LC 0222
2027 Regular Session
44300-210
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D R A F T

SUMMARY

Digest: Allows the OHA to create a license for some state laboratories. Moves a school nurse position from the OHA to the ODE. Updates the law to get licensed to work in the field of dentures. Allows graduate degrees to count toward some health experts getting registered as a trainee. Allows the OHA to give some money to the nine Tribes in Oregon that are recognized by the federal government. Removes the requirement that OHA conduct on-site inspections of in-home care agencies. (Flesch Readability Score: 62.5).

Authorizes the Oregon Health Authority to establish by rule and implement a clinical laboratory licensing program. Transfers the position of State School Nursing Consultant from the Oregon Health Authority to the Department of Education. Modifies the authority of the Board of Denture Technology and Health Licensing Office to license applicants to practice denture technology. Adds a graduate degree in an environmental health field as a basis for an applicant to obtain an environmental health specialist trainee registration. Directs the Oregon Health Authority to develop and implement plans for the distribution of funds to the nine federally recognized Indian tribes in Oregon. Removes the requirement that inspections of in-home care agencies by the Oregon Health Authority must be on site.

A BILL FOR AN ACT

Relating to public health; creating new provisions; amending ORS 413.084, 431.115, 431.380, 438.040, 438.160, 443.315, 680.515, 680.527, 680.565 and 700.035; and repealing ORS 680.520, 680.550 and 680.560.

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

STATE CLINICAL LABORATORY LICENSING PROGRAM

SECTION 1. ORS 438.040 is amended to read:

438.040. (1) The Oregon Health Authority shall verify the qualifications of each clinical laboratory in this state and shall issue or facilitate the issuance of a certificate to a clinical

laboratory that satisfies the requirements of the Clinical Laboratory Improvement Amendments of 1988 (P.L. 100-578, 42 U.S.C. 201 and 263a).

(2) A clinical laboratory may not operate in this state without a certificate issued by the authority or the federal government under this section **and, as required by rule, a license issued by the authority under section 2 of this 2027 Act**.

SECTION 2. (1) The Oregon Health Authority may establish by rule and implement a clinical laboratory licensing program. The authority may establish an application process and impose fees to obtain and renew a clinical laboratory license. Fees imposed under this section may not exceed the cost to administer the program.

(2) Prior to imposing the fees under subsection (1) of this section, the authority shall obtain the approval of the Oregon Department of Administrative Services and report to the appropriate legislative committee.

(3) All moneys collected by the authority under this section shall be deposited in a dedicated account of the authority. Such moneys are continuously appropriated to the authority to pay the costs of the authority in administering the clinical laboratory licensing program established under this section.

SECTION 3. ORS 438.160 is amended to read:

438.160. Subject to ORS chapter 183, the Oregon Health Authority may refuse to issue or renew or may suspend or revoke a certificate described in ORS 438.040, **a license described in section 2 of this 2027 Act,** a permit for health screen testing described in ORS 438.150 or a permit for substances of abuse on-site screening testing described in ORS 438.435 if the authority finds that the owner or director of the clinical laboratory or substances of abuse on-site screening facility has:

(1) Intentionally made false statements on an application for a certificate described in ORS 438.040, **a license described in section 2 of this 2027 Act,** a permit for health screen testing described ORS 438.150, a permit for substances of abuse on-site screening testing described in ORS 438.435 or any other documents required by the authority, or made any misrepresentation in seeking to obtain or retain a certificate or permit.

(2) Demonstrated incompetence as defined pursuant to regulations promulgated after public hearing.

(3) Intentionally falsified any report.

(4) Referred a specimen for examination to an uncertified clinical laboratory in this state unless the laboratory is exempt from the application of ORS 438.010 to 438.450.

(5) Misrepresented the scope of laboratory service offered by the clinical laboratory or authorized by the certificate**, license or permit**.

(6) Rendered a report on clinical laboratory work actually performed in another clinical laboratory without designating the name and address of the clinical laboratory in which the test was performed.

(7) Knowingly had professional connection with or permitted the use of the name of the clinical laboratory or its director by a clinical laboratory that is required to but has not obtained a certificate.

(8) Failed to perform or cause to be performed within the time specified analysis of test samples or failed to report on the results of such analysis within the specified time.

(9) Failed to permit within a reasonable time the entry or inspection authorized under the certificate**, license or permit**.

(10) Violated any provision of ORS 438.010 to 438.450.

STATE SCHOOL NURSE CONSULTANTS

SECTION 4. ORS 413.084 is amended to read:

413.084. The position of State School Nursing Consultant is created in the [*Oregon Health Authority*]**Department of Education to provide leadership and expertise in sustaining and enhancing school nursing services and programs in this state in partnership with community members and government entities**. The responsibilities of the consultant include, but are not limited to, all of the following:

[*(1) Coordinating and collaborating with the school nurse specialist within the Department of Education.*]

(1) Coordinating and collaborating with staff within the department and the Oregon Health Authority whose work focuses on school health.

(2) Providing school nursing policy and program guidance [*for*]**to** the authority, the department and other agencies.

(3) Supporting and leading the integration of coordinated school health teams and

providing assistance in sustaining the teams.

(4) Providing technical assistance to school nurses on the delivery of nursing care using evidence-based best practice standards and assisting in the establishment of protocols and standards of care in collaboration with professional associations and state agencies.

(5) Providing leadership in the delivery of nursing services in schools.

(6) Providing clinical consultation and technical support to school nurses and school nursing programs.

(7) Serving as a liaison and expert resource in school nursing and school nursing programs for local, regional, state and national health care providers and policymaking bodies.

(8) Coordinating school nursing program activities with public health, social services, environmental and educational agencies as well as other public and private entities.

(9) Monitoring, interpreting, synthesizing and disseminating information relevant to changes in health care, school nursing practices, laws and regulations and other legal issues that impact schools **in consultation with, as applicable, legal advisors, licensing boards, professional organizations, community partners or other experts**.

(10) Promoting quality assurance in school nursing programs by initiating and coordinating a quality assurance program that includes needs assessment, data collection and analysis and evidence-based practices.

(11) Representing school nurses in state level partnerships between agencies and between public and private entities, to foster a coordinated school nursing program and other multidisciplinary collaborations.

STATE BOARD OF DENTURE TECHNOLOGY

SECTION 5. ORS 680.515 is amended to read:

680.515. (1) Subject to the provisions of ORS 676.612, the Health Licensing Office shall issue a license to practice denture technology to an applicant who, in addition to submitting an application and paying the applicable fees established under ORS 676.576:

(a) Provides to the office official transcripts verifying completion of an associate degree program in denture technology, or the equivalent in formal, post-secondary education, approved by the [*office in consultation with the Higher Education Coordinating Commission*

and the Department of Education]**State Board of Denture Technology in consultation with the office**.

(b) Provides to the office documentation of 1,000 hours of supervised **training in the** clinical practice [*in*]**of** denture technology **subject to review and approval by the board by rule**[*, completed while enrolled in or after having completed a course of study offered in a post-secondary educational institution, or through equivalent supervised experience, as determined by the office in consultation with the commission and the department*].

(c) Passes [*a written and a practical examination*]**examinations** prescribed, recognized or approved by the [*State Board of Denture Technology*]**board**. [*An applicant who fails the practical examination must complete additional hours of clinical and laboratory training in an approved work experience program, as determined by the board, to qualify for reexamination.*]**The board shall determine the subjects, scope, form and passing score for examinations and eligibility to retake examinations.**

(d) Meets other requirements established by the office by rule.

(2) The educational program required by subsection (1)(a) of this section must include pertinent courses in anatomy, including histology, microbiology, physiology, pharmacology, pathology emphasizing periodontology, dental materials, medical emergencies, geriatrics, professional ethics, clinical denture technology and denture laboratory technology.

[*(3) Notwithstanding subsection (1)(a) of this section, the board may accept educational training obtained in any other state or country if, upon review of satisfactory evidence, the office determines that the educational program in the other state or country meets the educational standards prescribed under this section.*]

(3) The board may accept education or training completed in any other state or country if the education or training is equivalent to the education and training described in subsections (1)(a) and (b) of this section and satisfies standards adopted by the board by rule.

(4) An applicant meets the requirements of subsection (1)(a) or (b) of this section if the applicant provides the office with documentation of military training or experience that the office determines is substantially equivalent to the training or experience required by subsection (1)(a) or (b) of this section.

[*(5) Notwithstanding subsection (1)(c) of this section, the office may adopt rules provid-*]

ing for waiver of the practical examination requirement.]

[*(6) The office may adopt rules allowing for issuance of a temporary license to practice denture technology.*]

SECTION 6. ORS 680.527 is amended to read:

680.527. The Health Licensing Office may issue a license to practice denture technology, without examination, to any person who:

(1) Submits an application and pays the applicable fees established under ORS 676.576; **and**

[*(2) Has satisfied the educational requirements established by ORS 680.515;*]

[*(3)*]**(2)** Is a denturist licensed under the laws of any other state[*, the District of Columbia, Canada or a territory of the United States,*] **or country** and the standards for licensing of denturists in the licensing jurisdiction are determined by the office to be [*substantially*]equivalent to those of ORS 680.500 to 680.565[*;*]**.**

[*(4) Has passed a written and practical examination that the office determines to be substantially equivalent to the examination required for licensure in this state; and*]

[*(5) Has engaged in the full-time active practice of denture technology as a licensed denturist in another jurisdiction for a minimum of two years immediately preceding the date of application for licensure under this section.*]

SECTION 7. ORS 680.565 is amended to read:

680.565. [*(1) The Health Licensing Office has such authority as is reasonably necessary to administer ORS 680.500 to 680.565 and 680.990 (2), including the authority to adopt rules pursuant to ORS chapter 183.*]

[*(2) The Director of the Health Licensing Office shall keep a record of all proceedings of the State Board of Denture Technology including a register of all persons licensed to practice denture technology.*]

[*(3) When the office is satisfied that the applicant for licensure under ORS 680.500 to 680.565 has complied with all the requirements, it shall issue to such applicant an appropriate license under ORS 680.500 to 680.565.*]

(1) The Health Licensing Office may:

(a) Determine the qualifications, training, education and fitness of applicants for licensure, renewal of licenses and reciprocal licenses under ORS 680.500 to 680.565;

(b) Adopt rules that are necessary to conduct its business related to, carry out its duties under and administer ORS 680.500 to 680.565;

(c) Examine, approve, issue, deny, revoke, suspend and renew licenses to practice denture technology under ORS 680.500 to 680.565;

(d) Provide for waivers of examinations;

(e) Provide requirements for temporary licenses as considered appropriate by rule; and

(f) Establish standards for applicants with experience that precedes the date of application.

(2) The Board of Denture Technology may:

(a) Establish policies and criteria for the assessment of the quality of the practice of denture technology based on practice standards subject to the approval of the office.

(b) Approve examinations for licensure by rule.

(c) Establish standards of practice and professional responsibility for persons licensed by the office.

(d) Adopt rules that are necessary to carry out ORS 680.500 to 680.565.

(e) Establish requirements for the supervised training in the clinical practice of denture technology under ORS 680.515.

SECTION 8. ORS 680.520, 680.550 and 680.560 are repealed.

ENVIRONMENTAL HEALTH SPECIALIST TRAINEE REGISTRATION PATHWAY

SECTION 9. ORS 700.035 is amended to read:

700.035. (1) The Health Licensing Office may issue an environmental health specialist trainee registration to an applicant who submits an application and pays the applicable fees established under ORS 676.576. An applicant must also:

(a) Have a bachelor's degree and at least 45 quarter hours, or the equivalent semester hours, in science courses from an accredited college or university; [*or*]

(b) Have a graduate degree in public or community health or any other

environmental health field from an accredited college or university; or

[*(b)*]**(c)** Have at least 15 quarter hours, or the equivalent semester hours, in science courses from an accredited college or university and have at least five years of experience in environmental health or related activities, as determined by the Environmental Health Registration Board, under the supervision of a registered environmental health specialist or a person possessing equal qualifications, as determined by the board.

(2) The board may enact rules to require an examination of applicants for registration as an environmental health specialist trainee.

(3) An environmental health specialist trainee shall be supervised by a registered environmental health specialist or a person possessing equal qualifications as determined by the board.

(4) For the purpose of meeting the education and experience requirements listed in subsection (1) of this section, accumulated schooling relevant to environmental health gained while serving in the United States Public Health Service or a branch of the Armed Forces of the United States may be credited toward an applicant's educational requirements. The board may use any system it considers reliable in assigning credit for relevant schooling under this subsection, including but not limited to assigning credit in conformance with the American Council on Education Military Guide.

LOCAL PUBLIC HEALTH AUTHORITY FUNDING FORMULA REPORTING DATE

SECTION 10. ORS 431.380 is amended to read:

431.380. (1) From state moneys that the Oregon Health Authority receives for the purpose of funding the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141, 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 Oregon Public Health Advisory Board and the Legislative Fiscal Office a formula that provides for the equitable distribution of moneys. The Oregon Health Authority shall incorporate into the formula:

(a) A method for distributing to local public health authorities a base amount of state

moneys received by the Oregon Health Authority pursuant to this subsection, taking into consideration 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;

(b) A method for awarding matching funds to a local public health authority that invests in local public health activities and services above the base amount distributed in accordance with paragraph (a) of this subsection; and

(c) A method for the use of incentives as described in subsection (3) of this section.

(2) The Oregon Health Authority shall submit the formula adopted under subsection (1) of this section to the Oregon Public Health Advisory Board and the Legislative Fiscal Office no later than [*June 30*]**September 15** of each even-numbered year. At the same time that the Oregon Health Authority submits the formula, the Oregon Health Authority shall submit to the Oregon Public Health Advisory Board and the Legislative Fiscal Office an estimate of the amount of state moneys necessary to fund in part or in whole the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141.

(3) The Oregon Health Authority shall adopt by rule incentives and a process for identifying, updating and applying accountability metrics, for the purpose of encouraging the effective and equitable provision of public health services by local public health authorities.

(4) Nothing in this section prohibits the Oregon Health Authority from distributing state moneys that the Oregon Health Authority receives for the purpose of funding the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141 to local public health authorities on an individual basis as opposed to a statewide basis, or through a competitive grant or contract process or on the basis of need, if the state moneys received are insufficient to adequately fund local public health authorities on a statewide basis.

PUBLIC HEALTH FUNDING FOR FEDERALLY RECOGNIZED TRIBES

SECTION 11. ORS 431.115 is amended to read:

431.115. (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 **and the nine federally recognized Indian tribes in Oregon**;

(e) Implement plans for the distribution of funds to local public health authorities **and the nine federally recognized Indian tribes in Oregon**;

(f) Coordinate state and local administration of the foundational programs established under ORS 431.141;

(g) Approve local plans for applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141 as required by ORS 431.417;

(h) Monitor the progress of local public health authorities in meeting statewide public health goals, including applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141;

(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 ORS 431.131 and implementing the foundational programs established under ORS 431.141;

(j) Use accountability metrics to encourage the effective and equitable provision of public health services by local public health authorities;

(k) Use incentives to encourage the effective and equitable provision of public health services by local public health authorities;

(L) Seek funding, including in the form of federal grants, for ORS 431.001 to 431.550 and 431.990; and

(m) Coordinate and collaborate with federal agencies in implementing ORS 431.001 to

431.550 and 431.990.

(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 ORS 431.131 and the foundational programs under ORS 431.141;

(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.

INSPECTION OF IN-HOME CARE AGENCIES

SECTION 12. ORS 443.315 is amended to read:

443.315. (1) A person may not establish, manage or operate an in-home care agency or purport to manage or operate an in-home care agency without obtaining a license from the Oregon Health Authority.

(2) The authority shall establish classification requirements and qualifications for licensure under this section by rule. The authority shall issue a license to an applicant that has the necessary qualifications and meets all requirements established by rule, including the payment of required fees. An in-home care agency shall be required to maintain administrative and professional oversight to ensure the quality of services provided and that the training requirements established by the authority under ORS 443.011, if applicable, have been met by any individual employed by or contracting with the in-home care agency to provide in-home care services.

(3) Application for a license required under subsection (1) of this section shall be made in the form and manner required by the authority by rule and shall be accompanied by any required fees.

(4) A license may be granted, or may be renewed annually, upon payment of a fee as follows:

(a) For the initial licensure of an in-home care agency that is classified as:

(A) Limited, the fee is $2,000.

(B) Basic, the fee is $2,250.

(C) Intermediate, the fee is $2,500.

(D) Comprehensive, the fee is $3,000.

(b) There is an additional fee of $1,250 for the initial licensure of each subunit in any classification of in-home care agency.

(c) For the renewal of a license classified as:

(A) Limited or basic, the fee is $1,000.

(B) Intermediate, the fee is $1,250.

(C) Comprehensive, the fee is $1,500.

(d) There is an additional fee of $1,000 for the renewal of licensure for each subunit in any classification of in-home care agency.

(e) For a change of ownership at a time other than the annual renewal date:

(A) The fee is $350; and

(B) There is an additional fee of $350 for each subunit.

(5) A license issued under this section is valid for one year. A license may be renewed by payment of the required renewal fee and by demonstration of compliance with requirements for renewal established by rule.

(6) A license issued under this section is not transferable.

(7) The authority shall conduct an [*on-site*] inspection of each in-home care agency prior to services being rendered and once every two years thereafter as a requirement for licensing.

(8) In lieu of the [*on-site*] inspection required by subsection (7) of this section, the authority may accept a certification or accreditation from a federal agency or an accrediting body approved by the authority that the state licensing standards have been met, if the in-home care agency:

(a) Notifies the authority to participate in any exit interview conducted by the federal agency or accrediting body; and

(b) Provides copies of all documentation concerning the certification or accreditation requested by the authority.

CAPTIONS

SECTION 13. The unit captions used in this 2027 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 2027 Act.