

(b) “Medical cannabinoid product” does not include:

(A) Usable marijuana by itself;

(B) A cannabinoid concentrate by itself;

(C) A cannabinoid extract by itself; or

(D) Industrial hemp, as defined in ORS 571.269.

(16) “Medical marijuana dispensary” means a medical marijuana dispensary registered under ORS 475C.833 or a site for which an applicant has submitted an application for registration under ORS 475C.833.

(17) “Medical use of marijuana” means the production, processing, possession, delivery or administration of marijuana, or use of paraphernalia used to administer marijuana, to mitigate the symptoms or effects of a debilitating medical condition.

(18) “Person designated to produce marijuana by a registry identification cardholder” means a person designated to produce marijuana by a registry identification cardholder under ORS 475C.792 who produces marijuana for a registry identification cardholder at an address other than the address where the registry identification cardholder resides or at an address where more than 12 mature marijuana plants are produced.

(19) “Process” means the compounding or conversion of marijuana into medical cannabinoid products, cannabinoid concentrates or cannabinoid extracts.

(20) “Production” means:

(a) Planting, cultivating, growing, trimming or harvesting marijuana; or

(b) Drying marijuana leaves or flowers.

(21) “Registry identification card” means a document issued by the Oregon Health Authority under ORS 475C.783 that identifies a person authorized to engage in the medical use of marijuana and, if the person has a designated primary caregiver under ORS 475C.789, the person’s designated primary caregiver.

(22) “Registry identification cardholder” means a person to whom a registry identification card has been issued under ORS 475C.783.

(23)(a) “Usable marijuana” means the dried leaves and flowers of marijuana.

(b) “Usable marijuana” does not include:

(A) The seeds, stalks and roots of marijuana; or

(B) Waste material that is a by-product of producing marijuana.

(24) “Written documentation” means a statement signed by the attending provider of a person diagnosed with a debilitating medical condition or copies of the person’s relevant medical records.

SECTION 106. ORS 475C.891 is amended to read:

475C.891. The Oregon Board of Naturopathic Medicine, Oregon Medical Board and Oregon State Board of Nursing may not impose a civil penalty or take other disciplinary action against an attending provider for:

(1) Advising a person diagnosed as having a debilitating medical condition by the attending provider or another physician licensed under ORS chapter 677, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, clinical nurse specialist licensed under ORS 678.370 and 678.372, certified registered nurse anesthetist as defined in ORS 678.010 or naturopathic physician licensed under ORS chapter 685 about the risks and benefits associated with the medical use of marijuana or that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition, provided that the advice is based on the attending provider's personal assessment of the person's medical history and current medical condition; or

(2) Providing the written documentation necessary for issuance or renewal of a registry identification card under ORS 475C.783, provided that the written documentation is based on the attending provider's personal assessment of the person's medical history and current medical condition and the attending provider has discussed with the person the potential risks and benefits associated with the medical use of marijuana.

SECTION 107. ORS 496.018 is amended to read:

496.018. In order to be considered a person with a disability under the wildlife laws, a person shall provide to the State Fish and Wildlife Commission either:

(1) Written certification from a licensed physician, licensed nurse practitioner or licensed [*physician assistant*] **physician associate** that states that the person:

(a) Is permanently unable to walk without the use of, or assistance from, a brace, cane, crutch, prosthetic device, wheelchair, scooter or walker;

(b) Is restricted by lung disease to the extent that the person's forced expiratory volume for one second, when measured by a spirometer, is less than 35 percent predicted, or arterial oxygen tension is less than 55 mm/Hg on room air at rest;

(c) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards established by the American Heart Association;

(d) Has a permanent, physical impairment that prevents the person from holding or shooting a firearm or bow or from holding a fishing rod in hand; or

(e) Has central visual acuity that permanently does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is no greater than 20 degrees; or

(2) Written proof that the last official certification of record by the United States Department of Veterans Affairs or any branch of the Armed Forces of the United States shows the person to be at least 65 percent disabled.

SECTION 108. ORS 616.750 is amended to read:

616.750. If the State Department of Agriculture for reasonable cause believes that any person working in any food establishment is affected with any infectious or contagious disease, the department may require the person to be examined by a competent physician, naturopathic physician, [*physician assistant*] **physician associate** or nurse practitioner and that the physician, naturopathic physician, [*physician assistant*] **physician associate** or nurse practitioner furnish the department with a certificate stating whether the person is affected with any infectious or contagious disease. If within five days after so required the person has not furnished the department with such a certificate by a competent physician, naturopathic physician, [*physician assistant*] **physician associate** or nurse practitioner, the person is guilty of a violation of ORS 616.745 and the department may apply to the circuit court to enjoin the person from continuing to work in the food establishment until the certificate is furnished. The circuit court hereby is authorized to issue the injunction.

SECTION 109. ORS 628.270 is amended to read:

628.270. (1) The Oregon Health Authority may, by rule, define certain communicable diseases which may be spread to the public through the handling of food in refrigerated locker plants.

(2) A person who has a communicable or infectious disease described in subsection (1) of this section may not be permitted to work in or about any refrigerated locker plant or to handle any food in connection with the operation of such plant.

(3) In the discretion of the State Department of Agriculture, an employee of a locker plant may be required to furnish a certificate of health from a physician, naturopathic physician, [*physician assistant*] **physician associate** or nurse practitioner duly accredited by the authority for the purpose of issuing such certificates. If such certificate is required under municipal ordinance upon examination deemed adequate by the authority, a certificate issued in compliance with such ordinance is sufficient under this section.

(4) Any health certificate required by this section shall be revoked by the authority at any time that the holder thereof is found, upon physical examination of such holder, to have any communicable or infectious disease. Refusal of any person employed in such locker plant to submit to proper and reasonable physical examination, upon written demand by the authority or the department, is cause for revocation of the employee's health certificate and also is sufficient reason for revocation of the locker plant's license unless the employee immediately is removed from any work or operation in or about such locker plant involving the handling of food.

SECTION 110. ORS 656.005 is amended to read:

656.005. (1) "Average weekly wage" means the Oregon average weekly wage in covered employment, as determined by the Employment Department, for the last quarter of the calendar year preceding the fiscal year in which the injury occurred.

(2)(a) "Beneficiary" means an injured worker, and the spouse in a marriage, child or dependent of a worker, who is entitled to receive payments under this chapter.

(b) "Beneficiary" does not include a person who intentionally causes the compensable injury to or death of an injured worker.

(3) "Board" means the Workers' Compensation Board.

(4) "Carrier-insured employer" means an employer who provides workers' compensation coverage with the State Accident Insurance Fund Corporation or an insurer authorized under ORS chapter 731 to transact workers' compensation insurance in this state.

(5) "Child" means a child of an injured worker, including:

(a) A posthumous child;

(b) A child legally adopted before the injury;

(c) A child toward whom the worker stands in loco parentis;

(d) A child born out of wedlock;

(e) A stepchild, if the stepchild was, at the time of the injury, a member of the worker's family and substantially dependent upon the worker for support; and

(f) A child of any age who was incapacitated at the time of the accident and thereafter remains incapacitated and substantially dependent on the worker for support.

(6) "Claim" means a written request for compensation from a subject worker or someone on the worker's behalf, or any compensable injury of which a subject employer has notice or knowledge.

(7)(a) A "compensable injury" is an accidental injury, or accidental injury to prosthetic appliances, arising out of and in the course of employment requiring medical services or resulting in disability or death. An injury is accidental if the result is an accident, whether or not due to accidental means, if it is established by medical evidence supported by objective findings, subject to the following limitations:

(A) An injury or disease is not compensable as a consequence of a compensable injury unless the compensable injury is the major contributing cause of the consequential condition.

(B) If an otherwise compensable injury combines at any time with a preexisting condition to cause or prolong disability or a need for treatment, the combined condition is compensable only if, so long as and to the extent that the otherwise compensable injury is the major contributing cause of the disability of the combined condition or the major contributing cause of the need for treatment of the combined condition.

(b) "Compensable injury" does not include:

(A) Injury to any active participant in assaults or combats that are not connected to the job assignment and that amount to a deviation from customary duties;

(B) Injury incurred while engaging in or performing, or as the result of engaging in or performing, any recreational or social activities primarily for the worker's personal pleasure; or

(C) Injury the major contributing cause of which is demonstrated to be by a preponderance of the evidence the injured worker's consumption of alcoholic beverages or cannabis or the unlawful consumption of any controlled substance, unless the employer permitted, encouraged or had actual knowledge of such consumption.

(c) A "disabling compensable injury" is an injury that entitles the worker to compensation for disability or death. An injury is not disabling if no temporary benefits are due and payable, unless there is a reasonable expectation that permanent disability will result from the injury.

(d) A "nondisabling compensable injury" is any injury that requires medical services only.

(8) "Compensation" includes all benefits, including medical services, provided for a compensable injury to a subject worker or the worker's beneficiaries by an insurer or self-insured employer pursuant to this chapter.

(9) "Department" means the Department of Consumer and Business Services.

(10) "Dependent" means any of the following individuals who, at the time of an accident, depended in whole or in part for the individual's support on the earnings of a worker who dies as a result of an injury:

(a) A parent of a worker or the parent's spouse or domestic partner;

(b) A grandparent of a worker or the grandparent's spouse or domestic partner;

(c) A grandchild of a worker or the grandchild's spouse or domestic partner;

(d) A sibling or stepsibling of a worker or the sibling's or stepsibling's spouse or domestic partner; and

(e) Any individual related by blood or affinity whose close association with a worker is the equivalent of a family relationship.

(11) "Director" means the Director of the Department of Consumer and Business Services.

(12)(a) "Doctor" or "physician" means a person duly licensed to practice one or more of the healing arts in any country or in any state, territory or possession of the United States within the limits of the license of the licensee.

(b) Except as otherwise provided for workers subject to a managed care contract, "attending physician" means a doctor, physician or [*physician assistant*] **physician associate** who is primarily responsible for the treatment of a worker's compensable injury and who is:

(A) A physician licensed under ORS 677.100 to 677.228 by the Oregon Medical Board, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840 by the Oregon Medical Board, an oral and maxillofacial surgeon licensed by the Oregon Board of Dentistry or a similarly licensed doctor in any country or in any state, territory or possession of the United States;

(B) For a cumulative total of 60 days from the first visit on the initial claim or for a cumulative total of 18 visits, whichever occurs first, to any of the medical service providers listed in this subparagraph, a:

(i) Doctor or physician licensed by the State Board of Chiropractic Examiners for the State of Oregon under ORS chapter 684 or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States; or

(ii) Doctor of naturopathy or naturopathic physician licensed by the Oregon Board of Naturopathic Medicine under ORS chapter 685 or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States; or

(C) For a cumulative total of 180 days from the first visit on the initial claim, a [*physician assistant*] **physician associate** licensed by the Oregon Medical Board in accordance with ORS 677.505 to 677.525 or a similarly licensed [*physician assistant*] **physician associate** in any country or in any state, territory or possession of the United States.

(c) Except as otherwise provided for workers subject to a managed care contract, “attending physician” does not include a physician who provides care in a hospital emergency room and refers the injured worker to a primary care physician for follow-up care and treatment.

(d) “Consulting physician” means a doctor or physician who examines a worker or the worker’s medical record to advise the attending physician or nurse practitioner authorized to provide compensable medical services under ORS 656.245 regarding treatment of a worker’s compensable injury.

(13)(a) “Employer” means any person, including receiver, administrator, executor or trustee, and the state, state agencies, counties, municipal corporations, school districts and other public corporations or political subdivisions, that contracts to pay a remuneration for the services of any worker.

(b) Notwithstanding paragraph (a) of this subsection, for purposes of this chapter, the client of a temporary service provider is not the employer of temporary workers provided by the temporary service provider.

(c) As used in paragraph (b) of this subsection, “temporary service provider” has the meaning given that term in ORS 656.850.

(d) For the purposes of this chapter, “subject employer” means an employer that is subject to this chapter as provided in ORS 656.023.

(14) “Insurer” means the State Accident Insurance Fund Corporation or an insurer authorized under ORS chapter 731 to transact workers’ compensation insurance in this state or an assigned claims agent selected by the director under ORS 656.054.

(15) “Consumer and Business Services Fund” means the fund created by ORS 705.145.

(16) “Incapacitated” means an individual is physically or mentally unable to earn a livelihood.

(17) “Medically stationary” means that no further material improvement would reasonably be expected from medical treatment or the passage of time.

(18) “Noncomplying employer” means a subject employer that has failed to comply with ORS 656.017.

(19) “Objective findings” in support of medical evidence are verifiable indications of injury or disease that may include, but are not limited to, range of motion, atrophy, muscle strength and palpable muscle spasm. “Objective findings” does not include physical findings or subjective responses to physical examinations that are not reproducible, measurable or observable.

(20) “Palliative care” means medical service rendered to reduce or moderate temporarily the intensity of an otherwise stable medical condition, but does not include those medical services rendered to diagnose, heal or permanently alleviate or eliminate a medical condition.

(21) “Party” means a claimant for compensation, the employer of the injured worker at the time of injury and the insurer, if any, of the employer.

(22) “Payroll” means a record of wages payable to workers for their services and includes commissions, value of exchange labor and the reasonable value of board, rent, housing, lodging or similar advantage received from the employer. However, “payroll” does not include overtime pay, vacation pay, bonus pay, tips, amounts payable under profit-sharing agreements or bonus payments to reward workers for safe working practices. Bonus pay is limited to payments that are not anticipated under the contract of employment and that are paid at the sole discretion of the employer. The exclusion from payroll of bonus payments to reward workers for safe working practices is only for the purpose of calculations based on payroll to determine premium for workers’ compensation insurance, and does not affect any other calculation or determination based on payroll for the purposes of this chapter.

(23) “Person” includes a partnership, joint venture, association, limited liability company and corporation.

(24)(a) “Preexisting condition” means, for all industrial injury claims, any injury, disease, congenital abnormality, personality disorder or similar condition that contributes to disability or need for treatment, provided that:

(A) Except for claims in which a preexisting condition is arthritis or an arthritic condition, the worker has been diagnosed with the condition, or has obtained medical services for the symptoms of the condition regardless of diagnosis; and

(B)(i) In claims for an initial injury or omitted condition, the diagnosis or treatment precedes the initial injury;

(ii) In claims for a new medical condition, the diagnosis or treatment precedes the onset of the new medical condition; or

(iii) In claims for a worsening pursuant to ORS 656.273 or 656.278, the diagnosis or treatment precedes the onset of the worsened condition.

(b) "Preexisting condition" means, for all occupational disease claims, any injury, disease, congenital abnormality, personality disorder or similar condition that contributes to disability or need for treatment and that precedes the onset of the claimed occupational disease, or precedes a claim for worsening in such claims pursuant to ORS 656.273 or 656.278.

(c) For the purposes of industrial injury claims, a condition does not contribute to disability or need for treatment if the condition merely renders the worker more susceptible to the injury.

(25) "Self-insured employer" means an employer or group of employers certified under ORS 656.430 as meeting the qualifications set out by ORS 656.407.

(26) "State Accident Insurance Fund Corporation" and "corporation" mean the State Accident Insurance Fund Corporation created under ORS 656.752.

(27) "Wages" means the money rate at which the service rendered is recompensed under the contract of hiring in force at the time of the accident, including reasonable value of board, rent, housing, lodging or similar advantage received from the employer, and includes the amount of tips required to be reported by the employer pursuant to section 6053 of the Internal Revenue Code of 1954, as amended, and the regulations promulgated pursuant thereto, or the amount of actual tips reported, whichever amount is greater. The State Accident Insurance Fund Corporation may establish assumed minimum and maximum wages, in conformity with recognized insurance principles, at which any worker shall be carried upon the payroll of the employer for the purpose of determining the premium of the employer.

(28)(a) "Worker" means any person, other than an independent contractor, who engages to furnish services for a remuneration, including a minor whether lawfully or unlawfully employed and salaried, elected and appointed officials of the state, state agencies, counties, cities, school districts and other public corporations, but does not include any person whose services are performed as an adult in custody or ward of a state institution or as part of the eligibility requirements for a general or public assistance grant.

(b) For the purpose of determining entitlement to temporary disability benefits or permanent total disability benefits under this chapter, "worker" does not include a person who has withdrawn from the workforce during the period for which such benefits are sought.

(c) For the purposes of this chapter, "subject worker" means a worker who is subject to this chapter as provided in ORS 656.027.

(29) "Independent contractor" has the meaning given that term in ORS 670.600.

SECTION 111. ORS 656.245 is amended to read:

656.245. (1)(a) For every compensable injury, the insurer or the self-insured employer shall cause to be provided medical services for conditions caused in material part by the injury for such period as the nature of the injury or the process of the recovery requires, subject to the limitations in ORS 656.225, including such medical services as may be required after a determination of permanent disability. In addition, for consequential and combined conditions described in ORS 656.005 (7), the insurer or the self-insured employer shall cause to be provided only those medical services directed to medical conditions caused in major part by the injury.

(b) Compensable medical services shall include medical, surgical, hospital, nursing, ambulances and other related services, and drugs, medicine, crutches and prosthetic appliances, braces and supports and where necessary, physical restorative services. A pharmacist or dispensing physician

shall dispense generic drugs to the worker in accordance with ORS 689.515. The duty to provide such medical services continues for the life of the worker.

(c) Notwithstanding any other provision of this chapter, medical services after the worker's condition is medically stationary are not compensable except for the following:

(A) Services provided to a worker who has been determined to be permanently and totally disabled.

(B) Prescription medications.

(C) Services necessary to administer prescription medication or monitor the administration of prescription medication.

(D) Prosthetic devices, braces and supports.

(E) Services necessary to monitor the status, replacement or repair of prosthetic devices, braces and supports.

(F) Services provided pursuant to an accepted claim for aggravation under ORS 656.273.

(G) Services provided pursuant to an order issued under ORS 656.278.

(H) Services that are necessary to diagnose the worker's condition.

(I) Life-preserving modalities similar to insulin therapy, dialysis and transfusions.

(J) With the approval of the insurer or self-insured employer, palliative care that the worker's attending physician referred to in ORS 656.005 (12)(b)(A) prescribes and that is necessary to enable the worker to continue current employment or a vocational training program. If the insurer or self-insured employer does not approve, the attending physician or the worker may request approval from the Director of the Department of Consumer and Business Services for such treatment. The director may order a medical review by a physician or panel of physicians pursuant to ORS 656.327 (3) to aid in the review of such treatment. The decision of the director is subject to review under ORS 656.704.

(K) With the approval of the director, curative care arising from a generally recognized, non-experimental advance in medical science since the worker's claim was closed that is highly likely to improve the worker's condition and that is otherwise justified by the circumstances of the claim. The decision of the director is subject to review under ORS 656.704.

(L) Curative care provided to a worker to stabilize a temporary and acute waxing and waning of symptoms of the worker's condition.

(d) When the medically stationary date in a disabling claim is established by the insurer or self-insured employer and is not based on the findings of the attending physician, the insurer or self-insured employer is responsible for reimbursement to affected medical service providers for otherwise compensable services rendered until the insurer or self-insured employer provides written notice to the attending physician of the worker's medically stationary status.

(e) Except for services provided under a managed care contract, out-of-pocket expense reimbursement to receive care from the attending physician or nurse practitioner authorized to provide compensable medical services under this section shall not exceed the amount required to seek care from an appropriate nurse practitioner or attending physician of the same specialty who is in a medical community geographically closer to the worker's home. For the purposes of this paragraph, all physicians and nurse practitioners within a metropolitan area are considered to be part of the same medical community.

(2)(a) The worker may choose an attending doctor, physician or nurse practitioner within the State of Oregon. The worker may choose the initial attending physician or nurse practitioner and may subsequently change attending physician or nurse practitioner two times without approval from the director. If the worker thereafter selects another attending physician or nurse practitioner, the insurer or self-insured employer may require the director's approval of the selection. The decision of the director is subject to review under ORS 656.704. The worker also may choose an attending doctor or physician in another country or in any state or territory or possession of the United States with the prior approval of the insurer or self-insured employer.

(b) A medical service provider who is not a member of a managed care organization is subject to the following provisions:

(A) A medical service provider who is not qualified to be an attending physician may provide compensable medical service to an injured worker for a period of 30 days from the date of the first visit on the initial claim or for 12 visits, whichever first occurs, without the authorization of an attending physician. Thereafter, medical service provided to an injured worker without the written authorization of an attending physician is not compensable.

(B) A medical service provider who is not an attending physician cannot authorize the payment of temporary disability compensation. However, an emergency room physician who is not authorized to serve as an attending physician under ORS 656.005 (12)(c) may authorize temporary disability benefits for a maximum of 14 days. A medical service provider qualified to serve as an attending physician under ORS 656.005 (12)(b)(B) may authorize the payment of temporary disability compensation for a period not to exceed 30 days from the date of the first visit on the initial claim.

(C) Except as otherwise provided in this chapter, only a physician qualified to serve as an attending physician under ORS 656.005 (12)(b)(A) or (B)(i) who is serving as the attending physician at the time of claim closure may make findings regarding the worker's impairment for the purpose of evaluating the worker's disability.

(D) Notwithstanding subparagraphs (A) and (B) of this paragraph, a nurse practitioner licensed under ORS 678.375 to 678.390 or a [*physician assistant*] **physician associate** licensed by the Oregon Medical Board in accordance with ORS 677.505 to 677.525 or a similarly licensed [*physician assistant*] **physician associate** in any country or in any state, territory or possession of the United States:

(i) May provide compensable medical services for 180 days from the date of the first visit on the initial claim;

(ii) May authorize the payment of temporary disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim; and

(iii) When an injured worker treating with a nurse practitioner or [*physician assistant*] **physician associate** authorized to provide compensable services under this section becomes medically stationary within the 180-day period in which the nurse practitioner or [*physician assistant*] **physician associate** is authorized to treat the injured worker, shall refer the injured worker to a physician qualified to be an attending physician as defined in ORS 656.005 for the purpose of making findings regarding the worker's impairment for the purpose of evaluating the worker's disability. If a worker returns to the nurse practitioner or [*physician assistant*] **physician associate** after initial claim closure for evaluation of a possible worsening of the worker's condition, the nurse practitioner or [*physician assistant*] **physician associate** shall refer the worker to an attending physician and the insurer shall compensate the nurse practitioner or [*physician assistant*] **physician associate** for the examination performed.

(3) Notwithstanding any other provision of this chapter, the director, by rule, upon the advice of the committee created by ORS 656.794 and upon the advice of the professional licensing boards of practitioners affected by the rule, may exclude from compensability any medical treatment the director finds to be unscientific, unproven, outmoded or experimental. The decision of the director is subject to review under ORS 656.704.

(4) Notwithstanding subsection (2)(a) of this section, when a self-insured employer or the insurer of an employer contracts with a managed care organization certified pursuant to ORS 656.260 for medical services required by this chapter to be provided to injured workers:

(a) Those workers who are subject to the contract shall receive medical services in the manner prescribed in the contract. Workers subject to the contract include those who are receiving medical treatment for an accepted compensable injury or occupational disease, regardless of the date of injury or medically stationary status, on or after the effective date of the contract. If the managed care organization determines that the change in provider would be medically detrimental to the worker, the worker shall not become subject to the contract until the worker is found to be medically stationary, the worker changes physicians or nurse practitioners, or the managed care organization determines that the change in provider is no longer medically detrimental, whichever event first occurs. A worker becomes subject to the contract upon the worker's receipt of actual

notice of the worker's enrollment in the managed care organization, or upon the third day after the notice was sent by regular mail by the insurer or self-insured employer, whichever event first occurs. A worker shall not be subject to a contract after it expires or terminates without renewal. A worker may continue to treat with the attending physician or nurse practitioner authorized to provide compensable medical services under this section under an expired or terminated managed care organization contract if the physician or nurse practitioner agrees to comply with the rules, terms and conditions regarding services performed under any subsequent managed care organization contract to which the worker is subject. A worker shall not be subject to a contract if the worker's primary residence is more than 100 miles outside the managed care organization's certified geographical area. Each such contract must comply with the certification standards provided in ORS 656.260. However, a worker may receive immediate emergency medical treatment that is compensable from a medical service provider who is not a member of the managed care organization. Insurers or self-insured employers who contract with a managed care organization for medical services shall give notice to the workers of eligible medical service providers and such other information regarding the contract and manner of receiving medical services as the director may prescribe. Notwithstanding any provision of law or rule to the contrary, a worker of a noncomplying employer is considered to be subject to a contract between the State Accident Insurance Fund Corporation as a processing agent or the assigned claims agent and a managed care organization.

(b)(A) For initial or aggravation claims filed after June 7, 1995, the insurer or self-insured employer may require an injured worker, on a case-by-case basis, immediately to receive medical services from the managed care organization.

(B) If the insurer or self-insured employer gives notice that the worker is required to receive treatment from the managed care organization, the insurer or self-insured employer must guarantee that any reasonable and necessary services so received, that are not otherwise covered by health insurance, will be paid as provided in ORS 656.248, even if the claim is denied, until the worker receives actual notice of the denial or until three days after the denial is mailed, whichever event first occurs. The worker may elect to receive care from a primary care physician, nurse practitioner or [*physician assistant*] **physician associate** authorized to provide compensable medical services under this section who agrees to the conditions of ORS 656.260 (4)(g). However, guarantee of payment is not required by the insurer or self-insured employer if this election is made.

(C) If the insurer or self-insured employer does not give notice that the worker is required to receive treatment from the managed care organization, the insurer or self-insured employer is under no obligation to pay for services received by the worker unless the claim is later accepted.

(D) If the claim is denied, the worker may receive medical services after the date of denial from sources other than the managed care organization until the denial is reversed. Reasonable and necessary medical services received from sources other than the managed care organization after the date of claim denial must be paid as provided in ORS 656.248 by the insurer or self-insured employer if the claim is finally determined to be compensable.

(5)(a) A nurse practitioner, or a [*physician assistant*] **physician associate** described in ORS 656.005 (12)(b)(C), who is not a member of the managed care organization is authorized to provide the same level of services as a primary care physician as established by ORS 656.260 (4) if the nurse practitioner or [*physician assistant*] **physician associate**:

(A) Maintains the worker's medical records;

(B) Has a documented history of treatment with the worker;

(C) Agrees to refer the worker to the managed care organization for any specialized treatment, including physical therapy, to be furnished by another provider that the worker may require; and

(D) Agrees to comply with all the rules, terms and conditions regarding services performed by the managed care organization.

(b)(A) A nurse practitioner or [*physician assistant*] **physician associate** authorized to provide medical services to a worker enrolled in the managed care organization may:

(i) Provide medical treatment to the worker if the treatment is determined to be medically appropriate according to the service utilization review process of the managed care organization; and

(ii) Authorize temporary disability payments as provided in subsection (2)(b)(D) of this section.

(B) The managed care organization may also authorize the nurse practitioner or [*physician assistant*] **physician associate** to provide medical services and authorize temporary disability payments beyond the periods established in subsection (2)(b)(D) of this section.

(6) Subject to the provisions of ORS 656.704, if a claim for medical services is disapproved, the injured worker, insurer or self-insured employer may request administrative review by the director pursuant to ORS 656.260 or 656.327.

SECTION 112. ORS 656.260 is amended to read:

656.260. (1) Any health care provider or group of medical service providers may make written application to the Director of the Department of Consumer and Business Services to become certified to provide managed care to injured workers for injuries and diseases compensable under this chapter. However, nothing in this section authorizes an organization that is formed, owned or operated by an insurer or employer other than a health care provider to become certified to provide managed care.

(2) Each application for certification shall be accompanied by a reasonable fee prescribed by the director. A certificate is valid for such period as the director may prescribe unless sooner revoked or suspended.

(3) Application for certification shall be made in such form and manner and shall set forth such information regarding the proposed plan for providing services as the director may prescribe. The information shall include, but not be limited to:

(a) A list of the names of all individuals who will provide services under the managed care plan, together with appropriate evidence of compliance with any licensing or certification requirements for that individual to practice in this state.

(b) A description of the times, places and manner of providing services under the plan.

(c) A description of the times, places and manner of providing other related optional services the applicants wish to provide.

(d) Satisfactory evidence of ability to comply with any financial requirements to insure delivery of service in accordance with the plan which the director may prescribe.

(4) The director shall certify a health care provider or group of medical service providers to provide managed care under a plan if the director finds that the plan:

(a) Proposes to provide medical and health care services required by this chapter in a manner that:

(A) Meets quality, continuity and other treatment standards adopted by the health care provider or group of medical service providers in accordance with processes approved by the director; and

(B) Is timely, effective and convenient for the worker.

(b) Subject to any other provision of law, does not discriminate against or exclude from participation in the plan any category of medical service providers and includes an adequate number of each category of medical service providers to give workers adequate flexibility to choose medical service providers from among those individuals who provide services under the plan. However, nothing in the requirements of this paragraph shall affect the provisions of ORS 441.055 relating to the granting of medical staff privileges.

(c) Provides appropriate financial incentives to reduce service costs and utilization without sacrificing the quality of service.

(d) Provides adequate methods of peer review, service utilization review, quality assurance, contract review and dispute resolution to ensure appropriate treatment or to prevent inappropriate or excessive treatment, to exclude from participation in the plan those individuals who violate these treatment standards and to provide for the resolution of such medical disputes as the director considers appropriate. A majority of the members of each peer review, quality assurance, service utilization and contract review committee shall be physicians licensed to practice medicine by the Oregon Medical Board. As used in this paragraph:

(A) "Peer review" means evaluation or review of the performance of colleagues by a panel with similar types and degrees of expertise. Peer review requires participation of at least three physicians prior to final determination.

(B) "Service utilization review" means evaluation and determination of the reasonableness, necessity and appropriateness of a worker's use of medical care resources and the provision of any needed assistance to clinician or member, or both, to ensure appropriate use of resources. "Service utilization review" includes prior authorization, concurrent review, retrospective review, discharge planning and case management activities.

(C) "Quality assurance" means activities to safeguard or improve the quality of medical care by assessing the quality of care or service and taking action to improve it.

(D) "Dispute resolution" includes the resolution of disputes arising under peer review, service utilization review and quality assurance activities between insurers, self-insured employers, workers and medical and health care service providers, as required under the certified plan.

(E) "Contract review" means the methods and processes whereby the managed care organization monitors and enforces its contracts with participating providers for matters other than matters enumerated in subparagraphs (A), (B) and (C) of this paragraph.

(e) Provides a program involving cooperative efforts by the workers, the employer and the managed care organizations to promote workplace health and safety consultative and other services and early return to work for injured workers.

(f) Provides a timely and accurate method of reporting to the director necessary information regarding medical and health care service cost and utilization to enable the director to determine the effectiveness of the plan.

(g)(A) Authorizes workers to receive compensable medical treatment from a primary care physician or chiropractic physician who is not a member of the managed care organization, but who maintains the worker's medical records and is a physician with whom the worker has a documented history of treatment, if:

(i) The primary care physician or chiropractic physician agrees to refer the worker to the managed care organization for any specialized treatment, including physical therapy, to be furnished by another provider that the worker may require;

(ii) The primary care physician or chiropractic physician agrees to comply with all the rules, terms and conditions regarding services performed by the managed care organization; and

(iii) The treatment is determined to be medically appropriate according to the service utilization review process of the managed care organization.

(B) Nothing in this paragraph is intended to limit the worker's right to change primary care physicians or chiropractic physicians prior to the filing of a workers' compensation claim.

(C) A chiropractic physician authorized to provide compensable medical treatment under this paragraph may provide services and authorize temporary disability compensation as provided in ORS 656.005 (12)(b)(B) and 656.245 (2)(b). However, the managed care organization may authorize chiropractic physicians to provide medical services and authorize temporary disability payments beyond the periods established in ORS 656.005 (12)(b)(B) and 656.245 (2)(b).

(D) As used in this paragraph, "primary care physician" means a physician who is qualified to be an attending physician referred to in ORS 656.005 (12)(b)(A) and who is a family practitioner, a general practitioner or an internal medicine practitioner.

(h) Provides a written explanation for denial of participation in the managed care organization plan to any licensed health care provider that has been denied participation in the managed care organization plan.

(i) Does not prohibit the injured worker's attending physician from advocating for medical services and temporary disability benefits for the injured worker that are supported by the medical record.

(j) Complies with any other requirement the director determines is necessary to provide quality medical services and health care to injured workers.

(5)(a) Notwithstanding ORS 656.245 (5) and subsection (4)(g) of this section, a managed care organization may deny or terminate the authorization of a primary care physician or chiropractic physician to serve as an attending physician under subsection (4)(g) of this section or of a nurse practitioner or [*physician assistant*] **physician associate** to provide medical services as provided in ORS 656.245 (5) if the physician, nurse practitioner or [*physician assistant*] **physician associate**, within two years prior to the worker's enrollment in the plan:

(A) Has been terminated from serving as an attending physician, nurse practitioner or [*physician assistant*] **physician associate** for a worker enrolled in the plan for failure to meet the requirements of subsection (4)(g) of this section or of ORS 656.245 (5); or

(B) Has failed to satisfy the credentialing standards for participating in the managed care organization.

(b) The director shall adopt by rule reporting standards for managed care organizations to report denials and terminations of the authorization of primary care physicians, chiropractic physicians, nurse practitioners and [*physician assistants*] **physician associates** who are not members of the managed care organization to provide compensable medical treatment under ORS 656.245 (5) and subsection (4)(g) of this section. The director shall annually report to the Workers' Compensation Management-Labor Advisory Committee the information reported to the director by managed care organizations under this paragraph.

(6) The director shall refuse to certify or may revoke or suspend the certification of any health care provider or group of medical service providers to provide managed care if the director finds that:

(a) The plan for providing medical or health care services fails to meet the requirements of this section.

(b) Service under the plan is not being provided in accordance with the terms of a certified plan.

(7) Any issue concerning the provision of medical services to injured workers subject to a managed care contract and service utilization review, quality assurance, dispute resolution, contract review and peer review activities as well as authorization of medical services to be provided by other than an attending physician pursuant to ORS 656.245 (2)(b) shall be subject to review by the director or the director's designated representatives. The decision of the director is subject to review under ORS 656.704. Data generated by or received in connection with these activities, including written reports, notes or records of any such activities, or of any review thereof, shall be confidential, and shall not be disclosed except as considered necessary by the director in the administration of this chapter. The director may report professional misconduct to an appropriate licensing board.

(8) No data generated by service utilization review, quality assurance, dispute resolution or peer review activities and no physician profiles or data used to create physician profiles pursuant to this section or a review thereof shall be used in any action, suit or proceeding except to the extent considered necessary by the director in the administration of this chapter. The confidentiality provisions of this section shall not apply in any action, suit or proceeding arising out of or related to a contract between a managed care organization and a health care provider whose confidentiality is protected by this section.

(9) A person participating in service utilization review, quality assurance, dispute resolution or peer review activities pursuant to this section shall not be examined as to any communication made in the course of such activities or the findings thereof, nor shall any person be subject to an action for civil damages for affirmative actions taken or statements made in good faith.

(10) No person who participates in forming consortiums, collectively negotiating fees or otherwise solicits or enters into contracts in a good faith effort to provide medical or health care services according to the provisions of this section shall be examined or subject to administrative or civil liability regarding any such participation except pursuant to the director's active supervision of such activities and the managed care organization. Before engaging in such activities, the person shall provide notice of intent to the director in a form prescribed by the director.

(11) The provisions of this section shall not affect the confidentiality or admission in evidence of a claimant's medical treatment records.

(12) In consultation with the committees referred to in ORS 656.790 and 656.794, the director shall adopt such rules as may be necessary to carry out the provisions of this section.

(13) As used in this section, ORS 656.245, 656.248 and 656.327, "medical service provider" means a person duly licensed to practice one or more of the healing arts in any country or in any state or territory or possession of the United States.

(14) Notwithstanding ORS 656.005 (12) or subsection (4)(b) of this section, a managed care organization contract may designate any medical service provider or category of providers as attending physicians.

(15) If a worker, insurer, self-insured employer, the attending physician or an authorized health care provider is dissatisfied with an action of the managed care organization regarding the provision of medical services pursuant to this chapter, peer review, service utilization review or quality assurance activities, that person or entity must first apply to the director for administrative review of the matter before requesting a hearing. Such application must be made not later than the 60th day after the date the managed care organization has completed and issued its final decision.

(16) Upon a request for administrative review, the director shall create a documentary record sufficient for judicial review. The director shall complete administrative review and issue a proposed order within a reasonable time. The proposed order of the director issued pursuant to this section shall become final and not subject to further review unless a written request for a hearing is filed with the director within 30 days of the mailing of the order to all parties.

(17) At the contested case hearing, the order may be modified only if it is not supported by substantial evidence in the record or reflects an error of law. No new medical evidence or issues shall be admitted. The dispute may also be remanded to the managed care organization for further evidence taking, correction or other necessary action if the Administrative Law Judge or director determines the record has been improperly, incompletely or otherwise insufficiently developed. Decisions by the director regarding medical disputes are subject to review under ORS 656.704.

(18) Any person who is dissatisfied with an action of a managed care organization other than regarding the provision of medical services pursuant to this chapter, peer review, service utilization review or quality assurance activities may request review under ORS 656.704.

(19) Notwithstanding any other provision of law, original jurisdiction over contract review disputes is with the director. The director may resolve the matter by issuing an order subject to review under ORS 656.704, or the director may determine that the matter in dispute would be best addressed in another forum and so inform the parties.

(20) The director shall conduct such investigations, audits and other administrative oversight in regard to managed care as the director deems necessary to carry out the purposes of this chapter.

(21)(a) Except as otherwise provided in this chapter, only a managed care organization certified by the director may:

(A) Restrict the choice of a health care provider or medical service provider by a worker;

(B) Restrict the access of a worker to any category of medical service providers;

(C) Restrict the ability of a medical service provider to refer a worker to another provider;

(D) Require preauthorization or precertification to determine the necessity of medical services or treatment; or

(E) Restrict treatment provided to a worker by a medical service provider to specific treatment guidelines, protocols or standards.

(b) The provisions of paragraph (a) of this subsection do not apply to:

(A) A medical service provider who refers a worker to another medical service provider;

(B) Use of an on-site medical service facility by the employer to assess the nature or extent of a worker's injury; or

(C) Treatment provided by a medical service provider or transportation of a worker in an emergency or trauma situation.

(c) Except as provided in paragraph (b) of this subsection, if the director finds that a person has violated a provision of paragraph (a) of this subsection, the director may impose a sanction that may include a civil penalty not to exceed \$2,000 for each violation.

(d) If violation of paragraph (a) of this subsection is repeated or willful, the director may order the person committing the violation to cease and desist from making any future communications with injured workers or medical service providers or from taking any other actions that directly or indirectly affect the delivery of medical services provided under this chapter.

(e)(A) Penalties imposed under this subsection are subject to ORS 656.735 (4) to (6) and 656.740.

(B) Cease and desist orders issued under this subsection are subject to ORS 656.740.

SECTION 113. ORS 656.799 is amended to read:

656.799. (1) The Director of the Department of Consumer and Business Services shall develop and make available to medical service providers informational materials about the workers' compensation system including, but not limited to, the management of indemnity claims, standards for the authorization of temporary disability benefits, return to work responsibilities and programs, and workers' compensation rules and procedures for medical service providers.

(2) Prior to providing compensable medical services or authorizing temporary disability benefits under ORS 656.245, a medical service provider must certify, in a form acceptable to the director, that the medical service provider has reviewed the materials developed under this section.

(3) As used in this section, "medical service provider" means a:

(a) Doctor or physician licensed by the State Board of Chiropractic Examiners for the State of Oregon under ORS chapter 684 or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States;

(b) [*Physician assistant*] **Physician associate** licensed by the Oregon Medical Board in accordance with ORS 677.505 to 677.525 or a similarly licensed [*physician assistant*] **physician associate** in any country or in any state, territory or possession of the United States; or

(c) Doctor of naturopathy or naturopathic physician licensed by the Oregon Board of Naturopathic Medicine under ORS chapter 685 or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States.

SECTION 114. ORS 659A.150 is amended to read:

659A.150. As used in ORS 659A.150 to 659A.186:

(1) "Covered employer" means an employer described in ORS 659A.153.

(2) "Eligible employee" means any employee of a covered employer other than those employees exempted under the provisions of ORS 659A.156.

(3) "Family leave" means a leave of absence described in ORS 659A.159, except that "family leave" does not include leave taken by an eligible employee who is unable to work because of a disabling compensable injury, as defined in ORS 656.005, under ORS chapter 656.

(4) "Family member" means:

(a) The spouse of a covered individual;

(b) A child of a covered individual or the child's spouse or domestic partner;

(c) A parent of a covered individual or the parent's spouse or domestic partner;

(d) A sibling or stepsibling of a covered individual or the sibling's or stepsibling's spouse or domestic partner;

(e) A grandparent of a covered individual or the grandparent's spouse or domestic partner;

(f) A grandchild of a covered individual or the grandchild's spouse or domestic partner;

(g) The domestic partner of a covered individual; or

(h) Any individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship.

(5) "Health care provider" means:

(a) A person who is primarily responsible for providing health care to an eligible employee or a family member of an eligible employee, who is performing within the scope of the person's professional license or certificate and who is:

(A) A physician licensed under ORS chapter 677;

- (B) A [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525;
 - (C) A dentist licensed under ORS 679.090;
 - (D) A psychologist licensed under ORS 675.030;
 - (E) An optometrist licensed under ORS 683.070;
 - (F) A naturopath licensed under ORS 685.080;
 - (G) A registered nurse licensed under ORS 678.050;
 - (H) A nurse practitioner licensed under ORS 678.375;
 - (I) A direct entry midwife licensed under ORS 687.420;
 - (J) A licensed registered nurse licensed by the Oregon State Board of Nursing as a nurse practitioner specializing in nurse midwifery;
 - (K) A regulated social worker authorized to practice regulated social work under ORS 675.510 to 675.600; or
 - (L) A chiropractic physician licensed under ORS 684.054, but only to the extent the chiropractic physician provides treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated to exist by X-rays.
- (b) A person who is primarily responsible for the treatment of an eligible employee or a family member of an eligible employee solely through spiritual means, including but not limited to a Christian Science practitioner.

(6) "Public health emergency" means:

- (a) A public health emergency declared under ORS 433.441.
- (b) An emergency declared under ORS 401.165 if related to a public health emergency as defined in ORS 433.442.

(7) "Serious health condition" means:

- (a) An illness, injury, impairment or physical or mental condition that requires inpatient care in a hospital, hospice or residential medical care facility;
- (b) An illness, disease or condition that in the medical judgment of the treating health care provider poses an imminent danger of death, is terminal in prognosis with a reasonable possibility of death in the near future, or requires constant care;
- (c) Any period of disability due to pregnancy, or period of absence for prenatal care; or
- (d) Any period of absence for the donation of a body part, organ or tissue, including preoperative or diagnostic services, surgery, post-operative treatment and recovery.

SECTION 115. ORS 659A.413 is amended to read:

659A.413. (1) A place of public accommodation that has an employee toilet facility shall allow a customer to use that facility during normal business hours if:

- (a) The customer requesting the use of the employee toilet facility suffers from an eligible medical condition;
- (b) Three or more employees of the place of public accommodation are working at the time the customer requests use of the employee toilet facility;
- (c) The customer presents a letter or other document from a physician, naturopathic physician, [*physician assistant*] **physician associate**, nurse or nurse practitioner indicating that the customer suffers from an eligible medical condition, or presents an identification card that was issued by a national organization that advocates for persons with eligible medical conditions and that indicates that the person suffers from an eligible medical condition;
- (d) The employee toilet facility is reasonably safe and is not located in an area where providing access would create an obvious health or safety risk to the customer or an obvious security risk to the place of public accommodation; and
- (e) A public restroom is not immediately available to the customer.

(2) This section does not apply to a gas station, as defined in ORS 646.932, with a building of 800 square feet or less.

SECTION 116. ORS 676.340 is amended to read:

676.340. (1) Notwithstanding any other provision of law, a health practitioner described in subsection (7) of this section who has registered under ORS 676.345 and who provides health care ser-

vices without compensation is not liable for any injury, death or other loss arising out of the provision of those services, unless the injury, death or other loss results from the gross negligence of the health practitioner.

(2) A health practitioner may claim the limitation on liability provided by this section only if the patient receiving health care services, or a person who has authority under law to make health care decisions for the patient, signs a statement that notifies the patient that the health care services are provided without compensation and that the health practitioner may be held liable for death, injury or other loss only to the extent provided by this section. The statement required under this subsection must be signed before the health care services are provided.

(3) A health practitioner may claim the limitation on liability provided by this section only if the health practitioner obtains the patient's informed consent for the health care services before providing the services, or receives the informed consent of a person who has authority under law to make health care decisions for the patient.

(4) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner requires payment of laboratory fees, testing services and other out-of-pocket expenses.

(5) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner provides services at a health clinic that receives compensation from the patient, as long as the health practitioner does not personally receive compensation for the services.

(6) In any civil action in which a health practitioner prevails based on the limitation on liability provided by this section, the court shall award all reasonable attorney fees incurred by the health practitioner in defending the action.

(7) This section applies only to:

- (a) A physician licensed under ORS chapter 677;
- (b) A nurse licensed under ORS 678.040 to 678.101;
- (c) A nurse practitioner licensed under ORS 678.375 to 678.390;
- (d) A clinical nurse specialist licensed under ORS 678.370 and 678.372;
- (e) A [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525;
- (f) A dental hygienist licensed under ORS 680.010 to 680.205;
- (g) A dentist licensed under ORS chapter 679;
- (h) A pharmacist licensed under ORS chapter 689;
- (i) An optometrist licensed under ORS chapter 683;
- (j) A naturopathic physician licensed under ORS chapter 685; and
- (k) An acupuncturist licensed under ORS 677.757 to 677.770.

SECTION 117. ORS 676.345 is amended to read:

676.345. (1) A health practitioner described in ORS 676.340 (7) may claim the liability limitation provided by ORS 676.340 only if the health practitioner has registered with a health professional regulatory board in the manner provided by this section. Registration under this section must be made:

(a) By a physician, [*physician assistant*] **physician associate** or acupuncturist, with the Oregon Medical Board;

(b) By a nurse, nurse practitioner or clinical nurse specialist, with the Oregon State Board of Nursing;

(c) By a dentist or dental hygienist, with the Oregon Board of Dentistry;

(d) By a pharmacist, with the State Board of Pharmacy;

(e) By an optometrist, with the Oregon Board of Optometry; and

(f) By a naturopathic physician, with the Oregon Board of Naturopathic Medicine.

(2) The health professional regulatory boards listed in subsection (1) of this section shall establish a registration program for the health practitioners who provide health care services without compensation and who wish to be subject to the liability limitation provided by ORS 676.340. All

health practitioners registering under the program must provide the health professional regulatory board with:

(a) A statement that the health practitioner will provide health care services to patients without compensation, except for reimbursement for laboratory fees, testing services and other out-of-pocket expenses;

(b) A statement that the health practitioner will provide the notice required by ORS 676.340 (2) in the manner provided by ORS 676.340 (2) before providing the services; and

(c) A statement that the health practitioner will only provide health care services without compensation that are within the scope of the health practitioner's license.

(3) Registration under this section must be made biennially. The health professional regulatory boards listed in subsection (1) of this section may not charge a fee for registration under this section.

SECTION 118. ORS 676.347 is amended to read:

676.347. (1) As used in this section:

(a) "Health care practitioner" means a person authorized in another state or United States territory to practice as a physician, [*physician assistant*] **physician associate**, nurse, nurse practitioner, clinical nurse specialist, dentist, dental hygienist, dental therapist, pharmacist, optometrist or naturopathic physician.

(b) "Health professional regulatory board" means the:

- (A) Oregon Board of Dentistry;
- (B) Oregon Board of Naturopathic Medicine;
- (C) Oregon Board of Optometry;
- (D) Oregon Medical Board;
- (E) Oregon State Board of Nursing; and
- (F) State Board of Pharmacy.

(2) A health care practitioner may practice, without compensation and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for 30 days each calendar year or the number of days otherwise provided pursuant to subsection (8) of this section. A health care practitioner is not required to apply for licensure or other authorization from a health professional regulatory board in order to practice under this section.

(3) To practice under this section, a health care practitioner shall submit, at least 10 days prior to commencing practice in this state, to the health professional regulatory board substantially similar to the health care practitioner's licensing agency:

(a) Proof that the health care practitioner is in good standing and is not the subject of an active disciplinary action;

(b) An acknowledgement that the health care practitioner may provide services only within the scope of practice of the health care profession that the health care practitioner is authorized to practice and will provide services pursuant to the scope of practice of this state or the health care practitioner's licensing agency, whichever is more restrictive;

(c) An attestation that the health care practitioner will not receive compensation for practice in this state;

(d) The name and contact information of the coordinating organization or other entity through which the health care practitioner will practice; and

(e) The dates on which the health care practitioner will practice in this state.

(4) Except as otherwise provided, a health care practitioner practicing under this section is subject to the laws and rules governing the health care profession that the health care practitioner is authorized to practice and to disciplinary action by the appropriate health professional regulatory board.

(5) A health care practitioner who is authorized to practice in more than one other jurisdiction shall provide to the appropriate health professional regulatory board proof, as determined sufficient by the health professional regulatory board, that the health care practitioner is in good standing

and not subject to any active disciplinary actions in any jurisdiction in which the health care practitioner is authorized to practice.

(6)(a) The coordinating organization or other entity that uses the services of a health care practitioner shall confirm with the health care practitioner's licensing agency that the health care practitioner is:

- (A) Authorized to practice the health care profession claimed by the health care practitioner;
- (B) In good standing; and
- (C) Not subject to any active disciplinary actions.

(b) The coordinating organization or other entity shall maintain:

(A) Records of the information described in paragraph (a) of this subsection related to a health care practitioner for two years after the termination of the health care practitioner's practice in this state.

(B) Records of patients to whom a health care practitioner provided services, in compliance with all patient confidentiality requirements of this state, except as those requirements are expressly prohibited by the law of any other state where a patient's medical records are maintained.

(c) A coordinating organization or other entity may pay or reimburse a health care practitioner for actual incurred travel costs associated with the health care practitioner's practice under this section.

(7) A hospital or other health care facility may not use the services of a health care practitioner in order to meet staffing needs during a labor dispute at the hospital or facility.

(8)(a) A health professional regulatory board may adopt by rule a duration longer than 30 days each calendar year during which a health care practitioner may practice under subsection (2) of this section.

(b) A health professional regulatory board may adopt other rules necessary to carry out this section, including rules requiring a health care practitioner to receive approval of and confirmation from the health professional regulatory board that the health care practitioner is authorized to practice under this section.

(9) This section does not create a private right of action against a health professional regulatory board or limit the liability of a health professional regulatory board under any other provision of law.

SECTION 119. ORS 676.454 is amended to read:

676.454. (1) There is created in the Oregon Health Authority a health care provider incentive program for the purpose of assisting qualified health care providers who commit to serving medical assistance and Medicare enrollees in rural or medically underserved areas of this state. The authority shall prescribe by rule:

(a) Participant eligibility criteria, including the types of qualified health care providers who may participate in the program;

(b) The terms and conditions of participation in the program, including the duration of the term of any service agreement, which must be at least 12 months;

(c) The types of incentives that may be provided, including but not limited to:

(A) Loan repayment subsidies;

(B) Stipends;

(C) Medical malpractice insurance premium subsidies;

(D) Scholarships for students in health professional training programs at the Oregon Health and Science University;

(E) Scholarships for students at institutions of higher education based in this state who are enrolled in health professional training programs leading to a doctor of osteopathic medicine or doctor of dentistry or a license as a nurse practitioner, [*physician assistant*] **physician associate** or certified registered nurse anesthetist, if:

(i) The scholarship funds are distributed equitably among schools offering the training programs, based on the percentage of Oregon students attending those schools; and

(ii) The maximum scholarship for each student does not exceed the highest resident tuition rate at the publicly funded health professional training programs in this state; and

(F) Paying the moving expenses of providers not located in rural or medically underserved areas who commit to relocate to such areas;

(d) If the funds allocated to the program from the Health Care Provider Incentive Fund established under ORS 676.450 are insufficient to provide assistance to all of the applicants who are eligible to participate in the program, the priority for the distribution of funds; and

(e) The financial penalties imposed on an individual who fails to comply with terms and conditions of participation.

(2) Eligibility requirements adopted for the program:

(a) Must allow providers to qualify for multiple health care provider incentives, to the extent permitted by federal law.

(b) Must allow providers to qualify for an incentive for multiyear periods.

(c) Must give preference to applicants willing to:

(A) Commit to extended periods of service in rural or medically underserved areas; or

(B) Serve patients enrolled in Medicare and the state medical assistance program in at least the same proportion to the provider's total number of patients as the Medicare and medical assistance patient populations represent in relation to the total number of persons determined by the Office of Rural Health to be in need of health care in the area served by the practice.

(3) The authority may use funds allocated to the program from the Health Care Provider Incentive Fund to administer or provide funding to a locum tenens program for health care providers practicing in rural areas of this state.

(4) The authority may enter into contracts with one or more public or private entities to administer the health care provider incentive program or parts of the program.

(5) The authority shall decide no later than September 1 of each academic year the distribution of funds for scholarships that will be provided in the next academic year.

(6) The authority may receive gifts, grants or contributions from any source, whether public or private, to carry out the provisions of this section. Moneys received under this subsection shall be deposited in the Health Care Provider Incentive Fund established under ORS 676.450.

SECTION 120. ORS 676.650 is amended to read:

676.650. (1) There is established the Board of Certified Advanced Estheticians within the Health Licensing Office, consisting of:

(a) Nine members appointed by the Governor; and

(b) The section manager of the Radiation Protection Services Section of the Oregon Health Authority, or the section manager's designee.

(2) Of the nine members appointed by the Governor:

(a) Five must be certified advanced estheticians;

(b) Two must be physicians or [*physician assistants*] **physician associates** licensed under ORS chapter 677 or nurse practitioners licensed under ORS 678.375 to 678.390; and

(c) Two must be public members who are residents of this state.

(3) The board member described in subsection (1)(b) of this section is a nonvoting ex officio member of the board.

(4) The term of office of each appointed member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(5) The voting members of the board shall select one of the voting members as chairperson and another voting member as vice chairperson. The board shall establish the terms of service for the chairperson and the vice chairperson and the duties and powers of the chairperson and the vice chairperson.

(6) A majority of the voting members of the board constitutes a quorum for the transaction of business.

(7) Official action by the board requires the approval of a majority of the voting members of the board.

(8) The board shall meet at a place, day and hour determined by the board. The board also may meet at other times and places specified by the call of the chairperson or of a majority of the voting members of the board.

SECTION 121. ORS 676.860 is amended to read:

676.860. (1) As used in this section:

(a) "Board" means:

- (A) Occupational Therapy Licensing Board;
- (B) Oregon Board of Naturopathic Medicine;
- (C) Oregon Medical Board;
- (D) Oregon State Board of Nursing;
- (E) Oregon Board of Physical Therapy; and
- (F) State Board of Chiropractic Examiners.

(b) "Licensee" means a person authorized to practice one of the following professions:

- (A) Occupational therapist, as defined in ORS 675.210;
- (B) Certified registered nurse anesthetist, as defined in ORS 678.010;
- (C) Chiropractic physician, as defined in ORS 684.010;
- (D) Clinical nurse specialist, as defined in ORS 678.010;
- (E) Naturopathic physician, as defined in ORS 685.010;
- (F) Nurse practitioner, as defined in ORS 678.010;
- (G) Physician, as defined in ORS 677.010;
- (H) [*Physician assistant*] **Physician associate**, as defined in ORS 677.495;
- (I) Physical therapist, as defined in ORS 688.010; and
- (J) Physical therapist assistant, as defined in ORS 688.010.

(2) In collaboration with the Oregon Health Authority, a board shall adopt rules to require a licensee regulated by the board to report to the board, upon reauthorization to practice, the licensee's completion of any continuing education regarding suicide risk assessment, treatment and management.

(3) A licensee shall report the completion of any continuing education described in subsection (2) of this section to the board that regulates the licensee.

(4)(a) A board shall document completion of any continuing education described in subsection (2) of this section by a licensee regulated by the board. The board shall document the following data:

(A) The number of licensees who complete continuing education described in subsection (2) of this section;

(B) The percentage of the total of all licensees who complete the continuing education;

(C) The counties in which licensees who complete the continuing education practice; and

(D) The contact information for licensees willing to share information about suicide risk assessment, treatment and management with the authority.

(b) The board shall remove any personally identifiable information from the data submitted to the board under this subsection, except for the personally identifiable information of licensees willing to share such information with the authority.

(c) For purposes of documenting completion of continuing education under this subsection, a board may adopt rules requiring licensees to submit documentation of completion to the board.

(5) A board, on or before March 1 of each even-numbered year, shall report to the authority on the data documented under subsection (4) of this section, as well as information about any initiatives by the board to promote suicide risk assessment, treatment and management among its licensees.

(6) The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (5) of this section. The authority shall include in the report information

about initiatives by boards to promote awareness about suicide risk assessment, treatment and management and information on how boards are promoting continuing education described in subsection (2) of this section to licensees.

(7) The authority may use the information submitted to the authority under subsection (5) of this section to develop continuing education opportunities related to suicide risk assessment, treatment and management for licensees and to facilitate improvements in suicide risk assessment, treatment and management efforts in this state.

SECTION 122. ORS 677.085 is amended to read:

677.085. A person is practicing medicine if the person does one or more of the following:

(1) Advertise, hold out to the public or represent in any manner that the person is authorized to practice medicine in this state.

(2) For compensation directly or indirectly received or to be received, offer or undertake to prescribe, give or administer any drug or medicine for the use of any other person.

(3) Offer or undertake to perform any surgical operation upon any person.

(4) Offer or undertake to diagnose, cure or treat in any manner, or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.

(5) Except as provided in ORS 677.060, append the letters "M.D.," "D.O." or "P.A." to the person's name, or use the words "Doctor," "Physician," "Surgeon," [*Physician Assistant,*] "**Physician Associate,**" or any abbreviation or combination thereof, or any letters or words of similar import in connection with the person's name, or any trade name in which the person is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions mentioned in this section.

SECTION 123. ORS 677.095 is amended to read:

677.095. (1) A physician licensed to practice medicine or podiatry by the Oregon Medical Board has the duty to use that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community.

(2) A [*physician assistant*] **physician associate** licensed to practice medicine by the board has the duty to use that degree of care, skill and diligence that is used by ordinarily careful [*physician assistants*] **physician associates** in the same or similar circumstances in the community of the [*physician assistant*] **physician associate** or a similar community.

(3) In any suit, action or arbitration seeking damages for professional liability from a health care provider, an issue may not be precluded on the basis of a default, stipulation, agreement or any other outcome at any stage of an investigation or an administrative proceeding, including but not limited to a final order.

SECTION 124. ORS 677.097 is amended to read:

677.097. (1) In order to obtain the informed consent of a patient, a physician or [*physician assistant*] **physician associate** shall explain the following:

(a) In general terms the procedure or treatment to be undertaken;

(b) That there may be alternative procedures or methods of treatment, if any; and

(c) That there are risks, if any, to the procedure or treatment.

(2) After giving the explanation specified in subsection (1) of this section, the physician or [*physician assistant*] **physician associate** shall ask the patient if the patient wants a more detailed explanation. If the patient requests further explanation, the physician or [*physician assistant*] **physician associate** shall disclose in substantial detail the procedure, the viable alternatives and the material risks unless to do so would be materially detrimental to the patient. In determining that further explanation would be materially detrimental the physician or [*physician assistant*] **physician associate** shall give due consideration to the standards of practice of reasonable medical or podiatric practitioners in the same or a similar community under the same or similar circumstances.

SECTION 125. ORS 677.135 is amended to read:

677.135. As used in ORS 677.135 to 677.141:

(1) “The practice of medicine across state lines” means:

(a) The rendering directly to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within this state for the purpose of patient care by a physician or *[physician assistant]* **physician associate** located outside this state as a result of the transmission of individual patient data by telemedicine, as defined in ORS 677.494, from within this state to that physician, the physician’s agent or a *[physician assistant]* **physician associate**; or

(b) The rendering of medical treatment directly to a person located within this state by a physician or a *[physician assistant]* **physician associate** located outside this state as a result of the outward transmission of individual patient data by telemedicine from within this state to that physician, the physician’s agent or a *[physician assistant]* **physician associate**.

(2) “The practice of medicine across state lines” does not include the practice of medicine by a person practicing in this state under ORS 676.347.

SECTION 126. ORS 677.137 is amended to read:

677.137. (1) A person may not engage in the practice of medicine across state lines, claim qualification to engage in the practice of medicine across state lines or use any title, word or abbreviation to indicate or to induce another to believe that the person is licensed to engage in the practice of medicine across state lines unless the person is licensed in accordance with ORS 677.139.

(2) ORS 677.135 to 677.141 do not apply to a physician or *[physician assistant]* **physician associate** engaging in the practice of medicine across state lines in an emergency, as defined by rule of the Oregon Medical Board.

(3) ORS 677.135 to 677.141 do not apply to a licensed physician or *[physician assistant]* **physician associate** located outside this state who:

(a)(A) Consults with another physician or *[physician assistant]* **physician associate** licensed to practice medicine in this state; and

(B) Does not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state;

(b) Has an established provider-patient relationship with a patient who is in Oregon temporarily for the purpose of business, education, vacation or work and who requires the direct medical treatment by that physician or *[physician assistant]* **physician associate**; or

(c) Has, with a patient located in Oregon, an established provider-patient relationship to provide temporary or intermittent follow-up care.

(4) A physician or *[physician assistant]* **physician associate** who is located outside this state and practices medicine as described in subsection (3) of this section is subject to this chapter and rules adopted pursuant to this chapter, including but not limited to the disciplinary authority of the board, while or as a result of practicing medicine as described in subsection (3) of this section.

(5) The board may adopt rules to carry out this section.

SECTION 127. ORS 677.139 is amended to read:

677.139. (1) Upon application, the Oregon Medical Board may issue to an out-of-state physician or *[physician assistant]* **physician associate** a license for the practice of medicine across state lines if the physician or *[physician assistant]* **physician associate** holds a full, unrestricted license to practice medicine in any other state of the United States, has not been the recipient of a professional sanction by any other state of the United States and otherwise meets the standards for Oregon licensure under this chapter.

(2) In the event that an out-of-state physician or *[physician assistant]* **physician associate** has been the recipient of a professional sanction by any other state of the United States, the board may issue a license for the practice of medicine across state lines if the board finds that the sanction does not indicate that the physician or *[physician assistant]* **physician associate** is a potential threat to the public interest, health, welfare and safety.

(3) A physician or *[physician assistant]* **physician associate** shall apply on a form provided by the board, accompanied by nonrefundable fees for the application and the license in amounts deter-

mined by rule of the board. The board shall adopt necessary and proper rules to govern the renewal of licenses issued under this section.

(4) A license for the practice of medicine across state lines is not a limited license for purposes of ORS 677.132.

(5) A license for the practice of medicine across state lines does not permit a physician or [*physician assistant*] **physician associate** to practice medicine in this state except when engaging in the practice of medicine across state lines.

SECTION 128. ORS 677.141 is amended to read:

677.141. (1) A physician or [*physician assistant*] **physician associate** issued a license under ORS 677.139:

(a) Is subject to all the provisions of this chapter and to all the rules of the Oregon Medical Board; and

(b) Has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician or [*physician assistant*] **physician associate** licensed under this chapter.

(2) A physician or [*physician assistant*] **physician associate** issued a license under ORS 677.139 may not:

(a) Act as a dispensing physician as defined in ORS 677.010;

(b) Administer controlled substances for the treatment of intractable pain to a person located within this state;

(c) Provide written documentation for purposes of ORS 475C.783;

(d) Employ a [*physician assistant*] **physician associate** as defined in ORS 677.495 to treat a person located within this state; or

(e) Assert a lien for services under ORS 87.555.

(3) A physician or [*physician assistant*] **physician associate** licensed under ORS 677.139 shall comply with all patient confidentiality requirements of this state, except as those requirements are expressly prohibited by the law of any other state of the United States where a person's medical records are maintained.

SECTION 129. ORS 677.235 is amended to read:

677.235. (1) The Oregon Medical Board consists of 14 members appointed by the Governor and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. All members of the board must be residents of this state. Of the members of the board:

(a) Six must have the degree of Doctor of Medicine;

(b) Two must have the degree of Doctor of Osteopathic Medicine;

(c) One must have the degree of Doctor of Podiatric Medicine;

(d) Two must be [*physician assistants*] **physician associates** licensed under ORS 677.512; and

(e) Three must be members of the public who represent health consumers.

(2)(a)(A) Board members required to possess the degree of Doctor of Medicine may be selected by the Governor from a list of three to five candidates for each member described in subsection (1)(a) of this section whose term expires in that year, submitted by the Oregon Medical Association not later than February 1.

(B) Board members required to possess the degree of Doctor of Osteopathic Medicine may be selected by the Governor from a list of three to five candidates for each member described in subsection (1)(b) of this section whose term expires in that year, submitted by the Osteopathic Physicians and Surgeons of Oregon, Inc., not later than February 1.

(C) The board member required to possess the degree of Doctor of Podiatric Medicine may be selected by the Governor from a list of three to five candidates for the member described in subsection (1)(c) of this section whose term expires in that year, submitted by the Oregon Podiatric Medical Association not later than February 1.

(D) The board members required to be [*physician assistants*] **physician associates** licensed under ORS 677.512 may be selected by the Governor from a list of three to five candidates for each member described in subsection (1)(d) of this section whose term expires in that year, submitted by the Oregon Society of Physician Assistants not later than February 1.

(b) Members who are physicians or [*physician assistants*] **physician associates** must have been in the active practice of their profession for at least five years immediately preceding their appointment.

(c)(A) A public member may not be otherwise eligible for appointment to the board.

(B) A public member, or the spouse, domestic partner, child, parent or sibling of a public member, may not be a licensed health care professional in this state.

(d)(A) In selecting the members of the board, the Governor shall strive to balance the representation on the board according to geographic areas of this state and ethnicity.

(B) Of the members described in subsection (1)(a) to (d) of this section, at least one member must be appointed from each federal congressional district.

(3)(a) The term of office of each board member is three years, but a member serves at the pleasure of the Governor. The terms must be staggered so that no more than five terms end each year. A term begins on March 1 of the year the member is appointed and ends on the last day of February of the third year after the member is appointed. A member may not serve more than two consecutive terms.

(b) If a vacancy occurs on the board, another qualifying member possessing the same professional degree or license or fulfilling the same public capacity as the person whose position has been vacated shall be appointed as provided in this section to fill the unexpired term.

(c) A board member shall be removed immediately from the board if, during the member's term, the member:

(A) Is not a resident of this state;

(B) Has been absent from three consecutive board meetings, unless at least one absence is excused; or

(C) Is not a current licensee, if the board member was appointed to serve on the board as a licensee.

(4) Members of the board are entitled to compensation and expenses as provided in ORS 292.495. The board may provide by rule for compensation to board members for the performance of official duties at a rate that is greater than the rate provided in ORS 292.495.

SECTION 130. ORS 677.494 is amended to read:

677.494. (1) As used in this section, "telemedicine" means the practice of medicine and provision of health care services to a patient by a physician or [*physician assistant*] **physician associate** from a distance using electronic communications, including synchronous technologies to facilitate an exchange of information between a patient and physician or [*physician assistant*] **physician associate** in real time or asynchronous technologies to facilitate an exchange of information between a patient and a physician or [*physician assistant*] **physician associate** in other than real time.

(2) A physician licensed under ORS 677.100 to 677.228, a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or a physician or [*physician assistant*] **physician associate** licensed under ORS 677.139 may use telemedicine to engage in the practice of medicine and provide health care services, including the establishment of a provider-patient relationship, the diagnosis or treatment of a medical condition or the prescription of drugs, to a patient physically located in this state. The physician or [*physician assistant*] **physician associate** is not required to be physically located in this state when engaging in the practice of medicine and providing health care services through telemedicine.

(3) The practice of medicine using telemedicine occurs where the patient is physically located.

SECTION 131. ORS 677.495 is amended to read:

677.495. As used in ORS 677.495 to 677.535, unless the context requires otherwise:

(1) "Collaboration" means, as indicated by the patient's condition, community standards of care and a [*physician assistant's*] **physician associate's** education, training and experience:

(a) Consultation between the [*physician assistant*] **physician associate** and a physician or podiatric physician; or

(b) Referral by the [*physician assistant*] **physician associate** to a physician or podiatric physician.

(2) “Collaboration agreement” means a written agreement that describes the manner in which the [physician assistant] **physician associate** collaborates with physicians or podiatric physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician or podiatric physician for the care provided by the [physician assistant] **physician associate** and that is signed by the [physician assistant] **physician associate** and the physician, podiatric physician or [physician assistant’s] **physician associate’s** employer.

(3) “Employer” means:

(a) An entity that employs a physician or podiatric physician and is organized to deliver health care services in this state:

(A) In accordance with ORS 58.375 or 58.376; or

(B) As defined by the Oregon Medical Board by rule;

(b) A group medical practice that is part of a health system; or

(c) A physician or podiatric physician who employs a [physician assistant] **physician associate**.

(4) “Physician” means a physician licensed under ORS 677.100 to 677.228.

(5) [“Physician assistant”] **“Physician associate”** means a person who is licensed in accordance with ORS 677.505 to 677.525.

(6) “Podiatric physician” means a podiatric physician and surgeon licensed under ORS 677.805 to 677.840.

SECTION 132. ORS 677.500 is amended to read:

677.500. It is the intent of the Legislative Assembly in requiring the licensure of [physician assistants] **physician associates** to encourage appropriate use of [physician assistants] **physician associates** in the delivery of health care services to the extent of a [physician assistant’s] **physician associate’s** education and experience.

SECTION 133. ORS 677.505 is amended to read:

677.505. (1) ORS 677.495 and 677.505 to 677.525 are not intended to alter or affect ORS chapter 678, regarding the practice of nursing; ORS chapter 679, regarding the practice of dentistry; ORS 680.010 to 680.205, regarding the practice of dental hygienists and auxiliaries; or ORS 683.010 to 683.340, regarding the practice of optometry.

(2) ORS 677.495 and 677.505 to 677.525 do not require an employee of a person licensed to practice medicine under this chapter, or of a medical clinic or hospital to be licensed under ORS 677.495 and 677.505 to 677.525, unless the employee is practicing as a [physician assistant] **physician associate** in which case the individual [shall] **must** be licensed under ORS [677.495 and] 677.505 to 677.525.

SECTION 134. ORS 677.510 is amended to read:

677.510. (1) A [physician assistant] **physician associate** shall engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the standard of care and the [physician assistant’s] **physician associate’s** education, experience and competence. The degree of collaboration must be determined at the [physician assistant’s] **physician associate’s** primary location of practice. The determination may include decisions made by a physician, podiatric physician or employer with whom the [physician assistant] **physician associate** has entered into a collaboration agreement, or the group or hospital service and the credentialing and privileging systems of the [physician assistant’s] **physician associate’s** primary location of practice.

(2)(a) A [physician assistant] **physician associate** may not practice medicine unless the [physician assistant] **physician associate** has entered into a collaboration agreement signed by a physician, podiatric physician or employer. The collaboration agreement must include:

(A) The [physician assistant’s] **physician associate’s** name, license number and primary location of practice;

(B) A general description of the [physician assistant’s] **physician associate’s** process for collaboration with physicians or podiatric physicians; and

(C) If the [physician assistant] **physician associate** has fewer than 2,000 hours of post-graduate clinical experience, a plan for the minimum number of hours per month during which the [physician

assistant] **physician associate** will collaborate, both in person and through technology, with a specified physician or podiatric physician.

(b) The [*physician assistant*] **physician associate**, or physician, podiatric physician or employer with whom the [*physician assistant*] **physician associate** has entered into the collaboration agreement, is responsible for tracking the hours described in paragraph (a) of this subsection.

(3) The collaboration agreement must be kept on file at the [*physician assistant's*] **physician associate's** primary location of practice and made available to the Oregon Medical Board upon request.

(4) Performance assessments and reviews of a [*physician assistant*] **physician associate** may be completed by the [*physician assistant's*] **physician associate's** employer in accordance with a performance assessment and review process established by the employer.

(5) A [*physician assistant*] **physician associate** shall submit to the board every 36 months documentation of completion of:

(a) A one-hour pain management education program approved by the board and developed based on recommendations of the Pain Management Commission; or

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

SECTION 135. ORS 677.511 is amended to read:

677.511. (1) A [*physician assistant*] **physician associate** is authorized to write prescriptions, including prescriptions for controlled substances listed in Schedules II through V.

(2)(a) A [*physician assistant*] **physician associate** may register with the Oregon Medical Board for authority to dispense prescription drugs.

(b) Notwithstanding paragraph (a) of this subsection, and except as permitted under ORS 677.515 (5), a [*physician assistant*] **physician associate** may not dispense controlled substances classified in Schedule I or II under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

(3) A registration under this section must include any information required by the board by rule.

(4) Prescription drugs dispensed by a [*physician assistant*] **physician associate** must be personally dispensed by the [*physician assistant*] **physician associate**, except that nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the [*physician assistant*] **physician associate**.

(5) The [*physician assistant*] **physician associate** shall maintain records of the receipt and distribution of prescription drugs. The records must be readily accessible for inspection by the board upon request of the board.

(6) The [*physician assistant*] **physician associate** shall ensure that a prescription drug dispensed by the [*physician assistant*] **physician associate** is labeled in compliance with the requirements of ORS 677.089 (3).

(7) The board has disciplinary authority regarding a [*physician assistant*] **physician associate** who has prescription drug dispensing authority.

SECTION 136. ORS 677.512 is amended to read:

677.512. (1) A person seeking licensure as a [*physician assistant*] **physician associate** shall complete an application form provided by the Oregon Medical Board and submit the form to the board, accompanied by nonrefundable fees for the application and for the license in amounts determined by rule of the board.

(2) The board may issue a license to a [*physician assistant*] **physician associate** who:

(a) Submits an application as required by the board by rule;

(b) Pays the application fee established by the board by rule;

(c) Has completed an educational program accredited by a nationally recognized accreditation organization for [*physician assistant*] **physician associate** educational programs;

(d) Has passed the initial national examination required of [*physician assistants*] **physician associates** to become nationally certified;

(e) Is mentally and physically able to engage safely in practice as a [*physician assistant*] **physician associate**;

(f) Has not been disciplined by a [physician assistant] **physician associate** licensing board in another state, unless the board considers the discipline and determines that the person is competent to practice as a [physician assistant] **physician associate**; and

(g) Is of good moral character as determined by the board.

(3) The board may issue a license by reciprocity to a person who is licensed as a [physician assistant] **physician associate** in another state and meets the requirements of subsection (2)(c) and (d) of this section.

(4)(a) The board shall adopt necessary and proper rules to govern the renewal of licenses issued under this section.

(b) If the board requires a licensee to complete continuing education in order to renew a license issued under this section, the board shall allow a licensee to meet those requirements by providing the board with documentation of military training or experience that is substantially equivalent to the continuing education required by the board.

SECTION 137. ORS 677.515 is amended to read:

677.515. (1) A [physician assistant] **physician associate** may practice medicine by providing any medical service, including prescribing and administering controlled substances in Schedules II through V under the federal Controlled Substances Act:

(a) That is within the scope of practice of the [physician assistant] **physician associate**; and

(b) For which the [physician assistant] **physician associate** has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) This chapter does not prohibit a student enrolled in a program for educating [physician assistants] **physician associates** approved by the Oregon Medical Board from rendering medical services if the services are rendered in the course of the program.

(3) The degree of autonomous judgment that a [physician assistant] **physician associate** may exercise shall be determined at the [physician assistant's] **physician associate's** primary location of practice by the community standards of care and the [physician assistant's] **physician associate's** education, training and experience.

(4) A [physician assistant's] **physician associate's** scope of practice is based on the [physician assistant's] **physician associate's** education, training and experience.

(5) The board may not limit the privilege of administering, dispensing and prescribing prescription drugs to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of the Oregon Health Authority or the Office of Rural Health. All prescriptions written pursuant to this subsection must bear the name, office address and telephone number of the [physician assistant] **physician associate** who writes the prescription.

(6) This chapter does not require or prohibit a [physician assistant] **physician associate** from practicing in a hospital licensed pursuant to ORS 441.015 to 441.119 and 441.993.

(7) Prescriptions for medications prescribed by a [physician assistant] **physician associate** in accordance with this section and ORS 475.005, 677.010, 677.500, 677.511 and 677.535 and dispensed by a licensed pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.

SECTION 138. ORS 677.518 is amended to read:

677.518. A [physician assistant] **physician associate** may complete and sign reports of death. Reports of death signed by a [physician assistant] **physician associate** shall fulfill all of the laws dealing with reports of death. A [physician assistant] **physician associate** who prepares a report of death shall comply with all provisions of ORS 432.133.

SECTION 139. ORS 677.520 is amended to read:

677.520. Performance of any medical services by a [physician assistant] **physician associate** after the revocation or suspension of the license by the Oregon Medical Board, after expiration of a

temporary license or in the absence of renewal of a license constitutes the unauthorized practice of medicine and subjects the [*physician assistant*] **physician associate** to the penalties provided in ORS 677.990.

SECTION 140. ORS 677.525 is amended to read:

677.525. Every [*physician assistant*] **physician associate** shall pay to the Oregon Medical Board nonrefundable fees as determined by the board pursuant to ORS 677.265.

SECTION 141. ORS 677.535 is amended to read:

677.535. The Oregon Medical Board may grant a limited license to a [*physician assistant*] **physician associate** if the applicant meets the qualifications of the board, the application file is complete and no derogatory information has been submitted but board approval is pending.

SECTION 142. ORS 680.205 is amended to read:

680.205. (1) An expanded practice dental hygienist may render all services within the scope of practice of dental hygiene, as defined in ORS 679.010, without the supervision of a dentist and as authorized by the expanded practice dental hygienist permit to:

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

(A) Nursing homes as defined in ORS 678.710;

(B) Adult foster homes as defined in ORS 443.705;

(C) Residential care facilities as defined in ORS 443.400;

(D) Adult congregate living facilities as defined in ORS 441.525;

(E) Mental health residential programs administered by the Oregon Health Authority;

(F) Facilities for persons with mental illness, as those terms are defined in ORS 426.005;

(G) Facilities for persons with developmental disabilities, as those terms are defined in ORS 427.005;

(H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

(I) Public and nonprofit community health clinics.

(b) Adults who are homebound.

(c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.

(d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by naturopathic physicians, nurse practitioners, [*physician assistants*] **physician associates** or midwives.

(e) Patients whose income is less than the federal poverty level.

(f) Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental hygiene services.

(2) Unless different criteria for referral of a patient or resident to a dentist are included in an agreement described in subsection (3) of this section, at least once each calendar year, an expanded practice dental hygienist shall refer each patient or resident to a dentist who is available to treat the patient or resident.

(3) An expanded practice dental hygienist may render the services described in paragraphs (a) to (e) of this subsection to the patients described in subsection (1) of this section if the expanded practice dental hygienist has entered into an agreement in a format approved by the board with a dentist licensed under ORS chapter 679. The agreement must set forth the agreed-upon scope of the dental hygienist's practice with regard to:

(a) Administering local anesthesia;

(b) Administering temporary restorations with or without excavation;

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement;

(d) Performing interim therapeutic restoration after diagnosis by a dentist; and

(e) Referral parameters.

(4) This section does not authorize an expanded practice dental hygienist to administer nitrous oxide except under the indirect supervision of a dentist licensed under ORS chapter 679.

(5) An expanded practice dental hygienist may assess the need for and appropriateness of sealants, apply sealants and write prescriptions for all applications of fluoride in which fluoride is applied or supplied to patients.

(6) An expanded practice dental hygienist must also procure all other permits or certificates required by the board under ORS 679.250.

(7) As used in this section and ORS 680.213, "interim therapeutic restoration" means a direct provisional restoration placed to temporarily stabilize a tooth until a dentist subsequently diagnoses the need for further definitive treatment, and that:

(a) Consists of the removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material; and

(b) Does not require the administration of local anesthesia.

SECTION 143. ORS 680.545 is amended to read:

680.545. Denturists licensed prior to January 1, 2004, who have not received an oral pathology endorsement from the State Board of Denture Technology may not treat any person without having first received a statement, dated within 30 days of the date of treatment and signed by a dentist, physician, naturopathic physician, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390, that the person's oral cavity is substantially free from disease and mechanically sufficient to receive a denture.

SECTION 144. ORS 688.132 is amended to read:

688.132. (1) As used in this section, "provider of care" means a physician, chiropractic physician, podiatric physician and surgeon, naturopathic physician, dentist, [*physician assistant*] **physician associate** or nurse practitioner.

(2) A licensed physical therapist shall immediately refer a person being treated by the licensed physical therapist to a provider of care if the person exhibits symptoms:

(a) That require treatment or diagnosis by a provider of medical care;

(b) For which physical therapy is contraindicated;

(c) That the physical therapist does not know how to treat; or

(d) For which treatment is outside the scope of practice of physical therapy.

SECTION 145. ORS 688.405 is amended to read:

688.405. As used in ORS 688.405 to 688.605:

(1) "Actively engaged" means:

(a) Practicing medical imaging;

(b) Supervising or providing administrative services for medical imaging licensees, or students or trainees learning a medical imaging modality, at an institution that provides medical imaging services;

(c) Teaching, providing instruction for or administrating a medical imaging program at an institution recognized by the Board of Medical Imaging as an educational institution; or

(d) Having retired from the practice of medical imaging, provided that the retired medical imaging licensee has not been retired for more than six years and was in good standing with the board at the time of retirement.

(2) "Approved school" means a school accredited in one of the medical imaging modalities or subspecialties by a national post-secondary accreditation body and whose graduates are qualified to sit for a credentialing examination recognized by the board in the graduate's medical imaging modality or subspecialty.

(3) "Clinical instructor" means an individual assigned to supervise students in a clinical setting who is:

(a) A licensed physician who routinely supervises the medical imaging modality being studied by a student; or

(b) An individual licensed by the board and credentialed by a credentialing organization in the medical imaging modality being studied by a student.

(4) "Credential" means the recognition awarded to an individual who meets the requirements of a credentialing organization.

(5) "Credentialing organization" means a nationally recognized organization that issues credentials through testing or evaluations that determine that a person meets defined standards for training and competence in a medical imaging modality.

(6) "Diagnostic medical sonography" means the use of nonionizing high frequency sound waves with specialized equipment to direct the sound waves into areas of the human body to generate images for the assessment and diagnosis of various medical conditions.

(7) "Graduate" means an individual who has completed the didactic and clinical education at an approved school, including documented clinical proficiency, but who has not met all requirements for credentialing by a credentialing organization.

(8) "Hybrid imaging or radiation therapy equipment" means equipment that combines more than one medical imaging modality into a single device.

(9)(a) "Ionizing radiation" means alpha particles, beta particles, gamma rays, X-rays, neutrons, high-speed electrons, high-speed protons or other particles capable of producing ions.

(b) "Ionizing radiation" does not include nonionizing radiation.

(10) "License" means a license issued by the board to practice one or more of the medical imaging modalities.

(11) "Licensed nurse practitioner" means a nurse practitioner licensed in Oregon.

(12) "Licensed physician" means a physician or surgeon licensed in Oregon.

(13) "Licensed physician [*assistant*] **associate**" means a [*physician assistant*] **physician associate** licensed in Oregon.

(14) "Limited X-ray machine operator" means a person who performs diagnostic X-ray procedures under the supervision of a licensed physician, licensed nurse practitioner or licensed [*physician assistant*] **physician associate** using equipment that emits external ionizing radiation resulting in diagnostic radiographic images that are limited to select human anatomical sites.

(15) "Limited X-ray machine operator course of study" means a board-approved set of didactic and clinical experience elements designed to prepare a person for gaining practical experience and for passing the limited X-ray machine operator examination.

(16) "Magnetic resonance imaging" means the process by which certain nuclei, when placed in a magnetic field, absorb and release energy in the form of radio waves that are analyzed by a computer thereby producing an image of human anatomy and physiological information.

(17)(a) "Medical imaging" means the use of specialized equipment for the production of visual representations of human anatomy, tissues or organs.

(b) "Medical imaging" includes but is not limited to X-ray, single photon emission, positron emission technology, ultrasound, magnetic fields, visible light and radio waves.

(18) "Medical imaging licensee" means a person other than a limited X-ray machine operator who holds a valid license and operates medical imaging equipment for diagnostic or therapeutic purposes under the supervision of a licensed physician.

(19) "Medical imaging modality" means:

(a) Diagnostic medical sonography and all its subspecialties;

(b) Magnetic resonance imaging and all its subspecialties;

(c) Nuclear medicine technology and all its subspecialties;

(d) Radiation therapy and all its subspecialties; or

(e) Radiography and all its subspecialties.

(20) "Nonionizing radiation" includes radiation such as radiofrequency or microwaves, visible, infrared or ultraviolet light or ultrasound.

(21) “Nuclear medicine technology” means the specialized equipment that measures radiation emitted by radionuclides, including counters and cameras that form medical images for interpretation by a physician, or assists in therapeutic use of radionuclides.

(22) “Radiation therapy” means the use of ionizing radiation on a human being for therapeutic purposes.

(23) “Radiographer” means a person other than a licensed physician who performs a comprehensive set of diagnostic radiographic procedures under the supervision of a licensed physician using external ionizing radiation to produce radiographic, fluoroscopic or digital images.

(24) “Radiography” means the use of ionizing radiation to produce radiographic, fluoroscopic or digital images of human anatomy for diagnostic purposes.

(25) “Radiologist” means a person licensed to practice medicine in the State of Oregon who is certified by or board eligible for certification by the American Board of Radiology, the American Osteopathic Association, the Royal College of Radiologists or the Royal College of Physicians and Surgeons of Canada.

(26) “Student” means an individual enrolled in:

(a) An approved school; or

(b) A limited X-ray machine operator course of study.

(27) “Supervision” means the act of monitoring and reviewing the performance of medical imaging licensees or limited X-ray machine operators through regular inspections of work produced, regardless of whether the supervising individual is continuously physically present during the use of medical imaging equipment or X-ray equipment.

SECTION 146. ORS 688.510 is amended to read:

688.510. (1) As used in this section:

(a) “Fluoroscopy” means a technique for generating X-ray images and for presenting the X-ray images simultaneously and continuously as a visible image.

(b) [*Physician assistant*] “**Physician associate**” means a [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525.

(c) “To practice fluoroscopy” means to initiate the generation of X-rays and to acquire visible images for the purpose of medical diagnosis.

(2) Except as provided in subsection (5) of this section, a [*physician assistant*] **physician associate** may not practice fluoroscopy on a person unless the [*physician assistant*] **physician associate**:

(a) Holds an active certificate issued by the Board of Medical Imaging under this section; and

(b) Operates fluoroscopic X-ray equipment in compliance with rules adopted by the board under this section.

(3) The board shall issue a certificate to practice fluoroscopy to a [*physician assistant*] **physician associate** who:

(a) Completes a fluoroscopy education program approved by the board;

(b) Submits an examination application to the board in a form and manner prescribed by the board;

(c) Pays an examination fee established by the board by rule;

(d) Passes an examination on fluoroscopy approved by the board;

(e) Submits a certificate application to the board in a form and manner prescribed by the board;

(f) Pays a certificate application fee established by the board by rule; and

(g) Meets the standards of ethical and professional conduct established by a credentialing organization or professional society related to the practice of medical imaging.

(4) The board shall renew the certificate to practice fluoroscopy of a [*physician assistant*] **physician associate** who:

(a) Submits a renewal application to the board in a form and manner prescribed by the board;

(b) Pays a renewal fee established by the board by rule; and

(c) Completes continuing education requirements approved by the board.

(5) A [*physician assistant*] **physician associate** may practice fluoroscopy before being issued a certificate under this section for the purpose of completing a fluoroscopy training program. A [*physician assistant*] **physician associate** must be supervised, as determined by the board by rule, when practicing fluoroscopy under this subsection.

(6) Subject to the provisions of ORS chapter 183, the board may refuse to issue or renew a certificate under this section or may suspend or revoke a certificate under this section if the applicant or certificate holder violates a provision of this section or any rule adopted by the board under this section.

SECTION 147. ORS 688.515 is amended to read:

688.515. (1) The Board of Medical Imaging shall issue a limited X-ray machine operator permit to an applicant to practice under the supervision of a licensed physician, a licensed nurse practitioner or a licensed [*physician assistant*] **physician associate** if the applicant meets the requirements as provided in this section. A limited X-ray machine operator permit shall state the category or categories for which the applicant has demonstrated competence and shall be limited to one of the categories listed below or as established by the board by rule:

- (a) Skull and sinuses;
- (b) Spine;
- (c) Chest;
- (d) Extremities;
- (e) Podiatric; or
- (f) Bone densitometry.

(2) Limited X-ray machine operator permits may not be issued for fluoroscopy, bony thorax studies, abdominal studies, contrast studies or special head studies such as tomography, radiation therapy or any of the other medical imaging modalities or subspecialties other than the categories listed in subsection (1) of this section or as established by the board by rule.

(3) Each applicant for a limited X-ray machine operator permit shall:

- (a) Make an application in writing;
 - (b) Pay an application fee in an amount set by the board;
 - (c) Be at least 18 years of age;
 - (d) Have successfully passed a board-approved course of instruction in radiation use and safety consisting of the number of hours of instruction required by the board by rule;
 - (e) Have successfully completed a course of instruction approved by the board and taught by a board-approved, licensed radiographer in laboratory practice specific to each category for which the applicant seeks a limited X-ray machine operator permit, with the instructor's certifying to the board that the applicant has completed the course in those categories applied for;
 - (f) Have successfully completed a practical experience program approved by the board, specific to each category for which the applicant seeks a limited X-ray machine operator permit. Such program shall include operation of an energized X-ray machine under the supervision of a radiographer;
 - (g) Have paid the examination fee set by board rule to reflect the actual cost of the examination;
 - (h) Have successfully passed an examination approved by the board in the core module as defined in rules adopted by the board, and in those categories in which the applicant seeks a limited X-ray machine operator permit;
 - (i) Have undergone a background check to the satisfaction of the board as established in rules adopted by the board;
 - (j) Not have had any type of license or permit revoked by this state or any state, territory of the United States or nation; and
 - (k) Meet the standards of ethical conduct established in the professional standards of a credentialing organization or a medical imaging modality's professional society.
- (4) Upon meeting the requirements of this section, the board shall issue a limited X-ray machine operator permit to the applicant. The limited X-ray machine operator permit is subject to the renewal procedures described in ORS 688.445.

(5) Every person issued a limited X-ray machine operator permit shall notify the board in writing of the name of each licensed physician, licensed nurse practitioner or licensed [*physician assistant*] **physician associate** supervising the person's performance of diagnostic radiography and may only perform diagnostic radiography while being supervised by a licensed physician, licensed nurse practitioner or licensed [*physician assistant*] **physician associate**. In the event the person subsequently is supervised by a licensed physician, licensed nurse practitioner or licensed [*physician assistant*] **physician associate** other than the physician, nurse practitioner or [*physician assistant*] **physician associate** whose name was initially furnished to the board, the person shall immediately notify the board in writing.

(6) Limited X-ray machine operators must meet the standards of ethical conduct equal to those of a licensed radiographer.

SECTION 148. ORS 688.525 is amended to read:

688.525. (1) The Board of Medical Imaging, after notice of and hearing as required under the contested case procedures of ORS chapter 183, may take any of the following actions against a person described in subsection (2) of this section:

- (a) Refuse to issue a license or permit to any applicant;
- (b) Refuse to renew the license of any medical imaging licensee or the permit of a limited X-ray machine operator;
- (c) Suspend or revoke a license or permit issued by the board;
- (d) Issue a letter of reprimand to a licensee or permittee of the board; or
- (e) Impose probation upon a licensee or permittee of the board.

(2) The board may take any of the actions described in subsection (1) of this section against a person who:

(a) Has been disciplined by a credentialing organization or a licensing board in this state or in another state, territory of the United States or nation for acts by the holder of a license or a permit that are similar to acts described in this subsection. A certified copy of the order of discipline constitutes conclusive evidence of the discipline.

(b) Has an impairment as defined in ORS 676.303.

(c) In the judgment of the board, is guilty of unethical or unprofessional conduct in the practice of a medical imaging modality or as a limited X-ray machine operator.

(d) Has been convicted of any crime that bears a demonstrable relationship to the practice of a medical imaging modality or as a limited X-ray machine operator, or otherwise reflects adversely on fitness to practice.

(e) In the judgment of the board, has acted with gross negligence in the practice of a medical imaging modality or as a limited X-ray machine operator.

(f) Has undertaken to act as a medical imaging licensee independently of the supervision of a licensed physician, or has undertaken to act as a limited X-ray machine operator independently of the supervision of a licensed physician, licensed nurse practitioner or licensed [*physician assistant*] **physician associate**.

(g) Has obtained or attempted to obtain a license or permit under ORS 688.405 to 688.605 by fraud or material misrepresentation.

(h) Is in violation of a provision of ORS 688.405 to 688.605 or rule adopted under ORS 688.405 to 688.605.

(i) Has failed to respond to inquiries by the board.

(j) Has failed to cooperate with an investigation conducted by the board.

(k) Has failed to comply with an order issued by the board.

(L) Has committed an act of moral turpitude, dishonesty, fraud or misrepresentation that is not related to the practice of a medical imaging modality or as a limited X-ray machine operator but that, in the discretion of the board, bears upon the person's fitness to practice medical imaging.

(3) Upon receipt of a complaint under ORS 688.405 to 688.605, the board shall conduct an investigation as described under ORS 676.165.

(4) Information that the board obtains as part of an investigation into licensee, permittee or applicant conduct or as part of a contested case proceeding, consent order or stipulated agreement involving licensee, permittee or applicant conduct is confidential as provided under ORS 676.175.

SECTION 149. ORS 688.805 is amended to read:

688.805. (1) Nothing in ORS 688.800 to 688.840 is intended to limit, preclude or otherwise interfere with the practices of other persons and health providers licensed by appropriate agencies of this state.

(2) Nothing in ORS 688.800 to 688.840 prohibits:

(a) The practice of respiratory care by a student enrolled in a respiratory care education program approved by the American Medical Association in collaboration with the Joint Review Committee for Respiratory Therapy Education or their successors or equivalent organizations, as approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board.

(b) The practice of polysomnography by a student who is:

(A) Enrolled in an educational program for polysomnography approved by the board; and

(B) In the physical presence of a supervisor approved by the board.

(c) Self-care by a patient, or gratuitous care by a friend or family member who does not claim to be a respiratory care practitioner.

(d) Respiratory care services rendered in the course of an emergency.

(3) Persons in the military services or working in federal facilities are exempt from the provisions of ORS 688.800 to 688.840 when functioning in the course of assigned duties.

(4) Nothing in ORS 688.800 to 688.840 is intended to permit the practice of medicine by a person licensed to practice respiratory care or polysomnography unless the person is also licensed to practice medicine.

(5) The practice of respiratory care:

(a) May be performed in any clinic, hospital, skilled nursing facility, private dwelling or other setting approved by the board.

(b) Must be performed in accordance with the prescription or verbal order of a physician or naturopathic physician and shall be performed under a qualified medical director for respiratory care.

(6) The practice of polysomnography:

(a) May be performed in a clinic, hospital, skilled nursing facility, sleep center, sleep laboratory, physician's office, naturopathic physician's office, private dwelling or other setting approved by the board.

(b) Must be performed in accordance with the prescription or verbal order of a physician, naturopathic physician or *[physician assistant]* **physician associate** licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375 to 678.390 and under the direction of a qualified medical director for polysomnography.

SECTION 150. ORS 694.042 is amended to read:

694.042. (1) In addition to any other rights and remedies the purchaser may have, including rights under ORS 646A.460 to 646A.476, the purchaser of a hearing aid shall have the right to rescind the transaction if:

(a) The purchaser for whatever reason consults with a physician licensed under ORS chapter 677 to practice medicine who specializes in diseases of the ear or with a *[physician assistant]* **physician associate** licensed under ORS 677.505 to 677.525 who specializes in diseases of the ear, or consults with an audiologist not licensed under this chapter and not affiliated with anyone licensed under this chapter and with a physician licensed under ORS chapter 677 to practice medicine or with a *[physician assistant]* **physician associate** licensed under ORS 677.505 to 677.525, subsequent to purchasing the hearing aid, and the physician or *[physician assistant]* **physician associate** advises such purchaser against purchasing or using a hearing aid and in writing specifies the medical reason for the advice;

(b) The seller, in dealings with the purchaser, failed to adhere to the practice standards listed in ORS 694.142, or failed to provide the statement required by ORS 694.036;

(c) The fitting of the hearing instrument failed to meet current industry standards; or
(d) The licensee fails to meet any standard of conduct prescribed in the law or rules regulating fitting and dispensing of hearing aids and this failure affects in any way the transaction which the purchaser seeks to rescind.

(2) The purchaser of a hearing aid shall have the right to rescind the transaction, for other than the seller's breach, as provided in subsection (1)(a), (b), (c) or (d) of this section only if the purchaser returns the product and it is in good condition less normal wear and tear and gives written notice of the intent to rescind the transaction by either:

(a) Returning the product with a written notice of the intent to rescind sent by certified mail, return receipt requested, to the licensee's regular place of business; or

(b) Returning the product with a written notice of the intent to rescind to an authorized representative of the company from which it was purchased.

(3) The notice described in subsection (2) of this section shall state that the transaction is canceled pursuant to this section. The notice of intent to rescind must be postmarked:

(a) Within 30 days from the date of the original delivery; or

(b) Within specified time periods if the 30-day period has been extended in writing by both parties. The consumer's rescission rights can only be extended through a written agreement by both parties.

(4) If the conditions of subsection (1)(a), (b), (c) or (d) of this section and subsection (2)(a) or (b) of this section have been met, the seller, without further request and within 10 days after the cancellation, shall issue a refund to the purchaser. However, the hearing aid specialist may retain a portion of the purchase price as specified by rule by the Health Licensing Office when the purchaser rescinds the sale during the 30-day rescission period. At the same time, the seller shall return all goods traded in to the seller on account of or in contemplation of the sale. The purchaser shall incur no additional liability for the cancellation.

SECTION 151. ORS 735.631 is amended to read:

735.631. As used in ORS 735.631 to 735.643:

(1) "Discount medical plan" means a contract, agreement or other business arrangement between a discount medical plan organization and a plan member in which the organization, in exchange for fees, service or subscription charges, dues or other consideration, offers or purports to offer the plan member access to providers and the right to receive medical and ancillary services at a discount from providers.

(2) "Discount medical plan organization" means a person that contracts on behalf of plan members with a provider, a provider network or another discount medical plan organization for access to medical and ancillary services at a discounted rate and determines what plan members will pay as a fee, service or subscription charge, dues or other consideration for a discount medical plan.

(3) "Licensee" means a discount medical plan organization that has obtained a license from the Director of the Department of Consumer and Business Services in accordance with ORS 735.634.

(4) "Medical and ancillary services" means, except when administered by or under contract with the State of Oregon, any care, service, treatment or product provided for any dysfunction, injury or illness of the human body including, but not limited to, care provided by a physician, naturopathic physician, [*physician assistant*] **physician associate** or nurse practitioner, inpatient care, hospital and surgical services, emergency and ambulance services, audiology services, dental care services, vision care services, mental health services, substance abuse counseling or treatment, chiropractic services, podiatric care services, laboratory services, home health care services, medical equipment and supplies or prescription drugs.

(5) "Plan member" means an individual who pays fees, service or subscription charges, dues or other consideration in exchange for the right to participate in a discount medical plan.

(6)(a) "Provider" means a person that has contracted or otherwise agreed with a discount medical plan organization to provide medical and ancillary services to plan members at a discount from the person's ordinary or customary fees or charges.

(b) "Provider" does not include:

(A) A person that, apart from any agreement or contract with a discount medical plan organization, provides medical and ancillary services at a discount or at fixed or scheduled prices to patients or customers the person serves regularly; or

(B) A person that does not charge fees, service or subscription charges, dues or other consideration in exchange for providing medical and ancillary services at a discount or at fixed or scheduled prices.

(7) "Provider network" means a person that negotiates directly or indirectly with a discount medical plan organization on behalf of more than one provider that provides medical or ancillary services to plan members.

SECTION 152. ORS 742.400 is amended to read:

742.400. (1) As used in this section:

(a) "Claim" means a written demand for payment from or on behalf of a covered practitioner for an injury alleged to have been caused by professional negligence that is made in a complaint filed with a court of appropriate jurisdiction.

(b) "Covered practitioner" means a chiropractic physician, physician or [*physician assistant*] **physician associate** licensed under ORS chapter 677, nurse practitioner, optometrist, dentist, dental hygienist or [*naturopath*] **naturopathic physician**.

(c) "Disposition of a claim" means:

(A) A judgment or award against the covered practitioner by a court, a jury or an arbitrator;

(B) A withdrawal or dismissal of the claim; or

(C) A settlement of the claim.

(d) "Reporter" means:

(A) A primary insurer;

(B) A public body required to defend, save harmless and indemnify an officer, employee or agent of the public body under ORS 30.260 to 30.300;

(C) An entity that self-insures or indemnifies for claims alleging professional negligence on the part of a covered practitioner; or

(D) A health maintenance organization as defined in ORS 750.005.

(2) Within 30 days after receiving notice of a claim, a reporter shall report the claim to the appropriate board, as follows:

(a) The Oregon Medical Board if the covered practitioner is a physician or [*physician assistant*] **physician associate** licensed under ORS chapter 677;

(b) The Oregon State Board of Nursing if the covered practitioner is a nurse practitioner;

(c) The Oregon Board of Optometry if the covered practitioner is an optometrist;

(d) The Oregon Board of Dentistry if the covered practitioner is a dentist or dental hygienist;

(e) The Oregon Board of Naturopathic Medicine if the covered practitioner is a [*naturopath*] **naturopathic physician**; or

(f) The State Board of Chiropractic Examiners if the covered practitioner is a chiropractic physician.

(3) The report required under subsection (2) of this section shall include:

(a) The name of the covered practitioner;

(b) The name of the person that filed the claim;

(c) The date on which the claim was filed; and

(d) The reason or reasons for the claim, except that the report may not disclose any data that is privileged under ORS 41.675.

(4) Within 30 days after the date of an action taken in disposition of a claim, a reporter shall notify the appropriate board identified in subsection (2) of this section of the disposition.

(5)(a) A board that receives a report of a claim under this section shall publicly post the report on the board's website if the claim results in a judicial finding or admission of liability or a money judgment, award or settlement that involves a payment to the claimant. The board may not publicly post information about claims that did not result in a judicial finding or admission of liability or a

money judgment, award or settlement that involves a payment to the claimant but shall make the information available to the public upon request.

(b) If a board discloses information about a claim that is the subject of a report received under this section, the board shall indicate in the disclosure whether the claim resulted in a judicial finding or an admission of liability or a money judgment, an award or a settlement that involves a payment to the claimant. A board may not publicly disclose or publish any allegations or factual assertions included in the claim unless the complaint resulted in a judicial finding or an admission of liability or a money judgment, an award or a settlement that involves a payment to the claimant.

(c) For purposes of this subsection, "judicial finding" means a finding of liability by a court, a jury or an arbitrator.

(6) A board that receives a report under this section shall provide copies of the report to each health care facility licensed under ORS 441.015 to 441.119, 441.525 to 441.595, 441.815, 441.820, 441.990, 441.993, 442.342, 442.344 and 442.400 to 442.463 that employs or grants staff privileges to the covered practitioner.

(7) A person that reports in good faith concerning any matter required to be reported under this section is immune from civil liability by reason of making the report.

SECTION 153. ORS 742.504 is amended to read:

742.504. Every policy required to provide the coverage specified in ORS 742.502 shall provide uninsured motorist coverage that in each instance is no less favorable in any respect to the insured or the beneficiary than if the following provisions were set forth in the policy. However, nothing contained in this section requires the insurer to reproduce in the policy the particular language of any of the following provisions:

(1)(a) Notwithstanding ORS 30.260 to 30.300, the insurer will pay all sums that the insured or the heirs or legal representative of the insured is legally entitled to recover as damages from the owner or operator of an uninsured vehicle because of bodily injury sustained by the insured caused by accident and arising out of the ownership, maintenance or use of the uninsured vehicle. Determination as to whether the insured, the insured's heirs or the insured's legal representative is legally entitled to recover such damages, and if so, the amount thereof, shall be made by agreement between the insured and the insurer, or, in the event of disagreement, may be determined by arbitration as provided in subsection (10) of this section.

(b) No judgment against any person or organization alleged to be legally responsible for bodily injury, except for proceedings instituted against the insurer as provided in this policy, shall be conclusive, as between the insured and the insurer, on the issues of liability of the person or organization or of the amount of damages to which the insured is legally entitled.

(2) As used in this policy:

(a) "Bodily injury" means bodily injury, sickness or disease, including death resulting therefrom.

(b) "Hit-and-run vehicle" means a vehicle that causes bodily injury to an insured arising out of physical contact of the vehicle with the insured or with a vehicle the insured is occupying at the time of the accident, provided:

(A) The identity of either the operator or the owner of the hit-and-run vehicle cannot be ascertained;

(B) The insured or someone on behalf of the insured reported the accident within 72 hours to a police, peace or judicial officer, to the Department of Transportation or to the equivalent department in the state where the accident occurred, and filed with the insurer within 30 days thereafter a statement under oath that the insured or the legal representative of the insured has a cause or causes of action arising out of the accident for damages against a person or persons whose identities are unascertainable, and setting forth the facts in support thereof; and

(C) At the insurer's request, the insured or the legal representative of the insured makes available for inspection the vehicle the insured was occupying at the time of the accident.

(c) "Insured," when unqualified and when applied to uninsured motorist coverage, means:

(A) The named insured as stated in the policy and any person designated as named insured in the schedule and, while residents of the same household, the spouse of any named insured and rel-

atives of either, provided that neither the relative nor the spouse is the owner of a vehicle not described in the policy and that, if the named insured as stated in the policy is other than an individual or spouses in a marriage who are residents of the same household, the named insured shall be only a person so designated in the schedule;

(B) Any child residing in the household of the named insured if the insured has performed the duties of a parent to the child by rearing the child as the insured's own although the child is not related to the insured by blood, marriage or adoption; and

(C) Any other person while occupying an insured vehicle, provided the actual use thereof is with the permission of the named insured.

(d) "Insured vehicle," except as provided in paragraph (e) of this provision, means:

(A) The vehicle described in the policy or a newly acquired or substitute vehicle, as each of those terms is defined in the public liability coverage of the policy, insured under the public liability provisions of the policy; or

(B) A nonowned vehicle operated by the named insured or spouse if a resident of the same household, provided that the actual use thereof is with the permission of the owner of the vehicle and the vehicle is not owned by nor furnished for the regular or frequent use of the insured or any member of the same household.

(e) "Insured vehicle" does not include a trailer of any type unless the trailer is a described vehicle in the policy.

(f) "Occupying" means in or upon or entering into or alighting from.

(g) "Phantom vehicle" means a vehicle that causes bodily injury to an insured arising out of a motor vehicle accident that is caused by a vehicle that has no physical contact with the insured or the vehicle the insured is occupying at the time of the accident, provided:

(A) The identity of either the operator or the owner of the phantom vehicle cannot be ascertained;

(B) The facts of the accident can be corroborated by competent evidence other than the testimony of the insured or any person having an uninsured motorist claim resulting from the accident; and

(C) The insured or someone on behalf of the insured reported the accident within 72 hours to a police, peace or judicial officer, to the Department of Transportation or to the equivalent department in the state where the accident occurred, and filed with the insurer within 30 days thereafter a statement under oath that the insured or the legal representative of the insured has a cause or causes of action arising out of the accident for damages against a person or persons whose identities are unascertainable, and setting forth the facts in support thereof.

(h) "State" includes the District of Columbia, a territory or possession of the United States and a province of Canada.

(i) "Stolen vehicle" means an insured vehicle that causes bodily injury to the insured arising out of a motor vehicle accident if:

(A) The vehicle is operated without the consent of the insured;

(B) The operator of the vehicle does not have collectible motor vehicle bodily injury liability insurance;

(C) The insured or someone on behalf of the insured reported the accident within 72 hours to a police, peace or judicial officer or to the equivalent department in the state where the accident occurred; and

(D) The insured or someone on behalf of the insured cooperates with the appropriate law enforcement agency in the prosecution of the theft of the vehicle.

(j) "Sums that the insured or the heirs or legal representative of the insured is legally entitled to recover as damages" means the amount of damages that:

(A) A claimant could have recovered in a civil action from the owner or operator at the time of the injury after determination of fault or comparative fault and resolution of any applicable defenses;

(B) Are calculated without regard to the tort claims limitations of ORS 30.260 to 30.300; and

(C) Are no larger than benefits payable under the terms of the policy as provided in subsection (7) of this section.

(k) "Uninsured vehicle," except as provided in paragraph (L) of this provision, means:

(A) A vehicle with respect to the ownership, maintenance or use of which there is no collectible motor vehicle bodily injury liability insurance, in at least the amounts or limits prescribed for bodily injury or death under ORS 806.070 applicable at the time of the accident with respect to any person or organization legally responsible for the use of the vehicle, or with respect to which there is collectible bodily injury liability insurance applicable at the time of the accident but the insurance company writing the insurance denies coverage or the company writing the insurance becomes voluntarily or involuntarily declared bankrupt or for which a receiver is appointed or becomes insolvent. It shall be a disputable presumption that a vehicle is uninsured in the event the insured and the insurer, after reasonable efforts, fail to discover within 90 days from the date of the accident, the existence of a valid and collectible motor vehicle bodily injury liability insurance applicable at the time of the accident.

(B) A hit-and-run vehicle.

(C) A phantom vehicle.

(D) A stolen vehicle.

(E) A vehicle that is owned or operated by a self-insurer:

(i) That is not in compliance with ORS 806.130 (1)(c); or

(ii) That provides recovery to an insured in an amount that is less than the sums that the insured or the heirs or legal representative of the insured is legally entitled to recover as damages for bodily injury or death that is caused by accident and that arises out of owning, maintaining or using an uninsured vehicle.

(L) "Uninsured vehicle" does not include:

(A) An insured vehicle, unless the vehicle is a stolen vehicle;

(B) Except as provided in paragraph (k)(E) of this subsection, a vehicle that is owned or operated by a self-insurer within the meaning of any motor vehicle financial responsibility law, motor carrier law or any similar law;

(C) A vehicle that is owned by the United States of America, Canada, a state, a political subdivision of any such government or an agency of any such government;

(D) A land motor vehicle or trailer, if operated on rails or crawler-treads or while located for use as a residence or premises and not as a vehicle;

(E) A farm-type tractor or equipment designed for use principally off public roads, except while actually upon public roads; or

(F) A vehicle owned by or furnished for the regular or frequent use of the insured or any member of the household of the insured.

(m) "Vehicle" means every device in, upon or by which any person or property is or may be transported or drawn upon a public highway, but does not include devices moved by human power or used exclusively upon stationary rails or tracks.

(3) This coverage applies only to accidents that occur on and after the effective date of the policy, during the policy period and within the United States of America, its territories or possessions, or Canada.

(4)(a) This coverage does not apply to bodily injury of an insured with respect to which the insured or the legal representative of the insured shall, without the written consent of the insurer, make any settlement with or prosecute to judgment any action against any person or organization who may be legally liable therefor.

(b) This coverage does not apply to bodily injury to an insured while occupying a vehicle, other than an insured vehicle, owned by, or furnished for the regular use of, the named insured or any relative resident in the same household, or through being struck by the vehicle.

(c) This coverage does not apply so as to inure directly or indirectly to the benefit of any workers' compensation carrier, any person or organization qualifying as a self-insurer under any

workers' compensation or disability benefits law or any similar law or the State Accident Insurance Fund Corporation.

(d) This coverage does not apply with respect to underinsured motorist benefits unless:

(A) The limits of liability under any bodily injury liability insurance applicable at the time of the accident regarding the injured person have been exhausted by payment of judgments or settlements to the injured person or other injured persons;

(B) The described limits have been offered in settlement, the insurer has refused consent under paragraph (a) of this subsection and the insured protects the insurer's right of subrogation to the claim against the tortfeasor;

(C) The insured gives credit to the insurer for the unrealized portion of the described liability limits as if the full limits had been received if less than the described limits have been offered in settlement, and the insurer has consented under paragraph (a) of this subsection; or

(D) The insured gives credit to the insurer for the unrealized portion of the described liability limits as if the full limits had been received if less than the described limits have been offered in settlement and, if the insurer has refused consent under paragraph (a) of this subsection, the insured protects the insurer's right of subrogation to the claim against the tortfeasor.

(e) When seeking consent under paragraph (a) or (d) of this subsection, the insured shall allow the insurer a reasonable time in which to collect and evaluate information related to consent to the proposed offer of settlement. The insured shall provide promptly to the insurer any information that is reasonably requested by the insurer and that is within the custody and control of the insured. Consent will be presumed to be given if the insurer does not respond within a reasonable time. For purposes of this paragraph, a "reasonable time" is no more than 30 days from the insurer's receipt of a written request for consent, unless the insured and the insurer agree otherwise.

(5)(a) As soon as practicable, the insured or other person making claim shall give to the insurer written proof of claim, under oath if required, including full particulars of the nature and extent of the injuries, treatment and other details entering into the determination of the amount payable hereunder. The insured and every other person making claim hereunder shall submit to examinations under oath by any person named by the insurer and subscribe the same, as often as may reasonably be required. Proof of claim shall be made upon forms furnished by the insurer unless the insurer fails to furnish the forms within 15 days after receiving notice of claim.

(b) Upon reasonable request of and at the expense of the insurer, the injured person shall submit to physical examinations by physicians, naturopathic physicians, [*physician assistants*] **physician associates** or nurse practitioners selected by the insurer and shall, upon each request from the insurer, execute authorization to enable the insurer to obtain medical reports and copies of records.

(6) If, before the insurer makes payment of loss hereunder, the insured or the legal representative of the insured institutes any legal action for bodily injury against any person or organization legally responsible for the use of a vehicle involved in the accident, a copy of the summons and complaint or other process served in connection with the legal action shall be forwarded immediately to the insurer by the insured or the legal representative of the insured.

(7)(a) The limit of liability stated in the declarations as applicable to "each person" is the limit of the insurer's liability for all damages because of bodily injury sustained by one person as the result of any one accident and, subject to the above provision respecting each person, the limit of liability stated in the declarations as applicable to "each accident" is the total limit of the company's liability for all damages because of bodily injury sustained by two or more persons as the result of any one accident.

(b) Any amount payable under the terms of this coverage because of bodily injury sustained in an accident by a person who is an insured under this coverage shall be reduced by the amount paid and the present value of all amounts payable on account of the bodily injury under any workers' compensation law, disability benefits law or any similar law.

(c) Any amount payable under the terms of this coverage because of bodily injury sustained in an accident by a person who is an insured under this coverage shall be reduced by the credit given to the insurer pursuant to subsection (4)(d)(C) or (D) of this section.

(d) The amount payable under the terms of this coverage may not be reduced by the amount of liability proceeds offered, described in subsection (4)(d)(B) or (D) of this section, that has not been paid to the injured person. If liability proceeds have been offered and not paid, the amount payable under the terms of the coverage shall include the amount of liability limits offered but not accepted due to the insurer's refusal to consent. The insured shall cooperate so as to permit the insurer to proceed by subrogation or assignment to prosecute the claim against the uninsured motorist.

(8) No action shall lie against the insurer unless, as a condition precedent thereto, the insured or the legal representative of the insured has fully complied with all the terms of this policy.

(9)(a) With respect to bodily injury to an insured:

(A) While occupying a vehicle owned by a named insured under this coverage, the insurance under this coverage is primary.

(B) While occupying a vehicle not owned by a named insured under this coverage, the insurance under this coverage shall apply only as excess insurance over any primary insurance available to the occupant that is similar to this coverage, and this excess insurance coverage shall then apply only to the sums that the insured or the heirs or legal representative of the insured is legally entitled to recover as damages for bodily injury or death that is caused by accident and that arises out of owning, maintaining or using an uninsured vehicle.

(b) With respect to bodily injury to an insured while occupying any motor vehicle used as a public or livery conveyance, the insurance under this coverage shall apply only as excess insurance over any other insurance available to the insured that is similar to this coverage, and this excess insurance coverage shall then apply only to the amount by which the applicable limit of liability of this coverage exceeds the sum of the applicable limits of liability of all other insurance.

(10) If any person making claim hereunder and the insurer do not agree that the person is legally entitled to recover damages from the owner or operator of an uninsured vehicle because of bodily injury to the insured, or do not agree as to the amount of payment that may be owing under this coverage, then, in the event the insured and the insurer elect by mutual agreement at the time of the dispute to settle the matter by arbitration, the arbitration shall take place as described in ORS 742.505. Any judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction thereof, provided, however, that the costs to the insured of the arbitration proceeding do not exceed \$100 and that all other costs of arbitration are borne by the insurer. "Costs" as used in this provision does not include attorney fees or expenses incurred in the production of evidence or witnesses or the making of transcripts of the arbitration proceedings. The person and the insurer each agree to consider themselves bound and to be bound by any award made by the arbitrators pursuant to this coverage in the event of such election. At the election of the insured, the arbitration shall be held:

(a) In the county and state of residence of the insured;

(b) In the county and state where the insured's cause of action against the uninsured motorist arose; or

(c) At any other place mutually agreed upon by the insured and the insurer.

(11) In the event of payment to any person under this coverage:

(a) The insurer shall be entitled to the extent of the payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of the person against any uninsured motorist legally responsible for the bodily injury because of which payment is made;

(b) The person shall hold in trust for the benefit of the insurer all rights of recovery that the person shall have against such other uninsured person or organization because of the damages that are the subject of claim made under this coverage, but only to the extent that the claim is made or paid herein;

(c) If the insured is injured by the joint or concurrent act or acts of two or more persons, one or more of whom is uninsured, the insured shall have the election to receive from the insurer any payment to which the insured would be entitled under this coverage by reason of the act or acts of the uninsured motorist, or the insured may, with the written consent of the insurer, proceed with legal action against any or all persons claimed to be liable to the insured for the injuries. If the

insured elects to receive payment from the insurer under this coverage, then the insured shall hold in trust for the benefit of the insurer all rights of recovery the insured shall have against any other person, firm or organization because of the damages that are the subject of claim made under this coverage, but only to the extent of the actual payment made by the insurer;

(d) The person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;

(e) If requested in writing by the insurer, the person shall take, through any representative not in conflict in interest with the person, designated by the insurer, such action as may be necessary or appropriate to recover payment as damages from such other uninsured person or organization, such action to be taken in the name of the person, but only to the extent of the payment made hereunder. In the event of a recovery, the insurer shall be reimbursed out of the recovery for expenses, costs and attorney fees incurred by the insurer in connection therewith; and

(f) The person shall execute and deliver to the insurer any instruments and papers as may be appropriate to secure the rights and obligations of the person and the insurer established by this provision.

(12)(a) The parties to this coverage agree that no cause of action shall accrue to the insured under this coverage unless within two years from the date of the accident:

(A) Agreement as to the amount due under the policy has been concluded;

(B) The insured or the insurer has formally instituted arbitration proceedings;

(C) The insured has filed an action against the insurer; or

(D) Suit for bodily injury has been filed against the uninsured motorist and, within two years from the date of settlement or final judgment against the uninsured motorist, the insured has formally instituted arbitration proceedings or filed an action against the insurer.

(b) For purposes of this subsection:

(A) "Date of settlement" means the date on which a written settlement agreement or release is signed by an insured or, in the absence of these documents, the date on which the insured or the attorney for the insured receives payment of any sum required by the settlement agreement. An advance payment as defined in ORS 31.550 shall not be deemed a payment of a settlement for purposes of the time limitation in this subsection.

(B) "Final judgment" means a judgment that has become final by lapse of time for appeal or by entry in an appellate court of an appellate judgment.

SECTION 154. ORS 743A.036 is amended to read:

743A.036. (1) Whenever any policy of health insurance provides for reimbursement for a primary care or mental health service provided by a licensed physician, the insured under the policy is entitled to reimbursement for such service if provided by a licensed [*physician assistant*] **physician associate** or a licensed nurse practitioner if the service is within the lawful scope of practice of the [*physician assistant*] **physician associate** or nurse practitioner.

(2)(a) The reimbursement of a service described in subsection (1) of this section that is provided by a licensed [*physician assistant*] **physician associate** or a licensed nurse practitioner who is in an independent practice shall be in the same amount as the reimbursement paid under the policy to a licensed physician performing the service in the area served.

(b) As used in this subsection, "independent practice" means the licensed [*physician assistant*] **physician associate** or the licensed nurse practitioner bills insurers for services provided by the [*physician assistant*] **physician associate** or nurse practitioner using the:

(A) Diagnosis and procedure codes applicable to the services;

(B) [*Physician assistant's*] **Physician associate's** or nurse practitioner's own name; and

(C) National provider identifier for:

(i) The [*physician assistant*] **physician associate** or nurse practitioner; and

(ii) If required by the insurer, the facility in which the [*physician assistant*] **physician associate** or nurse practitioner provides the services.

(3) This section does not apply to group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Health Maintenance Organization Act or other

insurers that employ physicians, licensed [*physician assistants*] **physician associates** or licensed nurse practitioners to provide primary care or mental health services and do not compensate such practitioners on a fee-for-service basis.

(4) An insurer may not reduce the reimbursement paid to a licensed physician in order to comply with this section.

SECTION 155. ORS 743A.044 is amended to read:

743A.044. (1) An insurer may not refuse a claim solely on the ground that the claim was submitted by a [*physician assistant*] **physician associate** rather than by a physician, podiatric physician or employer with whom the [*physician assistant*] **physician associate** has entered into a collaboration agreement, as defined in ORS 677.495.

(2) This section is exempt from ORS 743A.001.

SECTION 156. ORS 743B.222 is amended to read:

743B.222. (1) As used in this section, “women’s health care provider” means an obstetrician or gynecologist, [*physician assistant*] **physician associate** specializing in women’s health, advanced registered nurse practitioner specialist in women’s health, naturopathic physician specializing in women’s health or certified nurse midwife, practicing within the applicable lawful scope of practice.

(2) Every health insurance policy that covers hospital, medical or surgical expenses and requires an enrollee to designate a participating primary care provider shall permit a female enrollee to designate a women’s health care provider as the enrollee’s primary care provider if:

(a) The women’s health care provider meets the standards established by the insurer in collaboration with interested parties, including but not limited to the Oregon section of the American College of Obstetricians and Gynecologists; and

(b) The women’s health care provider requests that the insurer make the provider available for designation as a primary care provider.

(3) If a female enrollee has designated a primary care provider who is not a women’s health care provider, an insurance policy as described in subsection (2) of this section shall permit the enrollee to have direct access to a women’s health care provider, without a referral or prior authorization, for obstetrical or gynecological care by a participating health care professional who specializes in obstetrics or gynecology.

(4) The standards established by the insurer under subsection (2) of this section shall not prohibit an insurer from establishing the maximum number of participating primary care providers and participating women’s health care providers necessary to serve a defined population or geographic service area.

SECTION 157. ORS 743B.427, as amended by section 7, chapter 629, Oregon Laws 2021, is amended to read:

743B.427. (1) As used in this section:

(a) “Behavioral health benefits” means insurance coverage of mental health treatment and services and substance use disorder treatment and services.

(b) “Carrier” has the meaning given that term in ORS 743B.005.

(c) “Geographic region” means the geographic area of the state established by the Department of Consumer and Business Services for the purpose of determining geographic average rates, as defined in ORS 743B.005.

(d) “Health benefit plan” has the meaning given that term in ORS 743B.005.

(e) “Median maximum allowable reimbursement rate” means the median of all maximum allowable reimbursement rates, minus incentive payments, paid for each billing code for each provider type during a calendar year.

(f) “Mental health treatment and services” means the treatment of or services provided to address any condition or disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the:

(A) International Classification of Disease; or

(B) Diagnostic and Statistical Manual of Mental Disorders.

(g) “Nonquantitative treatment limitation” means a limitation that is not expressed numerically but otherwise limits the scope or duration of behavioral health benefits.

(h) “Substance use disorder treatment and services” means the treatment of or services provided to address any condition or disorder that falls under any of the diagnostic categories listed in the substance use section of the current edition of the:

- (A) International Classification of Disease; or
- (B) Diagnostic and Statistical Manual of Mental Disorders.

(2) Each carrier that offers an individual or group health benefit plan in this state that provides behavioral health benefits shall conduct an annual analysis of whether the processes, strategies, specific evidentiary standards or other factors the carrier used to design, determine applicability of and apply each nonquantitative treatment limitation to behavioral health benefits within each classification of benefits are comparable to, and are applied no more stringently than, the processes, strategies, specific evidentiary standards or other factors the carrier used to design, determine applicability of and apply each nonquantitative treatment limitation to medical and surgical benefits within the corresponding classification of benefits.

(3) On or before March 1 of each year, all carriers that offer individual or group health benefit plans in this state that provide behavioral health benefits shall report to the Department of Consumer and Business Services, in the form and manner prescribed by the department, the following information:

(a) The specific plan or coverage terms or other relevant terms regarding the nonquantitative treatment limitations and a description of all mental health or substance use disorder and medical or surgical benefits to which each such term applies in each respective benefits classification.

(b) The factors used to determine that the nonquantitative treatment limitations will apply to mental health or substance use disorder benefits and medical or surgical benefits.

(c) The evidentiary standards used for the factors identified in paragraph (b) of this subsection, when applicable, provided that every factor is defined, and any other source or evidence relied upon to design and apply the nonquantitative treatment limitations to mental health or substance use disorder benefits and medical or surgical benefits.

(d) The comparative analyses demonstrating that the processes, strategies, evidentiary standards and other factors used to apply the nonquantitative treatment limitations to mental health or substance use disorder benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards and other factors used to apply the nonquantitative treatment limitations to medical or surgical benefits in the benefits classification.

(e) The specific findings and conclusions reached by the insurer with respect to the health insurance coverage, including any results of the analyses described in paragraphs (a) to (d) of this subsection that indicate that the plan or coverage is or is not in compliance with this section.

(f) The number of denials of behavioral health benefits and medical and surgical benefits, the percentage of denials that were appealed, the percentage of appeals that upheld the denial and the percentage of appeals that overturned the denial.

(g) The percentage of claims for behavioral health benefits and medical and surgical benefits that were paid to in-network providers and the percentage of such claims that were paid to out-of-network providers.

(h) The median maximum allowable reimbursement rate for each time-based office visit billing code for each behavioral treatment provider type and each medical provider type.

(i) The reimbursement rate in each geographic region for a time-based office visit and the percentage of the Medicare rate the reimbursement rate represents, paid to:

- (A) Psychiatrists.**
- (B) Psychiatric mental health nurse practitioners.**
- (C) Psychologists.**
- (D) Licensed clinical social workers.**
- (E) Licensed professional counselors.**

(F) Licensed marriage and family therapists.

(j) The reimbursement rate in each geographic region for a time-based office visit and the percentage of the Medicare rate the reimbursement rate represents, paid to:

(A) Physicians.

(B) Physician associates.

(C) Licensed nurse practitioners.

(k) The specific findings and conclusions of the carrier under subsection (2) of this section demonstrating compliance with ORS 743A.168 and the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (P.L. 110-343) and rules adopted thereunder.

[(f)] **(L)** Other data or information the department deems necessary to assess a carrier's compliance with mental health parity requirements.

(4) No later than September 15 of each calendar year, the department shall report to the interim committees of the Legislative Assembly related to mental or behavioral health, in the manner provided in ORS 192.245, the information reported under subsection (3) of this section, including the department's overall comparison of carriers' coverage of mental health treatment and services and substance use disorder treatment and services to carriers' coverage of medical or surgical treatments or services.

SECTION 157a. ORS 743B.427, as amended by section 7, chapter 629, Oregon Laws 2021, and section 157 of this 2024 Act, is amended to read:

743B.427. (1) As used in this section:

(a) "Behavioral health benefits" means insurance coverage of mental health treatment and services and substance use disorder treatment and services.

(b) "Carrier" has the meaning given that term in ORS 743B.005.

(c) "Geographic region" means the geographic area of the state established by the Department of Consumer and Business Services for the purpose of determining geographic average rates, as defined in ORS 743B.005.

(d) "Health benefit plan" has the meaning given that term in ORS 743B.005.

(e) "Median maximum allowable reimbursement rate" means the median of all maximum allowable reimbursement rates, minus incentive payments, paid for each billing code for each provider type during a calendar year.

(f) "Mental health treatment and services" means the treatment of or services provided to address any condition or disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the:

(A) International Classification of Disease; or

(B) Diagnostic and Statistical Manual of Mental Disorders.

(g) "Nonquantitative treatment limitation" means a limitation that is not expressed numerically but otherwise limits the scope or duration of behavioral health benefits.

(h) "Substance use disorder treatment and services" means the treatment of or services provided to address any condition or disorder that falls under any of the diagnostic categories listed in the substance use section of the current edition of the:

(A) International Classification of Disease; or

(B) Diagnostic and Statistical Manual of Mental Disorders.

(2) Each carrier that offers an individual or group health benefit plan in this state that provides behavioral health benefits shall conduct an annual analysis of whether the processes, strategies, specific evidentiary standards or other factors the carrier used to design, determine applicability of and apply each nonquantitative treatment limitation to behavioral health benefits within each classification of benefits are comparable to, and are applied no more stringently than, the processes, strategies, specific evidentiary standards or other factors the carrier used to design, determine applicability of and apply each nonquantitative treatment limitation to medical and surgical benefits within the corresponding classification of benefits.

(3) On or before March 1 of each year, all carriers that offer individual or group health benefit plans in this state that provide behavioral health benefits shall report to the Department of Consumer and Business Services, in the form and manner prescribed by the department, the following information:

(a) The specific plan or coverage terms or other relevant terms regarding the nonquantitative treatment limitations and a description of all mental health or substance use disorder and medical or surgical benefits to which each such term applies in each respective benefits classification.

(b) The factors used to determine that the nonquantitative treatment limitations will apply to mental health or substance use disorder benefits and medical or surgical benefits.

(c) The evidentiary standards used for the factors identified in paragraph (b) of this subsection, when applicable, provided that every factor is defined, and any other source or evidence relied upon to design and apply the nonquantitative treatment limitations to mental health or substance use disorder benefits and medical or surgical benefits.

(d) The comparative analyses demonstrating that the processes, strategies, evidentiary standards and other factors used to apply the nonquantitative treatment limitations to mental health or substance use disorder benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards and other factors used to apply the nonquantitative treatment limitations to medical or surgical benefits in the benefits classification.

(e) The specific findings and conclusions reached by the insurer with respect to the health insurance coverage, including any results of the analyses described in paragraphs (a) to (d) of this subsection that indicate that the plan or coverage is or is not in compliance with this section.

[(f) The number of denials of behavioral health benefits and medical and surgical benefits, the percentage of denials that were appealed, the percentage of appeals that upheld the denial and the percentage of appeals that overturned the denial.]

[(g) The percentage of claims for behavioral health benefits and medical and surgical benefits that were paid to in-network providers and the percentage of such claims that were paid to out-of-network providers.]

[(h) The median maximum allowable reimbursement rate for each time-based office visit billing code for each behavioral treatment provider type and each medical provider type.]

[(i) The reimbursement rate in each geographic region for a time-based office visit and the percentage of the Medicare rate the reimbursement rate represents, paid to:]

[(A) Psychiatrists.]

[(B) Psychiatric mental health nurse practitioners.]

[(C) Psychologists.]

[(D) Licensed clinical social workers.]

[(E) Licensed professional counselors.]

[(F) Licensed marriage and family therapists.]

[(j) The reimbursement rate in each geographic region for a time-based office visit and the percentage of the Medicare rate the reimbursement rate represents, paid to:]

[(A) Physicians.]

[(B) Physician associates.]

[(C) Licensed nurse practitioners.]

[(k) The specific findings and conclusions of the carrier under subsection (2) of this section demonstrating compliance with ORS 743A.168 and the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (P.L. 110-343) and rules adopted thereunder.]

[(L)] (f) Other data or information the department deems necessary to assess a carrier's compliance with mental health parity requirements.

(4) No later than September 15 of each calendar year, the department shall report to the interim committees of the Legislative Assembly related to mental or behavioral health, in the manner provided in ORS 192.245, the information reported under subsection (3) of this section, including the department's overall comparison of carriers' coverage of mental health treatment and services and

substance use disorder treatment and services to carriers' coverage of medical or surgical treatments or services.

SECTION 157b. Section 9, chapter 629, Oregon Laws 2021, is amended to read:

Sec. 9. [(1)] The amendments to [section 2 of this 2021 Act] **ORS 743B.427** by section [7 of this 2021 Act] **157a of this 2024 Act** become operative on January 1, 2025.

[(2) The amendments to ORS 743A.168 by section 8 of this 2021 Act become operative on January 1, 2023.]

SECTION 158. ORS 744.364 is amended to read:

744.364. (1)(a) A life settlement provider entering into a life settlement contract shall first obtain:

(A) If the owner is the insured, a written statement from a licensed physician, a naturopathic physician licensed under ORS chapter 685, a [physician assistant] **physician associate** licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390 that the owner is of sound mind and under no constraint or undue influence to enter into a life settlement contract; and

(B) A document in which the insured consents to the release of the insured's medical records to a licensed life settlement provider, life settlement broker and the insurance company that issued the life insurance policy covering the life of the insured.

(b) Within 20 days after an owner executes documents necessary to transfer any rights under an insurance policy or, if the insured is terminally ill, within 20 days after an owner entering any agreement, option, promise or any other form of understanding, expressed or implied, to transfer the policy for value, the life settlement provider shall give written notice to the insurer that issued the insurance policy that the policy has or will become a settled policy. The notice must be accompanied by the documents required by paragraph (c) of this subsection.

(c) The life settlement provider shall deliver a copy of the medical release required under paragraph (a)(B) of this subsection, a copy of the owner's application for the life settlement contract, the notice required under paragraph (b) of this subsection and a request for verification of coverage to the insurer that issued the life policy that is the subject of the life transaction. The Director of the Department of Consumer and Business Services shall develop and approve a form for the request for verification.

(d) The insurer shall respond to a request for verification of coverage submitted on an approved form by a life settlement provider or life settlement broker within 30 calendar days of the date the request is received and shall indicate whether, based on the medical evidence and documents provided, the insurer intends to pursue an investigation at this time regarding the validity of the insurance contract or possible fraud. The insurer shall accept a request for verification of coverage made on a form approved by the director. The insurer shall accept an original or facsimile or electronic copy of such request and any accompanying authorization signed by the owner. Failure by the insurer to meet its obligations under this subsection is a violation of the Insurance Code.

(e) Prior to or at the time of execution of the life settlement contract, the life settlement provider shall obtain a witnessed document in which the owner consents to the life settlement contract, represents that the owner has a full and complete understanding of the life settlement contract, that the owner has a full and complete understanding of the benefits of the life insurance policy, acknowledges that the owner is entering into the life settlement contract freely and voluntarily and, for persons with a terminal illness or chronic illness or condition, acknowledges that the insured has a terminal illness or chronic illness and that the terminal illness or chronic illness or condition was diagnosed after the life insurance policy was issued.

(f) If a life settlement broker performs any of the activities required of the life settlement provider, the provider is deemed to have fulfilled the requirements of this section that were performed by the broker.

(2) All medical information solicited or obtained by any licensee is privileged and confidential under ORS 705.137.

(3)(a) All life settlement contracts entered into in this state must provide the owner with an absolute right to rescind the contract before the earlier of 60 calendar days after the date upon which the life settlement contract is executed by all parties or 30 calendar days after the life settlement proceeds have been sent to the owner under subsection (5) of this section.

(b) The life settlement provider may condition rescission upon the owner both giving notice and repaying to the life settlement provider within the rescission period all proceeds of the settlement and any premiums, loans and loan interest paid by or on behalf of the life settlement provider in connection with or as a consequence of the life settlement.

(c) If the insured dies during the rescission period, the life settlement contract is deemed to have been rescinded, subject to repayment within 60 calendar days of the death of the insured to the life settlement provider or purchaser of all life settlement proceeds and any premiums, loans and loan interest that have been paid by the life settlement provider or purchaser.

(d) In the event of any rescission, if the life settlement provider has paid commissions or other compensation to a life settlement broker in connection with the rescinded transaction, the life settlement broker shall refund all such commissions and compensation to the life settlement provider within five business days following receipt of written demand from the life settlement provider. The demand must be accompanied by either the owner's notice of rescission if rescinded at the election of the owner, or the notice of the death of the insured if rescinded by reason of the death of the insured within the applicable rescission period.

(4) The life settlement purchaser shall have the right to rescind a life settlement contract within three days after the disclosures mandated by ORS 744.354 (7) are received by the purchaser.

(5)(a) The life settlement provider shall instruct the owner to send the executed documents required to effect the change in ownership, assignment or change in beneficiary directly to an independent escrow agent selected by the provider.

(b) Within three business days after the date the escrow agent receives the document, or from the date the life settlement provider receives the documents, if the owner erroneously provides the documents directly to the provider, the provider shall pay or transfer the proceeds of the life settlement into an escrow or trust account maintained in a state or federally chartered financial institution whose deposits are insured by the Federal Deposit Insurance Corporation.

(c) Upon payment of the settlement proceeds into the escrow account, the escrow agent shall deliver the original change in ownership, assignment or change in beneficiary forms to the life settlement provider or related provider trust or other designated representative of the life settlement provider. Upon the escrow agent's receipt of the acknowledgment of the properly completed transfer of ownership, assignment or designation of beneficiary from the insurance company, the escrow agent shall pay the settlement proceeds to the owner.

(6) Failure to pay the owner the full contract amount for the life settlement contract within the time set forth under subsection (5) of this section renders the life settlement contract voidable by the owner until the time full payment is tendered to and accepted by the owner. Funds are deemed sent by a life settlement provider to an owner as of the date that the escrow agent either releases funds for wire transfer to the owner or places a check for delivery to the owner via the United States Postal Service or another nationally recognized delivery service.

(7)(a) Contacts with the insured for the purpose of determining the health status of the insured by the life settlement provider or life settlement broker after the life settlement has occurred may be made only by the life settlement provider or broker licensed in this state or its authorized representatives and are limited to once every three months for insureds with a life expectancy of more than one year, and to no more than once per month for insureds with a life expectancy of one year or less.

(b) The limitations set forth in this subsection do not apply to any contacts with an insured for reasons other than determining the insured's health status.

SECTION 159. ORS 744.367 is amended to read:

744.367. (1) A person may not enter into a life settlement contract at any time prior to the application or issuance of a policy that is the subject of a life settlement contract or within a five-year

period commencing with the date of issuance of the insurance policy or certificate. However, this five-year restriction does not apply if the owner certifies to the life settlement provider that any one or more of the following conditions has been met within the five-year period:

(a) The policy was issued upon the owner's exercise of conversion rights arising out of a group or individual policy if the total of the time covered under the conversion policy plus the time covered under the prior policy is at least 60 months. The time covered under a group policy is calculated without regard to any change in insurance carriers, provided the coverage has been continuous and under the same group sponsorship;

(b) The owner submits independent evidence to the life settlement provider that one or more of the following conditions have been met within the five-year period:

(A) The owner or insured is terminally ill or chronically ill;

(B) The owner's spouse dies;

(C) The owner divorces the owner's spouse;

(D) The owner retires from full-time employment;

(E) The owner becomes physically or mentally disabled and a physician, naturopathic physician licensed under ORS chapter 685, [*physician assistant*] **physician associate** licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390 determines that the disability prevents the owner from maintaining full-time employment; or

(F) A final order, judgment or decree is entered by a court of competent jurisdiction, on the application of a creditor of the owner, adjudicating the owner bankrupt or insolvent, or approving a petition seeking reorganization of the owner or appointing a receiver, trustee or liquidator to all or a substantial part of the owner's assets; or

(c) The owner enters into a life settlement contract more than two years after the date of issuance of a policy and, with respect to the policy, at all times prior to the date that is two years after policy issuance, the following conditions are met:

(A) Policy premiums have been funded exclusively with unencumbered assets, including an interest in the life insurance policy being financed only to the extent of its net cash surrender value, provided by, or full recourse liability incurred by, the insured or a person closely related to the insured by blood or law or a party having a lawful substantial economic interest in the continued life, health and bodily safety of the person insured, or a trust established primarily for the benefit of such parties;

(B) There is no agreement or understanding with any other person to guarantee any such liability or to purchase or stand ready to purchase the policy, including through an assumption or forgiveness of the loan; and

(C) Neither the insured nor the policy has been evaluated for settlement.

(2) Copies of the independent evidence described in subsection (1)(b) of this section and documents required by ORS 744.364 (1) must be submitted to the insurer when the life settlement provider or other party entering into a life settlement contract with an owner submits a request to the insurer for verification of coverage. The copies must be accompanied by a letter of attestation from the life settlement provider that the copies are true and correct copies of the documents received by the life settlement provider.

(3) If the life settlement provider submits to the insurer a copy of the owner's or insured's certification described in and the documents required by ORS 744.364 (1) when the provider submits a request to the insurer to effect the transfer of the policy or certificate to the life settlement provider, the copy conclusively establishes that the life settlement contract satisfies the requirements of this section and the insurer shall respond in a timely manner to the request.

(4) An insurer may not, as a condition of responding to a request for verification of coverage or effecting the transfer of a policy pursuant to a life settlement contract, require that the owner, insured, life settlement provider or life settlement broker sign any forms, disclosures, consent or waiver form that has not been expressly approved by the Director of the Department of Consumer and Business Services for use in connection with life settlement contracts in this state.

(5) Upon receipt of a properly completed request for a change of ownership or beneficiary of a policy, the insurer shall respond in writing within 30 calendar days with written acknowledgement confirming that the change has been effected or specifying the reasons why the requested change cannot be processed. The insurer may not unreasonably delay effecting change of ownership or beneficiary and may not otherwise seek to interfere with any life settlement contract lawfully entered into in this state.

SECTION 160. ORS 746.230 is amended to read:

746.230. (1) An insurer or other person may not commit or perform any of the following unfair claim settlement practices:

(a) Misrepresenting facts or policy provisions in settling claims;
(b) Failing to acknowledge and act promptly upon communications relating to claims;
(c) Failing to adopt and implement reasonable standards for the prompt investigation of claims;
(d) Refusing to pay claims without conducting a reasonable investigation based on all available information;

(e) Failing to affirm or deny coverage of claims within a reasonable time after completed proof of loss statements have been submitted;

(f) Not attempting, in good faith, to promptly and equitably settle claims in which liability has become reasonably clear;

(g) Compelling claimants to initiate litigation to recover amounts due by offering substantially less than amounts ultimately recovered in actions brought by such claimants;

(h) Attempting to settle claims for less than the amount to which a reasonable person would believe a reasonable person was entitled after referring to written or printed advertising material accompanying or made part of an application;

(i) Attempting to settle claims on the basis of an application altered without notice to or consent of the applicant;

(j) Failing, after payment of a claim, to inform insureds or beneficiaries, upon request by them, of the coverage under which payment has been made;

(k) Delaying investigation or payment of claims by requiring a claimant or the claimant's physician, naturopathic physician, [*physician assistant*] **physician associate** or nurse practitioner to submit a preliminary claim report and then requiring subsequent submission of loss forms when both require essentially the same information;

(L) Failing to promptly settle claims under one coverage of a policy where liability has become reasonably clear in order to influence settlements under other coverages of the policy;

(m) Failing to promptly provide the proper explanation of the basis relied on in the insurance policy in relation to the facts or applicable law for the denial of a claim; or

(n) Any of the practices described in ORS 746.233.

(2) No insurer shall refuse, without just cause, to pay or settle claims arising under coverages provided by its policies with such frequency as to indicate a general business practice in this state, which general business practice is evidenced by:

(a) A substantial increase in the number of complaints against the insurer received by the Department of Consumer and Business Services;

(b) A substantial increase in the number of lawsuits filed against the insurer or its insureds by claimants; or

(c) Other relevant evidence.

SECTION 161. ORS 746.600 is amended to read:

746.600. As used in ORS 746.600 to 746.690:

(1)(a) "Adverse underwriting decision" means any of the following actions with respect to insurance transactions involving insurance coverage that is individually underwritten:

(A) A declination of insurance coverage.

(B) A termination of insurance coverage.

(C) Failure of an insurance producer to apply for insurance coverage with a specific insurer that the insurance producer represents and that is requested by an applicant.

(D) In the case of life or health insurance coverage, an offer to insure at higher than standard rates.

(E) In the case of insurance coverage other than life or health insurance coverage:

(i) Placement by an insurer or insurance producer of a risk with a residual market mechanism, an unauthorized insurer or an insurer that specializes in substandard risks.

(ii) The charging of a higher rate on the basis of information that differs from that which the applicant or policyholder furnished.

(iii) An increase in any charge imposed by the insurer for any personal insurance in connection with the underwriting of insurance. For purposes of this sub-subparagraph, the imposition of a service fee is not a charge.

(b) "Adverse underwriting decision" does not mean any of the following actions, but the insurer or insurance producer responsible for the occurrence of the action must nevertheless provide the applicant or policyholder with the specific reason or reasons for the occurrence:

(A) The termination of an individual policy form on a class or statewide basis.

(B) A declination of insurance coverage solely because the coverage is not available on a class or statewide basis.

(C) The rescission of a policy.

(2) "Affiliate of" a specified person or "person affiliated with" a specified person means a person who directly, or indirectly, through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

(3) "Applicant" means a person who seeks to contract for insurance coverage, other than a person seeking group insurance coverage that is not individually underwritten.

(4) "Consumer" means an individual, or the personal representative of the individual, who seeks to obtain, obtains or has obtained one or more insurance products or services from a licensee that are to be used primarily for personal, family or household purposes, and about whom the licensee has personal information.

(5) "Consumer report" means any written, oral or other communication of information bearing on a natural person's creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living that is used or expected to be used in connection with an insurance transaction.

(6) "Consumer reporting agency" means a person that, for monetary fees or dues, or on a cooperative or nonprofit basis:

(a) Regularly engages, in whole or in part, in assembling or preparing consumer reports;

(b) Obtains information primarily from sources other than insurers; and

(c) Furnishes consumer reports to other persons.

(7) "Control" means, and the terms "controlled by" or "under common control with" refer to, the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power of the person is the result of a corporate office held in, or an official position held with, the controlled person.

(8) "Covered entity" means:

(a) A health insurer;

(b) A health care provider that transmits any health information in electronic form to carry out financial or administrative activities in connection with a transaction covered by ORS 746.607 or by rules adopted under ORS 746.608; or

(c) A health care clearinghouse.

(9) "Credit history" means any written or other communication of any information by a consumer reporting agency that:

(a) Bears on a consumer's creditworthiness, credit standing or credit capacity; and

(b) Is used or expected to be used, or collected in whole or in part, as a factor in determining eligibility, premiums or rates for personal insurance.

(10) “Customer” means a consumer who has a continuing relationship with a licensee under which the licensee provides one or more insurance products or services to the consumer that are to be used primarily for personal, family or household purposes.

(11) “Declination of insurance coverage” or “decline coverage” means a denial, in whole or in part, by an insurer or insurance producer of an application for requested insurance coverage.

(12) “Health care” means care, services or supplies related to the health of an individual.

(13) “Health care operations” includes but is not limited to:

(a) Quality assessment, accreditation, auditing and improvement activities;

(b) Case management and care coordination;

(c) Reviewing the competence, qualifications or performance of health care providers or health insurers;

(d) Underwriting activities;

(e) Arranging for legal services;

(f) Business planning;

(g) Customer services;

(h) Resolving internal grievances;

(i) Creating deidentified information; and

(j) Fundraising.

(14) “Health care provider” includes but is not limited to:

(a) A psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675 or an employee of the psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist;

(b) A physician or [*physician assistant*] **physician associate** licensed under ORS chapter 677, an acupuncturist licensed under ORS 677.759 or an employee of the physician, [*physician assistant*] **physician associate** or acupuncturist;

(c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of the nurse or nursing home administrator;

(d) A dentist licensed under ORS chapter 679 or an employee of the dentist;

(e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental hygienist or denturist;

(f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee of the speech-language pathologist or audiologist;

(g) An emergency medical services provider licensed under ORS chapter 682;

(h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;

(i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic physician;

(j) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic physician;

(k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage therapist;

(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct entry midwife;

(m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical therapist;

(n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical imaging licensee;

(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory care practitioner;

(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the polysomnographic technologist;

(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

- (r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;
 - (s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral service practitioner;
 - (t) A health care facility as defined in ORS 442.015;
 - (u) A home health agency as defined in ORS 443.014;
 - (v) A hospice program as defined in ORS 443.850;
 - (w) A clinical laboratory as defined in ORS 438.010;
 - (x) A pharmacy as defined in ORS 689.005;
 - (y) A diabetes self-management program as defined in ORS 743.694; and
 - (z) Any other person or entity that furnishes, bills for or is paid for health care in the normal course of business.
- (15) "Health information" means any oral or written information in any form or medium that:
- (a) Is created or received by a covered entity, a public health authority, a life insurer, a school, a university or a health care provider that is not a covered entity; and
 - (b) Relates to:
 - (A) The past, present or future physical or mental health or condition of an individual;
 - (B) The provision of health care to an individual; or
 - (C) The past, present or future payment for the provision of health care to an individual.
- (16) "Health insurer" means an insurer who offers:
- (a) A health benefit plan as defined in ORS 743B.005;
 - (b) A short term health insurance policy, the duration of which does not exceed three months including renewals;
 - (c) A student health insurance policy;
 - (d) A Medicare supplemental policy; or
 - (e) A dental only policy.
- (17) "Homeowner insurance" means insurance for residential property consisting of a combination of property insurance and casualty insurance that provides coverage for the risks of owning or occupying a dwelling and that is not intended to cover an owner's interest in rental property or commercial exposures.
- (18) "Individual" means a natural person who:
- (a) In the case of life or health insurance, is a past, present or proposed principal insured or certificate holder;
 - (b) In the case of other kinds of insurance, is a past, present or proposed named insured or certificate holder;
 - (c) Is a past, present or proposed policyowner;
 - (d) Is a past or present applicant;
 - (e) Is a past or present claimant; or
 - (f) Derived, derives or is proposed to derive insurance coverage under an insurance policy or certificate that is subject to ORS 746.600 to 746.690.
- (19) "Individually identifiable health information" means any oral or written health information that is:
- (a) Created or received by a covered entity or a health care provider that is not a covered entity; and
 - (b) Identifiable to an individual, including demographic information that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify an individual, and that relates to:
 - (A) The past, present or future physical or mental health or condition of an individual;
 - (B) The provision of health care to an individual; or
 - (C) The past, present or future payment for the provision of health care to an individual.
- (20) "Institutional source" means a person or governmental entity that provides information about an individual to an insurer, insurance producer or insurance-support organization, other than:
- (a) An insurance producer;

- (b) The individual who is the subject of the information; or
- (c) A natural person acting in a personal capacity rather than in a business or professional capacity.

(21) “Insurance producer” or “producer” means a person licensed by the Director of the Department of Consumer and Business Services as a resident or nonresident insurance producer.

(22) “Insurance score” means a number or rating that is derived from an algorithm, computer application, model or other process that is based in whole or in part on credit history.

(23)(a) “Insurance-support organization” means a person who regularly engages, in whole or in part, in assembling or collecting information about natural persons for the primary purpose of providing the information to an insurer or insurance producer for insurance transactions, including:

(A) The furnishing of consumer reports to an insurer or insurance producer for use in connection with insurance transactions; and

(B) The collection of personal information from insurers, insurance producers or other insurance-support organizations for the purpose of detecting or preventing fraud, material misrepresentation or material nondisclosure in connection with insurance underwriting or insurance claim activity.

(b) “Insurance-support organization” does not mean insurers, insurance producers, governmental institutions or health care providers.

(24) “Insurance transaction” means any transaction that involves insurance primarily for personal, family or household needs rather than business or professional needs and that entails:

(a) The determination of an individual’s eligibility for an insurance coverage, benefit or payment;

or

(b) The servicing of an insurance application, policy or certificate.

(25) “Insurer” has the meaning given that term in ORS 731.106.

(26) “Investigative consumer report” means a consumer report, or portion of a consumer report, for which information about a natural person’s character, general reputation, personal characteristics or mode of living is obtained through personal interviews with the person’s neighbors, friends, associates, acquaintances or others who may have knowledge concerning such items of information.

(27) “Licensee” means an insurer, insurance producer or other person authorized or required to be authorized, or licensed or required to be licensed, pursuant to the Insurance Code.

(28) “Loss history report” means a report provided by, or a database maintained by, an insurance-support organization or consumer reporting agency that contains information regarding the claims history of the individual property that is the subject of the application for a homeowner insurance policy or the consumer applying for a homeowner insurance policy.

(29) “Nonaffiliated third party” means any person except:

(a) An affiliate of a licensee;

(b) A person that is employed jointly by a licensee and by a person that is not an affiliate of the licensee; and

(c) As designated by the director by rule.

(30) “Payment” includes but is not limited to:

(a) Efforts to obtain premiums or reimbursement;

(b) Determining eligibility or coverage;

(c) Billing activities;

(d) Claims management;

(e) Reviewing health care to determine medical necessity;

(f) Utilization review; and

(g) Disclosures to consumer reporting agencies.

(31)(a) “Personal financial information” means:

(A) Information that is identifiable with an individual, gathered in connection with an insurance transaction from which judgments can be made about the individual’s character, habits, avocations, finances, occupations, general reputation, credit or any other personal characteristics; or

(B) An individual's name, address and policy number or similar form of access code for the individual's policy.

(b) "Personal financial information" does not mean information that a licensee has a reasonable basis to believe is lawfully made available to the general public from federal, state or local government records, widely distributed media or disclosures to the public that are required by federal, state or local law.

(32) "Personal information" means:

- (a) Personal financial information;
- (b) Individually identifiable health information; or
- (c) Protected health information.

(33) "Personal insurance" means the following types of insurance products or services that are to be used primarily for personal, family or household purposes:

- (a) Private passenger automobile coverage;
- (b) Homeowner, mobile homeowners, manufactured homeowners, condominium owners and renters coverage;
- (c) Personal dwelling property coverage;
- (d) Personal liability and theft coverage, including excess personal liability and theft coverage; and
- (e) Personal inland marine coverage.

(34) "Personal representative" includes but is not limited to:

- (a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with authority to make medical and health care decisions;
- (b) A person appointed as a health care representative under ORS 127.505 to 127.660 or 127.700 to 127.737 to make health care decisions or mental health treatment decisions;
- (c) A person appointed as a personal representative under ORS chapter 113; and
- (d) A person described in ORS 746.611.

(35) "Policyholder" means a person who:

- (a) In the case of individual policies of life or health insurance, is a current policyowner;
- (b) In the case of individual policies of other kinds of insurance, is currently a named insured; or
- (c) In the case of group policies of insurance under which coverage is individually underwritten, is a current certificate holder.

(36) "Pretext interview" means an interview wherein the interviewer, in an attempt to obtain personal information about a natural person, does one or more of the following:

- (a) Pretends to be someone the interviewer is not.
- (b) Pretends to represent a person the interviewer is not in fact representing.
- (c) Misrepresents the true purpose of the interview.
- (d) Refuses upon request to identify the interviewer.

(37) "Privileged information" means information that is identifiable with an individual and that:

- (a) Relates to a claim for insurance benefits or a civil or criminal proceeding involving the individual; and
- (b) Is collected in connection with or in reasonable anticipation of a claim for insurance benefits or a civil or criminal proceeding involving the individual.

(38)(a) "Protected health information" means individually identifiable health information that is transmitted or maintained in any form of electronic or other medium by a covered entity.

(b) "Protected health information" does not mean individually identifiable health information in:

- (A) Education records covered by the federal Family Educational Rights and Privacy Act (20 U.S.C. 1232g);
- (B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or
- (C) Employment records held by a covered entity in its role as employer.

(39) "Residual market mechanism" means an association, organization or other entity involved in the insuring of risks under ORS 735.005 to 735.145, 737.312 or other provisions of the Insurance

Code relating to insurance applicants who are unable to procure insurance through normal insurance markets.

(40) "Termination of insurance coverage" or "termination of an insurance policy" means either a cancellation or a nonrenewal of an insurance policy, in whole or in part, for any reason other than the failure of a premium to be paid as required by the policy.

(41) "Treatment" includes but is not limited to:

(a) The provision, coordination or management of health care; and

(b) Consultations and referrals between health care providers.

SECTION 162. ORS 750.055 is amended to read:

750.055. (1) The following provisions apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.138 and 705.139.

(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not including ORS 732.582, and ORS 732.650 to 732.689.

(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(e) ORS 734.014 to 734.440.

(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to 742.542.

(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.025, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689, 743.788, 743.790 and 743B.221.

(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260, 743A.310 and 743A.315 and section 2, chapter 771, Oregon Laws 2013.

(i) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602 and 743B.800.

(j) The following provisions of ORS chapter 744:

(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(2) The following provisions of the Insurance Code apply to health care service contractors except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act:

(a) ORS 731.485, if the group practice health maintenance organization wholly owns and operates an in-house drug outlet.

(b) ORS 743A.024, unless the patient is referred by a physician, [*physician assistant*] **physician associate** or nurse practitioner associated with a group practice health maintenance organization.

(3) For the purposes of this section, health care service contractors are insurers.

(4) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(5)(a) A health care service contractor is a domestic insurance company for the purpose of determining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

(b) A health care service contractor's classification as a domestic insurance company under paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510 to 734.710.

(6) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are necessary for the proper administration of these provisions.

SECTION 163. ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section 7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59, Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151, Oregon Laws 2019, section 5, chapter 441, Oregon Laws 2019, section 85, chapter 97, Oregon Laws 2021, section 12, chapter 37, Oregon Laws 2022, section 5, chapter 111, Oregon Laws 2023, and section 2, chapter 152, Oregon Laws 2023, is amended to read:

750.055. (1) The following provisions apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.138 and 705.139.

(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not including ORS 732.582, and ORS 732.650 to 732.689.

(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(e) ORS 734.014 to 734.440.

(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to 742.542.

(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.025, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689, 743.788, 743.790 and 743B.221.

(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260, 743A.310 and 743A.315.

(i) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407,

743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602 and 743B.800.

(j) The following provisions of ORS chapter 744:

(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(2) The following provisions of the Insurance Code apply to health care service contractors except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act:

(a) ORS 731.485, if the group practice health maintenance organization wholly owns and operates an in-house drug outlet.

(b) ORS 743A.024, unless the patient is referred by a physician, [*physician assistant*] **physician associate** or nurse practitioner associated with a group practice health maintenance organization.

(3) For the purposes of this section, health care service contractors are insurers.

(4) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(5)(a) A health care service contractor is a domestic insurance company for the purpose of determining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

(b) A health care service contractor's classification as a domestic insurance company under paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510 to 734.710.

(6) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are necessary for the proper administration of these provisions.

SECTION 164. ORS 759.693 is amended to read:

759.693. As used in ORS 759.693 to 759.698, unless the context requires otherwise:

(1) "Adaptive equipment" means equipment that permits a person with a disability, other than a person who is hard of hearing or speech impaired, to communicate effectively on the telephone.

(2) "Applicant" means a person who applies for an assistive telecommunication device, adaptive equipment or a signal device.

(3) "Assistive telecommunication device" means a device that utilizes a keyboard, acoustic coupler, display screen, Braille display, speakerphone or amplifier to enable people who are deaf, deaf-blind, hard of hearing or speech impaired to communicate effectively on the telephone.

(4) "Audiologist" means a person who has a master's or doctoral degree in audiology and a Certificate of Clinical Competence in audiology from the American Speech-Language-Hearing Association.

(5) "Communication facilitator" means a person who provides professional, in-person assistive services that are necessary to help a person communicate effectively via a telecommunication device, with or without the use of an assistive telecommunication device or a telecommunications relay service, if the person receiving the services is:

(a) Deaf-blind;

(b) Deaf and has a physical disability that limits the person's expressive communication; or

(c) Hard of hearing and has a physical disability that limits the person's expressive communication.

(6) "Deaf" means a profound hearing loss, as determined by an audiologist, licensed physician, [*physician assistant*] **physician associate**, nurse practitioner, hearing aid specialist or vocational rehabilitation counselor of the Department of Human Services, that requires use of an assistive telecommunication device to communicate effectively on the telephone.

(7) “Deaf-blind” means a hearing loss and a visual impairment that require use of an assistive telecommunication device to communicate effectively on the telephone. For purposes of this subsection:

(a) A hearing loss must be determined by an audiologist, licensed physician, [*physician assistant*] **physician associate**, nurse practitioner, hearing aid specialist or vocational rehabilitation counselor of the Department of Human Services.

(b) A visual impairment must be determined by a licensed physician, [*physician assistant*] **physician associate**, nurse practitioner, vocational rehabilitation counselor of the Department of Human Services or rehabilitation instructor for persons who are blind.

(8) “Disability” means a physical condition, as determined by a licensed physician, [*physician assistant*] **physician associate**, nurse practitioner or vocational rehabilitation counselor of the Department of Human Services, other than hearing or speech impairment that requires use of adaptive equipment to utilize the telephone.

(9) “Hard of hearing” means a hearing loss, as determined by an audiologist, licensed physician, [*physician assistant*] **physician associate**, nurse practitioner, hearing aid specialist or vocational rehabilitation counselor of the Department of Human Services, that requires use of an assistive telecommunication device to communicate effectively on the telephone.

(10) “Hearing aid specialist” means a person licensed to deal in hearing aids under ORS chapter 694.

(11) “Nurse practitioner” has the meaning given that term in ORS 678.010.

(12) “Physician” means an applicant’s primary care physician or a medical specialist who is able to determine an applicant’s disability and to whom the applicant was referred by the primary care physician.

(13) [*Physician assistant*] “**Physician associate**” has the meaning given that term in ORS 677.495.

(14) “Recipient” means a person who receives adaptive equipment, an assistive telecommunication device or a signal device.

(15) “Rehabilitation instructor for persons who are blind” means an employee of the Commission for the Blind who:

(a) Meets the minimum qualifications set by the commission to assess adult clients referred for services;

(b) Develops individualized training programs; and

(c) Instructs and counsels clients of the commission on adapting to sight loss.

(16) “Signal device” means a mechanical device that alerts a person who is deaf, deaf-blind or hard of hearing of an incoming telephone call.

(17) “Speech impaired” means a speech disability, as determined by a licensed physician, [*physician assistant*] **physician associate**, nurse practitioner, speech-language pathologist or vocational rehabilitation counselor of the Department of Human Services, that requires use of an assistive telecommunication device to communicate effectively on the telephone.

(18) “Speech-language pathologist” means a person who has a master’s degree or equivalency in speech-language pathology and a Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association.

(19) “Telecommunications relay center” means a facility authorized by the Public Utility Commission to provide telecommunications relay service.

(20) “Telecommunications relay service” means a telephone transmission service that provides the ability for an individual who is deaf, deaf-blind, hard of hearing or speech impaired to engage in communication by wire or radio with a hearing individual in a manner that is functionally equivalent to the ability of an individual who does not have a hearing or speech disability to communicate using voice communication services by wire or radio. “Telecommunications relay service” includes, but is not limited to:

(a) Services that enable two-way communication between an individual using a text telephone or other nonvoice terminal device and an individual not using such a device;

- (b) Speech-to-speech services; and
- (c) Non-English relay services.

SECTION 165. ORS 759.698 is amended to read:

759.698. (1)(a) In order to be eligible to receive assistive telecommunication devices, adaptive equipment or communication facilitator services, individuals must be certified as deaf, deaf-blind, hard of hearing or speech impaired by a licensed physician, [*physician assistant*] **physician associate**, nurse practitioner, audiologist, hearing aid specialist, speech-language pathologist, rehabilitation instructor for persons who are blind or vocational rehabilitation counselor of the Department of Human Services. Certification implies that the individual cannot use the telephone for expressive or receptive communication.

(b) No more than one assistive telecommunication device or adaptive equipment device may be provided to a household. However, two assistive telecommunication devices or adaptive equipment devices may be provided to a household if more than one eligible person permanently resides in the household. Households without any assistive telecommunication devices or adaptive equipment shall be given priority over households with one assistive telecommunication device or adaptive equipment device when such devices are distributed.

(c) ORS 759.693 to 759.698 do not require a telecommunications utility to provide an assistive telecommunication device to any person in violation of ORS 646.730.

(2)(a) In order to be eligible to receive adaptive equipment, individuals must be certified to have the required disability by a person or agency designated by the Public Utility Commission to make such certifications. Certification implies that the individual is unable to use the telephone.

(b) ORS 759.693 to 759.698 do not require a telecommunications utility to provide adaptive equipment to any person in violation of ORS 646.730.

SECTION 166. ORS 807.090 is amended to read:

807.090. (1) If the Department of Transportation determines that a person may be ineligible for a license because the person has a mental or physical condition or impairment that affects the person's ability to safely operate a motor vehicle, the person may establish eligibility for a license:

(a) By personally demonstrating to the satisfaction of the department that, notwithstanding the mental or physical condition or impairment, the person is qualified to safely operate a motor vehicle; or

(b) If the department reasonably believes that, notwithstanding the demonstration under paragraph (a) of this subsection, the person's mental or physical condition or impairment affects the person's ability to safely operate a motor vehicle, by receiving a determination of eligibility from the medical determination officer of the department under this section.

(2) The medical determination officer shall determine that a person is eligible for a license under this section if an applicant establishes to the satisfaction of the officer that the person's mental or physical condition or impairment does not affect the person's ability to safely operate a motor vehicle. The medical determination officer shall use the following to determine the person's eligibility under this subsection:

(a) A report from the person's physician, nurse practitioner or [*physician assistant*] **physician associate** of the person's condition or impairment.

(b) If the person's condition or impairment apparently involves only visual deficiencies, the department may require a person to submit a report from a licensed optometrist or a licensed physician who specializes in diagnosis and treatment of diseases of the eye.

(c) The medical determination officer may require an examination and a written report of findings and recommendations from a qualified physician, nurse practitioner or [*physician assistant*] **physician associate** identified by the officer in addition to other reports submitted.

(3) If a person establishes eligibility for a license under this section by receiving a determination of eligibility, the department may require the person to reestablish eligibility at reasonable intervals. The frequency of reestablishing eligibility under this subsection shall be established by the medical determination officer after reviewing any recommendations from the physician, nurse practitioner or [*physician assistant*] **physician associate** of the person required to reestablish eligibility.

(4) The department may employ any qualified physician, nurse practitioner or [*physician assistant*] **physician associate** who holds an unrestricted license in the State of Oregon to perform the duties assigned to the medical determination officer by this section.

(5) As used in this section, “physician” means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathic Medicine and is licensed under ORS 677.100 to 677.228 and a person who holds a degree of Doctor of Naturopathic Medicine and is licensed under ORS chapter 685.

SECTION 167. ORS 811.220 is amended to read:

811.220. The Director of Transportation shall issue a certificate of exemption required under ORS 811.215 for any person on whose behalf a statement signed by a physician, nurse practitioner or [*physician assistant*] **physician associate** is presented to the Department of Transportation. For a physician’s, nurse practitioner’s or [*physician assistant’s*] **physician associate’s** statement to qualify under this section, the physician, nurse practitioner or [*physician assistant*] **physician associate** giving the statement must set forth reasons in the statement why use of a child safety system, safety belt or safety harness by the person would be impractical or harmful to the person by reason of physical condition, medical problem or body size.

SECTION 168. ORS 811.604 is amended to read:

811.604. Application for issuance or renewal of a disabled person parking permit in the form of an individual placard or decal issued under ORS 811.602 shall include:

(1) A certificate, signed and dated within six months preceding the date of application, by a licensed physician, a licensed nurse practitioner or a licensed [*physician assistant*] **physician associate** to the Department of Transportation that the applicant is a person with a disability or a certificate, signed and dated within six months preceding the date of application, by a licensed optometrist that the applicant is a person with a disability because of loss of vision or substantial loss of visual acuity or visual field beyond correction;

(2) The state-issued licensing number of the licensed physician, certified nurse practitioner, licensed [*physician assistant*] **physician associate** or licensed optometrist who signed the certificate described in subsection (1) of this section; and

(3) The number of a driver license, driver permit, identification card or parking identification card issued to the applicant by the department.

SECTION 169. ORS 811.611 is amended to read:

811.611. (1) The Department of Transportation may issue a disabled person parking permit in the form of a placard to a person who is visiting from a foreign country if the person presents to the department either a valid driver license or other grant of driving privileges from the foreign country or a passport or visa showing that the person is a visitor to the United States and presents one of the following:

(a) A valid disabled person parking permit issued by the country that issued the visitor’s passport or visa;

(b) A certificate from an official of the agency that issues disabled person parking permits in the country that issued the visitor’s passport or visa certifying that the person holds a valid disabled person parking permit; or

(c) A certificate from a licensed physician, a licensed nurse practitioner or a licensed [*physician assistant*] **physician associate** addressed to the Department of Transportation certifying that the applicant is a person with a disability, or a certificate from a licensed optometrist certifying that the applicant is a person with a disability because of loss of vision or substantial loss of visual acuity or visual field beyond correction.

(2) A disabled person parking permit issued under this section is valid for 30 days.

SECTION 170. Section 9, chapter 550, Oregon Laws 2011, is amended to read:

Sec. 9. Notwithstanding the amendments to ORS 677.097, 677.495, 677.500, 677.510, 677.512, 677.515, 677.535 and 677.545 by sections 1 to 8, [*of this 2011 Act*] **chapter 550, Oregon Laws 2011:**

(1) A [*physician assistant*] **physician associate** practicing under a practice description approved by the Oregon Medical Board under ORS 677.510 as in effect immediately before [*the operative date of the amendments to ORS 677.510 by section 3 of this 2011 Act*] **January 1, 2012**, may continue to

practice in accordance with the practice description and is not required to enter into a practice agreement under ORS 677.510.

(2) A [*physician assistant*] **physician associate** licensed under ORS 677.512 as in effect immediately before [*the operative date of the amendments to ORS 677.512 by section 4 of this 2011 Act*] **January 1, 2012**, may renew the [*physician assistant's*] **physician associate's** license without meeting the requirements of ORS 677.512 (2)(c) and (d).

SECTION 171. Section 2, chapter 575, Oregon Laws 2015, as amended by section 1, chapter 384, Oregon Laws 2017, and section 13, chapter 489, Oregon Laws 2017, is amended to read:

Sec. 2. (1) As used in this section:

(a) "Carrier" means an insurer that offers a health benefit plan, as defined in ORS 743B.005.

(b) "Coordinated care organization" has the meaning given that term in ORS 414.025.

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

(d) "Primary care provider" includes:

(A) A physician, naturopath, nurse practitioner, [*physician assistant*] **physician associate** or other health professional licensed or certified in this state, whose clinical practice is in the area of primary care.

(B) A health care team or clinic that has been certified by the Oregon Health Authority as a patient centered primary care home.

(2)(a) The Oregon Health Authority shall convene a primary care payment reform collaborative to advise and assist in the implementation of a Primary Care Transformation Initiative to:

(A) Use value-based payment methods that are not paid on a per claim basis to:

(i) Increase the investment in primary care;

(ii) Align primary care reimbursement by all purchasers of care; and

(iii) Continue to improve reimbursement methods, including by investing in the social determinants of health;

(B) Increase investment in primary care without increasing costs to consumers or increasing the total cost of health care;

(C) Provide technical assistance to clinics and payers in implementing the initiative;

(D) Aggregate the data from and align the metrics used in the initiative with the work of the Health Plan Quality Metrics Committee established in ORS 413.017;

(E) Facilitate the integration of primary care behavioral and physical health care; and

(F) Ensure that the goals of the initiative are met by December 31, 2027.

(b) The collaborative is a governing body, as defined in ORS 192.610.

(3) The authority shall invite representatives from all of the following to participate in the primary care payment reform collaborative:

(a) Primary care providers;

(b) Health care consumers;

(c) Experts in primary care contracting and reimbursement;

(d) Independent practice associations;

(e) Behavioral health treatment providers;

(f) Third party administrators;

(g) Employers that offer self-insured health benefit plans;

(h) The Department of Consumer and Business Services;

(i) Carriers;

(j) A statewide organization for mental health professionals who provide primary care;

(k) A statewide organization representing federally qualified health centers;

(L) A statewide organization representing hospitals and health systems;

(m) A statewide professional association for family physicians;

(n) A statewide professional association for physicians;

(o) A statewide professional association for nurses; and

(p) The Centers for Medicare and Medicaid Services.

(4) The primary care payment reform collaborative shall annually report to the Oregon Health Policy Board and to the Legislative Assembly on the achievement of the primary care spending targets in ORS [414.625] **414.572** and 743.010 and the implementation of the Primary Care Transformation Initiative.

(5) A coordinated care organization shall report to the authority, no later than October 1 of each year, the proportion of the organization's total medical costs that are allocated to primary care.

(6) The authority, in collaboration with the Department of Consumer and Business Services, shall adopt rules prescribing the primary care services for which costs must be reported under subsection (5) of this section.

SECTION 172. Section 20, chapter 349, Oregon Laws 2021, is amended to read:

Sec. 20. A [physician assistant] **physician associate** practicing under a practice agreement or practice description that was entered into before [the operative date specified in section 21 of this 2021 Act] **July 15, 2022**, may continue to practice under the practice agreement until the [physician assistant] **physician associate** enters into a collaboration agreement, as defined in ORS 677.495. A [physician assistant] **physician associate** described in this section:

(1) May enter into a collaboration agreement on or after July 15, 2022.

(2) Shall enter into a collaboration agreement not later than the date on which the [physician assistant's] **physician associate's** license is due for renewal or December 31, 2023, whichever is later.

SECTION 172a. (1) The amendments to ORS 3.450, 30.302, 30.800, 30.802, 31.260, 31.740, 58.376, 87.555, 87.560, 87.565, 87.575, 87.581, 109.640, 109.650, 109.675, 109.680, 109.685, 124.050, 127.663, 127.700, 135.139, 136.220, 137.076, 137.473, 137.476, 146.181, 146.750, 147.403, 169.076, 169.077, 169.750, 192.547, 192.556, 315.616, 336.479, 336.490, 339.870, 343.146, 348.303, 353.450, 408.310, 408.315, 408.340, 410.530, 413.273, 413.574, 413.590, 414.550, 418.747, 418.782, 419B.005, 419B.020, 419B.023, 419B.035, 419B.352, 421.467, 421.590, 430.401, 430.735, 431.180, 431A.570, 432.005, 433.010, 433.017, 433.110, 433.260, 433.443, 433.800, 433.815, 435.205, 435.305, 436.225, 436.235, 436.295, 438.010, 441.064, 441.098, 442.490, 443.065, 443.075, 443.850, 453.307, 463.015, 475.005, 475.528, 475.744, 475.950, 475.975, 475.976, 475.978, 475C.777, 475C.891, 496.018, 616.750, 628.270, 656.005, 656.245, 656.260, 656.799, 659A.150, 659A.413, 676.340, 676.345, 676.347, 676.454, 676.650, 676.860, 677.085, 677.095, 677.097, 677.135, 677.137, 677.139, 677.141, 677.235, 677.494, 677.495, 677.500, 677.505, 677.510, 677.511, 677.512, 677.515, 677.518, 677.520, 677.525, 677.535, 680.205, 680.545, 688.132, 688.405, 688.510, 688.515, 688.525, 688.805, 694.042, 735.631, 742.400, 742.504, 743A.036, 743A.044, 743B.222, 743B.427, 744.364, 744.367, 746.230, 746.600, 750.055, 759.693, 759.698, 807.090, 811.220, 811.604 and 811.611 and section 9, chapter 550, Oregon Laws 2011, section 2, chapter 575, Oregon Laws 2015, section 20, chapter 349, Oregon Laws 2021, and section 9, chapter 629, Oregon Laws 2021, by sections 15 to 172 of this 2024 Act are intended to change the term "physician assistant" to the term "physician associate."

(2) For the purpose of harmonizing and clarifying statutory law, the Legislative Counsel may substitute for words designating the term "physician assistant," wherever they occur in statutory law, other words designating the term "physician associate."

CAPTIONS

SECTION 173. The unit captions used in this 2024 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2024 Act.

EFFECTIVE DATE

SECTION 174. This 2024 Act takes effect on the 91st day after the date on which the 2024 regular session of the Eighty-second Legislative Assembly adjourns sine die.

Passed by House February 22, 2024

Repassed by House March 6, 2024

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Dan Rayfield, Speaker of House

Passed by Senate March 5, 2024

.....
Rob Wagner, President of Senate

Received by Governor:

.....M,....., 2024

Approved:

.....M,....., 2024

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M,....., 2024

.....
LaVonne Griffin-Valade, Secretary of State