

Senate Bill 666

Sponsored by Senator BONHAM (at the request of former Senator Dennis Linthicum) (Pre-session 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 places limits and duties on health care providers who perform abortions. (Flesch Readability Score: 63.4).

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 an 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 the 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 violations.

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

A BILL FOR AN ACT

1
2 Relating to abortion restrictions; creating new provisions; amending ORS 435.210, 435.496, 677.190
3 and 678.111; and prescribing an effective date.

4 Whereas medical and other authorities know more about human prenatal development now than
5 ever before; and

6 Whereas the assertion by some medical experts that an unborn child is incapable of experienc-
7 ing pain until later than 24 weeks gestational age predominantly rests on the assumption that the
8 ability to experience pain depends on the cerebral cortex and requires nerve connections between
9 the thalamus and the cortex; and

10 Whereas medical research and analysis since 2007 provides strong evidence for the conclusion
11 that a functioning cortex is not necessary to experience pain; and

12 Whereas substantial evidence indicates that children born missing the bulk of the cerebral
13 cortex, such as those with hydrancephaly, nevertheless experience pain; and

14 Whereas substantial evidence indicates that neural elements, such as the thalamus and
15 subcortical plate, serve as pain processing centers for an unborn child and show signs of sufficient
16 maturation beginning at 15 weeks gestational age; and

17 Whereas in adult humans and in animals stimulation or ablation of the cerebral cortex does not
18 alter pain perception, while stimulation or ablation of the thalamus does alter pain perception; and

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

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

24 Whereas the application of painful stimuli to an unborn child is associated with significant in-

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

1 creases in stress hormones known as the stress response; and

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

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

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

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

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

15 **SECTION 1. As used in sections 1 to 9 of this 2025 Act:**

16 (1) **“Abortion” means the use or prescription of any instrument, medicine, drug or any
17 other substance or device to terminate the pregnancy of a person known to be pregnant, if
18 the intention is other than to increase the probability of a live birth, to preserve the life or
19 health of the child after live birth or to remove a dead unborn child who died as the result
20 of natural causes in utero, accidental trauma or a criminal assault on the pregnant person
21 or their unborn child, and that use or prescription causes the premature termination of the
22 pregnancy.**

23 (2) **“Attempt to perform or induce an abortion” means an act, or an omission of a
24 statutorily required act, that, under the circumstances as the actor believes them to be,
25 constitutes a substantial step in a course of conduct planned to culminate in the perform-
26 ance or induction of an abortion.**

27 (3) **“Fertilization” means the fusion of a human spermatozoon with a human ovum.**

28 (4) **“Health care provider” means:**

29 (a) **A physician licensed under ORS chapter 677;**

30 (b) **A physician assistant licensed under ORS 677.505 to 677.525; and**

31 (c) **A nurse practitioner licensed under ORS 678.375 to 678.390.**

32 (5) **“Partial birth abortion” means an abortion in which the person performing the
33 abortion partially vaginally delivers a living unborn child before killing the unborn child and
34 completing the delivery.**

35 (6) **“Probable gestational age” means the duration of the pregnancy at the time the
36 abortion is to be performed or induced.**

37 (7) **“Rape or incest” means any of the following, regardless of whether the person ac-
38 cused of committing the act has been charged with or convicted of committing the act:**

39 (a) **Incest under ORS 163.525.**

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

41 (c) **Rape in the second degree under ORS 163.365.**

42 (d) **Rape in the first degree under ORS 163.375.**

43 (e) **Sodomy in the third degree under ORS 163.385.**

44 (f) **Sodomy in the second degree under ORS 163.395.**

45 (g) **Sodomy in the first degree under ORS 163.405.**

1 (h) Sexual abuse in the third degree under ORS 163.415.

2 (i) Sexual abuse in the second degree under ORS 163.425.

3 (j) Sexual abuse in the first degree under ORS 163.427.

4 (k) Contributing to the sexual delinquency of a minor under ORS 163.435.

5 (L) Sexual misconduct under ORS 163.445.

6 (8) "Reasonable medical judgment" means a medical judgment that would be made by a
7 reasonably prudent health care provider who is knowledgeable about the pregnant person's
8 case and the treatment possibilities with respect to the medical conditions involved.

9 (9) "Telemedicine" has the meaning given that term in ORS 414.723.

10 (10) "Unborn child" means an individual organism of the species *Homo sapiens* from
11 fertilization until live birth.

12 **SECTION 2.** (1) A pregnant person's condition is a medical emergency for purposes of
13 sections 3 and 4 of this 2025 Act if, in the reasonable medical judgment of the health care
14 provider:

15 (a) Failure to immediately terminate the pregnancy is reasonably likely to result in the
16 pregnant person's death; or

17 (b) The delay necessary to determine the probable gestational age as required under
18 sections 3 and 4 of this 2025 Act is reasonably likely to create a serious risk of substantial
19 and irreversible physical impairment of one or more of the pregnant person's major bodily
20 functions, not including psychological or emotional functions.

21 (2) The likelihood that a pregnant person will engage in conduct that would result in the
22 pregnant person's death or in the substantial and irreversible physical impairment of a major
23 bodily function of the pregnant person does not constitute:

24 (a) A medical emergency for purposes of this section or section 3 or 4 of this 2025 Act;

25 (b) A risk of the pregnant person's death or of a substantial and irreversible physical
26 impairment of a major bodily function of the pregnant person under section 4 (2)(c)(B) of this
27 2025 Act; or

28 (c) A reasonable basis for performing a partial birth abortion under section 4 (2)(e) of this
29 2025 Act.

30 **SECTION 3.** (1) Except in the case of a medical emergency that prevents compliance with
31 this section, a person may not perform or induce, or attempt to perform or induce, an
32 abortion unless a health care provider has first made a determination of the probable
33 gestational age of the unborn child.

34 (2) In making the determination required by subsection (1) of this section, the health
35 care provider shall make the inquiries of the person who is pregnant and perform or cause
36 to be performed the medical examinations and tests that a reasonably prudent health care
37 provider who is knowledgeable about the case and the medical conditions involved would
38 make and perform to make an accurate diagnosis with respect to the probable gestational
39 age.

40 **SECTION 4.** (1) A person may not perform or induce, or attempt to perform or induce,
41 an abortion unless:

42 (a) A health care provider has determined under section 3 of this 2025 Act that the
43 probable gestational age of the unborn child is less than 15 weeks;

44 (b) The pregnant person's condition is a medical emergency; or

45 (c) The pregnancy is a result of rape or incest.

1 **(2) If an abortion permitted under subsection (1) of this section involves an unborn child**
2 **with a probable gestational age of 15 or more weeks:**

3 **(a) The abortion may not be performed using telemedicine, including the prescribing of**
4 **medication by telemedicine or the filling of medication prescribed by telemedicine, if the**
5 **prescribing health care provider intends the medication to result in an abortion.**

6 **(b) The abortion must be performed or induced by a health care provider in a hospital**
7 **licensed under ORS 441.015 to 441.119 and 441.993 or an ambulatory surgical center as defined**
8 **in ORS 442.015 that has a majority ownership by a hospital licensed under ORS 441.015 to**
9 **441.119 and 441.993.**

10 **(c) The health care provider shall consider all available procedures and perform or in-**
11 **duce, or attempt to perform or induce, the termination of pregnancy using the procedure**
12 **that, in the health care provider's reasonable medical judgment, provides:**

13 **(A) The greatest opportunity for the unborn child to survive; and**

14 **(B) The least risk of the pregnant person's death or of the substantial and irreversible**
15 **physical impairment of a major bodily function of the pregnant person, other than psycho-**
16 **logical or emotional functions.**

17 **(d)(A) Except where the pregnant person's condition constitutes a medical emergency as**
18 **described under section 2 of this 2025 Act, in addition to the health care provider performing**
19 **or inducing the abortion, there must be another health care provider in attendance who shall**
20 **take control of and provide immediate care for a child born alive as a result of the abortion.**

21 **(B)(i) During the performance or induction of the abortion, the health care provider**
22 **performing or inducing the abortion shall take all reasonable steps in keeping with good**
23 **medical practice, consistent with the procedure used, to preserve the life and health of the**
24 **unborn child; and**

25 **(ii) After the abortion, the health care provider required by this paragraph to be in at-**
26 **tendance shall take all reasonable steps in keeping with good medical practice to preserve**
27 **the life and health of a child born alive as a result of the abortion.**

28 **(e) The health care provider may only knowingly or intentionally perform a partial birth**
29 **abortion if a physician reasonably believes that performing the partial birth abortion is nec-**
30 **essary to save the pregnant person's life and that no other medical procedure is sufficient**
31 **to save the pregnant person's life.**

32 **(f) The health care provider must obtain the written consent of the pregnant person or,**
33 **if required under ORS 109.640, the pregnant person's parent or legal guardian.**

34 **(g) The health care provider must certify in writing to the hospital or ambulatory sur-**
35 **gical center in which the abortion is to be performed or induced the facts supporting the**
36 **criteria permitting the abortion under subsection (1) of this section.**

37 **(3) Any child born alive shall be treated as a person under the law, and the State**
38 **Registrar of the Center for Health Statistics shall issue a birth certificate certifying the**
39 **child's birth even if the child may subsequently die, in which event a registrar shall issue a**
40 **death certificate. Failure to take all reasonable steps, in keeping with good medical practice,**
41 **to preserve the life and health of a child born alive shall subject the responsible persons to**
42 **Oregon laws governing homicide, manslaughter and civil liability for wrongful death and**
43 **medical malpractice.**

44 **(4) If a health care provider reasonably believes that a pregnancy is a result of rape or**
45 **incest, the health care provider shall:**

1 (a) If the pregnant person is at least 18 years of age, report any known or suspected
2 trafficking in persons under ORS 163.266 to a local law enforcement agency; or

3 (b) If the pregnant person is under 18 years of age, report the suspected child abuse as
4 required under ORS 419B.010.

5 **SECTION 5.** (1) In addition to the reporting requirements under ORS 432.075 and 435.496,
6 a health care provider who performs or induces, or attempts to perform or induce, an
7 abortion, shall report to the Oregon Health Authority in accordance with rules adopted by
8 the authority. The report must include:

9 (a) If a determination of probable gestational age was made, the probable gestational age
10 determined and the method and basis of the determination;

11 (b) If a determination of probable gestational age was not made or the probable
12 gestational age was determined to be 15 or more weeks, the basis of the determination that
13 a medical emergency existed or that the abortion was otherwise permitted under section 4
14 of this 2025 Act;

15 (c) The method used for the abortion and, in the case of a termination performed when
16 the probable gestational age was determined to be 15 or more weeks:

17 (A) Whether the method used was one that, in reasonable medical judgment, provided the
18 best opportunity for the unborn child to survive; or

19 (B) If the method used did not provide the best opportunity for the unborn child to sur-
20 vive, the basis of the determination that termination of the pregnancy in that manner would
21 pose a greater risk of the death of the pregnant person or of the substantial and irreversible
22 physical impairment of a major bodily function of the person, other than psychological or
23 emotional functions, than other available methods;

24 (d) Whether an intra-fetal injection was used in an attempt to induce fetal demise; and

25 (e) The age and race of the person whose pregnancy was terminated or attempted to be
26 terminated.

27 (2) The reports required by this section:

28 (a) May not include the name, address or other information that individually identifies
29 the person whose pregnancy was terminated or attempted to be terminated.

30 (b) Must include a unique medical record identifying number that correlates to the
31 person's medical record.

32 (3)(a) Except as provided in paragraph (b) of this subsection, the reports submitted under
33 this section are confidential and exempt from disclosure under ORS 192.311 to 192.478.

34 (b) The reports submitted under this section may be released:

35 (A) To the Attorney General or a district attorney with appropriate jurisdiction pursuant
36 to a civil or criminal investigation; or

37 (B) Pursuant to a court order in an action brought under section 6 of this 2025 Act.

38 (4) The authority may adopt rules to carry out this section, including rules regarding the
39 schedule on which a health care provider described in this section is required to submit the
40 report described in this section.

41 **SECTION 6.** Intentional or reckless failure by a health care provider to meet the re-
42 quirements of section 5 of this 2025 Act:

43 (1) Constitutes unprofessional conduct for purposes of ORS 677.190.

44 (2) May be the basis for disciplinary action under ORS 678.111.

45 **SECTION 7.** (1) On or before June 30 of each year, the Oregon Health Authority shall

1 issue a public report of statistics relating to abortion. The public report must include:

2 (a) Statistics for the previous calendar year compiled from the reports submitted under
3 section 5 of this 2025 Act.

4 (b) Statistics for all previous calendar years in which reports were submitted under sec-
5 tion 5 of this 2025 Act, adjusted to reflect any additional information from late or corrected
6 reports.

7 (2) The authority may not include individually identifiable information in the public re-
8 port.

9 **SECTION 8.** (1)(a) Except as provided in paragraph (b) of this subsection, a person whose
10 pregnancy was terminated or attempted to be terminated in violation of section 3 or 4 of this
11 2025 Act, or the person responsible for the fertilization that resulted in the pregnancy that
12 is the subject of the abortion, may maintain an action against the health care provider who
13 performed or induced, or attempted to perform or induce, the abortion for actual and puni-
14 tive damages.

15 (b) Damages may not be awarded under this subsection if the pregnancy described in
16 paragraph (a) of this subsection was the result of criminal conduct by the person responsible
17 for fertilization that resulted in the pregnancy described in this subsection.

18 (2) A cause of action for injunctive relief against a health care provider who intentionally
19 or recklessly violates section 3 or 4 of this 2025 Act may be brought against the health care
20 provider by:

21 (a) A person whose pregnancy was terminated or attempted to be terminated, if the
22 person was not at least 18 years of age at the time of the abortion;

23 (b) The representative of a person whose pregnancy was terminated or attempted to be
24 terminated if the person died as a result of the abortion;

25 (c) The person responsible for the fertilization that resulted in the pregnancy of the
26 person whose pregnancy was terminated or attempted to be terminated;

27 (d) A prosecuting attorney with competent jurisdiction; or

28 (e) The Attorney General.

29 (3) Injunctive relief may not be granted to the person responsible for fertilization that
30 resulted in the pregnancy that is the subject of the abortion described in subsection (1)(a)
31 of this section if the pregnancy is the result of criminal conduct by the person described in
32 this subsection.

33 (4) If the plaintiff prevails in the action described in this section, the court shall also
34 award reasonable attorney fees to the plaintiff.

35 (5) If the defendant prevails in the action described in this section, and the court finds
36 that the action was frivolous and brought in bad faith, the court shall award attorney fees
37 to the defendant.

38 **SECTION 9.** (1) In any action or proceeding brought under section 8 of this 2025 Act, the
39 court shall determine whether the anonymity of a person whose pregnancy was terminated
40 or attempted to be terminated must be exempt from public disclosure under ORS 192.311 to
41 192.478 if the person does not consent to disclosure.

42 (2) If the court determines that the person's anonymity must be preserved, the court
43 shall issue orders to the parties, witnesses and counsel, direct the sealing of the record and
44 order exclusion from the courtroom or hearing room all persons who are not parties, wit-
45 nesses or counsel. The orders described in this subsection must be accompanied by written

1 **findings that explain why the person’s anonymity must be preserved, why the order is es-**
 2 **sential to that end, how the order is narrowly tailored to serve that interest and why no**
 3 **reasonable less-restrictive alternative exists.**

4 **(3) If the person described in subsection (1) of this section does not consent to disclose**
 5 **the person’s identity, any person other than a public official who brings an action under**
 6 **section 8 of this 2025 Act that is related to the person’s pregnancy shall bring the action**
 7 **under a pseudonym.**

8 **(4) This section may not be construed to conceal the identity of the plaintiff or witnesses**
 9 **from the defendant or defendant’s counsel.**

10 **SECTION 10.** ORS 435.210 is amended to read:

11 435.210. Every individual has a fundamental right to make decisions about the individual’s re-
 12 productive health, including the right to make decisions about the individual’s reproductive health
 13 care, to use or refuse contraception, to continue the individual’s pregnancy and give birth or, **sub-**
 14 **ject to the limitations in section 4 of this 2025 Act,** to terminate the individual’s pregnancy.

15 **SECTION 11.** ORS 435.496 is amended to read:

16 435.496. (1) Each induced termination of pregnancy which occurs in this state, regardless of the
 17 length of gestation, shall be reported to the Center for Health Statistics within 30 days by the per-
 18 son in charge of the institution in which the induced termination of pregnancy was performed. If the
 19 induced termination of pregnancy was performed outside an institution, the attending physician or
 20 the naturopathic physician shall prepare and file the report.

21 (2) If the person who is required to file the report under subsection (1) of this section has
 22 knowledge that the person [*who underwent the induced termination of pregnancy*] **whose pregnancy**
 23 **was terminated** also underwent a follow-up visit or had follow-up contact with a health care pro-
 24 vider, the person shall include the fact of the follow-up visit or contact, and whether any compli-
 25 cations were noted, in the report. If the person filing the report is not personally aware of the
 26 follow-up visit or contact but was informed of the visit or contact, the person shall include the
 27 source of that information in the report.

28 (3) Reports submitted under this section [*shall*] **may** not disclose the [*names or identities of the*
 29 *parents*] **name or identity of the person whose pregnancy was terminated.**

30 **SECTION 12.** ORS 677.190 is amended to read:

31 677.190. The Oregon Medical Board may refuse to grant, or may suspend or revoke, a license
 32 to practice for any of the following reasons:

33 (1)(a) Unprofessional or dishonorable conduct.

34 (b) For purposes of this subsection, the use of an alternative medical treatment shall not by it-
 35 self constitute unprofessional conduct. For purposes of this paragraph:

36 (A) “Alternative medical treatment” means:

37 (i) A treatment that the treating physician, based on the physician’s professional experience, has
 38 an objective basis to believe has a reasonable probability for effectiveness in its intended use even
 39 if the treatment is outside recognized scientific guidelines, is unproven, is no longer used as a gen-
 40 erally recognized or standard treatment or lacks the approval of the United States Food and Drug
 41 Administration;

42 (ii) A treatment that is supported for specific usages or outcomes by at least one other physician
 43 licensed by the Oregon Medical Board; and

44 (iii) A treatment that poses no greater risk to a patient than the generally recognized or
 45 standard treatment.

1 (B) "Alternative medical treatment" does not include use by a physician of controlled substances
2 in the treatment of a person for chemical dependency resulting from the use of controlled sub-
3 stances.

4 (2) Employing any person to solicit patients for the licensee. However, a managed care organ-
5 ization, independent practice association, preferred provider organization or other medical service
6 provider organization may contract for patients on behalf of physicians.

7 (3) Representing to a patient that a manifestly incurable condition of sickness, disease or injury
8 can be cured.

9 (4) Obtaining any fee by fraud or misrepresentation.

10 (5) Willfully or negligently divulging a professional secret without the written consent of the
11 patient.

12 (6)(a) Except as provided in paragraph (b) of this subsection, conviction of any offense
13 punishable by incarceration in a Department of Corrections institution or in a federal prison, subject
14 to ORS 670.280. A copy of the record of conviction, certified to by the clerk of the court entering
15 the conviction, shall be conclusive evidence of the conviction.

16 (b) The board may not suspend or revoke a person's license, or refuse to grant a license to a
17 person, because of a conviction resulting solely from the person's provision of a reproductive or
18 gender-affirming health care service that is otherwise lawful in this state but unlawful in the juris-
19 diction in which the person provided the service, so long as the service provided was performed in
20 accordance with the standard of care applicable to the service.

21 (7) Impairment as defined in ORS 676.303.

22 (8) Fraud or misrepresentation in applying for or procuring a license to practice in this state,
23 or in connection with applying for or procuring registration.

24 (9) Making statements that the licensee knows, or with the exercise of reasonable care should
25 know, are false or misleading, regarding skill or the efficacy or value of the medicine, treatment or
26 remedy prescribed or administered by the licensee or at the direction of the licensee in the treat-
27 ment of any disease or other condition of the human body or mind.

28 (10) Impersonating another licensee licensed under this chapter or permitting or allowing any
29 person to use the license.

30 (11) Aiding or abetting the practice of medicine or podiatry by a person not licensed by the
31 board, when the licensee knows, or with the exercise of reasonable care should know, that the per-
32 son is not licensed.

33 (12) Using the name of the licensee under the designation "doctor," "Dr.," "D.O." or "M.D.,"
34 "D.P.M.," "Acupuncturist," "P.A." or any similar designation in any form of advertising that is
35 untruthful or is intended to deceive or mislead the public.

36 (13) Gross negligence or repeated negligence in the practice of medicine or podiatry.

37 (14) Incapacity to practice medicine or podiatry. If the board has evidence indicating incapacity,
38 the board may order a licensee to submit to a standardized competency examination. The licensee
39 shall have access to the result of the examination and to the criteria used for grading and evaluat-
40 ing the examination. If the examination is given orally, the licensee shall have the right to have the
41 examination recorded.

42 (15)(a) Except as provided in paragraph (b) of this subsection, disciplinary action by another
43 state of a license to practice, based upon acts by the licensee similar to acts described in this sec-
44 tion. A certified copy of the record of the disciplinary action of the state is conclusive evidence
45 thereof.

1 (b) The board may not suspend or revoke a person's license, or refuse to grant a license to a
2 person, because of a disciplinary action by another state resulting solely from the person's provision
3 of a reproductive or gender-affirming health care service that is otherwise lawful in this state but
4 unlawful in the jurisdiction in which the person provided the service, so long as the service provided
5 was performed in accordance with the standard of care applicable to the service.

6 (16) Failing to designate the degree appearing on the license under circumstances described in
7 ORS 677.184 (3).

8 (17) Willfully violating any provision of this chapter or any rule adopted by the board, board
9 order, or failing to comply with a board request pursuant to ORS 677.320.

10 (18) Failing to report the change of the location of practice of the licensee as required by ORS
11 677.172.

12 (19) Imprisonment as provided in ORS 677.225.

13 (20) Making a fraudulent claim.

14 (21)(a) Performing psychosurgery.

15 (b) For purposes of this subsection and ORS 426.385, "psychosurgery" means any operation de-
16 signed to produce an irreversible lesion or destroy brain tissue for the primary purpose of altering
17 the thoughts, emotions or behavior of a human being. "Psychosurgery" does not include procedures
18 which may produce an irreversible lesion or destroy brain tissues when undertaken to cure well-
19 defined disease states such as brain tumor, epileptic foci and certain chronic pain syndromes.

20 (22) Refusing an invitation for an informal interview with the board requested under ORS
21 677.415.

22 (23) Violation of the federal Controlled Substances Act.

23 (24) Prescribing controlled substances without a legitimate medical purpose, or prescribing
24 controlled substances without following accepted procedures for examination of patients, or pre-
25 scribing controlled substances without following accepted procedures for record keeping.

26 (25) Providing written documentation for purposes of ORS 475C.783 without having legitimately
27 diagnosed a debilitating medical condition, as defined in ORS 475C.777, or without having followed
28 accepted procedures for the examination of patients or for keeping records.

29 (26) Failure by the licensee to report to the board any adverse action taken against the licensee
30 by another licensing jurisdiction or any peer review body, health care institution, professional or
31 medical society or association, governmental agency, law enforcement agency or court for acts or
32 conduct similar to acts or conduct that would constitute grounds for disciplinary action as described
33 in this section.

34 (27) Failure by the licensee to notify the board of the licensee's voluntary resignation from the
35 staff of a health care institution or voluntary limitation of a licensee's staff privileges at the insti-
36 tution if that action occurs while the licensee is under investigation by the institution or a com-
37 mittee thereof for any reason related to medical incompetence, unprofessional conduct, physical
38 incapacity or impairment.

39 **(28) Violation of section 3 or 4 of this 2025 Act.**

40 **SECTION 13.** ORS 678.111 is amended to read:

41 678.111. In the manner prescribed in ORS chapter 183 for a contested case, and except as pro-
42 vided in ORS 678.138:

43 (1) The Oregon State Board of Nursing may refuse to issue a license to practice nursing by ex-
44 amination or indorsement or a nurse internship license or may revoke or suspend a license, issue
45 a limited license, censure or reprimand or place on probation, subject to any conditions imposed by

1 the board, a person issued a license, for any of the following causes:

2 (a) Conviction of the licensee of crime where the crime bears demonstrable relationship to the
3 practice of nursing. A copy of the record of the conviction, certified to by the clerk of the court
4 entering the conviction, shall be conclusive evidence of the conviction.

5 (b) Gross incompetence or gross negligence of the licensee in the practice of nursing at the level
6 for which the licensee is licensed.

7 (c) Any willful fraud or misrepresentation in applying for or procuring a license or renewal of
8 a license.

9 (d) Fraud or deceit of the licensee in the practice of nursing or in admission to the practice of
10 nursing.

11 (e) Impairment as defined in ORS 676.303.

12 (f) Conduct derogatory to the standards of nursing.

13 (g) Violation of any provision of ORS 678.010 to 678.448 or rules adopted under ORS 678.010 to
14 678.448.

15 (h) Revocation or suspension of a license to practice nursing by any state or territory of the
16 United States, or any foreign jurisdiction authorized to issue nursing credentials whether or not that
17 license or credential was relied upon in issuing that license in this state. A certified copy of the
18 order of revocation or suspension shall be conclusive evidence of the revocation or suspension.

19 (i) Physical condition that makes the licensee unable to conduct safely the practice for which
20 the licensee is licensed.

21 (j) Violation of any condition imposed by the board when issuing a limited license.

22 **(k) Violation of section 3 or 4 of this 2025 Act.**

23 (2) A license may be denied, suspended or revoked for the reasons stated in subsection (1) of this
24 section.

25 (3) A license in inactive status may be denied, suspended or revoked for the reasons stated in
26 subsection (1) of this section.

27 (4) A license in retired status may be denied, suspended or revoked for any cause stated in
28 subsection (1) of this section.

29 **SECTION 14. This 2025 Act takes effect on the 91st day after the date on which the 2025**
30 **regular session of the Eighty-third Legislative Assembly adjourns sine die.**

31
