

Chapter 676 — Health Professions Generally

2001 EDITION

USE OF TITLES IMPORTING HEALTH CARE PROFESSION

- 676.100 Definitions for ORS 676.100 to 676.130
- 676.110 Practitioner to designate particular business or profession
- 676.120 Use of business or professional designation by unlicensed person prohibited; use of deceased licensee's name
- 676.130 Enforcement of ORS 676.100 to 676.120

PROCESSING OF COMPLAINTS AGAINST HEALTH PROFESSIONALS

- 676.160 Definitions for ORS 676.165 to 676.180
- 676.165 Complaint investigation
- 676.170 Immunity of information providers
- 676.175 Complaints and investigations confidential; exceptions
- 676.177 Disclosure of confidential information to another public entity; criteria
- 676.180 Notice prior to disclosure

ENJOINING PRACTICE AFTER SUSPENSION OR REVOCATION OF LICENSE

- 676.210 Practice of health care profession after suspension or revocation of license prohibited
- 676.220 Enjoining health care professional from practicing after suspension or revocation of license
- 676.230 Injunction as cumulative remedy

HEALTH CARE PROVIDER REPORTING OF BLOOD ALCOHOL LEVEL

- 676.260 Health care provider notification of blood alcohol level; content of notice
- 676.280 Immunity of person participating in report pursuant to ORS 676.260

MISCELLANEOUS

- 676.310 Fees for laboratory testing; itemized billing; failure to comply considered unprofessional conduct
- 676.330 Approved osteopathic residency training and certification included as medical specialty certification
- 676.340 Limitations on liability of health practitioners providing health care services without compensation; requirements; exceptions; attorney fees; applicability
- 676.345 Registration program for health care professionals claiming liability limitation; program requirements

676.400 Racial and ethnic composition of regulated health professions; findings; duties of health professional regulatory boards

HEALTH LICENSING OFFICE

676.600 Definition for ORS 676.600 to 676.625

676.605 Purpose; responsibilities

676.607 Enumeration of powers not exclusive

676.610 Director; appointment and qualifications; responsibilities; duties; confirmation

676.615 Rulemaking authority

676.620 Use of services of Oregon Department of Administrative Services

676.625 Health Licensing Office Account; fees; record keeping; disposition of receipts

PENALTIES

676.990 Penalties

676.010 [Amended by 1967 c.470 §64; repealed by 1973 c.31 §5]

676.020 [Amended by 1953 c.203 §1; 1957 c.212 §1; repealed by 1973 c.31 §5]

676.030 [Amended by 1957 c.212 §2; 1967 c.470 §65; repealed by 1973 c.31 §5]

676.035 [1967 c.184 §1; 1971 c.15 §1; repealed by 1973 c.31 §5]

676.040 [Amended by 1957 c.212 §3; repealed by 1973 c.31 §5]

676.050 [Amended by 1953 c.203 §2; 1957 c.212 §4; repealed by 1973 c.31 §5]

676.060 [Repealed by 1973 c.31 §5]

676.070 [Repealed by 1973 c.31 §5]

676.080 [Repealed by 1973 c.31 §5]

676.090 [Repealed by 1973 c.31 §5]

USE OF TITLES IMPORTING HEALTH CARE PROFESSION

676.100 Definitions for ORS 676.100 to 676.130. As used in ORS 676.100 to 676.130, unless the context requires otherwise, “person” means and includes any “clinic,” “institute,” “specialist” or any group or combination of persons.

676.110 Practitioner to designate particular business or profession. Any person practicing a health care profession who uses the title “doctor,” or any contraction thereof, “clinic,” “institute,” “specialist” or any other assumed or artificial name or title, in connection with the business or profession, on any written or printed matter, or in connection with any advertising, billboards, signs or professional notices, shall add after the name of the person, or after any such assumed or artificial names, one of the following respective designations in letters or print which shall

be at least one-fourth the size of the largest letters used in the title or name, and in material, color, type or illumination to give display and legibility of at least one-fourth that of the title or name:

(1) In the case of a person practicing podiatry, the word “podiatrist” or the words “podiatric physician” or “podiatric physician and surgeon.”

(2) In the case of a person practicing chiropractic, the word “chiropractor” or the words “chiropractic physician.”

(3) In the case of a person practicing dentistry, the word “dentist” or “dentistry.”

(4) In the case of a person practicing naturopathic medicine, the word “naturopath” or the words “naturopathic physician.”

(5) In the case of a person practicing optometry, the word “optometrist” or the words “doctor of optometry” or “optometric physician.”

(6) In the case of a person licensed to practice medicine by the Board of Medical Examiners for the State of Oregon who holds the degree of Doctor of Osteopathy, or the equivalent, the word “osteopath” or the words “osteopathic physician” or “osteopathic physician and surgeon.”

(7) In the case of a person licensed to practice medicine by the Board of Medical Examiners for the State of Oregon who holds the degree of Doctor of Medicine, or the equivalent, the word “physician” or the word “surgeon” or the words “physician and surgeon.”

(8) In the case of a person practicing veterinary medicine, the word “veterinarian.”

(9) In the case of a person practicing acupuncture, the word “acupuncturist.” [Amended by 1967 c.470 §66; 1983 c.169 §29; 1983 c.486 §1a; 1983 c.769 §1; 1991 c.314 §4; 1995 c.765 §1]

676.120 Use of business or professional designation by unlicensed person prohibited; use of deceased licensee’s name. No person shall use any of the designations stated in ORS 676.110 (1) to (9), in connection with the name, business or profession of the person or in connection with an assumed or artificial name, or “clinic,” “institute” or “specialist,” unless the person is licensed under the laws of this state to practice the particular health care profession indicated by such designation, as stated in ORS 676.110. However, upon the death of any person duly licensed by any board empowered to license any practitioner of a health care profession, the executors of the estate or the heirs, assigns, associates or partners may retain the use of the decedent’s name, where it appears other than as a part of an assumed name, for no more than one year after the death of such person or until the estate is settled, whichever is sooner. [Amended by 1953 c.137 §2; 1983 c.769 §2; 1991 c.314 §5]

676.130 Enforcement of ORS 676.100 to 676.120. Each board licensing any of the health care professions, within this state, shall notify the appropriate district attorney of any violation of ORS 676.100 to 676.120 which may be brought to the attention of such board. The district attorney of the county in which any violation of those sections takes place shall prosecute the violation upon being informed of the violation by any person or by one of such boards. [Amended by 1983 c.769 §3]

676.140 [Repealed by 1967 c.470 §68]

PROCESSING OF COMPLAINTS AGAINST HEALTH PROFESSIONALS

676.160 Definitions for ORS 676.165 to 676.180. As used in ORS 676.165 to 676.180, “health professional regulatory board” means the:

(1) State Board of Examiners for Speech-Language Pathology and Audiology;

(2) State Board of Chiropractic Examiners;

(3) State Board of Clinical Social Workers;

(4) Oregon Board of Licensed Professional Counselors and Therapists;

(5) Oregon Board of Dentistry;

(6) Board of Examiners of Licensed Dietitians;

(7) State Board of Massage Therapists;

(8) State Mortuary and Cemetery Board;

(9) Board of Naturopathic Examiners;

(10) Oregon State Board of Nursing;

(11) Board of Examiners of Nursing Home Administrators;

(12) Oregon Board of Optometry;

- (13) State Board of Pharmacy;
 - (14) Board of Medical Examiners;
 - (15) Occupational Therapy Licensing Board;
 - (16) Physical Therapist Licensing Board;
 - (17) State Board of Psychologist Examiners;
 - (18) Board of Radiologic Technology;
 - (19) Oregon State Veterinary Medical Examining Board; and
 - (20) Department of Human Services to the extent that the department certifies emergency medical technicians.
- [1997 c.791 §1; 1999 c.537 §4; 2001 c.274 §4]

Note: 676.160 to 676.180 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapters 676 to 681 or any chapter or series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

676.165 Complaint investigation. (1) Upon receipt of a complaint by any person against a licensee or applicant, a health professional regulatory board shall assign one or more persons to act as investigator of the complaint.

(2) The investigator shall collect evidence and interview witnesses and shall make a report to the board. The investigator shall have all investigatory powers possessed by the board.

(3) The report to the board shall describe the evidence gathered, the results of witness interviews and any other information considered in preparing the report of the investigator. The investigator shall consider, and include in the report, any disciplinary history of the licensee or applicant with the board.

(4) The investigator shall make the report to the board not later than 120 days after the board receives the complaint. However, the board may extend the time for making the report by up to 30 days for just cause. The board may grant more than one extension of time.

(5) Investigatory information obtained by an investigator and the report issued by the investigator shall be exempt from public disclosure. [1997 c.791 §5]

Note: See note under 676.160.

676.170 Immunity of information providers. A person who reports or supplies information in good faith to a health professional regulatory board or to a committee reporting to a health professional regulatory board shall be immune from an action for civil damages as a result thereof. [1997 c.791 §4]

Note: See note under 676.160.

676.175 Complaints and investigations confidential; exceptions. (1) A health professional regulatory board shall keep confidential and not disclose to the public any information obtained by the board as part of an investigation of a licensee or applicant, including complaints concerning licensee or applicant conduct and information permitting the identification of complainants, licensees or applicants. However, the board may disclose information obtained in the course of an investigation of a licensee or applicant to the extent necessary to conduct a full and proper investigation.

(2) Notwithstanding subsection (1) of this section, if a health professional regulatory board votes not to issue a notice of intent to impose a disciplinary sanction:

(a) The board shall disclose information obtained as part of an investigation of an applicant or licensee if the person requesting the information demonstrates by clear and convincing evidence that the public interest in disclosure outweighs other interests in nondisclosure, including but not limited to the public interest in nondisclosure.

(b) The board may disclose to a complainant a written summary of information obtained as part of an investigation of an applicant or licensee resulting from the complaint to the extent the board determines necessary to explain the reasons for the board's decision. An applicant or licensee may review and obtain a copy of any written summary of information disclosed to a complainant by the board after the board has deleted any information that could reasonably be used to identify the complainant.

(3)(a) A health professional regulatory board shall disclose:

(A) A notice of intent to impose a disciplinary sanction against a licensee or applicant that has been issued by vote of the board;

(B) A final order that results from the board's notice of intent to impose a disciplinary sanction;

- (C) An emergency suspension order;
- (D) A consent order or stipulated agreement that involves licensee or applicant conduct; and
- (E) Information to further an investigation into board conduct under ORS 192.685.

(b) A health professional regulatory board may make the information required to be disclosed under paragraph (a)(A) to (D) of this subsection available in electronic form, accessible by use of a personal computer or similar technology that provides direct electronic access to the information.

(4) If a notice of intent to impose a disciplinary sanction has been issued by vote of a health professional regulatory board, a final order that results from the board's notice of intent to impose a disciplinary sanction, an emergency suspension order or a consent order or stipulated agreement that involves licensee or applicant conduct shall summarize the factual basis for the board's disposition of the matter.

(5) A health professional regulatory board record or order, or any part thereof, obtained as part of or resulting from an investigation, contested case proceeding, consent order or stipulated agreement, is not admissible as evidence and may not preclude an issue or claim in any civil proceeding except in a proceeding between the board and the licensee or applicant as otherwise allowed by law.

(6)(a) Notwithstanding subsection (1) of this section, it is not disclosure to the public for a board to permit other public officials and members of the press to attend executive sessions where information obtained as part of an investigation is discussed. Public officials and members of the press attending such executive sessions shall not disclose information obtained as part of an investigation to any other member of the public.

(b) For purposes of this subsection, "public official" means a member or member-elect, or any member of the staff or an employee, of a public entity as defined by ORS 676.177. [1997 c.791 §2; 1999 c.751 §3]

Note: See note under 676.160.

676.177 Disclosure of confidential information to another public entity; criteria. (1) Notwithstanding any other provision of ORS 676.165 to 676.180, a health professional regulatory board, upon a determination by the board that it possesses otherwise confidential information that reasonably relates to the regulatory or enforcement function of another public entity, may disclose that information to the other public entity.

(2) Any public entity that receives information pursuant to subsection (1) of this section shall agree to take all reasonable steps to maintain the confidentiality of the information, except that the public entity may use or disclose the information to the extent necessary to carry out the regulatory or enforcement functions of the public entity.

(3) For purposes of this section, "public entity" means:

- (a) A board or agency of this state, or a board or agency of another state with regulatory or enforcement functions similar to the functions of a health professional regulatory board of this state;
- (b) A district attorney;
- (c) The Department of Justice;
- (d) A state or local public body of this state that licenses, franchises or provides emergency medical services; or
- (e) A law enforcement agency of this state, another state or the federal government. [1999 c.751 §2]

Note: See note under 676.160.

676.180 Notice prior to disclosure. If a health professional regulatory board intends to disclose a record pursuant to ORS 676.175 (2), the board shall provide the licensee or applicant seven days' prior written notice by first class mail. The notice shall describe the record that the board intends to disclose in sufficient detail to permit the licensee or applicant to know the contents of the record. In any subsequent action for injunctive or declaratory relief, the burden shall be on the person seeking disclosure to demonstrate by clear and convincing evidence that the public interest in disclosure outweighs other interests in nondisclosure, including but not limited to the public interest in nondisclosure. [1997 c.791 §3]

Note: See note under 676.160.

ENJOINING PRACTICE AFTER SUSPENSION OR REVOCATION OF LICENSE

676.210 Practice of health care profession after suspension or revocation of license prohibited. No person whose license has been revoked or suspended by any board authorized by the statutes of the State of Oregon to issue

licenses to practice a health care profession shall continue the practice of this profession after the order or decision of the board suspending or revoking the license of the person has been made. The license shall remain suspended or revoked until a final determination of an appeal from the decision or order of the board has been made by the court. [1953 c.592 §1; 1983 c.769 §4]

676.220 Enjoining health care professional from practicing after suspension or revocation of license. (1) If at any time the board suspending or revoking the license of any licentiate of a health care profession determines that such licentiate is continuing to practice the health care profession notwithstanding, the board shall in its own name bring an action to enjoin such licentiate.

(2) If the court shall find that the licentiate has been or is continuing the practice of the health care profession for which the license has been revoked or suspended it shall issue an injunction restraining the licentiate. The commission of a single act constituting the practice of the respective health care profession shall be prima facie evidence warranting the issuance of such injunction. [1953 c.592 §2; 1979 c.284 §191; 1983 c.769 §5]

676.230 Injunction as cumulative remedy. The remedy herein provided is cumulative and shall be without prejudice to any other civil or criminal remedy. [1953 c.592 §3]

HEALTH CARE PROVIDER REPORTING OF BLOOD ALCOHOL LEVEL

676.260 Health care provider notification of blood alcohol level; content of notice. (1) If a health care provider who is providing medical care in a health care facility immediately after a motor vehicle accident to a person reasonably believed to be the operator of a motor vehicle involved in the accident, becomes aware, as a result of any blood test performed in the course of that treatment, that the person's blood alcohol level meets or exceeds the percent specified in ORS 813.010, the health care provider may notify, as soon as is reasonably possible, any law enforcement officer or agency.

(2) The notice shall consist of the name of the person being treated, the blood alcohol level disclosed by the test and the date and time of the administration of the test.

(3) Nothing contained in ORS 40.225 to 40.295 affects the authority to report imposed by this section, and the health care provider shall not be considered to have breached any duty under ORS 40.225 to 40.295 owed to the person about whom the report is made. Reporting or failing to report is not a violation of any ethical or moral duty. [1995 c.546 §1]

Note: 676.260 and 676.280 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapters 676 to 681 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

676.280 Immunity of person participating in report pursuant to ORS 676.260. No action or administrative proceeding shall be brought against anyone participating in good faith in the making of a report pursuant to ORS 676.260 and any person participating in making the report shall have immunity from any liability, civil or criminal, and from any professional disciplinary action, that might otherwise be incurred or imposed with respect to making of the report. Any such participant shall have the same immunity with respect to participating in any judicial proceeding resulting from the report. [1995 c.546 §2]

Note: See note under 676.260.

MISCELLANEOUS

676.310 Fees for laboratory testing; itemized billing; failure to comply considered unprofessional conduct.

(1) Any person authorized by law to order laboratory testing may charge a reasonable fee for all laboratory and other specialized testing performed by the practitioner or by a person in the practitioner's employ. In addition, the practitioner is entitled to charge a reasonable fee for collecting and preparing specimens to be sent to independent persons or laboratories for testing, and for the preparation of the billing to the patient for the test. However, a practitioner shall not mark up, or charge a commission or make a profit on services rendered by an independent person or laboratory.

(2) A practitioner shall prepare an itemized billing, indicating the charges for each service rendered to the patient. Any services rendered to the patient that were performed by persons other than those in the direct employ of the practitioner and the charges therefor shall be indicated separately on the patient's bill.

(3) Failure to comply with the requirements of this section shall be considered to be unprofessional conduct and may be subject to disciplinary action by the appropriate licensing board.

(4) As used in this section, "practitioner" means a person licensed to practice medicine, dentistry, naturopathic medicine or chiropractic or to be a nurse practitioner. [1979 c.428 §1]

676.330 Approved osteopathic residency training and certification included as medical specialty certification.

Any health care entity, hospital, hospital medical staff, health care service contractor, independent practice association, health insurance company or any other entity that requires physicians to be certified or eligible for certification in a medical specialty shall include residency training and certification approved by the American Osteopathic Association and the American Board of Medical Specialties. [1995 c.627 §1]

Note: 676.330 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapters 676 to 681 or any chapter or series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

676.340 Limitations on liability of health practitioners providing health care services without compensation; requirements; exceptions; attorney fees; applicability. (1) Notwithstanding any other provision of law, a health practitioner described in subsection (7) of this section who has registered under ORS 676.345 and who provides health care services without compensation is not liable for any injury, death or other loss arising out of the provision of those services, unless the injury, death or other loss results from the gross negligence of the health practitioner.

(2) A health practitioner may claim the limitation on liability provided by this section only if the patient receiving health care services, or a person who has authority under law to make health care decisions for the patient, signs a statement that notifies the patient that the health care services are provided without compensation and that the health practitioner may be held liable for death, injury or other loss only to the extent provided by this section. The statement required under this subsection must be signed before the health care services are provided.

(3) A health practitioner may claim the limitation on liability provided by this section only if the health practitioner obtains the patient's informed consent for the health care services before providing the services, or receives the informed consent of a person who has authority under law to make health care decisions for the patient.

(4) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner requires payment of laboratory fees, testing services and other out-of-pocket expenses.

(5) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner provides services at a health clinic that receives compensation from the patient, as long as the health practitioner does not personally receive compensation for the services.

(6) In any civil action in which a health practitioner prevails based on the limitation on liability provided by this section, the court shall award all reasonable attorney fees incurred by the health practitioner in defending the action.

(7) This section applies only to:

- (a) A physician licensed under ORS 677.100 to 677.228;
- (b) A nurse licensed under ORS 678.040 to 678.101;
- (c) A nurse practitioner licensed under ORS 678.375 to 678.390;
- (d) A physician assistant licensed under ORS 677.505 to 677.525;
- (e) A dental hygienist licensed under ORS 680.010 to 680.205; and
- (f) A dentist licensed under ORS 679.060 to 679.180. [1999 c.771 §1; 1999 c.771 §3]

Note: 676.340 and 676.345 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapters 676 to 681 or any chapter or series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

676.345 Registration program for health care professionals claiming liability limitation; program requirements. (1) A health practitioner described in ORS 676.340 (7) may claim the liability limitation provided by ORS 676.340 only if the health practitioner has registered with a health professional regulatory board in the manner

provided by this section. Registration under this section must be made:

- (a) By a physician or physician assistant, with the Board of Medical Examiners;
- (b) By a nurse or nurse practitioner, with the Oregon State Board of Nursing; and
- (c) By a dentist or dental hygienist, with the Oregon Board of Dentistry.

(2) The health professional regulatory boards listed in subsection (1) of this section shall establish a registration program for the health practitioners who provide health care services without compensation and who wish to be subject to the liability limitation provided by ORS 676.340. All health practitioners registering under the program must provide the health professional regulatory board with:

- (a) A statement that the health practitioner will provide health care services to patients without compensation, except for reimbursement for laboratory fees, testing services and other out-of-pocket expenses;
- (b) A statement that the health practitioner will provide the notice required by ORS 676.340 (2) in the manner provided by ORS 676.340 (2) before providing the services; and
- (c) A statement that the health practitioner will only provide health care services without compensation that are within the scope of the health practitioner's license.

(3) Registration under this section must be made annually. The health professional regulatory boards listed in subsection (1) of this section shall charge no fee for registration under this section. [1999 c.771 §2; 1999 c.771 §4]

Note: See note under 676.340.

676.400 Racial and ethnic composition of regulated health professions; findings; duties of health professional regulatory boards. (1) It is the intention of the Legislative Assembly to achieve the goal of universal access to adequate levels of high quality health care at an affordable cost for all Oregonians, regardless of ethnic or cultural background.

(2) The Legislative Assembly finds that:

- (a) Access to health care is of value when it leads to treatment that substantially improves health outcomes;
- (b) Health care is most effective when it accounts for the contribution of culture to health status and health outcomes;
- (c) Ethnic and racial minorities experience more than their statistically fair share of undesirable health outcomes;
- (d) The lack of licensed health care professionals from ethnic and racial minorities or who are bilingual contributes to the inadequacy of health outcomes in communities of color in this state; and
- (e) The development of a partnership between health professional regulatory boards and communities of color to increase the representation of people of color and bilingual people in health care professions has significant potential to improve the health outcomes of people of color and bilingual citizens of this state.

(3) Health professional regulatory boards shall establish programs to increase the representation of people of color and bilingual people on the boards and in the professions that they regulate. Such programs must include activities to promote the education, recruitment and professional practice of members of these targeted populations in Oregon.

(4) Each health professional regulatory board shall maintain records of the racial and ethnic makeup of applicants and professionals regulated by the board. Such information shall be requested from applicants and the professionals regulated who shall be informed in writing that the provision of such information is voluntary and not required.

(5) Each health professional regulatory board shall report biennially to the Legislative Assembly in the manner required by ORS 192.245. The report shall contain:

- (a) Data detailing the efforts of the board to comply with the requirements of subsection (3) of this section; and
- (b) Data collected under subsection (4) of this section documenting the ethnic and racial makeup of the applicants and of the professionals regulated by the board.

(6) For purposes of this section, "health professional regulatory board" has the meaning given that term in ORS 676.160. [2001 c.973 §1]

Note: 676.400 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapters 676 to 681 or any chapter or series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

HEALTH LICENSING OFFICE

676.600 Definition for ORS 676.600 to 676.625. As used in ORS 676.600 to 676.625, unless the context requires

otherwise, “agency” means the Health Licensing Office. [1999 c.885 §1]

Note: 676.600 to 676.625 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapters 676 to 681 or any chapter or series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

676.605 Purpose; responsibilities. (1) To provide for the more effective coordination of administrative functions of certain health boards, councils and programs charged with responsibility for protecting the public through the licensing and regulation of health-related professions and occupations practiced in this state under uniform mission and goals, there is hereby created the Health Licensing Office.

(2) The mission of the Health Licensing Office is to serve the public by providing a uniform structure and accountability for the boards, councils and programs under its administration to protect the public from harm. The agency’s focus is to:

(a) Promote effective health policy that protects the public from incompetent or unauthorized individuals and allows consumers to select a provider from a range of safe options.

(b) Provide outreach and training to stakeholders to improve compliance with public health and safety standards, and to involve stakeholders in the regulation of the various disciplines and fields of practice.

(c) Form partnerships and work in collaboration with each constituency, local and state governmental agencies, educators, organizations and other affected entities to encourage diverse opinions and perspectives.

(d) Provide the boards, councils and programs with a standardized administrative forum and procedures for operation, fiscal services, licensing, enforcement and complaint resolution.

(e) Resolve disputes between regulatory entities regarding the scope of practice of persons licensed by those entities.

(3) The agency is responsible for:

(a) Establishing and administering a uniform application process for licensing, certification or registration of health-related professions or occupations;

(b) Approving and collecting fees proposed by the boards, councils and programs administered by the agency;

(c) Issuing and renewing licenses, certificates and registrations in consultation with the boards, councils and programs;

(d) Conditioning, limiting, suspending, revoking or refusing to issue or renew a license, certificate or registration in consultation with the appropriate board, council or program; and

(e) Reviewing board, council and program administrative rules establishing professional standards, continuing education requirements, scope of practice limits and practitioner discipline. [1999 c.885 §2; 2001 c.54 §1]

Note: See note under 676.600.

676.607 Enumeration of powers not exclusive. The enumeration of duties, functions and powers in ORS 676.605 is not intended to be exclusive nor to limit the duties, functions and powers imposed on or vested in the Health Licensing Office by other statutes. [1999 c.885 §3]

Note: See note under 676.600.

676.610 Director; appointment and qualifications; responsibilities; duties; confirmation. (1)(a) The Health Licensing Office is under the supervision and control of a director, who is responsible for the performance of the duties, functions and powers of the agency.

(b) The Director of the Oregon Department of Administrative Services shall establish the qualifications for and appoint the Director of the Health Licensing Office, who holds office at the pleasure of the Director of the Oregon Department of Administrative Services.

(c) The Director of the Health Licensing Office shall receive a salary as provided by law or, if not so provided, as prescribed by the Director of the Oregon Department of Administrative Services.

(d) The Director of the Health Licensing Office shall be in the unclassified service.

(2) The Director of the Health Licensing Office shall be responsible for the performance of duties and functions of the boards, councils and programs administered by the agency. The director shall provide the boards, councils and programs with such services and employees as the agency requires to carry out its duties. Subject to any applicable

provisions of the State Personnel Relations Law, the director shall appoint all subordinate officers and employees of the agency, prescribe their duties and fix their compensation.

(3) Except as provided in section 18, chapter 885, Oregon Laws 1999, the Director of the Health Licensing Office shall be responsible for carrying out duties, functions and powers under ORS 680.500 to 680.572, 680.990 (2), 687.405 to 687.495, 688.800 to 688.840, 688.995, 690.005 to 690.235, 690.350 to 690.430, 690.500 to 690.570, 690.992, 690.995, 690.996, 690.997, 690.999 and 694.015 to 694.185 and ORS chapter 700 that prior to October 23, 1999, have been carried out by the Health Division of the Department of Human Resources or the Assistant Director for Health. The director succeeds to all rights and obligations of the Health Division and the Assistant Director for Health. [1999 c.885 §6; 2001 c.324 §1]

Note: See note under 676.600.

676.615 Rulemaking authority. (1) In accordance with applicable provisions of ORS 183.310 to 183.550, the Director of the Health Licensing Office may adopt rules necessary for the administration of the laws that the Health Licensing Office is charged with administering.

(2) In accordance with applicable provisions of ORS 183.310 to 183.550, the Director of the Health Licensing Office may adopt rules necessary for the administration of ORS 676.600 to 676.625. [1999 c.885 §7]

Note: See note under 676.600.

676.620 Use of services of Oregon Department of Administrative Services. In performing its powers and duties under chapter 885, Oregon Laws 1999, the Health Licensing Office may utilize the administrative assistance of the Oregon Department of Administrative Services. The office shall pay to the department a proportionate share of the cost of such administrative services, such share to be fixed by biennial negotiation between the office and the department. [1999 c.885 §13; 2001 c.104 §259]

Note: Legislative Counsel has substituted “chapter 885, Oregon Laws 1999,” for the words “this 1999 Act” in section 13, chapter 885, Oregon Laws 1999, compiled as 676.620. Specific ORS references have not been substituted, pursuant to 173.160. The sections for which substitution otherwise would be made may be determined by referring to the 1999 Comparative Section Table located in Volume 18 of ORS.

Note: See note under 676.600.

676.625 Health Licensing Office Account; fees; record keeping; disposition of receipts. (1) The Health Licensing Office Account is established in the General Fund of the State Treasury. The account shall consist of the moneys appropriated to the account by the Legislative Assembly. All moneys in the account are appropriated continuously and shall be used by the Health Licensing Office for carrying out the duties and obligations of the boards, councils and programs imposed by law.

(2) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting the fees and charges, the fees and charges shall not exceed the cost of administering the boards, councils and programs within the agency pertaining to the purposes for which the fee or charge is established, as authorized by the Legislative Assembly within the agency’s budget, as the budget may be modified by the Emergency Board.

(3) The agency shall keep a record of all moneys deposited into the account. The record shall indicate by separate cumulative accounts the source from which the moneys are derived and the individual activity of each board, council or program.

(4) The moneys received from civil penalties assessed by any of the entities administered under the Health Licensing Office shall be deposited and accounted for as are other moneys received by the agency and shall be for the administration and enforcement of those laws of the boards, councils and programs administered by the Health Licensing Office.

(5) All unexpended moneys appropriated or otherwise available to a state officer or agency for the purposes of any of its duties, functions or powers transferred by chapter 885, Oregon Laws 1999, to the Health Licensing Office, are appropriated to the Health Licensing Office.

(6) Moneys appropriated to the Health Licensing Office under subsection (5) of this section are subject to any

expenditure limitations placed on those moneys prior to the appropriation to the Health Licensing Office. [1999 c.885 §14]

Note: Legislative Counsel has substituted “chapter 885, Oregon Laws 1999,” for the words “this 1999 Act” in section 14, chapter 885, Oregon Laws 1999, compiled as 676.625. Specific ORS references have not been substituted, pursuant to 173.160. The sections for which substitution otherwise would be made may be determined by referring to the 1999 Comparative Section Table located in Volume 18 of ORS.

Note: See note under 676.600.

PENALTIES

676.990 Penalties. Violation of any of the provisions of ORS 676.100 to 676.130 is punishable, upon conviction, by a fine of not more than \$250, or by imprisonment in the county jail for not more than 30 days, or by both.