

Chapter 441

2017 EDITION

Health Care Facilities

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441.010 [Amended by 1971 c.730 §3; 1973 c.840 §3; 1977 c.751 §18; renumbered 442.300]

LICENSING AND SUPERVISION OF FACILITIES AND ORGANIZATIONS

441.015 Licensing of facilities and health maintenance organizations; compliance with rules and standards. (1) No person or governmental unit, acting severally or jointly with any other person or governmental unit, shall establish, conduct, maintain, manage or operate a health care facility or health maintenance organization, as defined in ORS 442.015, in this state without a license.

(2) Any health care facility or health maintenance organization which is in operation at the time of promulgation of any applicable rules or minimum standards under ORS 441.025 or 731.072 shall be given a reasonable length of time within which to comply with such rules or minimum standards. [Amended by 1971 c.730 §4; 1973 c.840 §4; 1977 c.751 §19; 2003 c.14 §249; 2009 c.792 §37]

441.017 [1981 c.231 §2; 1987 c.753 §1; 2009 c.595 §719; repealed by 2009 c.792 §49]

441.020 Application; fees. (1) Licenses for health care facilities, except long term care facilities as defined in ORS 442.015, must be obtained from the Oregon Health Authority.

(2) Licenses for long term care facilities must be obtained from the Department of Human Services.

(3) Applications shall be upon such forms and shall contain such information as the authority or the department may reasonably require, which may include affirmative evidence of ability to comply with such reasonable standards and rules as may lawfully be prescribed under ORS 441.025.

(4)(a) Each application submitted to the Oregon Health Authority must be accompanied by the license fee. If the license is denied, the fee shall be refunded to the applicant. If the license is issued, the fee shall be paid into the State Treasury to the credit of the Oregon Health Authority Fund for the purpose of carrying out the functions of the Oregon Health Authority under ORS 441.015 to 441.063 and 441.196; or

(b) Each application submitted to the Department of Human Services must be accompanied by the application fee or the annual renewal fee, as applicable. If the license is denied, the fee shall be refunded to the applicant. If the license is issued, the fee shall be paid into the State Treasury to the credit of the Department of Human Services Account for the purpose of carrying out the

functions of the Department of Human Services under ORS 431A.050 to 431A.080, 441.015 to 441.063 and 441.196.

(5) Except as otherwise provided in subsection (8) of this section, for hospitals with:

(a) Fewer than 26 beds, the annual license fee shall be \$1,250.

(b) Twenty-six beds or more but fewer than 50 beds, the annual license fee shall be \$1,850.

(c) Fifty or more beds but fewer than 100 beds, the annual license fee shall be \$3,800.

(d) One hundred beds or more but fewer than 200 beds, the annual license fee shall be \$6,525.

(e) Two hundred or more beds, but fewer than 500 beds, the annual license fee shall be \$8,500.

(f) Five hundred or more beds, the annual license fee shall be \$12,070.

(6) A hospital shall pay an annual fee of \$750 for each hospital satellite indorsed under its license.

(7) The authority may charge a reduced hospital fee or hospital satellite fee if the authority determines that charging the standard fee constitutes a significant financial burden to the facility.

(8) For long term care facilities with:

(a) One to 15 beds, the application fee shall be \$2,000 and the annual renewal fee shall be \$1,000.

(b) Sixteen to 49 beds, the application fee shall be \$3,000 and the annual renewal fee shall be \$1,500.

(c) Fifty to 99 beds, the application fee shall be \$4,000 and the annual renewal fee shall be \$2,000.

(d) One hundred to 150 beds, the application fee shall be \$5,000 and the annual renewal fee shall be \$2,500.

(e) More than 150 beds, the application fee shall be \$6,000 and the annual renewal fee shall be \$3,000.

(9) For ambulatory surgical centers, the annual license fee shall be:

(a) \$1,750 for certified and high complexity noncertified ambulatory surgical centers with more than two procedure rooms.

(b) \$1,250 for certified and high complexity noncertified ambulatory surgical centers with no more than two procedure rooms.

(c) \$1,000 for moderate complexity noncertified ambulatory surgical centers.

(10) For birthing centers, the annual license fee shall be \$750.

(11) For outpatient renal dialysis facilities, the annual license fee shall be \$2,000.

(12) During the time the licenses remain in force, holders are not required to pay inspection fees to any county, city or other municipality.

(13) Any health care facility license may be indorsed to permit operation at more than one location. If so, the applicable license fee shall be the sum of the license fees that would be applicable if each location were separately licensed. The authority may include hospital satellites on a hospital's license in accordance with rules adopted by the authority.

(14) Licenses for health maintenance organizations shall be obtained from the Director of the Department of Consumer and Business Services pursuant to ORS 731.072.

(15) All moneys received pursuant to subsection (8) of this section shall be deposited in the Quality Care Fund established in ORS 443.001.

(16) As used in this section:

(a) "Hospital satellite" has the meaning prescribed by the authority by rule.

(b) "Procedure room" means a room where surgery or invasive procedures are performed. [Amended by 1957 c.697 §1; 1971 c.650 §19; 1971 c.730 §5; 1973 c.840 §5; 1977 c.284 §4; 1977 c.751 §20a; 1979 c.696 §15; 1987 c.428 §3; 1987 c.918 §7; 1995 c.449 §1; 1997 c.249 §139; 2001 c.100 §2; 2001 c.900 §161; 2009 c.595 §720; 2009 c.792 §§53,53a; 2009 c.828 §84; 2017 c.679 §11]

441.021 Additional fees for investigation and compliance activities. (1) In addition to an annual fee, the Oregon Health Authority may charge a hospital a fee for:

(a) Complaint investigation, in an amount not to exceed \$850.

(b) Full compliance survey, in an amount not to exceed \$7,520.

(c) On-site follow-up survey to verify compliance with a plan of correction, in an amount not to exceed \$225.

(d) Off-site follow-up survey to verify compliance with a plan of correction, in an amount not to exceed \$85.

(2) During one calendar year, the authority may charge to all hospitals a total amount not to exceed:

(a) \$91,000 for complaint investigations.

(b) \$15,000 for full compliance surveys.

(c) \$6,700 for follow-up surveys.

(3)(a) The authority shall apportion the total amount charged under subsection (2) of this section among hospitals at the end of each calendar year based on the number of complaint investigations, full compliance surveys and follow-up surveys performed at each hospital during the calendar year.

(b) The authority may not include investigations of employee complaints in a hospital's total number of complaint investigations.

(c) A hospital may not be charged fees in any calendar year under subsection (2) of this section for more complaint investigations than the greater of:

(A) The rolling average for the hospital for the previous three years; or

(B) Two complaint investigations for a small hospital and five complaint investigations for a large hospital.

(d) Notwithstanding paragraph (c) of this subsection, the authority may not charge a hospital for a number of complaint investigations that exceeds the number of complaint investigations actually conducted at the hospital during the calendar year.

(4) As used in this section, "full compliance survey" means a survey conducted by the authority following a complaint investigation to determine a hospital's compliance with the Centers for Medicare and Medicaid Services Conditions of Participation. [2009 c.792 §4b; 2009 c.792 §54; 2011 c.720 §195a]

Note: 441.021 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.022 Factors to be considered in licensing. In determining whether to license a health care facility pursuant to ORS 441.025, the Oregon Health Authority or the Department of Human Services shall consider only factors relating to the health and safety of individuals to be cared for therein and the ability of the operator of the health care facility to safely operate the facility, and may not consider whether the health care facility is or will be a governmental, charitable or other nonprofit institution or whether the facility is or will be an institution for profit. [1967 c.584 §2; 1971 c.730 §6; 1973 c.840 §6; 1987 c.428 §4; 2001 c.900 §162; 2009 c.595 §721; 2009 c.792 §55]

441.025 License issuance; rules; renewal; disclosure; transfer; posting. (1)(a) Upon receipt of a license fee and an application to operate a health care facility other than a long term care facility, the Oregon Health Authority shall review the application and conduct an on-site inspection of the health care facility. The authority shall issue a license if it finds that the applicant and health care facility comply with ORS 441.015 to 441.063 and 441.196 and the rules of the authority provided that the authority does not receive within the time specified a certificate of noncompliance issued by the State Fire Marshal, deputy, or approved authority pursuant to ORS 479.215.

(b) The authority shall, following payment of the fee, annually renew each license issued under this subsection unless:

(A) The health care facility's license has been suspended or revoked; or

(B) The State Fire Marshal, a deputy or an approved authority has issued a certificate of noncompliance pursuant to ORS 479.215.

(2)(a) Upon receipt of a license fee and an application to operate a long term care facility, the Department of Human Services shall review the application and conduct an on-site inspection of the long term care facility. The department shall issue a license if the department finds that the applicant and long term care facility comply with ORS 441.015 to 441.063, 441.087 and 441.196 and the rules of the department provided that it does not receive within the time specified a certificate of noncompliance issued by the State Fire Marshal, deputy, or approved authority pursuant to ORS 479.215.

(b) The department shall, following an on-site inspection and payment of the fee, annually renew each license issued under this subsection unless:

(A) The long term care facility's license has been suspended or revoked;

(B) The long term care facility is found not to be in substantial compliance following the on-site inspection; or

(C) The State Fire Marshal, a deputy or an approved authority has issued a certificate of noncompliance pursuant to ORS 479.215.

(3) Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable.

(4) Licenses shall be posted in a conspicuous place on the licensed premises as prescribed by rule of the authority or the department.

(5) No license shall be issued or renewed for any health care facility or health maintenance organization that is required to obtain a certificate of need under ORS 442.315 until a certificate of need has been granted. An ambulatory surgical center is not subject to the certificate of need requirements in ORS 442.315.

(6) No license shall be issued or renewed for any skilled nursing facility or intermediate care facility, unless the applicant has included in the application the name and such other information as may be necessary to establish the identity and financial interests of any person who has incidents of ownership in the facility representing an interest of 10 percent or more thereof. If the person having

such interest is a corporation, the name of any stockholder holding stock representing an interest in the facility of 10 percent or more shall also be included in the application. If the person having such interest is any other entity, the name of any member thereof having incidents of ownership representing an interest of 10 percent or more in the facility shall also be included in the application.

(7) A license may be denied to any applicant for a license or renewal thereof or any stockholder of any such applicant who has incidents of ownership in the health care facility representing an interest of 10 percent or more thereof, or an interest of 10 percent or more of a lease agreement for the facility, if during the five years prior to the application the applicant or any stockholder of the applicant had an interest of 10 percent or more in the facility or of a lease for the facility and has divested that interest after receiving from the authority or the department written notice that the authority or the department intends to suspend or revoke the license or to decertify the facility from eligibility to receive payments for services provided under this section.

(8) The Department of Human Services may not issue or renew a license for a long term care facility, unless the applicant has included in the application the identity of any person who has incident of ownership in the long term care facility who also has a financial interest in any pharmacy, as defined in ORS 689.005.

(9) The authority shall adopt rules for each type of health care facility, except long term care facilities, to carry out the purposes of ORS 441.015 to 441.087 including, but not limited to:

(a) Establishing classifications and descriptions for the different types of health care facilities that are licensed under ORS 441.015 to 441.087; and

(b) Standards for patient care and safety, adequate professional staff organizations, training of staff for whom no other state regulation exists, suitable delineation of professional privileges and adequate staff analyses of clinical records.

(10) The department shall adopt rules for each type of long term care facility to carry out the purposes of ORS 441.015 to 441.087 including, but not limited to:

(a) Establishing classifications and descriptions for the different types of long term care facilities that are licensed under ORS 441.015 to 441.087; and

(b) Standards for patient care and safety, adequate professional staff organizations, training of staff for whom no other state

regulation exists, suitable delineation of professional privileges and adequate staff analyses of clinical records.

(11) The authority or department may not adopt a rule requiring a health care facility to serve a specific food as long as the necessary nutritional food elements are present in the food that is served.

(12) A health care facility licensed by the authority or department may not:

(a) Offer or provide services beyond the scope of the license classification assigned by the authority or department; or

(b) Assume a descriptive title or represent itself under a descriptive title other than the classification assigned by the authority or department.

(13) A health care facility must reapply for licensure to change the classification assigned or the type of license issued by the authority or department. [Amended by 1957 c.697 §2; 1961 c.316 §6; 1967 c.89 §3; 1971 c.730 §7; 1973 c.38 §1; 1973 c.840 §7; 1977 c.261 §3; 1977 c.751 §21; 1979 c.336 §1; 1983 c.740 §156; 1985 c.747 §20; 1987 c.428 §5; 1989 c.1034 §4; 2001 c.900 §163; 2009 c.595 §722; 2009 c.792 §56; 2011 c.35 §1]

441.030 Denial, suspension or revocation of licenses; restrictions on admission; penalties. (1) The Oregon Health Authority or the Department of Human Services may assess a civil penalty and, pursuant to ORS 479.215, shall deny, suspend or revoke a license, in any case where the State Fire Marshal, or the representative of the State Fire Marshal, certifies that there is a failure to comply with all applicable laws, lawful ordinances and rules relating to safety from fire.

(2) The authority may:

(a) Assess a civil penalty or deny, suspend or revoke a license of a health care facility other than a long term care facility in any case where it finds that there has been a substantial failure to comply with ORS 441.015 to 441.063 and 441.196 or the rules or minimum standards adopted under ORS 441.015 to 441.063 and 441.196.

(b) Assess a civil penalty or suspend or revoke a license issued under ORS 441.025 for failure to comply with an authority order arising from a health care facility's substantial lack of compliance with the provisions of ORS 441.015 to 441.063, 441.152 to 441.177 or 441.196 or the rules adopted under ORS 441.015 to 441.063, 441.152 to 441.177 or 441.196.

(c) Suspend or revoke a license issued under ORS 441.025 for failure to pay a civil penalty imposed under ORS 441.175.

(3) The department may:

(a) Assess a civil penalty or deny, suspend or revoke a long term care facility's li-

cense in any case where it finds that there has been a substantial failure to comply with ORS 441.015 to 441.063, 441.087 or 441.196 or the rules or minimum standards adopted under ORS 441.015 to 441.063, 441.087 or 441.196.

(b) Assess a civil penalty or suspend or revoke a long term care facility's license issued under ORS 441.025 for failure to comply with a department order arising from a long term care facility's substantial lack of compliance with the provisions of ORS 441.015 to 441.063, 441.084, 441.087 or 441.196 or the rules adopted under ORS 441.015 to 441.063, 441.084, 441.087 or 441.196.

(c) Suspend or revoke a license issued under ORS 441.025 for failure to pay a civil penalty imposed under ORS 441.710.

(d) Order a long term care facility licensed under ORS 441.025 to restrict the admission of patients when the department finds an immediate threat to patient health and safety arising from failure of the long term care facility to be in compliance with ORS 441.015 to 441.063, 441.084, 441.087 or 441.196 and the rules adopted under ORS 441.015 to 441.063, 441.084, 441.087 or 441.196.

(4) Any long term care facility that has been ordered to restrict the admission of patients pursuant to subsection (3)(d) of this section shall post a notice of the restriction, provided by the department, on all doors providing ingress to and egress from the facility, for the duration of the restriction. [Amended by 1959 c.222 §1; 1961 c.316 §7; 1971 c.730 §8; 1977 c.582 §46; 1987 c.428 §6; 1989 c.171 §55; 1991 c.734 §22; 2001 c.609 §8; 2001 c.900 §164; 2007 c.71 §125; 2009 c.595 §723; 2009 c.792 §57; 2015 c.669 §14]

441.035 [Amended by 1959 c.222 §2; 1959 c.466 §1; 1971 c.730 §9; repealed by 1971 c.734 §21]

441.037 Hearings; procedures; judicial review. (1) When the Oregon Health Authority or the Department of Human Services proposes to refuse to issue or renew a license, or proposes to revoke or suspend a license, opportunity for hearing shall be accorded as provided in ORS chapter 183.

(2) Adoption of rules, conduct of hearings, issuance of orders and judicial review of rules and orders shall be in accordance with ORS chapter 183. [1971 c.734 §56; 1977 c.582 §47; 1987 c.428 §7; 2001 c.900 §165; 2009 c.595 §724]

441.040 [Amended by 1959 c.222 §3; 1971 c.730 §10; repealed by 1971 c.734 §21]

441.045 [Amended by 1959 c.222 §4; 1959 c.466 §2; 1971 c.730 §11; repealed by 1971 c.734 §21]

441.050 Additional remedies. (1) Notwithstanding the existence and pursuit of any other remedy, the Oregon Health Authority may, in the manner provided by law, maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or

prevent the establishment, conduct, management or operation of a health care facility or health maintenance organization without a license.

(2) Notwithstanding the existence and pursuit of any other remedy, the Department of Human Services may, in the manner provided by law, maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a long term care facility without a license. [Amended by 1971 c.730 §12; 1973 c.840 §8; 1977 c.751 §22; 1987 c.428 §8; 2001 c.900 §166; 2009 c.595 §725]

441.053 Release of patient presenting with behavioral health crisis. (1) As used in this section:

(a) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health.

(b) “Lethal means counseling” means counseling strategies designed to reduce the access by a patient who is at risk for suicide to lethal means, including but not limited to firearms.

(c) “Suicide prevention measures” may include, but are not limited to:

(A) Lethal means counseling; and

(B) Providing information about a suicide intervention hotline.

(2) A hospital with an emergency department shall adopt and implement policies for the release from the hospital’s emergency department of a patient presenting with a behavioral health crisis including suicide prevention measures, if any, that must be taken. At a minimum, the policies must meet the requirements in ORS 441.196 for hospital policies regarding the discharge of a patient who is admitted for mental health treatment. [2017 c.272 §2]

Note: 441.053 was added to and made a part of 441.015 to 441.063 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

441.055 Health care facility medical staff and bylaws; rules. (1) The governing body of each health care facility shall be responsible for the operation of the facility, the selection of the medical staff and the quality of care rendered in the facility. The governing body shall:

(a) Ensure that all health care personnel for whom state licenses, registrations or certificates are required are currently licensed, registered or certified;

(b) Ensure that physicians admitted to practice in the facility are granted privileges

consistent with their individual training, experience and other qualifications;

(c) Ensure that procedures for granting, restricting and terminating privileges exist and that such procedures are regularly reviewed to ensure their conformity to applicable law;

(d) Ensure that physicians admitted to practice in the facility are organized into a medical staff in such a manner as to effectively review the professional practices of the facility for the purposes of reducing morbidity and mortality and for the improvement of patient care; and

(e) Ensure that a physician is not denied medical staff membership or privileges at the facility solely on the basis that the physician holds medical staff membership or privileges at another health care facility.

(2) The physicians organized into a medical staff pursuant to subsection (1) of this section shall propose medical staff bylaws to govern the medical staff. The bylaws shall include, but not be limited to the following:

(a) Procedures for physicians admitted to practice in the facility to organize into a medical staff pursuant to subsection (1) of this section;

(b) Procedures for ensuring that physicians admitted to practice in the facility are granted privileges consistent with their individual training, experience and other qualifications;

(c) Provisions establishing a framework for the medical staff to nominate, elect, appoint or remove officers and other persons to carry out medical staff activities with accountability to the governing body;

(d) Procedures for ensuring that physicians admitted to practice in the facility are currently licensed by the Oregon Medical Board;

(e) Procedures for ensuring that the facility’s procedures for granting, restricting and terminating privileges are followed and that such procedures are regularly reviewed to assure their conformity to applicable law; and

(f) Procedures for ensuring that physicians provide services within the scope of the privileges granted by the governing body.

(3) Amendments to medical staff bylaws shall be accomplished through a cooperative process involving both the medical staff and the governing body. Medical staff bylaws shall be adopted, repealed or amended when approved by the medical staff and the governing body. Approval shall not be unreasonably withheld by either. Neither the medical staff nor the governing body shall withhold approval if such repeal, amendment

or adoption is mandated by law, statute or regulation or is necessary to obtain or maintain accreditation or to comply with fiduciary responsibilities or if the failure to approve would subvert the stated moral or ethical purposes of the institution.

(4) The Oregon Medical Board may appoint one or more physicians to conduct peer review for a health care facility upon request of such review by all of the following:

(a) The physician whose practice is being reviewed.

(b) The executive committee of the health care facility's medical staff.

(c) The governing body of the health care facility.

(5) The physicians appointed pursuant to subsection (4) of this section shall be deemed agents of the Oregon Medical Board, subject to the provisions of ORS 30.310 to 30.400 and shall conduct peer review. Peer review shall be conducted pursuant to the bylaws of the requesting health care facility.

(6) Any person serving on or communicating information to a peer review committee shall not be subject to an action for damages for action or communications or statements made in good faith.

(7) All findings and conclusions, interviews, reports, studies, communications and statements procured by or furnished to the peer review committee in connection with a peer review are confidential pursuant to ORS 192.338, 192.345, 192.355 and 192.690 and all data is privileged pursuant to ORS 41.675.

(8) Notwithstanding subsection (7) of this section, a written report of the findings and conclusions of the peer review shall be provided to the governing body of the health care facility who shall abide by the privileged and confidential provisions set forth in subsection (7) of this section.

(9) Procedures for peer review established by subsections (4) to (8) of this section are exempt from ORS chapter 183.

(10) The Oregon Health Authority shall adopt by rule standards for rural hospitals, as defined in ORS 442.470, that specifically address the provision of care to postpartum and newborn patients so long as patient care is not adversely affected.

(11) For purposes of this section, "physician" has the meaning given the term in ORS 677.010. [Amended by 1965 c.352 §1; 1971 c.730 §13; 1973 c.837 §14; 1973 c.840 §9; 1977 c.261 §4; 1977 c.448 §10; 1977 c.751 §23a; 1987 c.428 §9; 1987 c.850 §2; 1993 c.269 §1; 1995 c.727 §38; 1995 c.763 §1; 1999 c.542 §1; 2001 c.900 §167; 2009 c.595 §726; 2009 c.792 §58]

441.056 Credentialing telemedicine providers. (1) The Oregon Health Authority

shall prescribe by rule the information and documents that a governing body of an originating-site hospital may request for credentialing a telemedicine provider located at a distant-site hospital.

(2) The rules adopted by the authority under subsection (1) of this section must:

(a) Prescribe a standard list of information and documents that shall be provided by a distant-site hospital;

(b) Prescribe a list of information and documents that may be requested by an originating-site hospital in addition to the standard list of information and documents;

(c) Prescribe a list of information and documents that may not be requested by an originating-site hospital; and

(d) Be consistent with all applicable legal and accreditation requirements of an originating-site hospital and the health plans with which the originating-site hospital contracts.

(3) Except as provided in subsection (4) of this section, an originating-site hospital in this state must comply with the rules adopted under this section if the telemedicine provider is located at a distant-site hospital that is located in this state. This section does not prevent hospitals located outside of this state from using or require such hospitals to use the prescribed list of information and documents in credentialing a telemedicine provider.

(4) An originating-site hospital is not limited to the information and documents prescribed by the authority if the originating-site hospital has a delegated credentialing agreement with the distant-site hospital where the telemedicine provider is located and the governing body of the originating-site hospital accepts the recommendation of the medical staff to credential the telemedicine provider.

(5) In the adoption of the rules described in subsections (1) and (2) of this section, the authority shall consult with representatives of distant-site hospitals and originating-site hospitals in this state. Once adopted, the authority may not amend the rules to alter the prescribed lists without first consulting representatives of distant-site hospitals and originating-site hospitals in this state.

(6) This section does not affect the responsibilities of a governing body under ORS 441.055 and does not require a governing body of a hospital to grant privileges to a telemedicine provider. [2013 c.414 §2]

Note: 441.056 was added to and made a part of ORS chapter 441 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

441.057 Rules concerning complaints about care; reporting by employee.

(1) Rules adopted pursuant to ORS 441.025 shall include procedures for the filing of complaints as to the standard of care in any health care facility and provide for the confidentiality of the identity of any complainant.

(2) A health care facility, or person acting in the interest of the facility, may not take any disciplinary or other adverse action against any employee who in good faith brings evidence of inappropriate care or any other violation of law or rules to the attention of the proper authority solely because of the employee's action as described in this subsection.

(3) Any employee who has knowledge of inappropriate care or any other violation of law or rules shall utilize established reporting procedures of the health care facility administration before notifying the Department of Human Services, Oregon Health Authority or other state agency of the alleged violation, unless the employee believes that patient health or safety is in immediate jeopardy or the employee makes the report to the department or the authority under the confidentiality provisions of subsection (1) of this section.

(4) The protection of health care facility employees under subsection (2) of this section shall commence with the reporting of the alleged violation by the employee to the administration of the health care facility or to the department, authority or other state agency pursuant to subsection (3) of this section.

(5) Any person suffering loss or damage due to any violation of subsection (2) of this section has a right of action for damages in addition to other appropriate remedy.

(6) The provisions of this section do not apply to a nursing staff, as defined in ORS 441.179, who claims to be aggrieved by a violation of ORS 441.181 committed by a hospital.

(7) Information obtained by the department or the authority during an investigation of a complaint or reported violation under this section is confidential and not subject to public disclosure under ORS 192.311 to 192.478. Upon the conclusion of the investigation, the department or the authority may publicly release a report of the department's or the authority's findings but may not include information in the report that could be used to identify the complainant or any patient at the health care facility. The department or the authority may use any information obtained during an investigation in an administrative or judicial proceeding concerning the licensing of a health

care facility, and may report information obtained during an investigation to a health professional regulatory board as defined in ORS 676.160, the Nursing Home Administrators Board, the Board of Licensed Dietitians or the Behavior Analysis Regulatory Board as that information pertains to a licensee of the board. [1975 c.360 §2; 1981 c.336 §1; 1987 c.428 §10; 2001 c.609 §16; 2001 c.900 §168; 2009 c.595 §727; 2009 c.792 §59; 2017 c.101 §13]

441.058 [1977 c.532 §2; 1979 c.168 §1; repealed by 1983 c.781 §8]

441.059 Access to previous X-rays and reports by patients of chiropractic physicians.

The rules of a hospital that govern patient access to previously performed X-rays or diagnostic laboratory reports shall not discriminate between patients of chiropractic physicians and patients of other licensed medical practitioners permitted access to such X-rays and diagnostic laboratory reports. [1979 c.490 §2]

441.060 Inspections; approval of plans and specifications; rules; fees.

(1) The Oregon Health Authority shall make or cause to be made on-site inspections of health care facilities licensed under ORS 441.025 (1) at least once every three years.

(2) The authority and the Department of Human Services may prescribe by rule that any licensee or prospective applicant desiring to make specified types of alteration or addition to its facilities or to construct new facilities shall, before commencing such alteration, addition or new construction, either prior to or after receiving a certificate of need pursuant to ORS 442.315, if required, submit plans and specifications therefor to the authority or the department for preliminary inspection and approval or recommendations with respect to compliance with the rules authorized by ORS 441.025 and 443.420 and for compliance with National Fire Protection Association standards when the facility is also to be Medicare or Medicaid certified.

(3) The authority or the department may require by rule payment of a fee for project review services at a variable rate, dependent on total project cost.

(4) For health care facilities, the authority shall develop a review fee schedule as minimally necessary to support the staffing level and expenses required to administer the program.

(5) For long term care facilities and residential care facilities, the department shall develop a review fee schedule as minimally necessary to support the staffing level and expenses required to administer the program. The fee for project review of residential care facilities shall equal two-thirds that required of health care facilities.

(6) The authority or the department may also conduct an on-site review of projects as a prerequisite to licensure of new facilities, major renovations and expansions. The authority and the department shall, at least annually, with the advice of the facilities covered by the review, present proposed rule changes regarding facility design and construction to such agencies for their consideration.

(7) The authority shall publish a state submissions guide for health care facility projects and advise project sponsors of applicable requirements of federal, state and local regulatory agencies.

(8) The department shall publish a state submissions guide for long term care facility and residential care facility projects and advise project sponsors of applicable requirements of federal, state and local regulatory agencies. [Amended by 1965 c.352 §2; 1971 c.730 §14; 1973 c.840 §10; 1985 c.747 §29; 1987 c.428 §11; 1987 c.660 §23; 2001 c.104 §178; 2001 c.900 §169; 2009 c.595 §728; 2009 c.792 §60; 2011 c.35 §2]

441.061 Delegation of health inspections to local public health authorities; financial assistance. (1) Upon agreement, the Director of Human Services may grant specific authorization to any local public health authority, as defined in ORS 431.003, to administer and enforce any law or rules of the Department of Human Services relating to inspections and issuance, revocation and suspension of licenses, or portion thereof, for long term care facilities.

(2) Pursuant to an agreement as provided in subsection (1) of this section, the director may provide funds and other resources to the local public health authority necessary to enable the local public health authority to perform the agreed upon functions. [1977 c.261 §2; 1987 c.428 §12; 2015 c.736 §87]

441.062 Coordination of inspections; rules. (1) In conducting inspections for the purpose of licensing health care facilities under ORS 441.020, the Oregon Health Authority and the Department of Human Services shall avoid unnecessary facility disruption by coordinating inspections performed by the authority or the department with inspections performed by other federal, state and local agencies that have responsibility for health care facility licensure.

(2) Whenever possible, the authority and the department shall avoid duplication of inspections by accepting inspection reports or surveys prepared by other state agencies that have responsibility for health care facility licensure for purposes of the inspection required for licensure.

(3) In lieu of an on-site inspection as required by ORS 441.025 and 441.060, the authority or the department may accept a

certification or accreditation from a federal agency or an accrediting body approved by the authority or the department that the state licensing standards have been met, if:

(a) The certification or accreditation is recognized by the authority or the department as addressing the standards and condition of participation requirements of the Centers for Medicare and Medicaid Services and other standards set by the authority or the department;

(b) The health care facility notifies the authority or the department to participate in any exit interview conducted by the federal agency or accrediting body; and

(c) The health care facility provides copies of all documentation concerning the certification or accreditation requested by the authority or the department.

(4) The authority and the department shall adopt rules necessary to implement this section. [1995 c.449 §6; 2001 c.900 §170; 2009 c.595 §729; 2009 c.792 §61]

Note: 441.062 was added to and made a part of 441.015 to 441.087 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

441.063 Use of facilities by licensed podiatric physicians and surgeons; regulation of admission and conduct. The rules of the hospital shall include provisions for the use of the hospital facilities by podiatric physicians and surgeons licensed under ORS 677.805 to 677.840, subject to rules and regulations governing the use established by the medical staff and the podiatric staff of the hospital. The staff shall regulate the admission and the conduct of the podiatric physicians and surgeons while using the facilities of the hospital and shall prescribe procedures whereby a podiatric physician and surgeon's use of the facilities may be suspended or terminated. [1973 c.279 §2; 2007 c.71 §126; 2013 c.129 §29]

441.064 Use of facilities by nurse practitioners and physician assistants; rules regarding privileges and credentialing. (1) As used in this section:

(a) "Nurse practitioner" has the meaning given that term in ORS 678.010;

(b) "Physician" has the meaning given that term in ORS 677.010; and

(c) "Physician assistant" has the meaning given that term in ORS 677.495.

(2) The rules of any hospital in this state may grant privileges to nurse practitioners and physician assistants for purposes of patient care.

(3) Rules must be in writing and may include, but need not be limited to:

(a) Limitations on the scope of privileges;

(b) Monitoring and supervision of nurse practitioners and physician assistants in the hospital by physicians who are members of the medical staff;

(c) A requirement that a nurse practitioner or physician assistant co-admit patients with a physician who is a member of the medical staff; and

(d) Qualifications of nurse practitioners and physician assistants to be eligible for privileges including but not limited to requirements of prior clinical and hospital experience.

(4) The rules may:

(a) Regulate the credentialing and conduct of nurse practitioners and physician assistants while using the facilities of the hospital;

(b) Prescribe the procedures for suspension or termination of a nurse practitioner's or physician assistant's privileges;

(c) Allow the hospital to refuse privileges to a nurse practitioner, but only on the same basis that the hospital refuses privileges to other medical providers; and

(d) Allow the hospital to refuse privileges to a physician assistant based on the refusal of privileges to the physician assistant's supervising physician.

(5) Notwithstanding subsection (3) of this section, rules adopted by a hospital that grant privileges to licensed registered nurses who are certified by the Oregon State Board of Nursing as nurse midwife nurse practitioners must:

(a) Include admitting privileges;

(b) Be consistent with the privileges of the other medical staff; and

(c) Permit the nurse midwife nurse practitioner to exercise the voting rights of the other members of the medical staff.

(6) Rules described in this section are subject to hospital and medical staff bylaws and rules governing credentialing and staff privileges. [1993 c.34 §1; 1995 c.763 §2; 2015 c.63 §1; 2017 c.259 §1]

Note: 441.064 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.065 Exemption of certain religious institutions. (1) ORS 441.015 to 441.063 and 441.196 or the rules adopted pursuant thereto do not authorize the supervision, regulation or control of the remedial care or treatment of residents or patients in any home or institution that is described under subsection (2) of this section and is conducted for those who rely upon treatment solely by prayer or

spiritual means, except as to the sanitary and safe conditions of the premises, cleanliness of operation and its physical equipment. This section does not exempt such a home or institution from the licensing requirements of ORS 441.015 to 441.087, 441.525 to 441.595, 441.815, 441.820, 441.990, 442.342, 442.344 and 442.400 to 442.463.

(2) To qualify under subsection (1) of this section, a home or institution must:

(a) Be owned by an entity that is registered with the Secretary of State as a non-profit corporation and that does not own, hold a financial interest in, control or operate any facility, wherever located, of a type providing medical health care and services; and

(b) Provide 24 hour a day availability of nonmedical care and services.

(3) As used in this section:

(a) "Medical health care and services" means medical screening, examination, diagnosis, prognosis, treatment and drug administration. "Medical health care and services" does not include counseling or the provision of social services or dietary services.

(b) "Nonmedical care and services" means assistance or services, other than medical health care and services, provided by attendants for the physical, mental, emotional or spiritual comfort and well being of residents or patients. [Amended by 1971 c.730 §17; 1973 c.840 §11; 1977 c.751 §24; 1997 c.490 §1; 2009 c.792 §38]

441.067 Inspection reports, complaint procedures and rules; posting. (1) The Department of Human Services shall provide to each licensed long term care facility in the state in writing in clear concise language readily comprehensible by the average person:

(a) The most recent inspection report conducted by the department of that facility;

(b) An outline of the procedures for filing complaints against long term care facilities; and

(c) A summary of rules of the department affecting patient care standards for long term care facilities.

(2) The owner or operator of a long term care facility shall post the information provided pursuant to subsection (1) of this section in a prominent place and shall, upon request, provide a copy of the information to each patient of, or person applying for admission to, the facility, or the guardian or conservator of the applicant or patient. [1975 c.360 §3; 1987 c.428 §13]

441.070 [Amended by 1959 c.222 §5; repealed by 1971 c.730 §25]

441.073 Rules regarding staff ratio in long term care facilities; variances; posting. (1) The Department of Human Services shall adopt rules specifying maximum number of patients per nursing assistant per shift in long term care facilities.

(2) The department may grant variances in the staffing requirements within a shift based on patient care needs or nursing practices.

(3) A statement of the specific staffing requirement for each time period required by subsection (1) or (2) of this section in a particular facility shall be posted by the facility in a public place within the facility. [1981 c.574 §§2,3,4; 1987 c.428 §14]

441.075 [Amended by 1969 c.314 §44; repealed by 1971 c.730 §25]

441.077 Revocation of license and other penalties for imposing restrictions upon certain physicians; construction of section. (1) If the governing body of a health care facility or health maintenance organization excludes or expels a person licensed under ORS chapter 677 from staff membership, or limits in any way the professional privilege of the person in the health care facility or health maintenance organization solely because of the school of medicine to which the person belongs, the license of the health care facility shall be subject to revocation in the manner provided in ORS 441.015 to 441.065. A health maintenance organization which violates this section shall be subject to penalties provided in ORS 731.988 and 731.992.

(2) Nothing in this section is intended to limit the authority of the governing body of a health care facility or health maintenance organization with respect to a person who has violated the reasonable rules and regulations of the health care facility or health maintenance organization or who has violated the provisions of ORS chapter 677 if the governing body has reported the violation of ORS chapter 677 to the Oregon Medical Board in writing. [1971 c.274 §1; 1973 c.840 §12; 1977 c.751 §25]

Note: 441.077 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.079 Eye, organ and tissue transplants. (1) As used in this section and ORS 441.082:

(a) "Entity" means an individual, corporation, business trust, partnership, limited liability company, association, joint venture or an instrumentality of an entity.

(b) "Eye bank" means an entity that is licensed or regulated under federal or state law to engage in the recovery, screening,

testing, processing, storage or distribution of human eyes or parts of human eyes.

(c) "Health care facility" has the meaning given that term in ORS 442.015.

(d) "Organ procurement organization" means an entity designated by the United States Secretary of Health and Human Services as an organ procurement organization.

(e) "Tissue bank" means an entity that is licensed or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage or distribution of tissue for transplants.

(2) Tissue banks and eye banks must be registered with and regulated by the United States Food and Drug Administration.

(3) A health care facility that performs organ transplants must:

(a) Be a member of the Organ Procurement and Transplantation Network established by the National Organ Transplant Act of 1984;

(b) Be regulated by the United States Department of Health and Human Services; and

(c) Use an organ procurement organization to obtain organs for transplants.

(4) A health care facility that performs tissue or corneal transplants must obtain the tissue or corneas from a tissue bank or an eye bank that is registered with and regulated by the United States Food and Drug Administration. [2007 c.334 §1]

Note: 441.079 and 441.082 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.080 [Repealed by 1971 c.730 §25]

441.081 [1979 c.680 §2; repealed by 1981 c.784 §38]

441.082 Registration of organ procurement organization, tissue bank and eye bank; rules; penalties. (1) The Oregon Health Authority shall adopt by rule standards and a system of registration for every organ procurement organization, tissue bank and eye bank doing business in this state.

(2) An organ procurement organization, tissue bank or eye bank may not do business in this state unless it has registered with the authority.

(3) Each organ procurement organization, tissue bank and eye bank shall provide to the authority at least every three years current documentation of designation, certification and inspection as evidence of compliance with national standards and requirements under federal law.

(4) The authority may impose a civil penalty not to exceed \$1,000 against an organ procurement organization, tissue bank or eye

bank doing business in this state for failure to:

- (a) Register with the authority;
- (b) Report loss of designation, accreditation or certification within 60 days of the loss; or
- (c) Supply the authority with requested current documentation of designation, certification and inspection.

(5) Civil penalties under this section shall be imposed in the manner provided under ORS 183.745. [2007 c.334 §2; 2009 c.595 §730]

Note: See note under 441.079.

441.083 Drug information to be provided patients of long term and intermediate care facilities. (1) If a long term care facility or an intermediate care facility required to be licensed pursuant to ORS 441.015 charges patients for drugs, the following shall be made available to the patient on request:

- (a) Name of the drug;
- (b) Amount paid by the facility for the drug; and
- (c) Amount charged by the facility for the drug.

(2) If a pharmacy charges any person for a drug administered to a patient in a long term care facility or an intermediate care facility, the pharmacy shall provide on request a written bill listing the:

- (a) Name of the drug; and
- (b) Amount charged by the pharmacy for the drug.

(3) As used in this section, “person” includes the patient and any insurance company or other party responsible for health care costs incurred by the patient. [1979 c.680 §3]

441.084 Choice of patient on suppliers of drugs and supplies. (1) As used in this section, “supplier” includes an authorized representative of the patient who purchases nonprescriptive medication or nonprescriptive sickroom supplies at retail.

(2) A patient in a long term care facility or an intermediate care facility required to be licensed under ORS 441.015 must have a choice:

(a) From among prescription drug delivery systems as long as the system selected:

- (A) Provides for timely delivery of drugs;
- (B) Provides adequate protection to prevent tampering with drugs;

(C) Provides that drugs are delivered in a unit of use compatible with the established system of the facility for dispensing drugs, whether that system is provided by a facility

pharmacy or by a contract with a pharmacy; and

(D) Provides a 24-hour emergency service procedure either directly or by contract with another pharmacy;

(b) From among suppliers of nonprescriptive medication, although no facility is required to accept any opened container of such medication; and

(c) From among suppliers of nonprescriptive sickroom supplies as long as any items supplied can be maintained in a clean manner with equipment available at the facility.

(3) If the established system of the facility, whether that system is provided by a facility pharmacy or a pharmacy under contract, provides patient profile information, the pharmacy chosen by the patient under subsection (2)(a) of this section must also provide that information for any patient it serves at the facility. [1983 c.328 §1; 2007 c.71 §127]

441.085 [1971 c.730 §2; 1973 c.840 §13; 1977 c.751 §26; 1987 c.428 §15; 2001 c.900 §171; 2009 c.595 §731; repealed by 2009 c.792 §49]

441.086 Ambulatory surgical centers; rules. (1) An ambulatory surgical center shall evaluate all of a patient’s risk factors before permitting a surgical procedure to be performed on the patient in the facility.

(2) An ambulatory surgical center shall post a notice in the facility, in a prominent place and in prominent font size, advising patients of the manner in which patients may express concerns regarding the ambulatory surgical center and services provided at the ambulatory surgical center. The posting must include but need not be limited to the address and telephone number for contacting the Oregon Health Authority to express the concerns.

(3) The authority shall adopt rules classifying ambulatory surgical centers in three categories:

(a) Certified ambulatory surgical centers, which must comply with federal Centers for Medicare and Medicaid Services rules, 42 C.F.R. 416 and rules adopted by the authority;

(b) High complexity noncertified ambulatory surgical centers, which must comply with rules adopted by the authority; and

(c) Moderate complexity noncertified ambulatory surgical centers, which must comply with rules adopted by the authority and which may use only conscious sedation and analgesia. [2009 c.792 §2; 2009 c.792 §51]

Note: 441.086 was added to and made a part of ORS chapter 441 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

441.087 General inspection of long term care facility. (1) The Department of Human Services shall, in addition to any inspections conducted pursuant to complaints filed against long term care facilities, conduct at least one general inspection of each long term care facility in the state each calendar year, including, but not limited to, entering the facility, interviewing residents and reviewing records. No advance notice shall be given of any inspection conducted pursuant to this section.

(2) Any state employee giving advance notice in violation of subsection (1) of this section shall be suspended from all duties without pay for a period of at least 10 working days, or for a longer period as determined by the Director of Human Services. [1975 c.294 §§2,3; 1977 c.751 §27; 1987 c.428 §16; 2003 c.14 §250]

441.089 Application of Health Care Quality Improvement Act of 1986. The provisions of the Health Care Quality Improvement Act of 1986, P.L. No. 99-660, 100 Stat. p. 3743, 3784 (1986) apply within this state for professional review actions pursuant to ORS 441.015 to 441.087. [1987 c.850 §5]

441.090 [1971 c.730 §15; 1973 c.358 §6; 1973 c.840 §14; 1975 c.485 §1; 1977 c.751 §28; renumbered 442.320]

441.092 [1975 c.485 §4; 1977 c.751 §29; renumbered 442.330]

441.094 Denial of emergency medical services because of inability to pay prohibited. (1) No officer or employee of a hospital licensed by the Oregon Health Authority that has an emergency department may deny to a person an appropriate medical screening examination within the capability of the emergency department, including ancillary services routinely available to the emergency department, to determine whether a need for emergency medical services exists.

(2) No officer or employee of a hospital licensed by the authority may deny to a person diagnosed by an admitting physician as being in need of emergency medical services the emergency medical services customarily provided at the hospital because the person is unable to establish the ability to pay for the services.

(3) Nothing in this section is intended to relieve a person of the obligation to pay for services provided by a hospital.

(4) A hospital that does not have physician services available at the time of the emergency shall not be in violation of this section if, after a reasonable good faith effort, a physician is unable to provide or delegate the provision of emergency medical services.

(5) All coordinated care organization contracts executed by the authority and pri-

vate health maintenance organizations and managed care organizations shall include a provision that encourages the organization to establish agreements with hospitals in the organization's service area for payment of emergency screening examinations.

(6) As used in subsections (1) and (2) of this section, "emergency medical services" means medical services that are usually and customarily available at the respective hospital and that must be provided immediately to sustain a person's life, to prevent serious permanent disfigurement or loss or impairment of the function of a bodily member or organ, or to provide care of a woman in her labor where delivery is imminent if the hospital is so equipped and, if the hospital is not equipped, to provide necessary treatment to allow the woman to travel to a more appropriate facility without undue risk of serious harm. [1987 c.386 §1; 1995 c.449 §2; 2009 c.595 §732; 2011 c.602 §53]

Note: 441.094 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.095 [1971 c.730 §16; 1973 c.358 §7; 1973 c.840 §15; 1975 c.485 §2; 1977 c.751 §30; renumbered 442.340]

441.096 Identification badges. (1) A health care practitioner working at a health care facility and providing direct care to a patient shall wear an identification badge indicating the practitioner's name and professional title.

(2) A health care facility shall develop policies that specify the size and content of the identification badge required by subsection (1) of this section.

(3) As used in this section, "health care facility" means a health care facility as defined in ORS 442.015 or a mental health facility, alcohol treatment facility or drug treatment facility licensed or operated under ORS chapter 426 or 430. [2005 c.231 §1; 2011 c.720 §196]

Note: 441.096 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.097 [1987 c.428 §2c; repealed by 2001 c.900 §261]

441.098 Health practitioner referral of patient to treatment or diagnostic testing facility; definitions for ORS 441.098, 441.099 and 441.991; rules. (1) As used in this section and ORS 441.099 and 441.991:

(a) "Facility" means a hospital, outpatient clinic owned by a hospital, ambulatory surgical center, freestanding birthing center or facility that receives Medicare reimbursement as an independent diagnostic testing facility.

(b) “Financial interest” means a five percent or greater direct or indirect ownership interest.

(c)(A) “Health practitioner” means a physician, naturopathic physician licensed under ORS chapter 685, dentist, direct entry midwife, licensed registered nurse who is certified by the Oregon State Board of Nursing as a nurse midwife nurse practitioner, certified nurse practitioner, licensed physician assistant or medical imaging licensee under ORS 688.405 to 688.605.

(B) “Health practitioner” does not include a provider in a health maintenance organization as defined in ORS 750.005.

(d) “Physician” has the meaning given that term in ORS 677.010.

(2) A health practitioner’s decision to refer a patient to a facility for a diagnostic test or health care treatment or service shall be based on the patient’s clinical needs and personal health choices.

(3) If a health practitioner refers a patient for a diagnostic test or health care treatment or service at a facility in which the health practitioner or an immediate family member of the health practitioner has a financial interest, the health practitioner or the practitioner’s designee shall inform the patient orally and in writing of that interest at the time of the referral.

(4)(a) If a health practitioner refers a patient to a facility for a diagnostic test or health care treatment or service, the health practitioner or the practitioner’s designee shall inform the patient, in the form and manner prescribed by the Oregon Health Authority by rule, that:

(A) The patient may receive the test, treatment or service at a different facility of the patient’s choice; and

(B) If the patient chooses a different facility, the patient should contact the patient’s insurer regarding the extent of coverage or the limitations on coverage for the test, treatment or service at the facility chosen by the patient.

(b) Rules concerning the form and manner for informing a patient as required by this subsection shall:

(A) Be designed to ensure that the information is conveyed in a timely and meaningful manner;

(B) Be administratively simple; and

(C) Accommodate a provider’s adoption and use of electronic health record systems.

(5) A health practitioner may not deny, limit or withdraw a referral to a facility solely for the reason that the patient chooses

to obtain the test, treatment or service from a different facility.

(6) The authority may not impose additional restrictions or limitations on any referral described in this section that are in addition to the requirements specified in subsections (3) and (4) of this section.

(7) In obtaining informed consent for a diagnostic test or health care treatment or service that will take place at a facility, a health practitioner shall disclose the manner in which care will be provided in the event that complications occur that require health services beyond what the facility has the capability to provide.

(8) Subsections (3) to (5) of this section do not apply to a referral for a diagnostic test or health care treatment or service:

(a) For a patient who is receiving inpatient hospital services or services in an emergency department if the referral is for a diagnostic test or health care treatment or service to be performed while the patient is in the hospital or emergency department;

(b) Made to a particular facility after the initial referral of the patient to that facility; or

(c) Made by the facility or provider to whom a patient was referred. [2009 c.792 §3; 2013 c.129 §30; 2013 c.552 §1; 2017 c.356 §69]

441.099 Health Licensing Office to ensure compliance with ORS 441.098. (1) A health practitioner who fails to comply with ORS 441.098 (2), (3), (4) or (5) shall be subject to disciplinary action by the Health Licensing Office or by the appropriate health professional regulatory board as defined in ORS 676.160.

(2) The Health Licensing Office or the appropriate health professional regulatory board may investigate a claim under ORS 441.098 in accordance with the investigative authority granted the office under ORS 676.595 or the board under ORS 676.165. [2013 c.552 §2; 2017 c.101 §14]

Note: 441.099 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.100 [1981 c.534 §1; 1985 c.153 §1; 2007 c.21 §3; 2013 c.717 §1; 2015 c.839 §3; renumbered 441.402 in 2015]

441.101 Safeguards for protected health information; rules. (1) As used in this section, “protected health information” has the meaning given that term in ORS 192.556.

(2) A health care facility shall file with the Oregon Health Authority a protection of health information report no later than 120 days following the close of each fiscal year. The report may be in the form of a letter,

must be signed by the chief executive officer of the facility and must:

(a) State the responsibility of the health care facility's management to establish and maintain adequate safeguards and procedures for protecting the confidentiality of personally identifiable and protected health information that the facility retains in electronic and hard copy form;

(b) Contain an assurance that there is ongoing evaluation and monitoring of the effectiveness of the safeguards and procedures in protecting the confidentiality of personally identifiable and protected health information;

(c) Contain assurances that the signing officer has disclosed to the board of directors of the facility:

(A) All significant deficiencies in the design or operation of recordkeeping systems or controls that could adversely affect the facility's ability to protect the confidentiality of personally identifiable and protected health information;

(B) Any breaches of the security of personally identifiable and protected health information, whether material or not, that involve management, staff or employees of the facility who have a significant role in the facility's recordkeeping systems or controls; and

(C) All necessary steps that have been taken to address deficiencies in the design or operation of recordkeeping systems or controls and to resolve any material weaknesses identified by the facility; and

(d) Contain assurances that the signing officer has identified for the board any material weaknesses in the recordkeeping systems or controls.

(3) The authority may adopt all rules necessary to carry out the provisions of this section.

(4) The protection of health information report is confidential and not subject to disclosure under ORS 192.311 to 192.478. [2015 c.133 §4]

441.103 [1981 c.534 §2; 1985 c.153 §2; 2013 c.717 §2; renumbered 441.403 in 2015]

441.105 [Amended by 1955 c.464 §1; 1965 c.308 §1; repealed by 1971 c.730 §25]

441.107 [1981 c.534 §3; renumbered 441.404 in 2015]

441.109 [1981 c.534 §4; 1985 c.153 §3; 2001 c.900 §172; 2009 c.768 §32; 2013 c.717 §3; 2014 c.117 §10; renumbered 441.406 in 2015]

441.110 [Amended by 1955 c.464 §2; 1965 c.308 §2; repealed by 1971 c.730 §25]

441.113 [1981 c.534 §5; 2013 c.717 §4; renumbered 441.407 in 2015]

441.115 [Amended by 1965 c.308 §3; 1969 c.314 §45; repealed by 1971 c.730 §25]

441.117 [1981 c.534 §6; 2001 c.104 §179; 2003 c.86 §13; 2013 c.717 §5; renumbered 441.408 in 2015]

441.120 [Repealed by 1971 c.730 §25]

441.121 [1981 c.534 §7; 2013 c.717 §6; renumbered 441.409 in 2015]

441.124 [1981 c.534 §8; 2003 c.14 §253; 2013 c.717 §7; renumbered 441.411 in 2015]

441.125 [Amended by 1955 c.464 §3; 1971 c.730 §18; repealed by 1977 c.751 §39]

441.127 [1981 c.534 §9; 2013 c.717 §8; renumbered 441.412 in 2015]

441.130 [Amended by 1955 c.464 §4; 1971 c.730 §19; repealed by 1977 c.751 §39]

441.131 [1981 c.534 §10; 1985 c.153 §4; 2013 c.717 §9; renumbered 441.413 in 2015]

441.133 [1981 c.534 §11; 2013 c.717 §10; renumbered 441.414 in 2015]

441.135 [Amended by 1955 c.464 §5; 1965 c.308 §4; 1971 c.730 §20; repealed by 1977 c.751 §39]

441.137 [1985 c.153 §6; 1989 c.224 §93; 2007 c.70 §240; 2009 c.421 §1; 2013 c.717 §11; 2014 c.117 §11; renumbered 441.416 in 2015]

441.140 [Amended by 1955 c.464 §6; 1971 c.730 §21; 1977 c.751 §31; renumbered 442.350]

441.142 [1985 c.153 §11; 2013 c.717 §12; renumbered 441.417 in 2015]

441.145 [Amended by 1955 c.464 §7; 1965 c.308 §5; 1965 c.439 §5; 1971 c.730 §22; repealed by 1977 c.751 §39]

441.146 [1995 c.789 §1; 2013 c.717 §13; renumbered 441.418 in 2015]

441.147 [1985 c.153 §§8,9,10; repealed by 2013 c.717 §18]

441.150 [Amended by 1971 c.730 §23; repealed by 1977 c.751 §39]

HOSPITAL NURSING SERVICES

441.151 "Hospital" defined for ORS 441.152 to 441.177. As used in ORS 441.152 to 441.177, "hospital" includes a hospital as described in ORS 442.015 and an acute inpatient care facility as defined in ORS 442.470. [Formerly 441.160]

Note: 441.151 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.152 Nurse Staffing Advisory Board. (1)(a) The Nurse Staffing Advisory Board is established within the Oregon Health Authority, consisting of 12 members appointed by the Governor.

(b) Of the 12 members of the board:

(A) Six must be hospital nurse managers;

(B) Five must be direct care registered nurses who work in hospitals; and

(C) One must be either a direct care registered nurse who works in a hospital or a direct care staff member who is not a registered nurse and whose services are covered by a written hospital-wide staffing plan that meets the requirements of ORS 441.155.

(c) To the extent practicable, board members shall be appointed to ensure that the board is represented by members from hospitals where direct care staff are repre-

sented under a collective bargaining agreement and hospitals where direct care staff are not represented by a collective bargaining agreement and by hospitals of different sizes, types and geographic location.

(d) The term of office of each board member is three years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins January 1 next following. A member is eligible for reappointment, but may not serve more than two consecutive terms. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(2) The board shall:

(a) Provide advice to the authority on the administration of ORS 441.152 to 441.177;

(b) Identify trends, opportunities and concerns related to nurse staffing;

(c) Make recommendations to the authority on the basis of those trends, opportunities and concerns; and

(d) Review the authority's enforcement powers and processes under ORS 441.157, 441.171 and 441.177.

(3)(a) Upon request, the authority shall provide the board with written hospital-wide staffing plans implemented under ORS 441.155, reviews conducted under ORS 441.156, information obtained during an audit under ORS 441.157 and complaints filed and investigations conducted as described in ORS 441.171.

(b) The authority may not provide the board with any information under paragraph (a) of this subsection that is identifiable with a specific hospital unless the information is publicly available.

(c) Hospital-wide staffing plans provided to the board under this section are confidential and not subject to public disclosure.

(4) A majority of the members of the board constitutes a quorum for the transaction of business.

(5) The board shall have two cochairs selected by the Governor. One cochair shall be a hospital nurse manager and one cochair shall be a direct care registered nurse.

(6) Official action by the board requires the approval of a majority of the members of the board.

(7) The board shall meet:

(a) At least once every three months; and

(b) At any time and place specified by the call of both cochairs.

(8) The board may adopt rules necessary to for the operation of the board.

(9) The board shall submit a report on the administration of ORS 441.152 to 441.177 in the manner provided in ORS 192.245 to an interim committee of the Legislative Assembly related to health no later than September 15 of each year. The board may include in its report recommendations for legislation.

(10) Members of the board are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for expenses shall be paid out of funds appropriated to the authority for purposes of the board. [2015 c.669 §2]

Note: 441.152 to 441.177 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

Note: Section 3, chapter 669, Oregon Laws 2015, provides:

Sec. 3. Notwithstanding the term of office specified by section 2 of this 2015 Act [441.152], of the members first appointed to the Nurse Staffing Advisory Board:

(1) Four shall serve for a term ending January 1, 2017;

(2) Four shall serve for a term ending January 1, 2018; and

(3) Four shall serve for a term ending January 1, 2019. [2015 c.669 §3]

441.153 [1985 c.153 §14(3); 2001 c.716 §29; 2013 c.717 §14; 2014 c.117 §12; renumbered 441.419 in 2015]

441.154 Hospital nurse staffing committee. (1)(a) For each hospital there shall be established a hospital nurse staffing committee. Each committee shall:

(A) Consist of an equal number of hospital nurse managers and direct care staff;

(B) For that portion of the committee composed of direct care staff, consist entirely of direct care registered nurses, except for one position to be filled by a direct care staff member who is not a registered nurse and whose services are covered by a written hospital-wide staffing plan that meets the requirements of ORS 441.155; and

(C) Include at least one direct care registered nurse from each hospital nurse specialty or unit.

(b) If the direct care registered nurses who work at a hospital are represented under a collective bargaining agreement, the bargaining unit shall conduct a selection process by which the direct care registered nurses who work at the hospital select the members of the committee who are direct care registered nurses.

(c) If the direct care staff member who is not a registered nurse who works at a hos-

pital is represented under a collective bargaining agreement, the bargaining unit shall use the selection process conducted pursuant to paragraph (b) of this subsection to select that member of the committee.

(d) If the direct care registered nurses who work at a hospital are not represented under a collective bargaining agreement, the direct care registered nurses belonging to a hospital nurse specialty or unit shall select each member of the committee who is a direct care registered nurse from that specialty or unit.

(2) A hospital nurse staffing committee shall develop a written hospital-wide staffing plan in accordance with ORS 441.155. The committee's primary goals in developing the staffing plan shall be to ensure that the hospital is staffed to meet the health care needs of patients. The committee shall review and modify the staffing plan in accordance with ORS 441.156.

(3) A majority of the members of a hospital nurse staffing committee constitutes a quorum for the transaction of business.

(4) A hospital nurse staffing committee shall have two cochair. One cochair shall be a hospital nurse manager elected by the members of the committee who are hospital nurse managers and one cochair shall be a direct care registered nurse elected by the members of the committee who are direct care staff.

(5)(a) A decision made by a hospital nurse staffing committee must be made by a vote of a majority of the members of the committee. If a quorum of members comprises an unequal number of hospital nurse managers and direct care staff, only an equal number of hospital nurse managers and direct care staff may vote.

(b) If the committee is unable to reach an agreement on the staffing plan, either cochair of the committee may invoke a 30-day period during which the committee shall continue to develop the staffing plan. During the 30-day period, the hospital shall respond in a timely manner to reasonable requests from members of the committee for data that will enable the committee to reach a resolution. If at the end of the 30-day period, the committee remains unable to reach an agreement on the staffing plan, one of the cochairs shall notify the Oregon Health Authority of the impasse.

(c) Upon receiving notification under paragraph (b) of this subsection, the authority shall provide the committee with a mediator to assist the committee in reaching an agreement on the staffing plan. Mediation conducted under this paragraph must be consistent with the requirements for imple-

menting and reviewing staffing plans under ORS 441.155 and 441.156.

(d) If the committee is unable to reach an agreement on the staffing plan after 90 days of mediation, the authority may impose a penalty against the hospital as described in ORS 441.175.

(6) A hospital nurse staffing committee shall meet:

(a) At least once every three months; and

(b) At any time and place specified by either cochair.

(7)(a) Subject to paragraph (b) of this subsection, a hospital nurse staffing committee meeting must be open to:

(A) The hospital nursing staff as observers; and

(B) Upon invitation by either cochair, other observers or presenters.

(b) At any time, either cochair may exclude persons described in paragraph (a) of this subsection from a committee meeting for purposes related to deliberation and voting.

(8) Minutes of hospital nurse staffing committee meetings must:

(a) Include motions made and outcomes of votes taken;

(b) Summarize discussions; and

(c) Be made available in a timely manner to hospital nursing staff and other hospital staff upon request.

(9) A hospital shall release a member of a hospital nurse staffing committee described in subsection (1)(a) of this section from the member's assignment, and provide the member with paid time, to attend committee meetings. [2015 c.669 §1]

Note: See first note under 441.152.

441.155 Written staffing plan for nursing services. (1) Each hospital shall implement the written hospital-wide staffing plan for nursing services that has been developed and approved by the hospital nurse staffing committee under ORS 441.154.

(2) The staffing plan:

(a) Must be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients;

(b) Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit;

(c) Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses;

(d) Must be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations;

(e) Must recognize differences in patient acuity;

(f) Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts, provided that at least one registered nurse and one other nursing staff member is on duty in a unit when a patient is present;

(g) Must include a formal process for evaluating and initiating limitations on admission or diversion of patients to another hospital when, in the judgment of a direct care registered nurse or a nurse manager, there is an inability to meet patient care needs or a risk of harm to patients;

(h) Must consider tasks not related to providing direct care, including meal breaks and rest breaks; and

(i) May not base nursing staff requirements solely on external benchmarking data.

(3) A hospital must maintain and post a list of on-call nursing staff or staffing agencies to provide replacement nursing staff in the event of a vacancy. The list of on-call nursing staff or staffing agencies must be sufficient to provide for replacement nursing staff.

(4)(a) An employer may not impose upon unionized nursing staff any changes in wages, hours or other terms and conditions of employment pursuant to a staffing plan unless the employer first provides notice to and, upon request, bargains with the union as the exclusive collective bargaining representative of the nursing staff in the bargaining unit.

(b) A staffing plan does not create, preempt or modify a collective bargaining agreement or require a union or employer to bargain over the staffing plan while a collective bargaining agreement is in effect. [Formerly 441.162]

Note: See first note under 441.152.

441.156 Annual review of nurse staffing plan. (1) A hospital nurse staffing committee established pursuant to ORS 441.154 shall review the written hospital-wide staffing plan developed by the committee under ORS 441.155:

(a) At least once every year; and

(b) At any other date and time specified by either cochair of the committee.

(2) In reviewing a staffing plan, a hospital nurse staffing committee shall consider:

(a) Patient outcomes;

(b) Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;

(c) The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;

(d) The aggregate hours of mandatory overtime worked by the nursing staff;

(e) The aggregate hours of voluntary overtime worked by the nursing staff;

(f) The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan; and

(g) Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients.

(3) Upon reviewing a staffing plan, a hospital nurse staffing committee shall:

(a) Report whether the staffing plan ensures that the hospital is staffed to meet the health care needs of patients; and

(b) Modify the staffing plan as necessary to ensure that the hospital is staffed to meet the health care needs of patients. [2015 c.669 §5]

Note: See first note under 441.152.

441.157 Audits. (1) For the sole purpose of verifying compliance with the requirements of ORS 441.152 to 441.177 and 441.192, the Oregon Health Authority shall audit each hospital in this state once every three years, at the time of conducting an on-site inspection of the hospital under ORS 441.025.

(2) When conducting an audit pursuant to this section, the authority shall:

(a) If the authority provides notice of the audit to the hospital, provide notice of the audit to the cochairs of the hospital nurse staffing committee established pursuant to ORS 441.154;

(b) Interview both cochairs of the hospital nurse staffing committee;

(c) Review any other hospital record and conduct any other interview or site visit that is necessary to verify that the hospital is in compliance with the requirements of ORS 441.152 to 441.177 and 441.192; and

(d) Within 60 days after issuing an order requiring a hospital to implement a plan to correct a violation of ORS 441.152 to 441.177 or 441.192, conduct an investigation of the hospital to ensure compliance with the order.

(3) Following an investigation conducted pursuant to subsection (2) of this section, the

authority shall provide in writing a report of the authority's findings to the hospital and the cochairs of the hospital nurse staffing committee.

(4) The authority shall compile and maintain for public inspection an annual report of audits and investigations conducted pursuant to this section.

(5) The costs of audits required by this section may be paid out of funds from licensing fees paid by hospitals under ORS 441.020. [2015 c.669 §9]

Note: See first note under 441.152.

441.160 [2001 c.609 §1; renumbered 441.151 in 2015]

441.162 [2001 c.609 §2; 2005 c.665 §2; 2015 c.669 §4; renumbered 441.155 in 2015]

441.164 Variances to staffing plan requirements. Upon request of a hospital, the Oregon Health Authority may grant a variance to the written hospital-wide staffing plan requirements described in ORS 441.155 if the variance is necessary to ensure that the hospital is staffed to meet the health care needs of patients. [2001 c.609 §3; 2009 c.595 §733; 2015 c.669 §12]

Note: See first note under 441.152.

441.165 Modification of nurse staffing plan in case of emergency or epidemic. (1) For purposes of this subsection, "epidemic" means the occurrence of a group of similar conditions of public health importance in a community or region that are in excess of normal expectancy and that are from a common or propagated source.

(2) Notwithstanding ORS 441.155 and 441.156, a hospital is not required to follow a written hospital-wide staffing plan developed and approved by the hospital nurse staffing committee under ORS 441.154 upon the occurrence of a national or state emergency requiring the implementation of a facility disaster plan, or upon the occurrence of sudden unforeseen adverse weather conditions or an infectious disease epidemic suffered by hospital staff.

(3) Upon the occurrence of an emergency circumstance not described in subsection (2) of this section, either cochair of the hospital nurse staffing committee may require the hospital nurse staffing committee to meet to review and potentially modify the staffing plan in response to the emergency circumstance. [2015 c.669 §5a]

Note: See first note under 441.152.

441.166 Need for replacement staff. (1) For purposes of this section, "nursing staff" includes registered nurses, licensed practical nurses, certified nursing assistants and other hospital nursing staff members as defined by the Oregon Health Authority by rule.

(2) When a hospital learns about the need for replacement staff, the hospital shall make every reasonable effort to obtain nursing staff for unfilled hours or shifts before requiring a nursing staff member to work overtime.

(3)(a) Except as provided in subsection (4) of this section, a hospital may not require a nursing staff member to work:

(A) Beyond the agreed-upon and prearranged shift, regardless of the length of the shift;

(B) More than 48 hours in any hospital-defined work week;

(C) More than 12 hours in a 24-hour period; or

(D) During the 10-hour period immediately following the 12th hour worked during a 24-hour period.

(b) For purposes of paragraph (a)(D) of this subsection, a nursing staff member begins to work when the nursing staff member begins a shift.

(4) A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or

(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member.

(5) If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(6)(a) Time spent in required meetings or receiving education or training shall be included as hours worked for purposes of subsection (3) of this section.

(b) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.

(c) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section.

(7) If a nursing staff member believes that a hospital unit is engaging in a pattern of requiring direct care nursing staff to work overtime for nonemergency care, the nursing staff member may report that information to the hospital nurse staffing committee established for the hospital pursuant to ORS

441.154. The hospital nurse staffing committee shall consider the information when reviewing the written hospital-wide staffing plan as required by ORS 441.156.

(8) The provisions of this section do not apply to nursing staff needs:

(a) In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan; or

(b) In emergency circumstances identified by the authority by rule. [2001 c.609 §4; 2005 c.665 §1; 2009 c.595 §734; 2015 c.669 §6]

Note: See first note under 441.152.

441.168 Leaving a patient care assignment. A registered nurse at a hospital may not place a patient at risk of harm by leaving a patient care assignment during an agreed upon shift or an agreed upon extended shift without authorization from the appropriate supervisory personnel. [2001 c.609 §5]

Note: See first note under 441.152.

441.169 Public notice. On each hospital unit, a hospital shall post a notice summarizing the provisions of ORS 441.152 to 441.177 in a place that is clearly visible to the public that includes a phone number for purposes of reporting a violation of the laws. [2015 c.669 §7]

Note: See first note under 441.152.

441.170 [2001 c.609 §6; 2009 c.595 §735; 2015 c.669 §13; renumbered 441.175 in 2015]

441.171 Complaint investigations. (1) For purposes of ensuring compliance with ORS 441.152 to 441.177, the Oregon Health Authority shall:

(a) Within 60 days after receiving a complaint against a hospital for violating a provision of ORS 441.152 to 441.177, conduct an on-site investigation of the hospital; and

(b) Within 60 days after issuing an order requiring a hospital to implement a plan to correct a violation of ORS 441.152 to 441.177, conduct an investigation of the hospital to ensure compliance with the plan.

(2) When conducting an investigation of a hospital to ensure compliance with ORS 441.152 to 441.177, the authority shall, if the authority provides notice of the investigation to the hospital, provide notice of the investigation to the cochairs of the hospital nurse staffing committee established pursuant to ORS 441.154.

(3) Following an investigation conducted pursuant to this section, the authority shall provide in writing a report of the authority's findings to the hospital and the cochairs of the hospital nurse staffing committee.

(4) When conducting an investigation of a hospital to ensure compliance with ORS 441.152 to 441.177, the authority may:

(a) Take evidence;

(b) Take the depositions of witnesses in the manner provided by law in civil cases;

(c) Compel the appearance of witnesses in the manner provided by law in civil cases;

(d) Require answers to interrogatories; and

(e) Compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation. [2015 c.669 §10]

Note: See first note under 441.152.

441.172 [2001 c.609 §9; renumbered 441.179 in 2015]

441.173 Hospital to maintain records; rules. A hospital shall keep and maintain records necessary to demonstrate compliance with ORS 441.152 to 441.177. For purposes of this section, the Oregon Health Authority shall adopt rules specifying the content of the records and the form and manner of keeping, maintaining and disposing of the records. A hospital must provide records kept and maintained under this section to the authority upon request. [2015 c.669 §8]

Note: See first note under 441.152.

441.174 [2001 c.609 §10; renumbered 441.181 in 2015]

441.175 Civil penalties; suspension or revocation of license; rules; records. (1) The Oregon Health Authority may impose civil penalties in the manner provided in ORS 183.745 or suspend or revoke a license of a hospital for a violation of any provision of ORS 441.152 to 441.177. The authority shall adopt by rule a schedule establishing the amount of civil penalty that may be imposed for a violation of ORS 441.152 to 441.177 when there is a reasonable belief that safe patient care has been or may be negatively impacted, except that a civil penalty may not exceed \$5,000. Each violation of a written hospital-wide staffing plan shall be considered a separate violation. Any license that is suspended or revoked under this subsection shall be suspended or revoked as provided in ORS 441.030.

(2) The authority shall maintain for public inspection records of any civil penalties or license suspensions or revocations imposed on hospitals penalized under subsection (1) of this section. [Formerly 441.170]

Note: See first note under 441.152.

441.176 [2001 c.609 §11; renumbered 441.183 in 2015]

441.177 Posting of audit reports and civil penalties. The Oregon Health Authority shall post on a website maintained by the authority:

(1) Reports of audits described in ORS 441.157;

(2) Any report made pursuant to an investigation of whether a hospital is in compliance with ORS 441.152 to 441.177;

(3) Any order requiring a hospital to implement a plan to correct a violation of ORS 441.152 to 441.177;

(4) Any order imposing a civil penalty against a hospital or suspending or revoking the license of a hospital pursuant to ORS 441.175; and

(5) Any other matter recommended by the Nurse Staffing Advisory Board established under ORS 441.152. [2015 c.669 §11]

Note: See first note under 441.152.

441.178 [2001 c.609 §12; 2001 c.609 §12a; renumbered 441.184 in 2015]

441.179 Definitions for ORS 441.179 to 441.186. As used in ORS 441.179 to 441.186:

(1) “Affiliated hospital” means a hospital that has a business relationship with another hospital.

(2) “Hospital” means:

(a) An acute inpatient care facility, as defined in ORS 442.470; or

(b) A hospital as described in ORS 442.015.

(3) “Manager” means a person who:

(a) Has authority to direct and control the work performance of nursing staff;

(b) Has authority to take corrective action regarding a violation of law or a rule or a violation of professional standards of practice, about which a nursing staff has complained; or

(c) Has been designated by a hospital to receive the notice described in ORS 441.181 (2).

(4) “Nursing staff” means a registered nurse, a licensed practical nurse, a nursing assistant or any other assistive nursing personnel.

(5) “Public body” has the meaning given that term in ORS 30.260.

(6) “Retaliatory action” means the discharge, suspension, demotion, harassment, denial of employment or promotion, or layoff of a nursing staff, or other adverse action taken against a nursing staff in the terms or conditions of employment of the nursing staff, as a result of filing a complaint. [Formerly 441.172]

Note: 441.179 to 441.192 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.180 [2001 c.609 §13; 2009 c.595 §736; 2015 c.669 §15; renumbered 441.185 in 2015]

441.181 Retaliation prohibited. (1) A hospital may not take retaliatory action against a nursing staff because the nursing staff:

(a) Discloses or intends to disclose to a manager, a private accreditation organization or a public body an activity, policy or practice of the hospital or of a hospital that the nursing staff reasonably believes is in violation of law or a rule or is a violation of professional standards of practice that the nursing staff reasonably believes poses a risk to the health, safety or welfare of a patient or the public;

(b) Provides information to or testifies before a private accreditation organization or a public body conducting an investigation, hearing or inquiry into an alleged violation of law or rule or into an activity, policy or practice that may be in violation of professional standards of practice by a hospital that the nursing staff reasonably believes poses a risk to the health, safety or welfare of a patient or the public;

(c) Objects to or refuses to participate in any activity, policy or practice of a hospital that the nursing staff reasonably believes is in violation of law or rule or is a violation of professional standards of practice that the nursing staff reasonably believes poses a risk to the health, safety or welfare of a patient or the public; or

(d) Participates in a committee or peer review process or files a report or a complaint that discusses allegations of unsafe, dangerous or potentially dangerous care.

(2) Except as provided in subsection (3) of this section, the protection against retaliatory action in subsection (1) of this section does not apply to a nursing staff, unless the nursing staff, before making a disclosure to a private accreditation organization or a public body as described in subsection (1)(a) of this section:

(a) Gives written notice to a manager of the hospital of the activity, policy, practice or violation of professional standards of practice that the nursing staff reasonably believes poses a risk to public health; and

(b) Provides the manager a reasonable opportunity to correct the activity, policy, practice or violation.

(3) A nursing staff is not required to comply with the provisions of subsection (2) of this section if the nursing staff:

(a) Is reasonably certain that the activity, policy, practice or violation is known to one or more managers of the hospital or an affiliated hospital and an emergency situation exists;

(b) Reasonably fears physical harm as a result of the disclosure; or

(c) Makes the disclosure to a private accreditation organization or a public body for the purpose of providing evidence of an activity, policy, practice or violation of a hospital or an affiliated hospital that the nursing staff reasonably believes is a crime. [Formerly 441.174]

Note: See note under 441.179.

441.182 [2001 c.609 §14; renumbered 441.186 in 2015]

441.183 Remedies for retaliation. (1) A nursing staff aggrieved by an act prohibited by ORS 441.181 may bring an action in circuit court of the county in which the hospital is located. All remedies available in a common law tort action are available to a nursing staff if the nursing staff prevails in an action brought under this subsection and are in addition to any remedies provided in subsection (2) of this section.

(2) In an action brought under subsection (1) of this section, a circuit court may do any of the following:

(a) Issue a temporary restraining order or a preliminary or permanent injunction to restrain a continued violation of ORS 441.181.

(b) Reinstate the nursing staff to the same or equivalent position that the nursing staff held before the retaliatory action.

(c) Reinstate full benefits and seniority rights to the nursing staff as if the nursing staff had continued in employment.

(d) Compensate the nursing staff for lost wages, benefits and other remuneration, including interest, as if the nursing staff had continued in employment.

(e) Order the hospital to pay reasonable litigation costs of the nursing staff, including reasonable expert witness fees and reasonable attorney fees.

(f) Award punitive damages as provided in ORS 31.730.

(3) Except as provided in subsection (4) of this section, in any action brought by a nursing staff under subsection (1) of this section, if the court finds that the nursing staff had no objectively reasonable basis for asserting the claim, the court may award costs, expert witness fees and reasonable attorney fees to the hospital.

(4) A nursing staff may not be assessed costs or fees under subsection (3) of this section if, upon exercising reasonable and diligent efforts after filing the action, the nursing staff moves to dismiss the action against the hospital after determining that no issue of law or fact exists that supports the action against the hospital. [Formerly 441.176]

Note: See note under 441.179.

441.184 Unlawful employment practices; civil action for retaliation. (1) A hospital that takes any retaliatory action described in ORS 441.181 against a nursing staff commits an unlawful employment practice.

(2) A nursing staff claiming to be aggrieved by an alleged violation of ORS 441.181 may file a complaint with the Commissioner of the Bureau of Labor and Industries in the manner provided by ORS 659A.820. Except for the provisions of ORS 659A.870, 659A.875, 659A.880 and 659A.885, violation of ORS 441.181 is subject to enforcement under ORS chapter 659A.

(3) Except as provided in subsection (4) of this section, a civil action under ORS 441.183 must be commenced within one year after the occurrence of the unlawful employment practice unless a complaint has been timely filed under ORS 659A.820.

(4) The nursing staff who has filed a complaint under ORS 659A.820 must commence a civil action under ORS 441.183 within 90 days after a 90-day notice is mailed to the nursing staff under this section.

(5) The commissioner shall issue a 90-day notice to the nursing staff:

(a) If the commissioner dismisses the complaint within one year after the filing of the complaint and the dismissal is for any reason other than the fact that a civil action has been filed.

(b) On or before the one-year anniversary of the filing of the complaint unless a 90-day notice has previously been issued under paragraph (a) of this subsection or the matter has been resolved by the execution of a settlement agreement.

(6) A 90-day notice under this section must be in writing and must notify the nursing staff that a civil action against the hospital under ORS 441.183 may be filed within 90 days after the date of mailing of the 90-day notice and that any right to bring a civil action against the hospital under ORS 441.183 will be lost if the action is not commenced within 90 days after the date of mailing of the 90-day notice.

(7) The remedies under this section and ORS 441.183 are supplemental and not mutually exclusive. [Formerly 441.178]

Note: See note under 441.179.

441.185 Hospital posting of notice. (1) A hospital shall post a notice summarizing the provisions of ORS 441.181, 441.183, 441.184 and 441.192 in a conspicuous place on the premises of the hospital. The notice must be posted where notices to employees

and applicants for employment are customarily displayed.

(2) Any hospital that willfully violates this section is subject to a civil penalty not to exceed \$500. Civil penalties under this section shall be imposed by the Oregon Health Authority in the manner provided by ORS 183.745. [Formerly 441.180]

Note: See note under 441.179.

441.186 Rights, privileges or remedies of nursing staff. (1) Except as provided in subsection (2) of this section, nothing in ORS 441.183 and 441.184 shall be deemed to diminish any rights, privileges or remedies of a nursing staff under federal or state law or regulation or under any collective bargaining agreement or employment contract.

(2) ORS 441.183 and 441.184 provide the only remedies under state law for a nursing staff for an alleged violation of ORS 441.181 committed by a hospital. [Formerly 441.182]

Note: See note under 441.179.

441.192 Notice of employment outside of hospital. (1) A hospital, as defined in ORS 441.179, may require a registered nurse who is receiving full employment benefits from the hospital to provide notice of any outside employment that may reasonably impede the ability of the nurse to fulfill the nurse's obligation to the hospital in providing nursing services to patients under the hospital's care.

(2) If a hospital determines that the outside employment causes a risk to patients receiving services in the hospital, the hospital may require the nurse to discontinue the outside employment.

(3) A hospital may not unreasonably restrict the outside employment of nurses and may restrict outside employment only if the hospital provides in writing to the nurse an explanation of the hospital's documentation that the outside employment creates a risk to patients in the hospital. A nurse who does not discontinue outside employment if required by the hospital may be disciplined or terminated from employment by the hospital.

(4) A nurse who does not provide notice as required by a hospital pursuant to this section may be disciplined or terminated from employment by the hospital if the failure to provide notice creates a risk to a patient in the hospital. [2001 c.609 §18]

Note: See note under 441.179.

441.195 [1957 s.s. c.13 §1; renumbered 440.305]

PATIENT DISCHARGE PROCEDURES

441.196 Discharge of patients receiving mental health treatment. (1) As used in this section:

(a) "Discharge" means the release of a patient from a hospital following admission to the hospital.

(b) "Lay caregiver" means:

(A) For a patient who is younger than 14 years of age, a parent or legal guardian of the patient.

(B) For a patient who is at least 14 years of age, an individual designated by the patient or a parent or legal guardian of the patient to the extent permitted under ORS 109.640 and 109.675.

(2) A hospital shall adopt and enforce policies for the discharge of a patient who is hospitalized for mental health treatment. The policies must be publicly available and include, at a minimum, all of the following:

(a) Encouraging the patient to sign an authorization for the disclosure of information that is necessary for a lay caregiver to participate in the patient's discharge planning and to provide appropriate support to the patient following discharge including, but not limited to, discussing the patient's prescribed medications and the circumstances under which the patient or lay caregiver should seek immediate medical attention.

(b) Assessing the patient's risk of suicide, with input from the lay caregiver if appropriate.

(c) Assessing the long-term needs of the patient including:

(A) The patient's need for community-based services;

(B) The patient's capacity for self-care; and

(C) To the extent practicable, whether the patient can be properly cared for in the place where the patient was residing when the patient presented at the hospital.

(d) A process to coordinate the patient's care and transition the patient from an acute care setting to outpatient treatment that may include community-based providers, peer support, lay caregivers and others who can execute the patient's care plan following discharge.

(e) Scheduling follow-up appointments for no later than seven days after discharge or documenting why the seven-day goal could not be met. [2015 c.466 §2]

441.198 Discharge to care of lay caregiver. (1) As used in this section:

(a) "Aftercare" includes all of the following:

(A) Assistance with activities of daily living or instrumental activities of daily living.

(B) Medical or nursing tasks such as wound care, the administration of medications and the operation of medical equipment.

(C) Other assistance provided by a caregiver to a patient, following the patient's discharge, that is related to the patient's condition at the time of discharge.

(b) "Discharge" means a patient's release from a hospital following the patient's admission to the hospital.

(c) "Lay caregiver" means an individual who, at the request of a patient, agrees to provide aftercare to the patient in the patient's residence.

(2) A hospital shall adopt and maintain written discharge policies. The policies must include the following components:

(a) Hospital staff assess the patient's ability for self-care after discharge;

(b) The patient is provided an opportunity to designate a lay caregiver;

(c) The patient and lay caregiver are given the opportunity to participate in the discharge planning;

(d) The patient and lay caregiver are provided instruction or training, prior to discharge, as necessary for the lay caregiver to perform medical and nursing aftercare following discharge; and

(e) The patient's lay caregiver is notified of the patient's discharge or transfer.

(3) The discharge policies must specify the requirements for documenting:

(a) The lay caregiver who is designated by the patient; and

(b) The details of a discharge plan.

(4) The discharge policies may incorporate established evidence-based practices, including but not limited to:

(a) Standards for accreditation adopted by the Joint Commission or other nationally recognized hospital accreditation organization; or

(b) The Conditions of Participation for hospitals adopted by the Centers for Medicare and Medicaid Services.

(5) The discharge policies must ensure that the discharge planning is appropriate to the condition of the patient and shall be interpreted in a manner and as necessary to meet the needs and acuity of the patient and the abilities of the lay caregiver.

(6) This section does not require a hospital to adopt discharge policies that would:

(a) Delay a patient's discharge or transfer to another facility; or

(b) Require the disclosure of protected health information without obtaining a

patient's consent as required by state and federal laws governing health information privacy and security. [2015 c.263 §2]

441.200 [1951 s.s. c.13 §2; renumbered 440.310]

441.205 [Amended by 1969 c.343 §1; renumbered 440.315]

441.210 [Amended by 1969 c.343 §2; 1971 c.727 §114; renumbered 440.320]

441.215 [Repealed by 1957 s.s. c.13 §4 (441.216 enacted in lieu of 441.215)]

441.216 [1957 s.s. c.13 §5 (enacted in lieu of 441.215); 1969 c.343 §3; repealed by 1971 c.727 §203]

441.220 [Amended by 1969 c.343 §4; repealed by 1971 c.727 §203]

ADVISORY COMMITTEE ON PHYSICIAN CREDENTIALING INFORMATION

441.221 Advisory Committee on Physician Credentialing Information; membership; terms. (1) The Advisory Committee on Physician Credentialing Information is established within the Oregon Health Authority. The committee consists of nine members appointed by the Director of the Oregon Health Authority or the director's designee as follows:

(a) Three members who are health care practitioners licensed by the Oregon Medical Board or representatives of health care practitioners' organizations doing business within the State of Oregon;

(b) Three representatives of hospitals licensed by the Oregon Health Authority; and

(c) Three representatives of health care service contractors that have been issued a certificate of authority to transact health insurance in this state by the Department of Consumer and Business Services.

(2) All members appointed pursuant to subsection (1) of this section must be knowledgeable about national standards relating to the credentialing of health care practitioners.

(3) The term of appointment for each member of the committee is three years. If, during a member's term of appointment, the member no longer qualifies to serve as designated by the criteria of subsection (1) of this section, the member must resign. If there is a vacancy for any cause, the director or the director's designee shall make an appointment to become immediately effective for the unexpired term.

(4) Members of the committee are not entitled to compensation or reimbursement of expenses. [Formerly 442.800; 2015 c.318 §25; 2017 c.101 §33; 2017 c.384 §6]

Note: 441.221 to 441.223 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.222 Committee recommendations.

(1) The Advisory Committee on Physician Credentialing Information shall develop and submit recommendations to the Director of the Oregon Health Authority for the collection of uniform information necessary for credentialing organizations to credential health care practitioners seeking designation as a participating provider or member of a credentialing organization. The recommendations must specify:

(a) The content and format of a credentialing application form; and

(b) The content and format of a recredentialing application form.

(2) The committee shall meet at least once every calendar year to review the uniform credentialing information and to assure the director that the information complies with credentialing standards developed by national accreditation organizations and applicable regulations of the federal government.

(3) The Oregon Health Authority shall provide the support staff necessary for the committee to accomplish its duties. [Formerly 442.805; 2015 c.318 §26]

Note: See note under 441.221.

441.223 Implementation of committee recommendations; rules. (1) Upon receiving the recommendations of the Advisory Committee on Physician Credentialing Information, the Oregon Health Authority shall:

(a) Adopt administrative rules in a timely manner, as required by the Administrative Procedures Act, for the purpose of effectuating the provisions of ORS 441.221 to 441.223;

(b) Consult with the advisory group convened under ORS 441.232 to review the recommendations and obtain advice on the rules; and

(c) Ensure that the rules adopted by the Oregon Health Authority are identical and are consistent with the recommendations developed pursuant to ORS 441.222 for affected credentialing organizations.

(2) The uniform credentialing information required pursuant to the administrative rules of the Oregon Health Authority represents the minimum uniform credentialing information required by the affected credentialing organizations. Except as provided in subsection (3) of this section, a credentialing organization may request additional credentialing information from a health care practitioner for the purpose of completing credentialing procedures used by the credentialing organization to credential health care practitioners.

(3) In credentialing a telemedicine provider, a hospital is subject to the requirements prescribed by rule by the authority under ORS 441.056. [Formerly 442.807]

Note: See note under 441.221.

ELECTRONIC CREDENTIALING INFORMATION

441.224 Definitions for ORS 441.224 to 441.233. As used in ORS 441.224 to 441.233:

(1) "Credentialing information" means information necessary to credential or recredential a health care practitioner.

(2) "Credentialing organization" means a hospital or other health care facility, physician organization or other health care provider organization, coordinated care organization, business organization, insurer or other organization that credentials health care practitioners.

(3) "Health care practitioner" means an individual authorized to practice a profession related to the provision of health care services in this state for which the individual must be credentialed.

(4) "Health care regulatory board" means a board or other agency that authorizes individuals to practice a profession related to the provision of health care services for which the individual must be credentialed. [2013 c.603 §2]

441.225 [Repealed by 1971 c.727 §203]

441.226 Electronic credentialing information program. (1)(a) The Oregon Health Authority, in consultation with the advisory work group convened under ORS 441.232, shall establish a program for the purpose of providing to a credentialing organization access to information that is necessary to credential or recredential a health care practitioner.

(b) To fulfill the requirements of this subsection, the authority shall establish and operate an electronic system through which credentialing information may be submitted to an electronic database and accessed. The system must operate and be accessible by credentialing organizations, health care practitioners and health care regulatory boards 24 hours a day, seven days a week. The authority may contract with a private entity to ensure the effective establishment and operation of the system.

(c) To the greatest extent practicable, the electronic system shall use the most accessible and current technology available.

(2) In consultation with the advisory work group convened under ORS 441.232, the authority shall adopt rules for the operation of the electronic system, including:

(a) Identification of the type of information that is necessary to credential or recredential each type of health care practitioner;

(b) Processes by which a health care practitioner or health care regulatory board submits credentialing information to the authority or an entity that has entered into a contract with the authority under subsection (1)(b) of this section;

(c) Processes, as required by recognized state and national credentialing standards, by which credentialing information submitted under ORS 441.228 is verified;

(d) Processes by which a credentialing organization, health care practitioner or health care regulatory board may electronically access the database;

(e) Processes by which a health care practitioner may attest that the credentialing information in the electronic database is current;

(f) The purposes for which credentialing information accessed by a credentialing organization or health care regulatory board may be used; and

(g) The imposition of fees, not to exceed the cost of administering ORS 441.224 to 441.233, on health care practitioners who submit credentialing information to the database and credentialing organizations that access the database.

(3) All information, except for general information used for directories, as defined by the authority by rule, that is received, kept and maintained in the database under this section is exempt from public disclosure under ORS 192.311 to 192.478. [2013 c.603 §3]

441.227 [1965 c.403 §2; 1969 c.343 §5; repealed by 1971 c.727 §203]

441.228 Submission of credentialing information; civil immunity. (1)(a) As a condition of being authorized to practice a profession in this state, a health care practitioner or designee must submit to the Oregon Health Authority, an entity that has entered into a contract with the authority under ORS 441.226 (1)(b) or a health care regulatory board the credentialing information identified by the authority under ORS 441.226 (2)(a).

(b) A health care practitioner that, in good faith, submits credentialing information under this subsection is immune from civil liability that might otherwise be incurred or imposed with respect to the submission of that credentialing information.

(2) The authority may require a health care regulatory board, after consulting with the health care regulatory board, to provide or supplement the credentialing information

identified by the authority under ORS 441.226 (2)(a).

(3)(a) A credentialing organization shall obtain from the authority, or an entity that has entered into a contract with the authority under ORS 441.226 (1)(b), the credentialing information of the health care practitioner that is kept and maintained in the electronic database described in ORS 441.226. A credentialing organization may not request credentialing information from a health care practitioner if the credentialing information is available through the database. However, nothing in ORS 441.224 to 441.233 shall prevent a credentialing organization from requesting additional credentialing information from a health care practitioner for the purpose of completing credentialing procedures for the health care practitioner used by the credentialing organization.

(b) A credentialing organization that, in good faith, uses credentialing information provided under this subsection for the purposes established by the authority under ORS 441.226 (2)(e) is immune from civil liability that might otherwise be incurred or imposed with respect to the use of that credentialing information. [2013 c.603 §4]

441.229 Exemption from electronic credentialing information program. A prepaid group practice health plan that serves at least 200,000 members in this state and that has been issued a certificate of authority by the Department of Consumer and Business Services may petition the Director of the Oregon Health Authority to be exempt from the requirements of ORS 441.224 to 441.233. The director may award the petition if the director determines that subjecting the health plan to ORS 441.224 to 441.233 is not cost-effective. If a petition is awarded under this section, the exemption also applies to any health care facilities and health care provider groups associated with the health plan. [2013 c.603 §5]

441.230 [Amended by 1965 c.403 §3; 1969 c.343 §6; repealed by 1971 c.727 §203]

441.232 Advisory group. At least once per year, the Oregon Health Authority shall convene an advisory group consisting of individuals who represent credentialing organizations, health care practitioners and health care regulatory boards to review and advise the authority on the implementation of ORS 441.224 to 441.233 and on the standard credentialing application used in this state. [2013 c.603 §7]

441.233 Rules. The Oregon Health Authority shall adopt rules necessary for the administration of ORS 441.224 to 441.233. [2013 c.603 §6; 2017 c.101 §34; 2017 c.384 §7]

441.235 [Amended by 1969 c.343 §7; repealed by 1971 c.647 §149 and 1971 c.727 §203]

441.240 [Amended by 1959 c.69 §1; repealed by 1971 c.647 §149]

441.245 [Repealed by 1957 s.s. c.13 §8]

441.250 [Repealed by 1971 c.647 §149]

441.255 [Repealed by 1971 c.647 §149 and 1971 c.727 §203]

441.260 [Amended by 1969 c.343 §8; repealed by 1971 c.727 §203]

441.265 [Repealed by 1971 c.647 §149 and 1971 c.727 §203]

441.270 [Amended by 1969 c.343 §9; repealed by 1971 c.727 §203]

441.275 [Amended by 1969 c.343 §10; repealed by 1971 c.727 §203]

TRUSTEE OR TEMPORARY MANAGER TO ENSURE COMPLIANCE WITH CARE RULES

441.277 Definitions for ORS 441.277 to 441.323. As used in ORS 441.277 to 441.323:

(1) “Facility” means a long term care facility as defined in ORS 442.015 or a residential care facility as defined in ORS 443.400. “Facility” does not include facilities licensed, certified or otherwise authorized under ORS 418.205 to 418.327, 418.470, 418.475 or 418.950 to 418.970 by the Department of Human Services.

(2) “Licensee” means any person licensed by the department to operate a facility other than a trustee appointed under ORS 441.281 or a temporary manager appointed under ORS 441.333.

(3) “Monitor” means an agent of the Director of Human Services designated by the director to observe the operation of a facility. [1981 c.868 §1; 1987 c.428 §17; 1987 c.548 §5; 2001 c.900 §173; 2003 c.14 §254; 2009 c.539 §20; 2016 c.106 §49]

441.280 [Amended by 1969 c.343 §11; 1971 c.727 §117; renumbered 440.325]

441.281 Petition for appointment of trustee; hearing; order. (1) The Director of Human Services may petition the circuit court for Marion County or for the county in which a facility is located for an order appointing a trustee to administer the facility for a period not to exceed 18 months.

(2) The court shall hold a hearing on a petition filed under this section within 10 days of the filing of the petition. The petition shall be placed at the head of the docket.

(3) The petition and notice of the hearing shall be served on the licensee for the facility. Service at the facility to the individual in charge shall be considered service on the licensee.

(4) If the court determines at the hearing that grounds exist under ORS 441.286 for the appointment of a trustee under this section, the court shall enter the order.

(5) If there exists a serious and immediate risk of harm or death to patients of a facility, the director may file with the petition described in subsection (1) of this section an ex parte motion for the preliminary appointment of a trustee. The motion shall be supported by affidavits demonstrating the qualifications of the proposed trustee and the need for an immediate appointment of a trustee to protect the patients prior to a hearing. If the court grants the motion for the preliminary appointment of a trustee, the court shall set a hearing on the merits of the petition within five judicial days. Pending the court’s order on the petition described in subsection (1) of this section, a preliminary trustee appointed pursuant to this subsection shall have all of the powers and duties described in ORS 441.289. [1981 c.868 §2; 1985 c.648 §1; 1987 c.428 §18; 2009 c.539 §1]

441.285 [Amended by 1969 c.343 §12; repealed by 1969 c.343 §28; amended by 1969 c.669 §8; 1973 c.796 §61; renumbered 440.330]

441.286 Grounds for appointment of trustee. There are grounds for the appointment of a trustee under ORS 441.281 if a court finds that the health and welfare of patients in a facility are or in the immediate future will be in jeopardy and the finding is based on one or more of the following:

(1) Prior inspections or investigations of complaints by the Department of Human Services revealed that the facility was not in compliance with rules of the department and the department’s attempts to bring the facility into compliance are unsuccessful.

(2) The health and welfare of patients at the facility are in jeopardy due to continued noncompliance of the facility over a seven-day period after an inspection or investigation of a complaint, demonstrated by one or more of the following:

(a) Physicians’ orders are not being followed correctly.

(b) Direct patient care is lacking or inadequate to the point that a patient has suffered or is suffering physical harm.

(c) The levels of staffing are deficient to the point of causing physical or mental harm to a patient.

(d) The department has determined that a physical injury to a patient of a facility has been caused by other than accidental means and the licensee has not taken necessary action.

(3) The licensee is unwilling or unable to upgrade the quality of patient care to the level necessary to protect the health and welfare of the patients.

(4) The facility is insolvent.

(5) The department has revoked or suspended the license of the facility.

(6) The licensee intends to cease operations and to close the facility and has not made adequate arrangements for relocation of the patients.

(7) The monitors are refused access to the facility.

(8) The licensee agreed to the appointment of a temporary manager under ORS 441.333, but subsequently revoked consent for a temporary manager or is interfering with the ability of the temporary manager to operate the facility. [1981 c.868 §3; 1985 c.648 §2; 1987 c.428 §19; 2009 c.539 §2]

441.289 Powers and duties of trustee.
A trustee appointed under ORS 441.281:

(1) May exercise any powers and shall perform any duties required by the court.

(2) Shall operate the facility in such a manner as to protect the health and welfare of the patients.

(3) Shall have the same rights to possession of the building in which the facility is located and of all goods and fixtures in the building at the time the petition for the appointment of the trustee is filed as the licensee would have had if the trustee had not been appointed.

(4) Shall take such action as is reasonably necessary to protect and conserve the assets and property the trustee takes in possession, or the proceeds of any transfer thereof, and may use them only in the performance of the powers and duties set forth in this section and by order of the court.

(5) May receive and spend the facility's income and encumber its assets to the extent specifically authorized by the court and do all acts necessary or appropriate to promote the health and safety of the patients.

(6) Shall have the power to maintain an action to reach the assets of the parent corporation if it appears to the court that the parent corporation is the actual controlling owner of the facility and that the named owner is not in control of the facility.

(7) May use the building, fixtures, furnishings and any accompanying consumable goods in the provision of care and services to patients at the time the petition for the appointment of the trustee was filed.

(8) Shall collect payments for all goods and services provided to patients during the period of the trust, at the same rate of payment charged by the facility at the time the petition for the appointment of the trustee was filed, unless a different rate is set by the court.

(9) May correct or eliminate any deficiency in the structure or furnishings of the facility which endangers the health or wel-

fare of the patients while they remain in the facility. However, the total cost of correction may not exceed \$3,000 unless the court orders expenditures for this purpose in excess of \$3,000 upon application by the trustee.

(10) May make contracts and hire agents and employees to assist the trustee in carrying out the powers and duties described in this section, subject to approval by the court.

(11) Except as provided in ORS 441.296, shall honor all leases, mortgages and secured transactions governing the building in which this facility is located and all goods and fixtures in the building of which the trustee has taken possession, but only to the extent of payments which, in the case of a rental agreement, are for the use of the property during the period of the trust, or which, in the case of a purchase agreement, come due during the period of the trust.

(12) May direct, manage and discharge employees of the facility, subject to any contract rights they may have.

(13) Shall pay employees at the same rate of compensation, including benefits, that the employees would have received from the owner, operator or other controlling person, except the trustee shall compensate employees only for time actually worked during the period of the trust and shall not be responsible for reimbursement for vacations or periods of sick leave. However, in no case shall a trustee compensate any employee of a facility in an amount which is less than the minimum amount required by law.

(14) Shall be entitled to take possession of all property or assets belonging to patients that are in the possession of the long term care facility.

(15) Shall preserve and protect all property, assets and records of patients of which the trustee takes possession.

(16) May prohibit any person, including a licensee, from entering or remaining on the premises if in the opinion of the trustee the person is interfering or has materially interfered with the ability of the trustee to exercise the powers and duties under this section.

(17) If the facility ceases to operate and closes during the period of the trust and any patient is transferred as a result, shall ensure that:

(a) Transportation of the patient, the patient's belongings and the medical record to the new location is provided.

(b) Aid for locating alternative placements is available to the patient or the patient's legal representative.

(c) Each patient is physically and mentally prepared for transfer to avoid possible trauma due to the transfer.

(d) Each patient or the patient's legal representative is permitted to participate in the selection of the new placement.

(18) Is an agent of the state for purposes of ORS 30.260 to 30.300 for which the Department of Human Services shall be assessed and the department may use the Facility Fund established under ORS 441.303 to pay the assessment. [1981 c.868 §4; 1985 c.731 §28; 1987 c.428 §20; 1997 c.249 §140; 2009 c.539 §3]

441.290 [Renumbered 440.335]

441.293 Liability to trustee for goods and services after notice; effect of non-payment. (1) A person who is served with notice of an order of the court appointing a trustee, with the trustee's name and address, shall be liable to pay the trustee for any goods or services provided by the trustee after the date of the order if the person would have been liable for the goods or services as supplied by the licensee. The trustee shall give a receipt for each payment and shall keep a copy of each receipt on file. The trustee shall deposit amounts received in a special account and may use this or any other similar account for disbursements.

(2) The trustee may bring an action to enforce the liability created by subsection (1) of this section. Proof of payment to the trustee is as effective in favor of the person making the payment as payment of the amount to the person who would have been entitled to receive the sum so paid.

(3) A patient shall not be discharged, nor shall any contract or rights be forfeited or impaired, nor shall forfeiture or liability be increased, by reason of an omission to pay a licensee a sum paid to the trustee. [1981 c.868 §5; 2009 c.539 §4]

441.295 [Amended by 1969 c.343 §§13,27; 1969 c.344 §6; 1971 c.403 §7; renumbered 440.340]

441.296 Liability for rent or contracts.

(1) A trustee is not required to honor any lease, mortgage, secured transaction or other wholly or partially executory contract entered into by the licensee if in the judgment of the court the terms thereof are unconscionable.

(2) If the trustee is in possession of real estate or goods subject to a lease, mortgage or security interest which the trustee is permitted to avoid under subsection (1) of this section, and if the real estate or goods are necessary for the continued operation of the facility, the trustee may apply to the court to set a reasonable rental. The court shall hold a hearing on the application within 15 days. The trustee shall send notice of the application to any known owners of the

property involved at least 10 days prior to the hearing. Payment by the trustee of the amount determined by the court to be reasonable is a defense to any action against the trustee for payment or for possession of the goods or real estate subject to the lease or mortgage involved by any person who received such notice. However, the payment does not relieve the licensee of any liability for the difference between the amount paid by the trustee and the amount due under the original lease or mortgage involved. [1981 c.868 §6; 2009 c.539 §5]

441.300 [Amended by 1969 c.343 §14; repealed by 1969 c.343 §29 and 1969 c.345 §20]

441.301 Payment of expenses when income inadequate. If funds collected under ORS 441.289 and 441.293 are insufficient to meet the expenses of performing the powers and duties conferred on the trustee by ORS 441.277 to 441.323 or on the temporary manager pursuant to ORS 441.333, or if there are insufficient funds on hand to meet those expenses, the Department of Human Services may draw from the Facility Fund established in ORS 441.303 to pay those expenses. Moneys drawn under this section that are not applied to the expenses of the trust shall be used to reimburse the fund for advances made under this section. [1981 c.868 §7; 2009 c.539 §6]

441.303 Establishment of Facility Fund; fees from facilities in addition to license or application fee; use of fees. (1) The Facility Fund is established in the State Treasury, separate and distinct from the General Fund, consisting of payments made by facilities to the Department of Human Services as specified in this section. Interest earned by the Facility Fund shall be credited to the fund. Moneys in the fund are continuously appropriated to the department for the purpose of paying:

(a) The reasonable expenses of a trustee appointed under ORS 441.281 if funds collected by a trustee under ORS 441.289 and 441.293 are insufficient to meet those expenses; or

(b) The reasonable expenses of a temporary manager appointed under ORS 441.333 if funds collected by a temporary manager are insufficient to meet those expenses.

(2) Each licensee shall pay annually to the department an amount not to exceed the annual license fee or application fee for the facility under ORS 441.020 or 443.415. The facility payment shall be due annually on a date fixed by the department and enforced in the same manner as the license fee for the particular facility is payable and enforceable. The amount of payments shall be set so as to acquire in the fund the \$750,000 described in subsection (3) of this section.

(3) Whenever the balance of moneys in the fund established under this section reaches \$750,000, the department shall discontinue collecting the facility payment described in subsection (2) of this section. However, whenever the fund balance falls below \$600,000, the department shall reinstitute the facility payment described in subsection (2) of this section until the fund is restored to at least \$750,000. The department's notice of intent to reinstitute the facility payment shall include a summary of the amounts expended by the department from the fund and the balance of the fund on the date of the notice. The department may use reasonable amounts from the fund necessary to administer the fund.

(4) Whenever the department is required to use any amount in the fund to meet the expenses of a trustee appointed under ORS 441.281 or a temporary manager appointed under ORS 441.333, the amount used shall constitute a loan to the facility and shall be repayable to the fund under such terms and conditions as the facility and the department agree. The rate of interest shall be set by the department to reflect the prevailing market rate on similar loans. Interest earned under this subsection shall be credited to the fund established under this section.

(5) The facility payment described in subsection (2) of this section shall be considered an allowable cost in setting the reimbursement rates of a facility by the department.

(6) The court may order that the trustee file an undertaking with the clerk of the court. The fund established under this section may serve as surety for the undertaking. [1981 c.868 §7a; 1983 c.787 §1; 1987 c.428 §21; 1989 c.966 §49; 2003 c.14 §255; 2009 c.539 §7; 2017 c.679 §38]

441.305 [Amended by 1969 c.343 §15; 1971 c.647 §79; renumbered 440.350]

441.306 Compensation of trustee. The court shall set the compensation of the trustee. That compensation and the compensation of the employees shall be considered a necessary expense of the trust. [1981 c.868 §8]

441.307 [1957 s.s. c.13 §7; 1969 c.343 §16; repealed by 1971 c.647 §149]

441.308 [Repealed by 1957 s.s. c.13 §8]

441.309 Trustee as public employee. (1) In any action or special proceeding brought against a trustee in the trustee's official capacity for acts committed while carrying out the powers granted and duties imposed by ORS 441.277 to 441.323, the trustee shall be considered a public employee.

(2) A trustee may be held liable in a personal capacity only for the trustee's own gross negligence, intentional acts or breach of fiduciary duty. [1981 c.868 §9]

441.310 [Amended by 1959 c.616 §1; 1969 c.343 §17; repealed by 1971 c.647 §149]

441.312 License renewal of facility placed in trust. Notwithstanding other provisions of law concerning licensing of long term care facilities, a license renewal may be issued to a facility placed in trust under ORS 441.281. The duration of a license issued under this section is limited to the duration of the trust. [1981 c.868 §10; 2009 c.539 §8]

441.315 [Amended by 1971 c.647 §80; renumbered 440.355]

441.316 Termination of trust; extension; license revocation. (1) The court may terminate a trust if the time period specified in the order appointing the trustee lapses or if the patients in the facility have been provided with care in another facility or upon petition of the licensee if the licensee intends to discontinue the operation of or close the facility during the period of trust. The court may use its discretion in terminating a trust upon petition of the licensee to determine whether discontinuance or closure will promote the health and safety of the patients.

(2) At the expiration of the period for which the trustee was appointed, the court shall make a determination as to the future of the facility based upon evidence presented to the court. At that time the court may decide to:

(a) Order the Department of Human Services to issue a new license to the person that was the licensee when the department filed the petition under ORS 441.281 and permit the facility to continue in operation;

(b) Extend the period of appointment of the trustee by not more than 90 days; or

(c) Order the department without further administrative hearing to revoke the license of the facility.

(3) Nothing in ORS 441.277 to 441.323 is intended to limit or prohibit any licensee from ceasing the operation of and closing a facility during the period of the trust. However, the licensee intending to do so shall give written notice of the intended action to the trustee pursuant to rules of the department. The trustee may continue to operate the facility for a period of not more than 60 days after notice is received. The licensee shall be liable for any expenses incurred in the operation of the facility during this period. [1981 c.868 §11; 1987 c.428 §22; 2009 c.539 §9]

441.318 Trustee accounting; deficiencies; lien. (1) Within 60 days following the creation of the trust by the court, and every 60 days thereafter, and within 30 days after the termination of the trust, the trustee shall give the court and the Department of Human Services a complete accounting of all property of which the trustee has taken pos-

session, all funds collected under ORS 441.289 and 441.293 and all expenses incurred by the trust. The trustee shall prepare and file a report with the court and the department making recommendations concerning the current condition of the facility and projections for future operation of the facility and the conditions of the health and welfare of the patients.

(2)(a) If the funds collected by the trustee under ORS 441.289 and 441.293 exceed the reasonable expenses of the trust, the court shall order payment of the surplus to the licensee after reimbursement to the department of amounts contributed from the Facility Fund established under ORS 441.303.

(b) If the funds are insufficient to cover the reasonable expenses of the trust, the department may move the court for an order requiring the licensee to pay the deficiency to the department. The motion shall contain the following statement in bold:

Notice to _____

The Department of Human Services has filed this motion to recover from you costs incurred as a result of the operation of a facility under ORS 441.277 to 441.323. The court may enter a money judgment against you if you fail to respond to this motion within 20 days of service of this motion upon you.

(c) The department shall serve the motion personally or by first class mail at the last-known address of the licensee. If the licensee fails to file a response to the motion within 20 days of service, the court shall enter an order and judgment accordingly. If the licensee files a timely response, the court shall set a date for a hearing at which the court shall determine whether the expenses incurred by the trust are reasonable.

(d) The licensee is not liable for expenses in excess of what the court finds to be reasonable. The court shall enter a money judgment against the licensee in an amount that does not exceed the reasonable expenses. Payment recovered from the licensee shall be credited to reimburse the Facility Fund established under ORS 441.303.

(3) The department shall have a lien for any deficiency established under subsection (2) of this section upon any real property and other beneficial interest, direct or indirect, of any licensee, any fixtures, equipment or goods used in the operation of the facility and the proceeds from a conveyance of any such property or interest made by the li-

ensee within the 12 months prior to the filing of the petition for appointment of a trustee.

(4) The lien provided in subsection (3) of this section is prior to any lien or other interest that originates subsequent to the filing of a petition for appointment of a trustee under ORS 441.281, except for a construction lien arising out of work performed with the express consent of the trustee.

(5) The lien established under subsection (3) of this section may be recorded in the County Clerk Lien Record described in ORS 205.130. [1981 c.868 §12; 1987 c.428 §23; 2009 c.539 §10]

441.320 [Amended by 1967 c.37 §1; 1967 c.353 §1; 1971 c.89 §1; 1971 c.727 §118; renumbered 440.360]

441.323 Effect of trust or temporary management on prior obligations or civil or criminal liabilities. (1) Nothing in ORS 441.277 to 441.323 is intended:

(a) To relieve any licensee of the facility placed in trust under ORS 441.281 or under temporary management pursuant to ORS 441.333 of any civil or criminal liability incurred, or any duty imposed by law by reason of acts or omissions of the licensee prior to the appointment of a trustee under ORS 441.281.

(b) To suspend any obligation of the licensee for payment of taxes or other operating and maintenance expenses of the facility or payment of mortgages or other liens during the term of the trust or the temporary management.

(2) A licensee may not be held professionally liable for acts or omissions of the trustee or the trustee's employees during the term of the trust or of the temporary manager or the temporary manager's employees during the period of temporary management. [1981 c.868 §13; 2009 c.539 §11]

441.325 [Renumbered 440.365]

441.330 [Renumbered 440.370]

441.331 Definition of "facility" for ORS 441.331 to 441.341. As used in ORS 441.331 to 441.341, "facility" has the meaning given that term in ORS 441.277. [2009 c.539 §14]

Note: 441.331 to 441.341 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.333 Appointment of temporary manager. (1) The Department of Human Services, with the consent of the licensee, may appoint for a period not to exceed six months a temporary manager to assume control of the day-to-day operation of the facility if the department determines that the health or safety of patients in a facility are, or in the immediate future will be, in jeopardy based upon:

(a) The facility's unwillingness or inability to comply with department rules in the operation of the facility;

(b) The imminent insolvency of the facility;

(c) The department's revocation or suspension of the license of the facility; or

(d) The department's determination that the licensee intends to cease operations and to close the facility without adequate arrangements for the relocation of the patients.

(2) A temporary manager has all of the duties and powers, as prescribed by the department by rule or as agreed upon between the department and the licensee, that are necessary to ensure the safety and well-being of the patients and the continued operation of the facility.

(3) The department shall compensate a temporary manager as agreed upon by the department and the licensee. Compensation of a temporary manager and compensation of any employees or agents of the temporary manager reasonably necessary to assist the temporary manager in the operation of the facility shall be considered a reasonable expense for the purpose of withdrawing funds from the Facility Fund established in ORS 441.303. [2009 c.539 §15]

Note: See note under 441.331.

441.335 [Amended by 1963 c.9 §25; 1969 c.343 §18; renumbered 440.375]

441.336 Accounting by temporary manager; deficiencies; lien. (1) Within 30 days following the appointment of a temporary manager under ORS 441.333, and every 30 days thereafter and within 30 days after the termination of the period of temporary management, the temporary manager shall give the Department of Human Services and the licensee a complete accounting of all property that the temporary manager has taken possession, all funds collected and all expenses incurred by the temporary manager on behalf of the facility and the expenditure of any funds withdrawn from the Facility Fund established under ORS 441.303 to pay those expenses.

(2) If a facility's income or assets are insufficient to meet the expenses of a temporary manager in the operation of the facility, the department may withdraw funds from the Facility Fund established under ORS 441.303 to pay those expenses.

(3) If the department withdraws funds from the Facility Fund established under ORS 441.303 to pay the expenses of the temporary manager and compensation of any employees or agents of the temporary manager pursuant to ORS 441.333, the licensee

shall be liable to the department for the deficiency.

(4) The department shall provide an opportunity to contest the deficiency in accordance with ORS chapter 183. The department shall serve a notice of deficiency upon the licensee in accordance with ORS 183.415 (2). The notice shall conform to ORS 183.415 and shall explain:

(a) The amount of the deficiency; and

(b) That the department may have a lien for the amount of the deficiency upon any real property and other beneficial interest, direct or indirect, of the licensee, upon any fixtures, equipment or goods used in the operation of the facility and upon the proceeds of any conveyance of such property or interest by the licensee within the 12 months prior to the appointment of the temporary manager.

(5) The department shall have a lien for any deficiency established under subsection (4) of this section upon any real property and other beneficial interest, direct or indirect, of the licensee, upon any fixtures, equipment or goods used in the operation of the facility and upon the proceeds of any conveyance of such property or interest by the licensee in the 12 months prior to the appointment of the temporary manager.

(6) The department shall conduct any hearing under this section as a contested case hearing in accordance with ORS chapter 183 and the rules of the department. The department may serve the final order without serving a proposed order. The only issues to be decided in the hearing are:

(a) The amount of the deficiency; and

(b) Whether the expenses incurred by the temporary manager are reasonable.

(7) The lien authorized by subsection (5) of this section is prior to any lien or other interest that arises subsequent to the appointment of a temporary manager, except for a construction lien arising out of work begun before the appointment and continued with the express consent of the temporary manager.

(8) The lien provided in subsection (5) of this section may be recorded in the County Clerk Lien Record maintained under ORS 205.130.

(9) Income received by the temporary manager on behalf of the facility and not applied to the operating expenses of the facility and any deficiency recovered by the department under this section shall be used to reimburse the Facility Fund established under ORS 441.303 for any withdrawal of funds authorized by this section. [2009 c.539 §16]

Note: See note under 441.331.

441.338 Temporary manager as agent of state agency. In any action or proceeding brought against a temporary manager in the temporary manager's official capacity for acts committed while carrying out the powers and duties authorized by the Department of Human Services by rule or as agreed upon between the department and the licensee, the temporary manager shall be considered an agent of the department under ORS 30.260 to 30.300. [2009 c.539 §17]

Note: See note under 441.331.

441.340 [Repealed by 1971 c.647 §149]

441.341 Rules. The Department of Human Services shall adopt rules necessary to implement ORS 441.331 to 441.341, including but not limited to the criteria for the appointment of a temporary manager of a facility, the qualifications of a temporary manager and the powers and duties of a temporary manager. [2009 c.539 §18]

Note: See note under 441.331.

441.345 [Amended by 1969 c.2 §1; 1969 c.343 §19; 1969 c.694 §7; 1971 c.36 §4; renumbered 440.380]

441.350 [Amended by 1969 c.343 §20; renumbered 440.385]

441.355 [Renumbered 440.390]

MOVES FROM LONG TERM CARE FACILITIES AND RESIDENTIAL CARE FACILITIES

441.357 Definitions for ORS 441.357 to 441.367. As used in ORS 441.357 to 441.367:

(1) "Informed written consent" means voluntary consent in writing given after receipt and understanding of a written statement of a resident's rights under ORS 441.362 (1) to (5).

(2) "Long term care facility" means any long term care facility as defined in ORS 442.015.

(3) "Move from a long term care facility" means any move, relocation, discharge or transfer out of a long term care facility which terminates residence at the long term care facility.

(4) "Resident" means an individual receiving care in a long term care facility. [1983 c.269 §1; 1985 c.747 §51]

441.360 [Amended by 1963 c.9 §26; 1969 c.694 §8; renumbered 440.395]

441.362 Notice by Department of Human Services prior to move or termination; hearing; consent to move; who may consent. (1) The Department of Human Services shall not move any resident from a long term care facility or terminate payment for a resident of a long term care facility without providing 30 days' written notice to the resident of the reasons for the move or

termination of payment, the resident's right to a hearing in accordance with ORS chapter 183 and the grounds for contesting the move or termination of payment.

(2) Written notice in accordance with this section shall be provided by the department in all moves, including situations where the resident requests or initiates the move.

(3) The request for hearing must be made to the department within 10 days of the service or delivery of the written notice to move.

(4) Notwithstanding subsection (1) of this section, the department may move a resident less than 30 days after the service of the notice if the resident gives informed written consent to the move or termination of payment.

(5) In the event the resident is cognitively impaired, informed written consent can only be given by a guardian, conservator, person holding a general power of attorney, person designated by the resident to receive notice of a move or termination of payment or person who requested the receipt of notice of a move or termination of payment. [1983 c.269 §2]

441.365 [Amended by 1961 c.396 §1; 1969 c.343 §20a; 1969 c.694 §9; 1971 c.36 §5; 1973 c.284 §3; renumbered 440.400]

441.367 Facility required to give notice of base rate and policy on nonpayment; rules; notice of changes; civil penalty. (1) The Department of Human Services by rule shall require long term care facilities licensed under ORS 441.020 to provide written and oral notice before or at the time of admission to any resident who does not receive medical assistance under ORS chapter 414, specifying:

(a) The base daily rate and any additional expenses reasonably to be expected including medical supplies, pharmacy and doctor visits and the charges for incontinency care, feeding and laundry; and

(b) The long term care facility's policy regarding residents who become unable to pay facility charges by reason of exhaustion of all income and resources to or below the level of eligibility for medical assistance.

(2) A long term care facility shall give 30 days' notice in writing to all residents of changes in additional expenses or charges.

(3) The Director of Human Services may impose a civil penalty for violation of subsection (1) of this section under ORS 441.710 (1)(a)(C). [1983 c.269 §§3,4,5; 1987 c.428 §24; 2017 c.679 §39]

441.370 [Amended by 1969 c.343 §21; renumbered 440.405]

441.373 Admission to or removal from long term care facility, residential care facility or adult foster home of person convicted of sex crime. (1) As used in this section:

(a) “Adult foster home” has the meaning given that term in ORS 443.705.

(b) “Area agency” has the meaning given that term in ORS 410.040.

(c) “Long term care facility” has the meaning given that term in ORS 442.015.

(d) “Move from a long term care facility” has the meaning given that term in ORS 441.357.

(e) “Residential care facility” has the meaning given that term in ORS 443.400.

(2) If the Department of Human Services or an area agency knows that a person who is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005, is applying for admission to an adult foster home, a long term care facility or a residential care facility, the department or area agency shall notify the home or facility of the person’s status as a sex offender.

(3) When a person who is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005, applies for admission to an adult foster home, a long term care facility or a residential care facility, the person shall notify the home or facility of the person’s status as a sex offender.

(4) An adult foster home, a long term care facility or a residential care facility may refuse admission to a person who is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005.

(5)(a) An adult foster home may transfer or discharge a resident without reasonable advance notice of the transfer or discharge if:

(A) The home was not notified prior to admission of the resident that the resident is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005;

(B) The home learns that the resident is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005; and

(C) The resident meets the criteria established by the department by rule for transfer or discharge under this subsection.

(b) The home shall give the resident a copy of a written notice containing information about the resident’s right to a hearing in accordance with ORS chapter 183 and the

grounds for contesting the move at the time the home transfers or discharges the resident.

(6) Notwithstanding ORS 441.362 and 441.605 (4), the department may move a resident from a long term care facility without providing 30 days’ written notice to the resident if the department or area agency learns that the resident is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005. The department shall give the resident a copy of a written notice containing information about the resident’s right to a hearing in accordance with ORS chapter 183 and the grounds for contesting the move at the time the department moves the resident.

(7)(a) Notwithstanding ORS 441.605 (4), a long term care facility may transfer or discharge a resident without reasonable advance notice of the transfer or discharge if:

(A) The facility was not notified prior to admission of the resident that the resident is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005;

(B) The facility learns that the resident is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005; and

(C) The resident meets the criteria established by the department by rule for transfer or discharge under this subsection.

(b) The facility shall give the resident a copy of a written notice containing information about the resident’s right to a hearing in accordance with ORS chapter 183 and the grounds for contesting the move at the time the facility transfers or discharges the resident.

(8)(a) A residential care facility may transfer or discharge a resident without reasonable advance notice of the transfer or discharge if:

(A) The facility was not notified prior to admission of the resident that the resident is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005;

(B) The facility learns that the resident is on probation, parole or post-prison supervision after being convicted of a sex crime, as defined in ORS 163A.005; and

(C) The resident meets the criteria established by the department by rule for transfer or discharge under this subsection.

(b) The facility shall give the resident a copy of a written notice containing information about the resident’s right to a hearing in accordance with ORS chapter 183 and the grounds for contesting the move at the time

the facility transfers or discharges the resident.

(9) If a resident requests a hearing under subsection (5), (6), (7) or (8) of this section, the hearing must be held within five business days of the move, transfer or discharge of the resident.

(10) The department shall establish the criteria required by subsections (5)(a)(C), (7)(a)(C) and (8)(a)(C) of this section so that application of the criteria results in the identification of only those persons who present a current risk of harm to another person within the home or facility. [2005 c.671 §13; 2014 c.104 §7]

Note: 441.373 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.375 [Amended by 1973 c.284 §4; renumbered 440.410]

441.380 [Amended by 1969 c.343 §22; repealed by 1971 c.727 §203]

441.385 [Amended by 1969 c.343 §23; repealed by 1971 c.727 §203]

441.390 [Amended by 1969 c.343 §24; repealed by 1971 c.727 §203]

441.395 [Subsection (2) enacted as 1957 c.584 §1; repealed by 1969 c.343 §30]

441.400 [Amended by 1969 c.343 §25; repealed by 1971 c.727 §203]

LONG TERM CARE OMBUDSMAN

441.402 Definitions for ORS 441.402 to 441.419. As used in ORS 441.402 to 441.419:

(1) “Administrative action” means any action, inaction or decision made by an owner, employee or agent of a long term care facility or by a public agency that affects the services to residents of long term care facilities.

(2) “Designee” means an individual appointed by the Long Term Care Ombudsman under ORS 441.413 to serve as a representative in a local community in order to carry out the purpose of ORS 441.402 to 441.419.

(3) “Long term care facility” means:

(a) Any licensed skilled nursing facility or intermediate care facility, as defined in rules adopted under ORS 442.015;

(b) Adult foster homes, as defined in ORS 443.705, with residents over 60 years of age;

(c) Residential care facilities, as defined in ORS 443.400; and

(d) Continuing care retirement communities, as defined in ORS 101.020.

(4) “Long Term Care Ombudsman Program” means the services provided by the Long Term Care Ombudsman. [Formerly 441.100; 2017 c.441 §10]

441.403 Office of Long Term Care Ombudsman; terms; appointment; confirmation; qualifications. (1) The office of the Long Term Care Ombudsman is established. The Long Term Care Ombudsman shall function separately and independently from any other state agency. The Governor shall appoint the Long Term Care Ombudsman for a four-year term from a list of three nominees nominated by the Residential Ombudsman and Public Guardianship Advisory Board established under ORS 441.416. The appointment of the Long Term Care Ombudsman is subject to Senate confirmation under ORS 171.562 and 171.565. A vacancy shall be filled within 60 days in the same manner as an appointment is made.

(2) The Long Term Care Ombudsman may be removed for just cause, upon recommendation to the Governor by the Residential Ombudsman and Public Guardianship Advisory Board.

(3) The Long Term Care Ombudsman shall have background and experience in the following areas:

(a) The fields of aging, mental health or developmental disabilities;

(b) Physical or behavioral health care;

(c) Working with community programs;

(d) Strong understanding of long term care issues, both regulatory and policy;

(e) Working with health care providers;

(f) Working with and involvement in volunteer programs; and

(g) Administrative and managerial experience. [Formerly 441.103; 2017 c.441 §11]

441.404 Funding of office. The funding for the office of the Long Term Care Ombudsman shall include at least one percent of Title III(B) of the Older Americans Act (Public Law 89-73) funding received by this state. [Formerly 441.107]

441.405 [Amended by 1969 c.343 §26; repealed by 1971 c.727 §203]

441.406 Duties of ombudsman; rules.

(1) The Long Term Care Ombudsman shall carry out the following duties:

(a) Investigate and resolve complaints made by or for residents of long term care facilities about administrative actions that may adversely affect their health, safety, welfare or rights, including subpoenaing any person to appear, to give sworn testimony or to produce documentary or other evidence that is reasonably material to any matter under investigation.

(b) Undertake, participate in or cooperate with persons and agencies in such conferences, inquiries, meetings or studies as may

lead to improvements in the functioning of long term care facilities.

(c) Monitor the development and implementation of federal, state and local laws, regulations and policies that relate to long term care facilities in this state.

(d) Provide information to public agencies about the problems of residents of long term care facilities.

(e) Work closely with cooperative associations and citizen groups in this state and the state protection and advocacy system under ORS 192.517.

(f) Widely publicize the Long Term Care Ombudsman's services, purpose and mode of operation.

(g) Collaborate with the Oregon Health Authority, the Department of Human Services, the Nursing Home Administrators Board and any other appropriate agencies and organizations to establish a statewide system to collect and analyze information on complaints and conditions in long term care facilities for the purpose of publicizing improvements and resolving significant problems.

(h) Contract with the state protection and advocacy system described in ORS 192.517 (1) to provide services and assistance to persons who are prospective or current residents of a mental health treatment facility or of a residential facility for individuals with developmental disabilities when the system has received a notice regarding the person pursuant to ORS 125.060 (7)(c) or (8)(c).

(i) Appoint designees to serve as local representatives of the office of the Long Term Care Ombudsman in various districts of the state and regularly monitor their functions.

(j) Specify qualifications and duties of designees.

(k) Adopt rules necessary for carrying out ORS 441.402 to 441.414, after consultation with the Residential Ombudsman and Public Guardianship Advisory Board.

(L) Provide periodically, or at least annually, a report to the Governor, authority, department and Legislative Assembly.

(m) Prepare necessary reports with the assistance of the authority and the department.

(n) Advise and support the Oregon Public Guardian and Conservator appointed under ORS 125.678.

(o) Supervise, monitor, advise and support the Residential Facilities Ombudsman appointed under ORS 443.382.

(2) At least quarterly, the Department of Human Services shall provide the Long Term Care Ombudsman with a list of the number of licensed or certified beds in each long term care facility for which the ombudsman has responsibilities under this section. [Formerly 441.109; 2017 c.441 §§12,12a]

441.407 Procedures to maintain confidentiality. The Long Term Care Ombudsman shall establish procedures to maintain the confidentiality of the records and files of residents of long term care facilities. These procedures must meet the following requirements:

(1) The ombudsman or a designee may not disclose the identity of any resident unless the complainant or the resident, or the legal representative of either, consents in writing to the disclosure and specifies to whom the disclosure may be made.

(2) The identity of any complainant or resident on whose behalf a complaint is made, or individual providing information on behalf of the complainant or the resident, shall be confidential. If the complaint becomes the subject of judicial proceedings, the investigative information held by the ombudsman or the designee shall be disclosed for the purpose of the proceedings if requested by the court. [Formerly 441.113; 2017 c.441 §13]

441.408 Right of entry into facilities and access to records. (1) The Long Term Care Ombudsman and each designee shall have the right of entry into long term care facilities at any time considered necessary and reasonable by the ombudsman or the designee for the purpose of:

(a) Investigating and resolving complaints made by residents or made on their behalf;

(b) Interviewing residents, with their consent, in private;

(c) Offering the services of the ombudsman or the designee to any resident, in private;

(d) Interviewing employees or agents of the facility;

(e) Consulting regularly with the facility administration; and

(f) Providing services authorized by law or by rule.

(2)(a) The ombudsman shall have access to any resident's records, and to records of any public agency necessary to the duties of the ombudsman, including records on reports of resident abuse made pursuant to ORS 124.050 to 124.095 and 441.630 to 441.680. The provisions of ORS 192.553 to 192.581 are not intended to limit the access of the ombudsman to medical records of residents of long

term care facilities. If necessary to investigate a complaint, designees shall have access to individual resident's records, including medical records as authorized by the resident or the resident's legal representative.

(b) If a resident's legal representative denies access to the resident's records by the ombudsman or a designee, the ombudsman shall have access to the records if the ombudsman has reasonable cause to believe that the legal representative is not acting in the best interests of the resident.

(3) The ombudsman shall enter into confidentiality agreements with the Department of Human Services and with the Oregon Health Authority permitting the ombudsman to have access to electronic records of the department and the authority that are necessary to carry out the duties of the ombudsman. The agreement must ensure that records obtained by the ombudsman from the department or the authority that are confidential, privileged or otherwise protected from disclosure are not further disclosed, except as permitted by state and federal law.

(4) Entry and investigation authorized by this section shall be done in a manner that does not disrupt significantly the providing of nursing, residential or other personal care or treatment to residents.

(5) The ombudsman or the designee must show identification to the person in charge of the facility. The resident shall have the right to refuse to communicate with the ombudsman or the designee. The refusal shall be made directly to the ombudsman or the designee and not through an intermediary.

(6) The resident shall have the right to participate in planning any course of action to be taken on behalf of the resident by the ombudsman or the designee. [Formerly 441.117; 2017 c.441 §14; 2017 c.679 §40]

441.409 Report after investigation; referral to other agencies. (1) Following an investigation, the Long Term Care Ombudsman or the designee shall report opinions or recommendations to the party or parties affected and, if appropriate, shall attempt to resolve the complaint using informal techniques of mediation, conciliation and persuasion. Complaints of conditions adversely affecting residents of long term care facilities, or complaints of conditions threatening the safety or well-being of residents that cannot be resolved in the manner described in this section, shall be referred to an appropriate state agency.

(2) Programs that promote the safety or emotional or physical well-being of residents of long term care facilities shall be promoted and publicized by the ombudsman and the designees. [Formerly 441.121; 2017 c.441 §15]

441.410 [Repealed by 1971 c.727 §203]

441.411 Notice of complaint procedures; posting. (1) The Long Term Care Ombudsman shall prepare and distribute to each long term care facility in this state a written notice describing the procedures to follow in making a complaint, including the address and telephone number of the ombudsman and local designee, if any, and a poster describing the Long Term Care Ombudsman Program and providing contact information.

(2) The administrator of each long term care facility shall post the written notice and poster required by this section in conspicuous places in the facility in accordance with procedures provided by the ombudsman and shall give the written notice to each resident and legally appointed guardian, if any. [Formerly 441.124; 2017 c.441 §16]

441.412 Immunity of employees. (1) Any employee or agent of a long term care facility acting in good faith in discussing resident care pursuant to ORS 441.408 shall have immunity from any civil liability that might otherwise be incurred or imposed with respect to the making of such report.

(2) Any employee or agent who makes a report pursuant to ORS 441.408 may not be subjected to any retaliation by any official or other employee of a long term care facility solely for making a report, including but not limited to restriction of otherwise lawful access to the facility or to any resident of the facility, or, if an employee, to dismissal or harassment.

(3) The Long Term Care Ombudsman or the designee acting in good faith in discussing resident care pursuant to ORS 441.408 shall have immunity from any civil liability, that might otherwise be incurred or imposed with respect to the discussion. [Formerly 441.127; 2017 c.441 §17]

441.413 Appointment of designees; qualifications; duties. (1) The Long Term Care Ombudsman shall appoint designees in consultation with local screening committees that may consist of but not be limited to persons representing:

(a) The area agency, as defined in ORS 410.040.

(b) The local office of the Department of Human Services.

(c) The local health department.

(d) Senior citizens groups in the area.

(e) Local elected officials.

(2) To be appointed as a designee, a person must complete an initial training, as prescribed by the Long Term Care Ombudsman by rule, and attend quarterly training sessions that are approved by the ombuds-

man and that shall be coordinated and funded by the Department of Human Services and the Oregon Health Authority, subject to the availability of funds. Local screening committees shall be appointed by and serve at the pleasure of the ombudsman.

(3) Designees must sign a contract with the state that outlines the scope of their duties. In districts where a designee is an employee or agent of a local entity, a three-party contract shall be executed. Violation of the contract is cause for the termination of the appointment. A directory of all designees shall be maintained in the office of the Long Term Care Ombudsman.

(4) The qualifications of designees shall include experience with long term care facilities or residents or potential residents of long term care facilities, and the ability to communicate well, to understand laws, rules and regulations, and to be assertive, yet objective.

(5) Applicants who have experience in either social service, mental health, developmental disability services, gerontology, nursing or paralegal work shall be given preference in the appointment of designees.

(6) The contract shall include statements that the purpose of the Long Term Care Ombudsman Program is to:

(a) Promote rapport and trust between the residents and staff of the long term care facilities and Long Term Care Ombudsman;

(b) Assist residents with participating more actively in determining the delivery of services at the facilities;

(c) Serve as an educational resource;

(d) Receive, resolve or relay concerns to the Long Term Care Ombudsman or the appropriate agency; and

(e) Ensure equitable resolution of problems.

(7) The duties of the designees are to:

(a) Visit each assigned long term care facility on a regular basis:

(A) Upon arrival and departure, inform a specified staff member.

(B) Review, with a specified staff member, any problems or concerns that need to be considered.

(C) Visit individual residents and resident councils.

(b) Maintain liaison with appropriate agencies and the Long Term Care Ombudsman.

(c) Report, in writing, monthly to the Long Term Care Ombudsman.

(d) Keep residents and staff informed of the Long Term Care Ombudsman Program.

(e) Periodically review the rights prescribed in ORS 441.605, 441.610 and 441.612, and any other applicable rights to services, with residents, families, guardians, administrators and staff of long term care facilities.

(f) Perform other related duties as specified. [Formerly 441.131; 2017 c.441 §18]

441.414 Effect of ORS 441.402 to 441.419 on right to visitors. Nothing in ORS 441.402 to 441.419 shall affect the right of residents of a long term care facility to see visitors of their choice. [Formerly 441.133; 2017 c.441 §19]

441.415 [1973 c.837 §2; 1977 c.751 §40; renumbered 442.400]

441.416 Residential Ombudsman and Public Guardianship Advisory Board; appointment; confirmation; term; qualifications. (1) There is established a Residential Ombudsman and Public Guardianship Advisory Board of 11 members to be appointed in the following manner:

(a) One person appointed by the Speaker of the House of Representatives;

(b) One person appointed by the President of the Senate;

(c) One person appointed by the House Minority Leader;

(d) One person appointed by the Senate Minority Leader;

(e) One person appointed by the Governor from each list of four names submitted by organizations for seniors, organizations for persons with mental illness and the Oregon Council on Developmental Disabilities; and

(f) Four persons appointed by the Governor, two of whom must have expertise in the provision of guardianship, conservatorship and other fiduciary services for persons with inadequate resources.

(2) Members described in subsection (1)(e) and (f) of this section are subject to confirmation by the Senate under ORS 171.562 and 171.565.

(3) The term of office of each member is four years. Before the expiration of the term of a member, the appointing authority shall appoint a successor whose term begins on July 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

(4) The members of the board must be residents of this state who are broadly representative, to the extent possible, of persons residing in residential facilities as defined in ORS 443.380 or long term care facilities, including members of racial and ethnic minorities, who have knowledge and interest in the

problems of persons residing in residential facilities, and who are representative of all areas of this state and the demographics of groups served by the Long Term Care Ombudsman.

(5) A member of the board may not have a financial or fiduciary interest in residential facilities as defined in ORS 443.380, long term care facilities or service providers, or involvement in the licensing or certification of residential facilities, long term care facilities or service providers.

(6) The board shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the board determines.

(7) A majority of the members of the board constitutes a quorum for the transaction of business. Decisions may be made by a majority of the quorum.

(8) The board shall meet at least once each month at a place, day and hour determined by the board. The board also shall meet at other times and places specified by the call of the chairperson or of a majority of the members of the board. The board shall confer each month with the Long Term Care Ombudsman. All meetings are subject to ORS 192.610 to 192.690.

(9) A member of the board is entitled to compensation and expenses as provided in ORS 292.495. [Formerly 441.137; 2017 c.441 §20]

441.417 Duties. The Residential Ombudsman and Public Guardianship Advisory Board shall:

(1) Monitor the Long Term Care Ombudsman Program.

(2) Advise the Governor and the Legislative Assembly on the Long Term Care Ombudsman Program.

(3) Nominate, after interviews and according to prescribed criteria, three persons to fill the Long Term Care Ombudsman position or to fill a vacancy in the position. [Formerly 441.142; 2017 c.441 §21]

441.418 Appeal to Residential Ombudsman and Public Guardianship Advisory Board. (1) A residential facility as defined in ORS 443.380 or a long term care facility that files a complaint against a designee appointed under ORS 441.413 and objects to the action of the Long Term Care Ombudsman in resolving the complaint may appeal the ombudsman's action to a panel of the Residential Ombudsman and Public Guardianship Advisory Board.

(2) The board on its own motion may review any action by the ombudsman

appealable under this section. The review shall provide an opportunity for written and oral presentation by the residential facility as defined in ORS 443.380 or a long term care facility and the ombudsman. The board shall issue its findings and any instructions to the ombudsman in written form consistent with the federal Older Americans Act or other applicable federal law.

(3) If the board disagrees with the action of the ombudsman, the board may refer the resolution back to the ombudsman with instructions consistent with the federal Older Americans Act or other applicable federal law to conform the ombudsman's action in the matter to the recommendations of the board. [Formerly 441.146; 2017 c.441 §22]

441.419 Long Term Care Ombudsman Account. The Long Term Care Ombudsman Account is established in the State Treasury, separate and distinct from the General Fund. All miscellaneous receipts, gifts and federal and other grants received by the Long Term Care Ombudsman shall be deposited into the Long Term Care Ombudsman Account and are continuously appropriated to the Long Term Care Ombudsman for carrying out the responsibilities of the office of the Long Term Care Ombudsman. [Formerly 441.153; 2017 c.310 §11; 2017 c.441 §23]

441.420 [1973 c.837 §1; 1977 c.751 §41; renumbered 442.405]

441.425 [1973 c.837 §3; repealed by 1977 c.751 §57]

441.430 [1973 c.837 §4; repealed by 1977 c.751 §57]

441.435 [1973 c.837 §6; 1977 c.751 §42; renumbered 442.420]

441.440 [1973 c.837 §7; renumbered 442.425]

441.445 [1973 c.837 §8; renumbered 442.430]

441.460 [1973 c.837 §9; 1977 c.751 §43; renumbered 442.435]

441.465 [1973 c.837 §10; renumbered 442.440]

441.470 [1973 c.837 §11; repealed by 1977 c.751 §57]

441.475 [1973 c.837 §5; repealed by 1977 c.751 §57]

441.480 [1973 c.837 §12; renumbered 442.445]

441.505 [Subsection (2) enacted as 1957 c.584 §2; 1967 c.498 §5; renumbered 440.505]

441.510 [Renumbered 441.810]

441.515 [1971 c.166 §1; renumbered 441.815]

FINANCING OF HEALTH CARE FACILITIES CONSTRUCTION

441.525 Definitions for ORS 441.525 to 441.595. As used in ORS 441.525 to 441.595, unless the context requires otherwise:

(1) "Adult congregate living facility" means any institution, building or buildings, residential facility for elderly individuals or individuals with disabilities, or other place, operated as a nonprofit corporation that undertakes through its ownership or management to provide housing, meals and the availability of other supportive services.

(2) “Authority” means any public authority organized or existing pursuant to ORS 441.525 to 441.595.

(3) “Behavioral treatment facility” means any institution, building or buildings or residential facility operated as a nonprofit corporation that provides services, which may include residential services to individuals for a period of 72 hours to 12 months, to individuals struggling with addiction or another mental health issue.

(4) “Family safety facility” means an institution, building or buildings or residential facility operated as a nonprofit corporation that provides services, which may include residential services to individuals for a period of 72 hours to 12 months, to individuals seeking relief from domestic violence issues.

(5) “Governing body” means the county court, board of county commissioners, council or other legislative body of any municipality.

(6) “Hospital facility” means any structure, system, machinery, equipment or other real or personal property useful for or incidental to inpatient or outpatient care or administration, service or support for such care or any combination thereof that is provided by a political subdivision of this state or any private nonprofit corporation, including:

- (a) An adult congregate living facility;
- (b) A behavioral treatment facility;
- (c) A family safety facility; or
- (d) A health care facility, as defined in ORS 442.015.

(7) “Municipality” means any health district, city, county or other municipal corporation created by the consolidation of a city and county. [1973 c.153 §2; 1981 c.161 §1; 1983 c.740 §157; 1989 c.224 §94; 2007 c.70 §241; 2015 c.220 §1]

441.530 Policy. In order to provide the people of Oregon with access to adequate medical care and hospital facilities, the Legislative Assembly finds that it is necessary and desirable to authorize the creation in the several counties and cities of public authorities having the power to acquire, own, lease, sell and otherwise dispose of hospital facilities, and to authorize municipalities which create authorities to utilize those authorities to issue bonds and other obligations on behalf of such municipalities in order that the municipalities may provide hospital facilities. [1973 c.153 §1; 1977 c.201 §2]

441.532 Municipalities authorized to create authority; issuance of obligations; conditions; purpose of authority. Only a municipality may create an authority. Such a municipality may utilize an authority to issue obligations on behalf of the municipality in order to provide hospital facilities for

the people of the municipality. No authority shall issue obligations on behalf of more than one municipality. An authority shall not be created or continued in existence for any purpose other than to provide hospital facilities as provided in ORS 441.525 to 441.595. [1977 c.201 §3]

441.535 Procedure to create public authority. (1) A governing body may upon its own motion, and shall upon the written request of any three or more natural persons, consider whether it is advisable to create a public authority for the purpose of providing hospital facilities.

(2) If the governing body, after public hearing according to its rules, determines that it is wise and desirable to create in a public authority the power and duties set forth in ORS 441.525 to 441.595, it shall by ordinance or resolution establish such an authority. The ordinance or resolution shall set forth:

(a) The name of the authority, which shall be “The Hospital Facility Authority of (Municipality), Oregon” or other similar distinctive name.

(b) The number of directors of the authority, which shall not be less than five nor more than 11.

(c) The names of the initial directors and their terms of service, which shall not exceed six years. At least one director shall also be a member of the governing body. Such director shall serve only so long as the director is a member of the governing body and, in any event, no longer than six years.

(d) Such other provisions as may be appropriate and not inconsistent with ORS 441.525 to 441.595 or the laws of Oregon.

(3) Upon the adoption of such an ordinance or resolution, the authority shall be deemed established as a municipal corporation of this state and as a body corporate and politic exercising public powers.

(4) An authority so organized shall have all the powers and duties contained in ORS 441.525 to 441.595. The governing body, at its sole discretion and at any time, may alter or change the structure, organization, programs or activities of the authority, subject to any limitations imposed by law on the impairment of contracts. The governing body may dissolve the authority at any time, provided the authority has no bonds or other obligations outstanding. [1973 c.153 §3; 1977 c.201 §4]

441.540 Board of directors; rules; conflict of interest; quorum; personnel. (1) An authority shall be managed and controlled by a board of directors, who shall be appointed by the governing body. The directors may be removed for cause or at the will of the governing body. The directors shall

serve without compensation. However, the authority may reimburse the directors for their expenses incurred in the performance of their duties.

(2) The board of directors shall adopt and may amend rules for calling and conducting its meetings and carrying out its business and may adopt an official seal. All decisions of the board shall be by motion or resolution and shall be recorded in the board's minute book which shall be a public record. A majority of the board shall constitute a quorum for the transaction of business and a majority thereof shall be sufficient for the passage of any such motion or resolution.

(3) The board may employ such employees and agents as it deems appropriate and provide for their compensation.

(4) Notwithstanding the exception for pecuniary benefit or detriment described in ORS 244.020 (13)(c), a director is a public official subject to the requirements of ORS chapter 244 based on an actual conflict of interest or a potential conflict of interest arising out of the director's relationship with a nonprofit corporation that is tax-exempt under section 501(c) of the Internal Revenue Code, including employment with the nonprofit corporation or a relationship with a foundation that provides assistance to the nonprofit corporation. [1973 c.153 §4; 1977 c.201 §5; 2007 c.813 §1; 2009 c.68 §20; 2015 c.620 §9]

441.545 Authority may not levy taxes.

An authority shall not have the right or power to levy taxes or to operate a hospital facility. [1973 c.153 §5]

441.550 General powers. Except as otherwise provided in ORS 441.545, an authority shall have all powers necessary to accomplish the purpose of providing hospital facilities for the people of Oregon, including without limitation the power:

(1) To sue and be sued in its own name.

(2) To acquire by purchase, construction, exchange, gift, lease, or otherwise, and to improve, extend, maintain, equip and furnish hospital facilities, which hospital facilities may be either within or without the corporate limits of the municipality by which the authority is created.

(3) To lease such hospital facilities to any one or more political subdivisions of this state or any private nonprofit corporations which are operating or propose to operate an inpatient care facility subject to the licensing and supervision requirements of ORS 441.015 to 441.087, 441.525 to 441.595, 441.815, 441.820, 441.990, 442.342, 442.344 and 442.400 to 442.463 upon such terms and conditions as the board deems appropriate, to charge and collect rents and to terminate any such lease upon default of the lessee.

(4) To enter into options and agreements for the renewal or extension of such leases of hospital facilities or for the conveyance of such hospital facilities.

(5) To sell, exchange, donate and convey any or all of its hospital facilities or other assets.

(6) To borrow money and to issue notes and revenue bonds for the purpose of carrying out its powers.

(7) To mortgage and pledge its assets, or any portion thereof, whether then owned or thereafter acquired, to pledge the revenues and receipts from such assets, to acquire, hold, and dispose of mortgages and other similar documents relating to hospital facilities, and to arrange and provide for guarantee and other security agreements therefor.

(8) To loan money for the construction of and improvements to hospital facilities.

(9) To enter into contracts, leases and other undertakings in its own name.

(10) To adopt and amend ordinances and resolutions. [1973 c.153 §6; 1983 c.413 §1]

441.555 Issuance of revenue obligations; nature of obligation; refunding.

(1) To accomplish its purposes, an authority shall have the power to issue revenue obligations payable from the revenues derived by it from repayment of loans or from its ownership or sale of any one or more hospital facilities. The issuance of revenue obligations is governed by the provisions of subsections (2) to (8) of this section, and is not subject to the prior approval of the electors of the municipality.

(2) The authority shall issue revenue obligations only by bond resolution duly adopted by its board of directors. The bond resolution shall specify the public purposes for which the proceeds of the revenue obligations shall be expended, declare the estimated cost of carrying out such purposes, contain such covenants, and provide for the issuance and sale of revenue obligations in such form and amount as the directors determine. In declaring such cost, the directors may include the funds necessary for working capital during construction, reserves, interest during construction, the payment of organizational, planning, financing and legal expenses, the repayment of advances and the start-up costs. The bond resolution may provide that hospital facilities subsequently acquired or constructed by the authority shall be deemed betterments or additions to, or extensions of, the specified hospital facility, whether or not physically connected.

(3) The bond resolution shall provide for the establishment of one or more special funds, and such funds may be under the control of the board or one or more trustees.

The bond resolution shall obligate the authority to deposit and expend the proceeds of the revenue obligations only into and from such fund or funds, and to set aside and pay into such fund or funds any fixed proportion or fixed amount of the revenues derived by it from any or all of its hospital facilities or other corporate activities, as the board finds in the best interest of the authority and the payment of its obligations. The authority may issue and sell revenue obligations payable as to interest and principal only out of such fund or funds.

(4) Any revenue obligations issued against any fund or funds provided for in subsection (3) of this section shall be a valid claim of the holder thereof only as against such special fund or funds, the proportion or amount of the revenues pledged to such fund or funds and such assets as the authority may have pledged. Each such revenue obligation shall state on its face that it is payable from a special fund or funds, naming the fund or funds and the resolution creating it or them.

(5) Any pledge of revenues or other moneys or obligations or assets made by an authority shall be valid and binding from the time that the pledge is made against any parties having subsequent claims of any kind in tort, contract, or otherwise against an authority, irrespective of whether such parties have actual notice thereof. The pledge shall be noted in the authority's minute book which shall be constructive notice thereof to all parties and neither the resolution nor other instrument by which a pledge is created need be otherwise recorded, nor shall the filing of any financing statement under the Uniform Commercial Code be required to perfect such pledge. Revenues or other moneys or obligations or assets so pledged and later received by an authority shall immediately be subject to the lien of the pledge without any physical delivery or further act.

(6) The revenue obligations issued under the provisions of subsections (1) to (5) of this section shall bear such date or dates, mature at such time or times, be in such denominations, be in such form, either coupon or registered or both, carry such registration privileges, be made transferable, exchangeable and interchangeable, be payable in such medium, at such place or places, contain such covenants, and be subject to such terms of redemption as the board of directors shall declare in the bond resolution.

(7) Notwithstanding any other provision of law, the revenue obligations issued by an authority may be sold by the board of directors upon such terms and conditions and at such rate or rates of interest and for such price or prices as it may deem most advan-

tageous to the authority, with or without public bidding. The authority may make contracts for future sale from time to time of revenue obligations by which the contract purchasers shall be committed to the prices, terms and conditions stated in such contract, and the board of directors may pay such consideration as it deems proper for such commitments.

(8) The board of directors may provide by resolution for the issuance of funding and refunding revenue obligations in order to refund, convert, purchase or restructure any one or more series, or portion of a series, of outstanding revenue obligations at such time or times as it may determine. Such refunding revenue obligations may be sold or exchanged at par or otherwise as the board of directors determines is in the best interest of the authority.

(9) All revenue obligations issued pursuant to this section shall be legal securities that may be used by any insured institution or trust company, as those terms are defined in ORS 706.008, for deposit with the State Treasurer or a county treasurer or city treasurer, as security for deposits in lieu of a surety bond under any law relating to deposits of public moneys and shall constitute legal investments for public bodies, trustees and other fiduciaries, banks, savings and loan associations, and insurance companies. All such revenue obligations and all coupons appertaining thereto shall be negotiable instruments within the meaning of and for all purposes of the law of this state. [1973 c.153 §7; 1983 c.413 §2; 1997 c.631 §471; 2011 c.256 §4]

441.560 Borrowing; bond anticipation notes. An authority may borrow from banks or other lenders such sums on such terms as the board of directors deems necessary or advisable. An authority may also issue, sell and assume bond anticipation notes or their equivalent, which shall bear such date or dates, mature at such time or times, be in such denominations and in such form, be payable in such medium, at such place or places, and be subject to such terms of redemption, as the board deems necessary or advisable. [1973 c.153 §8]

441.565 Obligations of authority not obligations of municipality. The revenue bonds and other obligations of an authority shall not be a general obligation of the municipality nor a charge upon the tax revenues of the municipality. [1973 c.153 §9]

441.570 Payment of principal and interest. The board of directors shall establish rentals, selling prices, and other charges at least adequate to pay the principal of and interest on the obligations of the authority as the same become due, including payments to any special fund or funds, together with

the financing and other costs of the authority. [1973 c.153 §10]

441.575 Authorities may act jointly.

All powers and responsibilities provided in ORS 441.525 to 441.595 may be exercised and discharged by two or more authorities acting jointly to effectuate the purposes of ORS 441.525 to 441.595. [1973 c.153 §11]

441.580 Authority as public body; tax status of assets, income and bonds. An authority is hereby declared to be a public body performing a public function. Accordingly, an authority, all assets at any time owned by it, the income therefrom, and all bonds issued by an authority, together with the coupons applicable thereto, and the income therefrom, shall be exempt from all taxation in the State of Oregon; provided, however, that real and personal property owned by the authority and leased to a third party shall be subject to property taxation if such property would be subject to taxation if owned by the lessee thereof. All bonds issued by an authority shall be deemed to be securities issued by a political subdivision of the State of Oregon. [1973 c.153 §12]

441.585 Disposition of excess earnings; disposition of assets on dissolution. The earnings of the authority in excess of the amount required for the retirement of indebtedness or the accomplishment of the purposes stated in ORS 441.525 to 441.595 shall not inure to the benefit of any person or body other than the municipality creating the authority. Upon dissolution of an authority, any assets remaining after provision for payment of the obligations and expenses of the authority shall become the assets of the municipality. [1973 c.153 §13; 1977 c.201 §6]

441.590 Authority granted by ORS 441.525 to 441.595. ORS 441.525 to 441.595 are complete authority for the organization of authorities and for the issuance and sale of revenue bonds and refunding revenue bonds. Any restrictions, limitations, conditions or procedures provided by other statutes, including but not limited to the provisions of ORS chapter 198 and ORS 440.305 to 440.410, do not apply to the organization of authorities and the issuance and sale of revenue bonds pursuant to ORS 441.525 to 441.595. However, nothing contained in ORS 441.525 to 441.595 shall be construed as a restriction or limitation upon any powers which an authority might otherwise have under any law of this state or the charter of any municipality. [1973 c.153 §14; 2005 c.443 §25]

441.595 Construction of ORS 441.525 to 441.595. ORS 441.525 to 441.595 shall be liberally construed to effect its purposes. In the event that any portion of ORS 441.525 to 441.595 is declared invalid or otherwise un-

enforceable by a court of record, the remaining provisions of ORS 441.525 to 441.595 shall nevertheless remain in full force and effect. [1973 c.153 §15]

**LONG TERM CARE FACILITIES
(Nursing Home Patients' Bill of Rights)**

441.600 Definitions for ORS 441.600 to 441.625. As used in ORS 441.600 to 441.625 unless the context requires otherwise:

(1) "Department" means the Department of Human Services.

(2) "Facility" means a long term care facility as defined in ORS 442.015.

(3) "Legal representative" means attorney at law, person holding a general power of attorney, guardian, conservator or any person appointed by a court to manage the personal or financial affairs of a resident or person or agency legally responsible for the welfare or support of a resident.

(4) "Person" means an individual and every form of organization, whether incorporated or unincorporated, including partnership, corporation, trust, association or administrative agency or political subdivision of this state.

(5) "Resident" means an individual under care in a facility. [1979 c.261 §2; 1987 c.428 §25]

441.605 Legislative declaration of rights intended for residents. It is the intent of the Legislative Assembly that facilities guarantee at a minimum that each resident has the right to be:

(1) Fully informed of all resident rights and all facility rules governing resident conduct and responsibilities.

(2) Fully informed which services are available and of any additional charges not covered by the daily rates or by Medicare or Medicaid.

(3) Informed by a physician of the medical condition of the resident unless medically contraindicated in the medical record, and given the opportunity to participate in planning medical treatment and to refuse experimental research.

(4) Transferred or discharged only for medical reasons, or for the welfare of the resident or of other residents of the facility, or for nonpayment and to be given reasonable advance notice to insure orderly transfer or discharge.

(5) Encouraged and assisted while in the facility to exercise rights as a citizen, and to voice grievances and suggest changes in policies and services to either staff or outside representatives without fear of restraint, interference, coercion, discrimination or reprisal.

(6) Allowed either to manage personal finances or be given a quarterly report of account if the facility has been delegated in writing to carry out this responsibility.

(7) Free from mental and physical abuse and assured that no chemical or physical restraints will be used except on order of a physician.

(8) Assured that medical and personal records are kept confidential and unless the resident transferred, or examination of the records is required by the third party payment contractor, are not released outside the facility. However, nothing in this subsection is intended to prevent a resident from authorizing access to the resident's medical and personal records by another person.

(9) Treated with respect and dignity and assured complete privacy during treatment and when receiving personal care.

(10) Assured that the resident will not be required to perform services for the facility that are not for therapeutic purposes as identified in the plan of care for the resident.

(11) Allowed to associate and communicate privately with persons of the resident's choice and send and receive personal mail unopened unless medically contraindicated by the attending physician in the medical record of the resident.

(12) Allowed to participate in activities of social, religious and community groups at the discretion of the resident unless medically contraindicated.

(13) Able to keep and use personal clothing and possessions as space permits unless to do so infringes on other residents' rights and unless medically contraindicated and upon the resident's request and the facility management's consent have access to a private locker, chest or chest drawer that is provided by the resident or the facility that is large enough to accommodate jewelry and small personal property and that can be locked by the resident although both the resident and the facility management may have keys.

(14) Provided, if married, with privacy for visits by the resident's spouse. If both spouses are residents in the facility, they are permitted to share a room.

(15) Not required to sign a contract or waiver that waives the resident's right to collect payment for lost or stolen articles. [1979 c.261 §4; 1981 c.326 §1; 1987 c.397 §1]

441.610 Nursing home patients' bill of rights; rules. (1) The Department of Human Services shall adopt a nursing home patients' bill of rights consistent with the principles set forth in ORS 441.605. The rules shall be applicable to all residents and as far as

practicable shall conform to any federal nursing home patients' bill of rights.

(2) The department shall periodically review the rules to assure that they meet the principles set forth in ORS 441.605 and that they are in conformity with federal standards but in no case shall the rules be less protective than required by ORS 441.605.

(3) The department shall be guided by federal interpretative standards in its enforcement of the nursing home patients' bill of rights. [1979 c.261 §5; 1987 c.397 §2]

441.612 Additional rights; rules. (1) The Department of Human Services shall adopt a bill of rights for residents and patients of long term care facilities, as defined in ORS 442.015. The rules shall be applicable to all residents and patients.

(2) The rights adopted by the department pursuant to subsection (1) of this section shall be in addition to those rights provided in, or by rule adopted pursuant to, ORS 441.605 and 441.610.

(3) The following rights shall be included in the bill of rights adopted by the department pursuant to subsection (1) of this section:

(a) A resident or patient of a long term care facility shall have the right to receive care from facility staff trained to provide care that is specific to the resident's or patient's disease or medical condition; and

(b) A resident or patient of a long term care facility shall have the right to receive a modified or special diet that meets the specific requirements of the resident's or patient's disease or medical condition. [2007 c.556 §2]

Note: 441.612 was added to and made a part of ORS chapter 441 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

441.615 Powers and responsibilities of department; rules. In the administration of ORS 441.600 to 441.625, 441.710 and 441.715, the Department of Human Services shall have the following powers and responsibilities:

(1) To inspect any facility and the records of any facility to insure compliance with ORS 441.600 to 441.625, 441.710 and 441.715.

(2) To adopt rules in accordance with ORS chapter 183, including but not limited to procedures for investigations and administrative hearings.

(3) To file complaints and initiate proceedings for the enforcement of ORS 441.600 to 441.625, 441.710 and 441.715 or of rules adopted under ORS 441.600 to 441.625, 441.710 and 441.715.

(4) To issue subpoenas. [1979 c.261 §3]

441.620 Disclosure of business information required. Each facility shall disclose to the resident in writing its legal name and business address, and the name and business address of the administrator of the facility, at the time of admission of a resident. Information required to be disclosed by this section shall be kept current. [1979 c.261 §6]

441.623 [1987 c.428 §1; repealed by 2001 c.900 §261]

(Enforcement of Nursing Home Laws)

441.624 Purpose. (1) ORS 124.050, 124.080, 410.190, 441.020 to 441.057, 441.060, 441.061, 441.067, 441.073, 441.087, 441.277 to 441.289, 441.303, 441.316, 441.318, 441.331 to 441.341, 441.367, 441.600, 441.610, 441.630, 441.650 to 441.665, 441.685, 441.690, 441.703 and 441.705 to 441.720 address the consolidation of the regulatory functions of licensing, certification, inspection of care, utilization review, abuse reporting and abuse investigation.

(2) It is legislative intent that:

(a) The Department of Human Services focus administrative effort on the integration and consistent application and interpretation of the regulatory functions at the nursing facility level;

(b) Surveys and other reports, especially with respect to client assessment, be consistently and reliably performed throughout the state;

(c) Positive and negative findings and sanctions be proportional to the strengths and problems identified, within the limits of federal statute and regulations; and

(d) The interpretation of regulatory criteria be independent of influence from budgetary limitations. [1987 c.428 §1a; 2001 c.900 §229; 2009 c.539 §12; 2009 c.792 §39]

Note: 441.624 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.625 Retaliation against resident exercising rights prohibited. No facility, or any person subject to the supervision, direction or control of a facility, shall retaliate against a resident by increasing charges, decreasing services, rights or privileges, or threatening to increase charges or decrease services, rights or privileges, by taking or threatening any action to coerce or compel the resident to leave the facility, or by abusing or threatening to harass or to abuse a resident in any manner, after the resident or the resident's legal representative has engaged in exercising rights given under ORS 441.605 or under rules of the Department of

Human Services under ORS 441.610. [1979 c.261 §7]

(Resident Abuse)

441.630 Definitions for ORS 441.630 to 441.680. As used in ORS 441.630 to 441.680:

(1) "Abuse" means:

(a) Any physical injury to a resident of a long term care facility which has been caused by other than accidental means.

(b) Failure to provide basic care or services, which failure results in physical harm or unreasonable discomfort or serious loss of human dignity.

(c) Sexual contact with a resident caused by an employee, agent or other resident of a long term care facility by force, threat, duress or coercion.

(d) Illegal or improper use of a resident's resources for the personal profit or gain of another person.

(e) Verbal or mental abuse as prohibited by federal law.

(f) Corporal punishment.

(g) Involuntary seclusion for convenience or discipline.

(2) "Abuse complaint" means any oral or written communication to the department, one of its agents or a law enforcement agency alleging abuse.

(3) "Department" means the Department of Human Services or a designee of the department.

(4) "Facility" means a long term care facility, as defined in ORS 442.015.

(5) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) A police department established by a university under ORS 352.121 or 353.125.

(c) Any county sheriff's office.

(d) The Oregon State Police.

(e) Any district attorney.

(6) "Public or private official" means:

(a) Physician, including any intern or resident.

(b) Licensed practical nurse or registered nurse.

(c) Employee of the Department of Human Services, a community developmental disabilities program or a long term care facility or person who contracts to provide services to a long term care facility.

(d) Employee of the Oregon Health Authority, local health department or community mental health program.

(e) Peace officer.

- (f) Member of the clergy.
- (g) Regulated social worker.
- (h) Physical, speech and occupational therapists.
- (i) Legal counsel for a resident or guardian or family member of the resident.
- (j) Member of the Legislative Assembly.
- (k) Personal support worker, as defined by rule adopted by the Home Care Commission.

(L) Home care worker, as defined in ORS 410.600. [1979 c.770 §1; 1981 c.470 §7; 1981 c.784 §22; 1987 c.428 §26; 1989 c.721 §53; 1993 c.759 §1; 2001 c.104 §180; 2009 c.442 §41; 2009 c.595 §737; 2011 c.506 §42; 2013 c.180 §46; 2015 c.179 §4; 2015 c.736 §88; 2017 c.679 §41]

441.635 Legislative finding. The Legislative Assembly finds that for the purpose of preventing abuse, safeguarding and enhancing the welfare of residents and assuring the dignity and care to which residents are entitled, it is necessary and in the public interest to require mandatory reports and investigations of allegedly abused residents. [1979 c.770 §2; 1993 c.759 §2]

441.637 Rules; submission of rules to advisory group. (1) The Department of Human Services shall implement the provisions of ORS 441.630 to 441.680 and shall adopt such rules as are reasonably necessary for the enforcement of ORS 441.630 to 441.680.

(2) Prior to proceeding with the procedures for notice prescribed under ORS 183.335, the department shall submit any proposed rules to an advisory group consisting of representatives of long term care providers, long term care advocates, relevant licensing boards and the department. The department shall consider and respond to the comments of the advisory group that pertain to any proposed rules before the department adopts the rules. [1993 c.759 §10(1),(2); 2017 c.679 §42]

Note: 441.637, 441.676, 441.677, 441.678 and 441.679 were added to and made a part of 441.630 to 441.680 by legislative action but were not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

441.640 Report of suspected abuse of resident required. Any public or private official having reasonable cause to believe that any resident in a long term care facility with whom the official comes in contact has suffered abuse, or that any person with whom the official comes in contact has abused a resident in a long term care facility, shall report or cause a report to be made in the manner required in ORS 441.645. [1979 c.770 §3; 1993 c.759 §3; 2017 c.346 §1]

441.645 Oral report to area agency on aging, department or law enforcement agency. (1) An oral report shall be made immediately by telephone or otherwise to the

local office of the area agency on aging or of the Department of Human Services or to a law enforcement agency within the county where the person making the report is at the time of contact. If known, such reports shall contain the names and addresses of the resident and any persons responsible for the care of the resident, the nature and the extent of the abuse, including any evidence of previous abuse, the explanation given for the abuse and any other information which the person making the report believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator.

(2) When a report is received by the area agency or department, the area agency or the department may notify the law enforcement agency having jurisdiction within the county where the report was made. When a report is received by a law enforcement agency, the agency shall immediately notify the law enforcement agency having jurisdiction if the receiving agency does not and the local office of the area agency or the department in the county where the report was made. [1979 c.770 §4; 1985 c.651 §4; 1993 c.759 §4]

441.650 Investigation of abuse complaint; initial status report; content; distribution of report; duties of investigator; investigation report. (1) Upon receipt of the oral or written report required under ORS 441.640, or of an abuse complaint, the area agency on aging, the Department of Human Services or the law enforcement agency shall cause an investigation to be commenced as follows:

(a) Within two hours, if the complaint alleges that a resident's health or safety is in imminent danger or that the resident has recently died, been hospitalized or been treated in an emergency room; or

(b) Prior to the end of the next working day, if the complaint alleges that circumstances exist that could result in abuse and that the circumstances could place a resident's health or safety in imminent danger.

(2) If the law enforcement agency conducting the investigation finds reasonable cause to believe that abuse has occurred, the law enforcement agency shall notify in writing the local office of the area agency or the department as appropriate. Except in cases where the investigation is part of nursing facility surveyor activity pursuant to federal law, the area agency or the department shall complete an initial status report within two working days of the start of the investigation that includes:

(a) A summary of the complaint that identifies each alleged incident or problem;

(b) The status of the investigation;

(c) Whether an abuse complaint was initially filed at the direction of the administration of the facility;

(d) A determination of whether protection of the resident is needed and whether the facility must take action;

(e) The name and telephone number of the investigator; and

(f) The projected date that the investigation report will be completed and a statement that the report will be available upon request after the department issues a letter of determination.

(3) The initial status report described in subsection (2) of this section shall be provided either in person or by mail to the following individuals as soon as practicable, but no later than two working days after its completion:

(a) The complainant, unless the complainant waives the requirement;

(b) If the complaint involves a specific resident, the resident or a person designated to receive information concerning the resident;

(c) A representative of the Long Term Care Ombudsman, upon request; and

(d) The long term care facility.

(4) The initial status report described in subsection (2) of this section shall be available for public inspection.

(5) When copies of the initial status report described in subsection (2) of this section are made available to individuals listed in subsection (3) of this section, the names of the resident involved, the complainant and any individuals interviewed by the investigator shall be deleted from the copies.

(6) In investigating an abuse complaint, the investigator shall:

(a) Make an unannounced visit to the facility, except as provided by ORS 441.690, to determine the nature and cause of the abuse of the resident;

(b) Interview all available witnesses identified by any source as having personal knowledge relevant to the abuse complaint, such interviews to be private unless the witness expressly requests the interview not to be private;

(c) Make personal inspection of all physical circumstances that are relevant and material and that are susceptible to objective observation; and

(d) Write an investigation report that includes:

(A) The investigator's personal observations;

(B) A review of documents and records;

(C) A summary of all witness statements; and

(D) A statement of the factual basis for the findings for each incident or problem alleged in the complaint.

(7) Within five working days of completion of the investigation and not later than 60 days from completion of the initial status report described in subsection (2) of this section, the investigator shall provide the department with the written report required by subsection (6) of this section. The department shall make the investigation report available upon request after the letter of determination is complete. When copies of the report are made available, the names of the resident involved, the complainant and any individuals interviewed by the investigator shall be deleted from the copies. [1979 c.770 §5; 1987 c.428 §29; 1993 c.759 §5]

441.655 Immunity provided reporter of abuse. (1) Anyone participating in good faith in the making of a report pursuant to ORS 441.630 to 441.650 and who has reasonable grounds for the making thereof, shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making or content of such report. Any such participant shall have the same immunity with respect to participating in any judicial proceeding resulting from such report.

(2) Anyone who makes a report pursuant to ORS 441.630 to 441.650 shall not be subjected to any retaliation by any official or employee of a long term care facility for making a report, including but not limited to restriction of otherwise lawful access to the facility or to any resident thereof, or, if an employee, to dismissal or harassment. [1979 c.770 §6]

441.659 Disclosure of protected health information to law enforcement. (1) Upon notice by a law enforcement agency that an investigation into abuse is being conducted under ORS 441.650, and without the consent of the named resident or of the named resident's caretaker, fiduciary or other legal representative, a health care provider must:

(a) Permit the law enforcement agency to inspect and copy, or otherwise obtain, protected health information of the named resident; and

(b) Upon request of the law enforcement agency, consult with the agency about the protected health information.

(2) A health care provider who in good faith discloses protected health information under this section is not civilly or criminally liable under state law for the disclosure.

(3) For purposes of this section:

(a) “Health care provider” has the meaning given that term in ORS 192.556.

(b) “Protected health information” has the meaning given that term in ORS 192.556. [2012 c.70 §8]

Note: 441.659 was added to and made a part of 441.630 to 441.680 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

441.660 Photographing resident; photograph as record. (1) In carrying out its duties under ORS 441.650, the law enforcement agency, the Department of Human Services or the area agency on aging may photograph or cause to have photographed any resident subject of the investigation for purposes of preserving evidence of the condition of the resident at the time of the investigation.

(2) Notwithstanding the provisions of ORS 192.311 to 192.478, photographs taken under authority of subsection (1) of this section shall not be considered records. [1979 c.770 §7; 1981 c.470 §6; 1987 c.428 §30; 1993 c.759 §8; 2005 c.268 §1]

441.665 Record of reports; classification of investigation report. (1) A proper record of reports under ORS 441.640, 441.645 and 441.676 on residents in long term care facilities shall be maintained by the Department of Human Services. Each problem or incident alleged in a report shall be determined to be abuse, other licensing violation or no violation. Each incident of abuse or other licensing violation alleged in a report shall be classified as substantiated, unsubstantiated or unable to substantiate or recorded as under appeal by the facility.

(2) All reports shall be cataloged under the name of the long term care facility associated with the complaint. [1979 c.770 §8; 1987 c.428 §31; 1993 c.759 §9]

441.670 [1979 c.770 §9; repealed by 1981 c.470 §1 (441.671 enacted in lieu of 441.670)]

441.671 Confidentiality of reports; when available. (1) Notwithstanding the provisions of ORS 192.311 to 192.478, the names of complainants, witnesses and residents, and the reports and records compiled under the provisions of ORS 441.630 to 441.680, are confidential and are not accessible for public inspection.

(2) Notwithstanding subsection (1) of this section, the Department of Human Services or the department’s designee may, if appropriate, make the names of witnesses and residents, and the reports and records compiled under ORS 441.630 to 441.680, available to:

(a) A law enforcement agency;

(b) A public agency that licenses or certifies long term care facilities;

(c) A public agency that licenses or certifies the persons practicing the healing arts in long term care facilities;

(d) The Long Term Care Ombudsman;

(e) A public agency that licenses or certifies a person that has abused or is alleged to have abused a resident;

(f) A court pursuant to a court order or as provided in ORS 125.012; and

(g) An administrative law judge in an administrative proceeding when necessary to provide protective services as defined in ORS 410.040 to a resident, when in the best interests of the resident or when necessary to investigate, prevent or treat abuse of a resident.

(3) Information made available under subsection (2) of this section, and the recipient of the information, are otherwise subject to the confidentiality provisions of ORS 441.630 to 441.680. [1981 c.470 §2 (enacted in lieu of 441.670); 1993 c.759 §11; 2012 c.70 §13]

441.675 Certain evidentiary privileges inapplicable. In the case of abuse of a resident in a long term care facility, the privileges extended under ORS 40.225 to 40.295 shall not be a ground for excluding evidence regarding the abuse of a resident, or the cause thereof, in any judicial proceeding resulting from a report made pursuant to ORS 441.640. [1979 c.770 §10; 1983 c.740 §158; 1993 c.759 §12]

441.676 Investigation of licensing violations; powers of investigator. (1) For complaints of licensing violations other than abuse, the Department of Human Services shall cause an investigation to be completed within 90 days of the receipt of the complaint.

(2) Except in cases where the investigation is part of nursing facility surveyor activity pursuant to federal law, an investigator investigating a complaint other than a complaint of abuse shall:

(a) Make an unannounced visit to the facility, while complying with ORS 441.690;

(b) Interview all available witnesses identified by any source as having personal knowledge relevant to the complaint, such interviews to be private unless the witness expressly requests the interview not to be private;

(c) Make personal inspection of all physical circumstances that are relevant and material and that are susceptible to objective observation; and

(d) Write an investigation report that includes:

(A) The investigator’s personal observations;

(B) A review of documents and records;

(C) A summary of all witness statements; and

(D) A statement of the factual basis for the findings for each incident or problem alleged in the complaint. [1993 c.759 §6]

Note: See note under 441.637.

441.677 Letter of determination; determination rules; distribution of letter; notice to nursing assistant; right to contested case hearing; rules. (1) Within 60 days of receipt of the investigation documents and the written report described in ORS 441.650 (6)(d) and 441.676 (2)(d), but in no case longer than 120 days after an investigation has been commenced pursuant to ORS 441.650 or 441.676, the investigation shall be completed and the Department of Human Services shall prepare a written letter of determination that states the department's determinations concerning each incident or problem alleged in the complaint. The department shall determine whether the alleged incident or problem was substantiated or unsubstantiated or whether the department was unable to substantiate the alleged incident or problem. The department shall adopt by rule definitions for the terms "substantiated," "unsubstantiated" and "unable to substantiate." If the department determines that an incident or problem alleged in the complaint is substantiated, the letter of determination shall state whether the substantiated incident was abuse or violation of another rule. If abuse is substantiated, the letter of determination shall state whether the facility or an individual, or both, was responsible. The department shall adopt by rule criteria for determining responsibility for substantiated abuse.

(2) A copy of the letter of determination shall be placed in the facility's complaint file. Copies shall be sent to the facility, the complainant and the local office of the department. The facility and the complainant receiving the letter of determination shall be given 10 days to respond with additional information and shall be informed of the appeals process.

(3) If the department determines that an individual who holds a license or certificate for a health occupation is directly responsible for the abuse, the department shall send a copy of its letter of determination and investigation report to the state agency responsible for licensing or certifying the individual in the health occupation. In instances involving conduct of a nursing assistant, the department shall give the nursing assistant 10 days to respond with additional information. The department also shall notify by mail the nursing assistant implicated in the investigation of:

(a) The nature of the allegations;

(b) The date and time of occurrence;

(c) The right to a contested case hearing conducted in accordance with ORS chapter 183;

(d) The department's obligation to report the substantiated findings in the registry maintained under ORS 441.678 after the nursing assistant has had an opportunity for a contested case hearing; and

(e) The fact that the nursing assistant's failure to request a contested case hearing within 30 days from the date of the notice will result in the department's reporting the substantiated findings in the registry maintained under ORS 441.678.

(4) Notice sent to the nursing assistant's last-known address is sufficient to meet the requirements of subsection (3) of this section. [1993 c.759 §7; 2009 c.72 §1; 2014 c.104 §3]

Note: See note under 441.637.

441.678 Review of finding that nursing assistant responsible for abuse; name placed in registry. (1) If a nursing assistant found by the Department of Human Services to be responsible for abuse does not respond to the department within 30 days after notice of the opportunity for a contested case hearing, the department shall place the abuse finding in the registry maintained under this section.

(2) If a nursing assistant is found to be responsible for abuse, the nursing assistant is entitled to a contested case hearing under ORS chapter 183. Upon a finding of abuse in a final order, the department shall place the finding in the registry maintained under this section.

(3) The department shall maintain a nursing assistant registry that contains, at a minimum, the information required by 42 C.F.R. 483.156. [1993 c.759 §16; 2001 c.900 §174; 2009 c.72 §2]

Note: See note under 441.637.

441.679 Preemployment inquiries; when employment prohibited. (1) Before employing a registered nurse, licensed practical nurse or nursing assistant, a long term care facility shall contact the Oregon State Board of Nursing and inquire whether the person is currently licensed or certified by the board and whether there has been any disciplinary action against the person or substantiated abuse findings against a nursing assistant.

(2) A facility shall not employ or retain in employment any person found by a court of law to have abused, neglected or mistreated a person receiving long term care services, nor shall a facility employ or retain in employment any nursing assistant against whom a finding of resident abuse has been

entered into the registry maintained under ORS 441.678. [1993 c.759 §15; 2009 c.72 §3]

Note: See note under 441.637.

441.680 Spiritual healing alone not considered abuse of resident. A resident who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for this reason alone, not be considered an abused resident within the meaning of ORS 441.630 to 441.680. [1979 c.770 §11; 1993 c.759 §13; 2017 c.679 §43]

441.685 Monitors; designation; duties; peer review of facilities. (1) Upon receipt of a report under ORS 441.645 to 441.680 or upon receipt of a complaint by a resident or legal guardian of a resident, or other public or private official, as defined in ORS 441.630 by the Department of Human Services, the Director of Human Services may designate monitors who shall observe the activities of the facility and report to the director. The monitors may be designated without prior notice to the operator or owner of the facility. The monitors shall observe the operations of the facility for a period of not to exceed 10 days, assist the facility by advising it on how to comply with state requirements and shall submit a written report periodically to the director on the operation and condition of the facility.

(2) The monitors shall have access to the facilities to the extent necessary to carry out their duties. The monitors shall also have access to all records pertaining to the operation of the facility.

(3) Upon completion of their investigations, the monitors shall file a final report with the director and may:

(a) Find that problems in the facility have been resolved and recommend that further action by the department is unnecessary;

(b) Find that the problems in the facility are continuing but the facility owner, operator or other controlling person can resolve them within a period of not more than three months, and that during the three-month period the health and welfare of the residents of the facility are not jeopardized thereby; or

(c) Find that the problems of the facility have not been resolved and the department should take steps to obtain compliance with resident care standards and continue monitoring for an additional period.

(4) Associations representing long term care facilities may initiate a peer review process for any facility that is a member of the association and that is the subject of any

complaint filed against it under ORS 441.630 to 441.685, 678.155 and 678.445 or any other provision of law. The report of the peer review process shall be submitted to the department. The peer review described in this subsection is in addition to and not in lieu of any other investigation, observation or report of the monitors otherwise required or authorized by ORS 441.630 to 441.685, 678.155 and 678.445. The association and persons conducting the peer review process acting in good faith shall not be subject to an action for civil damages as a result thereof.

(5) As used in this section:

(a) "Department" means the Department of Human Services.

(b) "Director" means the Director of Human Services.

(c) "Facility" means a long term care facility as defined in ORS 442.015.

(d) "Monitor" means an agent of the director designated by the director to observe the operation of a facility. [1979 c.770 §§12,13; 1987 c.428 §32; 1993 c.759 §14; 2001 c.900 §175]

(Investigation of Complaints)

441.690 Complainant may accompany investigator. Upon the request of any person filing a complaint to be investigated by the Department of Human Services against a long term care facility, as defined in ORS 442.015, or against a residential care facility, as defined in ORS 443.400, the complainant or a designee thereof, or both, shall be allowed to accompany an investigator to the site of the alleged violation. [1981 c.241 §1; 1987 c.428 §33; 1987 c.548 §6; 2001 c.900 §176]

441.695 Conduct of investigation. In investigating all complaints under ORS 441.690, the investigator shall:

(1) Interview all available witnesses identified by any sources as having personal knowledge relevant to the complaint;

(2) Make personal inspection of all physical circumstances that are relevant and material to the complaint and which are susceptible of objective observation;

(3) Not decline to interview a witness or consider the testimony of the witness solely because the witness is neither a health care professional nor an employee of the facility; and

(4) Write a report which includes:

(a) The investigator's personal observations;

(b) A review of documents and records;

(c) A summary of all witness statements; and

(d) A statement of the basis for the finding. [1981 c.241 §2]

(Drug Supplies for Unscheduled Leaves)

441.697 Prescribed drug supply for unscheduled therapeutic leave from long term care facility; dispensing of drugs by registered nurse. (1) When a resident of a long term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by a licensed practitioner, a registered nurse designated by the facility who agrees to such designation may provide the resident or a responsible person with up to a 72-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs.

(2) The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee of the long term facility and the protocol shall be available for inspection. These protocols shall include the following:

(a) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse or consultant or staff pharmacist;

(b) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(c) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock; and

(d) A record-keeping mechanism that provides for the maintenance of a permanent log that includes the following information:

(A) The name of the person to whom the drug was provided;

(B) The drug and quantity provided;

(C) The date and time that the request for the drug was made;

(D) The date and time that the drug was provided;

(E) The name of the registered nurse who provided the drug; and

(F) The conditions or circumstances that precluded a pharmacist from providing the drug. [1987 c.205 §1]

Note: 441.697 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

(Access)

441.700 Access to facilities by persons providing services. (1) Long term care facilities, as defined in ORS 442.015, and residential care facilities, as defined in ORS 443.400, subject to ORS 441.605 (11), shall permit individuals and representatives of community service organizations, including community legal services programs, whose purpose is rendering service without charge to residents, to have full and free access to the facility during reasonable visiting hours to:

(a) Visit, talk with and make personal, social and legal services available to all residents.

(b) Inform residents of their rights and entitlements, and their corresponding obligations, under federal and state laws by means of distribution of educational materials and discussion in groups and with individual residents.

(c) Assist residents in asserting their rights regarding claims for public assistance, medical assistance and Social Security benefits and other rights. Assistance may be provided individually, as well as on a group basis.

(d) Engage in all other methods of assisting, advising and representing residents so as to extend to them the full enjoyment of their rights.

(2) A resident retains the right to refuse contact by any individual or group having access to the facility under this section.

(3) As used in this section, "full and free access" means access to the fullest extent possible without undue adverse interference on the operation of the facility. [1981 c.99 §1; 1987 c.548 §7]

(Complaint File)

441.703 Complaint file; summary; availability on request. (1) Except as provided in subsection (2) of this section, the Department of Human Services shall maintain a listing of all long term care facilities, as defined in ORS 442.015, by name and address and for each indicating:

(a) The complaint file number.

(b) The category of the complaint, whether staffing, food, patient care or other.

(c) A brief description of the complaint.

(d) The department's finding.

(e) Action taken by the department.

(f) Fines assessed, if any.

(g) Fines paid, if any.

(2) The department shall maintain a separate listing of all complaints it considers

unsupported by findings indicating the information required by subsection (1)(a) to (d) of this section.

(3) The information described in subsections (1) and (2) of this section shall be noted in summary form on annual cover sheets for the file on a particular facility. The cover sheets shall not contain any of the information made confidential under ORS 441.671. Copies of the cover sheets shall be made available to the public at cost on request. Upon such request, the department shall provide only copies of the cover sheets described in subsection (1) of this section unless the information described in subsection (2) of this section is specifically requested.

(4) The listing maintained pursuant to subsection (1) of this section shall contain the following notice:

NOTICE: This cover sheet does not contain information on complaints that the Department of Human Services considers unsupported by findings or on complaints still under investigation by the department. The department will make information regarding such complaints available upon request.

(5) The department shall provide a written explanation summarizing the complaint system with each copy of a cover sheet provided under subsection (3) of this section. [1981 c.721 §1; 1987 c.428 §34]

441.704 [1983 c.484 §1; repealed by 1985 c.647 §3]

CIVIL PENALTIES AND LICENSE CONDITIONS

(Definitions)

441.705 Definitions for ORS 441.705 to 441.745. As used in ORS 441.705 to 441.745:

(1) “Direct patient care or feeding” means any care provided directly to or for any patient related to that patient’s physical, medical and dietary well-being as defined by rules of:

(a) The Department of Human Services when the facility is a long term care facility, as defined in ORS 442.015, or a residential care facility, residential training facility or residential training home, as those terms are defined in ORS 443.400; and

(b) The Oregon Health Authority if the facility is a residential treatment facility or a residential treatment home, as defined in ORS 443.400.

(2) “Person” means a licensee of a long term care facility, a residential care facility, a residential training facility, a residential

treatment facility, a residential training home or a residential treatment home, or an unlicensed person who the Director of Human Services finds should be licensed to operate a long term care facility, a residential care facility, a residential training facility or a residential training home, or an unlicensed person who the Director of the Oregon Health Authority finds should be licensed to operate a residential treatment facility or residential treatment home. “Person” does not mean an employee of a licensee or unlicensed person who the Director of Human Services or the Director of the Oregon Health Authority finds should be licensed.

(3) “Staff to patient ratio” means the number and training of persons providing direct patient care as defined in rules of the:

(a) Department if the facility is a long term care facility, a residential care or residential training facility or a residential training home; or

(b) Authority if the facility is a residential treatment facility or a residential treatment home. [1975 c.328 §9; 1977 c.261 §7; 1987 c.428 §35; 2001 c.900 §177; 2003 c.14 §256; 2009 c.595 §738]

Note: 441.705 to 441.745 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

(General Provisions)

441.710 Civil penalties; when imposed.

(1)(a) In addition to any other liability or penalty provided by law, the Director of Human Services may impose a civil penalty on a person pursuant to ORS 441.731 for any of the following:

(A) Violation of any of the terms or conditions of a license issued under ORS 441.015 to 441.087, 441.525 to 441.595, 441.815, 441.820, 441.990, 442.342, 442.344 and 442.400 to 442.463 for a long term care facility, as defined in ORS 442.015.

(B) Violation of ORS 441.630 to 441.680.

(C) Violation of any rule or general order of the Department of Human Services that pertains to a long term care facility.

(D) Violation of any final order of the director that pertains specifically to the long term care facility owned or operated by the person incurring the penalty.

(E) Violation of ORS 441.605 or of rules required to be adopted under ORS 441.610.

(F) Violation of ORS 443.880 or 443.881 if the facility is a residential care facility.

(b) In addition to any other liability or penalty provided by law, the director may

impose a civil penalty on a residential training facility or residential training home for violation of ORS 443.880 or 443.881. The director shall prescribe a reasonable time for elimination of a violation by a residential training facility or residential training home:

(A) Not to exceed 30 days after first notice of a violation; or

(B) In cases where the violation requires more than 30 days to correct, such time as is specified in a plan of correction found acceptable by the director.

(2) In addition to any other liability or penalty provided by law, the Director of the Oregon Health Authority may impose a civil penalty on a person for a violation of ORS 443.880 or 443.881 if the facility is a residential treatment facility or a residential treatment home.

(3) The Director of Human Services may not impose a penalty under subsection (1) of this section for violations other than those involving direct patient care or feeding, an adequate staff to patient ratio, sanitation involving direct patient care or a violation of ORS 441.605 or 443.880 or 443.881 or of the rules required to be adopted by ORS 441.610 unless a violation is found on two consecutive surveys of a long term care facility.

(4) The Director of the Oregon Health Authority may not impose a penalty under subsection (2) of this section for violations other than those involving direct patient care or feeding, an adequate staff to patient ratio, sanitation involving direct patient care or a violation of ORS 443.880 or 443.881. The director in every case shall prescribe a reasonable time for elimination of a violation:

(a) Not to exceed 30 days after first notice of a violation; or

(b) In cases where the violation requires more than 30 days to correct, such time as is specified in a plan of correction found acceptable by the director. [1975 c.328 §1; 1977 c.261 §8; 1979 c.261 §8; 1983 c.740 §159; 1987 c.428 §36; 1991 c.413 §4; 2009 c.595 §739; 2011 c.9 §61; 2017 c.679 §7]

Note: See note under 441.705.

441.712 Notice of civil penalty. (1) Any civil penalty under ORS 441.710 shall be imposed in the manner provided by ORS 183.745.

(2) Notwithstanding ORS 183.745, the person to whom the notice is addressed shall have 10 days from the date of service of the notice in which to make written application for a hearing before:

(a) The Director of Human Services if the facility is a long term care facility, residential care facility, residential training facility or residential training home; or

(b) The Director of the Oregon Health Authority if the facility is a residential treatment facility or residential treatment home. [1977 c.261 §6; 1987 c.428 §37; 1991 c.734 §23; 2003 c.14 §257; 2009 c.595 §740]

Note: See note under 441.705.

441.715 Criteria for civil penalties; rules. (1) The Director of Human Services shall impose civil penalties under ORS 441.710 (1) on a residential care facility or a long term care facility pursuant to ORS 441.731.

(2) After public hearing, the Director of Human Services by rule shall adopt objective criteria for establishing the civil penalty that may be imposed under ORS 441.710 (1) on residential training facilities and residential training homes. However, the civil penalty may not exceed \$500 for each violation, except as otherwise provided in this section or as otherwise required by federal law.

(3) The Director of the Oregon Health Authority by rule shall adopt objective criteria for establishing the civil penalty that may be imposed under ORS 441.710 (2) on residential treatment facilities or residential treatment homes. However, the civil penalty may not exceed \$500 for each violation, except as otherwise provided in this section or as otherwise required by federal law.

(4) Notwithstanding the limitations on the civil penalty in subsections (2) and (3) of this section, for any violation by a residential training facility, residential training home, residential treatment facility or residential treatment home involving direct resident care or feeding, an adequate staff to resident care, a penalty may be imposed for each day the violation occurs in an amount not to exceed \$500 per day or as otherwise required by federal law. [1975 c.328 §2; 1977 c.261 §9; 1979 c.261 §9; 1987 c.428 §38; 1993 c.759 §17; 2009 c.595 §741; 2009 c.828 §85; 2014 c.104 §10; 2017 c.679 §8]

Note: See note under 441.705.

441.720 Remittance or reduction of penalties. A civil penalty imposed under ORS 441.710 may be remitted or reduced upon such terms and conditions as the Director of the Oregon Health Authority or the Director of Human Services considers proper and consistent with the public health and safety. [1975 c.328 §3; 1987 c.428 §39; 2009 c.595 §742]

Note: See note under 441.705.

441.725 [1975 c.328 §4; 1985 c.648 §3; 1987 c.428 §40; repealed by 1993 c.759 §19]

(Regulation of Residential Care Facilities and Long Term Care Facilities by Department of Human Services)

441.726 Progressive enforcement process. In regulating residential care facilities and long term care facilities, the Department of Human Services shall, whenever possible, use a progressive enforcement process that employs a series of actions to encourage and compel compliance with licensing regulations through the application of preventive, positive and progressively more restrictive strategies. Preventive and positive strategies are strategies that include but are not limited to technical assistance, corrective action plans, training and consultation. [2017 c.679 §3]

Note: See note under 441.705.

441.730 [1975 c.328 §5; repealed by 1977 c.261 §11]

441.731 Civil penalties. (1) The Director of Human Services may impose a civil penalty under ORS 441.710 on a residential care facility or a long term care facility pursuant to this section.

(2)(a) When imposing a civil penalty on a residential care facility or a long term care facility pursuant to this section, the director shall consider:

(A) Any prior violations of laws or rules pertaining to the facility and, as a mitigating factor, whether violations were incurred under prior ownership or management of the facility.

(B) The financial benefits, if any, realized by the facility as a result of the violation.

(C) The facility's past history of correcting violations and preventing the recurrence of violations.

(D) The severity and scope of the violation as described in paragraphs (b) and (c) of this subsection.

(b) The director shall assess the severity of a violation using the following criteria:

(A) Level 1 is a violation that results in no actual harm or in potential for only minor harm.

(B) Level 2 is a violation that results in minor harm or potential for moderate harm.

(C) Level 3 is a violation that results in moderate harm or potential for serious harm.

(D) Level 4 is a violation that results in serious harm or death.

(c) The director shall assess the scope of a violation using the following criteria:

(A) An isolated violation occurs when one or a very limited number of residents or

employees are affected or a very limited area or number of locations within a facility are affected.

(B) A pattern violation occurs when more than a very limited number of residents or employees are affected, or the situation has occurred in more than a limited number of locations but the locations are not dispersed throughout the facility.

(C) A widespread violation occurs when the problems causing the deficiency are pervasive and affect many locations throughout the facility or represent a systemic failure that affected, or has the potential to affect, a large portion or all of the residents or employees.

(d) As used in this subsection:

(A)(i) "Financial loss" means loss of resident property or money as a result of financial exploitation as that term is defined in ORS 124.050.

(ii) "Financial loss" does not include loss of resident property or money that results from action or inaction of an individual not employed or contracted with the facility, or that arises from the action or inaction of an individual employed or contracted with the facility if the action or inaction occurs while the individual is not performing employment or contractual duties.

(B) "Harm" means a measurable negative impact to a resident's physical, mental, financial or emotional well-being.

(C) "Minor harm" means harm resulting in no more than temporary physical, mental or emotional discomfort or pain without loss of function, or in financial loss of less than \$1,000.

(D) "Moderate harm" means harm resulting in temporary loss of physical, mental or emotional function, or in financial loss of \$1,000 or more, but less than \$5,000.

(E) "Serious harm" means harm resulting in long-term or permanent loss of physical, mental or emotional function, or in financial loss of \$5,000 or more.

(3)(a) The director may impose civil penalties as follows:

(A) For a level 1 violation, the director may not impose a civil penalty.

(B) For a level 2 violation, the director may impose a penalty in an amount no less than \$250 per violation, not to exceed \$500 per violation.

(C) For a level 3 violation, the director may impose a civil penalty in an amount no less than \$500 per violation, not to exceed \$1,500 per violation.

(D) For a level 4 violation, the director may impose a civil penalty in an amount no

less than \$1,500 per violation, not to exceed \$2,500 per violation.

(E) For a failure to report abuse of a resident to the Department of Human Services as required by state law, the director may impose a civil penalty in an amount no more than \$1,000 per violation.

(b) The penalties imposed under paragraph (a)(A) to (D) of this subsection may not exceed \$20,000 in the aggregate for violations occurring in a single residential care facility or long term care facility within any 90-day period.

(c) In imposing civil penalties under this subsection, the director may take into account the scope of the violation.

(4)(a) If the department investigates and makes a finding of abuse in a residential care facility or long term care facility arising from deliberate or other than accidental action or inaction that is likely to cause a negative outcome by a person with a duty of care toward a resident of a residential care facility or long term care facility and if the abuse resulted in the death, serious injury, rape or sexual abuse of a resident, the director shall impose a civil penalty on the facility of not less than \$2,500 and not more than \$15,000 for each occurrence of substantiated abuse, not to exceed \$40,000 for all violations occurring in a facility within any 90-day period.

(b) As used in this subsection:

(A) "Negative outcome" includes serious injury, rape, sexual abuse or death.

(B) "Rape" means rape in the first degree as defined in ORS 163.375, rape in the second degree as defined in ORS 163.365 and rape in the third degree as defined in ORS 163.355.

(C) "Serious injury" means physical injury that creates a substantial risk of death or that causes serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ.

(D) "Sexual abuse" means any form of sexual contact between an employee of a residential care facility or a long term care facility or a person providing services in the facility and a resident of that facility, including but not limited to sodomy, sexual coercion, sexually explicit photographing and sexual harassment.

(5) When imposing penalties under this section for a violation that qualifies as abuse under state law and results in less than serious harm as defined in subsection (2) of this section, the director shall reduce the penalty by not less than 25 percent if the facility self-reported the abuse to the department.

(6) The department shall identify and track the number of abuse violations that are reported to the department by a facility and compile statistics on the rate of self-reporting by facilities as compared to abuse complaints from other sources.

(7)(a) When the director notifies a facility of a violation for which a penalty may be imposed under this section, the director shall describe in the notice the specific remediations that the facility must make to achieve substantial compliance regarding the violation. In the notice, the director shall prescribe a reasonable time for elimination of the violation:

(A) Not to exceed 30 days after first notice of a violation; or

(B) In cases where the violation requires more than 30 days to correct, such time as is specified in a plan of correction found acceptable by the director.

(b) The director shall hold in abeyance a penalty for a level 2 violation or level 3 violation for the period prescribed under paragraph (a) of this subsection. If the facility achieves substantial compliance as described in the notice required under paragraph (a) of this subsection within the prescribed time period, the director shall withdraw some or all of the penalty.

(c) As used in this subsection, "substantial compliance" means a level of compliance with state law and with rules of the department such that any identified deficiencies pose a risk of no more than negligible harm to the health or safety of residents of a facility. [2017 c.679 §4]

Note: See note under 441.705.

441.735 [1975 c.328 §6; 1977 c.261 §10; 1989 c.706 §13; repealed by 1991 c.734 §122]

441.736 License conditions. (1) As used in this section:

(a) "Immediate jeopardy" means a situation in which the failure of a residential care facility or a long term care facility to comply with a rule of the Department of Human Services has caused or is likely to cause serious injury, serious harm, serious impairment or death to a resident.

(b) "License condition" includes but is not limited to:

(A) Restricting the total number of residents;

(B) Restricting the number and impairment level of residents based upon the capacity of the licensee and staff to meet the health and safety needs of all residents;

(C) Requiring additional staff or staff qualifications;

(D) Requiring additional training for staff;

(E) Requiring additional documentation;
or

(F) Restriction of admissions.

(c) "Substantial compliance" means a level of compliance with state law and with rules of the department such that any identified deficiencies pose a risk of no more than negligible harm to the health or safety of residents of a residential care facility or a long term care facility.

(2)(a) The department may impose a condition on the license of a residential care facility or long term care facility in response to a substantiated finding of rule violation, including but not limited to a substantiated finding of abuse, or in response to a finding of immediate jeopardy, whether or not the finding of immediate jeopardy is substantiated at the time the license condition is imposed.

(b) The department shall impose a license condition in a scope and manner that is specifically designed to remediate the finding that led to the license condition.

(c) If the department imposes a license condition in response to a finding of immediate jeopardy to residents of the facility, and the finding of immediate jeopardy to residents of the facility is not substantiated within 30 days after the imposition of the license condition, the department shall immediately remove the license condition.

(d)(A) Except as provided in subparagraph (B) of this paragraph, the department shall provide a facility with a notice of impending imposition of license condition at least 48 hours before issuing an order imposing a license condition. The notice must:

(i) Describe the acts or omissions of the facility and the circumstances that led to the substantiated finding of rule violation or finding of immediate jeopardy supporting the imposition of the license condition;

(ii) Describe why the acts or omissions and the circumstances create a situation for which the imposition of a license condition is warranted;

(iii) Provide a brief statement identifying the nature of the license condition;

(iv) Provide a brief statement describing how the license condition is designed to remediate the circumstances that led to the license condition; and

(v) Provide a brief statement of the requirements for withdrawal of the license condition.

(B) If the threat to residents of a facility is so imminent that the department determines it is not safe or practical to give the facility advance notice, the department must

provide the notice required under this paragraph within 48 hours of issuing an order imposing the license condition.

(e) An order imposing a license condition must include:

(A) A specific description of how the scope and manner of the license condition is designed to remediate the findings that led to the license condition; and

(B) A specific description of the requirements for withdrawal of the license condition.

(3) The department may impose a license condition that includes a restriction on admissions to the facility only if the department makes a finding of immediate jeopardy that is likely to present an immediate jeopardy to future residents upon admission.

(4)(a) Following the imposition of a license condition on a facility, the department shall:

(A) Within 15 business days of receipt of the facility's written assertion of substantial compliance with the requirements set forth by the department for withdrawal of the license condition, reinspect or reevaluate the facility to determine whether the facility has achieved substantial compliance with the requirements;

(B) Notify the facility by telephone or electronic means of the findings of the reinspection or reevaluation within five business days after completion of the reinspection or reevaluation; and

(C) Issue a written report to the facility within 30 days after the reinspection or reevaluation notifying the facility of the department's determinations regarding substantial compliance with the requirements necessary for withdrawal of the license condition.

(b) If the department finds that the facility has achieved substantial compliance regarding the violation for which the license condition was imposed, and finds that systems are in place to ensure similar deficiencies do not reoccur, the department shall withdraw the license condition.

(c) If after reinspection or reevaluation the department determines that the violation for which the license condition was imposed continues to exist, the department may not withdraw the license condition, and the department is not obligated to reinspect or reevaluate the facility again for 45 days after the first reinspection or reevaluation. The department shall provide the decision not to withdraw the license condition to the facility in writing and inform the facility of the right to a contested case hearing pursuant to ORS chapter 183. Nothing in this paragraph limits

the department's authority to visit or inspect the facility at any time.

(d) If the department does not meet the requirements of this subsection, a license condition is automatically removed on the date the department failed to meet the requirements of this subsection, unless the Director of Human Services extends the applicable period for no more than 15 business days. The director may not delegate the power to make a determination regarding an extension under this paragraph. [2017 c.679 §5]

Note: See note under 441.705.

(Judicial Review)

441.740 Judicial review. Judicial review of civil penalties imposed under ORS 441.710, shall be as provided under ORS 183.480, except that the court may, in its discretion, reduce the amount of the penalty. [1975 c.328 §7]

Note: See note under 441.705.

(Quality Care Fund)

441.745 Penalties to Quality Care Fund. All penalties recovered under ORS 441.710 to 441.740 shall be deposited in the Quality Care Fund established in ORS 443.001. [1975 c.328 §8; 2009 c.837 §22; 2017 c.679 §44]

Note: See note under 441.705.

SUICIDE ATTEMPTS BY MINORS

441.750 Suicide attempts by minors; referral; report; disclosure of information; limitation of liability. (1) Any hospital which treats as a patient a person under 18 years of age because the person has attempted to commit suicide:

(a) Shall cause that person to be provided with information and referral to in-patient or out-patient community resources, crisis intervention or other appropriate intervention by the patient's attending physician, hospital social work staff or other appropriate staff.

(b) Shall report statistical information to the Oregon Health Authority about the person described in this subsection but is not required to report the name of the person.

(2) Any disclosure authorized by this section or any unauthorized disclosure of information or communications made privileged and confidential by this section shall not in any way abridge or destroy the confidential or privileged character thereof except for the purposes for which any authorized disclosure is made. Any person making a disclosure authorized by this section shall not be liable therefor, notwithstanding any contrary provisions of law.

(3) No physician, hospital or hospital employee shall be held criminally or civilly liable for action pursuant to this section, provided the physician, hospital or hospital employee acts in good faith on probable cause and without malice. [1987 c.189 §1; 2009 c.595 §743]

Note: 441.750 and 441.755 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.755 Report form; contents. (1) The Oregon Health Authority shall prescribe a form to be used by hospitals to make the report required by ORS 441.750 (1)(b) and shall prescribe the frequency of such reports.

(2) The report form may include the name of the hospital reporting, the date of birth, race and sex of person described in subsection (1) of this section, the suicide method used by the person and known prior attempts in the past 12 months.

(3) The authority shall compile the results from the reports and report the results to the public. [1987 c.189 §2; 2009 c.595 §744]

Note: See note under 441.750.

441.810 [Formerly 441.510; repealed by 1979 c.284 §199]

MISCELLANEOUS

441.815 Smoking of tobacco or use of inhalant delivery system in or near hospital prohibited; rules. (1) As used in this section:

(a) "Hospital" has the meaning given that term in ORS 442.015.

(b) "Inhalant delivery system" has the meaning given that term in ORS 431A.175.

(2) The administrator or person in charge of a hospital may not permit a person to smoke tobacco or use an inhalant delivery system in a manner that creates an aerosol or vapor:

(a) In the hospital; or

(b) Within 10 feet of a doorway, open window or ventilation intake of the hospital.

(3) The Director of the Oregon Health Authority may impose a civil penalty of not more than \$500 per day on a person for violation of subsection (2) of this section. Civil penalties imposed against a person under this subsection may not exceed \$2,000 in any 30-day period. Civil penalties imposed under this subsection shall be imposed in the manner provided by ORS 183.745.

(4) The Oregon Health Authority may adopt rules necessary for the administration of this section. [Formerly 441.515; 1977 c.173 §1; 1983 c.740 §160; 2007 c.602 §8; 2009 c.595 §745; 2015 c.158 §23]

441.816 Influenza vaccines for patients 65 years of age or older. (1) Subject to subsection (2) of this section, from October 1 through March 1 of each year, each hospital in this state shall make an offer to each patient of the hospital who is 65 years of age or older to immunize the patient against the influenza virus, provided that immunization against the influenza virus is not contraindicated for that patient.

(2) Offers made under subsection (1) of this section must be based on:

(a) The availability of the influenza vaccine at the time the offer is made; and

(b) Any applicable recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(3) The Oregon Health Authority may adopt rules to implement this section. [2015 c.496 §2]

441.820 Procedure for termination of physician's privilege to practice medicine at health care facility; immunity from damage action for good faith report. (1) When a health care facility restricts or terminates the privileges of a physician to practice medicine at that facility, it shall promptly report, in writing, to the Oregon Medical Board all the facts and circumstances that resulted in the restriction or termination.

(2) A health care facility which reports or provides information to the Oregon Medical Board under this section and which provides information in good faith shall not be subject to an action for civil damages as a result thereof. [1977 c.448 §7]

441.825 Authority of hospital to require medical staff to provide professional liability insurance. (1) A governing body of a hospital licensed under ORS 441.015 to 441.087 may require all members of its medical staff to:

(a) Provide evidence of professional medical liability insurance in a reasonable amount as specified by the hospital governing board;

(b) Post a bond in lieu of evidence of professional medical liability insurance in a reasonable amount as specified by the hospital governing board; or

(c) Demonstrate annually financial responsibility for a reasonable amount as specified by the hospital governing board.

(2) As used in this section:

(a) "Medical staff" includes those individuals licensed by this state under ORS chapter 677 and granted privileges to prac-

tice in the hospital by the hospital governing board.

(b) "Professional medical liability insurance" means casualty insurance against legal liability for death, injury or disability of a human being arising from any medical, surgical or dental treatment, omission or operation. [1977 c.449 §1; 1981 c.377 §1]

Note: 441.825 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.827 [1991 c.774 §§1,2; renumbered 676.300 in 2003]

441.840 [1987 c.670 §1; repealed by 1989 c.800 §8]

PENALTIES

441.990 Civil and criminal penalties. (1) Violation of ORS 441.015 (1) is a Class B violation. Each day of continuing violation after a first conviction shall be considered a subsequent violation.

(2) Any person who willfully prevents, interferes with, or attempts to impede in any way the work of any duly authorized representative of the Department of Human Services in the lawful carrying out of the provisions of ORS 441.087 (1) commits a Class C misdemeanor.

(3) The removal of the notice required by ORS 441.030 (4) by any person other than an official of the department is a Class C misdemeanor.

(4) Any person who, after being excluded by a trustee pursuant to ORS 441.289 (16), remains upon the premises of a facility or returns to a facility violates ORS 164.245.

(5) In addition to the penalties under this section, the Oregon Health Authority, the Department of Human Services or the Department of Consumer and Business Services may assess civil penalties against any health care facility or health maintenance organization under ORS 441.030 or for a violation of ORS 441.015 (1). A civil penalty imposed under this section may not exceed \$5,000.

(6) Civil penalties under this section shall be imposed in the manner provided by ORS 183.745.

(7) Civil penalties recovered under this section shall be paid into the State Treasury and credited to the General Fund for general governmental purposes. [Subsection (2) enacted as 1971 c.166 §2; subsection (3) enacted as 1975 c.294 §4; 1977 c.173 §2; 1977 c.582 §48; 1987 c.428 §41; 1989 c.171 §56; 1999 c.1051 §183; 2001 c.900 §178; 2007 c.602 §9; 2009 c.539 §13; 2009 c.595 §746; 2009 c.792 §62; 2011 c.597 §197]

441.991 Civil penalty for violation of ORS 441.098. If the Health Licensing Office or the appropriate health professional regulatory board takes disciplinary action under ORS 441.099, the office or board may also

impose a civil penalty of not more than \$1,000 on a health practitioner for violating ORS 441.098 (2), (3), (4) or (5). [2013 c.552 §3]

Note: 441.991 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 441 or any series therein by legislative

action. See Preface to Oregon Revised Statutes for further explanation.

441.995 [1993 c.759 §10(3),(4),(5),(6); 2005 c.22 §299; 2009 c.837 §23; repealed by 2017 c.679 §46]
