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ARCHIVES DIVISION
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NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILED

09/22/2025 8:16 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Div 21 and Div 41 - Alignment with HB3044 2025; updates to terminology to ensure alignment

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/21/2025 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Brandy Ritter
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 10/21/2025

TIME: 11:00 AM

OFFICER: Brandy Ritter

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 669-444-9171

CONFERENCE ID: 85728764325

SPECIAL INSTRUCTIONS:

Meeting URL: <https://us06web.zoom.us/j/85728764325>

Meeting ID: 857 2876 4325

One tap mobile +16694449171,,85728764325#

Presenters: Only those registered to provide testimony will be called to present comments. To register to testify for this hearing, please contact: brandy.ritter@osbn.oregon.gov at least 24 hours prior to the start of the hearing and provide name, address, and affiliation (This is required per OAR 137-001-0030).

Presenters may also register at the beginning of the hearing but are encouraged to pre-register to reserve time during the hearing for the presentation of testimony.

Each presenter will have 3 minutes to testify. Be prepared to summarize your comments to fit within the allotted time.

The hearing will close no later than 12:00 PM and may close earlier if all individuals that have registered to testify have had the opportunity to enter their comments into the record.

Submit Written Comments Via email: brandy.ritter@osbn.oregon.gov.

All written comments and materials must be received by the close of the comment period on October 21, 2025, at 5:00PM. Late comments will not be reviewed or considered.

For accommodations or questions, please contact the OSBN Rule Coordinator at least 72 hours prior to the hearing.

NEED FOR THE RULE(S)

Alignment with 2025 HB 3044. Updates to language terminology related to recent changes to OAR 851-006 and OAR 851-021 and statutory changes; ensuring alignment of terms related to nurse intern education and role.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

OAR 851-021: <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3925>

OAR 851-041: <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7505>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

There is no anticipated impact on racial equity.

FISCAL AND ECONOMIC IMPACT:

There is no anticipated fiscal and economic impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

Not consulted; however, language and terminology changes related to alignment with OAR 851-021. Those rule revisions involved RAC participation and feedback.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Not consulted.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

No; changes are related to new statutory requirements and align terminology across Chapter 851.

RULES PROPOSED:

851-021-0045, 851-021-0050, 851-041-0000, 851-041-0010, 851-041-0020, 851-041-0030, 851-041-0040

AMEND: 851-021-0045

RULE SUMMARY: Establishes standards for nursing education program faculty.

CHANGES TO RULE:

851-021-0045

Nursing Faculty ¶

- (1) Nursing education program faculty must include a sufficient number of qualified nurse educators and nurse educator associates to meet the learning outcomes of the program. Additionally:
 - (a) The final evaluation of student learning outcomes in the classroom or clinical experience must be made by a nurse faculty member; and
 - (b) Nursing faculty must be academically and experientially qualified for their program assignment.
- (2) Program appointments and qualifications include:
 - (a) The nurse administrator. The nurse administrator is responsible and accountable for the nursing education program, regardless of the official title assigned by the institution. The nurse administrator must:
 - (A) Hold an active RN license in Oregon; and
 - (B) Hold at least a graduate degree in nursing; and
 - (C) Have two years full-time experience as a nurse educator or in an administrative position in an academic nursing education program.
 - (b) The nurse educator. The nurse educator is responsible for the development, implementation, and evaluation of the nursing program curriculum. This may include a full-time, part-time, or adjunct faculty regardless of institutional rank. The nurse educator must:
 - (A) Hold an active RN license in Oregon; and
 - (B) Hold at least a graduate degree in nursing, or a baccalaureate degree in nursing and graduate or doctoral degree in a related field. If teaching in a PN program only, the nurse educator may hold a baccalaureate degree in nursing; and
 - (C) Document competency in teaching through experience, educational preparation, or CE.
 - (c) The nurse educator associate. The nurse educator associate may contribute to classroom and clinical instruction in collaboration with and under the direction of the nurse educator. The nurse educator associate must:
 - (A) Hold an active RN license in Oregon; and
 - (B) Hold at least a baccalaureate degree in nursing.
 - (d) The non-nurse faculty. Non-nurse faculty may teach within the nursing curriculum or other required courses with embedded nursing outcomes. These faculty must:
 - (A) Hold at least a graduate degree; and
 - (B) Be academically and experientially qualified for assigned teaching responsibilities.
- (3) In addition to the requirements in OAR 851-021-0045(2) APRN program administrators and faculty must meet the following qualifications for APRN programs:
 - (a) A program administrator of a Nurse Practitioner (NP) education program must have a current national certification with the same population focus of the educational program.
 - (b) A program administrator of a Certified Registered Nurse Anesthetist (CRNA) education program must have a current national CRNA certification.
 - (c) A program administrator of a Clinical Nurse Specialist (CNS) education program must have a current national certification with the same population focus as the education program, unless a national certification for the population focus or subject matter does not exist.
 - (d) All nursing faculty teaching APRN specialty core courses must hold an active equivalent Oregon APRN license.
- (4) The nurse administrator has authority to make faculty appointments within these rules without Board approval or notification.
- (5) The nursing education program must ensure that faculty are provided orientation and mentorship in their assigned roles.
- (6) Nurse faculty members must have the authority and responsibility to:
 - (a) Design, review, and implement the curriculum;
 - (b) Develop and evaluate nursing program policies, including student admission, progression, and graduation policies;
 - (c) Evaluate student learning outcomes in didactic and clinical settings;
 - (d) Provide timely feedback to students on progression within a course and the program;
 - (e) Provide opportunity for students to evaluate teaching effectiveness, courses, and the program;
 - (f) Provide clear guidance to clinical partners on learning outcomes, expected competencies, and learning level of students assigned to the clinical experience; and
 - (g) Implement a plan for on-going course-specific and comprehensive program evaluation.
- (7) Nurse faculty members must engage in professional development related to their professional role or teaching responsibilities. The educational institution and nurse administrator must provide support for faculty in developing and maintaining competence in assigned teaching responsibilities and nursing practice.
- (8) Faculty to student ratios in clinical experiences for prelicensure PN/RN education:

- (a) Nursing education programs must develop policies surrounding the faculty-to-student ratio in each clinical experience setting utilized by the program. In determining faculty-to-student ratios programs must consider: ¶
- (A) Learning outcomes; ¶
 - (B) Experience of the faculty member; ¶
 - (C) Level of student; ¶
 - (D) Context of care; ¶
 - (E) Number, type and condition of clients; and ¶
 - (F) Adequacy of the ratio to allow nurse faculty to: ¶
 - (i) Assess students' ability to function safely in the experience; ¶
 - (ii) Select and guide the student experience; and ¶
 - (iii) Evaluate student performance and learning. ¶
- (b) In clinical experiences where the nurse faculty provides direct supervision of the nursing student, a nurse faculty member may be responsible for up to eight students. Faculty members providing supervision must remain in the same facility as the student group for the duration of their clinical experiences. ¶
- (c) In clinical experiences where students are directly supervised by an employee in the clinical setting, the faculty may oversee up to 12 students. The faculty remains responsible for the evaluation of student learning and must be available for in-person participation with facility staff. ¶
- (d) Nursing programs may develop and utilize Dedicated Education Units (DEU), using clinical preceptors and a modified faculty-to-student ratio. Programs and DEU's must adhere to the following guidelines: ¶
- (A) Faculty must orient and provide on-going guidance for clinical preceptors related to the program goals, teaching strategies, learning outcomes, and expected competencies of the students; ¶
 - (B) Clinical preceptors must be selected according to written criteria developed by faculty and agreed to by a responsible person in the practice site; ¶
 - (C) Faculty are not required to remain in the same facility as the student group throughout the clinical experience shift but must be available for the clinical preceptors and students at the practice site, as defined in program policy; ¶
 - (D) The faculty member must confer with each clinical preceptor and student (individually or in groups) regularly during the clinical experience as defined in program policy; and ¶
 - (E) Each clinical preceptor in the DEU may have oversight of no more than two students at one time. ¶
- (e) Nursing programs may offer students a precepted final practicum experience. The faculty-to-student ratio for this experience must allow for appropriate assessment and evaluation of the learning and support the achievement of course outcomes and may not exceed one faculty for fifteen students per group. ¶
- (A) The clinical preceptor may have supervision of one student at a time during the provision of client care; ¶
 - (B) The faculty member is not required to be consistently on-site, but must be available for in-person participation with the clinical preceptor and student while the student is involved in the learning experience; and ¶
 - (C) Evaluation of student learning and achievement of course or program outcomes remains with the faculty member. ¶
- (9) Clinical preceptors may be assigned to work directly with students. Nursing education programs must ensure that: ¶
- (a) Clinical preceptors are licensed at or above the level of licensure that an assigned student is seeking. Additionally, for APRN programs: ¶
 - ~~(A) For NP and CNS programs, the preceptors must be licensed as a licensed independent practitioner (LIP), and have practiced in a comparable practice focus; or ¶~~
 - ~~(B) For CRNA programs, the preceptor must be licensed as a CRNA or an anesthesiologist, health care provider and have a comparable practice focus; ¶~~
 - (b) Preceptors are provided written information about student preparation and expected learning outcomes. Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360

AMEND: 851-021-0050

RULE SUMMARY: Establishes curriculum requirements.

CHANGES TO RULE:

851-021-0050

Curriculum ¶¶

- (1) The mission, goals, and expected program outcomes must be consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.¶¶
- (2) Curriculum must: ¶¶
 - (a) Prepare the student to achieve the nursing competencies necessary at the level of licensure for safe practice based on current standards of care;¶¶
 - (b) Reflect the identified mission, goals, and learning outcomes of the nursing education program;¶¶
 - (c) Identify learning outcomes at the course and program level that show alignment and progression throughout the program; ¶¶
 - (d) Include learning activities that support student achievement of identified outcomes; ¶¶
 - (e) Include a clinical component sufficient to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and demonstrate safe nursing practice; and ¶¶
 - (f) Include within PN and RN programs:¶¶
 - (A) The one-hour pain management education program described in ORS 413.572 or an equivalent pain management education program; and¶¶
 - (B) A minimum of two hours of education related to cultural competency.¶¶
- (3) The clinical component can occur in any setting where students may impact a health outcome. Over the course of the program, clinical must:¶¶
 - (a) Occur in a variety of settings;¶¶
 - (b) Be sufficient in experience to allow for students to meet course and program outcomes;¶¶
 - (c) Integrate client safety principles; ¶¶
 - (d) Include the implementation of evidence-based practices; ¶¶
 - (e) Focus on the provision of client-centered, culturally competent care; ¶¶
 - (f) Include collaboration and communication with professional teams; and¶¶
 - (g) Promote clinical judgment. ¶¶
- (4) Programs may use simulation as part of the clinical component. When utilized, the nursing program must: ¶¶
 - (a) Ensure simulation learning has adequate fiscal, human, technologic, and physical space resources to support the learning environment; ¶¶
 - (b) Follow national simulation standards; ¶¶
 - (c) Designate a simulation coordinator who is academically and experientially qualified. This individual must demonstrate continued expertise and competence in the use of simulation while managing the program; ¶¶
 - (d) Have a written plan for orienting faculty to simulation; ¶¶
 - (e) Ensure faculty involved in simulations have initial training in the use of simulation. Initial simulation training must include: ¶¶
 - (A) Introduction to simulation-based learning experiences; ¶¶
 - (B) Foundations of scenario design and curriculum integration; ¶¶
 - (C) Introduction to pre-brief and debrief; ¶¶
 - (D) Debriefing for clinical judgment; and ¶¶
 - (E) Introduction to assessment and evaluation of simulation-based education.¶¶
 - (f) Have written procedures for the method of debriefing each simulated activity; ¶¶
 - (g) Provide a mechanism for students to evaluate the simulation experience on an ongoing basis; and ¶¶
 - (h) Ensure that no more than 50% of traditional clinical hours across the program are replaced with simulation. ¶¶
- (5) Practical Nurse Programs:¶¶
 - (a) PN program curricula must meet all educational institution requirements for, and culminate in the award of, a certificate or diploma. ¶¶
 - (b) Must deliver curriculum consistent with the practice of practical nursing as described in OAR 851-045-0050 in a supervised practice that occurs at the direction and under the supervision of the RN or LHPhealthcare provider with the authority to make changes to the plan of care. ¶¶
 - (c) The PN program curricula must include content related to the following concepts: ¶¶
 - (A) Creating and maintaining a safe environment of care;¶¶
 - (B) Demonstrating professional, legal, and ethical behavior in nursing practice;¶¶
 - (C) Collecting data and performing focused nursing assessments of the health status of a client;¶¶

- (D) Participating in the planning of the nursing care needs of a client;¶
- (E) Participating in the development and modification of the nursing care plan;¶
- (F) Providing safe, evidence-based, clinically competent, culturally sensitive, and client-centered care for the promotion, restoration and maintenance of wellness in a variety of care settings or for palliation across the lifespan;¶
- (G) Functioning as a member of the interdisciplinary healthcare team;¶
- (H) Using technology to facilitate communication, manage information, and document care;¶
- (I) Providing cost-effective nursing care and participating in quality improvement strategies;¶
- (J) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of a client; ¶
- (K) Assisting in the evaluation of a client's response to nursing interventions and the identification of that client's needs; and¶
- (L) Assigning and providing oversight to assistive personnel and other PNs. ¶
- (6) Registered Nurse Programs:¶
- (a) RN program curricula must meet all institutional requirements for, and culminate in the award of, an associate, baccalaureate, or masters degree.¶
- (b) Must deliver curriculum consistent with the practice of registered nursing as described in OAR 851-045-0060.¶
- (c) RN programs that wish to offer a practice nursing exit-option must follow the process outlined in OAR 851-021-0025(4). ¶
- (d) The RN program curricula must include content related to the following concepts: ¶
- (A) Creating and maintaining safe and effective environment of nursing care; ¶
- (B) Demonstrating professional, legal and ethical behavior in nursing practice;¶
- (C) Using clinical judgment in nursing practice to assess the health status of clients to identify health care problems;¶
- (D) Prescribing nursing interventions and assessing responses to those interventions in order to direct, manage, delegate, and supervise nursing care for clients;¶
- (E) Establishing outcomes to meet identified health care needs and providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness in a variety of care settings or for palliation across the lifespan;¶
- (F) Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for clients;¶
- (G) Participating within and providing leadership for an interdisciplinary team; ¶
- (H) Assigning and supervising other members of the healthcare team; ¶
- (I) Applying leadership skills to identify the need for and to promote change;¶
- (J) Using communication and information technology effectively and appropriately to collaborate with other health professionals in the management of health care;¶
- (K) Applying and integrating principles of community health and community-based care into practice;¶
- (L) Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery; and¶
- (M) Delegating nursing interventions that may be performed by others as defined in OAR Chapter 851 Division 6. ¶
- (e) Baccalaureate and entry level masters programs must also include outcomes related to:¶
- (A) Applying epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;¶
- (B) Leading and effecting change through participation in teams and beginning application of management knowledge;¶
- (C) Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;¶
- (D) Using the principles and practice of research to validate and improve nursing care for clients; and¶
- (E) Using teaching-learning principles to develop outcomes and provide formative and summative feedback to others. ¶
- (7) Advanced Practice Nurse Programs:¶
- (a) APRN program curricula must meet all educational institution requirements for, and culminate in the award of, a doctoral degree.¶
- (b) Must prepare students for the role of CRNA, CNS, or NP inclusive of the role of certified nurse midwife (CNM). ¶
- (c) Must deliver curriculum consistent with the advanced practice nursing role and population foci as described in OAR Chapter 851 Division 55.¶
- (d) The APRN program curricula must include content related to the following:¶
- (A) Advanced health assessment which includes assessment of all human systems, advanced assessment

techniques, concepts and approaches across the lifespan;¶

(B) Advanced physiology and pathophysiology, including general principles that apply across the lifespan;¶

(C) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents; ¶

(D) Health promotion, health maintenance, differential diagnosis and management of diseases across all practice settings appropriate to program focus; and¶

(E) Basic understanding of the principles of independent decision making in the identified role.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360

Statutes/Other Implemented: ORS 678.150, ORS 678.360

AMEND: 851-041-0000

RULE SUMMARY: Establishes purposes of standards related to the nurse intern. Update statutory authority.

CHANGES TO RULE:

851-041-0000

Purposes of Standards

(1) Establish education criteria for the Nurse Intern; ¶

(2) Establish criteria for entry level competency; ¶

(3) Provide licensing criteria for the Nurse Intern; ¶

(4) Provide standards of continued competency; and ¶

(5) Establish standards for conduct considered unbecoming a Nurse Intern;.

Statutory/Other Authority: ORS 678.111, ORS 678.150, ~~2022 HB-ORS 678.392, ORS 678.394, ORS 678.396, ORS 678.398, ORS 678.4003~~

Statutes/Other Implemented: ORS 678.111, ORS 678.150

AMEND: 851-041-0010

RULE SUMMARY: Establishes education standards for the nurse intern. Updates to statutes.

CHANGES TO RULE:

851-041-0010

Education Standards for Nurse Interns

(1) The ~~pre-licensure~~ nursing education program shall: ¶

(a) Be approved by the Board or accredited or approved by another state or United States territory and approved by the Board; and ¶

(b) Include a ~~face-to-face nursing practice experience~~ (clinical) component; and; ¶

(2) Providing academic credit to the nurse intern is the decision of the program. When the program provides academic credit, the program must adhere to the following: ¶

(a) ~~If the program is providing academic credit to the student while working as a nurse intern, provide a faculty-supervised nursing practice experience.~~ ¶

~~(b) Faculty-supervised nursing practice experience shall include nursing practice experiences that~~ Faculty supervision of the clinical experience which leads to achievement of course outcomes; ¶

~~(e)~~ Faculty is not required to be consistently on-site but must provide meaningful presence and appropriate, in-person participation in with the nurse intern- and preceptor-faculty triad as described in program policy. ¶

~~(d) Nursing practice experience e; and~~ ¶

(c) Evaluation of nurse intern achievement of course outcomes remains the responsibility of the assigned faculty member with consideration of input from the clinical preceptor and clinical nurses.

Statutory/Other Authority: ORS 678.111, ORS 678.150, ~~2022 HB 4003~~ ORS 678.392, ORS 678.394

Statutes/Other Implemented: ORS 678.111, ORS 678.150

AMEND: 851-041-0020

RULE SUMMARY: Licensure requirements of the nurse intern.

CHANGES TO RULE:

851-041-0020

Requirements for Nurse Intern License

- (1) Submit a ~~no fee~~ completed application form for a Nurse Intern License ~~on Board defined documents.~~
- (2) The applicant must:
 - (a) ~~Provide.~~
 - (2) The Board must receive the nurse intern's education verification from the program director or their designee that the applicant has successfully completed at least one academic term, as defined by their academic program, of a Board approved form.
 - (3) The applicant must:
 - (a) Pass the Board-approved pre-nursing education program assistant competency exam; and,
 - (b) Submit verification that the applicant completed at least one academic term in a course that contains a direct care component of Nursing Practice Experience as defined in national fingerprint-based criminal background check per OAR 851-0061-0140(15), and,
 - (c) Submit verification of current good academic standing within the nursing education program.
 - (3) When the applicant is not already a licensee or certificate holder of the Board of Nursing, submit a national finger-print criminal background check per Board defined procedure, or,
 - (4) When the applicant has a valid and current Board of Nursing issued 15; or
 - (c) Complete a state records based criminal background check per OAR 851-001-0115 if a current Oregon license or certification, the Board will perform a state based, non-fee holder.
 - (4) The nurse intern fingerprint criminal background check.
 - (5) Register, pay for, take, and successfully pass the Certified Nursing Assistant exam as directed in Board documents.
 - (6) A license will be valid until the applicant is prohibited from using the title Nurse Intern or working as a Nurse Intern until an active license is issued's anticipated graduation date from their nursing education program.

Statutory/Other Authority: ORS 678.150, ORS 678.392

Statutes/Other Implemented: ORS 678.150, ORS 678.392

REPEAL: 851-041-0030

RULE SUMMARY: Repeal - License renewal requirements of the nurse intern.

CHANGES TO RULE:

~~851-041-0030~~

~~Renewal of Nurse Intern License~~

~~(1) Nurse Intern licenses will be valid for no more than a 12-month period beginning September 1st and ending August 31st of the following year.¶¶~~

~~(2) Prior to expiration, the licensee must submit a new application with verification of continued good standing in their pre-nursing program.¶¶~~

~~(3) No further criminal background check is needed.¶¶~~

~~(4) No renewal of the nurse intern license will be granted if the completed application is received after the expiration date.~~

~~Statutory/Other Authority: ORS 678.150, ORS 678.392~~

~~Statutes/Other Implemented: ORS 678.150, ORS 678.392~~

AMEND: 851-041-0040

RULE SUMMARY: Health care team member role of the nurse intern. Statutes updated.

CHANGES TO RULE:

851-041-0040

Nurse Intern ~~Health Care~~ Practice Team Member Role

(1) A nurse intern must function under the direct supervision of an RN ~~as per OAR 851-006-000 (136)~~ who agrees to provide direct supervision ~~of the nurse intern; as described in ORS 678.398 and OAR 851-045-0060(3).~~¶

(2) The nurse intern's role on the ~~health care~~ practice team is limited to the performance of authorized functions pursuant to ~~851-041-0050~~ ORS 678.396 as assigned by the RN providing direct supervision;¶

(3) The nurse intern's performance of authorized functions must occur:¶

(a) In adherence to these rules; and¶

(b) Within the parameters of the supervising RN's established plan of care for a client.¶

(4) The nurse intern must disclose their license type and ~~health care~~ practice team member role to the client and with other ~~health care~~ practice team members.

Statutory/Other Authority: ORS 678.111, ORS 678.150, ~~2022 HB 4003~~ ORS 678.396, ORS 678.398

Statutes/Other Implemented: ORS 678.111, ORS 678.150