Enrolled
House Bill 3100

Sponsored by Representative GREENLICK, Senator MONNES ANDERSON, Representative WHISNANT; Representatives BUEHLER, CLEM, HAYDEN, KENNEMER, KENY-GUYER, LIVELY, NATHANSON, NOSSE, SMITH WARNER, WEIDNER, Senators BATES, HANSELL, KRUSE, SHIELDS, STEINER HAYWARD

CHAPTER .....

AN ACT

Relating to public health; creating new provisions; amending ORS 30.302, 109.610, 124.050, 146.065, 146.075, 169.040, 179.505, 222.850, 401.657, 403.115, 411.435, 414.150, 414.152, 414.153, 417.827, 418.325, 418.747, 418.785, 419B.005, 426.070, 426.170, 426.335, 430.735, 430.920, 431.110, 431.120, 431.150, 431.157, 431.170, 431.180, 431.195, 431.260, 431.330, 431.335, 431.340, 431.380, 431.385, 431.412, 431.414, 431.415, 431.416, 431.418, 431.440, 431.510, 431.520, 431.550, 431.705, 431.715, 431.966, 431.990, 432.035, 433.001, 433.060, 433.090, 433.128, 433.235, 433.323, 433.442, 433.750, 433.860, 435.105, 435.205, 441.061, 441.630, 442.485, 443.005, 446.310, 446.425, 448.100, 448.150, 448.170, 451.435, 452.010, 453.322, 459.385, 466.605, 468.035, 468.060, 475.309, 570.880, 609.652, 624.005, 624.510, 659A.250, 689.605 and 700.025 and section 16, chapter 418, Oregon Laws 2011, and sections 21, 23 and 80c, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400); repealing ORS 431.345, 431.375, 431.410, 431.480 and 431.530 and section 80a, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400); and declaring an emergency.

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

FINDINGS

SECTION 1. The Legislative Assembly of the State of Oregon finds and declares that:

(1) Each resident of this state is entitled to the basic public health services that are necessary to preserve life and health;

(2) A framework for public health services provided by the government is necessary for applying the foundational capabilities and implementing the foundational programs by which the state or a local government may assess, protect or improve the health of the residents of this state; and

(3) The purpose of sections 9 to 24 of this 2015 Act is to provide the framework described in subsection (2) of this section.

DEFINITIONS

SECTION 2. As used in sections 9 to 24 of this 2015 Act:

(1) "Foundational capability" means the knowledge, skill or ability that is necessary to carry out a public health activity.

(2) "Foundational program" means a public health program that is necessary to assess, protect or improve the health of the residents of this state.

(3) "Governing body of a local public health authority" means:

(a) The governing body of a county;

(b) A board described in ORS 431.414 (2);

(c) A board established under ORS 431.414 (3); or

(d) The board of an intergovernmental entity created by an agreement pursuant to ORS 190.010 (5) for the purpose of providing public health services.

(4) "Local health department" means the agency established by the local public health authority that is responsible for administering public health programs and public health activities within the local public health authority's jurisdiction.

(5) "Local health officer" means:

(a) A local public health administrator appointed under ORS 431.418; or

(b) If the local public health administrator appointed under ORS 431.418 is not a physician licensed by the Oregon Medical Board, the physician who is employed by or who enters a contract with a local public health administrator under ORS 431.418.

(6) "Local public health administrator" means an individual appointed under ORS 431.418 to supervise the public health programs and public health activities of a local health department.

(7) "Local public health authority" means:

(a) A county government;

(b) A health district formed under ORS 431.414; or

(c) An intergovernmental entity that provides public health services pursuant to an agreement entered into under ORS 190.010 (5).

DUTIES OF THE OREGON HEALTH AUTHORITY

SECTION 3. ORS 431.110 is amended to read:

431.110. [*Subject to ORS 417.300 and 417.305,*] The Oregon Health Authority shall:

(1) Have direct supervision of all matters relating to the preservation of life and health of the people of [*the*] **this** state.

[*(2) Keep the vital statistics and other health related statistics of the state.*]

(2) Ensure the statewide and local application of the foundational capabilities established under section 9 of this 2015 Act and described in sections 10, 11, 12, 13, 14, 15 and 16 of this 2015 Act.

(3) At the state level of governance, administer the foundational programs established under section 17 of this 2015 Act and described in sections 18, 19, 20 and 21 of this 2015 Act.

(4) At the local level of governance, oversee and provide support for the implementation of the foundational programs established under section 17 of this 2015 Act and described in sections 18, 19, 20 and 21 of this 2015 Act.

[*(3)*] **(5)** [*Make*] **Conduct** sanitary surveys **about** and investigations [*and inquiries respecting*] **on** the causes and prevention of diseases[*, especially of epidemics*].

[*(4)*] **(6)** Investigate, conduct hearings and issue findings in connection with annexations proposed by cities as provided in ORS 222.840 to 222.915 **and 431.705 to 431.760**.

[*(5)*] **(7)** Have full power in the control of all communicable diseases.

[*(6)*] **(8)** Have **the** authority to send a representative of the authority to any part of the state [*when deemed necessary*].

[*(7)*] **(9)** From time to time, publish and distribute to the public [*in such form as the authority determines, such information as in its judgment may be useful in carrying on the work or purposes for which the authority was established*] **information related to the functions and duties of the authority**.

SECTION 4. **(1) For the purpose of fulfilling its duties under ORS 431.110 (2), (3) and (4), the Oregon Health Authority shall:**

(a) Adopt and update as necessary a statewide public health modernization assessment;

(b) In consideration of the statewide public health modernization assessment, develop and modify as necessary a statewide public health modernization plan;

(c) Implement the statewide public health modernization plan;

(d) Subject to the provisions of ORS 431.380, develop and modify as necessary plans for the distribution of funds to local public health authorities;

(e) Implement plans for the distribution of funds to local public health authorities;

(f) Coordinate state and local administration of the foundational programs established under section 17 of this 2015 Act;

(g) Approve local plans for applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act as required by ORS 431.385;

(h) Monitor the progress of local public health authorities in meeting statewide public health goals, including applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act;

(i) For the purpose of making distributions under ORS 431.380, consult with and consider the recommendations of local public health authorities on the total cost to local public health authorities of applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 as identified by local public health authorities in community modernization assessments adopted under ORS 431.416;

(j) Use incentives adopted under ORS 431.380 to encourage the effective and equitable provision of public health services by local public health authorities;

(k) Seek funding, including in the form of federal grants, for sections 9 to 24 of this 2015 Act; and

(L) Coordinate and collaborate with federal agencies in implementing sections 9 to 24 of this 2015 Act.

(2) The Oregon Health Authority shall solicit input from the Conference of Local Health Officials and local public health authorities in:

(a) Establishing the foundational capabilities under section 9 of this 2015 Act and the foundational programs under section 17 of this 2015 Act;

(b) Adopting and updating a statewide public health modernization assessment under subsection (1)(a) of this section;

(c) Developing and modifying a statewide public health modernization plan under subsection (1)(b) of this section; and

(d) Developing and modifying plans for the distribution of funds under subsection (1)(d) of this section.

OREGON PUBLIC HEALTH ADVISORY BOARD

SECTION 5. ORS 431.195 is amended to read:

431.195. [*(1) There is established the Oregon Public Health Advisory Board to serve as an advisory body to the Oregon Health Authority.*]

[*(2) The members of the board shall be residents of this state and shall be appointed by the Governor. The board shall consist of 15 members at least one-half of whom shall be public members broadly representing the state as a whole and the others to include representatives of local government and public and private health providers.*]

[*(3) The board shall:*]

[*(a) Advise the authority on policy matters related to public health programs.*]

[*(b) Provide a review of statewide public health issues and make recommendations to the authority.*]

[*(c) Participate in public health policy development.*]

[*(4) Members shall be appointed for four-year terms. No person shall serve more than two consecutive terms.*]

[*(5) The board shall meet at least quarterly.*]

[*(6) Members of the board shall be entitled to compensation and expenses as provided in ORS 292.495.*]

[*(7) Vacancies on the board shall be filled by appointments of the Governor for the unexpired term.*]

(1)(a) The Oregon Public Health Advisory Board is established for the purpose of advising and making recommendations to the Oregon Health Authority and the Oregon Health Policy Board. The Oregon Public Health Advisory Board shall consist of:

(A) Thirteen members appointed by the Governor as specified in paragraph (b) of this subsection;

(B) The Public Health Director or the Public Health Director's designee;

(C) If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer's designee;

(D) If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and

(E) A designee of the Oregon Health Policy Board.

(b) The Governor shall appoint the following individuals to the board:

(A) A state employee who has technical expertise in the field of public health;

(B) A local public health administrator who supervises public health programs and public health activities in Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County;

(C) A local public health administrator who supervises public health programs and public health activities in Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County;

(D) A local public health administrator who supervises public health programs and public health activities in Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County;

(E) A local public health administrator who supervises public health programs and public health activities in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County;

(F) A local health officer who is not a local public health administrator;

(G) An individual who represents the Conference of Local Health Officials created under ORS 431.330;

(H) An individual who represents coordinated care organizations;

(I) An individual who represents health care organizations that are not coordinated care organizations;

(J) An individual who represents individuals who provide public health services directly to the public;

(K) An expert in the field of public health who has a background in academia;

(L) An expert in population health metrics; and

(M) An at-large member.

(2)(a) The term of office for a board member appointed under this section 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.

(b) Members of the board described in subsection (1)(a)(B) to (E) of this section are nonvoting ex officio members of the board.

(3) A majority of the voting members of the board constitutes a quorum for the transaction of business.

(4) Official action by the board requires the approval of a majority of the voting members of the board.

(5) The board shall elect one of its voting members to serve as chairperson.

(6) The board shall meet at times and places specified by the call of the chairperson or of a majority of the voting members of the board.

(7) The board may adopt rules necessary for the operation of the board.

(8) The board may establish committees and subcommittees necessary for the operation of the board.

(9) Voting members of the board are entitled to compensation and expenses as provided in ORS 292.495.

SECTION 6. The term of membership for a person who is a member of the Oregon Public Health Advisory Board immediately before the operative date specified in section 114 of this 2015 Act expires on the operative date specified in section 114 of this 2015 Act. A member whose term expires under this section is eligible for reappointment. Of the members first appointed to the board on or after the operative date specified in section 114 of this 2015 Act:

(1) Four shall serve for terms ending January 1, 2017.

(2) Three shall serve for terms ending January 1, 2018.

(3) Three shall serve for terms ending January 1, 2019.

(4) Three shall serve for terms ending January 1, 2020.

SECTION 7. The Oregon Public Health Advisory Board shall:

(1) Make recommendations to the Oregon Health Policy Board on the development of statewide public health policies and goals;

(2) Make recommendations to the Oregon Health Policy Board on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by statewide public health policies and goals;

(3) Make recommendations to the Oregon Health Policy Board on the establishment of the foundational capabilities under section 9 of this 2015 Act, the foundational programs under section 17 of this 2015 Act and any other public health program or activity under section 22 of this 2015 Act;

(4) Make recommendations to the Oregon Health Policy Board on the adoption and updating of the statewide public health modernization assessment under section 4 of this 2015 Act;

(5) Make recommendations to the Oregon Health Policy Board on the development of and any modification to the statewide public health modernization plan developed under section 4 of this 2015 Act;

(6) Make recommendations to the Oregon Health Authority and the Oregon Health Policy Board on:

(a) The development of and any modification to plans developed under section 4 of this 2015 Act for the distribution of funds to local public health authorities; and

(b) The total cost to local public health authorities of applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act;

(7) Make recommendations to the Oregon Health Policy Board on the use of incentives by the Oregon Health Authority under ORS 431.380 to encourage the effective and equitable provision of public health services by local public health authorities;

(8) Provide support to local public health authorities in developing local plans to apply the foundational capabilities established under section 9 of this 2015 Act and implement the foundational programs established under section 17 of this 2015 Act as required by ORS 431.385;

(9) Monitor the progress of local public health authorities in meeting statewide public health goals, including employing the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act;

(10) Assist the Oregon Health Authority in seeking funding, including in the form of federal grants, for sections 9 to 24 of this 2015 Act; and

(11) Assist the Oregon Health Authority in coordinating and collaborating with federal agencies.

OREGON HEALTH POLICY BOARD

SECTION 8. In addition to the duties described in ORS 413.011, the Oregon Health Policy Board shall:

(1) Be the policy-making and oversight body for the Oregon Health Authority with respect to the application of the foundational capabilities established under section 9 of this 2015 Act and the implementation of the foundational programs established under section 17 of this 2015 Act; and

(2) Provide advice to the Oregon Health Authority based on the recommendations made by the Oregon Public Health Advisory Board under section 7 of this 2015 Act.

FOUNDATIONAL CAPABILITIES AND PROGRAMS

SECTION 9. (1) The Oregon Health Authority, in consideration of the advice provided by the Oregon Health Policy Board under section 8 of this 2015 Act, shall establish by rule the foundational capabilities necessary to protect and improve the health of the residents of this state and to achieve effective and equitable health outcomes for the residents of this state.

(2) At a minimum, the authority shall establish the following foundational capabilities:

(a) Assessment and epidemiology, as described in section 10 of this 2015 Act;

(b) Emergency preparedness and response, as described in section 11 of this 2015 Act;

(c) Communications as described in section 12 of this 2015 Act;

(d) Policy and planning as described in section 13 of this 2015 Act;

(e) Leadership and organizational competencies, as described in section 14 of this 2015 Act;

(f) Health equity and cultural responsiveness, as described in section 15 of this 2015 Act; and

(g) Community partnership development, as described in section 16 of this 2015 Act.

SECTION 10. (1) For the purpose of establishing the foundational capabilities under section 9 of this 2015 Act, assessment and epidemiology include, but are not limited to, the knowledge, skills and abilities necessary to:

(a) Identify and respond to disease outbreaks and epidemics;

(b) Analyze and respond to information related to disease outbreaks and epidemics;

(c) Conduct and assess surveys about health behaviors and practices;

(d) Collect and maintain vital records and statistics;

(e) Process data from a variety of sources, including vital records, health records, hospital data, insurance data and indicators of community or environmental health;

(f) Analyze key indicators of a community's health;

(g) Analyze data related to the causes and burdens of disease, injury, disability and death;

(h) Prioritize and respond to requests for data processed and analyzed as described in this section and communicate the response in a manner that is accurate, statistically valid and usable by the requester;

(i) Identify how disease, injury, disability and death disproportionately affect certain populations, including populations specific to sex, race, ethnicity and socioeconomic status;

(j) Conduct a public health modernization assessment and identify priorities arising from that assessment, as required by ORS 431.416 or section 4 of this 2015 Act; and

(k) Use relevant data to implement, monitor, evaluate and modify state health improvement plans or community health improvement plans.

(2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance.

SECTION 11. (1) For the purpose of establishing the foundational capabilities under section 9 of this 2015 Act, emergency preparedness and response include, but are not limited to, the knowledge, skills and abilities necessary to:

(a) Develop, exercise, improve and maintain preparedness and response plans in the event that either a natural or man-made disaster or an emergency occurs;

(b) Communicate and coordinate with health care providers, emergency service providers and other agencies and organizations that respond to disasters and emergencies;

(c) Activate emergency response personnel during a disaster or emergency, and recognize if public health has a primary, secondary or ancillary role in response activities;

(d) Use communications systems effectively and efficiently during a disaster or emergency;

(e) Maintain and execute a plan providing for continuity of operations during a disaster or emergency, including a plan for accessing resources necessary to recover from or respond to a disaster or emergency;

(f) Issue and enforce emergency health orders;

(g) Be notified of and respond to potential disasters and emergencies; and

(h) Address the needs of vulnerable populations during a disaster or emergency.

(2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance.

SECTION 12. (1) For the purpose of establishing the foundational capabilities under section 9 of this 2015 Act, communications include, but are not limited to, the knowledge, skills and abilities necessary to:

(a) Engage in two-way communications with the public through the use of a variety of accessible methods of communication;

(b) Effectively use mass media and social media to transmit communications to and receive communications from the public;

(c) Communicate with specific populations in a manner that is culturally and linguistically appropriate;

(d) Develop and implement educational programs and preventive strategies; and

(e) During a disease outbreak or other disaster or emergency, provide accurate, timely and understandable information, recommendations and instructions to the public.

(2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance.

SECTION 13. (1) For the purpose of establishing the foundational capabilities under section 9 of this 2015 Act, policy and planning include, but are not limited to, the knowledge, skills and abilities necessary to:

(a) Enable the Oregon Health Authority and local public health authorities to serve as a primary and expert resource for using science and evidence-based best practices to inform the development and implementation of public health policies;

(b) Provide guidance and coordinate planning for the purpose of developing, adopting and implementing public health policies;

(c) Develop public health policy options necessary to protect and improve the health of the public and specific adversely impacted populations;

(d) Understand and use the principles of public health law to improve and protect the health of the public;

(e) Analyze and disseminate findings on the intended and unintended impacts of public health policies; and

(f) Implement, monitor, evaluate and modify state health improvement plans or community health improvement plans.

(2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance.

SECTION 14. (1) For the purpose of establishing the foundational capabilities under section 9 of this 2015 Act, leadership and organizational competencies include, but are not limited to, the knowledge, skills and abilities necessary to:

(a) Define the strategic direction necessary to achieve public health goals and align and lead stakeholders in achieving those goals;

(b) Use the principles of public health law, including relevant agency rules and the constitutional guarantee of due process, in planning, implementing and enforcing public health initiatives;

(c) Promote and monitor organizational objectives while sustaining a culture of quality of service;

(d) Maintain a competent workforce necessary to ensure the effective and equitable provision of public health services;

(e) Provide continuing education and other training opportunities necessary to maintain a competent workforce;

(f) Develop partnerships with institutions of higher education necessary to maintain a competent workforce;

(g) To the extent practicable, ensure that local public health administrators, local health officers and individuals who work in the field of public health reflect the demographics of the community being served and the changing demographics of this state;

(h) Implement and maintain the technology needed to support public health operations while simultaneously protecting personally identifiable information and other confidential health information; and

(i) Use accounting and business best practices in budgeting, tracking finances, billing, auditing, securing grants and other sources of funding and distributing moneys to governmental and nongovernmental partners.

(2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance.

SECTION 15. (1) For the purpose of establishing the foundational capabilities under section 9 of this 2015 Act, health equity and cultural responsiveness include, but are not limited to, the knowledge, skills and abilities necessary to:

(a) Support public health policies that promote health equity;

(b) Implement processes within public health programs that create health equity;

(c) Recognize and address health inequities that are specific to certain populations, including populations specific to sex, race, ethnicity and socioeconomic status;

(d) Communicate with the public and stakeholders in a transparent and inclusive manner;

(e) When appropriate, provide the public and stakeholders with access to the data and findings described in section 10 of this 2015 Act; and

(f) Engage diverse populations in community health planning.

(2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance.

SECTION 16. (1) For the purpose of establishing the foundational capabilities under section 9 of this 2015 Act, community partnership development includes, but is not limited to, the knowledge, skills and abilities necessary to:

(a) Convene and sustain relationships with traditional and nontraditional governmental partners and stakeholders and traditional and nontraditional nongovernmental partners and stakeholders;

(b) Foster and support community involvement and partnerships in developing, adopting and implementing public health policies;

(c) Engage members of the community in implementing, monitoring, evaluating and modifying state health improvement plans or community health improvement plans; and

(d) Develop, strengthen and expand connections across disciplines, such as education and health care, and with members of the community who work in those disciplines.

(2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance.

SECTION 17. (1) The Oregon Health Authority, in consideration of any advice provided by the Oregon Health Policy Board under section 8 of this 2015 Act, shall establish by rule the foundational programs through which the authority and local public health authorities administer public health services in this state.

(2) At a minimum, the authority shall establish the following foundational programs:

(a) Communicable disease control programs, as described in section 18 of this 2015 Act;

(b) Environmental public health programs, as described in section 19 of this 2015 Act;

(c) Prevention of injury and disease and promotion of health programs, as described in section 20 of this 2015 Act; and

(d) Clinical preventive services, as described in section 21 of this 2015 Act.

SECTION 18. Communicable disease control programs established under section 17 of this 2015 Act must identify, prevent and control infectious diseases that pose a threat to the health of the public and must include, but are not limited to:

(1) Recognizing, identifying and responding to communicable disease outbreaks;

(2) Maintaining a list of communicable diseases;

(3) Conducting, receiving and analyzing laboratory results and physician reports related to communicable diseases;

(4) Providing the support necessary for individuals to recognize communicable diseases and other illnesses of public health importance; and

(5) Conducting community-based programs for the purpose of preventing communicable diseases.

SECTION 19. Environmental public health programs established under section 17 of this 2015 Act must protect the public from illness, injury, disability and death caused by exposure to physical, chemical or biological factors in the environment and must include, but are not limited to:

(1) Testing and analysis for purposes related to environmental health;

(2) Preventing and investigating environmental health hazards, including radioactive materials, animal bites and vector-borne diseases;

(3) Inspecting and educating the operators of:

(a) Restaurants and other food service establishments;

(b) Recreation sites, lodges and swimming pools;

(c) Septic systems;

(d) Potable water systems;

(e) Radiological equipment; and

(f) Hospitals and other health care facilities; and

(4) Promoting land use planning and sustainable development activities that create positive health outcomes.

SECTION 20. (1) Prevention of injury and disease and promotion of health programs established under section 17 of this 2015 Act must include, but are not limited to:

(a) Prevention and control of tobacco use;

(b) Improving nutrition;

(c) Improving oral health;

(d) Improving prenatal, natal and postnatal care, maternal health and the health of children;

(e) Incentivizing increased physical activity; and

(f) Decreasing the occurrence and impacts of both unintentional and intentional injuries, such as motor vehicle accidents and suicide.

(2) Prevention of injury and disease and promotion of health programs must be based on evidence-based or emerging best practices designed to improve health outcomes for all populations.

SECTION 21. Clinical preventive services established under section 17 of this 2015 Act must provide for the assessment of public access to:

(1) Immunizations;

(2) Prenatal care;

(3) Screening for preventable cancers and other diseases;

(4) Screening for sexually transmitted infections;

(5) Evaluation of and treatment for tuberculosis and related latent tuberculosis infections;

(6) Cost-effective preventive care; and

(7) Laboratory services.

SECTION 22. In addition to the foundational programs established under section 17 of this 2015 Act, the Oregon Health Authority may establish by rule other public health programs, or by rule or order other public health activities, that address specific public health problems or needs. Programs and activities may be established under this section for the purpose of enhancing or expanding a foundational program or for the purpose of addressing a need not addressed by a foundational program. Additional programs and activities may be established under this section in consideration of any advice provided by the Oregon Public Health Advisory Board or upon the authority's own initiative.

SECTION 23. The Oregon Health Authority may adopt by rule evidence-based best practices for the purpose of assisting local public health authorities implement the foundational programs established under section 17 of this 2015 Act and any other public health program or activity established under section 22 of this 2015 Act. Rules adopted under this section are only for the purpose of assisting local public health authorities and are not mandatory guidelines for the implementation of the programs or activities.

RULES

SECTION 24. The Oregon Health Authority may adopt rules to implement sections 9 to 24 of this 2015 Act.

DUTIES OF LOCAL PUBLIC HEALTH AUTHORITIES

SECTION 25. ORS 431.416 is amended to read:

431.416. [*The local public health authority or health district shall:*]

[*(1) Administer and enforce the rules of the local public health authority or the health district and public health laws and rules of the Oregon Health Authority.*]

[*(2) Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the local plan of the authority or district are performed. These activities shall include but not be limited to:*]

[*(a) Epidemiology and control of preventable diseases and disorders;*]

[*(b) Parent and child health services, including family planning clinics as described in ORS 435.205;*]

[*(c) Collection and reporting of health statistics;*]

[*(d) Health information and referral services; and*]

[*(e) Environmental health services.*]

(1) Subject to the availability of funds paid pursuant to ORS 431.380, each local public health authority shall:

(a) Administer and enforce sections 9 to 24 of this 2015 Act and any other public health law of this state;

(b) Adopt and update as necessary a local public health modernization assessment;

(c) In consideration of the local public health modernization assessment, adopt, implement, monitor, evaluate and modify as necessary a local public health modernization plan that includes:

(A) A plan for applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act as required by ORS 431.385; and

(B) Any other local public health program or activity that the local public health authority considers necessary to protect the public health and safety;

(d) Coordinate with coordinated care organizations as defined in ORS 414.025 and Early Learning Hubs as defined in ORS 417.827;

(e) Impose civil penalties adopted under ORS 431.415 (1)(c) and enforce the ordinances and rules adopted under ORS 431.415 (1)(b); and

(f) Perform any other duty imposed on local public health authorities by law.

(2) A local public health authority may perform the duties described in subsection (1) of this section:

(a) As an individual county, even if the local public health authority is a health district formed under ORS 431.414 or an intergovernmental entity that provides public health services pursuant to an agreement entered into under ORS 190.010 (5);

(b) Jointly with any other county pursuant to an agreement between the counties, for any individual public health program or activity; or

(c) As a health district formed under ORS 431.414 or an intergovernmental entity that provides public health services pursuant to an agreement entered into under ORS 190.010 (5).

(3) A local public health authority may contract with a person to perform a public health service or activity, or to perform all public health services and activities, that the local public health authority is required to perform under sections 9 to 24 of this 2015 Act or under any other public health law of this state, except that the person with whom the local public health authority contracts may not perform any function, duty or power of the local public health authority related to governance.

SECTION 26. ORS 431.415 is amended to read:

431.415. [*(1) The district or county board of health is the policymaking body of the county or district in implementing the duties of local departments of health under ORS 431.416.*]

(1) Subject to the availability of funds paid pursuant to ORS 431.380, each governing body of a local public health authority shall:

(a) In collaboration with the local public health administrator appointed under ORS 431.418, develop public health policies and goals for the local public health authority;

(b) Adopt ordinances and rules necessary for the local public health authority to administer sections 9 to 24 of this 2015 Act, any other public health law of this state and any other public health matter not expressly preempted by a law of this state;

(c) Adopt civil penalties for violations of ordinances and rules adopted under paragraph (b) of this subsection, provided that any civil penalty adopted under this paragraph is for an amount that does not exceed $1,000 per violation per day;

(d) Review and make recommendations on the local public health modernization plan adopted under ORS 431.416; and

(e) Monitor the progress of the local public health authority in meeting statewide and local public health goals, including progress in applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act.

(2) [*The district or county board of health*] **The governing body of a local public health authority** shall adopt **ordinances and** rules necessary to carry out [*its policies*] **the duties of the local public health authority** under subsection (1) of this section. [*The county or district board of health shall adopt no*] **The governing body of a local public health authority may not adopt an ordinance or** rule or policy [*which*] **that** is inconsistent with or less strict than [*any public health law or rule of the Oregon Health Authority.*] **a provision of sections 9 to 24 of this 2015 Act or any other public health law of this state, or that is inconsistent with or less strict than a rule adopted under sections 9 to 24 of this 2015 Act or any other public health law of this state.**

(3) [*With the permission of the county governing body, a county board may, and with the permission of the governing bodies of the counties involved, a district board may,*] **The governing body of a local public health authority may** adopt schedules of fees for public health services **that are** reasonably calculated [*not*] to **not** exceed the cost of the services performed. The **local** health department shall charge fees in accordance with [*such*] **the** schedule or schedules adopted.

SECTION 27. ORS 431.385 is amended to read:

431.385. [*(1) The local public health authority shall submit a local plan to the Oregon Health Authority for performing services pursuant to ORS 431.375 to 431.385 and 431.416. The local plan shall be updated periodically on a date established by the Oregon Health Authority by rule or on a date mutually agreeable to the authority and the local public health authority.*]

[*(2) If the local public health authority decides not to submit a local plan under the provisions of ORS 431.375 to 431.385 and 431.416, the authority shall become the local public health authority for that county or health district.*]

[*(3) The authority shall review and approve or disapprove each local plan. Variances to the local public health plan must be approved by the authority. In consultation with the Conference of Local Health Officials, the authority shall establish the elements of a local plan and an appeals process whereby a local public health authority may obtain a hearing if its local plan is disapproved.*]

[*(4) The Oregon Health Authority may adopt uniform timelines and requirements for the submission of local plans by local public health authorities and local mental health authorities and the submission of community health improvement plans by coordinated care organizations to the extent that the requirements for local plans and community health improvement plans overlap.*]

(1) Each local public health authority shall submit a local plan for applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act to the Oregon Health Authority in a form and manner prescribed by the authority.

(2) The Oregon Health Authority may make suggestions to a local public health authority on modifying a plan submitted under this section. Suggestions must be based on emerging best practices for the effective application and implementation of public health programs and activities. A local public health authority may request technical assistance from the Oregon Health Authority on implementing the suggestions.

FUNDING OF LOCAL PUBLIC HEALTH AUTHORITIES

SECTION 28. ORS 431.380 is amended to read:

431.380. [*(1) From funds available to the Oregon Health Authority for local public health purposes, regardless of the source, the authority shall provide payments to the local public health authority on a per capita or other equitable formula basis to be used for public health services. Funding formulas shall be determined by the authority with the concurrence of the Conference of Local Health Officials.*]

(1) From moneys available to the Oregon Health Authority for the purpose of funding the foundational capabilities established under section 9 of this 2015 Act and the foundational programs established under section 17 of this 2015 Act, the Oregon Health Authority shall make payments to local public health authorities under this section. The Oregon Health Authority shall each biennium submit to the Public Health Advisory Board and the Legislative Fiscal Office a formula that provides for the equitable distribution of moneys. As a part of the formula, the Oregon Health Authority shall:

(a) Establish a baseline amount to be invested in local public health activities and services by the state;

(b) Establish a method for awarding matching funds to a local public health authority that invests in local public health activities and services above the baseline amount established by the Oregon Health Authority for that local public health authority; and

(c) Provide for the use of incentives as described in subsection (4) of this section.

[*(2) With respect to counties that have established joint public health services with another county, either by agreement or the formation of a district board of health, distribution of funds made available under the provisions of this section shall be prorated to such counties as provided by agreement or under ORS 431.510.*]

(2) The formula adopted under subsection (1) of this section must be submitted to the Public Health Advisory Board and the Legislative Fiscal Office no later than June 30 of each even-numbered year.

(3) In establishing a baseline amount for the purpose of awarding matching funds under subsection (1)(b) of this section, the Oregon Health Authority shall consider the population of each local public health authority, the burden of disease borne by communities located within the jurisdiction of each local public health authority, the overall health status of communities located within the jurisdiction of each local public health authority and the ability of each local public health authority to invest in local public health activities and services.

(4) The Oregon Health Authority shall adopt by rule incentives to encourage the effective and equitable provision of public health services by local public health authorities.

(5) Nothing in this section prohibits the Oregon Health Authority from distributing funds to a local public health authority through a competitive contract or grant process or on the basis of need for applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act.

SECTION 29. If the Oregon Health Authority fails to distribute an amount of moneys to a local public health authority equal to or in excess of the baseline amount established under ORS 431.380 (1)(a), a local public health authority may request to transfer responsibility for fulfilling the local public health authority's duties under sections 9 to 24 of this 2015 Act and the other public health laws of this state to the Oregon Health Authority. If a local public health authority requests to transfer responsibilities under this section, the moneys available to the local public health authority under ORS 431.380 revert to the Oregon Health Authority. A request to transfer made under this section must be made in the form and manner prescribed by the Oregon Health Authority and takes effect 180 days after the Oregon Health Authority receives the request.

NOTE: Section 30 was deleted by amendment. Subsequent sections were not renumbered.

CONFERENCE OF LOCAL HEALTH OFFICIALS

SECTION 31. ORS 431.340 is amended to read:

431.340. The Conference of Local Health Officials may submit to the Oregon Health Authority [*such*] recommendations on [*the rules and standards specified in ORS 431.345 and 431.350.*]**:**

(1) The establishment of the foundational capabilities under section 9 of this 2015 Act, the foundational programs under section 17 of this 2015 Act and any other public health program or activity under section 22 of this 2015 Act;

(2) The adoption and updating of the statewide public health modernization assessment under section 4 of this 2015 Act;

(3) The development of and any modification to the statewide public health modernization plan under section 4 of this 2015 Act; and

(4) The adoption of rules under ORS 431.350.

AMENDMENTS TO UPDATE REFERENCES AND TERMINOLOGY

SECTION 32. ORS 431.120 is amended to read:

431.120. **In addition to the duties described in section 4 of this 2015 Act,** the Oregon Health Authority shall:

[*(1) Enforce state health policies and rules.*]

[*(2) Give any instructions that may be necessary, and forward them to the various local public health administrators throughout the state.*]

(1) Enforce the laws, rules and policies of this state related to health.

[*(3)*] **(2)** Routinely conduct epidemiological investigations for each case of sudden infant death syndrome**,** including[*, but not limited to,*] the identification of risk factors such as birth weight, maternal age, prenatal care, history of apnea and socioeconomic characteristics. The authority may conduct the investigations through local health departments only upon adoption by rule of a uniform epidemiological data collection method.

[*(4)*] **(3)** Adopt rules related to loans and grants awarded under ORS 285B.560 to 285B.599 or 541.700 to 541.855 for the improvement of drinking water systems for the purpose of maintaining compliance with applicable state and federal drinking water quality standards. In adopting rules under this subsection, the authority shall coordinate the authority's rulemaking process with the Water Resources Department and the Oregon Business Development Department [*in order*] to ensure that rules adopted under this subsection are consistent with rules adopted under ORS 285B.563 and 541.845.

[*(5)*] **(4)** Control health care capital expenditures by administering the state certificate of need program [*pursuant to*] **under** ORS 442.325 to 442.344.

SECTION 33. ORS 431.150 is amended to read:

431.150. [*(1) The local public health administrators are charged with the strict and thorough enforcement of the public health laws of this state in their districts, under the supervision and direction of the Oregon Health Authority. They shall make an immediate report to the authority of any violation of such laws coming to their notice by observation, or upon the complaint of any person, or otherwise.*]

[*(2) The authority is charged with the thorough and efficient execution of the public health laws of this state in every part of the state, and with supervisory powers over all local public health administrators, to the end that all the requirements are complied with.*]

(1) The Oregon Health Authority shall enforce sections 9 to 24 of this 2015 Act and any other public health law of this state. The Director of the Oregon Health Authority shall supervise local public health administrators in the execution of their duties under subsection (2) of this section.

(2) A local public health administrator shall administer and enforce sections 9 to 24 of this 2015 Act and any other public health law of this state within the jurisdiction of the local public health authority supervised by the local public health administrator. If a local public health administrator has knowledge of a violation of sections 9 to 24 of this 2015 Act or any other public health law of this state, or of a violation of any rule adopted under sections 9 to 24 of this 2015 Act or adopted under any other public health law of this state, the local public health administrator shall report the violation to the Oregon Health Authority in a form and manner prescribed by the authority.

(3) The **Oregon Health** Authority **or a local public health administrator** may investigate cases of irregularity or [*violation of law*] **violations of laws or rules necessary for the authority or local public health administrator to execute their duties under subsections (1) and (2) of this section**. [*All*] **A** local public health [*administrators*] **administrator** shall aid the authority, upon request, in [*such investigation*] **conducting investigations initiated by the authority**.

(4) When [*any case of*] **a** violation of [*the*] **a** public health [*laws of this state*] **law or rule** is reported to [*any*] **a** district attorney or official acting in [*said*] **the** capacity[*, such*] **of a district attorney, the district attorney or** official shall [*forthwith*] initiate and promptly [*follow up*] **commence** the necessary proceedings against the **party or** parties responsible for the alleged [*violations of law*] **violation**.

(5) Upon request of the authority, the Attorney General shall [*likewise*] assist **the authority** in the enforcement of [*the public health laws of this state*] **laws and rules under this section**.

SECTION 34. ORS 431.157 is amended to read:

431.157. [*Pursuant to ORS 448.100 (1) and 446.425 (1), the county is delegated the authority*] **A local public health administrator has the same powers** granted to the [*Director of the*] Oregon Health Authority [*in*] **under** ORS 431.155.

SECTION 35. ORS 431.170 is amended to read:

431.170. (1) The Director of the Oregon Health Authority shall take direct charge of the functions that are necessary to preserve the public health in [*any county or district*] **a local public health authority** whenever [*any county or district official*] **a local public health administrator** fails [*or refuses*] to administer or enforce [*the public health laws or rules that the director or board is charged to enforce.*] **sections 9 to 24 of this 2015 Act and any other public health law or rule of this state as described in ORS 431.150.**

(2) The director may [*call to the aid of the director such*] **request** assistance as [*is*] necessary [*for the enforcement of such statutes and rules*] **to fulfill the director's duties under subsection (1) of this section**, the expense of which shall be borne by the [*county or district making the use of this procedure necessary,*] **local public health authority over which the director took charge,** to be paid out of the [*respective county or district*] treasury [*upon*] **of the local public health authority with moneys made available to the local public health authority under ORS 431.380, upon the receipt of** vouchers properly certified by the director**, except that payment is not required if the local public health authority requests a transfer under section 29 of this 2015 Act**.

SECTION 36. ORS 431.180, as amended by section 49, chapter 45, Oregon Laws 2014, is amended to read:

431.180. **(1)** Nothing in [*the public health laws*] **sections 9 to 24 of this 2015 Act or any other public health law of this state** shall be construed [*to empower or authorize*] **as authorizing** the Oregon Health Authority or its representatives, or any [*county or district board of health*] **local public health authority** or its representatives**,** to interfere in any manner with [*the*] **an** individual's right to select the physician, physician assistant or nurse practitioner of the [*choice of the individual*] **individual's choice** or **the individual's choice of** mode of treatment [*of the choice of the individual*], nor [*interfere*] **as interfering** with the practice of [*any*] **a** person whose religion treats or administers [*to people who are*] sick or suffering **people** by purely spiritual means. [*However, sanitary laws and rules must be complied with.*]

(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 37. ORS 431.330 is amended to read:

431.330. (1) The Conference of Local Health Officials is created. The conference shall consist of [*all local health officers and public health administrators, appointed pursuant to ORS 431.418 and such*] **each local public health administrator and local health officer in this state and** other local health personnel as [*may be included*] **provided** by the rules of the conference.

(2) The conference [*of Local Health Officials*] shall select one of its members as chairperson, another as vice chairperson and another as secretary [*with such*]**, each having the** powers and duties necessary to [*the performance of the functions of such offices as the conference shall determine*] **perform the duties of their respective offices as determined by the commission**. The chairperson, after consultation with the Director of the Oregon Health Authority, shall appoint from **among** the conference [*membership*] **members** an executive committee. The **chairperson and the** executive committee [*with the chairperson*] shall advise the director in the administration of ORS 431.330 to 431.350.

SECTION 38. ORS 431.335 is amended to read:

431.335. (1) The Conference of Local Health Officials shall meet at least annually at a place, day and hour determined by the executive committee and the Director of the Oregon Health Authority. The conference may meet specially at [*such other times as the director or*] **at any other time that** the executive committee **or the director** considers necessary.

(2) The director shall [*cause*] **give** at least 10 days' notice of each meeting date to [*be given to*] the **conference** members. The chairperson or an authorized representative of the chairperson shall preside at all meetings of the conference.

(3) Each conference member shall receive from the [*local board which*] **local public health authority** the conference member represents [*from*]**, subject to** funds available under ORS 431.510, the actual and necessary travel and other expenses incurred by the conference member [*in attendance at*] **for** no more than two meetings of the conference per year. Additionally, subject to applicable law regulating travel and other expenses for state officers, a **local public health administrator or** local health official who is a member of the executive committee of the conference or who is the chairperson **of the conference** shall receive from [*funds available to*] the Oregon Health Authority[,] **the** actual and necessary travel and other expenses for [*attendance at*] no more than six meetings [*per year*] of the executive committee **per year that are** called by the authority.

SECTION 39. ORS 431.412 is amended to read:

431.412. [*(1) The governing body of any county shall establish a county board of health, when authorized to do so by a majority of electors of the county at any general or special election, and may, if such authorization is made, establish a public health advisory board as provided in subsection (5) of this section.*]

[*(2) The county board of health shall consist of:*]

[*(a) One member of the county governing body selected by the body.*]

[*(b) One member of a common school district board having jurisdiction over the entire county or of the education service district board who resides in the county and is selected by the education service district board, or the designee of that member.*]

[*(c) One physician who has been licensed to practice medicine in this state by the Oregon Medical Board.*]

[*(d) One dentist who has been licensed to practice dentistry in this state by the Oregon Board of Dentistry.*]

[*(e) Three other members.*]

[*(3) The members referred to in subsection (2)(c) to (e) of this section shall be appointed by the members serving under subsection (2)(a) and (b) of this section. The term of office of each of such appointed members shall be four years, terms to expire annually on February 1. The first appointments shall be for terms of one, two, three or four years, as designated by the appointing members of the board.*]

[*(4) Whenever a county board of health is created under this section, such board shall be in lieu of the board provided for in ORS 431.410.*]

[*(5) The governing body of the county may, as provided in subsection (1) of this section,*] **The governing body of a local public health authority may** appoint a public health advisory board for terms of four years, [*the*] **with** terms [*to expire annually*] **expiring** on February 1[.]**, except that** the first appointments **made under this section** shall be for terms of one, two, three or four years**,** as designated by the governing body. The advisory board shall meet regularly to advise the [*county board of health*] **governing body of the local public health authority** on matters of public health. The advisory board shall consist of:

[*(a)*] **(1)** Persons licensed by this state as health care practitioners.

[*(b)*] **(2)** Persons who are well informed on public health matters.

SECTION 40. ORS 431.414 is amended to read:

431.414. (1) Two or more contiguous counties may combine for the purpose of forming a **health** district [*health unit*] when the governing body of each of the counties concerned adopt resolutions signifying their intention to [*do so*] **form the health district**.

(2) The governing bodies of the counties forming the **health** district may meet together, elect a chairperson and transact business as a district board of health whenever a majority of the members of the governing bodies from each of the participating counties are present at [*any*] **a** meeting.

(3) In lieu of the procedure **described** in subsection (2) of this section, the governing bodies of the counties forming the **health** district may, by a two-thirds vote of the members from each participating county, establish and, except as provided in paragraph (f) of this subsection, appoint a district board of health [*which shall consist of*] **consisting of the following members**:

(a) One member from each participating county governing body selected by [*such*] **the county governing** body **to which the member belongs**.

(b) One member from a school administrative unit within the **health** district.

(c) One member from the administrative staff of a city within the **health** district.

(d) Two physicians who have been licensed to practice medicine in this state by the Oregon Medical Board and who are residents of the **health** district.

(e) One dentist who has been licensed to practice dentistry in this state by the Oregon Board of Dentistry and who is a resident of the **health** district.

(f) One person who is a resident of the **health** district and who is to be appointed by the members serving under paragraphs (a) to (c) of this subsection.

(4) The term of office of the members referred to in subsection (3)(a) to (f) of this section shall be four years, [*the*] **with** terms [*to expire annually*] **expiring** on February 1[.]**, except that** the first appointments **made under this subsection** shall be for terms of one, two, three or four years, as [*may be*] designated by **a** two-thirds vote of the members from each participating county.

[*(5) Whenever a district board of health is created under this section, such board shall be in lieu of the board provided for in ORS 431.410 or 431.412.*]

[*(6)*] **(5)** The governing bodies of the counties [*making up*] **comprising** the **health** district may appoint a public health advisory board for terms of four years, [*the*] **with** terms [*to expire annually*] **expiring** on February 1[.]**, except that** the first appointments **made under this subsection** shall be for terms of one, two, three or four years**,** as designated by the governing [*body*] **bodies**. The advisory board shall meet regularly to advise the district board of health on matters of public health. The advisory board shall consist of:

(a) Persons licensed by this state as health care practitioners.

(b) Persons who are well informed on public health matters.

SECTION 41. ORS 431.418 is amended to read:

431.418. (1) Each [*district board of health*] **local public health authority** shall appoint a qualified **local** public health administrator to supervise the activities of the [*district in accordance with law. Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law.*] **local public health authority.** In making [*such*] **an** appointment **under this subsection**, the [*district or county board of health*] **local public health au-**

thority shall consider standards for selection of **local public health** administrators prescribed by the Oregon Health Authority.

(2) When the **local** public health administrator is a physician licensed by the Oregon Medical Board, the **local public health** administrator shall serve as **the local** health officer for the [*district or county board of health*] **local public health authority**. When the **local** public health administrator is not a physician licensed by the Oregon Medical Board, the **local public health** administrator [*will*] **shall** employ or otherwise contract for services with a **local** health officer who [*shall be a licensed physician and who will perform those*] **is a physician licensed by the Oregon Medical Board to perform the** specific medical responsibilities requiring the services of a physician [*and shall be*]**. A physician employed or whose services are contracted for under this subsection is** responsible to the **local** public health administrator for the medical and paramedical aspects of the **public** health programs **administered by the local public health administrator**.

(3) The **local** public health administrator shall:

(a) Serve as the executive secretary of the [*district or county health board*] **local public health authority**, act as the administrator of the [*district or county*] **local** health department and supervise the officers and employees appointed under paragraph (b) of this subsection.

(b) Appoint [*with*]**, subject to** the approval of the [*health board*] **local public health authority**, administrators, medical officers, public health nurses, environmental health specialists and such [*other*] employees [*as are*] necessary to carry out the duties [*and responsibilities of the office.*] **of the local public health administrator under sections 9 to 24 of this 2015 Act and any other public health law of this state.**

(c) Provide the [*board*] **local public health authority** at appropriate intervals information concerning the activities of the [*county*] **local** health department and submit an annual budget for the approval of the [*county governing body except that, in the case of the district public health administrator, the budget shall be submitted to the governing bodies of the participating counties for approval.*] **governing body of the county or, for a health district formed under ORS 431.414, the governing bodies of the counties that formed the health district.**

(d) Act as the agent of the Oregon Health Authority in enforcing state public health laws and rules of the authority, including such sanitary inspection of hospitals and related institutions as may be requested by the authority.

(e) Perform [*such*] **any** other [*duties as may be*] **duty** required by law.

(4) [*The*] **A local** public health administrator shall serve until removed by the appointing [*board. The*] **local public health authority. A local** public health administrator [*shall engage in no occupation which*] **may not engage in an occupation that** conflicts with **the local public health administrator's** official duties and shall devote sufficient time to [*duties as public health administrator as may be necessary to fulfill*] **fulfilling** the requirements of subsection (3) of this section. However, if the [*board of health*] **governing body of a local public health authority** is not [*created*] **established** under ORS [*431.412, it*] **431.414 (3), the local public health authority** may, with the approval of the Director of the Oregon Health Authority, require [*less than full-time service of*] the **local** public health administrator **to work less than full-time**.

(5) [*The*] **A local** public health administrator shall receive a salary fixed by the appointing board and shall be reimbursed for actual and necessary expenses incurred in the performance of duties.

SECTION 42. ORS 431.440 is amended to read:

431.440. [*All district and county public health administrators shall possess*] **A local public health administrator has** the powers of constables or other peace officers in [*all*] matters pertaining to the public health.

SECTION 43. ORS 431.510 is amended to read:

431.510. (1) The governing body of [*the*] **a** county shall provide adequate quarters and facilities for the office and [*health work of the county board of health*] **operations of a local public health authority** and shall appropriate sufficient [*funds*] **moneys** for the administration of the [*board*] **local public health authority** and the operation of the **local** health department **administered by the local public health authority**.

(2) [*Where*] **If** a **health** district [*board*] is established under ORS 431.414, the governing body of each participating county shall appropriate annually [*a sum which shall be*] **moneys** specifically designated for the [*operation of the board of health and the district department of health.*] **administration of a local public health authority described in ORS 431.414 (2) or established under ORS 431.414 (3) and the operation of the local health department administered by the local public health authority.**

SECTION 44. ORS 431.520 is amended to read:

431.520. Public records, as defined in ORS 192.005, of [*district and county departments of health*] **local health departments** and community mental health clinics may be destroyed or otherwise disposed of in accordance with rules prescribed by the State Archivist[. *However, no records shall*]**, except that public records may not** be required to be maintained for more than seven years from the date of the last entry for purposes of preserving evidence for [*any*] **an** action, suit or proceeding.

SECTION 45. ORS 431.550 is amended to read:

431.550. Nothing in ORS [*431.412, 431.418*] **431.405 to 431.510** and this section shall be construed to limit the authority of the Oregon Health Authority to require facts and statistics from local public health administrators [*under its general supervisory power over all*] **on** matters relating to the preservation of life and health of the people of [*the*] **this** state.

SECTION 46. ORS 431.990 is amended to read:

431.990. Unless otherwise specifically provided by [*any other statute*] **law**, failure to obey [*any rules relating to public health of the Oregon Health Authority*] **sections 9 to 24 of this 2015 Act or rules adopted under sections 9 to 24 of this 2015 Act** or failure to obey [*any*] **a** lawful written order relating to public health issued by the Director of the Oregon Health Authority or [*any district or county*] **a local** public health administrator is a Class A misdemeanor.

CONFORMING AMENDMENTS

SECTION 47. ORS 30.302, as amended by section 2, chapter 45, Oregon Laws 2014, 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 Osteopathy or Doctor of Podiatric Medicine, or who has met the minimum educational requirements for licensure to practice naturopathic medicine or as a physician assistant 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, the Oregon State Board of Nursing as a retired nurse practitioner or the Oregon Board of Naturopathic Medicine as a retired naturopath;

(d) Who registers with the [*county*] **local** health officer [*in the county*] **of the local public health authority, as defined in section 2 of this 2015 Act,** in which the physician, physician assistant, nurse practitioner or naturopath practices; and

(e) Who provides medical care as a volunteer without compensation solely through referrals from the [*county*] **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 48. ORS 109.610 is amended to read:

109.610. (1) Notwithstanding any other provision of law, a minor who may have come into contact with any venereal disease, including HIV, may give consent to the furnishing of hospital, medical or surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law or regulation adopted pursuant to law to be reported to [*the local*

or state health officer or board] **a state or local health agency or officer**. Such consent shall not be subject to disaffirmance because of minority.

(2) The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize such hospital, medical or surgical care and without having given consent the parent, parents, or legal guardian shall not be liable for payment for any such care rendered.

SECTION 49. ORS 124.050, as amended by section 5, chapter 352, Oregon Laws 2013, and section 9, chapter 104, Oregon Laws 2014, 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 352.383 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 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, [*county*] **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) Member of the Legislative Assembly.

(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.

(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 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 50. ORS 146.065 is amended to read:

146.065. (1) In each county there shall be a medical examiner for the purpose of investigating and certifying the cause and manner of deaths requiring investigation.

(2) Each district medical examiner shall be appointed by the State Medical Examiner with approval of the appropriate board or boards of commissioners and may be discharged by the State Medical Examiner without such approval.

(3) If the position of district medical examiner is vacant, the [*county*] **local** health officer shall temporarily act as medical examiner in cooperation with the State Medical Examiner until the vacancy is filled.

(4) If the positions of district medical examiner and [*county*] **local** health officer are both vacant, the district attorney shall temporarily act as medical examiner in cooperation with the State Medical Examiner until the vacancy is filled.

(5) Two or more counties, with the approval of the State Medical Examiner Advisory Board and commissioners of each county, may form a district medical examiner's office instead of an office for each such county.

(6) When a county or district has a population of 200,000 or more persons, the State Medical Examiner may, with the approval of the State Medical Examiner Advisory Board, appoint a Deputy State Medical Examiner for that county or district.

(7) The compensation of the Deputy State Medical Examiner shall be paid by the state from funds available for such purpose.

(8) The services of the Deputy State Medical Examiner may be contracted by the Department of State Police. These contracts may be terminated by either party at any time by written notice to the other party to the agreement and, upon termination, the appointment of such Deputy State Medical Examiner is terminated.

SECTION 51. ORS 146.075 is amended to read:

146.075. (1) The district medical examiner shall serve as the administrator of the district medical examiner's office. Subject to applicable provisions of a county personnel policy or civil service law, the district medical examiner may employ such other personnel as the district medical examiner deems necessary to operate the office.

(2) All expenses of equipping, maintaining and operating the district medical examiner's office, including the compensation of the district medical examiner and assistant district medical examiners, shall be paid by the county or counties of the district from funds budgeted for such purpose.

(3) When a district medical examiner also serves as [*county*] **local** health officer, the county shall separately budget the compensation and expenses to be paid for medical examiner's duties.

(4) All expenses of death investigations shall be paid from county funds budgeted for such purpose except that, in counties under 200,000 population upon the approval of the State Medical Examiner, one-half of the costs of autopsies ordered under ORS 146.117 shall be paid annually by the state from funds for such purpose. If funds available for this payment are insufficient to meet one-half of these costs, even proportional payments to the counties shall be made.

(5) Expenses of burial or other disposition of an unclaimed body shall be paid by the county where the death occurs, as provided by ORS 146.100 (2), in the manner provided by ORS 146.121 (4).

(6) Each district office shall maintain copies of the:

(a) Reports of death investigation by the medical examiner;

(b) Autopsy reports;

(c) Laboratory analysis reports; and

(d) Inventories of money or property of the deceased taken into custody during the investigation.

(7) Reports and inventories maintained by the district office shall be available for inspection as provided by ORS 146.035 (5).

(8) Copies of reports of death investigations by medical examiners and autopsy reports shall be forwarded to the State Medical Examiner's office.

(9) Each district office shall maintain current records of:

(a) All assistant district medical examiners appointed.

(b) Appointments of each deputy medical examiner appointed for the county or district.

(c) The name, address and director of each licensed funeral home located within the county or district.

(10) Each district office shall immediately in writing notify the State Medical Examiner's office of all appointments and resignations of their medical examiners.

SECTION 52. ORS 169.040 is amended to read:

169.040. (1) The county court or board of county commissioners of each county is the inspector of the local correctional facilities in the county. The court or board shall visit local correctional facilities operated by the county at least once in each regular term and may visit local correctional facilities within the county that are not operated by the county. When the court or board visits a local correctional facility, it shall examine fully into the local correctional facility, including, but not limited to, the cleanliness of the facility and the health and discipline of the persons confined. If it appears to the court or board that any provisions of law have been violated or neglected, it shall immediately give notice of the violation or neglect to the district attorney of the district.

(2) The [*county*] **local** health officer or the representative of the [*county*] **local** health officer may conduct health and sanitation inspections of local correctional facilities on a semiannual basis. If the [*county*] **local** health officer determines that the facility is in an insanitary condition or unfit for habitation for health reasons, the officer may notify the appropriate local governmental agency in writing of the required health and sanitation conditions or practices necessary to ensure the health and sanitation of the facility. If the local governmental agency does not comply with the required health and sanitation conditions or practices within an appropriate length of time, the [*county*] **local** health officer may recommend the suspension of the operation of the local correctional facility to the [*county board of health*] **local public health authority, as defined in section 2 of this 2015 Act**. If after a hearing the [*county board of health*] **local public health authority** finds that the local correctional facility is in an insanitary or unhealthful condition, it may suspend the operation of the facility until such time as the local correctional facility complies with the recommended health and sanitation conditions and practices.

SECTION 53. ORS 179.505 is amended to read:

179.505. (1) As used in this section:

(a) "Disclosure" means the release of, transfer of, provision of access to or divulgence in any other manner of information outside the health care services provider holding the information.

(b) "Health care services provider" means:

(A) Medical personnel or other staff employed by or under contract with a public provider to provide health care or maintain written accounts of health care provided to individuals; or

(B) Units, programs or services designated, operated or maintained by a public provider to provide health care or maintain written accounts of health care provided to individuals.

(c) "Individually identifiable health information" means any health information that is:

(A) Created or received by a health care services provider; 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.

(d) "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; and

(C) A person appointed as a personal representative under ORS chapter 113.

(e) "Psychotherapy notes" means notes recorded in any medium:

(A) By a mental health professional, in the performance of the official duties of the mental health professional;

(B) Documenting or analyzing the contents of conversation during a counseling session; and

(C) That are maintained separately from the rest of the individual's record.

(f) "Psychotherapy notes" does not mean notes documenting:

(A) Medication prescription and monitoring;

(B) Counseling session start and stop times;

(C) Modalities and frequencies of treatment furnished;

(D) Results of clinical tests; or

(E) Any summary of the following items:

(i) Diagnosis;

(ii) Functional status;

(iii) Treatment plan;

(iv) Symptoms;

(v) Prognosis; or

(vi) Progress to date.

(g) "Public provider" means:

(A) The Blue Mountain Recovery Center and the Oregon State Hospital campuses;

(B) Department of Corrections institutions as defined in ORS 421.005;

(C) A contractor of the Department of Corrections or the Oregon Health Authority that provides health care to individuals residing in a state institution operated by the agencies;

(D) A community mental health program or community developmental disabilities program as described in ORS 430.610 to 430.695 and the public and private entities with which it contracts to provide mental health or developmental disabilities programs or services;

(E) A program or service provided under ORS 431.250[*, 431.375 to 431.385*] or 431.416 **or sections 9 to 24 of this 2015 Act**;

(F) A program or service established or maintained under ORS 430.630 or 430.664;

(G) A program or facility providing an organized full-day or part-day program of treatment that is licensed, approved, established, maintained or operated by or contracted with the Oregon Health Authority for alcoholism, drug addiction or mental or emotional disturbance;

(H) A program or service providing treatment by appointment that is licensed, approved, established, maintained or operated by or contracted with the authority for alcoholism, drug addiction or mental or emotional disturbance; or

(I) The impaired health professional program established under ORS 676.190.

(h) "Written account" means records containing only individually identifiable health information.

(2) Except as provided in subsections (3), (4), (6), (7), (8), (9), (11), (12), (14), (15), (16) and (17) of this section or unless otherwise permitted or required by state or federal law or by order of the court, written accounts of the individuals served by any health care services provider maintained in or by the health care services provider by the officers or employees thereof who are authorized to maintain written accounts within the official scope of their duties are not subject to access and may not be disclosed. This subsection applies to written accounts maintained in or by facilities of the Department of Corrections only to the extent that the written accounts concern the medical, dental or psychiatric treatment as patients of those under the jurisdiction of the Department of Corrections.

(3) If the individual or a personal representative of the individual provides an authorization, the content of any written account referred to in subsection (2) of this section must be disclosed accordingly, if the authorization is in writing and is signed and dated by the individual or the personal representative of the individual and sets forth with specificity the following:

(a) Name of the health care services provider authorized to make the disclosure, except when the authorization is provided by recipients of or applicants for public assistance or medical assistance, as defined in ORS 414.025, to a governmental entity for purposes of determining eligibility for benefits or investigating for fraud;

(b) Name or title of the persons or organizations to which the information is to be disclosed or that information may be disclosed to the public;

(c) Name of the individual;

(d) Extent or nature of the information to be disclosed; and

(e) Statement that the authorization is subject to revocation at any time except to the extent that action has been taken in reliance thereon, and a specification of the date, event or condition upon which it expires without express revocation. However, a revocation of an authorization is not valid with respect to inspection or records necessary to validate expenditures by or on behalf of governmental entities.

(4) The content of any written account referred to in subsection (2) of this section may be disclosed without an authorization:

(a) To any person to the extent necessary to meet a medical emergency.

(b) At the discretion of the responsible officer of the health care services provider, which in the case of any Oregon Health Authority facility or community mental health program is the Director of the Oregon Health Authority, to persons engaged in scientific research, program evaluation, peer review and fiscal audits. However, individual identities may not be disclosed to such persons, except when the disclosure is essential to the research, evaluation, review or audit and is consistent with state and federal law.

(c) To governmental agencies when necessary to secure compensation for services rendered in the treatment of the individual.

(5) When an individual's identity is disclosed under subsection (4) of this section, a health care services provider shall prepare, and include in the permanent records of the health care services provider, a written statement indicating the reasons for the disclosure, the written accounts disclosed and the recipients of the disclosure.

(6) The content of any written account referred to in subsection (2) of this section and held by a health care services provider currently engaged in the treatment of an individual may be disclosed to officers or employees of that provider, its agents or cooperating health care services providers who are currently acting within the official scope of their duties to evaluate treatment programs, to diagnose or treat or to assist in diagnosing or treating an individual when the written account is to be used in the course of diagnosing or treating the individual. Nothing in this subsection prevents the transfer of written accounts referred to in subsection (2) of this section among health care services providers, the Department of Corrections, the Oregon Health Authority or a local correctional facility when the transfer is necessary or beneficial to the treatment of an individual.

(7) When an action, suit, claim, arbitration or proceeding is brought under ORS 34.105 to 34.240 or 34.310 to 34.730 and involves a claim of constitutionally inadequate medical care, diagnosis or treatment, or is brought under ORS 30.260 to 30.300 and involves the Department of Corrections or an institution operated by the department, nothing in this section prohibits the disclosure of any written account referred to in subsection (2) of this section to the Department of Justice, Oregon Department of Administrative Services, or their agents, upon request, or the subsequent disclosure to a court, administrative hearings officer, arbitrator or other administrative decision maker.

(8)(a) When an action, suit, claim, arbitration or proceeding involves the Oregon Health Authority or an institution operated by the authority, nothing in this section prohibits the disclosure of any written account referred to in subsection (2) of this section to the Department of Justice, Oregon Department of Administrative Services, or their agents.

(b) Disclosure of information in an action, suit, claim, nonlabor arbitration or proceeding is limited by the relevancy restrictions of ORS 40.010 to 40.585, 183.710 to 183.725, 183.745 and 183.750 and ORS chapter 183. Only written accounts of a plaintiff, claimant or petitioner shall be disclosed under this paragraph.

(c) Disclosure of information as part of a labor arbitration or proceeding to support a personnel action taken against staff is limited to written accounts directly relating to alleged action or inaction by staff for which the personnel action was imposed.

(9)(a) The copy of any written account referred to in subsection (2) of this section, upon written request of the individual or a personal representative of the individual, shall be disclosed to the individual or the personal representative of the individual within a reasonable time not to exceed

five working days. The individual or the personal representative of the individual shall have the right to timely access to any written accounts.

(b) If the disclosure of psychiatric or psychological information contained in the written account would constitute an immediate and grave detriment to the treatment of the individual, disclosure may be denied, if medically contraindicated by the treating physician or a licensed health care professional in the written account of the individual.

(c) The Department of Corrections may withhold psychiatric or psychological information if:

(A) The information relates to an individual other than the individual seeking it.

(B) Disclosure of the information would constitute a danger to another individual.

(C) Disclosure of the information would compromise the privacy of a confidential source.

(d) However, a written statement of the denial under paragraph (c) of this subsection and the reasons therefor must be entered in the written account.

(10) A health care services provider may require a person requesting disclosure of the contents of a written account under this section to reimburse the provider for the reasonable costs incurred in searching files, abstracting if requested and copying if requested. However, an individual or a personal representative of the individual may not be denied access to written accounts concerning the individual because of inability to pay.

(11) A written account referred to in subsection (2) of this section may not be used to initiate or substantiate any criminal, civil, administrative, legislative or other proceedings conducted by federal, state or local authorities against the individual or to conduct any investigations of the individual. If the individual, as a party to an action, suit or other judicial proceeding, voluntarily produces evidence regarding an issue to which a written account referred to in subsection (2) of this section would be relevant, the contents of that written account may be disclosed for use in the proceeding.

(12) Information obtained in the course of diagnosis, evaluation or treatment of an individual that, in the professional judgment of the health care services provider, indicates a clear and immediate danger to others or to society may be reported to the appropriate authority. A decision not to disclose information under this subsection does not subject the provider to any civil liability. Nothing in this subsection may be construed to alter the provisions of ORS 146.750, 146.760, 419B.010, 419B.015, 419B.020, 419B.025, 419B.030, 419B.035, 419B.040 and 419B.045.

(13) The prohibitions of this section apply to written accounts concerning any individual who has been treated by any health care services provider irrespective of whether or when the individual ceases to receive treatment.

(14) Persons other than the individual or the personal representative of the individual who are granted access under this section to the contents of a written account referred to in subsection (2) of this section may not disclose the contents of the written account to any other person except in accordance with the provisions of this section.

(15) Nothing in this section prevents the Department of Human Services or the Oregon Health Authority from disclosing the contents of written accounts in its possession to individuals or agencies with whom children in its custody are placed.

(16) The system described in ORS 192.517 (1) shall have access to records, as defined in ORS 192.515, as provided in ORS 192.517.

(17)(a) Except as provided in paragraph (b) of this subsection, a health care services provider must obtain an authorization from an individual or a personal representative of the individual to disclose psychotherapy notes.

(b) A health care services provider may use or disclose psychotherapy notes without obtaining an authorization from the individual or a personal representative of the individual to carry out the following treatment, payment and health care operations:

(A) Use by the originator of the psychotherapy notes for treatment;

(B) Disclosure by the health care services provider for its own training program in which students, trainees or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling; or

(C) Disclosure by the health care services provider to defend itself in a legal action or other proceeding brought by the individual or a personal representative of the individual.

(c) An authorization for the disclosure of psychotherapy notes may not be combined with an authorization for a disclosure of any other individually identifiable health information, but may be combined with another authorization for a disclosure of psychotherapy notes.

SECTION 54. ORS 222.850 is amended to read:

222.850. As used in ORS 222.840 to 222.915, unless the context requires otherwise:

(1) "Affected territory" means an area within the urban growth boundary of a city and which is otherwise eligible for annexation to that city and in which there exists an actual or alleged danger to public health.

(2) "Authority" means the Oregon Health Authority.

(3) "City council" means the legislative body of a city.

(4) "Commission" means the Environmental Quality Commission.

(5) "Danger to public health" means a condition which is conducive to the propagation of communicable or contagious disease-producing organisms and which presents a reasonably clear possibility that the public generally is being exposed to disease-caused physical suffering or illness, including a condition such as:

(a) Impure or inadequate domestic water.

(b) Inadequate installations for the disposal or treatment of sewage, garbage or other contaminated or putrefying waste.

(c) Inadequate improvements for drainage of surface water and other fluid substances.

(6) "Director" means the Director of the Oregon Health Authority.

(7) "District" means any one of the following:

(a) A metropolitan service district formed under ORS chapter 268.

(b) A county service district formed under ORS chapter 451.

(c) A sanitary district formed under ORS 450.005 to 450.245.

(d) A sanitary authority, water authority or joint water and sanitary authority formed under ORS 450.600 to 450.989.

(e) A domestic water supply district formed under ORS chapter 264.

(8) "Local board of health" means a local public health authority, as defined in section 2 of this 2015 Act.

SECTION 55. ORS 401.657 is amended to read:

401.657. (1) The Oregon Health Authority may designate all or part of a health care facility or other location as an emergency health care center. If the Governor declares a state of emergency under ORS 401.165, or proclaims a state of public health emergency under ORS 433.441, emergency health care centers may be used for:

(a) Evaluation and referral of individuals affected by the emergency;

(b) Provision of health care services; and

(c) Preparation of patients for transportation.

(2) The Oregon Health Authority may enter into cooperative agreements with [*local public health authorities that allow local public health authorities*] **a local public health authority, as defined in section 2 of this 2015 Act, that allow the local public health authority** to designate emergency health care centers under this section.

(3) An emergency health care center designated under this section must have an emergency operations plan and a credentialing plan that governs the use of emergency health care providers registered under ORS 401.654 and other health care providers who volunteer to perform health care services at the center under ORS 401.651 to 401.670. The emergency operations plan and credentialing plan must comply with rules governing those plans adopted by the Oregon Health Authority.

SECTION 56. ORS 403.115 is amended to read:

403.115. (1) The primary emergency telephone number within the state is 9-1-1, but a public or private safety agency shall maintain both a separate 10-digit secondary emergency number for use by the telephone company operator and a separate 10-digit nonemergency number.

(2) Every public and private safety agency in this state shall establish or participate in a 9-1-1 emergency reporting system.

(3) An emergency telephone number other than 9-1-1 may not be published on the top three-quarters of the emergency listing page of a telephone book. However, an alternative nonemergency telephone number for a 9-1-1 jurisdiction may be printed on the top three-quarters of the emergency listing page of a telephone book. The publisher may use the remainder of the page to list the Oregon Poison Center, Federal Bureau of Investigation, a designated mental health crises service and United States Coast Guard, where applicable. If there is more than one mental health crises service in a jurisdiction, the [*county*] **local** health department shall decide which mental health crises service the publisher may list by using the criteria of a 24-hour staffed service, nonprofit organization and non-9-1-1 participating agency. The publisher shall refer to the community services section for other numbers.

(4) The 9-1-1 emergency reporting system must include at a minimum:

(a) A primary public safety answering point that is automatically accessible anywhere in the 9-1-1 jurisdiction service area by calling 9-1-1;

(b) Central dispatch of public and private safety services in the 9-1-1 service area or relay or transfer of 9-1-1 calls to an appropriate public or private safety agency; and

(c) Two 9-1-1 circuits from each central office to each primary public safety answering point.

(5) In addition to the requirements set forth in subsection (4) of this section, enhanced 9-1-1 telephone service must provide:

(a) Two call-taker stations and staffing for at least one of the stations at all times;

(b) Automatic display of the incoming telephone number and address in the designated public safety answering point at the time of receiving an incoming 9-1-1 call;

(c) A network developed to transport address and telephone number information to the designated public safety answering point automatically when a call is placed to 9-1-1; and

(d) Emergency telephone service in which one or fewer calls in 100 attempts receive a busy signal on the first attempt during the average busiest hour. A public safety answering point may not have fewer than two 9-1-1 circuits.

SECTION 57. ORS 411.435 is amended to read:

411.435. The Oregon Health Authority and the Department of Human Services shall endeavor to develop agreements with local governments to facilitate the enrollment of medical assistance program clients. Subject to the availability of funds therefor, the agreement shall be structured to allow flexibility by the state and local governments and may allow any of the following options for enrolling clients in medical assistance programs:

(1) Initial processing may be done at the [*county*] **local** health department by employees of the [*county*] **local health department**, with eligibility determination completed at the local office of the Department of Human Services or by the authority;

(2) Initial processing and eligibility determination may be done at the [*county*] **local** health department by employees of the local health department; or

(3) Application forms may be made available at the [*county*] **local** health department with initial processing and eligibility determination done at the local office of the Department of Human Services or by the authority.

SECTION 58. ORS 414.150 is amended to read:

414.150. It is the purpose of ORS 414.150 to 414.153 to take advantage of opportunities to:

(1) Enhance the state and local public health partnership;

(2) Improve the access to care and health status of women and children; and

(3) Strengthen public health programs and services at the [*county health department*] **local** level.

SECTION 59. ORS 414.152 is amended to read:

414.152. To capitalize on the successful public health programs provided by [*county*] **local** health departments and the sizable investment by state and local governments in the public health system, state agencies shall encourage agreements that allow [*county*] **local** health departments and other publicly supported programs to continue to be the providers of those prevention and health pro-

motion services now available, plus other maternal and child health services such as prenatal outreach and care, child health services and family planning services to women and children who become eligible for poverty level medical assistance program benefits pursuant to ORS 414.153.

SECTION 60. ORS 414.153 is amended to read:

414.153. In order to make advantageous use of the system of public health care and services available through [*county*] **local** health departments and other publicly supported programs and to insure access to public health care and services through contract under ORS chapter 414, the state shall:

(1) Unless cause can be shown why such an agreement is not feasible, require and approve agreements between coordinated care organizations and publicly funded providers for authorization of payment for point of contact services in the following categories:

(a) Immunizations;

(b) Sexually transmitted diseases; and

(c) Other communicable diseases;

(2) Allow enrollees in coordinated care organizations to receive from fee-for-service providers:

(a) Family planning services;

(b) Human immunodeficiency virus and acquired immune deficiency syndrome prevention services; and

(c) Maternity case management if the Oregon Health Authority determines that a coordinated care organization cannot adequately provide the services;

(3) Encourage and approve agreements between coordinated care organizations and publicly funded providers for authorization of and payment for services in the following categories:

(a) Maternity case management;

(b) Well-child care;

(c) Prenatal care;

(d) School-based clinics;

(e) Health care and services for children provided through schools and Head Start programs; and

(f) Screening services to provide early detection of health care problems among low income women and children, migrant workers and other special population groups; and

(4) Recognize the responsibility of counties under ORS 430.620 to operate community mental health programs by requiring a written agreement between each coordinated care organization and the local mental health authority in the area served by the coordinated care organization, unless cause can be shown why such an agreement is not feasible under criteria established by the Oregon Health Authority. The written agreements:

(a) May not limit the ability of coordinated care organizations to contract with other public or private providers for mental health or chemical dependency services;

(b) Must include agreed upon outcomes; and

(c) Must describe the authorization and payments necessary to maintain the mental health safety net system and to maintain the efficient and effective management of the following responsibilities of local mental health authorities, with respect to the service needs of members of the coordinated care organization:

(A) Management of children and adults at risk of entering or who are transitioning from the Oregon State Hospital or from residential care;

(B) Care coordination of residential services and supports for adults and children;

(C) Management of the mental health crisis system;

(D) Management of community-based specialized services including but not limited to supported employment and education, early psychosis programs, assertive community treatment or other types of intensive case management programs and home-based services for children; and

(E) Management of specialized services to reduce recidivism of individuals with mental illness in the criminal justice system.

SECTION 61. ORS 417.827 is amended to read:

417.827. (1) As used in this section:

(a) "Early Learning Hub" means any entity designated by regional partners to coordinate early learning services, as determined by rules adopted by the Early Learning Council.

(b) "Regional partners" includes counties, cities, school districts, education service districts, community colleges, public universities, private educational institutions, faith-based organizations, nonprofit service providers and tribes.

(2) The Early Learning Council shall implement and oversee a system that coordinates the delivery of early learning services to the communities of this state through the direction of Early Learning Hubs. The system may not include more than 16 Early Learning Hubs.

(3) The system implemented and overseen by the council must ensure that:

(a) Providers of early learning services are accountable for outcomes;

(b) Services are provided in a cost-efficient manner; and

(c) The services provided, and the means by which those services are provided, are focused on the outcomes of the services.

(4) The Early Learning Council shall develop and implement a process for requesting proposals from entities to become Early Learning Hubs. Proposals submitted under this subsection must comply with criteria and requirements adopted by the council by rule, including:

(a) The entity will be able to coordinate the provision of early learning services to the community that will be served by the entity. An entity may meet the requirement of this paragraph by submitting evidence that local stakeholders, including but not limited to service providers, parents, community members, county governments, local governments and school districts, have participated in the development of the proposal and will maintain a meaningful role in the Early Learning Hub.

(b) The services coordinated by the entity will be in alignment with the services provided by the public schools of the community that will be served by the entity.

(c) The entity will be in alignment with, and make advantageous use of, the system of public health care and services available through [*county*] **local** health departments and other publicly supported programs delivered through, or in partnership with, counties and coordinated care organizations.

(d) The entity will be able to integrate efforts among education providers, providers of health care, providers of human services and providers of other programs and services in the community.

(e) The entity will use coordinated and transparent budgeting.

(f) The entity will operate in a fiscally sound manner.

(g) The entity must have a governing body or community advisory body that:

(A) Has the authority to initiate audits, recommend the terms of a contract and provide reports to the public and to the Early Learning Council on the outcomes of the provision of early learning services to the community served by the entity.

(B) Has members selected through a transparent process and includes both public and private entities, locally based parents and service recipients, human social service providers, child care providers, health care providers and representatives of local governments from the service area.

(h) The entity will collaborate on documentation related to coordinated services with public and private entities that are identified by the Early Learning Council as providers of services that advance the early learning of children.

(i) The entity will serve a community that is based on the population and service needs of the community and will demonstrate the ability to improve results for at-risk children, including the ability to identify, evaluate and implement coordinated strategies to ensure that a child is ready to succeed in school.

(j) The entity will be able to raise and leverage significant funds from public and private sources and to secure in-kind support to support early learning services coordinated by the entity and operate in a fiscally sound manner.

(k) The entity meets any other qualifications established by the Early Learning Council.

(5) The Early Learning Council may adopt by rule requirements that are in addition to the requirements described in subsections (3) and (4) of this section that an entity must meet to qualify

as an Early Learning Hub. When developing the additional requirements, the council must use a statewide public process of community engagement that is consistent with the requirements of the federal Head Start Act.

(6) When determining whether to designate an entity as an Early Learning Hub, the Early Learning Council shall balance the following factors:

(a) The entity's ability to engage the community and be involved in the community.

(b) The entity's ability to produce outcomes that benefit children.

(c) The entity's resourcefulness.

(d) The entity's use, or proposed use, of evidence-based practices.

(7) The Early Learning Council may alter the lines of the territory served by an Early Learning Hub only to ensure that all children of this state are served by an Early Learning Hub.

(8) An entity designated as part of an Early Learning Hub may not use more than 15 percent of the moneys received by the entity from the Early Learning Council to pay administrative costs of the entity.

(9) The Department of Human Services or the Oregon Health Authority may not transfer any authority for determining eligibility for a state or federal program to an Early Learning Hub.

SECTION 62. ORS 418.325 is amended to read:

418.325. (1) A child-caring agency shall safeguard the health of each ward or other dependent or delinquent child in its care by providing for medical examinations of each child by a qualified physician at the following intervals:

(a) Three examinations during the first year of the child's life;

(b) One examination during the second year of the child's life;

(c) One examination at the age of four;

(d) One examination at the age of six;

(e) One examination at the age of nine; and

(f) One examination at the age of 14.

(2) If an examination under subsection (1) of this section has not occurred within six months prior to the transfer for adoption of the custody of a child by a child-caring agency to the prospective adoptive parents of such child, a child-caring agency shall provide for a medical examination of such child within six months prior to such transfer.

(3) Any testing that occurs at intervals other than those specified in subsections (1) and (2) of this section shall not be considered to be in lieu of the required examinations. However, nothing in subsections (1) and (2) of this section is intended to limit more frequent examinations that are dictated by the general state of the child's health or by any particular condition.

(4) Within 90 days of obtaining guardianship over a child under six years of age, a child-caring agency shall provide for such child to be:

(a) Inoculated as determined appropriate by the [*county public*] **local** health department; and

(b) Tested for:

(A) Phenylketonuria pursuant to ORS 433.285;

(B) Visual and aural acuity consistent with the child's age;

(C) Sickle-cell anemia;

(D) Effects of rubella, if any;

(E) Effects of parental venereal disease, if any; and

(F) The hereditary or congenital effects of parental use of drugs or controlled substances.

(5) Within six months prior to the transfer for adoption of the custody of a child by a child-caring agency to the prospective adoptive parents of such child, the child-caring agency shall provide for such child to have a complete physical examination by a physician, including but not limited to inspection for evidence of child abuse in accordance with rules of the Department of Human Services, and be tested for visual and aural acuity consistent with the child's age.

(6) A child-caring agency shall record the results of tests provided a child pursuant to subsections (1) to (5) of this section in the child's health record. The child's health record shall be kept as a part of the agency's total records of that child. The child's health record shall be made avail-

able to both natural parents and to both prospective foster or adoptive parents of that child. A qualified member of a child-caring agency under the supervision of a qualified physician shall explain to adoptive parents the medical factors possible as a result of a child's birth history, hereditary or congenital defects, or disease or disability experience.

(7) This section does not apply to a private residential boarding school as defined in ORS 418.205 (5)(a).

SECTION 63. ORS 418.747 is amended to read:

418.747. (1) The district attorney in each county shall be responsible for developing county multidisciplinary child abuse teams to consist of but not be limited to law enforcement personnel, Department of Human Services child protective service workers, school officials, [*county*] **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 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, dynamics of child abuse, child sexual abuse and rape of children and legally sound and age appropriate interview and investigatory techniques.

(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 192.410 to 192.505.

(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 or nurse practitioner who has been trained to conduct child abuse medical assessments, as defined in ORS 418.782, and who is, or who may designate another physician, physician assistant 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 64. ORS 418.785 is amended to read:

418.785. (1) Each county multidisciplinary child abuse team shall establish a child fatality review team to conduct child fatality reviews. The purpose of the review process is to help prevent severe and fatal child abuse and neglect by:

(a) Identifying local and state issues related to preventable child fatalities; and

(b) Promoting implementation of recommendations at the county level.

(2) In establishing the review process and carrying out reviews, the child fatality review team shall be assisted by the county medical examiner or [*county*] **local** health officer as well as other professionals who are specially trained in areas relevant to the purpose of the team.

(3) The categories of fatalities reviewed by the child fatality review team include:

(a) Child fatalities in which child abuse or neglect may have occurred at any time prior to death or may have been a factor in the fatality;

(b) Any category established by the county multidisciplinary child abuse team;

(c) All child fatalities where the child is less than 18 years of age and there is an autopsy performed by the medical examiner; and

(d) Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS 418.748.

(4) A child fatality review team shall develop a written protocol for review of child fatalities. The protocol shall be designed to facilitate communication and the exchange of information between

persons who perform autopsies and those professionals and agencies concerned with the prevention, investigation and treatment of child abuse and neglect.

(5) Within the guidelines, and in a format, established by the statewide interdisciplinary team established under ORS 418.748, the child fatality review team shall provide the statewide interdisciplinary team with information regarding the categories of child fatalities described under subsection (3) of this section.

(6) Upon the conclusion of a criminal case involving a child fatality, or upon the conclusion of a direct appeal if one is taken, the district attorney may submit a letter to the Governor and the Director of Human Services outlining recommendations for the systemic improvement of child abuse investigations.

SECTION 65. 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 which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(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 which 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 which, 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 which is part of any investigation conducted pursuant to ORS 419B.020 or which 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 patronize a prostitute 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, that subjects a child to a substantial risk of harm to the child's health or safety.

(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 is under 18 years of age.

(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) "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 352.383 or 353.125.

(e) A county juvenile department.

(5) "Public or private official" means:

(a) Physician or physician assistant 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, Early Learning Division, Youth Development Division, Office of Child Care, the Oregon Youth Authority, a [*county*] **local** health department, a community mental health program, a community developmental disabilities program, a county juvenile department, a licensed child-caring agency 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) A court appointed special advocate, as defined in ORS 419A.004.

(r) A child care provider registered or certified under ORS 329A.030 and 329A.250 to 329A.450.

(s) Member of the Legislative Assembly.

(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) An operator of a preschool recorded program under ORS 329A.255.

(z) An operator of a school-age recorded program under ORS 329A.257.

(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 youth groups or centers, scout groups or camps, summer or day camps, survival camps or groups, centers or camps that are operated under the guidance, supervision or auspices of religious, public or private educational systems or community service organizations; and

(B) Excluding community-based, nonprofit organizations whose primary purpose is to provide confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking.

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

SECTION 66. ORS 426.070 is amended to read:

426.070. (1) Any of the following may initiate commitment procedures under this section by giving the notice described under subsection (2) of this section:

(a) Two persons;

(b) The [*county*] **local** health officer; or

(c) Any magistrate.

(2) For purposes of subsection (1) of this section, the notice must comply with the following:

(a) It must be in writing under oath;

(b) It must be given to the community mental health program director or a designee of the director in the county where the person alleged to have a mental illness resides;

(c) It must state that a person within the county other than the person giving the notice is a person with mental illness and is in need of treatment, care or custody;

(d) If the commitment proceeding is initiated by two persons under subsection (1)(a) of this section, it may include a request that the court notify the two persons:

(A) Of the issuance or nonissuance of a warrant under this section; or

(B) Of the court's determination under ORS 426.130 (1); and

(e) If the notice contains a request under paragraph (d) of this subsection, it must also include the addresses of the two persons making the request.

(3) Upon receipt of a notice under subsections (1) and (2) of this section or when notified by a circuit court that the court received notice under ORS 426.234, the community mental health program director, or designee of the director, shall:

(a) Immediately notify the judge of the court having jurisdiction for that county under ORS 426.060 of the notification described in subsections (1) and (2) of this section.

(b) Immediately notify the Oregon Health Authority if commitment is proposed because the person appears to be a person with mental illness, as defined in ORS 426.005 (1)(e)(C). When such notice is received, the authority may verify, to the extent known by the authority, whether or not the person meets the criteria described in ORS 426.005 (1)(e)(C)(i) and (ii) and so inform the community mental health program director or designee of the director.

(c) Initiate an investigation under ORS 426.074 to determine whether there is probable cause to believe that the person is in fact a person with mental illness.

(4) Upon completion, a recommendation based upon the investigation report under ORS 426.074 shall be promptly submitted to the court. If the community mental health program director determines that probable cause does not exist to believe that a person released from detention under ORS 426.234 (2)(c) or (3)(b) is a person with mental illness, the community mental health program director may recommend assisted outpatient treatment in accordance with ORS 426.133.

(5) When the court receives notice under subsection (3) of this section:

(a) If the court, following the investigation, concludes that there is probable cause to believe that the person investigated is a person with mental illness, it shall, through the issuance of a citation as provided in ORS 426.090, cause the person to be brought before it at a time and place as it may direct, for a hearing under ORS 426.095 to determine whether the person is a person with mental illness. The person shall be given the opportunity to appear voluntarily at the hearing unless the person fails to appear or unless the person is detained pursuant to paragraph (b) of this subsection.

(b)(A) If the court finds that there is probable cause to believe that failure to take the person into custody pending the investigation or hearing would pose serious harm or danger to the person or to others, the court may issue a warrant of detention to the community mental health program director or designee or the sheriff of the county or designee directing the director, sheriff or a designee to take the person alleged to have a mental illness into custody and produce the person at the time and place stated in the warrant.

(B) At the time the person is taken into custody, the person shall be informed by the community mental health program director, the sheriff or a designee of the following:

(i) The person's rights with regard to representation by or appointment of counsel as described in ORS 426.100;

(ii) The warning under ORS 426.123; and

(iii) The person's right, if the community mental health program director, sheriff or designee reasonably suspects that the person is a foreign national, to communicate with an official from the consulate of the person's country. A community mental health program director, sheriff or designee is not civilly or criminally liable for failure to provide the information required by this sub-subparagraph. Failure to provide the information required by this sub-subparagraph does not in itself constitute grounds for the exclusion of evidence that would otherwise be admissible in a proceeding.

(C) The court may make any orders for the care and custody of the person prior to the hearing as it considers necessary.

(c) If the notice includes a request under subsection (2)(d)(A) of this section, the court shall notify the two persons of the issuance or nonissuance of a warrant under this subsection.

SECTION 67. ORS 426.170 is amended to read:

426.170. If any person is adjudged to have a mental illness and is ordered committed to the Oregon Health Authority, a copy of the complete record in the case, certified to by the court clerk or court administrator, shall be given to the **local** health officer [*of the county*], or to the sheriff, for delivery to the director of the facility to which such person is assigned. The record shall include the name, residence, nativity, sex and age of the person and all other information that may be required by the rules and regulations promulgated by the authority.

SECTION 68. ORS 426.335 is amended to read:

426.335. The following limitations on liability are applicable to actions and proceedings within this chapter and ORS 430.397 to 430.401:

(1) The following individuals may not in any way be held criminally or civilly liable for the initiation of commitment procedures under ORS 426.070, provided the individual acts in good faith, on probable cause and without malice:

(a) The community mental health program director or designee of the director.

(b) The two petitioning persons.

(c) The [*county*] **local** health officer.

(d) Any magistrate.

(e) Any peace officer or parole and probation officer.

(f) Any physician attending the person alleged to have a mental illness.

(g) Any physician associated with the hospital or institution where the person alleged to have a mental illness is a patient.

(2) The community mental health program director or the designee of the director conducting the investigation under ORS 426.070 and 426.074 shall not be held criminally or civilly liable for conducting the investigation, provided the investigator acts in good faith, on probable cause and without malice.

(3) The individual representing the state's interest under ORS 426.100 shall not be held criminally or civilly liable for performing responsibilities under ORS 426.100 as long as the individual acts in good faith and without malice.

(4) An examiner appointed under ORS 426.110 may not be held criminally or civilly liable for actions pursuant to ORS 426.120 if the examiner acts in good faith and without malice.

(5) A physician, hospital or judge may not be held criminally or civilly liable for actions pursuant to ORS 426.228, 426.231, 426.232, 426.234 or 426.235 if the physician, hospital or judge acts in good faith, on probable cause and without malice.

(6) A peace officer, individual authorized under ORS 426.233, community mental health director or designee, hospital or other facility, physician or judge may not in any way be held criminally or civilly liable for actions pursuant to ORS 426.228 to 426.235 if the individual or facility acts in good faith, on probable cause and without malice.

(7) Any legal guardian, relative or friend of a person with mental illness who assumes responsibility for the person under a conditional release under ORS 426.125 shall not be liable for any

damages that result from the misconduct of the person while on conditional release if the legal guardian, relative or friend acts in good faith and without malice.

(8) The individuals designated in this subsection may not be liable for personal injuries or other damages that result from the misconduct of a person with mental illness while the person is on outpatient commitment under ORS 426.127 if the designated individual acts without willful and wanton neglect of duty. This subsection is applicable to all of the following:

(a) The community mental health program director and the designee of the director for the county in which the committed person resides.

(b) The superintendent or director of any staff of any facility where the person with mental illness receives treatment during the outpatient commitment.

(c) The Director of the Oregon Health Authority.

(d) The physician and the facility providing care or treatment to a person on outpatient commitment.

(9) For trial visits granted under ORS 426.273 and 426.275:

(a) The following individuals and entities may not be liable for a person's expenses while on trial visit:

(A) The physician and the facility providing care or treatment to a person on a trial visit;

(B) The superintendent or director of the facility providing care or treatment to a person on a trial visit;

(C) The Director of the Oregon Health Authority; and

(D) The chief medical officer of the facility.

(b) The individuals designated in this paragraph may not be liable for damages that result from the misconduct of a person with mental illness while on trial visit if the designated individual acts without willful and wanton neglect of duty:

(A) The community mental health program director for the county in which the person resides;

(B) The superintendent, director or chief medical officer of any facility providing care or treatment to a patient on a trial visit;

(C) The physician responsible for the patient's care or treatment during a trial visit;

(D) The Director of the Oregon Health Authority; or

(E) The employees and agents of individuals or facilities under this paragraph.

SECTION 69. ORS 430.735, as amended by section 48, chapter 45, Oregon Laws 2014, 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 a person with a developmental disability or the withdrawal or neglect of duties and obligations owed a person with a developmental disability 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 of an adult.

(e) Neglect.

(f) Verbal abuse of a person with a developmental disability.

(g) Financial exploitation of a person with a developmental disability.

(h) Involuntary seclusion of a person with a developmental disability for the convenience of the caregiver or to discipline the person.

(i) A wrongful use of a physical or chemical restraint upon a person with a developmental disability, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.373 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.

(2) "Adult" means a person 18 years of age or older with:

(a) A developmental disability who is currently receiving services from a community program or facility or was previously determined eligible for services as an adult by a community program or facility; or

(b) A mental illness who is receiving services from a community program or facility.

(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 an 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" means a community mental health program or a community developmental disabilities program as established in ORS 430.610 to 430.695.

(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 a person with a developmental disability.

(b) Alarming a person with a developmental 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 a person with a developmental disability.

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

(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 352.383 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 a person with a developmental disability that may result in physical harm or significant emotional harm to the person;

(b) The failure of a caregiver to make a reasonable effort to protect a person with a developmental disability from abuse; or

(c) Withholding of services necessary to maintain the health and well-being of an adult which leads to physical harm of an adult.

(11) "Person with a developmental disability" means a person described in subsection (2)(a) of this section.

(12) "Public or private official" means:

(a) Physician licensed under ORS chapter 677, physician assistant 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, [*county*] **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 who comes in contact with adults in the performance of the official's duties; or

(L) Firefighter or emergency medical services provider.

(13) "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.

(14)(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 a person with a developmental disability and a relative of the person with a developmental disability other than a spouse; 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 adult and a paid caregiver who is the spouse of the adult.

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

(16) "Verbal abuse" means to threaten significant physical or emotional harm to a person with a developmental 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 70. ORS 430.920 is amended to read:

430.920. (1) The attending health care provider shall perform during the first trimester of pregnancy or as early as possible a risk assessment which shall include an assessment for drug and alcohol usage. If the results of the assessment indicate that the patient uses or abuses drugs or alcohol or uses unlawful controlled substances, the provider shall tell the patient about the potential health effects of continued substance abuse and recommend counseling by a trained drug or alcohol abuse counselor.

(2) The provider shall supply [*to the local public health administrator, and to the Alcohol and Drug Policy Commission for purposes of the commission's accountability and data collection system,*] demographic information concerning patients described in subsection (1) of this section **to the Alcohol and Drug Policy Commission, for purposes related to the commission's accountability and data collection system, and to the local public health administrator, as defined in section 2 of this 2015 Act,** without revealing the identity of the patients. The local **public health** administrator shall use forms prescribed by the Oregon Health Authority and shall send copies of the forms and any compilation made from the forms to the authority at such times as the authority may require by rule.

(3) The provider, if otherwise authorized, may administer or prescribe controlled substances that relieve withdrawal symptoms and assist the patient in reducing the need for unlawful controlled substances according to medically acceptable practices.

SECTION 71. ORS 431.260 is amended to read:

431.260. As used in ORS [*431.035 to 431.530*] **431.260 to 431.266**:

(1) "Children's facility" has the meaning given that term in ORS 433.235.

(2) "Communicable disease" means a disease or condition, the infectious agent of which may be transmitted by any means from one person or from an animal to another person, that may result in illness, death or severe disability.

(3) "Condition of public health importance" means a disease, syndrome, symptom, injury or other threat to public health that is identifiable on an individual or community level.

(4) "Disease outbreak" means a significant or notable increase in the number of cases of a disease or other condition of public health importance.

(5) "Epidemic" means the occurrence in a community or region of a group of similar conditions of public health importance that are in excess of normal expectancy and derived from a common or propagated source.

(6) "Local public health administrator" means [*the public health administrator of a county or health district appointed under ORS 431.418 or the authorized representative of that public health administrator*] **a local public health administrator as defined in section 2 of this 2015 Act or the authorized representative of a local public health administrator**.

(7) "Local public health authority" [*means a county government, or a health district created under ORS 431.414 or a person or agency a county or health district has contracted with to act as the local public health authority*] **has the meaning given that term in section 2 of this 2015 Act**.

(8) "Public health law" means any statute, rule or local ordinance that has the purpose of promoting or protecting the public health and that establishes the authority of the Oregon Health Authority, the Public Health Director, the Public Health Officer, a local public health authority or local public health administrator to enforce the statute, rule or local ordinance.

(9) "Public health measure" means a test, medical examination, treatment, isolation, quarantine or other measure imposed on an individual or group of individuals in order to prevent the spread of or exposure to a communicable disease, toxic substance or transmissible agent.

(10) "Reportable disease" means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health.

(11) "School" has the meaning given that term in ORS 433.235.

(12) "Specimen" means blood, sputum, urine, stool or other bodily fluids and wastes, tissues, and cultures necessary to perform required tests.

(13) "Test" means any diagnostic or investigative analyses or medical procedures that determine the presence or absence of, or exposure to, a condition of potential public health importance, or its precursor in an individual.

(14) "Toxic substance" means a substance that may cause illness, disability or death to persons who are exposed to it.

SECTION 72. ORS 431.705 is amended to read:

431.705. As used in ORS 431.705 to 431.760, unless the context requires otherwise:

(1) "Affected territory" means an area that is the subject of a proceedings under ORS 431.705 to 431.760 where there is a danger to public health or an alleged danger to public health.

(2) "Boundary commission" means a local government boundary commission created under ORS 199.410 to 199.430, 199.435 to 199.464, 199.480 to 199.505 and 199.510.

(3) "Commission" means the Environmental Quality Commission.

(4) "Danger to public health" means a condition which is conducive to the propagation of communicable or contagious disease-producing organisms and which presents a reasonably clear possibility that the public generally is being exposed to disease-caused physical suffering or illness, including a condition such as:

(a) Impure or inadequate domestic water.

(b) Inadequate installations for the disposal or treatment of sewage, garbage or other contaminated or putrefying waste.

(c) Inadequate improvements for drainage of surface water and other fluid substances.

(5) "District" means any one of the following:

(a) A metropolitan service district formed under ORS chapter 268.

(b) A county service district formed under ORS chapter 451.

(c) A sanitary district formed under ORS 450.005 to 450.245.

(d) A sanitary authority, water authority or joint water and sanitary authority formed under ORS 450.600 to 450.989.

(e) A domestic water supply district formed under ORS chapter 264.

(6) "Requesting body" means the county court[,] or [*local or district board of health*] **local public health authority, as defined in section 2 of this 2015 Act,** that makes a request under ORS 431.715.

(7) "Service facilities" means water or sewer installations or works.

SECTION 73. ORS 431.715 is amended to read:

431.715. (1) The county court or [*the local or district board of health*] **local public health authority, as defined in section 2 of this 2015 Act,** having jurisdiction over **the** territory where [*it believes*] conditions dangerous to the public health exist shall adopt a resolution requesting the Oregon Health Authority to initiate proceedings for the formation of a district or annexation of territory to, or delivery of appropriate water or sewer services by, an existing district without vote or consent in the affected territory. The resolution shall:

(a) Describe the boundaries of the affected territory;

(b) Describe the conditions alleged to be causing a danger to public health;

(c) Request the authority to ascertain whether conditions dangerous to public health exist in the affected territory and whether such conditions could be removed or alleviated by the provision of service facilities; and either

(d) Recommend a district that the affected territory could be included in or annexed to for the purpose of providing the requested service facilities; or

(e) Recommend that an existing district provide service facilities in the affected territory.

(2) The requesting body shall cause a certified copy of the resolution, together with the time schedule and preliminary plans and specifications, prepared in accordance with subsection (3) of this section, to be forwarded to the **Oregon Health** Authority.

(3) The requesting body shall cause a study to be made and preliminary plans and specifications prepared for the service facilities considered necessary to remove or alleviate the conditions causing a danger to public health. The requesting body shall prepare a schedule setting out the steps necessary to put the facilities into operation and the time required for each step in implementation of the plans.

(4) If the preliminary plans involve facilities that are subject to the jurisdiction of the Environmental Quality Commission, a copy of the documents submitted to the **Oregon Health** Authority under subsection (2) of this section shall be submitted to the commission for review, in accordance with ORS 431.725, of those facilities that are subject to its jurisdiction. No order or findings shall be adopted under ORS 431.735 or 431.756 until the plans of the requesting body for such facilities, if any, have been approved by the commission.

SECTION 74. ORS 431.966 is amended to read:

431.966. (1)(a) Except as provided under subsection (2) of this section, prescription monitoring information submitted under ORS 431.964 to the prescription monitoring program established in ORS 431.962:

(A) Is protected health information under ORS 192.553 to 192.581.

(B) Is not subject to disclosure pursuant to ORS 192.410 to 192.505.

(b) Except as provided under subsection (2)(a)(E) of this section, prescription monitoring information submitted under ORS 431.964 to the prescription monitoring program may not be used to evaluate a practitioner's professional practice.

(2)(a) To the extent that the law or regulation is applicable to the prescription monitoring program, if a disclosure of prescription monitoring information, other than the sex of a patient for whom a drug was prescribed, complies with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under it, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality laws and regulations adopted under those laws, including 42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505, 192.517 and 192.553 to 192.581, the Oregon Health Authority shall disclose the information:

(A) To a practitioner or pharmacist, or, if a practitioner or pharmacist authorizes the authority to disclose the information to a member of the practitioner's or pharmacist's staff, to a member of the practitioner's or pharmacist's staff. If a practitioner or pharmacist authorizes disclosing the information to a member of the practitioner's or pharmacist's staff under this subparagraph, the practitioner or pharmacist remains responsible for the use or misuse of the information by the staff member. To receive information under this subparagraph, or to authorize the receipt of information by a staff member under this subparagraph, a practitioner or pharmacist must certify that the requested information is for the purpose of evaluating the need for or providing medical or pharmaceutical treatment for a patient to whom the practitioner or pharmacist anticipates providing, is providing or has provided care.

(B) To a practitioner in a form that catalogs all prescription drugs prescribed by the practitioner according to the number assigned to the practitioner by the Drug Enforcement Administration of the United States Department of Justice.

(C) To designated representatives of the authority or any vendor or contractor with whom the authority has contracted to establish or maintain the electronic system of the prescription monitoring program.

(D) Pursuant to a valid court order based on probable cause and issued at the request of a federal, state or local law enforcement agency engaged in an authorized drug-related investigation involving a person to whom the requested information pertains.

(E) To a health professional regulatory board that certifies in writing that the requested information is necessary for an investigation related to licensure, renewal or disciplinary action involving the applicant, licensee or registrant to whom the requested information pertains.

(F) To a prescription monitoring program of another state if the confidentiality, security and privacy standards of the requesting state are determined by the authority to be equivalent to those of the authority.

(G) To the State Medical Examiner or designee of the State Medical Examiner, for the purpose of conducting a medicolegal investigation or autopsy.

(b) The authority may disclose information from the prescription monitoring program that does not identify a patient, practitioner or drug outlet:

(A) For educational, research or public health purposes;

(B) To a local public health authority, as defined in [*ORS 431.260*] **section 2 of this 2015 Act**; or

(C) To officials of the authority who are conducting special epidemiologic morbidity and mortality studies in accordance with ORS 413.196 and rules adopted under [*ORS 431.110*] **sections 9 to 24 of this 2015 Act**.

(c) The **Oregon Health** Authority shall disclose information relating to a patient maintained in the electronic system operated pursuant to the prescription monitoring program established under ORS 431.962 to that patient at no cost to the patient within 10 business days after the authority receives a request from the patient for the information.

(d)(A) A patient may request the authority to correct any information about the patient that is erroneous. The authority shall grant or deny a request to correct information within 10 business days after the authority receives the request.

(B) If the authority denies a patient's request to correct information under this paragraph, or fails to grant a patient's request to correct information under this paragraph within 10 business days

after the authority receives the request, the patient may appeal the denial or failure to grant the request. Upon receipt of an appeal under this subparagraph, the authority shall conduct a contested case hearing as provided in ORS chapter 183. Notwithstanding ORS 183.450, in the contested case hearing, the authority has the burden of establishing that the information included in the prescription monitoring program is correct.

(e) The information in the prescription monitoring program may not be used for any commercial purpose.

(f) In accordance with ORS 192.553 to 192.581 and federal privacy regulations, any person authorized to prescribe or dispense a prescription drug and who is entitled to access a patient's prescription monitoring information may discuss or release the information to other health care providers involved with the patient's care, in order to provide safe and appropriate care coordination.

(3)(a) The authority shall maintain records of the information disclosed through the prescription monitoring program including, but not limited to:

(A) The identity of each person who requests or receives information from the program and the organization, if any, the person represents;

(B) The information released to each person or organization; and

(C) The date and time the information was requested and the date and time the information was provided.

(b) Records maintained as required by this subsection may be reviewed by the Prescription Monitoring Program Advisory Commission.

(4) Information in the prescription monitoring program that identifies an individual patient must be removed no later than three years from the date the information is entered into the program.

(5) The authority shall notify the Attorney General and each affected individual of an improper disclosure of information from the prescription monitoring program.

(6)(a) If the authority or a person or entity required to report or authorized to receive or release controlled substance prescription information under this section violates this section or ORS 431.964 or 431.968, a person injured by the violation may bring a civil action against the authority, person or entity and may recover damages in the amount of $1,000 or actual damages, whichever is greater.

(b) Notwithstanding paragraph (a) of this subsection, the authority and a person or entity required to report or authorized to receive or release controlled substance prescription information under this section are immune from civil liability for violations of this section or ORS 431.964 or 431.968 unless the authority, person or entity acts with malice, criminal intent, gross negligence, recklessness or willful intent.

(7) Nothing in ORS 431.962 to 431.978 and 431.992 requires a practitioner or pharmacist who prescribes or dispenses a prescription drug to obtain information about a patient from the prescription monitoring program. A practitioner or pharmacist who prescribes or dispenses a prescription drug may not be held liable for damages in any civil action on the basis that the practitioner or pharmacist did or did not request or obtain information from the prescription monitoring program.

SECTION 75. ORS 432.035 is amended to read:

432.035. (1) The State Registrar of the Center for Health Statistics shall designate for each county a government employee or, to the extent allowed under state and federal law, an employee of a local public health authority [*as described in ORS 431.375 (2)*] **as defined in section 2 of this 2015 Act**, to act as a county registrar. In consultation with the state registrar, each county registrar may designate one or more deputy county registrars. The county registrar shall be sufficiently positioned within the county and have sufficient contact with deputy county registrars to ensure compliance with this chapter and rules adopted under this chapter.

(2) The county and deputy county registrars shall:

(a) Comply with all instructions of the state registrar;

(b) Check upon the compliance of others with the provisions of this chapter and with rules adopted under this chapter; and

(c) Make an immediate report to the state registrar of any violation of this chapter or of a rule adopted under this chapter coming to their notice by observation, upon complaint of a person or otherwise.

(3) The Oregon Health Authority, after taking into consideration county needs, shall adopt rules under which a county registrar may issue certified copies of records of live births or deaths that occur in the county within six months of the date of the live birth or death.

SECTION 76. ORS 433.001 is amended to read:

433.001. As used in ORS 433.001 to 433.045 and 433.110 to 433.770 unless the context requires otherwise:

(1) "Communicable disease" has the meaning given that term in ORS 431.260.

(2) "Control" means a person without a reportable disease about whom information is collected for purposes of comparison to a person or persons with the reportable disease.

(3) "Disease outbreak" has the meaning given that term in ORS 431.260.

(4) "Epidemic" has the meaning given that term in ORS 431.260.

(5) "Health care provider" has the meaning given that term in ORS 433.443.

(6) "Individually identifiable health information" has the meaning given that term in ORS 433.443.

(7) "Isolation" means the physical separation and confinement of a person or group of persons who are infected or reasonably believed to be infected with a communicable disease or possibly communicable disease from nonisolated persons to prevent or limit the transmission of the disease to nonisolated persons.

(8) "Local public health administrator" has the meaning given that term in [*ORS 431.260*] **section 2 of this 2015 Act**.

(9) "Property" means animals, inanimate objects, vessels, public conveyances, buildings and all other real or personal property.

(10) "Public health measure" has the meaning given that term in ORS 431.260.

(11) "Quarantine" means the physical separation and confinement of a person or group of persons who have been or may have been exposed to a communicable disease or possibly communicable disease and who do not show signs or symptoms of a communicable disease, from persons who have not been exposed to a communicable disease or possibly communicable disease, to prevent or limit the transmission of the disease to other persons.

(12) "Reportable disease" has the meaning given that term in ORS 431.260.

(13) "Simultaneous electronic transmission" means transmission by television, telephone or any other electronic or digital means if the form of transmission allows:

(a) The court and the person making the appearance to communicate with each other during the proceeding; and

(b) A person who is represented by legal counsel to consult privately with the person's attorney during the proceeding.

(14) "Toxic substance" has the meaning given that term in ORS 431.260.

SECTION 77. ORS 433.060 is amended to read:

433.060. As used in ORS 433.060 to 433.085 unless the context requires otherwise:

(1) "Authority" means the Oregon Health Authority.

(2) "Health care facility" means a facility as defined in ORS 442.015 and a mental health facility, alcohol treatment facility or drug treatment facility licensed or operated under ORS chapter 426 or 430.

(3) "Hepatitis test" means a test of an individual for the presence of hepatitis B or C or for any other substance specifically indicating the presence of hepatitis B or C.

(4) "HIV test" means a test of an individual for the presence of human immunodeficiency virus (HIV), or for antibodies or antigens that result from HIV infection, or for any other substance specifically indicating infection with HIV.

(5) "Licensed health care provider" or "health care provider" means a person licensed or certified to provide health care under ORS chapter 677, 678, 679, 680, 684 or 685 or ORS 682.216, or under comparable statutes of any other state.

(6) "Local public health administrator" means the **local** public health administrator [*of the county or district health department*]**, as defined in section 2 of this 2015 Act,** for the jurisdiction in which the reported substantial exposure occurred.

(7) "Local public health officer" means the **local** health officer, as described in ORS 431.418, of the county or district health department for the jurisdiction in which the substantial exposure occurred.

(8) "Occupational exposure" means a substantial exposure of a worker in the course of the worker's occupation.

(9) "Source person" means a person who is the source of the blood or body fluid in the instance of a substantial exposure of another person.

(10) "Substantial exposure" means an exposure to blood or certain body fluids as defined by rule of the authority to have a potential for transmitting the human immunodeficiency virus based upon current scientific information.

(11) "Worker" means a person who is licensed or certified to provide health care under ORS chapters 677, 678, 679, 680, 684 or 685 or ORS 682.216, an employee of a health care facility, of a licensed health care provider or of a clinical laboratory, as defined in ORS 438.010, a firefighter, a law enforcement officer, as defined in ORS 414.805, a corrections officer or a parole and probation officer.

SECTION 78. ORS 433.090 is amended to read:

433.090. As used in ORS 433.090 to 433.102:

(1) "Authorized user" means a person or entity authorized to provide information to or to receive information from an immunization registry or tracking and recall system under ORS 433.090 to 433.102. "Authorized user" includes, but is not limited to:

(a) The Oregon Health Authority and its agents;

(b) Local health departments and their agents;

(c) Licensed health care providers and their agents;

(d) Health care institutions;

(e) Insurance carriers;

(f) State health plans as defined in ORS 192.556;

(g) Parents, guardians or legal custodians of children under 18 years of age;

(h) Clients 18 years of age or older;

(i) Post-secondary education institutions;

(j) Schools; and

(k) Children's facilities.

(2) "Children's facility" has the meaning given that term in ORS 433.235.

(3) "Client" means a person registered with any Oregon tracking and recall system.

(4) "Immunization record" includes but is not limited to records of the following:

(a) Any immunization received;

(b) Date immunization was received;

(c) Complication or side effect associated with immunization;

(d) Date and place of birth of a client;

(e) Hospital where a client was born;

(f) Client's name; and

(g) Mother's name.

(5) "Immunization registry" means a listing of clients and information relating to their immunization status, without regard to whether the registry is maintained in this state or elsewhere.

(6) "Local health department" has the meaning given that term in [*ORS 433.235*] **section 2 of this 2015 Act**.

(7) "Parent or guardian" has the meaning given the term "parent" in ORS 433.235.

(8) "Post-secondary education institution" means:

(a) A public university listed in ORS 352.002;

(b) A community college operated under ORS chapter 341;

(c) A school or division of Oregon Health and Science University; or

(d) An Oregon-based, generally accredited, private institution of higher education.

(9) "Provider" means a physician or a health care professional who is acting within the scope of the physician's or professional's licensure and is responsible for providing immunization services or for coordinating immunization services within a clinic, public health site, school or other immunization site.

(10) "School" has the meaning given that term in ORS 433.235.

(11) "Tracking and recall record" means information needed to send reminder cards to, place telephone calls to or personally contact the client or the parent or guardian of a client for the purposes of informing the client, parent or guardian that the client is late in receiving recommended immunizations, hearing or lead screenings, or other public health interventions, including but not limited to the client's:

(a) Name;

(b) Address;

(c) Telephone number;

(d) Insurance carrier; and

(e) Health care provider.

(12) "Tracking and recall system" means a system attached to an immunization registry designed to contact clients listed in the immunization registry for the purposes of assisting in the timely completion of immunization series, hearing or lead screenings, or other public health interventions designated by rule of the authority.

SECTION 79. ORS 433.128 is amended to read:

433.128. When isolating or quarantining a person or group of persons in accordance with ORS 433.121 or 433.123, the Public Health Director or the local public health administrator shall adhere to the following conditions and principles:

(1) Isolation or quarantine must be by the least restrictive means necessary to prevent the spread of a communicable disease or possibly communicable disease to others or to limit exposure to or contamination with a toxic substance by others, and may include, but is not limited to, confinement to private homes or other public or private premises.

(2) Confinement may not be in a prison, jail or other facility where those charged with a crime or a violation of a municipal ordinance are incarcerated unless:

(a) The person or group of persons represents an immediate and serious physical threat to the staff or physical facilities of a hospital or other facility in which the person or group of persons has been confined; or

(b) A person has been found in contempt of court because of failure to obey a court order.

(3) Isolated persons must be confined separately from quarantined persons. If a facility is not capable of separating isolated persons from quarantined persons, either the isolated persons or the quarantined persons must be moved to a separate facility.

(4) The health status of an isolated or quarantined person must be monitored regularly to determine if the person requires continued isolation or quarantine.

(5) A quarantined person who subsequently becomes infected or is reasonably believed to have become infected with a communicable disease or possibly communicable disease that the Public Health Director or the local public health administrator believes poses a significant threat to the health and safety of other quarantined persons must be promptly placed in isolation.

(6) An isolated or quarantined person must be released as soon as practicable when the Public Health Director or local public health administrator determines that the person has been successfully decontaminated or that the person no longer poses a substantial risk of transmitting a communicable disease or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others.

(7) The needs of a person who is isolated or quarantined must be addressed to the greatest extent practicable in a systematic and competent fashion, including, but not limited to, providing adequate food, medication, competent medical care, clothing, shelter and means of communication with other persons who are in isolation or quarantine and persons who are not under isolation or quarantine.

(8) Premises used for isolation or quarantine must, to the extent practicable, be maintained in a safe and hygienic manner to lessen the likelihood of further transmission of a communicable disease or possibly communicable disease or of further harm to persons who are isolated and quarantined.

(9) Cultural and religious beliefs should be considered to the extent practicable in addressing the needs of persons who are isolated or quarantined and in establishing and maintaining premises used for isolation or quarantine.

(10)(a) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means to treat a communicable disease or possibly communicable disease in accordance with religious or other spiritual tenets and practices.

(b) Nothing in ORS 433.126 to 433.138, 433.142 and 433.466 prohibits a person who relies exclusively on spiritual means to treat a communicable disease or possibly communicable disease and who is infected with a communicable disease or has been exposed to a toxic substance from being isolated or quarantined in a private place of the person's own choice, provided the private place is approved by the Public Health Director or the local **public** health administrator and the person who is isolated or quarantined complies with all laws, rules and regulations governing control, sanitation, isolation and quarantine.

(11) Prior to placing a person or group of persons subject to isolation or quarantine in a health care facility as defined in ORS 442.015, the Public Health Director or the local public health administrator must provide to the managers of the health care facility notice of the intention to seek authorization from the circuit court to place a person or group of persons in isolation or quarantine in the facility and must consult with the managers of the health care facility regarding how to best meet the requirements of this section.

(12) The Public Health Director or local public health administrator shall provide adequate means of communication between a person or a group of persons who is isolated or quarantined and legal counsel for the person or group of persons.

SECTION 80. ORS 433.235 is amended to read:

433.235. As used in ORS 433.235 to 433.284:

(1) "Administrator" means the principal or other person having general control and supervision of a school or children's facility.

(2) "Children's facility" or "facility" means:

(a) A certified child care facility as described in ORS 329A.030 and 329A.250 to 329A.450, except as exempted by rule of the Oregon Health Authority;

(b) A program operated by, or sharing the premises with, a certified child care facility, school or post-secondary institution where care is provided to children, six weeks of age to kindergarten entry, except as exempted by rule of the authority; or

(c) A program providing child care or educational services to children, six weeks of age to kindergarten entry, in a residential or nonresidential setting, except as exempted by rule of the authority.

(3) "Local health department" [*means the district or county board of health, public health officer, public health administrator or health department having jurisdiction within the area*] **has the meaning given that term in section 2 of this 2015 Act**.

(4) "Parent" means a parent or guardian of a child or any adult responsible for the child.

(5) "Physician" means a physician licensed by the Oregon Medical Board or by the Oregon Board of Naturopathic Medicine or a physician similarly licensed by another state or country in which the physician practices or a commissioned medical officer of the Armed Forces or Public Health Service of the United States.

(6) "School" means a public, private, parochial, charter or alternative educational program offering kindergarten through grade 12 or any part thereof, except as exempted by rule of the authority.

SECTION 81. ORS 433.323 is amended to read:

433.323. (1) As used in this section:

(a) "Newborn hearing screening test registry" means a listing of newborn children and information related to their newborn hearing screening tests.

(b) "Tracking and recall system" means a system attached to the newborn hearing screening test registry designed to contact the parent or guardian of a newborn child listed in the newborn hearing screening test registry for the purposes of assisting in testing and in enrollment of the newborn child in early intervention services in a timely manner.

(2) The Oregon Health Authority shall implement a newborn hearing screening test registry and tracking and recall system. The registry and system shall include, but are not limited to, the following:

(a) Information on the results of newborn hearing screening tests performed at Oregon hospitals, birthing centers and diagnostic facilities.

(b) Notification of the parent or guardian and the health care provider of a newborn child and of the local public health [*agency*] **authority, as defined in section 2 of this 2015 Act,** of the county in which the parent or guardian resides when the system indicates that a newborn child has not received a newborn hearing screening test, has been referred to a diagnostic facility for a diagnostic evaluation but has not received the evaluation or has been diagnosed with hearing loss but has not been enrolled in an educational institution providing early intervention services.

(3) The **Oregon Health** Authority shall adopt rules:

(a) Implementing this section and ORS 433.321;

(b) Ensuring the privacy of individuals about whom information is collected pursuant to this section and ORS 433.321; and

(c) Specifying the forms to be used by hospitals, birthing centers, diagnostic facilities and educational institutions to provide the information required under this section and ORS 433.321.

(4) The authority shall analyze the information collected under this section to determine the efficacy of this section and ORS 433.321 in identifying hearing loss in the newborn child population and enrolling newborn children in early intervention services.

(5) The authority shall issue an annual report detailing the results of newborn hearing screening tests, diagnostic evaluations and participation in early intervention services.

(6) The authority shall implement the newborn hearing screening test registry within existing resources. The authority may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, and agree to conditions not inconsistent with the purposes of the registry.

SECTION 82. ORS 433.442 is amended to read:

433.442. As used in ORS 433.441 to 433.452:

(1) "Bioterrorism" means the intentional use of any microorganism, virus, infectious substance or biological product to cause death, disease or other biological harm to a human, an animal, a plant or another living organism.

(2) "Communicable disease" has the meaning given that term in ORS 431.260.

(3) "Local public health authority" has the meaning given that term in [*ORS 431.260*] **section 2 of this 2015 Act**.

(4) "Public health emergency" means an occurrence or imminent threat of an illness or health condition that:

(a) Is believed to be caused by any of the following:

(A) Bioterrorism;

(B) The appearance of a novel or previously controlled or eradicated infectious agent or biological toxin that may be highly contagious;

(C) An epidemic of communicable disease; or

(D) A natural disaster, a chemical attack or accidental chemical release or a nuclear attack or nuclear accident; and

(b) Poses a high probability of any of the following harms:

(A) A large number of deaths in the affected population;

(B) A large number of serious or long-term disabilities in the affected population; or

(C) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of persons in the affected population.

(5) "Public health measure" has the meaning given that term in ORS 431.260.

SECTION 83. ORS 433.750 is amended to read:

433.750. (1) The governing body of a county in which an outdoor mass gathering is to take place shall issue a permit upon application when the organizer demonstrates compliance with or the ability to comply with the health and safety rules governing outdoor mass gatherings to be regulated according to the anticipated crowd and adopted by the Oregon Health Authority. The application shall include all of the following:

(a) Name and address of the applicant.

(b) Legal description of the place of the proposed gathering.

(c) Date of the proposed gathering.

(d) Estimated attendance at the proposed gathering.

(e) Nature of the proposed gathering.

(f) Such other appropriate information as the county governing body may require in order to insure compliance with rules of the authority.

(2) Notice of the application shall be sent by the county governing body to the county sheriff or county chief law enforcement officer, the [*county*] **local** health officer and the chief of the fire district in which the gathering is to be held.

(3) Each officer receiving notice of the application under subsection (2) of this section who wishes to comment on the application shall submit such comment in writing to the county governing body not later than the hearing date. The comment may include recommendations related to the official functions of the officer as to granting the permit and any recommended conditions that should be imposed.

(4) The county governing body shall hold a public hearing on the issue of compliance with this section. Notice of the time and place of such hearing including a general explanation of the matter to be considered shall be published at least 10 calendar days before the hearing in a newspaper of general circulation in the county or, if there is none, it shall be posted in at least three public places in the county.

(5) Any decision of a county governing body on an application for a permit to hold an outdoor mass gathering may be appealed to a circuit court for the county as provided in ORS 34.020 to 34.100.

(6) A county governing body may charge permit applicants a fee reasonably calculated to reimburse the county for its reasonable and necessary costs in receiving, processing and reviewing applications for permits to hold outdoor mass gatherings. However, a fee authorized by this subsection shall not exceed $5,000 and shall not be charged when the governing body finds, by a preponderance of the evidence presented to the governing body, that the applicant is unable to reimburse the governing body.

SECTION 84. ORS 433.860 is amended to read:

433.860. The Oregon Health Authority or [*local board of health*] **local public health authority, as defined in section 2 of this 2015 Act,** may institute an action in the circuit court of the county where the violation occurred to enjoin repeated violations of ORS 433.850.

SECTION 85. ORS 435.105 is amended to read:

435.105. In lieu of its own inspection program, the State Board of Pharmacy may enter into an agreement with the Oregon Health Authority or a [*county or district board of health*] **local public health authority, as defined in section 2 of this 2015 Act**. The agreement shall authorize the **Oregon Health** Authority or the [*board*] **local public health authority** to make inspections of the

condom stock to determine that the stock consists only of brands that comply with standards promulgated under ORS 435.100 (1). The agreement shall include authority to enforce applicable rules of the State Board of Pharmacy [*and the authority and such rules of the board shall be considered rules of the authority or the county or district board of health*].

SECTION 86. ORS 435.205, as amended by section 56, chapter 45, Oregon Laws 2014, is amended to read:

435.205. (1) The Oregon Health Authority and every [*county*] **local** health department shall offer family planning and birth control services within the limits of available funds. Both agencies jointly may offer such services. 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 such service. The authority shall furnish consultation and assistance to [*county*] **local** health departments.

(2) Family planning and birth control services may include interviews with trained personnel; distribution of literature; referral to a licensed physician, physician assistant licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390 for consultation, examination, medical treatment and prescription; and, 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 shall be made available in the appropriate foreign language for that segment of the population.

(4) In carrying out its duties under this section, and with the consent of the [*county governing body, any county*] **local public health authority as defined in section 2 of this 2015 Act, the local** health department may adopt a fee schedule for services provided by the [*county*] **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 [*county*] **local** health department shall collect fees according to the schedule adopted under subsection (4) of this section. Such fees may be used to meet the expenses of providing the services authorized by this section.

SECTION 87. ORS 441.061 is amended to read:

441.061. (1) Upon agreement, the Director of Human Services may grant specific authorization to any [*county or district board of health*] **local public health authority, as defined in section 2 of this 2015 Act,** to administer and enforce any law or rules of the Department of Human Services relating to inspections and issuance, revocation and suspension of licenses, or portion thereof, for long term care facilities.

(2) Pursuant to an agreement as provided in subsection (1) of this section, the director may provide funds and other resources to the [*county or district board of health necessary to enable the county or district board of health*] **local public health authority necessary to enable the local public health authority** to perform the agreed upon functions.

SECTION 88. ORS 441.630 is amended to read:

441.630. As used in ORS 441.630 to 441.680 and 441.995:

(1) "Abuse" means:

(a) Any physical injury to a resident of a long term care facility which has been caused by other than accidental means.

(b) Failure to provide basic care or services, which failure results in physical harm or unreasonable discomfort or serious loss of human dignity.

(c) Sexual contact with a resident caused by an employee, agent or other resident of a long term care facility by force, threat, duress or coercion.

(d) Illegal or improper use of a resident's resources for the personal profit or gain of another person.

(e) Verbal or mental abuse as prohibited by federal law.

(f) Corporal punishment.

(g) Involuntary seclusion for convenience or discipline.

(2) "Abuse complaint" means any oral or written communication to the department, one of its agents or a law enforcement agency alleging abuse.

(3) "Department" means the Department of Human Services or a designee of the department.

(4) "Facility" means a long term care facility, as defined in ORS 442.015.

(5) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) A police department established by a university under ORS 352.383 or 353.125.

(c) Any county sheriff's office.

(d) The Oregon State Police.

(e) Any district attorney.

(6) "Public or private official" means:

(a) Physician, including any intern or resident.

(b) Licensed practical nurse or registered nurse.

(c) Employee of the Department of Human Services, a community developmental disabilities program or a long term care facility or person who contracts to provide services to a long term care facility.

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

(e) Peace officer.

(f) Member of the clergy.

(g) Regulated social worker.

(h) Physical, speech and occupational therapists.

(i) Legal counsel for a resident or guardian or family member of the resident.

SECTION 89. ORS 442.485 is amended to read:

442.485. The responsibilities of the Office of Rural Health shall include but not be limited to:

(1) Coordinating statewide efforts for providing health care in rural areas.

(2) Accepting and processing applications from communities interested in developing health care delivery systems. Application forms shall be developed by the agency.

(3) Through the agency, applying for grants and accepting gifts and grants from other governmental or private sources for the research and development of rural health care programs and facilities.

(4) Serving as a clearinghouse for information on health care delivery systems in rural areas.

(5) Helping local [*boards of*] health care delivery systems develop ongoing funding sources.

(6) Developing enabling legislation to facilitate further development of rural health care delivery systems.

SECTION 90. ORS 443.005 is amended to read:

443.005. As used in ORS 443.005 to 443.105:

(1) "Caregiver registry" means a person that prequalifies, establishes and maintains a roster of qualified private contractor caregivers that is provided to a client or the client's representative for consideration in the hiring of an individual to provide caregiver services within the client's place of residence.

(2) "Home health agency" means a public or private agency providing coordinated home health services on a home visiting basis. "Home health agency" does not include:

(a) Any visiting nurse service or home health service conducted by and for those who rely upon spiritual means through prayer alone for healing in accordance with the tenets and practices of a recognized church or religious denomination.

(b) Those home health services offered by [*county*] **local** health departments outside, and in addition to, programs formally designated and funded as home health agencies.

(3) "Home health services" means items and services furnished to an individual by a home health agency, or by others under arrangements with such agency, on a visiting basis, in a place

of temporary or permanent residence used as the individual's home for the purpose of maintaining that individual at home.

SECTION 91. ORS 446.310 is amended to read:

446.310. As used in ORS 446.310 to 446.350, unless the context requires otherwise:

(1) "Authority" means the Oregon Health Authority.

(2) "Camping vehicle" means either a vacation trailer or a self-propelled vehicle or structure equipped with wheels for highway use and that is intended for human occupancy and is being used for vacation and recreational purposes, but not for residential purposes, and is equipped with plumbing, sink or toilet.

(3) "Construction" means work regulated by the state building code as defined in ORS 455.010.

(4) "Director" means the Director of the Oregon Health Authority.

(5) "Health official" means a local public health administrator [*appointed pursuant to ORS 431.418*] **as defined in section 2 of this 2015 Act**.

(6) "Hostel" means any establishment having beds rented or kept for rent on a daily basis to travelers for a charge or fee paid or to be paid for rental or use of facilities and that is operated, managed or maintained under the sponsorship of a nonprofit organization that holds a valid exemption from federal income taxes under the Internal Revenue Code of 1954 as amended.

(7) "Organizational camp" includes any area designated by the person establishing, operating, managing or maintaining the same for recreational use by groups or organizations that include but are not limited to youth camps, scout camps, summer camps, day camps, nature camps, survival camps, athletic camps, camps that are operated and maintained under the guidance, supervision or auspices of religious, public and private educational systems and community service organizations.

(8) "Picnic park" means any recreation park that is for day use only and provides no recreation vehicle or overnight camping spaces.

(9) "Recreation park" means any area designated by the person establishing, operating, managing or maintaining the same for picnicking, overnight camping or use of recreational vehicles by the general public or any segment of the public. "Recreation park" includes but is not limited to areas open to use free of charge or through payment of a tax or fee or by virtue of rental, lease, license, membership, association or common ownership and further includes, but is not limited to, those areas divided into two or more lots, parcels, units or other interests for purposes of such use.

(10) "Regulating agency" means, with respect to a tourist facility, the Oregon Health Authority.

(11) "Tourist facility" means any travelers' accommodation, hostel, picnic park, recreation park and organizational camp.

(12) "Travelers' accommodation" includes any establishment, which is not a hostel, having rooms, apartments or sleeping facilities rented or kept for rent on a daily or weekly basis to travelers or transients for a charge or fee paid or to be paid for rental or use of facilities.

SECTION 92. ORS 446.425 is amended to read:

446.425. (1) The Director of the Oregon Health Authority shall delegate to any county board of commissioners which requests any of the duties and functions of the director under ORS 446.310, 446.320, 446.330 to 446.340, 446.345, 446.350 and 446.990 if the director determines that the county is able to carry out the rules of the Oregon Health Authority relating to fee collection, inspections, enforcement and issuance and revocation of permits and licenses in compliance with standards for enforcement by the counties and monitoring by the authority. [*Such standards shall be established by the authority in consultation with the appropriate county officials and in accordance with ORS 431.345.*] The authority shall review and monitor each county's performance under this subsection. In accordance with ORS chapter 183, the director may suspend or rescind a delegation under this subsection. If it is determined that a county is not carrying out such rules or the delegation is suspended, the unexpended portion of the fees collected under subsection (2) of this section shall be available to the authority for carrying out the duties and functions under this section.

(2) The county may determine the amount of, and retain, any fee for any function undertaken pursuant to subsection (1) of this section. The amount of the fees shall not exceed the costs of administering the inspection program. The county, quarterly, shall remit 15 percent of an amount equal

to the state licensing fee or 15 percent of the county license fee whichever is less, to the authority for consultation service and maintenance of the statewide program.

(3) In any action, suit or proceeding arising out of county administration of functions pursuant to subsection (1) of this section and involving the validity of a rule adopted by the authority, the authority shall be made a party to the action, suit or proceeding.

SECTION 93. ORS 448.100 is amended to read:

448.100. (1) The Director of the Oregon Health Authority shall delegate to any county board of commissioners that requests any of the duties and functions of the director under ORS 448.005, 448.011, 448.020 to 448.035, 448.040 to 448.060 and this section if the director determines that the county is able to carry out the rules of the Oregon Health Authority relating to fee collection, licensing, inspections, enforcement and issuance and revocation of permits and certificates in compliance with standards for enforcement by the counties and monitoring by the authority. [*Such standards shall be established by the authority in consultation with the appropriate county officials and in accordance with ORS 431.345.*] The authority shall review and monitor each county's performance under this subsection. In accordance with ORS chapter 183, the director may suspend or rescind a delegation under this subsection. If it is determined that a county is not carrying out such rules or the delegation is suspended, the unexpended portion of the fees collected under subsection (2) of this section shall be available to the authority for carrying out the duties and functions under this section.

(2) The county may determine the amount of, and retain, any fee for any function undertaken pursuant to subsection (1) of this section or use the fee schedules pursuant to ORS 448.030 and 448.035. A county to whom licensing, inspection and enforcement authority has been delegated under this section shall collect and remit to the authority a fee to support the activities of the authority under this section. The fee shall be established by the authority and the Conference of Local Health Officials based upon a budget and formula for funding activities described in this section. The authority and the Conference of Local Health Officials shall consult with associations representing Oregon cities, special districts and the lodging industry in establishing the fee. In the event the authority and the Conference of Local Health Officials cannot reach agreement on the budget and formula, the authority shall submit its budget proposal to the Legislative Assembly.

(3) In any action, suit or proceeding arising out of county administration of functions pursuant to subsection (1) of this section and involving the validity of a rule promulgated by the authority, the authority shall be made a party to the action, suit or proceeding.

SECTION 94. ORS 448.150 is amended to read:

448.150. (1) The Oregon Health Authority shall:

(a) Conduct periodic sanitary surveys of drinking water systems and sources, take water samples and inspect records to ensure that the systems are not creating an unreasonable risk to health. The authority shall provide written reports of [*such*] **the** examinations to [*the local health administrators and*] water suppliers **and to local public health administrators, as defined in section 2 of this 2015 Act**. The authority may impose a fee on water suppliers to recover the costs of conducting the periodic sanitary surveys.

(b) Require regular water sampling by water suppliers to determine compliance with water quality standards established by the authority. These samples shall be analyzed in a laboratory approved by the authority. The results of the laboratory analysis of a sample shall be reported to the authority by the water supplier, unless direct laboratory reporting is authorized by the water supplier. The laboratory performing the analysis shall report the validated results of the analysis directly to the authority and to the water supplier if the analysis shows that a sample contains contaminant levels in excess of any maximum contaminant level specified in the water quality standards.

(c) Investigate any water system that fails to meet the water quality standards established by the authority.

(d) Require every water supplier that provides drinking water that is from a surface water source to conduct sanitary surveys of the watershed as may be considered necessary by the au-

thority for the protection of public health. The water supplier shall make written reports of such sanitary surveys of watersheds promptly to the authority and to the local health department.

(e) Investigate reports of waterborne disease pursuant to [*ORS 431.110*] **sections 9 to 24 of this 2015 Act** and take necessary actions as provided for in ORS 446.310, 448.030, 448.115 to 448.285, 454.235, 454.255 and 455.680 to protect the public health and safety.

(f) Notify the Department of Environmental Quality of a potential ground water management area if, as a result of its water sampling under paragraphs (a) to (e) of this subsection, the authority detects the presence in ground water of:

(A) Nitrate contaminants at levels greater than 70 percent of the levels established pursuant to ORS 468B.165; or

(B) Any other contaminants at levels greater than 50 percent of the levels established pursuant to ORS 468B.165.

(2) The notification required under subsection (1)(f) of this section shall identify the substances detected in the ground water and all ground water aquifers that may be affected.

SECTION 95. ORS 448.170 is amended to read:

448.170. (1) The Oregon Health Authority may enter into an agreement with a [*local governmental unit for the local governmental unit to perform*] **local public health authority, as defined in section 2 of this 2015 Act, under which the local public health authority performs** the duties of the **Oregon Health** Authority under the Oregon Drinking Water Quality Act. The duration of the agreement, the duties to be performed and the remuneration to be paid by the **Oregon Health** Authority are subject to agreement by the **Oregon Health** Authority and the [*local governmental unit*] **local public health authority**.

(2) In any action, suit or proceeding arising out of [*county*] **a local public health authority's** administration of functions pursuant to ORS 446.310, 448.030, 448.115 to 448.285, 454.235, 454.255, 455.170 and 757.005 and involving the validity of a rule adopted by the **Oregon Health** Authority, the **Oregon Health** Authority shall be made a party to the action, suit or proceeding.

SECTION 96. ORS 451.435 is amended to read:

451.435. (1) All district formation and change of organization proceedings shall be initiated, conducted and completed as provided by ORS 198.705 to 198.955. Except for an order allowing an existing district established to provide sewage works to also provide drainage works, no county or portion thereof shall be included within a district which is to provide services in more than one county without the consent of the governing body of the affected county.

(2) In the case of sewage works, upon certification to the county court by the Environmental Quality Commission or the [*county*] **local** health officer that an emergency exists the county court shall initiate the formation of a district in the manner specified in ORS 198.835, or annexation to an existing district in the manner specified in ORS 198.850 (3), whichever is most appropriate.

(3) A petition or order initiating the formation or change or organization of a district shall, in addition to the requirement specified by ORS 198.705 to 198.955, state which of the service facilities specified by ORS 451.010 the district shall be authorized to construct, maintain and operate.

(4) A final order in a formation or change of organization proceeding of a district shall, in addition to the requirements specified by ORS 198.705 to 198.955, state which of the service facilities specified by ORS 451.010 the district shall be authorized to construct, maintain and operate.

SECTION 97. ORS 452.010 is amended to read:

452.010. As used in this section and ORS 452.020 to 452.300, unless the context requires otherwise:

(1) "County court" includes board of county commissioners.

(2) "District" means a vector control district established for the prevention, control or eradication of public health vectors and predatory animals.

(3) "Health officer" means [*the health officer appointed under ORS 431.418*] **a local public health administrator as defined in section 2 of this 2015 Act**.

(4) "Integrated pest management methods" means the processes described in ORS 634.650 (1).

(5) "Pesticide use plan" means an annual plan created by a vector control district or a county court that describes anticipated pesticide use.

(6) "Predatory animals" has the meaning given that term in ORS 610.002.

(7) "Public health vectors" means arthropods and vertebrates of public health significance and those insects included within the family Chironomidae of the order Diptera. The term does not include any domesticated animal.

(8) "Vector habitat" means any area where public health vectors are found.

SECTION 98. ORS 453.322 is amended to read:

453.322. (1) The State Fire Marshal shall retain for at least five years the information provided by the employer under ORS 453.317.

(2) The State Fire Marshal shall provide copies of the information to each local public health authority **as defined in section 2 of this 2015 Act**, fire district and any public or private safety agency administering a 9-1-1 emergency reporting system pursuant to ORS 403.105 to 403.250 and, upon request, provide copies of the information to the following agencies located within the geographic jurisdiction of the fire district:

(a) Fire districts and other emergency service personnel responding to a hazardous substance incident;

(b) Health professionals;

(c) Law enforcement agencies; and

(d) Local emergency management agencies as described in ORS 401.305.

(3) The State Fire Marshal may distribute the information provided by an employer under ORS 453.317 to persons outside the jurisdiction of the fire district if the State Fire Marshal considers the information essential to the safe control of an emergency.

(4) In addition to the requirements of subsections (2) and (3) of this section, the State Fire Marshal shall provide, upon request, access to the information provided by employers under ORS 453.317 to any agency of this state.

SECTION 99. ORS 459.385 is amended to read:

459.385. **Personnel of** the Department of Environmental Quality or [*county, district or city board of health personnel*] **a local health department**, authorized environmental health specialists or other authorized **personnel of a** city or county [*personnel*] may enter upon the premises of any person regulated under ORS 459.005 to 459.105, 459.205 to 459.385, 466.005 to 466.385 and 466.992 or under regulations adopted pursuant to ORS 450.075, 450.810, 450.820 and 451.570, at reasonable times, to determine compliance with and to enforce ORS 450.075, 450.810, 450.820, 451.570, 459.005 to 459.105, 459.205 to 459.385, 466.005 to 466.385 and 466.992 and any rules or regulations adopted pursuant thereto. The department shall also have access to any pertinent records, including but not limited to blueprints, operation and maintenance records and logs, operating rules and procedures. As used in this section, "pertinent records" does not include financial information unless otherwise authorized by law.

SECTION 100. ORS 466.605 is amended to read:

466.605. As used in ORS 466.605 to 466.680 and 466.990 (3) and (4):

(1) "Barrel" means 42 U.S. gallons at 60 degrees Fahrenheit.

(2) "Cleanup" means the containment, collection, removal, treatment or disposal of oil or hazardous material; site restoration; and any investigations, monitoring, surveys, testing and other information gathering required or conducted by the Department of Environmental Quality.

(3) "Cleanup costs" means all costs associated with the cleanup of a spill or release incurred by the state, its political subdivision or any person with written approval from the department when implementing ORS 466.205, 466.605 to 466.680, 466.990 (3) and (4) and 466.995 (2) or 468B.320.

(4) "Commission" means the Environmental Quality Commission.

(5) "Department" means the Department of Environmental Quality.

(6) "Director" means the Director of the Department of Environmental Quality.

(7) "Hazardous material" means one of the following:

(a) A material designated by the commission under ORS 466.630.

(b) Hazardous waste as defined in ORS 466.005.

(c) Radioactive waste as defined in ORS 469.300, radioactive material identified by the Energy Facility Siting Council under ORS 469.605 and radioactive substances as defined in ORS 453.005.

(d) Communicable disease agents as regulated by the Oregon Health Authority under ORS [*431.035 to 431.530*] **431.260 to 431.266**, 433.001 to 433.045 and 433.110 to 433.770 **and sections 9 to 24 of this 2015 Act**.

(e) Hazardous substances designated by the United States Environmental Protection Agency under section 311 of the Federal Water Pollution Control Act, P.L. 92-500, as amended.

(8) "Oils" or "oil" includes gasoline, crude oil, fuel oil, diesel oil, lubricating oil, sludge, oil refuse and any other petroleum related product.

(9) "Person" means an individual, trust, firm, joint stock company, corporation, partnership, association, municipal corporation, political subdivision, interstate body, the state and any agency or commission thereof and the federal government and any agency thereof.

(10) "Reportable quantity" means one of the following:

(a) A quantity designated by the commission under ORS 466.625.

(b) The lesser of:

(A) The quantity designated for hazardous substances by the United States Environmental Protection Agency pursuant to section 311 of the Federal Water Pollution Control Act, P.L. 92-500, as amended;

(B) The quantity designated for hazardous waste under ORS 466.005 to 466.385, 466.990 (1) and (2) and 466.992;

(C) Any quantity of radioactive material, radioactive substance or radioactive waste;

(D) If spilled into waters of the state, or escape into waters of the state is likely, any quantity of oil that would produce a visible oily slick, oily solids, or coat aquatic life, habitat or property with oil, but excluding normal discharges from properly operating marine engines; or

(E) If spilled on land, any quantity of oil over one barrel.

(c) Ten pounds unless otherwise designated by the commission under ORS 466.625.

(11) "Respond" or "response" means:

(a) Actions taken to monitor, assess and evaluate a spill or release or threatened spill or release of oil or hazardous material;

(b) First aid, rescue or medical services, and fire suppression; or

(c) Containment or other actions appropriate to prevent, minimize or mitigate damage to the public health, safety, welfare or the environment which may result from a spill or release or threatened spill or release if action is not taken.

(12) "Spill or release" means the discharge, deposit, injection, dumping, spilling, emitting, releasing, leaking or placing of any oil or hazardous material into the air or into or on any land or waters of the state, as defined in ORS 468B.005, except as authorized by a permit issued under ORS chapter 454, 459, 459A, 468, 468A, 468B or 469, ORS 466.005 to 466.385, 466.990 (1) and (2) or 466.992 or federal law or while being stored or used for its intended purpose.

(13) "Threatened spill or release" means oil or hazardous material is likely to escape or be carried into the air or into or on any land or waters of the state, including from a ship as defined in ORS 468B.300 that is in imminent danger of sinking.

SECTION 101. ORS 468.035 is amended to read:

468.035. (1) Subject to policy direction by the Environmental Quality Commission, the Department of Environmental Quality:

(a) Shall encourage voluntary cooperation by the people, municipalities, counties, industries, agriculture, and other pursuits, in restoring and preserving the quality and purity of the air and the waters of the state in accordance with rules and standards established by the commission.

(b) May conduct and prepare, independently or in cooperation with others, studies, investigations, research and programs pertaining to the quality and purity of the air or the waters of the state and to the treatment and disposal of wastes.

(c) Shall advise, consult, and cooperate with other agencies of the state, political subdivisions, other states or the federal government, in respect to any proceedings and all matters pertaining to control of air or water pollution or for the formation and submission to the legislature of interstate pollution control compacts or agreements.

(d) May employ personnel, including specialists and consultants, purchase materials and supplies, and enter into contracts necessary to carry out the purposes set forth in ORS 448.305, 454.010 to 454.040, 454.205 to 454.255, 454.505 to 454.535, 454.605 to 454.755 and ORS chapters 468, 468A and 468B.

(e) Shall conduct and supervise programs of air and water pollution control education, including the preparation and distribution of information regarding air and water pollution sources and control.

(f) Shall provide advisory technical consultation and services to units of local government and to state agencies.

(g) Shall develop and conduct demonstration programs in cooperation with units of local government.

(h) Shall serve as the agency of the state for receipt of moneys from the federal government or other public or private agencies for the purposes of air and water pollution control, studies or research and to expend moneys after appropriation thereof for the purposes given.

(i) Shall make such determination of priority of air or water pollution control projects as may be necessary under terms of statutes enacted by the Congress of the United States.

(j) Shall seek enforcement of the air and water pollution laws of the state.

(k) Shall institute or cause to be instituted in a court of competent jurisdiction, proceedings to compel compliance with any rule or standard adopted or any order or permit, or condition thereof, issued pursuant to ORS 448.305, 454.010 to 454.040, 454.205 to 454.255, 454.505 to 454.535, 454.605 to 454.755 and ORS chapters 468, 468A and 468B.

(L) Shall encourage the formulation and execution of plans in conjunction with air and water pollution control agencies or with associations of counties, cities, industries and other persons who severally or jointly are or may be the source of air or water pollution, for the prevention and abatement of pollution.

(m) May determine, by means of field studies and sampling, the degree of air or water pollution in various regions of the state.

(n) May perform such other and further acts as may be necessary, proper or desirable to carry out effectively the duties, powers and responsibilities of the department as set forth in ORS 448.305, 454.010 to 454.040, 454.205 to 454.255, 454.505 to 454.535, 454.605 to 454.755 and ORS chapters 468, 468A and 468B.

(o) Shall coordinate any activities of the department related to a watershed enhancement project approved by the Oregon Watershed Enhancement Board under ORS 541.932 with activities of other cooperating state and federal agencies participating in the project.

(2) Nothing in this section shall affect the authority of the Oregon Health Authority to make and enforce rules:

(a) Regarding the quality of water for human or animal consumption pursuant to ORS 448.115 to 448.325, 624.010 to 624.121 and 624.310 to 624.430; and

(b) Regarding the quality of water for public swimming places pursuant to [*ORS 431.110*] **sections 9 to 24 of this 2015 Act**.

(3) Nothing in this section shall prevent the State Department of Agriculture or the State Forestry Department from independently receiving moneys from a public or private agency for the purposes of preventing or controlling air or water pollution resulting from agricultural or silvicultural activities or soil erosion, or for research related to such purposes.

(4)(a) In awarding a public contract under ORS 279.835 to 279.855 or ORS chapter 279A, 279B or 279C for a removal or remedial action pursuant to ORS 465.200 to 465.545, a corrective action or cleanup action pursuant to ORS 466.005 to 466.385, 466.605 to 466.680 or 466.706 to 466.882 or a removal pursuant to ORS 468B.005 to 468B.030, 468B.035, 468B.048 to 468B.085, 468B.090, 468B.093,

468B.095 and 468B.300 to 468B.500, the department, and the Oregon Department of Administrative Services, when administering the establishment of such a contract on behalf of the Department of Environmental Quality under ORS 279A.050 and 279A.140, shall subtract from the amount of any bid or proposal the hazardous waste management fees and solid waste fees that would be required by law to be paid to the department for waste that would be disposed of at a solid waste disposal site or a hazardous waste or PCB disposal facility, based on the bid or proposal. The amount to be subtracted shall be established on the basis of reasonable preprocurement estimates of the amount of waste that would be disposed of under the contract and that would be subject to those fees.

(b) The subtraction for fees under paragraph (a) of this subsection shall apply only to a contract reasonably anticipated to involve the disposal of no less than 50 tons of hazardous waste or no less than 500 tons of solid waste. The Legislative Assembly finds that making accurate advance estimates of amounts of waste that would be disposed of in projects of this character is technically challenging and requires the application of professional discretion. Therefore, no award of a contract under this subsection shall be subject to challenge, under ORS 279B.410, 279B.415 or 279C.460 or otherwise, on the ground of the inaccuracy or claimed inaccuracy of any such estimate.

(c) The subtraction for fees under paragraph (a) of this subsection shall not apply to the establishment, by or on behalf of the department, of master contracts by which the department engages the services of a contractor over a period of time for the purpose of issuing work orders for the performance of environmental activities on a project or projects for which the amounts of waste to be disposed of were not reasonably identified at the inception of the master contracts. However, the department shall require any contractor under a master contract to apply the subtraction for fees under paragraph (a) of this subsection in the selection of any subcontractor to perform the removal of waste in amounts equaling or exceeding the amounts set forth in paragraph (b) of this subsection. Nothing in this subsection shall be construed to prohibit the department or the Oregon Department of Administrative Services from establishing contracts pursuant to this section through contracting procedures authorized by ORS 279.835 to 279.855 and ORS chapters 279A, 279B and 279C that do not require the solicitation of bids or proposals.

SECTION 102. ORS 468.060 is amended to read:

468.060. On its own motion after public hearing, the Environmental Quality Commission may grant specific authorization to the Oregon Health Authority or to any [*county, district or city board of health*] **local public health authority, as defined in section 2 of this 2015 Act,** to enforce any rule of the commission relating to air or water pollution or solid wastes.

SECTION 103. ORS 475.309 is amended to read:

475.309. (1) Except as provided in ORS 475.316, 475.320 and 475.342, a person engaged in or assisting in the medical use of marijuana is excepted from the criminal laws of the state for possession, delivery or production of marijuana, aiding and abetting another in the possession, delivery or production of marijuana or any other criminal offense in which possession, delivery or production of marijuana is an element if the following conditions have been satisfied:

(a)(A) The person holds a registry identification card issued pursuant to this section, has applied for a registry identification card pursuant to subsection (9) of this section, is the designated primary caregiver of the cardholder or applicant, or is the person responsible for a marijuana grow site that is producing marijuana for the cardholder and is registered under ORS 475.304; and

(B) The person who has a debilitating medical condition, the person's primary caregiver and the person responsible for a marijuana grow site that is producing marijuana for the cardholder and is registered under ORS 475.304 are collectively in possession of, delivering or producing marijuana for medical use in amounts allowed under ORS 475.320; or

(b) The person is responsible for or employed by a medical marijuana facility registered under ORS 475.314 and does not commit any of the acts described in this subsection anywhere other than at the medical marijuana facility.

(2) The Oregon Health Authority shall establish and maintain a program for the issuance of registry identification cards to persons who meet the requirements of this section. Except as pro-

vided in subsection (3) of this section, the authority shall issue a registry identification card to any person who pays a fee in the amount established by the authority and provides the following:

(a) Valid, written documentation from the person's attending physician stating that the person has been diagnosed with a debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition;

(b) The name, address and date of birth of the person;

(c) The name, address and telephone number of the person's attending physician;

(d) The name and address of the person's designated primary caregiver, if the person has designated a primary caregiver at the time of application; and

(e) A written statement that indicates whether the marijuana used by the cardholder will be produced at a location where the cardholder or designated primary caregiver is present or at another location.

(3) The authority shall issue a registry identification card to a person who is under 18 years of age if the person submits the materials required under subsection (2) of this section, and the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age signs a written statement that:

(a) The attending physician of the person under 18 years of age has explained to that person and to the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age the possible risks and benefits of the medical use of marijuana;

(b) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age consents to the use of marijuana by the person under 18 years of age for medical purposes;

(c) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to serve as the designated primary caregiver for the person under 18 years of age; and

(d) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to control the acquisition of marijuana and the dosage and frequency of use by the person under 18 years of age.

(4) A person applying for a registry identification card pursuant to this section may submit the information required in this section to a [*county*] **local** health department for transmittal to the authority. A [*county*] **local** health department that receives the information pursuant to this subsection shall transmit the information to the authority within five days of receipt of the information. Information received by a [*county*] **local** health department pursuant to this subsection shall be confidential and not subject to disclosure, except as required to transmit the information to the authority.

(5)(a) The authority shall verify the information contained in an application submitted pursuant to this section and shall approve or deny an application within thirty days of receipt of the application.

(b) In addition to the authority granted to the authority under ORS 475.316 to deny an application, the authority may deny an application for the following reasons:

(A) The applicant did not provide the information required pursuant to this section to establish the applicant's debilitating medical condition and to document the applicant's consultation with an attending physician regarding the medical use of marijuana in connection with such condition, as provided in subsections (2) and (3) of this section;

(B) The authority determines that the information provided was falsified; or

(C) The applicant has been prohibited by a court order from obtaining a registry identification card.

(c) Denial of a registry identification card shall be considered a final authority action, subject to judicial review. Only the person whose application has been denied, or, in the case of a person under the age of 18 years of age whose application has been denied, the person's parent or legal guardian, shall have standing to contest the authority's action.

(d) Any person whose application has been denied may not reapply for six months from the date of the denial, unless so authorized by the authority or a court of competent jurisdiction.

(6)(a) If the authority has verified the information submitted pursuant to subsections (2) and (3) of this section and none of the reasons for denial listed in subsection (5)(b) of this section is applicable, the authority shall issue a serially numbered registry identification card within five days of verification of the information. The registry identification card shall state:

(A) The cardholder's name, address and date of birth;

(B) The date of issuance and expiration date of the registry identification card;

(C) The name and address of the person's designated primary caregiver, if any;

(D) Whether the marijuana used by the cardholder will be produced at a location where the cardholder or designated primary caregiver is present or at another location; and

(E) Any other information that the authority may specify by rule.

(b) When the person to whom the authority has issued a registry identification card pursuant to this section has specified a designated primary caregiver, the authority shall issue an identification card to the designated primary caregiver. The primary caregiver's registry identification card shall contain the information provided in paragraph (a) of this subsection.

(7)(a) A person who possesses a registry identification card shall:

(A) Notify the authority of any change in the person's name, address, attending physician or designated primary caregiver.

(B) If applicable, notify the designated primary caregiver of the cardholder, the person responsible for the marijuana grow site that produces marijuana for the cardholder and any person responsible for a medical marijuana facility that transfers usable marijuana or immature marijuana plants to the cardholder under ORS 475.314 of any change in status including, but not limited to:

(i) The assignment of another individual as the designated primary caregiver of the cardholder;

(ii) The assignment of another individual as the person responsible for a marijuana grow site producing marijuana for the cardholder; or

(iii) The end of the eligibility of the cardholder to hold a valid registry identification card.

(C) Annually submit to the authority:

(i) Updated written documentation from the cardholder's attending physician of the person's debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition; and

(ii) The name of the person's designated primary caregiver if a primary caregiver has been designated for the upcoming year.

(b) If a person who possesses a registry identification card fails to comply with this subsection, the card shall be deemed expired. If a registry identification card expires, the identification card of any designated primary caregiver of the cardholder shall also expire.

(8)(a) A person who possesses a registry identification card pursuant to this section and who has been diagnosed by the person's attending physician as no longer having a debilitating medical condition or whose attending physician has determined that the medical use of marijuana is contraindicated for the person's debilitating medical condition shall return the registry identification card and any other associated Oregon Medical Marijuana Program cards to the authority within 30 calendar days of notification of the diagnosis or notification of the contraindication.

(b) If, due to circumstances beyond the control of the registry identification cardholder, a cardholder is unable to obtain a second medical opinion about the cardholder's continuing eligibility to use medical marijuana before the 30-day period specified in paragraph (a) of this subsection has expired, the authority may grant the cardholder additional time to obtain a second opinion before requiring the cardholder to return the registry identification card and any associated cards.

(9) A person who has applied for a registry identification card pursuant to this section but whose application has not yet been approved or denied, and who is contacted by any law enforcement officer in connection with the person's administration, possession, delivery or production of marijuana for medical use may provide to the law enforcement officer a copy of the written documentation submitted to the authority pursuant to subsection (2) or (3) of this section and proof of

the date of mailing or other transmission of the documentation to the authority. This documentation shall have the same legal effect as a registry identification card until such time as the person receives notification that the application has been approved or denied.

(10)(a) A registry identification cardholder has the primary responsibility of notifying the designated primary caregiver, the person responsible for the marijuana grow site that produces marijuana for the cardholder and any person responsible for a medical marijuana facility that transfers usable marijuana or immature marijuana plants to the cardholder under ORS 475.314 of any change in status of the cardholder.

(b) If the authority is notified by the cardholder that a primary caregiver or person responsible for a marijuana grow site has changed, the authority shall notify the primary caregiver or the person responsible for the marijuana grow site by mail at the address of record confirming the change in status and informing the caregiver or person responsible for the marijuana grow site that their card is no longer valid and must be returned to the authority.

(11) The authority shall revoke the registry identification card of a cardholder if a court has issued an order that prohibits the cardholder from participating in the medical use of marijuana or otherwise participating in the Oregon Medical Marijuana Program under ORS 475.300 to 475.346. The cardholder shall return the registry identification card to the authority within seven calendar days of notification of the revocation. If the cardholder is a patient, the patient shall return the patient's card and all other associated Oregon Medical Marijuana Program cards.

(12) The authority shall revoke the registration of a medical marijuana facility registered under ORS 475.314 if a court has issued an order that prohibits the person responsible for the medical marijuana facility from participating in the Oregon Medical Marijuana Program under ORS 475.300 to 475.346.

(13) The authority and employees and agents of the authority acting within the course and scope of their employment are immune from any civil liability that might be incurred or imposed for the performance of or failure to perform duties required by this section.

SECTION 104. ORS 570.880 is amended to read:

570.880. (1) As used in this section:

(a) "Bedbug" means a member of the Cimicidae family of parasitic insects.

(b) "Public health authority" means:

(A) A local public health authority [*or health district*]**, as defined in section 2 of this 2015 Act**; or

(B) The Oregon Health Authority.

(2) The following information reported by pest control operators to a public health authority must be maintained confidentially and is not subject to disclosure under ORS 192.410 to 192.505:

(a) The location of a site where a pesticide intended to prevent, destroy, repel or mitigate an infestation of bedbugs has been applied or is to be applied;

(b) The identity of any person who owns, rents or leases property at the site described in paragraph (a) of this subsection; and

(c) Any information describing or pertaining to the infestation or suspected infestation at the site described in paragraph (a) of this subsection.

(3) Nothing in this section prevents a public health authority from publishing statistical compilations or reports relating to reportable disease investigations if the compilations or reports do not identify individual cases or sources of information.

SECTION 105. ORS 609.652 is amended to read:

609.652. As used in ORS 609.654:

(1)(a) "Aggravated animal abuse" means any animal abuse as described in ORS 167.322.

(b) "Aggravated animal abuse" does not include:

(A) Good animal husbandry, as defined in ORS 167.310; or

(B) Any exemption listed in ORS 167.335.

(2) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) A police department established by a university under ORS 352.383 or 353.125.

(c) Any county sheriff's office.

(d) The Oregon State Police.

(e) A law enforcement division of a county or municipal animal control agency that employs sworn officers.

(f) A humane investigation agency as defined in ORS 181.433 that employs humane special agents commissioned under ORS 181.433.

(3) "Public or private official" means:

(a) A physician, including any intern or resident.

(b) A dentist.

(c) A school employee.

(d) A licensed practical nurse or registered nurse.

(e) An employee of the Department of Human Services, Oregon Health Authority, Early Learning Division, Youth Development Division, Office of Child Care, the Oregon Youth Authority, a [*county*] **local** health department, a community mental health program, a community developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) A peace officer.

(g) A psychologist.

(h) A member of the clergy.

(i) A regulated social worker.

(j) An optometrist.

(k) A chiropractor.

(L) A certified provider of foster care, or an employee thereof.

(m) An attorney.

(n) A naturopathic physician.

(o) A licensed professional counselor.

(p) A licensed marriage and family therapist.

(q) A firefighter or emergency medical services provider.

(r) A court appointed special advocate, as defined in ORS 419A.004.

(s) A child care provider registered or certified under ORS 329A.030 and 329A.250 to 329A.450.

(t) A member of the Legislative Assembly.

SECTION 106. ORS 624.005 is amended to read:

624.005. As used in this chapter, "local public health authority" [*means an entity described in ORS 431.375*] **has the meaning given that term in section 2 of this 2015 Act**.

SECTION 107. ORS 624.510 is amended to read:

624.510. (1) The Director of the Oregon Health Authority shall enter into an intergovernmental agreement with each local public health authority [*established under ORS 431.375*], delegating to the local public health authority the administration and enforcement within the jurisdiction of the local public health authority of the powers, duties and functions of the director under ORS 624.010 to 624.121, 624.310 to 624.430, 624.650 and 624.992. The intergovernmental agreement must describe the powers, duties and functions of the local public health authority relating to fee collection, licensing, inspections, enforcement, civil penalties and issuance and revocation of permits and certificates, standards for enforcement by the local public health authority and the monitoring to be performed by the Oregon Health Authority. [*The Oregon Health Authority shall establish the descriptions and standards in consultation with the local public health authority officials and in accordance with ORS 431.345. The intergovernmental agreement must be a part of the local plan submitted by the local public health authority under ORS 431.385.*] The Oregon Health Authority shall review the performance of the local public health authority under any expiring intergovernmental agreement. The review shall include criteria to determine if provisions of ORS 624.073 are uniformly applied to all licensees within the jurisdiction of the local public health authority. In accordance with ORS chapter 183, the director may suspend or rescind an intergovernmental agreement under this subsection. If the

Oregon Health Authority suspends or rescinds an intergovernmental agreement, the unexpended portion of the fees collected under subsection (2) of this section shall be available to the Oregon Health Authority for carrying out the powers, duties and functions under this section.

(2) A local public health authority shall collect fees on behalf of the Oregon Health Authority that are adequate to cover the administration and enforcement costs incurred by the local public health authority under this section and the cost of oversight by the Oregon Health Authority. If the fee collected by a local public health authority for a license or service is more than 20 percent above or below the fee for that license or service charged by the Oregon Health Authority, the Oregon Health Authority shall analyze the local public health authority fee process and determine whether the local public health authority used the proper cost elements in determining the fee and whether the amount of the fee is justified. Cost elements may include, but need not be limited to, expenses related to administration, program costs, salaries, travel expenses and Oregon Health Authority consultation fees. If the Oregon Health Authority determines that the local public health authority did not use the proper cost elements in determining the fee or that the amount of the fee is not justified, the Oregon Health Authority may order the local public health authority to reduce any fee to a level supported by the Oregon Health Authority's analysis of the fee process.

(3) The Oregon Health Authority, after consultation with groups representing local health officials in the state, shall by rule assess a remittance from each local public health authority to which health enforcement powers, duties or functions have been delegated under subsection (1) of this section. The amount of the remittance must be specified in the intergovernmental agreement. The remittance shall supplement existing funds for consultation services and development and maintenance of the statewide food service program. The Oregon Health Authority shall consult with groups representing local health officials in the state and statewide restaurant associations in developing the statewide food service program.

(4) In any action, suit or proceeding arising out of local public health authority administration of functions pursuant to subsection (1) of this section and involving the validity of a rule adopted by the Oregon Health Authority, the Oregon Health Authority shall be made a party to the action, suit or proceeding.

SECTION 108. ORS 659A.250 is amended to read:

659A.250. (1) For purposes of ORS 659A.250 to 659A.262, "access" means ingress to and egress from residential areas which are concentrated in a central location. It shall not include:

(a) The right to enter the individual residences of employees unless a resident of the household consents to the entry;

(b) The right to use any services provided by the employer for the exclusive use of the employees;

(c) The right to enter single residences shared by employees and employers where a separate entrance to the employee's quarter is not provided; or

(d) The right to enter work areas.

(2) "Authorized person" means government officials, medical doctors, certified education providers, [*county health care*] **local health** officials, representatives of religious organizations and any other providers of services for farmworkers funded in whole or part by state, federal or local government.

(3) "Housing" means living quarters owned, rented or in any manner controlled by an employer and occupied by the employee.

(4) "Invited person" means persons invited to a dwelling unit by an employee or a member of the employee's family residing with the employee.

SECTION 109. ORS 689.605 is amended to read:

689.605. (1) In a hospital or long term care facility having a pharmacy and employing a pharmacist, the pharmacy and pharmacist are subject to the requirements of this chapter, except that in a hospital when a pharmacist is not in attendance, pursuant to standing orders of the pharmacist, a registered nurse supervisor on the written order of a person authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for administration to or

treatment of an inpatient or outpatient until regular pharmacy services are available in accordance with the rules adopted by the board. However, the State Board of Pharmacy may grant an exception to the requirement for a written order by issuing a special permit authorizing the registered nurse supervisor in a hospital to dispense medication on the oral order of a person authorized to prescribe a drug. An inpatient care facility which does not have a pharmacy must have a drug room. In an inpatient care facility having a drug room as may be authorized by rule of the Department of Human Services or the Oregon Health Authority, the drug room is not subject to the requirements of this chapter relating to pharmacies. However, a drug room must be supervised by a pharmacist and is subject to the rules of the State Board of Pharmacy. When a pharmacist is not in attendance, any person authorized by the prescriber or by the pharmacist on written order may withdraw such drug in such volume or amount as needed for administration to or treatment of a patient, entering such withdrawal in the record of the responsible pharmacist.

(2) In a hospital having a drug room, any drug may be withdrawn from storage in the drug room by a registered nurse supervisor on the written order of a licensed practitioner in such volume or amount as needed for administration to and treatment of an inpatient or outpatient in the manner set forth in subsection (1) of this section and within the authorized scope of practice.

(3) A hospital having a drug room shall cause accurate and complete records to be kept of the receipt, withdrawal from stock and use or other disposal of all legend drugs stored in the drug room. Such record shall be open to inspection by agents of the board and other qualified authorities.

(4) In an inpatient care facility other than a hospital, the drug room shall contain only prescribed drugs already prepared for patients therein and such emergency drug supply as may be authorized by rule by the Department of Human Services.

(5) The requirements of this section shall not apply to facilities described in ORS 441.065.

(6) A registered nurse who is an employee of a local health department [*established under the authority of a county or district board of health and*] **that is** registered by the board under ORS 689.305 may, pursuant to the order of a person authorized to prescribe a drug or device, dispense a drug or device to a client of the local health department for purposes of caries prevention, birth control or prevention or treatment of a communicable disease. Such dispensing shall be subject to rules jointly adopted by the board and the Oregon Health Authority.

(7) The board shall adopt rules authorizing a pharmacist to delegate to a registered nurse the authority to withdraw prescription drugs from a manufacturer's labeled container for administration to persons confined in penal institutions including, but not limited to, adult and juvenile correctional facilities. A penal institution, in consultation with a pharmacist, shall develop policies and procedures regarding medication management, procurement and distribution. A pharmacist shall monitor a penal institution for compliance with the policies and procedures and shall perform drug utilization reviews. The penal institution shall submit to the board for approval a written agreement between the pharmacist and the penal institution regarding medication policies and procedures.

SECTION 110. ORS 700.025 is amended to read:

700.025. The provisions of ORS 700.020 (2) do not apply to:

(1) Any person teaching, lecturing or engaging in research in environmental sanitation but only in so far as such activities are performed as part of an academic position in a college or university.

(2) Any person who is a sanitary engineer, public health engineer or registered professional engineer.

(3) Any public health officer employed pursuant to ORS [*431.035 to 431.530*] **431.260 to 431.266** and 431.705 to 431.990 **and sections 9 to 24 of this 2015 Act**.

(4) Any person employed by a federal governmental agency but only at such times as the person is carrying out the functions of employment.

(5) Any person who holds a doctorate in veterinary medicine.

(6) The performances of such duties as meat inspection, produce inspection, bee inspection, grain warehouse inspection, landscaping, gardening, plumbing, septic tank or cesspool installation or insect and rodent poison application.

(7) Any employee of the Department of Environmental Quality other than an on-site waste water disposal employee.

(8) Any person employed by a local government, or its agents, while employed in a job that did not require registration under ORS 700.020 as of October 4, 1997.

SECTION 111. Section 16, chapter 418, Oregon Laws 2011, as amended by section 64, chapter 37, Oregon Laws 2012, is amended to read:

Sec. 16. (1) As used in this section, "regional health improvement plan" means a four-year comprehensive, coordinated regional plan incorporating and replacing all health and human service plans prescribed by the Oregon Health Authority, including but not limited to plans required under ORS 430.630, 430.640[*, 431.385*] and 624.510.

(2)(a) The Central Oregon Health Council shall conduct a regional health assessment and adopt a regional health improvement plan to serve as a strategic population health and health care system service plan for the region served by the council. The plan must define the scope of the activities, services and responsibilities that the council proposes to assume upon implementation of the plan.

(b) The activities, services and responsibilities that the council proposes to assume under the plan may include, but are not limited to:

(A) Analysis and development of public and private resources, capacities and metrics based on ongoing regional health assessment activities and population health priorities;

(B) Health policy;

(C) System design;

(D) Outcome and quality improvement;

(E) Integration of service delivery; and

(F) Workforce development.

(3) The council shall submit the plan adopted under subsection (2) of this section to the authority for approval. The authority may approve the plan or return it to the council for modification prior to approval.

(4) The regional health improvement plan adopted under this section shall serve as a guide for entities serving medical assistance recipients, public health authorities, mental health authorities, health care systems, payer groups, provider groups and health coalitions in the counties served by the council.

SERIES PLACEMENT

SECTION 112. (1) Sections 1, 2, 4, 7, 8 and 29 of this 2015 Act are added to and made a part of sections 9 to 24 of this 2015 Act.

(2) ORS 431.035, 431.110, 431.120, 431.150, 431.155, 431.157, 431.160, 431.170, 431.175, 431.180, 431.195, 431.210, 431.220, 431.230, 431.250, 431.520, 431.550 and 431.990 are added to and made a part of sections 9 to 24 of this 2015 Act.

(3) ORS 431.330 to 431.350 and 431.405 to 431.510 are added to and made a part of sections 9 to 24 of this 2015 Act.

(4) ORS 431.380 and 431.385 are added to and made a part of ORS 431.405 to 431.510.

(5) ORS 433.137 is added to and made a part of ORS 433.126 to 433.138.

REPEALS

SECTION 113. ORS 431.345, 431.375, 431.410, 431.480 and 431.530 are repealed.

OPERATIVE DATE AND IMPLEMENTATION

SECTION 114. (1) Sections 1, 2, 4, 7 to 24 and 29 of this 2015 Act, the amendments to statutes and session law by sections 3, 5, 25 to 28 and 31 to 111 of this 2015 Act and the repeal of statutes by section 113 of this 2015 Act become operative on January 1, 2016.

(2) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all the duties, powers and functions conferred on the authority by sections 1, 2, 4, 7 to 24 and 29 of this 2015 Act, the amendments to statutes and session law by sections 3, 5, 25 to 28 and 31 to 111 of this 2015 Act and the repeal of statutes by section 113 of this 2015 Act.

SECTION 115. (1) On or before June 30, 2016, the Oregon Health Authority shall first submit the formula adopted under ORS 431.380, as amended by section 28 of this 2015 Act, to the Legislative Fiscal Office.

(2) On or before January 1, 2017, the Oregon Health Authority shall:

(a) Adopt the initial statewide public health modernization assessment and develop the initial statewide public health modernization plan as required by section 4 of this 2015 Act; and

(b) Subject to subsections (3) and (4) of this section, establish a schedule by which local public health authorities, as defined in section 2 of this 2015 Act, shall first submit local plans for applying the foundational capabilities established under section 9 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act as required by ORS 431.385.

(3) The schedule established under subsection (2)(b) of this section:

(a) May impose different dates for different local public health authorities; and

(b) Must require that all local public health authorities first submit local plans no later than December 31, 2023.

(4) The Oregon Health Authority shall collaborate with each local public health authority in prescribing a date by which that local public health authority must first submit local plans as described in subsection (2)(b) of this section.

(5) Notwithstanding the amendments to ORS 431.415, 431.416 and 431.385 by sections 25 to 27 of this 2015 Act, a local public health authority is required to submit a local plan to the authority as required by ORS 431.385 as in effect immediately before the effective date of this 2015 Act until the local public health authority first submits a local plan pursuant to the schedule established under subsection (2)(b) of this section.

CONFLICT AMENDMENTS

SECTION 116. If House Bill 3400 becomes law, section 80a, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400) (amending ORS 475.309), is repealed and ORS 475.309, as amended by section 103 of this 2015 Act, is amended to read:

475.309. [*(1) Except as provided in ORS 475.316, 475.320 and 475.342, a person engaged in or assisting in the medical use of marijuana is excepted from the criminal laws of the state for possession, delivery or production of marijuana, aiding and abetting another in the possession, delivery or production of marijuana or any other criminal offense in which possession, delivery or production of marijuana is an element if the following conditions have been satisfied:*]

[*(a)(A) The person holds a registry identification card issued pursuant to this section, has applied for a registry identification card pursuant to subsection (9) of this section, is the designated primary caregiver of the cardholder or applicant, or is the person responsible for a marijuana grow site that is producing marijuana for the cardholder and is registered under ORS 475.304; and*]

[*(B) The person who has a debilitating medical condition, the person's primary caregiver and the person responsible for a marijuana grow site that is producing marijuana for the cardholder and is registered under ORS 475.304 are collectively in possession of, delivering or producing marijuana for medical use in amounts allowed under ORS 475.320; or*]

[*(b) The person is responsible for or employed by a medical marijuana facility registered under ORS 475.314 and does not commit any of the acts described in this subsection anywhere other than at the medical marijuana facility.*]

[*(2) The Oregon Health Authority shall establish and maintain a program for the issuance of registry identification cards to persons who meet the requirements of this section. Except as provided in subsection (3) of this section, the authority shall issue a registry identification card to any person who pays a fee in the amount established by the authority and provides the following:*]

[*(a) Valid, written documentation from the person's attending physician stating that the person has been diagnosed with a debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition;*]

[*(b) The name, address and date of birth of the person;*]

[*(c) The name, address and telephone number of the person's attending physician;*]

[*(d) The name and address of the person's designated primary caregiver, if the person has designated a primary caregiver at the time of application; and*]

[*(e) A written statement that indicates whether the marijuana used by the cardholder will be produced at a location where the cardholder or designated primary caregiver is present or at another location.*]

[*(3) The authority shall issue a registry identification card to a person who is under 18 years of age if the person submits the materials required under subsection (2) of this section, and the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age signs a written statement that:*]

[*(a) The attending physician of the person under 18 years of age has explained to that person and to the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age the possible risks and benefits of the medical use of marijuana;*]

[*(b) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age consents to the use of marijuana by the person under 18 years of age for medical purposes;*]

[*(c) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to serve as the designated primary caregiver for the person under 18 years of age; and*]

[*(d) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to control the acquisition of marijuana and the dosage and frequency of use by the person under 18 years of age.*]

[*(4) A person applying for a registry identification card pursuant to this section may submit the information required in this section to a local health department for transmittal to the authority. A local health department that receives the information pursuant to this subsection shall transmit the information to the authority within five days of receipt of the information. Information received by a local health department pursuant to this subsection shall be confidential and not subject to disclosure, except as required to transmit the information to the authority.*]

[*(5)(a) The authority shall verify the information contained in an application submitted pursuant to this section and shall approve or deny an application within thirty days of receipt of the application.*]

[*(b) In addition to the authority granted to the authority under ORS 475.316 to deny an application, the authority may deny an application for the following reasons:*]

[*(A) The applicant did not provide the information required pursuant to this section to establish the applicant's debilitating medical condition and to document the applicant's consultation with an attending physician regarding the medical use of marijuana in connection with such condition, as provided in subsections (2) and (3) of this section;*]

[*(B) The authority determines that the information provided was falsified; or*]

[*(C) The applicant has been prohibited by a court order from obtaining a registry identification card.*]

[*(c) Denial of a registry identification card shall be considered a final authority action, subject to judicial review. Only the person whose application has been denied, or, in the case of a person under the age of 18 years of age whose application has been denied, the person's parent or legal guardian, shall have standing to contest the authority's action.*]

[*(d) Any person whose application has been denied may not reapply for six months from the date of the denial, unless so authorized by the authority or a court of competent jurisdiction.*]

[*(6)(a) If the authority has verified the information submitted pursuant to subsections (2) and (3) of this section and none of the reasons for denial listed in subsection (5)(b) of this section is applicable, the authority shall issue a serially numbered registry identification card within five days of verification of the information. The registry identification card shall state:*]

[*(A) The cardholder's name, address and date of birth;*]

[*(B) The date of issuance and expiration date of the registry identification card;*]

[*(C) The name and address of the person's designated primary caregiver, if any;*]

[*(D) Whether the marijuana used by the cardholder will be produced at a location where the cardholder or designated primary caregiver is present or at another location; and*]

[*(E) Any other information that the authority may specify by rule.*]

[*(b) When the person to whom the authority has issued a registry identification card pursuant to this section has specified a designated primary caregiver, the authority shall issue an identification card to the designated primary caregiver. The primary caregiver's registry identification card shall contain the information provided in paragraph (a) of this subsection.*]

[*(7)(a) A person who possesses a registry identification card shall:*]

[*(A) Notify the authority of any change in the person's name, address, attending physician or designated primary caregiver.*]

[*(B) If applicable, notify the designated primary caregiver of the cardholder, the person responsible for the marijuana grow site that produces marijuana for the cardholder and any person responsible for a medical marijuana facility that transfers usable marijuana or immature marijuana plants to the cardholder under ORS 475.314 of any change in status including, but not limited to:*]

[*(i) The assignment of another individual as the designated primary caregiver of the cardholder;*]

[*(ii) The assignment of another individual as the person responsible for a marijuana grow site producing marijuana for the cardholder; or*]

[*(iii) The end of the eligibility of the cardholder to hold a valid registry identification card.*]

[*(C) Annually submit to the authority:*]

[*(i) Updated written documentation from the cardholder's attending physician of the person's debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition; and*]

[*(ii) The name of the person's designated primary caregiver if a primary caregiver has been designated for the upcoming year.*]

[*(b) If a person who possesses a registry identification card fails to comply with this subsection, the card shall be deemed expired. If a registry identification card expires, the identification card of any designated primary caregiver of the cardholder shall also expire.*]

[*(8)(a) A person who possesses a registry identification card pursuant to this section and who has been diagnosed by the person's attending physician as no longer having a debilitating medical condition or whose attending physician has determined that the medical use of marijuana is contraindicated for the person's debilitating medical condition shall return the registry identification card and any other associated Oregon Medical Marijuana Program cards to the authority within 30 calendar days of notification of the diagnosis or notification of the contraindication.*]

[*(b) If, due to circumstances beyond the control of the registry identification cardholder, a cardholder is unable to obtain a second medical opinion about the cardholder's continuing eligibility to use medical marijuana before the 30-day period specified in paragraph (a) of this subsection has expired, the authority may grant the cardholder additional time to obtain a second opinion before requiring the cardholder to return the registry identification card and any associated cards.*]

[*(9) A person who has applied for a registry identification card pursuant to this section but whose application has not yet been approved or denied, and who is contacted by any law enforcement officer in connection with the person's administration, possession, delivery or production of marijuana for medical use may provide to the law enforcement officer a copy of the written documentation submitted to the authority pursuant to subsection (2) or (3) of this section and proof of the date of mailing or other*

transmission of the documentation to the authority. This documentation shall have the same legal effect as a registry identification card until such time as the person receives notification that the application has been approved or denied.]

[*(10)(a) A registry identification cardholder has the primary responsibility of notifying the designated primary caregiver, the person responsible for the marijuana grow site that produces marijuana for the cardholder and any person responsible for a medical marijuana facility that transfers usable marijuana or immature marijuana plants to the cardholder under ORS 475.314 of any change in status of the cardholder.*]

[*(b) If the authority is notified by the cardholder that a primary caregiver or person responsible for a marijuana grow site has changed, the authority shall notify the primary caregiver or the person responsible for the marijuana grow site by mail at the address of record confirming the change in status and informing the caregiver or person responsible for the marijuana grow site that their card is no longer valid and must be returned to the authority.*]

[*(11) The authority shall revoke the registry identification card of a cardholder if a court has issued an order that prohibits the cardholder from participating in the medical use of marijuana or otherwise participating in the Oregon Medical Marijuana Program under ORS 475.300 to 475.346. The cardholder shall return the registry identification card to the authority within seven calendar days of notification of the revocation. If the cardholder is a patient, the patient shall return the patient's card and all other associated Oregon Medical Marijuana Program cards.*]

[*(12) The authority shall revoke the registration of a medical marijuana facility registered under ORS 475.314 if a court has issued an order that prohibits the person responsible for the medical marijuana facility from participating in the Oregon Medical Marijuana Program under ORS 475.300 to 475.346.*]

[*(13) The authority and employees and agents of the authority acting within the course and scope of their employment are immune from any civil liability that might be incurred or imposed for the performance of or failure to perform duties required by this section.*]

(1) The Oregon Health Authority shall establish a program for the issuance of registry identification cards to applicants who meet the requirements of this section.

(2) The authority shall issue a registry identification card to an applicant who is 18 years of age or older if the applicant pays a fee in an amount established by the authority by rule and submits to the authority an application containing the following information:

(a) Written documentation from the applicant's attending physician stating that the attending physician has diagnosed the applicant as having a debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the applicant's debilitating medical condition;

(b) The name, address and date of birth of the applicant;

(c) The name, address and telephone number of the applicant's attending physician;

(d) Proof of residency, as required by the authority by rule;

(e) The name and address of the applicant's designated primary caregiver, if the applicant is designating a primary caregiver under ORS 475.312; and

(f) The information described in ORS 475.304 (2), if the applicant is applying to produce marijuana or designate another person under ORS 475.304 to produce marijuana.

(3)(a) The authority shall issue a registry identification card to an applicant who is under 18 years of age if:

(A) The applicant pays the fee and submits the application described in subsection (2) of this section; and

(B) The custodial parent or legal guardian who is responsible for the health care decisions of the applicant signs and submits to the authority a written statement that:

(i) The applicant's attending physician has explained to the applicant and to the custodial parent or legal guardian the possible risks and benefits of the medical use of marijuana;

(ii) The custodial parent or legal guardian consents to the medical use of marijuana by the applicant;

(iii) The custodial parent or legal guardian agrees to serve as the applicant's designated primary caregiver; and

(iv) The custodial parent or legal guardian agrees to control the acquisition, dosage and frequency of the medical use of marijuana by the applicant.

(b) An applicant who is under 18 years of age may not apply to produce marijuana under subsection (2)(f) of this section.

(4) The authority shall approve or deny an application within 30 days after receiving the application.

(5)(a) If the authority approves an application, the authority shall issue a serially numbered registry identification card to the applicant within five days after approving the application. The registry identification card must include the following information:

(A) The registry identification cardholder's name, address and date of birth;

(B) The issuance date and expiration date of the registry identification card;

(C) If the registry identification cardholder designated a primary caregiver under ORS 475.312, the name and address of the registry identification cardholder's designated primary caregiver; and

(D) Any other information required by the authority by rule.

(b) If the registry identification cardholder designated a primary caregiver under ORS 475.312, the authority shall issue an identification card to the designated primary caregiver. The identification card must contain the information required by paragraph (a) of this subsection.

(6) A registry identification cardholder shall:

(a) In a form and manner prescribed by the authority, notify the authority of any change concerning the registry identification cardholder's:

(A) Name, address or attending physician;

(B) Designated primary caregiver, including the designation of a primary caregiver made at a time other than at the time of applying for or renewing a registry identification card; or

(C) Person responsible for a marijuana grow site, including the designation of a person responsible for a marijuana grow site made at a time other than at the time of applying for or renewing a registry identification card.

(b) Annually renew the registry identification card by paying a fee in an amount established by the authority by rule and submitting to the authority an application that contains the following information:

(A) Updated written documentation from the registry identification cardholder's attending physician stating that the registry identification cardholder still has a debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the registry identification cardholder's debilitating medical condition;

(B) The information described in subsection (2)(b) to (f) of this section; and

(C) If the registry identification cardholder is under 18 years of age, a statement signed by the custodial parent or legal guardian of the registry identification cardholder that meets the requirements of subsection (3) of this section.

(7)(a) If the registry identification cardholder's attending physician determines that the registry identification cardholder no longer has a debilitating medical condition or determines that the medical use of marijuana is contraindicated for the registry identification cardholder's debilitating medical condition, the registry identification cardholder shall return the registry identification card to the authority within 30 calendar days after receiving notice of the determination.

(b) If, because of circumstances beyond the control of the registry identification cardholder, a registry identification cardholder is unable to obtain a second medical opinion about the registry identification cardholder's continuing eligibility for the medical use of marijuana before having to return the registry identification card to the authority, the au-

thority may grant the registry identification cardholder additional time to obtain a second medical opinion.

(8)(a) The authority may deny an application for a registry identification card or an application to renew a registry identification card, or may suspend or revoke a registry identification card, if:

(A) The applicant or registry identification cardholder does not provide the information required by this section;

(B) The authority determines that the applicant or registry identification cardholder provided false information; or

(C) The authority determines that the applicant or registry identification cardholder violated a provision of ORS 475.300 to 475.346 or a rule adopted under ORS 475.300 to 475.346.

(b) If a registry identification card is revoked, any associated identification card issued under subsection (5)(b) of this section, or marijuana grow site registration card issued under ORS 475.304 (6), shall also be revoked.

(c) A person whose application is denied, or whose registry identification card is revoked, under this subsection may not reapply for a registry identification card for six months from the date of the denial or revocation unless otherwise authorized by the authority.

(9)(a) The authority may deny a designation of a primary caregiver made under ORS 475.312, or suspend or revoke an associated identification card issued under subsection (5)(b) of this section, if the authority determines that the designee or the registry identification cardholder violated a provision of ORS 475.300 to 475.346 or a rule adopted under ORS 475.300 to 475.346.

(b) A person whose designation has been denied, or whose identification card has been revoked, under this subsection may not be designated as a primary caregiver under ORS 475.312 for six months from the date of the denial or revocation unless otherwise authorized by the authority.

(10) Notwithstanding subsection (2) or (6)(b) of this section, if an applicant for a registry identification card, or a registry identification cardholder applying for renewal of a registry identification card, submits to the authority proof of having served in the Armed Forces of the United States and of having been diagnosed with post-traumatic stress disorder, the authority may not impose a fee that is greater than $20 for the issuance or renewal of the registry identification card.

SECTION 117. The amendments to ORS 475.309 by section 116 of this 2015 Act become operative on the date specified in section 179, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400).

SECTION 118. If House Bill 3400 becomes law, section 80c, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400), is amended to read:

Sec. 80c. The amendments to ORS 475.309 and 475.312 by [*sections 80a and 80b of this 2015 Act*] **section 116 of this 2015 Act and section 80b, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400),** apply to:

(1) Applications received by the Oregon Health Authority for a registry identification card on or after the operative date specified in section 179 [*of this 2015 Act*]**, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400)**;

(2) Applications received by the authority to renew a registry identification card on or after the operative date specified in section 179 [*of this 2015 Act*]**, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400)**; and

(3) Registry identification cards updated by the authority on or after the operative date specified in section 179 [*of this 2015 Act*]**, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400)**.

SECTION 119. If House Bill 3400 becomes law, section 21, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400), is amended to read:

Sec. 21. (1) Except as provided in subsection (2) of this section, the Oregon Liquor Control Commission may require a person that holds a license under section 22, chapter 1, Oregon Laws

2015, to maintain on file with the commission a bond with a corporate surety authorized to transact business in this state. The bond shall be in a form acceptable to the commission and shall be in an amount that the commission determines is reasonably affordable and available. The bond is payable to the commission if the licensee fails to pay any tax imposed on the [*retail*] sale of marijuana items as required by state law.

(2) In lieu of maintaining the bond required by subsection (1) of this section, a person that holds a license under section 22, chapter 1, Oregon Laws 2015, may deposit in a bank or trust company for the benefit of the commission an equivalent amount in cash, letters of credit recognized by the State Treasurer or negotiable securities of a character approved by the State Treasurer. Interest earned on deposited funds or securities shall accrue to the person that made the deposit.

SECTION 120. If House Bill 3400 becomes law, section 23, chapter ___, Oregon Laws 2015 (Enrolled House Bill 3400), is amended to read:

Sec. 23. (1) The Oregon Liquor Control Commission shall develop and maintain a system for tracking the transfer of marijuana items between licensed premises.

(2) The purposes of the system developed and maintained under this section include, but are not limited to:

(a) Preventing the diversion of marijuana items to criminal enterprises, gangs, cartels and other states;

(b) Preventing persons from substituting or tampering with marijuana items;

(c) Ensuring an accurate accounting of the production, processing and sale of marijuana items;

(d) Ensuring that taxes are collected for the purpose of being distributed as described in section 44, chapter 1, Oregon Laws 2015;

(e) Ensuring that laboratory testing results are accurately reported; and

(f) Ensuring compliance with the provisions of sections 3 to 70, chapter 1, Oregon Laws 2015, rules adopted under the provisions of sections 3 to 70, chapter 1, Oregon Laws 2015, and any other law of this state that charges the commission with a duty, function or power related to marijuana.

(3) The system developed and maintained under this section must be capable of tracking, at a minimum:

(a) The propagation of immature marijuana plants and the production of marijuana by a marijuana producer;

(b) The processing of marijuana by a marijuana processor;

(c) The receiving, storing and delivering of marijuana items by a marijuana wholesaler;

(d) The sale of marijuana items by a marijuana retailer to a consumer;

(e) The purchase and sale of marijuana items between licensees, as permitted by sections 3 to 70, chapter 1, Oregon Laws 2015;

(f) The transfer of marijuana items between licensed premises; **and**

[*(g) The collection of taxes imposed upon the retail sale of marijuana items under section 70 of this 2015 Act; and*]

[*(h)*] **(g)** Any other information that the commission determines is reasonably necessary to accomplish the duties, functions and powers of the commission under sections 3 to 70, chapter 1, Oregon Laws 2015.

UNIT CAPTIONS

SECTION 121. The unit captions used in this 2015 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 2015 Act.

EMERGENCY CLAUSE

SECTION 122. **This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.**

Passed by House June 22, 2015

Repassed by House July 3, 2015

.....
Timothy G. Sekerak, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate July 3, 2015

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2015

Approved:

.....M.,....., 2015

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2015

.....
Jeanne P. Atkins, Secretary of State