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CHAPTER 291
DEPARTMENT OF CORRECTIONS

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FILING CAPTION: INFORMED CONSENT TO TREATMENT WITH PSYCHOTROPIC MEDICATION

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RULES:
291-064-0010, 291-064-0020, 291-064-0030, 291-064-0040, 291-064-0050, 291-064-0060, 291-064-0070, 291-064-0080, 291-064-0090, 291-064-0100, 291-064-0110, 291-064-0120, 291-064-0130, 291-064-0140

AMEND: 291-064-0010

RULE TITLE: Authority, Purpose and Policy

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; and to make a minor grammatical edit.

RULE TEXT:
(1) Authority: The authority for these rules is granted to the Director of the Department of Corrections in accordance with ORS 179.040, 423.020, 423.030, 423.075 and 430.021.
(2) Purpose: The purpose of this rule is to establish Department of Corrections policy and procedures for the administration of psychotropic medications to adults in custody in Department of Corrections facilities.
(3) Policy: When psychotropic medications are recommended for treatment of mental disorders, the prescribing practitioner will attempt to obtain the adult in custody's informed consent. In all situations involving involuntary medication, the principles of good professional practice will prevail. For involuntary medication to be approved, it must

be demonstrated that the adult in custody has a mental disorder and as a result of that disorder there exists a likelihood of serious harm to the adult in custody, others or property; or the adult in custody is gravely disabled, and that the treatment is in the adult in custody's medical interest.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0020

RULE TITLE: Definitions

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; remove unnecessary definitions or update definitions to align with standard definitions adopted by the department; and clarify or update to current usage or medically accepted practice and terminology.

RULE TEXT:
(1) Adult in Custody: Any person under the supervision of the Department of Corrections who is not on parole, probation, or post-prison supervision status.
(2) Emergency: An immediate and serious danger to life or health.
(3) Facility: Any institution, facility, or staff office, including the grounds, operated by the Department of Corrections.
(4) Gravely Disabled: A condition in which an adult in custody, as a result of a mental disorder, manifests a deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over behavior which creates a danger of serious physical or psychological harm to the adult in custody or serious physical injury to others.
(5) Guardian: A person appointed by a court of law to act as the guardian of a legally incapacitated person.
(6) Independent Examining Physician: A licensed physician whose qualifications have been reviewed by the Health Services Division Chief of Medicine, or Chief of Psychiatry or their designee(s), and determined to be qualified to conduct independent examinations as provided by these rules. The person shall have participated in a training program in the meaning and application of the provisions of these rules and shall not be an employee of the Department of Corrections.
(7) Legally Incapacitated: A person who has been found by a court of law to be unable, without assistance, to properly manage or take care of their personal affairs.
(8) Likelihood of Serious Physical Injury: A substantial risk that a person will inflict serious physical injury:
(a) To self, as evidenced by recent threats or attempts to commit suicide or self-inflicted physical injury; or
(b) To another, as evidenced by recent behavior which has caused such harm or has placed another person in reasonable fear of sustaining such injury; or
(c) To self or another by means of damaging property, as evidenced by recent behavior which has caused such injury or has placed another person in reasonable fear of sustaining such injury; or
(d) To self, another, or by damage to property, as evidenced by recent behavior or thinking which, in examining the person’s prior medical history, is associated with a pattern of behaviors leading to such injury or damage.
(9) Material Risk: A risk that may have a substantial adverse effect on the person’s psychological or physical health. For example, tardive dyskinesia is a material risk of neuroleptic medications.
(10) Mental Disorder:
(a) A general medical condition resulting in impaired mental functioning, or impaired emotional health; or
(b) A longstanding, inflexible, pervasive, and enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture (usually constituting a maladaptive set of personality traits), usually of little concern to the person but which causes impaired life adjustment.
(11) Physical Injury: Impairment of physical condition or substantial pain.
(12) Psychotropic Medications: The class of medications that have central nervous system activity and are commonly used for the treatment of mental disorders. Types of medications within the class of psychotropic medications include, but are not limited to, neuroleptics (antipsychotics), lithium, and antidepressants. The administration of psychotropic medications may include necessary laboratory tests or procedures (for example, periodic blood draws) to monitor the safety or efficacy of the psychotropic medications.
(13) Serious Physical Injury: Injury which creates a substantial risk of death, causes serious and protracted disfigurement, impairment of health, or loss or impairment of the function of any bodily organ.
(14) Treating Practitioner: Any Health Services Division employee or contractor who by licensure is authorized to

prescribe treatment specifically, including the administration of psychotropic medications.
(15) Treatment Plan: The comprehensive plan of medical, psychiatric, psychological, and psychosocial interventions used to guide treatment providers in assisting an adult in custody to accomplish the adult in custody's goals for behavioral change. One aspect of a treatment plan may be psychotropic medications.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0030

RULE TITLE: General Policy on Obtaining Informed Consent for Administration of Psychotropic Medications

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; clarify the rule; update terminology to current language; and remove gendered language.

RULE TEXT:
(1) An adult in custody from whom informed consent to treatment with psychotropic medications is being sought shall be presumed competent to give consent unless:
(a) The adult in custody has been found to be legally incapacitated and unable to provide consent; or
(b) In the clinical opinion of the treating practitioner, the adult in custody currently demonstrates an inability to comprehend and weigh one or more factors involved in making informed consent as provided in OAR 291-064-0040(1).
(2) In determining the adult in custody's ability to comprehend and weigh the factors the treating practitioner shall:
(a) Disclose the information required in OAR 291-064-0040(1);
(b) Ask the adult in custody to repeat the information in their own words or to explain what the information means; and
(c) Ask the adult in custody to give a practical example of how the information may affect their decision regarding whether to consent to medical treatment.
(3) The adult in custody's ability to comprehend and weigh the factors in OAR 291-064-0040(1) shall be documented in their treatment record and supported by specific descriptions of their statements or behavior.
(4) The following are not, by themselves, reasons to deem an adult in custody unable to give informed consent to administration of psychotropic medications:
(a) The adult in custody has been diagnosed as mentally ill or with intellectual development disorder or disability;
(b) The adult in custody has previously disagreed or now disagrees with their diagnosis; or
(c) The adult in custody has previously disagreed or now disagrees with the recommendation for psychotropic medications.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0040

RULE TITLE: Procedures for Obtaining Informed Consent and Information to be Provided

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; for consistency within the rules; and to clarify the rule or simplify the rule text.

RULE TEXT:
(1) An adult in custody, or their guardian when applicable, from whom informed consent for the administration of psychotropic medications is sought, shall be given the following information orally and in writing:
(a) The nature of the adult in custody's mental disorder;
(b) The name and purpose of the recommended medication;
(c) The material risks of the recommended medication;
(d) The intended benefits of the medication; and
(e) That consent may be refused, withheld, or withdrawn at any time.
(2) The treating practitioner shall also discuss with the adult in custody, or their guardian when applicable:
(a) Any available alternatives to the recommended medication, if in the opinion of the treating practitioner, those alternatives are available and comparable in effectiveness;
(b) Any predicted medical or psychiatric consequences should the recommended medication not be accepted; and
(c) Whether the adult in custody or their guardian would like additional information concerning the recommended medication and shall provide such information on request.
(3) The treating practitioner recommending administration of a psychotropic medication shall document by notation in the adult in custody's treatment record:
(a) That the information required in section (1) of this rule was explained; and
(b) Whether the adult in custody or their guardian explicitly consented, refused, or withheld consent; and
(c) Whether the adult in custody or their guardian requested and received additional information.
(4) Psychotropic medications may not be administered to an adult in custody who has been found legally incapacitated without the consent of their guardian, except in the case of an emergency.
(5) Reports of Progress: Upon request, an adult in custody or their guardian shall be informed of the progress of the adult in custody during the administration of psychotropic medications.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0050

RULE TITLE: Consent Options — Exceptions to Informed Consent

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; and simplify or clarify the rule.

RULE TEXT:
(1) An adult in custody deemed able to consent pursuant to OAR 291-064-0030 may:
(a) Consent to voluntary administration;
(b) Withhold consent for up to 48 hours for the purpose of obtaining additional information;
(c) Refuse consent; or
(d) At any time, withdraw consent previously given.
(2) Any consent, refusal, or withholding of consent shall be fully documented in the adult in custody's treatment record, regardless of the treating practitioner's determination of capacity in OAR 291-064-0030.
(3) An adult in custody who withholds consent for 48 hours shall be considered to have refused consent.
(4) Where consent previously given is withdrawn, the person to whom the adult in custody's decision is communicated shall document the withdrawal of consent and the reason for withdrawal by notation in the adult in custody's treatment record.
(5) Psychotropic medications shall be administered to an adult in custody only after first obtaining informed consent from the adult in custody in writing (if it is reasonably feasible to obtain consent in writing) in the manner prescribed in these rules, except as follows:
(a) Administration of psychotropic medications to a legally incapacitated adult in custody as provided in OAR 291-064-0040(4);
(b) Administration of psychotropic medications without informed consent in emergencies as provided in OAR 291-064-0060; and
(c) Involuntary administration of psychotropic medications for good cause as provided in OAR 291-064-0070.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0060

RULE TITLE: Emergency Administration of Psychotropic Medications Without Informed Consent

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; clarify roles; simplify the rule; remove gendered language; add rule citations; reorganize the rule; and update and clarify timeframe for review of a determination that good cause exists for involuntary administration of medications subsequent to an emergency.

RULE TEXT:
(1) An emergency that is sufficient to allow the administration of psychotropic medications without informed consent exists, if in the opinion of the treating practitioner, an adult in custody has a mental disorder and as a result of that disorder:
(a) Immediate administration of psychotropic medication is medically necessary to preserve the life or health of the adult in custody; or
(b) Immediate administration of psychotropic medication is medically necessary because the adult in custody's behavior creates a likelihood of serious physical injury to the adult in custody or others; or
(c) Immediate administration of psychotropic medication is medically necessary because the adult in custody has:
(A) Recently damaged property and caused physical injury to self or others; or
(B) Recently expressed and acted upon an intent to cause serious physical injury to self or others by damaging property; or
(C) Recently demonstrated behavior or thinking which, in examining the adult in custody's prior medical history, is associated with a pattern of behavior leading to such property damage or physical injury to self or others.
(2) If an emergency exists, the treating practitioner may administer psychotropic medications to an adult in custody without first obtaining their written informed consent provided:
(a) The specific nature of the emergency and all procedures used to cope with the emergency are fully documented in their treatment record; and
(b) An effort has been made to contact the legal guardian of a legally incapacitated adult in custody prior to the administration of psychotropic medications.
(c) If the treating practitioner is not a mental health prescriber, consultation with the facility chief medical officer, Department of Corrections Chief of Medicine or designee, or Department of Corrections Chief of Psychiatry or designee shall occur within 12 hours of the emergency.
(3) Within 72 hours after the emergency administration of psychotropic medications, the treating practitioner shall review the treatment plan and may implement a revised treatment plan.
(4) The administration of psychotropic medications in an emergency situation may not continue for more than 72 hours.
(5) If, in the opinion of the treating practitioner, involuntary administration of psychotropic medications beyond 72 hours is medically necessary, the treating practitioner must:
(a) Obtain the adult in custody’s informed consent as provided in OAR 291-064-0030 and OAR 291-064-0040, or
(b) Determine that good cause for recommending involuntary administration exists as provided in OAR 291-064-0070 and refer the determination of good cause for review as provided in OAR 291-064-0080 to 291-064-0120 and this rule.
(6) Within five business days of a determination that good cause exists for involuntary administration of medications subsequent to an emergency, the independent examining physician shall review that determination as provided in OAR 291-064-0090 to 291-064-0120.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0070

RULE TITLE: Good Cause for Involuntary Administration of Psychotropic Medications

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; and simplify the rule.

RULE TEXT:
Good cause exists for recommending involuntary administration of psychotropic medications if, in the opinion of the treating practitioner:
(1) The adult in custody is suffering from a mental disorder and as a result of the disorder:
(a) The adult in custody is gravely disabled; or
(b) The adult in custody's behavior creates a likelihood of serious harm to self or others; and
(2) The adult in custody:
(a) Is deemed not competent to give informed consent to administration of psychotropic medications as provided in OAR 291-064-0030; or
(b) Has refused to give informed consent to the administration of psychotropic medications; and
(3) The use of psychotropic medications is clinically indicated for:
(a) Restoring, or preventing deterioration of the adult in custody's mental or physical health; or
(b) Alleviating extreme suffering; or
(c) Saving or extending the adult in custody's life; and
(4) Psychotropic medications are the most appropriate treatment for the adult in custody's condition according to current clinical practice; and
(5) Other less intrusive procedures have been considered and the reasons for rejecting those procedures have been documented in the adult in custody's treatment record; and
(6) The treating practitioner attempted to first obtain the adult in custody's informed consent.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0080

RULE TITLE: Review of Treating Practitioner's Determination of Good Cause by an Independent Examining Physician

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to remove gendered language; clarify the rule; and further define process.

RULE TEXT:
(1) Prior to the involuntary administration of psychotropic medications for good cause, the treating practitioner shall refer their recommendation for review to an independent examining physician who will convene a medication review hearing.
(2) The medication review hearing may be held no more than ten business days after the treating practitioner submits a determination that good cause exists.
(3) In the event the medication review hearing is based on the emergency administration of psychotropic medication, followed by a good cause determination to continue the psychotropic medication beyond 72 hours, as provided under OAR 291-064-0060, the medication review hearing may be held no more than ten business days after the first administration of emergency administration of psychotropic medication as provided under OAR 291-064-0060(2).

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0090

RULE TITLE: Notice of Medication Review Hearing Required

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to clarify; and change the term "inmate" to the term "adult in custody".

RULE TEXT:
Adults in custody subject to the involuntary administration process shall be given written notice at least 24 hours in advance of the medication review hearing by the independent examining physician. The notice shall include:
(1) The date and time of the hearing;
(2) The adult in custody's diagnosis;
(3) A statement of the clinical basis for the diagnosis;
(4) A statement of the clinical basis for the determination that involuntary administration of psychotropic medications is in the adult in custody's medical interest; and
(5) An explanation of the adult in custody's rights.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0100

RULE TITLE: Rights of the Adult in Custody

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; for minor grammatical edits or clarifications; to further define process; and to remove gendered language.

RULE TEXT:
(1) Adult in custody rights during the hearing process include:
(a) The right, upon request, to discontinue emergency medications administered pursuant to OAR 291-064-0060 for 24 hours preceding the hearing and until the hearing adjourns;
(b) The right to be present during the hearing;
(c) The right to be heard in person and to present documentary evidence;
(d) The right to present testimony through witnesses and to cross-examine witnesses who are called by the Department of Corrections;
(e) The right to an advisor to assist in the articulation and presentation of the adult in custody's argument at the hearing;
(f) The right to the creation of a record of the hearing;
(g) The right to appeal the decision of the independent examining physician to the chief medical officer or, during the chief medical officer's absence or vacancy, to the Department of Corrections Chief of Medicine or designee, as provided in this rule; and
(h) The right to retain counsel for the hearing at their own expense.
(2) Assignment of Advisor:
(a) A Health Services staff member shall be assigned to act as the adult in custody's advisor in the hearing process;
(b) In assisting the adult in custody to articulate their objection to the recommended medications, the advisor shall:
(A) Inform the adult in custody of their right to retain counsel for the hearing at their own expense;
(B) Interview the adult in custody and discuss the psychiatric issues involved, and the adult in custody's options;
(C) Assist the adult in custody in articulating a list of witnesses and questions for witnesses as required in section (3) of this rule;
(D) Review the adult in custody's treatment record, including records of efforts made to obtain informed consent;
(E) Be provided a copy of administrative rules OAR 291-064-0010 through 291-064-0140;
(F) Be provided an opportunity to review any other evidence presented by the Department of Corrections upon which the recommendation for involuntary administration of medications is based;
(G) Be competent to understand and interpret the adult in custody's rights and the hearing process;
(H) Understand the psychiatric diagnosis and issues that the case may present; and
(I) Appear with the adult in custody at the hearing before the independent examining physician.
(3) If the adult in custody wishes to present or cross-examine witnesses, the adult in custody must provide a written request to the independent examining physician prior to the hearing, listing the names of requested witnesses and the questions to be asked of each witness.
(4) The adult in custody's right to be present at the hearing may be limited because of their medical condition or because of other specific reasons relating to the interest of institutional safety and security.
(5) Reasons for the limitation of the right to present and cross-examine witnesses include, but are not limited to:
(a) Irrelevance;
(b) Redundancy;
(c) Other specific reasons relating to the interest of institutional safety and security.
(6) The reasons for any limitation of the adult in custody's rights shall be specified orally at the hearing and in writing as part of the final decision.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0110

RULE TITLE: Scope of Review

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; make minor clarifications; and remove gendered language.

RULE TEXT:
(1) The independent examining physician shall:
(a) Review the adult in custody's treatment record, including the records of efforts made to obtain informed consent;
(b) Discuss the matter with the adult in custody and witnesses;
(c) Review the evidence presented by the Department of Corrections upon which the recommendation for involuntary administration of medications is based; and
(d) Consider additional information, if any, presented at the time of the review by the adult in custody, the advisor, the Department of Corrections, or witnesses.
(2) The record of the hearing shall be the documents and statements relied on by the independent examining physician as noted in their report. Copies of all documents shall be made a part of the adult in custody's treatment record.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0120

RULE TITLE: Determination of Independent Examining Physician

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; add rule citation; remove gendered language; and further define process.

RULE TEXT:
(1) In each hearing, the independent examining physician shall determine:
(a) Whether the treatment record contains a sound medical diagnosis supported by sufficient clinical documentation;
(b) The capacity of the adult in custody to give informed consent as provided in OAR 291-064-0030 and OAR 291-064-0040;
(c) The reasons for the adult in custody's refusal or withdrawal of consent, if the adult in custody has refused or withdrawn consent;
(d) Whether the adult in custody's behavior constitutes good cause for involuntary administration of psychotropic medications as provided in OAR 291-064-0070;
(e) Whether the reasons given for rejecting less intrusive procedures are medically sound; and
(f) Whether the involuntary administration of psychotropic medication is in the adult in custody's medical interest.
(2) The independent examining physician shall not approve involuntary administration of psychotropic medications unless it is determined that good cause exists, and the involuntary administration of psychotropic medications is in the adult in custody's medical interest.
(3) The independent examining physician will prepare a written report of their decision containing a summary of evidence presented and specific reasons for approving or disapproving involuntary administration of psychotropic medications. That report shall be provided within 10 calendar days of the hearing. This report will be provided to:
(a) The chief medical officer of the facility;
(b) The adult in custody for whom involuntary administration of psychotropic medications is recommended; and
(c) The treating practitioner.
(4) A copy of the independent examining physician's report will be made part of the adult in custody's treatment record.
(5) Approval of the involuntary administration of psychotropic medications shall be effective for 180 days.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0130

RULE TITLE: Appeal of the Determination of the Independent Examining Physician

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to change the term "inmate" to the term "adult in custody"; for consistency within these rules; to clarify the rule; and further define process.

RULE TEXT:
(1) The adult in custody may appeal the determination of the independent examining physician in writing to the facility chief medical officer within 24 hours after the determination has been communicated to the adult in custody.
(2) Upon receipt of the adult in custody's request for appeal, the facility chief medical officer or their designee shall review the appeal and the report of the independent examining physician.
(3) Except in emergencies as provided in this rule, medications will not be involuntarily administered until the chief medical officer has decided the appeal.
(4) The facility chief medical officer shall approve or disapprove the independent examining physician's decision within seven days of receiving the adult in custody's request for appeal.
(5) Written notice of the chief medical officer's decision on appeal shall be provided to the adult in custody and made part of the treatment record.
(6) In the absence or vacancy of the facility chief medical officer, the notice of appeal will be given or forwarded to the Department of Corrections Chief of Medicine or designee, who shall either decide the appeal or delegate that decision to the chief medical officer of another Department of Corrections facility.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021

AMEND: 291-064-0140

RULE TITLE: Periodic Review

NOTICE FILED DATE: 06/17/2026

RULE SUMMARY: Amends rule to update title and process to align with current practice; and change the term "inmate" to the term "adult in custody".

RULE TEXT:
(1) When psychotropic medications are involuntarily administered pursuant to this rule, the treating practitioner shall:
(a) Submit a progress report to the Department of Corrections Chief of Psychiatry every 30 days; and
(b) Place a copy of the progress report in the adult in custody's treatment record.
(2) The progress report will document the adult in custody's response to medications, including the adult in custody's attitude toward the medication and any changes in medication or side effects, and will indicate the treating practitioner's prognosis of the adult in custody's need for medications.
(3) Discontinuation of medications or voluntary consent to medications will be included in the progress report.

STATUTORY/OTHER AUTHORITY: ORS 179.040, 423.020, 423.030, 423.075, 430.021

STATUTES/OTHER IMPLEMENTED: ORS 179.040, 423.020, 423.030, 423.075, 430.021