Senate Bill 1536

Sponsored by Senator LINTHICUM, Representative LEVY B, Senator SMITH DB; Senators KNOPP, THATCHER, Representatives BOICE, BREESE-IVERSON, DIEHL, GOODWIN, HIEB, JAVADI, MANNIX, MCINTIRE, OSBORNE, RESCHKE, STOUT, WRIGHT, YUNKER (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.** The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act says that no one may perform an abortion on a person unless a health care worker finds that the person is less than 15 weeks pregnant, unless the abortion is needed because of an urgent health need, rape or incest. The Act describes when an urgent health need allows an abortion on a person who is 15 or more weeks pregnant. The Act allows a health care worker licensing board to punish a health care worker who fails to comply with the provisions of the Act. The Act requires OHA to provide public reports of certain data about abortions. The Act allows a person who had an abortion that did not comply with the terms of the Act to sue the health care worker who performed the abortion. The Act goes into effect 91 days after the session ends. (Flesch Readability Score: 64.1).

Prohibits an abortion unless a health care provider first determines the probable gestational age of the unborn child, except in the case of a medical emergency. Defines "abortion" and "health care provider." Prohibits the abortion of an unborn child with a probable gestational age of 15 or more weeks, except in the case of a medical emergency, rape or incest. Requires that abortion of an unborn child with probable gestational age of 15 or more weeks be performed or induced in specified facilities and with specific safeguards in place. Allows specified persons to bring an action against a health care provider for violations. Requires a health care provider who performs or induces, or attempts to perform or induce, an abortion to file a report with Oregon Health Authority. Requires the authority to publish annually statistics relating to abortion. Allows specified persons to bring a cause of action for actual and punitive damages and injunctive relief against a health care provider for violation.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

- Relating to abortion restrictions; creating new provisions; amending ORS 435.210, 435.496, 677.190 and 678.111; and prescribing an effective date.
- Whereas medical and other authorities know more about human prenatal development now than ever before; and
 - Whereas the assertion by some medical experts that an unborn child is incapable of experiencing pain until later than 24 weeks gestational age predominantly rests on the assumption that the ability to experience pain depends on the cerebral cortex and requires nerve connections between the thalamus and the cortex; and
 - Whereas medical research and analysis since 2007 provides strong evidence for the conclusion that a functioning cortex is not necessary to experience pain; and
 - Whereas substantial evidence indicates that children born missing the bulk of the cerebral cortex, such as those with hydraencephaly, nevertheless experience pain; and
 - Whereas substantial evidence indicates that neural elements, such as the thalamus and subcortical plate, serve as pain processing centers for an unborn child and show signs of sufficient maturation beginning at 15 weeks gestational age; and
- Whereas in adult humans and in animals stimulation or ablation of the cerebral cortex does not alter pain perception, while stimulation or ablation of the thalamus does alter pain perception; and

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Whereas pain receptors begin forming at seven weeks gestational age, and nerve fibers linking pain receptors to the brain's thalamus and subcortical plate form between 12 and 20 weeks gestational age; and

Whereas the first contact between the subcortical plate and the forming nerve fibers occurs no later than 16 weeks gestational age; and

Whereas the application of painful stimuli to an unborn child is associated with significant increases in stress hormones known as the stress response; and

Whereas subjection to painful stimuli is associated with long-term harmful neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioral and learning disabilities later in life; and

Whereas fetal anesthesia is routinely administered to unborn children for purposes of surgery and is associated with a decrease in the level of stress hormones compared to the level of stress hormones without the administration of anesthesia; and

Whereas fetal surgeons have found it necessary to sedate an unborn child with anesthesia to prevent the unborn child from engaging in vigorous movement in reaction to invasive surgery; and

Whereas doctors have concluded that an unborn child is extremely sensitive to painful stimuli by 15 weeks, and as early as 12 weeks, gestational age, making adequate analgesia and anesthesia necessary for invasive medical procedures performed on an unborn child to prevent fetal suffering; now, therefore,

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

SECTION 1. As used in sections 1 to 9 of this 2024 Act:

- (1) "Abortion" means the use or prescription of any instrument, medicine, drug or any other substance or device to terminate the pregnancy of a person known to be pregnant, if the intention is other than to increase the probability of a live birth, to preserve the life or health of the child after live birth or to remove a dead unborn child who died as the result of natural causes in utero, accidental trauma or a criminal assault on the pregnant person or their unborn child, and that use or prescription causes the premature termination of the pregnancy.
- (2) "Attempt to perform or induce an abortion" means an act, or an omission of a statutorily required act, that, under the circumstances as the actor believes them to be, constitutes a substantial step in a course of conduct planned to culminate in the performance or induction of an abortion.
 - (3) "Fertilization" means the fusion of a human spermatozoon with a human ovum.
 - (4) "Health care provider" means:
 - (a) A physician licensed under ORS chapter 677;
 - (b) A physician assistant licensed under ORS 677.505 to 677.525; and
 - (c) A nurse practitioner licensed under ORS 678.375 to 678.390.
- (5) "Partial birth abortion" means an abortion in which the person performing the abortion partially vaginally delivers a living unborn child before killing the unborn child and completing the delivery.
- (6) "Probable gestational age" means the duration of the pregnancy at the time the abortion is to be performed or induced.
- (7) "Rape or incest" includes any of the following, regardless of whether the person accused of committing the act has been charged with or convicted of committing the act:
 - (a) Incest under ORS 163.525.

(b) Rape in the third degree under ORS 163.355.

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- 2 (c) Rape in the second degree under ORS 163.365.
- 3 (d) Rape in the first degree under ORS 163.375.
- 4 (e) Sodomy in the third degree under ORS 163.385.
- 5 (f) Sodomy in the second degree under ORS 163.395.
 - (g) Sodomy in the first degree under ORS 163.405.
 - (h) Sexual abuse in the third degree under ORS 163.415.
- (i) Sexual abuse in the second degree under ORS 163.425.
- (j) Sexual abuse in the first degree under ORS 163.427.
- 10 (k) Contributing to the sexual delinquency of a minor under ORS 163.435.
 - (L) Sexual misconduct under ORS 163.445.
 - (8) "Reasonable medical judgment" means a medical judgment that would be made by a reasonably prudent health care provider who is knowledgeable about the pregnant person's case and the treatment possibilities with respect to the medical conditions involved.
 - (9) "Telemedicine" has the meaning given that term in ORS 414.723.
 - (10) "Unborn child" means an individual organism of the species Homo sapiens from fertilization until live birth.
 - SECTION 2. (1) A pregnant person's condition is a medical emergency for purposes of sections 3 and 4 of this 2024 Act if, in the reasonable medical judgment of the health care provider:
 - (a) Failure to immediately terminate the pregnancy is reasonably likely to result in the pregnant person's death; or
 - (b) The delay necessary to determine the probable gestational age as required under sections 3 and 4 of this 2024 Act is reasonably likely to create a serious risk of substantial and irreversible physical impairment of one or more of the pregnant person's major bodily functions, not including psychological or emotional functions.
 - (2) The likelihood that a pregnant person will engage in conduct that would result in the pregnant person's death or in the substantial and irreversible physical impairment of a major bodily function of the pregnant person does not constitute:
 - (a) A medical emergency for purposes of this section or section 3 or 4 of this 2024 Act;
 - (b) A risk of the pregnant person's death or of a substantial and irreversible physical impairment of a major bodily function of the pregnant person under section $4\ (2)(c)(B)$ of this 2024 Act; or
 - (c) A reasonable basis for performing a partial birth abortion under section 4 (2)(e) of this 2024 Act.
 - SECTION 3. (1) Except in the case of a medical emergency that prevents compliance with this section, a person may not perform or induce, or attempt to perform or induce, an abortion unless a health care provider has first made a determination of the probable gestational age of the unborn child.
 - (2) In making the determination required by subsection (1) of this section, the health care provider shall make the inquiries of the person who is pregnant and perform or cause to be performed the medical examinations and tests that a reasonably prudent health care provider who is knowledgeable about the case and the medical conditions involved would make and perform to make an accurate diagnosis with respect to the probable gestational age.

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SECTION 4. (1) A person may perform or induce, or attempt to perform or induce, an abortion, only if:

- (a) A health care provider has determined under section 3 of this 2024 Act that the probable gestational age of the unborn child is less than 15 weeks;
 - (b) The pregnant person's condition is a medical emergency; or
 - (c) The pregnancy is a result of rape or incest.

- (2) If an abortion permitted under subsection (1) of this section involves an unborn child with a probable gestational age of 15 or more weeks:
- (a) The abortion may not be performed using telemedicine, including the prescribing of medication by telemedicine or the filling of medication prescribed by telemedicine, if the prescribing health care provider intends the medication to result in an abortion.
- (b) The abortion must be performed or induced by a health care provider in a hospital licensed under ORS 441.015 to 441.119 and 441.993 or an ambulatory surgical center as defined in ORS 442.015 that has a majority ownership by a hospital licensed under ORS 441.015 to 441.119 and 441.993.
- (c) The health care provider shall consider all available abortion procedures and perform or induce, or attempt to perform or induce, the abortion using the procedure that, in the health care provider's reasonable medical judgment, provides:
 - (A) The greatest opportunity for the unborn child to survive; and
- (B) The least risk of the pregnant person's death or of the substantial and irreversible physical impairment of a major bodily function of the pregnant person, other than psychological or emotional functions.
- (d)(A) Except where the pregnant person's condition constitutes a medical emergency as described under section 2 of this 2024 Act, in addition to the health care provider performing or inducing the abortion, there must be another health care provider in attendance who shall take control of and provide immediate care for a child born alive as a result of the abortion.
- (B)(i) During the performance or induction of the abortion, the health care provider performing or inducing the abortion shall take all reasonable steps in keeping with good medical practice, consistent with the procedure used, to preserve the life and health of the unborn child; and
- (ii) After the abortion, the health care provider required by this paragraph to be in attendance shall take all reasonable steps in keeping with good medical practice to preserve the life and health of a child born alive as a result of the abortion.
- (e) The health care provider may only knowingly or intentionally perform a partial birth abortion if a physician reasonably believes that performing the partial birth abortion is necessary to save the pregnant person's life and that no other medical procedure is sufficient to save the pregnant person's life.
- (f) The health care provider must obtain the written consent of the pregnant person or, if required under ORS 109.640, the pregnant person's parent or legal guardian.
- (g) The health care provider must certify in writing to the hospital or ambulatory surgical center in which the abortion is to be performed or induced the facts supporting the criteria permitting the abortion under subsection (1) of this section.
- (3) Any child born alive shall be treated as a person under the law, and the State Registrar of the Center for Health Statistics shall issue a birth certificate certifying the child's birth even if the child may subsequently die, in which event a registrar shall issue a

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death certificate. Failure to take all reasonable steps, in keeping with good medical practice, to preserve the life and health of a child born alive shall subject the responsible persons to Oregon laws governing homicide, manslaughter and civil liability for wrongful death and medical malpractice.

- (4) If a health care provider reasonably believes that a pregnancy is a result of rape or incest, the health care provider shall:
- (a) If the pregnant person is at least 18 years of age, report any known or suspected trafficking in persons under ORS 163.266 to a local law enforcement agency; or
- (b) If the pregnant person is under 18 years of age, report the suspected child abuse as required under ORS 419B.010.
- SECTION 5. (1) In addition to the reporting requirements under ORS 432.075 and 435.496, a health care provider who performs or induces, or attempts to perform or induce, an abortion, shall report to the Oregon Health Authority in accordance with rules adopted by the authority. The report must include:
- (a) If a determination of probable gestational age was made, the probable gestational age determined and the method and basis of the determination;
- (b) If a determination of probable gestational age was not made or the probable gestational age was determined to be 15 or more weeks, the basis of the determination that a medical emergency existed or that the abortion was otherwise permitted under section 4 of this 2024 Act;
- (c) The method used for the abortion and, in the case of a termination performed when the probable gestational age was determined to be 15 or more weeks:
- (A) Whether the method used was one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive; or
- (B) If the method used did not provide the best opportunity for the unborn child to survive, the basis of the determination that termination of the pregnancy in that manner would pose a greater risk of the death of the pregnant person or of the substantial and irreversible physical impairment of a major bodily function of the person, other than psychological or emotional functions, than other available methods;
 - (d) Whether an intra-fetal injection was used in an attempt to induce fetal demise; and
- (e) The age and race of the person whose pregnancy was terminated or attempted to be terminated.
 - (2) The reports required by this section:
- (a) May not include the name, address or other information that individually identifies the person whose pregnancy was terminated or attempted to be terminated.
- (b) Must include a unique medical record identifying number that correlates to the person's medical record.
- (3)(a) Except as provided in paragraph (b) of this subsection, the reports submitted under this section are confidential and exempt from disclosure under ORS 192.311 to 192.478.
 - (b) The reports submitted under this section may be released:
- (A) To the Attorney General or a district attorney with appropriate jurisdiction pursuant to a civil or criminal investigation; or
 - (B) Pursuant to a court order in an action brought under section 6 of this 2024 Act.
- (4) The authority may adopt rules to carry out this section, including rules regarding the schedule on which a health care provider described in this section is required to submit the

1 report described in this section.

<u>SECTION 6.</u> Intentional or reckless failure by a health care provider to meet the requirements of section 5 of this 2024 Act:

- (1) Constitutes unprofessional conduct for purposes of ORS 677.190.
- (2) May be the basis for disciplinary action under ORS 678.111.
- <u>SECTION 7.</u> (1) On or before June 30 of each year, the Oregon Health Authority shall issue a public report of statistics relating to abortion. The public report must include:
- (a) Statistics for the previous calendar year compiled from the reports submitted under section 5 of this 2024 Act.
- (b) Statistics for all previous calendar years in which reports were submitted under section 5 of this 2024 Act, adjusted to reflect any additional information from late or corrected reports.
- (2) The authority may not include individually identifiable information in the public report.
- SECTION 8. (1)(a) Except as provided in paragraph (b) of this subsection, a person whose pregnancy was terminated or attempted to be terminated in violation of section 3 or 4 of this 2024 Act, or the person responsible for the fertilization that resulted in the pregnancy that is the subject of the abortion, may maintain an action against the health care provider who performed or induced, or attempted to perform or induce, the abortion for actual and punitive damages.
- (b) Damages may not be awarded under this subsection if the pregnancy described in paragraph (a) of this subsection was the result of criminal conduct by the person responsible for fertilization that resulted in the pregnancy described in this subsection.
- (2) A cause of action for injunctive relief against a health care provider who intentionally or recklessly violates section 3 or 4 of this 2024 Act may be brought against the health care provider by:
- (a) A person whose pregnancy was terminated or attempted to be terminated, if the person was not at least 18 years of age at the time of the abortion;
- (b) The representative of a person whose pregnancy was terminated or attempted to be terminated if the person died as a result of the abortion;
- (c) The person responsible for the fertilization that resulted in the pregnancy of the person whose pregnancy was terminated or attempted to be terminated;
 - (d) A prosecuting attorney with competent jurisdiction; or
 - (e) The Attorney General.
- (3) Injunctive relief may not be granted to the person responsible for fertilization that resulted in the pregnancy that is the subject of the abortion described in subsection (1)(a) of this section if the pregnancy is the result of criminal conduct by the person described in this subsection.
- (4) If the plaintiff prevails in the action described in this section, the court shall also award reasonable attorney fees to the plaintiff.
- (5) If the defendant prevails in the action described in this section, and the court finds that the action was frivolous and brought in bad faith, the court shall award attorney fees to the defendant.
- SECTION 9. (1) In any action or proceeding brought under section 8 of this 2024 Act, the court shall determine whether the anonymity of a person whose pregnancy was terminated

or attempted to be terminated must be exempt from public disclosure under ORS 192.311 to 192.478 if the person does not consent to disclosure.

- (2) If the court determines that the person's anonymity must be preserved, the court shall issue orders to the parties, witnesses and counsel, direct the sealing of the record and order exclusion from the courtroom or hearing room all persons who are not parties, witnesses or counsel. The orders described in this subsection must be accompanied by written findings that explain why the person's anonymity must be preserved, why the order is essential to that end, how the order is narrowly tailored to serve that interest and why no reasonable less-restrictive alternative exists.
- (3) If the person described in subsection (1) of this section does not consent to disclose the person's identity, any person other than a public official who brings an action under section 8 of this 2024 Act that is related to the person's pregnancy shall bring the action under a pseudonym.
- (4) This section may not be construed to conceal the identity of the plaintiff or witnesses from the defendant or defendant's counsel.

SECTION 10. ORS 435.210 is amended to read:

435.210. Every individual has a fundamental right to make decisions about the individual's reproductive health, including the right to make decisions about the individual's reproductive health care, to use or refuse contraception, to continue the individual's pregnancy and give birth or, subject to the limitations in section 4 of this 2024 Act, to terminate the individual's pregnancy.

SECTION 11. ORS 435.496 is amended to read:

- 435.496. (1) Each induced termination of pregnancy which occurs in this state, regardless of the length of gestation, shall be reported to the Center for Health Statistics within 30 days by the person in charge of the institution in which the induced termination of pregnancy was performed. If the induced termination of pregnancy was performed outside an institution, the attending physician or the naturopathic physician shall prepare and file the report.
- (2) If the person who is required to file the report under subsection (1) of this section has knowledge that the person [who underwent the induced termination of pregnancy] whose pregnancy was terminated also underwent a follow-up visit or had follow-up contact with a health care provider, the person shall include the fact of the follow-up visit or contact, and whether any complications were noted, in the report. If the person filing the report is not personally aware of the follow-up visit or contact but was informed of the visit or contact, the person shall include the source of that information in the report.
- (3) Reports submitted under this section [shall] may not disclose the [names or identities of the parents] name or identity of the person whose pregnancy was terminated.

SECTION 12. ORS 677.190 is amended to read:

- 677.190. The Oregon Medical Board may refuse to grant, or may suspend or revoke, a license to practice for any of the following reasons:
 - (1)(a) Unprofessional or dishonorable conduct.
- (b) For purposes of this subsection, the use of an alternative medical treatment shall not by itself constitute unprofessional conduct. For purposes of this paragraph:
 - (A) "Alternative medical treatment" means:
- (i) A treatment that the treating physician, based on the physician's professional experience, has an objective basis to believe has a reasonable probability for effectiveness in its intended use even if the treatment is outside recognized scientific guidelines, is unproven, is no longer used as a gen-

- erally recognized or standard treatment or lacks the approval of the United States Food and Drug Administration;
- (ii) A treatment that is supported for specific usages or outcomes by at least one other physician licensed by the Oregon Medical Board; and
- (iii) A treatment that poses no greater risk to a patient than the generally recognized or standard treatment.
- (B) "Alternative medical treatment" does not include use by a physician of controlled substances in the treatment of a person for chemical dependency resulting from the use of controlled substances.
- (2) Employing any person to solicit patients for the licensee. However, a managed care organization, independent practice association, preferred provider organization or other medical service provider organization may contract for patients on behalf of physicians.
- (3) Representing to a patient that a manifestly incurable condition of sickness, disease or injury can be cured.
 - (4) Obtaining any fee by fraud or misrepresentation.

- (5) Willfully or negligently divulging a professional secret without the written consent of the patient.
- (6)(a) Except as provided in paragraph (b) of this subsection, conviction of any offense punishable by incarceration in a Department of Corrections institution or in a federal prison, subject to ORS 670.280. A copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.
- (b) The board may not suspend or revoke a person's license, or refuse to grant a license to a person, because of a conviction resulting solely from the person's provision of a reproductive or gender-affirming health care service that is otherwise lawful in this state but unlawful in the jurisdiction in which the person provided the service, so long as the service provided was performed in accordance with the standard of care applicable to the service.
 - (7) Impairment as defined in ORS 676.303.
- (8) Fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration.
- (9) Making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading, regarding skill or the efficacy or value of the medicine, treatment or remedy prescribed or administered by the licensee or at the direction of the licensee in the treatment of any disease or other condition of the human body or mind.
- (10) Impersonating another licensee licensed under this chapter or permitting or allowing any person to use the license.
- (11) Aiding or abetting the practice of medicine or podiatry by a person not licensed by the board, when the licensee knows, or with the exercise of reasonable care should know, that the person is not licensed.
- (12) Using the name of the licensee under the designation "doctor," "Dr.," "D.O." or "M.D.," "D.P.M.," "Acupuncturist," "P.A." or any similar designation in any form of advertising that is untruthful or is intended to deceive or mislead the public.
 - (13) Gross negligence or repeated negligence in the practice of medicine or podiatry.
- (14) Incapacity to practice medicine or podiatry. If the board has evidence indicating incapacity, the board may order a licensee to submit to a standardized competency examination. The licensee shall have access to the result of the examination and to the criteria used for grading and evaluat-

ing the examination. If the examination is given orally, the licensee shall have the right to have the examination recorded.

- (15)(a) Except as provided in paragraph (b) of this subsection, disciplinary action by another state of a license to practice, based upon acts by the licensee similar to acts described in this section. A certified copy of the record of the disciplinary action of the state is conclusive evidence thereof.
- (b) The board may not suspend or revoke a person's license, or refuse to grant a license to a person, because of a disciplinary action by another state resulting solely from the person's provision of a reproductive or gender-affirming health care service that is otherwise lawful in this state but unlawful in the jurisdiction in which the person provided the service, so long as the service provided was performed in accordance with the standard of care applicable to the service.
- (16) Failing to designate the degree appearing on the license under circumstances described in ORS 677.184 (3).
- (17) Willfully violating any provision of this chapter or any rule adopted by the board, board order, or failing to comply with a board request pursuant to ORS 677.320.
- (18) Failing to report the change of the location of practice of the licensee as required by ORS 677.172.
 - (19) Imprisonment as provided in ORS 677.225.
 - (20) Making a fraudulent claim.

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- (21)(a) Performing psychosurgery.
- (b) For purposes of this subsection and ORS 426.385, "psychosurgery" means any operation designed to produce an irreversible lesion or destroy brain tissue for the primary purpose of altering the thoughts, emotions or behavior of a human being. "Psychosurgery" does not include procedures which may produce an irreversible lesion or destroy brain tissues when undertaken to cure well-defined disease states such as brain tumor, epileptic foci and certain chronic pain syndromes.
- (22) Refusing an invitation for an informal interview with the board requested under ORS 677.415.
 - (23) Violation of the federal Controlled Substances Act.
 - (24) Prescribing controlled substances without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping.
 - (25) Providing written documentation for purposes of ORS 475C.783 without having legitimately diagnosed a debilitating medical condition, as defined in ORS 475C.777, or without having followed accepted procedures for the examination of patients or for keeping records.
 - (26) Failure by the licensee to report to the board any adverse action taken against the licensee by another licensing jurisdiction or any peer review body, health care institution, professional or medical society or association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in this section.
 - (27) Failure by the licensee to notify the board of the licensee's voluntary resignation from the staff of a health care institution or voluntary limitation of a licensee's staff privileges at the institution if that action occurs while the licensee is under investigation by the institution or a committee thereof for any reason related to medical incompetence, unprofessional conduct, physical incapacity or impairment.

(28) Violation of section 3 or 4 of this 2024 Act.

SECTION 13. ORS 678.111 is amended to read:

- 678.111. In the manner prescribed in ORS chapter 183 for a contested case, and except as provided in ORS 678.138:
- (1) The Oregon State Board of Nursing may refuse to issue a license to practice nursing by examination or indorsement or a nurse internship license or may revoke or suspend a license, issue a limited license, censure or reprimand or place on probation, subject to any conditions imposed by the board, a person issued a license, for any of the following causes:
- (a) Conviction of the licensee of crime where the crime bears demonstrable relationship to the practice of nursing. A copy of the record of the conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.
- (b) Gross incompetence or gross negligence of the licensee in the practice of nursing at the level for which the licensee is licensed.
- (c) Any willful fraud or misrepresentation in applying for or procuring a license or renewal of a license.
- (d) Fraud or deceit of the licensee in the practice of nursing or in admission to the practice of nursing.
 - (e) Impairment as defined in ORS 676.303.
 - (f) Conduct derogatory to the standards of nursing.
- (g) Violation of any provision of ORS 678.010 to 678.448 or rules adopted under ORS 678.010 to 678.448.
- (h) Revocation or suspension of a license to practice nursing by any state or territory of the United States, or any foreign jurisdiction authorized to issue nursing credentials whether or not that license or credential was relied upon in issuing that license in this state. A certified copy of the order of revocation or suspension shall be conclusive evidence of the revocation or suspension.
- (i) Physical condition that makes the licensee unable to conduct safely the practice for which the licensee is licensed.
 - (j) Violation of any condition imposed by the board when issuing a limited license.
 - (k) Violation of section 3 or 4 of this 2024 Act.
- (2) A license may be denied, suspended or revoked for the reasons stated in subsection (1) of this section.
- (3) A license in inactive status may be denied, suspended or revoked for the reasons stated in subsection (1) of this section.
- (4) A license in retired status may be denied, suspended or revoked for any cause stated in subsection (1) of this section.

<u>SECTION 14.</u> 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.