

OFFICE OF THE SECRETARY OF STATE

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ARCHIVES DIVISION

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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED

12/10/2021 10:07 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Masking and vaccination requirements to control COVID-19 in health care settings

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/24/2022 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.

CONTACT: COVID Response and Recovery Unit
503-945-5488
publichealth.rules@dhsosha.state.or.us

800 NE Oregon St.
Portland, OR 97232

Filed By:
Public Health Division
Rules Coordinator

HEARING(S)

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

DATE: 01/24/2022

TIME: 2:00 PM

OFFICER: Staff

ADDRESS: Microsoft Teams - Video/conference call

Due to COVID-19

meetings are being held remotely

Portland, OR 97232

SPECIAL INSTRUCTIONS:

Due to COVID-19, public meetings are being held remotely. To provide oral testimony during this hearing, please contact

publichealth.rules@dhsosha.state.or.us

to sign-up and receive the link for the Microsoft Teams video conference.

Alternatively, you may dial 971-277-

2343, Phone conference ID 191 715 671# for audio

only. The hearing will close no later

than 4:00 PM, but may close early if all individuals that have

signed up to testify have had the opportunity to enter their comments into the record. Written comments are accepted until 5:00 PM on January 24, 2022 and should be sent to publichealth.rules@dhsosha.state.or.us.

NEED FOR THE RULE(S)

The two rules proposed for adoption concern:

- Requirements for health care providers and health care staff working in health care settings to have documentation of either vaccination against COVID-19 or of an approved medical or religious exception to this requirement; and

- Requirements for wearing face coverings in health care settings.

OAR 333-019-1010: This rule is needed to protect patients and others in health care settings by requiring that health care providers and health care staff working in such settings have documentation of either vaccination against COVID-19 or of an approved religious or medical exception to the vaccination requirement; and that employers of health care providers and health care staff, contractors, and responsible parties take reasonable steps to ensure that unvaccinated health care providers and health care staff are protected from contracting and spreading COVID-19. It further requires that the documentation of vaccination and approved exceptions be maintained for at least two years.

OAR 333-019-1011: This rule is needed to protect patients, visitors and health care workers in specified health care settings from exposure to the virus that causes COVID-19 by requiring the wearing of face coverings or masks when feasible; and by requiring the health care setting's responsible party to develop and to follow policies that require compliance with the rule.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

For OAR 333-019-1010: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html

For OAR 333-019-1011: www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

FISCAL AND ECONOMIC IMPACT:

Please see below.

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).

(1) 333-019-1010: This rule may have some fiscal impact on the Oregon State Hospital, local governmental entities involved in health care, and private health care entities, including the cost of collecting and maintaining documentation of vaccinations and exceptions; and of replacing staff who would be prohibited from working for lack of such documentation. These costs may be offset by gains from reductions in illness and outbreaks. Currently, no cost would be incurred for vaccines, as they are borne by the federal government; but in the future, the cost of vaccines and their administration may need to be paid by the entities named above, by insurers, or by vaccinees.

333-019-1011. This rule may have some fiscal impact on the Oregon State Hospital, local governmental entities involved in health care, and private health care entities, which would have to develop and enforce policies regarding face masking; and to provide masks to staff, and perhaps patients and visitors. Minimal additional cost is expected for Oregonians who may need to visit health care facilities given the longstanding indoor masking requirements, as masks worn for these purposes will fulfill requirements for this rule. Additionally, state agencies that license these health care settings and provide technical assistance would bear the cost of providing the appropriate face masks (including N95 respirators when appropriate) to their employees who enter these settings. These costs may be offset by gains from reductions in illness and outbreaks.

(2)(a) 333-019-1010. The Authority does not collect data on the number of individuals employed by each health care entity, and as such cannot specify with certainty how many are a small business. Types of small businesses and industries impacted by this rule include health care provider offices such as medical offices, dental offices, behavioral health care offices, counseling offices, and offices that provide complementary and alternative medicine; and group

home and adult foster care.

333-019-1011. The Authority does not collect data on the number of individuals employed by each health care entity, and as such cannot specify with certainty how many are a small business. Types of small businesses and industries impacted by this rule include health care provider offices such as medical offices, dental offices, behavioral health care offices, counseling offices, and offices that provide complementary and alternative medicine; group home and adult foster care; and the non-emergency medical transport industry.

(b) 333-019-1010. Small health care businesses (e.g., private clinics) would bear the cost of collecting and maintaining documentation of vaccinations and exceptions to vaccination requirements for their employees; and for ensuring that employees with exceptions to the requirements take measures to reduce transmission, including associated legal costs. These costs may be offset by gains from reductions in illness and outbreaks in the health care setting, as well as secondary disease transmission in the community.

333-019-1011. Small health care businesses (e.g., private clinics) will have costs from developing and maintaining policies regarding face masking, including associated legal costs. These costs may be offset by gains from reductions in illness and outbreaks in the health care setting, as well as secondary disease transmission in the community.

(c) 333-019-1010. If health care providers or staff leave the workforce because of a vaccination requirement, small health care businesses (e.g., private clinics) may incur costs associated with efforts to recruit and onboard new staff, use of temporary contracted health care workers or overtime pay to existing staff to maintain operations if there are staff shortages due to the requirement, or perhaps regular SARS-CoV-2 testing for unvaccinated employees if the business requires that. There may also be increased costs in reviewing requests for medical or religious exceptions, and engaging in the interactive process concerning accommodations. Currently, no cost would be incurred for vaccines, as they are borne by the federal government; but in the future, the cost of vaccines and their administration may need to be paid by the businesses.

333-019-1011. Small health care businesses (e.g., private clinics) will likely have to purchase masks for use by patients, staff and visitors, and may be limited in their ability to procure personal protective equipment via the most cost-effective means. Administrative costs include those associated with inventory tracking of different types of masks, and patient and visitor education about masking.

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

Organizations representing small businesses provided input during a Rules Advisory Committee (RAC) meeting held on November 16, 2021.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

333-019-1010, 333-019-1011

ADOPT: 333-019-1010

RULE SUMMARY: OAR 333-019-1010: COVID-19 Vaccination Requirement for Health Care Providers and Health Care Staff in Health Care Settings:

- Section (1) explains the need for the rule.
- Section (2) contains the following definitions:
 - o Contractor

- o COVID-19
- o Documentation of medical exception
- o Documentation of religious exception
- o Fully vaccinated
- o Health care providers and health care staff
- o Health care setting
- o Medical exception
- o Proof of vaccination
- o Religious exception
- o Responsible party.
 - Section (3) requires that after October 18, 2021:
 - o Healthcare providers and staff must be fully vaccinated in order to work, learn, study, assist, observe, or volunteer in a healthcare setting unless they are fully vaccinated or have provided documentation of a medical or religious exception.
 - o Employers of healthcare providers and staff, or contractors or responsible parties cannot allow a health care provider or staff person to work, learn, study, assist, observe, or volunteer in a healthcare setting unless they are fully vaccinated or have an approved medical or religious exception.
 - Section (4) requires employers, contractors, and other responsible parties who grant medical or religious exceptions to take reasonable steps to ensure that unvaccinated health care providers and staff are protected.
 - Section (5) indicates that this rule does not prohibit compliance with the Americans with Disabilities Act; or having stricter requirements for vaccination.
 - Section (6) delineates requirements for documenting and maintaining records of vaccinations and medical and religious exceptions to the requirement.
 - Section (7) authorizes civil penalties for violations of this rule.
 - Section (8) specifies that certain entities that are licensed by OHA may be subject to licensing actions for violations of this rule.

CHANGES TO RULE:

333-019-1010

COVID-19 Vaccination Requirement for Healthcare Providers and Healthcare Staff in Healthcare Settings

(1) It is vital to this state that healthcare providers and healthcare staff be vaccinated against COVID-19. COVID-19 undergoes frequent mutations as it replicates, which over time has resulted in variants that are more transmissible or cause more severe disease. Unvaccinated individuals exposed to COVID-19 are very likely to become infected in the absence of mitigation measures and may then transmit the virus to others. Fully vaccinated people get COVID-19 (known as vaccine breakthrough infections) much less often than unvaccinated people. Being vaccinated is critical to prevent spread of COVID-19. Healthcare providers and healthcare staff have contact with multiple patients over the course of a typical day and week. The CDC recommends vaccination against COVID-19 for all eligible individuals. This rule is necessary to help control COVID-19, protect patients, and to protect the state's healthcare workforce.¶

(2) For purposes of this rule, the following definitions apply:¶

(a) "Contractor" means a person who has healthcare providers or healthcare staff on contract to provide services in healthcare settings in Oregon.¶

(b) "COVID-19" means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).¶

(c) "Documentation of a medical exception" means a form prescribed by the Oregon Health Authority (OHA), or a similar form, that contains all of the information required in the OHA form, signed by a medical provider who is not the individual, certifying that the individual has a physical or mental impairment that limits the individual's ability to receive a COVID-19 vaccination based on a specified medical diagnosis, and that specifies whether the impairment is temporary in nature or permanent.¶

(d) "Documentation of a religious exception" means a form prescribed by the Oregon Health Authority (OHA), or a similar form, that contains all of the information required in the OHA form, signed by the individual, stating that the individual is requesting an exception from the COVID-19 vaccination requirement on the basis of a sincerely

held religious belief and includes a statement describing the way in which the vaccination requirement conflicts with the religious observance, practice, or belief of the individual.¶

(e) "Fully vaccinated" means having received both doses of a two-dose COVID-19 vaccine or one dose of a single-dose COVID-19 vaccine and at least 14 days have passed since the individual's final dose of COVID-19 vaccine.¶

(f) "Healthcare providers and healthcare staff":¶

(A) Means individuals, paid and unpaid, working, learning, studying, assisting, observing or volunteering in a healthcare setting providing direct patient or resident care or who have the potential for direct or indirect exposure to patients, residents, or infectious materials, and includes but is not limited to any individual licensed by a health regulatory board as that is defined in ORS 676.160, unlicensed caregivers, and any clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, student and volunteer personnel.¶

(B) Does not mean parents, family members, guardians or foster parents residing in the home and providing care to a child or foster child in the home.¶

(g) "Healthcare setting":¶

(A) Means any place where health care, including physical, dental or behavioral health care is delivered and includes, but is not limited to any health care facility or agency licensed under ORS chapter 441 or 443, such as hospitals, ambulatory surgical centers, birthing centers, special inpatient care facilities, long-term acute care facilities, inpatient rehabilitation facilities, inpatient hospice facilities, nursing facilities, assisted living facilities, residential facilities, residential behavioral health facilities, adult foster homes, group homes, pharmacies, hospice, vehicles or temporary sites where health care is delivered or is related to the provision of health care (for example, mobile clinics, ambulances) outpatient facilities, such as dialysis centers, health care provider offices, dental offices, behavioral health care offices, urgent care centers, counseling offices, offices that provide complementary and alternative medicine such as acupuncture, homeopathy, naturopathy, chiropractic and osteopathic medicine, and other specialty centers.¶

(B) Does not include a person's private home if the home is not otherwise licensed, registered or certified as a facility or home listed in paragraph (A) of this subsection.¶

(h) "Medical exception" means that an individual has a physical or mental impairment that prevents the individual from receiving a COVID-19 vaccination.¶

(i) "Proof of vaccination" means documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual's name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is a one-dose or two-dose vaccine, and the name or location of the health care provider or site where the vaccine was administered. Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record card, a print-out from the Oregon Health Authority's immunization registry, or a Quick-Response (QR) code from a verified digital vaccine record.¶

(j) "Religious exception" means that an individual has a sincerely held religious belief that prevents the individual from receiving a COVID-19 vaccination.¶

(k) "Responsible party" means a person or persons who have control or responsibility for the activities of healthcare providers or healthcare staff in a healthcare setting.¶

(3) After October 18, 2021:¶

(a) Health care providers and healthcare staff may not work, learn, study, assist, observe, or volunteer in a healthcare setting unless they are fully vaccinated or have provided documentation of a medical or religious exception.¶

(b) An employer of healthcare providers or healthcare staff, a contractor, or a responsible party may not employ, contract with, or accept the volunteer services of healthcare providers or healthcare staff persons who are working, learning, studying, assisting, observing or volunteering at a healthcare setting unless the healthcare providers or healthcare staff persons are fully vaccinated against COVID-19 or have an approved or accepted medical or religious exception.¶

(4) Employers of healthcare providers or healthcare staff, contractors and responsible parties who grant a medical or religious exception to the vaccination requirement in this rule must take reasonable steps to ensure that unvaccinated healthcare providers and healthcare staff are protected from contracting and spreading COVID-19.¶

(5) Nothing in this rule is intended to prohibit employers of healthcare providers or healthcare staff, contractors and responsible parties from:¶

(a) Complying with the Americans with Disabilities Act and Title VII of the Civil Rights Act, and state law equivalents, for individuals unable to be vaccinated due to a medical condition or a sincerely held religious belief.¶

(b) Having more restrictive or additional requirements, including but not limited to requiring healthcare providers and healthcare staff to have documentation of an additional or booster dose of a COVID-19 vaccine if that is recommended by the U.S. Centers for Disease Control and Prevention.¶

(6) Proof of vaccination documentation and documentation of medical and religious exceptions described in this

rule must be:

(a) Maintained in accordance with applicable federal and state laws;

(b) Maintained for at least two years; and

(c) Provided to the Oregon Health Authority upon request.

(7) Employers of healthcare providers or healthcare staff, contractors and responsible parties who violate any provision of this rule are subject to civil penalties of \$500 per day per violation.

(8) In addition to the imposition of civil penalties under section (9) of this rule, a violation of this rule may also be grounds for a licensing action authorized under the following statutes or rules:

(a) ORS 443.045; OAR chapter 333, division 27 (home health agencies, to the extent staff are providing services or care in healthcare settings).

(b) ORS 443.864, 443.869; OAR chapter 333, division 35 (hospice programs, to the extent staff are providing services or care in healthcare settings).

(c) ORS 441.030; OAR chapter 333, division 71 (special inpatient care facilities).

(d) ORS 441.030; OAR chapter 333, division 76 (ambulatory surgical centers, extended stay centers and birthing centers).

(e) ORS 441.030; OAR chapter 333, division 501 (hospitals).

(f) ORS 443.325; OAR chapter 333, division 536 (in-home care agencies, to the extent caregivers are providing care in healthcare settings).

(g) ORS 441.030; OAR chapter 333, division 700 (outpatient renal dialysis facilities).

(h) ORS 426.415; OAR chapter 309, division 22 (psychiatric residential treatment facilities).

(i) ORS 435.415, 443.421, 443.455; OAR chapter 309, division 35 (residential treatment facilities, community based residential treatment homes, secure residential treatment facilities).

(j) ORS 443.745, 443.790; OAR chapter 309, division 40 (adult foster homes).

Statutory/Other Authority: ORS 413.042, ORS 431A.010, ORS 431.110, ORS 433.004, ORS 426.415, ORS 443.085, ORS 443.315, ORS 443.450, ORS 443.745, ORS 443.790, ORS 443.860, ORS 441.025

Statutes/Other Implemented: ORS 431A.010, ORS 431.110, ORS 433.004, ORS 426.415, ORS 443.045, ORS 443.325, ORS 443.421, ORS 443.455, ORS 443.745, ORS 443.790, ORS 443.864, ORS 441.030

ADOPT: 333-019-1011

RULE SUMMARY: OAR 333-019-1011: Masking Requirements to Control COVID-19 in Health Care Settings

- Section (1) explains the need for the rule.
- Section (2) allows the rule to be rescinded by order of the State Public Health Director or State Public Health Officer if the requirements of the rule are no longer needed to control COVID-19.
- Section (3) specifies health care settings in which the rule applies.
- Section (4) specifies that the rule does not apply in settings licensed or certified by the Oregon Department of Human Services.
- Section (5) clarifies that if there is a conflict between this rule and OAR 019-1025, the more restrictive requirement applies.
- Section (6) contains the following definitions:
 - o Face covering
 - o Face mask
 - o Health care personnel
 - o Health care setting
 - o Responsible party.
- Section (7) specifies that the responsible party must develop and enforce policies and requirements regarding face masking.
- Section (8) specifies face covering requirements for health care providers.
- Section (9) specifies face covering requirements for patients, residents, and clients.
- Section (10) specifies exceptions to this rule.
- Section (11) indicates that this rule does not prohibit accommodations made to comply with the Americans with Disabilities Act.
- Section (12) authorizes civil penalties for violations of this rule.
- Section (13) specifies that responsible parties may be subject to licensing actions for violations of this rule.

CHANGES TO RULE:

333-019-1011

Masking Requirements to Control COVID-19 in Health Care Settings

(1) COVID-19 is an infection caused by a virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

This virus can be spread by infected persons without symptoms as well as those with symptoms. It undergoes frequent mutations as it replicates, which over time has resulted in variants that are more transmissible, cause more severe disease or have other features of public health concern such as decreased vaccine effectiveness. Consistent masking by health care providers in health care settings, as well as masking by visitors and patients provides protection to health care providers and to the people they care for. Masks act as source control if the provider has COVID-19 and provide a protective effect if a patient has COVID-19.¶

(2) The requirements in this rule remain in effect unless the State Public Health Director or State Public Health Officer issues an order stating that the requirements in this rule are no longer necessary to control COVID-19. If such an order is issued the Oregon Health Authority must provide notice to interested parties and otherwise take reasonable steps to ensure notice of the order is provided to those affected by this rule in accordance with ORS 183.335(1). The State Public Health Director or State Public Health Officer may also rescind such an order, and such a rescission must also be noticed as provided in this section. In determining whether this rule should remain in effect the State Public Health Director or State Public Health Officer will take into consideration as least the following information:¶

(a) The degree of COVID-19 transmission, as measured by case rates, percent positivity, and any other objective metrics indicative of current or potential transmission in Oregon.¶

(b) COVID-19 related hospitalizations and deaths.¶

(c) Disparate COVID-19 related health impacts on communities of color and tribal communities.¶

(d) Guidance from the U.S. Centers for Disease Control and Prevention.¶

(e) Proportion of the population partially or fully vaccinated.¶

(3) Except as otherwise described in section (4) of this rule, this rule applies:¶

(a) To any health care setting where health care personnel are providing care or services and the Oregon Occupational Health and Safety Division (Oregon OSHA) rule, OAR 437-001-0744, does not apply because the setting is not a place of employment, as that is defined in ORS 654.005, subject to Oregon OSHA's jurisdiction.¶

(b) If it contains requirements that are more restrictive or are in addition to Oregon OSHA's rule, OAR 437-001-0744.¶

(4) The Oregon Department of Human Services (ODHS) has established mask and face covering requirements for health care providers and visitors in settings that it licenses or certifies. Therefore, this rule does not apply to:¶

(a) Adult foster homes licensed by ODHS under ORS 443.705 to 443.825.¶

(b) Developmental disability child foster homes certified by ODHS under ORS 443.830 to 443.835.¶

(c) Residential training homes and residential training facilities licensed by ODHS, as defined in ORS 443.400.¶

(5) To the extent there is a conflict between this rule and OAR 333-019-1025, a more restrictive requirement in this rule applies.¶

(6) For purposes of this rule, the following definitions apply:¶

(a) "Face covering" means a cloth, paper or disposable face covering that covers the nose and mouth and includes a medical-grade face mask.¶

(b) "Face mask" means a medical-grade face mask.¶

(c) "Health care personnel":¶

(A) Means individuals, paid and unpaid working, learning, studying, assisting, observing, or volunteering in a health care setting providing direct patient or resident care or who have the potential for direct or indirect exposure to patients, residents, or infectious materials, and includes but is not limited to any individual licensed by a health regulatory board as that is defined in ORS 676.160, unlicensed caregivers, and any clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, student and volunteer personnel.¶

(B) Does not mean parents, guardians or foster parents providing care to their children or foster children in the home.¶

(d) "Health care setting" means any place where health care, including physical, dental, or behavioral health care is delivered and includes, but is not limited to any health care facility or agency licensed under ORS chapter 441 or 443, such as hospitals, ambulatory surgical centers, birthing centers, special inpatient care facilities, long-term acute care facilities, inpatient rehabilitation facilities, inpatient hospice facilities, nursing facilities, assisted living facilities, and residential facilities, behavioral health residential facilities, home health care, hospice, pharmacies, in-home care, vehicles or temporary sites where health care is delivered or is related to the provision of health care (for example, mobile clinics, ambulances, non-emergency medical transport vehicles (NEMT), secure transportation, and street based medicine), outpatient facilities, such as dialysis centers, health care provider offices, dental offices, behavioral health care offices, urgent care centers, counseling offices, school-based health centers, offices that provide complementary and alternative medicine such as acupuncture, homeopathy, naturopathy, chiropractic and osteopathic medicine, and other specialty centers.¶

(e) "Responsible party":¶

(A) Includes a person who has control or responsibility for the activities of health care personnel in a health care setting.¶

(B) Includes a person who has control or responsibility for the activities within a health care setting.¶

(C) Does not include an individual who hires, employs, or otherwise receives care from health care personnel in their own home.¶

(7) A responsible party must:¶

(a) Develop and follow a policy that requires all patients, residents, clients and visitors to wear a face covering except as provided in section (10) or other applicable provisions of this rule.¶

(b) Develop and follow a policy that if a patient, resident or client cannot tolerate any form of face covering due to a medical condition, strict physical distancing of at least six feet be observed from other non-health care personnel to the greatest extent possible.¶

(c) Require health care personnel to wear a face covering when entering, exiting and face mask while they are in the health care setting in accordance with the requirements of this rule.¶

(8) Health care personnel must wear a face covering when entering, exiting and face mask while they are in a health care setting except as described in section (10) of this rule.¶

(9) Patients, residents and clients must wear a face covering when entering, exiting, or in a health care setting except as described in section (10) of this rule.¶

(10) A face covering is not required when the individual:¶

(a) Is under five years of age.¶

(b) Is sleeping.¶

(c) Is actively eating or drinking.¶

(d) Is engaged in an activity or receiving health care that makes wearing a face covering not feasible, such as

receiving a physical examination of the throat or having dental work.¶

(e) Is alone in a closed room.¶

(f) Is a patient or resident in their designated room with their door closed.¶

(11) Nothing in this rule is intended to prohibit an employer of healthcare personnel from making reasonable accommodations in order to comply with the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act, ORS 659.850 or applicable provisions of ORS chapter 659A.¶

(12) Responsible parties and health care personnel who violate any provision of this rule may be subject to a civil penalty of \$500 per day per violation.¶

(13) In addition to the imposition of civil penalties under section (12) of this rule, a violation of this rule may also be grounds for a licensing action authorized under the following statutes or rules: ¶

(a) ORS 443.045; OAR chapter 333, division 27 (home health agencies).¶

(b) ORS 443.864, 443.869; OAR chapter 333, division 35 (hospice programs).¶

(c) ORS 441.030; OAR chapter 333, division 71 (special inpatient care facilities).¶

(d) ORS 441.030; OAR chapter 333, division 76 (ambulatory surgical centers, extended stay centers and birthing centers).¶

(e) ORS 441.030; OAR chapter 333, division 501 (hospitals).¶

(f) ORS 443.325; OAR chapter 333, division 536 (in-home care agencies).¶

(g) ORS 441.030; OAR chapter 333, division 700 (outpatient renal dialysis facilities).¶

(h) ORS 426.415; OAR chapter 309, division 22 (psychiatric residential treatment facilities).¶

(i) ORS 435.415, 443.421, 443.455; OAR chapter 309, division 35 (residential treatment facilities, community based residential treatment homes, secure residential treatment facilities).¶

(j) ORS 443.745, 443.790; OAR chapter 309, division 40 (adult foster homes).

Statutory/Other Authority: ORS 413.042, ORS 431.110, ORS 431A.010, ORS 433.004, ORS 426.415, ORS 443.085, ORS 443.315, ORS 443.450, ORS 443.745, ORS 443.790, ORS 443.860, ORS 441.025

Statutes/Other Implemented: ORS 431.110, ORS 431A.010, ORS 433.004, ORS 426.415, ORS 443.045, ORS 443.325, ORS 443.421, ORS 443.455, ORS 443.745, ORS 443.790, ORS 443.864, ORS 441.030