

CHAPTER 141

AN ACT

HB 2464

Relating to the Child Abuse Multidisciplinary Intervention Program; creating new provisions; amending ORS 147.390, 147.401, 147.404, 192.537, 192.539, 192.690, 409.185, 414.762, 418.706, 418.746, 418.747, 418.780, 418.782, 418.784, 418.785, 418.786, 418.788, 418.790, 418.792, 418.793, 418.794, 418.795, 418.800, 419B.020, 419B.023, 419B.035, 419B.050 and 743A.252; and prescribing an effective date.

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

SECTION 1. ORS 418.782 is amended to read: 418.782. As used in ORS 418.746 to 418.796:

(1) "Child abuse" means "abuse" as defined by ORS 419B.005.

(2) "Child abuse [*medical*] assessment" means [*an assessment by or under the direction of a licensed physician or other licensed health care professional trained in the evaluation, diagnosis and treatment of child abuse. "Child abuse medical assessment" includes the taking of a thorough medical history, a complete physical examination and an interview*] **services provided by a children's advocacy center** for the purpose of [*making a medical diagnosis,*] determining whether or not [*the*] a child has been abused and identifying the appropriate treatment or referral for follow-up for the child. **"Child abuse assessment" may include one or more of the following:**

- (a) **A medical assessment;**
- (b) **A forensic interview;**
- (c) **Care coordination; or**
- (d) **Family support.**

(3) [*"Community assessment center"*] **"Children's advocacy center"** means a [*neutral, child-sensitive community-based facility or service provider*] **facility that meets the facility standards described in ORS 418.788,** to which a child from the community may be referred to receive a thorough child abuse [*medical*] assessment for the purpose of determining whether the child has been abused or neglected, **and that facilitates a coordinated, comprehensive and multidisciplinary response to cases of child abuse.**

(4) **"Forensic interview" means an interview that is conducted by an individual who has completed training described in ORS 418.788 for the purpose of preserving a child's statements and that is conducted in a manner that is legally sound, age appropriate, of a neutral, fact-finding nature and coordinated to avoid duplicative interviewing.**

[(4) "*Regional assessment center*" means a facility operated by a community assessment center that provides child abuse medical assessments, assistance with difficult or complex child abuse medical assessments, education, training, consultation, technical assistance and referral services for community assessment centers or county multidisciplinary child

abuse teams in a region or regions designated by the administrator of the Child Abuse Multidisciplinary Intervention Program.]

(5) **"Medical assessment" means the taking of a child's thorough medical history and a complete physical examination of the child, for the purpose of making a medical diagnosis, by or under the direction of an individual trained in the evaluation, diagnosis and treatment of child abuse who is a licensed physician, physician assistant or nurse practitioner.**

(6) **"Regional children's advocacy center" means a facility operated by a children's advocacy center that meets the facility standards described in ORS 418.788 and is selected by the Child Abuse Multidisciplinary Intervention Program to provide training and complex case assistance.**

(7) **"Training and complex case assistance" includes one or more of the following:**

- (a) **Consultation;**
- (b) **Education;**
- (c) **Referral;**
- (d) **Technical assistance; and**
- (e) **If authorized by the Department of Justice, other services as needed.**

SECTION 2. ORS 418.780 is amended to read:

418.780. (1) The Legislative Assembly recognizes that:

(a) Protection of the child is of primary importance.

(b) A serious need exists for a coordinated multidisciplinary approach to the prevention and investigation of child abuse, for intervention and for the treatment of children who are victims of child abuse in a manner that is sensitive to the needs of children. No child in this state should be denied access to a child abuse [*medical*] assessment because of an inability to pay. The cost of not assessing and treating abused children with the aid of specially trained personnel is too high.

(2) The purpose of ORS 418.746 to 418.796 is to establish and maintain:

(a) Sufficient county **child abuse** multidisciplinary [*child abuse*] teams to conduct timely investigations of allegations of child abuse and provide comprehensive services to victims of child abuse through coordinated child abuse multidisciplinary intervention plans.

(b) Sufficient [*regional assessment*] **children's advocacy centers** and [*community assessment centers*] **regional children's advocacy centers** in Oregon to ensure that every child [*reasonably suspected to have been subjected to child abuse*] **referred to a center for concerns of neglect or abuse** receives a skilled, complete and [*therapeutic*] **forensically sound** child abuse [*medical*] assessment.

(c) **Sufficient coordination, expertise and support to provide training and technical assistance to county child abuse multidisciplinary teams.**

SECTION 3. ORS 418.786 is amended to read:

418.786. To accomplish the purpose described in ORS 418.780, with the assistance of the Advisory Council on Child Abuse Assessment, the administrator of the Child Abuse Multidisciplinary Intervention Program shall develop and administer a grant program to establish and maintain *[regional assessment]* **children's advocacy centers** and *[community assessment centers under ORS 418.746 to 418.796]* **regional children's advocacy centers, to support training and technical assistance efforts for county child abuse multidisciplinary teams and children's advocacy centers and to provide coordination and support for the work of regional children's advocacy centers.**

SECTION 4. ORS 418.788 is amended to read:

418.788. (1) Subject to the availability of funds under the provisions of ORS 418.796, the administrator of the Child Abuse Multidisciplinary Intervention Program shall make grants for the establishment and maintenance of *[regional assessment]* **children's advocacy centers** or *[community assessment centers]* **regional children's advocacy centers.**

(2)(a) A public or private agency may apply to the administrator for a grant to:

(A) Establish and maintain a *[regional assessment]* **children's advocacy center** or *[community assessment center under ORS 418.746 to 418.796.]* **regional children's advocacy center;**

(B) **Provide training and technical assistance to children's advocacy centers or county child abuse multidisciplinary teams; or**

(C) **Provide coordination and support to regional children's advocacy centers.**

(b) The administrator may consolidate applications from more than one public or private agency or may return the application with the recommendation that the application be consolidated.

(3) The administrator shall by rule establish criteria for awarding grants to establish and maintain *[regional assessment]* **children's advocacy centers** or *[community assessment centers under ORS 418.746 to 418.796]* **regional children's advocacy centers,** including but not limited to:

(a) Expenses eligible for reimbursement from funds under ORS 418.796;

(b) The extent to which the applicant's *[proposed assessment center]* **proposal** will best accomplish the purposes of ORS 418.746 to 418.796;

(c) The extent to which an applicant meets criteria for receiving a grant to:

(A) Establish and maintain a *[regional assessment]* **children's advocacy center** or *[community assessment center]* **regional children's advocacy center;** *[and]*

(B) **Provide training and technical assistance to children's advocacy centers and county child abuse multidisciplinary teams; or**

(C) **Provide coordination and support to regional children's advocacy centers;**

(d) **Minimum facility standards for children's advocacy centers and regional children's advocacy centers consistent with national accreditation standards to ensure that children receive consistent, evidence-based intervention services statewide;**

(e) **Minimum forensic interview training standards that are consistent with national forensic interview training standards, evidence-based and supported by current forensic interview research; and**

[(d)] (f) For a *[regional assessment]* **regional children's advocacy center,** the extent to which the applicant's *[proposed assessment center]* **proposal** meets the documented needs of the communities, *[community assessment]* **children's advocacy centers** and county **child abuse** multidisciplinary *[child abuse]* teams in the region or regions to be served by the center.

(4) The administrator is not required to fund any grant in the total amount requested in the application.

SECTION 5. ORS 418.790 is amended to read:

418.790. Each application for funds to establish or maintain a *[regional assessment center]* **regional children's advocacy center or to provide training and technical assistance to children's advocacy centers or county child abuse multidisciplinary teams** shall include information required by the rules of the Department of Justice and any other information requested by the department.

SECTION 6. ORS 418.793 is amended to read:

418.793. Once each year, *[a regional assessment center or community assessment center established under ORS 418.746 to 418.796]* **each recipient of a grant from the Child Abuse Multidisciplinary Intervention Program** shall submit a report to the *[Child Abuse Multidisciplinary Intervention]* program describing how the *[assessment center]* **grant recipient** has met the purposes of ORS 418.746 to 418.796. The program may prescribe by rule a form for the report.

SECTION 7. ORS 147.390 is amended to read:

147.390. (1) Notwithstanding that a child is not a victim under ORS 147.015 (1)(a), in cases of suspected child sexual abuse as described in ORS 419B.005 (1)(a)(C), (D) or (E), or child physical abuse by an adult or caretaker as otherwise described in ORS 419B.005 (1)(a)(A), compensation may be made on behalf of the child for *[a child abuse medical assessment as defined in ORS 418.782, a medical examination required by ORS 419B.023 or a forensic interview conducted at a community assessment center as defined in ORS 418.782,]* **services provided by a children's advocacy center, including a child abuse assessment, a medical assessment or a forensic interview, if:**

(a) The expenses are actually paid or incurred by the applicant; and

(b) A claim is filed on behalf of the child in the manner provided in ORS 147.015.

(2) The Department of Justice may pay compensation for child abuse [medical] assessments or medical [examinations] **assessments** required by ORS 419B.023 regardless of whether a finding of abuse is made and only if other insurance is unavailable. If the department pays compensation, the department shall pay the compensation directly to the provider of the services. The medical fee schedules for payment under this section shall be the schedules adopted under ORS 147.035.

(3) As used in this section, “child abuse assessment,” “children’s advocacy center,” “forensic interview” and “medical assessment” have the meanings given those terms in ORS 418.782.

SECTION 8. ORS 147.401 is amended to read:

147.401. (1) The district attorney in each county shall organize a sexual assault response team to consist of:

- (a) A representative of the district attorney’s office;
- (b) A representative of a prosecution-based victim assistance program or unit;
- (c) A sexual assault forensic examiner;
- (d) At the discretion of the district attorney, a representative of the county sheriff’s office or a representative of local law enforcement agencies or both;
- (e) A representative of a nonprofit agency or program that receives moneys administered by the Department of Human Services or the Department of Justice and that offers safety planning, counseling, support or advocacy to victims of sexual assault; and
- (f) Other persons the district attorney considers necessary for the operation of the **sexual assault response** team or as recommended by the team.

(2) Each **sexual assault response** team must meet:

- (a) At least quarterly at a time appointed by the district attorney of the county; and
- (b) Independently of the [county’s] **county child abuse** multidisciplinary [child abuse] team **for the county**.

(3)(a) Each **sexual assault response** team shall develop and adopt protocols addressing the response to adult and adolescent sexual assault victims in the county.

(b) Protocols adopted pursuant to paragraph (a) of this subsection may incorporate by reference, in part or in whole, protocols relating to child sexual abuse developed pursuant to ORS 418.747.

SECTION 9. ORS 147.404 is amended to read:

147.404. (1) Upon a sexual assault victim’s decision to participate in a medical assessment, as soon as practicable and in a manner consistent with the county’s sexual assault response team protocols adopted under ORS 147.401 and the protocols and procedures of the county **child abuse** multidisciplinary

nary [child abuse] teams described in ORS 418.747, the provider of the medical assessment or, if applicable, a law enforcement officer shall contact a victim advocate and make reasonable efforts to ensure that the victim advocate is present and available at the medical facility in which the medical assessment occurs.

(2) A victim advocate contacted under subsection (1) of this section:

- (a) Shall clearly inform the victim that the victim may decline the services of the victim advocate at any time; and
- (b) May not impede the medical assessment, the provision of medical services to the victim or the collection of evidence.

(3) As used in this section, “medical assessment” has the meaning given that term in ORS 147.395.

SECTION 10. ORS 192.537 is amended to read:

192.537. (1) Subject to the provisions of ORS 192.531 to 192.549, 659A.303 and 746.135, an individual’s genetic information and DNA sample are private and must be protected, and an individual has a right to the protection of that privacy. Any person authorized by law or by an individual or an individual’s representative to obtain, retain or use an individual’s genetic information or any DNA sample must maintain the confidentiality of the information or sample and protect the information or sample from unauthorized disclosure or misuse.

(2)(a) A person may use an individual’s DNA sample or genetic information that is derived from a biological specimen or clinical individually identifiable health information for anonymous research or coded research only if the individual:

- (A) Has granted informed consent for the specific anonymous research or coded research project;
- (B) Has granted consent for genetic research generally;

(C) Was notified in accordance with ORS 192.538 that the individual’s biological specimen or clinical individually identifiable health information may be used for anonymous research or coded research and the individual did not, at the time of notification, request that the biological specimen or clinical individually identifiable health information not be used for anonymous research or coded research; or

(D) Was not notified, due to emergency circumstances, in accordance with ORS 192.538 that the individual’s biological specimen or clinical individually identifiable health information may be used for anonymous research or coded research and the individual died before receiving the notice.

(b) Paragraph (a) of this subsection does not apply to biological specimens or clinical individually identifiable health information obtained before July 29, 2005, if an institutional review board operating under ORS 192.547 (1)(b) meets the requirements described in ORS 192.547 (7)(b).

(3) A person may not retain another individual’s genetic information or DNA sample without first

obtaining authorization from the individual or the individual's representative, unless:

(a) Retention is authorized by ORS 181A.155 or comparable provisions of federal criminal law relating to identification of persons, or is necessary for the purpose of a criminal or death investigation, a criminal or juvenile proceeding, an inquest or a child fatality review by a county **child abuse** multi-disciplinary [*child abuse*] team;

(b) Retention is authorized by specific court order pursuant to rules adopted by the Chief Justice of the Supreme Court for civil actions;

(c) Retention is permitted by rules of the Oregon Health Authority for identification of, or testing to benefit blood relatives of, deceased individuals;

(d) Retention is permitted by rules of the authority for newborn screening procedures; or

(e) Retention is for anonymous research or coded research conducted after notification or with consent pursuant to subsection (2) of this section or ORS 192.538.

(4) The DNA sample of an individual from which genetic information has been obtained shall be destroyed promptly upon the specific request of that individual or the individual's representative, unless:

(a) Retention is authorized by ORS 181A.155 or comparable provisions of federal criminal law relating to identification of persons, or is necessary for the purpose of a criminal or death investigation, a criminal or juvenile proceeding, an inquest or a child fatality review by a county **child abuse** multi-disciplinary [*child abuse*] team;

(b) Retention is authorized by specific court order pursuant to rules adopted by the Chief Justice of the Supreme Court for civil actions; or

(c) Retention is for anonymous research or coded research conducted after notification or with consent pursuant to subsection (2) of this section or ORS 192.538.

(5) A DNA sample from an individual that is the subject of a research project, other than an anonymous research project, shall be destroyed promptly upon completion of the project or withdrawal of the individual from the project, whichever occurs first, unless the individual or the individual's representative directs otherwise by informed consent.

(6) A DNA sample from an individual for insurance or employment purposes shall be destroyed promptly after the purpose for which the sample was obtained has been accomplished unless retention is authorized by specific court order pursuant to rules adopted by the Chief Justice of the Supreme Court for civil, criminal and juvenile proceedings.

(7) An individual or an individual's representative, promptly upon request, may inspect, request correction of and obtain genetic information from the records of the individual.

(8) Subject to the provisions of ORS 192.531 to 192.549, and to policies adopted by the person in possession of a DNA sample, an individual or the individual's representative may request that the individual's DNA sample be made available for additional genetic testing for medical diagnostic pur-

poses. If the individual is deceased and has not designated a representative to act on behalf of the individual after death, a request under this subsection may be made by the closest surviving blood relative of the decedent or, if there is more than one surviving blood relative of the same degree of relationship to the decedent, by the majority of the surviving closest blood relatives of the decedent.

(9) The Oregon Health Authority shall coordinate the implementation of this section.

(10) Subsections (3) to (8) of this section apply only to a DNA sample or genetic information that is coded, identified or identifiable.

(11) This section does not apply to any law, contract or other arrangement that determines a person's rights to compensation relating to substances or information derived from an individual's DNA sample.

SECTION 11. ORS 192.539 is amended to read:

192.539. (1) Regardless of the manner of receipt or the source of genetic information, including information received from an individual or a blood relative of the individual, a person may not disclose or be compelled, by subpoena or any other means, to disclose the identity of an individual upon whom a genetic test has been performed or the identity of a blood relative of the individual, or to disclose genetic information about the individual or a blood relative of the individual in a manner that permits identification of the individual, unless:

(a) Disclosure is authorized by ORS 181A.155 or comparable provisions of federal criminal law relating to identification of persons, or is necessary for the purpose of a criminal or death investigation, a criminal or juvenile proceeding, an inquest, or a child fatality review by a county **child abuse** multi-disciplinary [*child abuse*] team;

(b) Disclosure is required by specific court order entered pursuant to rules adopted by the Chief Justice of the Supreme Court for civil actions;

(c) Disclosure is authorized by statute for the purpose of establishing parentage;

(d) Disclosure is specifically authorized by the tested individual or the tested individual's representative by signing a consent form prescribed by rules of the Oregon Health Authority;

(e) Disclosure is for the purpose of furnishing genetic information relating to a decedent for medical diagnosis of blood relatives of the decedent; or

(f) Disclosure is for the purpose of identifying bodies.

(2) The prohibitions of this section apply to any redisclosure by any person after another person has disclosed genetic information or the identity of an individual upon whom a genetic test has been performed, or has disclosed genetic information or the identity of a blood relative of the individual.

(3) A release or publication is not a disclosure if:

(a) It involves a good faith belief by the person who caused the release or publication that the person was not in violation of this section;

(b) It is not due to willful neglect;

(c) It is corrected in the manner described in ORS 192.541 (4);

(d) The correction with respect to genetic information is completed before the information is read or heard by a third party; and

(e) The correction with respect to DNA samples is completed before the sample is retained or genetically tested by a third party.

SECTION 12. ORS 192.690 is amended to read:

192.690. (1) ORS 192.610 to 192.690 do not apply to the deliberations of the Psychiatric Security Review Board, the State Board of Parole and Post-Prison Supervision, state agencies conducting hearings on contested cases in accordance with the provisions of ORS chapter 183, the review by the Workers' Compensation Board or the Employment Appeals Board of similar hearings on contested cases, meetings of the state lawyers assistance committee operating under the provisions of ORS 9.568, meetings of the personal and practice management assistance committees operating under the provisions of ORS 9.568, the county **child abuse** multidisciplinary [*child abuse*] teams required to review child abuse cases in accordance with the provisions of ORS 418.747, the child fatality review teams required to review child fatalities in accordance with the provisions of ORS 418.785, the peer review committees in accordance with the provisions of ORS 441.055, mediation conducted under ORS 36.252 to 36.268, any judicial proceeding, meetings of the Oregon Health and Science University Board of Directors or its designated committee regarding candidates for the position of president of the university or regarding sensitive business, financial or commercial matters of the university not customarily provided to competitors related to financings, mergers, acquisitions or joint ventures or related to the sale or other disposition of, or substantial change in use of, significant real or personal property, or related to health system strategies, or to Oregon Health and Science University faculty or staff committee meetings.

(2) Because of the grave risk to public health and safety that would be posed by misappropriation or misapplication of information considered during such review and approval, ORS 192.610 to 192.690 shall not apply to review and approval of security programs by the Energy Facility Siting Council pursuant to ORS 469.530.

SECTION 13. ORS 409.185 is amended to read:

409.185. (1) The Director of Human Services shall oversee the development of standards and procedures for assessment, investigation and enforcement of child protective services.

(2)(a) The Department of Human Services shall take action to implement the provision of child protective services as outlined in ORS 417.705 to 417.800 and based on the recommendations in the 1992 "Oregon Child Protective Services Performance

Study" published by the University of Southern Maine.

(b) In all substantiated cases of child abuse and neglect, the role of the department is to complete a comprehensive family assessment of risk of abuse or neglect, or both, assess service needs and provide immediate protective services as necessary.

(c) The department shall provide remedial services needed to ensure the safety of the child.

(d) In all cases of child abuse and neglect for which a criminal investigation is conducted, the role of law enforcement agencies is to provide a legally sound, child sensitive investigation of whether abuse or neglect or both have occurred and to gather other evidence and perform other responsibilities in accordance with interagency agreements.

(e) The department and law enforcement agencies shall conduct the investigation and assessment concurrently, based upon the protocols and procedures of the county **child abuse** multidisciplinary [*child abuse*] team in each jurisdiction.

(f) When the department and law enforcement agencies conduct a joint investigation and assessment, the activities of the department and agencies are to be clearly differentiated by the protocols of the county **child abuse** multidisciplinary [*child abuse*] team.

(g) Nothing in this subsection is intended to be inconsistent with ORS 418.702, 418.747 and 418.748 and ORS chapter 419B.

(h) In all cases of child abuse for which an investigation is conducted, the department shall provide a child's parent, guardian or caregiver with a clear written explanation of the investigation process, the court hearing process and the rights of the parent, guardian or caregiver in the abuse investigation and in the court proceedings related to the abuse investigation.

(3) Upon receipt of a recommendation of the Children's Advocate under ORS 417.815 (2)(e), the department shall implement the recommendation or give the Children's Advocate written notice of an intent not to implement the recommendation.

SECTION 14. ORS 414.762 is amended to read:

414.762. (1) As used in this section:

(a) "Child abuse [*medical*] assessment" has the meaning given that term in ORS 418.782.

(b) ["*Community assessment center*"] "**Children's advocacy center**" has the meaning given that term in ORS 418.782.

(c) "**Forensic interview**" has the meaning given that term in ORS 418.782.

(2) The Oregon Health Authority shall reimburse a [*community assessment*] **children's advocacy center** for the services the center provides:

(a) In conducting a child abuse [*medical*] assessment of a child who is eligible for medical assistance; and

(b) That are related to the child abuse [*medical*] assessment including, but not limited to:

(A) A forensic interview; and

(B) Mental health treatment.

(3) The authority shall adopt billing and payment mechanisms to ensure that the reimbursement is proportionate to the scope and intensity of the services provided by the [community assessment] **children's advocacy** center.

SECTION 15. ORS 418.706 is amended to read: 418.706. The State Technical Assistance Team for child fatalities is established in the Oregon Health Authority. The purpose of the State Technical Assistance Team is to provide staff support for the statewide interdisciplinary team, as described in ORS 418.748, and, upon request, to provide technical assistance to the child fatality review teams established under ORS 418.785. The duties of the State Technical Assistance Team shall include but are not limited to:

- (1) Designing, implementing and maintaining an information management system for child fatalities;
- (2) Providing training, **technical** assistance and support for identified individuals on county **child abuse** multidisciplinary [child abuse] teams in accurate data collection and input;
- (3) Compiling and analyzing data on child fatalities;
- (4) Using data concerning child deaths to identify strategies for the prevention of child fatalities and serving as a resource center to promote the use of the strategies at the county level; and
- (5) Upon request of a county **child abuse** multidisciplinary [child abuse] team, providing technical assistance and consultation services on a variety of issues related to child fatalities including interagency agreements, team building, case review and prevention strategies.

SECTION 16. ORS 418.746 is amended to read: 418.746. (1) The Child Abuse Multidisciplinary Intervention Account is established separate and distinct from the General Fund. Interest earned, if any, shall inure to the benefit of the account. All moneys deposited in the account are continuously appropriated to the Department of Justice for the purposes of ORS 418.751 and this section.

(2) The Child Abuse Multidisciplinary Intervention Program, with the advice of the Advisory Council on Child Abuse Assessment, created by ORS 418.784, shall allocate moneys from the Child Abuse Multidisciplinary Intervention Account to eligible county **child abuse** multidisciplinary [child abuse] teams formed under ORS 418.747, or entities designated by the teams, serving the counties from which the moneys were collected. The program may award only one grant per county. The moneys shall be allocated by the same formula as, or a formula similar to, the formula used by the Attorney General for equitable distribution of the fund for victim's assistance programs under ORS 147.227 (1). Moneys allocated under this subsection may not be used as replacement revenues for currently available funds previously allocated by the county for child abuse intervention.

(3) The Child Abuse Multidisciplinary Intervention Program shall determine eligibility of the applicants and:

(a) Allocate funds if the applicant is deemed eligible;

(b) Conditionally allocate funds, with appropriate conditions, when necessary to establish eligibility; or

(c) Deny funding.

(4) In making the eligibility determination, the Child Abuse Multidisciplinary Intervention Program shall consider the following nonexclusive list of factors:

(a) Whether the services offered by an applicant substantially further the goals and purposes of ORS 418.747, 418.790 and 418.792;

(b) Whether the county **child abuse** multidisciplinary [child abuse] team or the entity designated by the team has properly allocated other available funds;

(c) Any evaluations of previously funded services as required by subsection (7) of this section;

(d) The extent to which the county's coordinated child abuse multidisciplinary intervention plan provides for comprehensive services to the victims of child abuse;

(e) Whether the funds are being used as replacement revenues as prohibited by subsection (2) of this section;

(f) Whether there is a [community assessment] **children's advocacy** center or **similar** advocacy center in existence or [planned in] **proposed for** the county; and

(g) The extent to which funding a [community assessment] **children's advocacy** center is given priority in the intervention plan as required under subsection (5) of this section.

(5)(a) At least once a biennium, the county **child abuse** multidisciplinary [child abuse] team shall submit to the Child Abuse Multidisciplinary Intervention Program a coordinated child abuse multidisciplinary intervention plan. The intervention plan must:

(A) Describe all sources of funding, other than moneys that may be allocated from the Child Abuse Multidisciplinary Intervention Account, including in-kind contributions that are available for the intervention plan;

(B) Describe the critical needs of victims of child abuse in the county, including but not limited to **child abuse** assessment, advocacy and treatment, and how the intervention plan addresses those needs in a comprehensive manner;

(C) Include the county's written protocol and agreements required by ORS 418.747 (2) and 418.785; and

(D) Describe how the intervention plan gives priority to funding a [community assessment] **children's advocacy** center and how the funding supports the center.

(b) When submitting the intervention plan, the county **child abuse** multidisciplinary [child abuse] team shall also submit:

(A) Those applications for funding received from entities under subsection (6) of this section that the team determines best meet the needs of the county's intervention plan and a recommendation that the applications for funding be granted; and

(B) If the team is seeking funding from the Child Abuse Multidisciplinary Intervention Program, an application setting forth the information required by rule of the program.

(6) An entity wishing to apply for funding from the Child Abuse Multidisciplinary Intervention Program shall submit an application to the county **child abuse** multidisciplinary [*child abuse*] team for the county in which the entity proposes to provide services. The application shall:

(a) Describe the services to be funded with moneys from the Child Abuse Multidisciplinary Intervention Program according to the coordinated child abuse multidisciplinary intervention plan and the anticipated outcomes in terms of benefits to children and families; and

(b) Describe how the services further the goals and purposes of ORS 418.747, 418.790 and 418.792.

(7)(a) A designated entity providing services according to a coordinated child abuse multidisciplinary intervention plan funded with moneys from the Child Abuse Multidisciplinary Intervention Program shall submit an annual report to the county **child abuse** multidisciplinary [*child abuse*] team. A **county child abuse** multidisciplinary [*child abuse*] team shall submit an annual report to the Child Abuse Multidisciplinary Intervention Program.

(b) The annual report filed by the county **child abuse** multidisciplinary [*child abuse*] team must:

(A) Document how the moneys were utilized and describe to what extent the services were able to meet anticipated outcomes in terms of benefits to children and families.

(B) Include local and state issues and recommendations relating to the prevention of child fatalities identified in the fatality review process under ORS 418.785.

(c) A county **child abuse** multidisciplinary [*child abuse*] team receiving a report from a designated entity shall review the report and take into account success of the entity at meeting service outcomes before making future recommendations regarding allocation of moneys.

(d) The Child Abuse Multidisciplinary Intervention Program shall review reports received under this section before making future eligibility and allocation decisions and when evaluating services funded under this section.

(8) Two or more county **child abuse** multidisciplinary [*child abuse*] teams may join together to develop joint child abuse multidisciplinary intervention plans. The joint intervention plans shall be submitted as provided in subsection (5) of this section.

(9) The Child Abuse Multidisciplinary Intervention Program may adopt rules to carry out the provisions of ORS 418.751 and this section including, but not limited to, the following:

(a) Notices and time limits for applications;

(b) Method of review and the role of advisory bodies; and

(c) Reallocation of moneys not applied for or disbursed.

SECTION 17. ORS 418.747 is amended to read:

418.747. (1) The district attorney in each county shall be responsible for developing county **child abuse** multidisciplinary [*child abuse*] teams to consist of but not be limited to law enforcement personnel, Department of Human Services child protective service workers, school officials, local health department personnel, county mental health department personnel who have experience with children and family mental health issues, child abuse intervention center workers, if available, and juvenile department representatives, as well as others specially trained in child abuse, child sexual abuse and rape of children investigation.

(2) The teams shall develop a written protocol for immediate investigation of and notification procedures for child abuse cases, **including child sexual abuse**, and for interviewing child abuse victims. Each team also shall develop written agreements signed by member agencies that are represented on the team that specify:

(a) The role of each agency;

(b) Procedures to be followed to assess risks to the child;

(c) Guidelines for timely communication between member agencies;

(d) Guidelines for completion of responsibilities by member agencies;

(e) That upon clear disclosure that the alleged child abuse occurred in a child care facility as defined in ORS 329A.250, immediate notification of parents or guardians of children attending the child care facility is required regarding any abuse allegation and pending investigation; and

(f) Criteria and procedures to be followed when removal of the child is necessary for the child's safety.

(3) Each team member and the personnel conducting child abuse investigations and interviews of child abuse victims shall be trained in risk assessment, **the** dynamics of child abuse, child sexual abuse and rape of children, and [*legally sound and age appropriate interview and investigatory techniques*] **forensic interviewing**.

(4) All investigations of child abuse and interviews of child abuse victims shall be carried out by appropriate personnel using the protocols and procedures called for in this section. If trained personnel are not available in a timely fashion and, in the judgment of a law enforcement officer or child protective services worker, there is reasonable cause to believe a delay in investigation or interview of the child abuse victim could place the child in jeopardy of physical harm, the investigation may proceed without full participation of all personnel. This authority applies only for as long as reasonable danger to the child exists. A law enforcement officer or child protective services worker shall make a rea-

sonable effort to find and provide a trained investigator or interviewer.

(5) To ensure the protection and safe placement of a child, the Department of Human Services may request that team members obtain criminal history information on any person who is part of the household where the department may place or has placed a child who is in the department's custody. All information obtained by the team members and the department in the exercise of their duties is confidential and may be disclosed only when necessary to ensure the safe placement of a child.

(6) Each team shall classify, assess and review cases under investigation.

(7)(a) Each team shall develop and implement procedures for evaluating and reporting compliance of member agencies with the protocols and procedures required under this section. Each team shall submit to the administrator of the Child Abuse Multidisciplinary Intervention Program copies of the protocols and procedures required under this section and the results of the evaluation as requested.

(b) The administrator may:

(A) Consider the evaluation results when making eligibility determinations under ORS 418.746 (3);

(B) If requested by the Advisory Council on Child Abuse Assessment, ask a team to revise the protocols and procedures being used by the team based on the evaluation results; or

(C) Ask a team to evaluate the team's compliance with the protocols and procedures in a particular case.

(c) The information and records compiled under this subsection are exempt from ORS 192.311 to 192.478.

(8) Each team shall develop policies that provide for an independent review of investigation procedures of sensitive cases after completion of court actions on particular cases. The policies shall include independent citizen input. Parents of child abuse victims shall be notified of the review procedure.

(9) Each team shall designate at least one physician, physician assistant[, *naturopathic physician*] or nurse practitioner who has been trained to conduct child abuse [*medical*] assessments, as defined in ORS 418.782, and who is, or who may designate another physician, physician assistant[, *naturopathic physician*] or nurse practitioner who is, regularly available to conduct the medical assessment described in ORS 419B.023.

(10) If photographs are taken pursuant to ORS 419B.028, and if the team meets to discuss the case, the photographs shall be made available to each member of the team at the first meeting regarding the child's case following the taking of the photographs.

(11) No later than September 1, 2008, each team shall submit to the Department of Justice a written summary identifying the designated medical professional described in subsection (9) of this section. After that date, this information shall be included in each regular report to the Department of Justice.

(12) If, after reasonable effort, the team is not able to identify a designated medical professional described in subsection (9) of this section, the team shall develop a written plan outlining the necessary steps, recruitment and training needed to make such a medical professional available to the children of the county. The team shall also develop a written strategy to ensure that each child in the county who is a suspected victim of child abuse will receive a medical assessment in compliance with ORS 419B.023. This strategy, and the estimated fiscal impact of any necessary recruitment and training, shall be submitted to the Department of Justice no later than September 1, 2008. This information shall be included in each regular report to the Department of Justice for each reporting period in which a team is not able to identify a designated medical professional described in subsection (9) of this section.

SECTION 18. ORS 418.784 is amended to read:

418.784. (1) There is created the Advisory Council on Child Abuse Assessment, consisting of at least nine members appointed by the Attorney General. The Attorney General shall serve as an ex officio member of the council. The council shall direct the administrator of the Child Abuse Multidisciplinary Intervention Program on the administration of funds to establish and maintain [*regional assessment*] **children's advocacy** centers or [*community assessment*] **regional children's advocacy** centers under ORS 418.746 to 418.796.

(2) Of the members appointed to the council:

(a) One member shall be an employee of the Department of Human Services with duties related to child protective services;

(b) One member shall be a physician licensed to practice medicine in Oregon who specializes in children and families;

(c) One member shall be a person having experience dealing with child abuse;

(d) One member shall be a district attorney or the designee of a district attorney;

(e) One member shall be an employee of a law enforcement agency, in addition to the member who is a district attorney or the designee of a district attorney;

(f) One member shall be from an operating regional [*assessment*] **children's advocacy** center; and

(g) At least three members shall be citizens with appropriate interest in advocating for the medical interest of abused children.

(3) Members of the council who are not state employees:

(a) Are not entitled to compensation; and

(b) Are entitled to reimbursement for actual and necessary travel expenses incurred by them in the performance of their official duties as members of the council if there are sufficient funds available in the Child Abuse Multidisciplinary Intervention Account established in ORS 418.746.

(4) Members of the council who are state employees carrying out their state employment functions are entitled to compensation and

reimbursement by their employing agencies for actual and necessary travel and other expenses incurred by them in the performance of their official duties as members of the council.

(5) The council shall elect one of its members to serve as chairperson, for such terms and with such duties and powers as the council determines.

(6) The council shall meet at least four times per year at a place, day and hour determined by the council.

(7) A majority of the members of the council constitutes a quorum for the transaction of business.

SECTION 19. ORS 418.785 is amended to read:

418.785. (1) Each county **child abuse** multidisciplinary [*child abuse*] team shall establish a child fatality review team to conduct child fatality reviews. The purpose of the review process is to help prevent severe and fatal child abuse and neglect by:

(a) Identifying local and state issues related to preventable child fatalities; and

(b) Promoting implementation of recommendations at the county level.

(2) In establishing the review process and carrying out reviews, the child fatality review team shall be assisted by the county medical examiner or local health officer as well as other professionals who are specially trained in areas relevant to the purpose of the team.

(3) The categories of fatalities reviewed by the child fatality review team include:

(a) Child fatalities in which child abuse or neglect may have occurred at any time prior to death or may have been a factor in the fatality;

(b) Any category established by the county **child abuse** multidisciplinary [*child abuse*] team;

(c) All child fatalities where the child is less than 18 years of age and there is an autopsy performed by the medical examiner; and

(d) Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS 418.748.

(4) A child fatality review team shall develop a written protocol for review of child fatalities. The protocol shall be designed to facilitate communication and the exchange of information between persons who perform autopsies and those professionals and agencies concerned with the prevention, investigation and treatment of child abuse and neglect.

(5) Within the guidelines, and in a format, established by the statewide interdisciplinary team established under ORS 418.748, the child fatality review team shall provide the statewide interdisciplinary team with information regarding the categories of child fatalities described under subsection (3) of this section.

(6) Upon the conclusion of a criminal case involving a child fatality, or upon the conclusion of a direct appeal if one is taken, the district attorney may submit a letter to the Governor and the Director of Human Services outlining recommendations for the systemic improvement of child abuse investigations.

SECTION 20. ORS 418.792 is amended to read:

418.792. Each application for funds to [*provide a community assessment*] **establish and maintain a children's advocacy** center shall include:

(1) Evidence indicating that the applicant has at least one medical practitioner trained in the evaluation, diagnosis and treatment of child abuse and neglect.

(2) A commitment by the medical practitioner:

(a) To attend annual continuing education courses regarding evaluation and diagnosis of child abuse and neglect; and

(b) To refer complex cases, as defined by the Advisory Council on Child Abuse Assessment by rule, to a regional [*assessment*] **children's advocacy** center.

(3) Evidence indicating the proposed [*community assessment*] **children's advocacy** center has access to special equipment used in the evaluation of child abuse.

(4) A description of where the [*community assessment*] **children's advocacy** center is to be located, including but not limited to a hospital, medical clinic or other appropriate public or private agency. However, the proposed center [*shall*] **may** not be located in an office of the Department of Human Services or in the office of any law enforcement agency.

(5) The level of support available to the proposed [*community assessment*] **children's advocacy** center through in-kind contributions from the community.

(6) A description of procedures to be followed by the proposed [*community assessment*] **children's advocacy** center, including the availability of personnel from the [*community assessment*] **children's advocacy** center to testify in cases involving alleged abuse of children evaluated by the center.

SECTION 21. ORS 418.794 is amended to read:

418.794. Video recordings produced pursuant to ORS 418.746 to 418.796 shall remain in the custody of the [*regional assessment*] **children's advocacy** center or the [*community assessment*] **regional children's advocacy** center and shall remain confidential and not subject to public disclosure except under a lawfully issued subpoena and protective order.

SECTION 22. ORS 418.795 is amended to read:

418.795. (1) All information and records acquired by a county **child abuse** multidisciplinary [*child abuse*] team established under ORS 418.747 or a child fatality review team established under ORS 418.785 in the exercise of its duties are confidential and may be disclosed only when necessary to carry out the purposes of the child abuse investigation or the child fatality review process.

(2) A member agency of a county **child abuse** multidisciplinary [*child abuse*] team or a member of the team may use or disclose protected health information without obtaining an authorization from an individual or a personal representative of the indi-

vidual if use or disclosure is necessary for public health purposes, including the prevention, investigation and treatment of child abuse.

(3) A child fatality review team shall have access to and subpoena power to obtain all medical records, hospital records and records maintained by any state, county or local agency, including, but not limited to, police investigative data, coroner or medical examiner investigative data and social services records, as necessary to complete a child abuse investigation or a review of a specific fatality under ORS 418.785.

(4) As used in this section, “personal representative” and “protected health information” have the meanings given those terms in ORS 192.556.

SECTION 23. ORS 418.800 is amended to read:

418.800. (1) If, in a case of alleged child sexual abuse as described in ORS 419B.005 (1)(a)(C), (D) or (E) by a parent, guardian or caregiver living in the child’s home, the Department of Human Services asks the parent, guardian or caregiver to move from the family home during the investigation and the parent, guardian or caregiver consents to leave the family home, the department shall notify the district attorney responsible for the county **child abuse multidisciplinary** [*child abuse*] team for the county in which the child resides about the case. The notification shall be in writing and be given no later than three business days after the departure of the parent, guardian or caregiver from the family home.

(2) A parent, guardian or caregiver who consents to leave the family home as described in subsection (1) of this section or the spouse of the parent, guardian or caregiver may ask the district attorney responsible for the **county child abuse multidisciplinary** team for a review of the case by the team.

(3) No later than 90 days after receiving a request under subsection (2) of this section, the **county child abuse multidisciplinary** team shall:

(a) Review the case and consider at least the following:

(A) Whether the investigation should continue;

(B) The welfare of the child and the adults living in the family home; and

(C) The proposed timeline for completing the investigation; and

(b) Provide to the person who requested the review a summary of the proposed timeline for completing the investigation.

(4)(a) This section may not be construed to create a new private right of action against a district attorney or any member of a county **child abuse multidisciplinary** [*child abuse*] team.

(b) A district attorney and members of a county **child abuse multidisciplinary** [*child abuse*] team reviewing a case under subsection (2) of this section are immune from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to reviewing a case, failing to review a case referred to the team under subsection (2) of this section or providing to the person who requested the review a

summary of the proposed timeline for completing the investigation.

(c) The act of reviewing a case or failing to review a case referred to the **county child abuse multidisciplinary** team under subsection (2) of this section or providing or failing to provide a summary to the person who requested the review may not be used by a defendant in any subsequent criminal prosecution or juvenile proceeding.

SECTION 24. ORS 419B.020 is amended to read:

419B.020. (1) If the Department of Human Services or a law enforcement agency receives a report of child abuse, the department or the agency shall immediately:

(a) Cause an investigation to be made to determine the nature and cause of the abuse of the child; and

(b) Notify the Office of Child Care if the alleged child abuse occurred in a child care facility as defined in ORS 329A.250.

(2) If the abuse reported in subsection (1) of this section is alleged to have occurred at a child care facility:

(a) The department and the law enforcement agency shall jointly determine the roles and responsibilities of the department and the agency in their respective investigations; and

(b) The department and the agency shall each report the outcomes of their investigations to the Office of Child Care.

(3) If the law enforcement agency conducting the investigation finds reasonable cause to believe that abuse has occurred, the law enforcement agency shall notify by oral report followed by written report the local office of the department. The department shall provide protective social services of its own or of other available social agencies if necessary to prevent further abuses to the child or to safeguard the child’s welfare.

(4) If a child is taken into protective custody by the department, the department shall promptly make reasonable efforts to ascertain the name and address of the child’s parents or guardian.

(5)(a) If a child is taken into protective custody by the department or a law enforcement official, the department or law enforcement official shall, if possible, make reasonable efforts to advise the parents or guardian immediately, regardless of the time of day, that the child has been taken into custody, the reasons the child has been taken into custody and general information about the child’s placement, and the telephone number of the local office of the department and any after-hours telephone numbers.

(b) Notice may be given by any means reasonably certain of notifying the parents or guardian, including but not limited to written, telephonic or in-person oral notification. If the initial notification is not in writing, the information required by paragraph (a) of this subsection also shall be provided to the parents or guardian in writing as soon as possible.

(c) The department also shall make a reasonable effort to notify the noncustodial parent of the information required by paragraph (a) of this subsection in a timely manner.

(d) If a child is taken into custody while under the care and supervision of a person or organization other than the parent, the department, if possible, shall immediately notify the person or organization that the child has been taken into protective custody.

(6) If a law enforcement officer or the department, when taking a child into protective custody, has reasonable cause to believe that the child has been affected by sexual abuse and rape of a child as defined in ORS 419B.005 (1)(a)(C) and that physical evidence of the abuse exists and is likely to disappear, the court may authorize a physical examination for the purposes of preserving evidence if the court finds that it is in the best interest of the child to have such an examination. Nothing in this section affects the authority of the department to consent to physical examinations of the child at other times.

(7) A minor child of 12 years of age or older may refuse to consent to the examination described in subsection (6) of this section. The examination shall be conducted by or under the supervision of a physician licensed under ORS chapter 677, a physician assistant licensed under ORS 677.505 to 677.525[*a naturopathic physician licensed under ORS chapter 685*] or a nurse practitioner licensed under ORS chapter 678 and, whenever practicable, trained in conducting such examinations.

(8) When the department completes an investigation under this section, if the person who made the report of child abuse provided contact information to the department, the department shall notify the person about whether contact with the child was made, whether the department determined that child abuse occurred and whether services will be provided. The department is not required to disclose information under this subsection if the department determines that disclosure is not permitted under ORS 419B.035.

SECTION 25. ORS 419B.023 is amended to read: 419B.023. (1) As used in this section:

(a) “Designated medical professional” means the person described in ORS 418.747 (9) or the person’s designee.

(b) “Medical assessment” has the meaning given that term in ORS 418.782.

[(b)] (c) “Suspicious physical injury” includes, but is not limited to:

- (A) Burns or scalds;
- (B) Extensive bruising or abrasions on any part of the body;
- (C) Bruising, swelling or abrasions on the head, neck or face;
- (D) Fractures of any bone in a child under the age of three;
- (E) Multiple fractures in a child of any age;
- (F) Dislocations, soft tissue swelling or moderate to severe cuts;

(G) Loss of the ability to walk or move normally according to the child’s developmental ability;

(H) Unconsciousness or difficulty maintaining consciousness;

(I) Multiple injuries of different types;

(J) Injuries causing serious or protracted disfigurement or loss or impairment of the function of any bodily organ; or

(K) Any other injury that threatens the physical well-being of the child.

(2) If a person conducting an investigation under ORS 419B.020 observes a child who has suffered suspicious physical injury and the person is certain or has a reasonable suspicion that the injury is or may be the result of abuse, the person shall, in accordance with the protocols and procedures of the county **child abuse** multidisciplinary [*child abuse*] team described in ORS 418.747:

(a) Immediately photograph or cause to have photographed the suspicious physical injuries in accordance with ORS 419B.028; and

(b) Ensure that a designated medical professional conducts a medical assessment within 48 hours, or sooner if dictated by the child’s medical needs.

(3) The requirement of subsection (2) of this section shall apply:

(a) Each time suspicious physical injury is observed by Department of Human Services or law enforcement personnel:

(A) During the investigation of a new allegation of abuse; or

(B) If the injury was not previously observed by a person conducting an investigation under ORS 419B.020; and

(b) Regardless of whether the child has previously been photographed or assessed during an investigation of an allegation of abuse.

(4)(a) Department or law enforcement personnel shall make a reasonable effort to locate a designated medical professional. If after reasonable efforts a designated medical professional is not available to conduct a medical assessment within 48 hours, the child shall be evaluated by an available physician, a physician assistant licensed under ORS 677.505 to 677.525[*naturopathic physician licensed under ORS chapter 685*] or a nurse practitioner licensed under ORS 678.375 to 678.390.

(b) If the child is evaluated by a health care provider as defined in ORS 127.505 other than a designated medical professional, the health care provider shall make photographs, clinical notes, diagnostic and testing results and any other relevant materials available to the designated medical professional for consultation within 72 hours following evaluation of the child.

(c) The person conducting the medical assessment may consult with and obtain records from the child’s health care provider under ORS 419B.050.

(5) Nothing in this section prevents a person conducting a child abuse investigation from seeking immediate medical treatment from a hospital emergency room or other medical provider for a child

who is physically injured or otherwise in need of immediate medical care.

(6) If the child described in subsection (2) of this section is less than five years of age, the designated medical professional may, within 14 days, refer the child for a screening for early intervention services or early childhood special education, as those terms are defined in ORS 343.035. The referral may not indicate the child is subject to a child abuse investigation unless written consent is obtained from the child's parent authorizing such disclosure. If the child is already receiving those services, or is enrolled in the Head Start program, a person involved in the delivery of those services to the child shall be invited to participate in the county **child abuse** multidisciplinary [*child abuse*] team's review of the case and shall be provided with paid time to do so by the person's employer.

(7) Nothing in this section limits the rights provided to minors in ORS chapter 109 or the ability of a minor to refuse to consent to the medical assessment described in this section.

SECTION 26. ORS 419B.035 is amended to read: 419B.035. (1) Notwithstanding the provisions of ORS 192.001 to 192.170, 192.210 to 192.478 and 192.610 to 192.810 relating to confidentiality and accessibility for public inspection of public records and public documents, reports and records compiled under the provisions of ORS 419B.010 to 419B.050 are confidential and may not be disclosed except as provided in this section. The Department of Human Services shall make the records available to:

(a) Any law enforcement agency or a child abuse registry in any other state for the purpose of subsequent investigation of child abuse;

(b) Any physician, physician assistant licensed under ORS 677.505 to 677.525[*naturopathic physician licensed under ORS chapter 685*] or nurse practitioner licensed under ORS 678.375 to 678.390, at the request of the physician, physician assistant[*naturopathic physician*] or nurse practitioner, regarding any child brought to the physician, physician assistant[*naturopathic physician*] or nurse practitioner or coming before the physician, physician assistant[*naturopathic physician*] or nurse practitioner for examination, care or treatment;

(c) Attorneys of record for the child or child's parent or guardian in any juvenile court proceeding;

(d) Citizen review boards established by the Judicial Department for the purpose of periodically reviewing the status of children, youths and youth offenders under the jurisdiction of the juvenile court under ORS 419B.100 and 419C.005. Citizen review boards may make such records available to participants in case reviews;

(e) A court appointed special advocate in any juvenile court proceeding in which it is alleged that a child has been subjected to child abuse or neglect;

(f) The Office of Child Care for certifying, registering or otherwise regulating child care facilities;

(g) The Office of Children's Advocate;

(h) The Teacher Standards and Practices Commission for investigations conducted under ORS 342.176 involving any child or any student in grade 12 or below;

(i) Any person, upon request to the Department of Human Services, if the reports or records requested regard an incident in which a child, as the result of abuse, died or suffered serious physical injury as defined in ORS 161.015. Reports or records disclosed under this paragraph must be disclosed in accordance with ORS 192.311 to 192.478;

(j) The Office of Child Care for purposes of ORS 329A.030 (10)(g), (h) and (i); and

(k) With respect to a report of abuse occurring at a school or in an educational setting that involves a child with a disability, Disability Rights Oregon.

(2)(a) When disclosing reports and records pursuant to subsection (1)(i) of this section, the Department of Human Services may exempt from disclosure the names, addresses and other identifying information about other children, witnesses, victims or other persons named in the report or record if the department determines, in written findings, that the safety or well-being of a person named in the report or record may be jeopardized by disclosure of the names, addresses or other identifying information, and if that concern outweighs the public's interest in the disclosure of that information.

(b) If the Department of Human Services does not have a report or record of abuse regarding a child who, as the result of abuse, died or suffered serious physical injury as defined in ORS 161.015, the department may disclose that information.

(3) The Department of Human Services may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to any person, administrative hearings officer, court, agency, organization or other entity when the department determines that such disclosure is necessary to administer its child welfare services and is in the best interests of the affected child, or that such disclosure is necessary to investigate, prevent or treat child abuse and neglect, to protect children from abuse and neglect or for research when the Director of Human Services gives prior written approval. The Department of Human Services shall adopt rules setting forth the procedures by which it will make the disclosures authorized under this subsection or subsection (1) or (2) of this section. The name, address and other identifying information about the person who made the report may not be disclosed pursuant to this subsection and subsection (1) of this section.

(4) A law enforcement agency may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to other law enforcement agencies, district attorneys, city attorneys with criminal prosecutorial functions and the Attorney General when the law enforcement agency determines that disclosure is necessary for the investigation or enforcement of laws relating to child abuse and neglect or necessary to determine a claim for

crime victim compensation under ORS 147.005 to 147.367.

(5) A law enforcement agency, upon completing an investigation and closing the file in a specific case relating to child abuse or neglect, shall make reports and records in the case available upon request to any law enforcement agency or community corrections agency in this state, to the Department of Corrections or to the State Board of Parole and Post-Prison Supervision for the purpose of managing and supervising offenders in custody or on probation, parole, post-prison supervision or other form of conditional or supervised release. A law enforcement agency may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to law enforcement, community corrections, corrections or parole agencies in an open case when the law enforcement agency determines that the disclosure will not interfere with an ongoing investigation in the case. The name, address and other identifying information about the person who made the report may not be disclosed under this subsection or subsection (6)(b) of this section.

(6)(a) Any record made available to a law enforcement agency or community corrections agency in this state, to the Department of Corrections or the State Board of Parole and Post-Prison Supervision or to a physician, physician assistant[, *naturopathic physician*] or nurse practitioner in this state, as authorized by subsections (1) to (5) of this section, shall be kept confidential by the agency, department, board, physician, physician assistant[, *naturopathic physician*] or nurse practitioner. Any record or report disclosed by the Department of Human Services to other persons or entities pursuant to subsections (1) and (3) of this section shall be kept confidential.

(b) Notwithstanding paragraph (a) of this subsection:

(A) A law enforcement agency, a community corrections agency, the Department of Corrections and the State Board of Parole and Post-Prison Supervision may disclose records made available to them under subsection (5) of this section to each other, to law enforcement, community corrections, corrections and parole agencies of other states and to authorized treatment providers for the purpose of managing and supervising offenders in custody or on probation, parole, post-prison supervision or other form of conditional or supervised release.

(B) A person may disclose records made available to the person under subsection (1)(i) of this section if the records are disclosed for the purpose of advancing the public interest.

(7) An officer or employee of the Department of Human Services or of a law enforcement agency or any person or entity to whom disclosure is made pursuant to subsections (1) to (6) of this section may not release any information not authorized by subsections (1) to (6) of this section.

(8) As used in this section, "law enforcement agency" has the meaning given that term in ORS 181A.010.

(9) A person who violates subsection (6)(a) or (7) of this section commits a Class A violation.

SECTION 27. ORS 419B.050 is amended to read:

419B.050. (1) Upon notice by a law enforcement agency, the Department of Human Services, a member agency of a county **child abuse** multidisciplinary [*child abuse*] team or a member of a county **child abuse** multidisciplinary [*child abuse*] team that a child abuse investigation is being conducted under ORS 419B.020, a health care provider must permit the law enforcement agency, the department, the member agency of the county **child abuse** multidisciplinary [*child abuse*] team or the member of the county **child abuse** multidisciplinary [*child abuse*] team to inspect and copy medical records, including, but not limited to, prenatal and birth records, of the child involved in the investigation without the consent of the child, or the parent or guardian of the child. A health care provider who in good faith disclosed medical records under this section is not civilly or criminally liable for the disclosure.

(2) As used in this section, "health care provider" has the meaning given that term in ORS 192.556.

SECTION 28. ORS 743A.252 is amended to read:

743A.252. (1) As used in this section:

(a) "Child abuse [*medical*] assessment" has the meaning given that term in ORS 418.782.

(b) ["*Community assessment center*"] "**Children's advocacy center**" has the meaning given that term in ORS 418.782.

(c) "**Forensic interview**" has the meaning given that term in ORS 418.782.

[(c)] (d) "Health benefit plan" has the meaning given that term in ORS 743B.005.

(2) A health benefit plan shall provide payment to or reimburse a [*community assessment*] **children's advocacy center** for the services provided by the center:

(a) In conducting a child abuse [*medical*] assessment of a child enrolled in the plan; and

(b) That are related to the child abuse [*medical*] assessment including, but not limited to:

(A) A forensic interview; and

(B) Mental health treatment.

(3) The payment or reimbursement made in accordance with this section must be proportionate to the scope and intensity of the services provided by the [*community assessment*] **children's advocacy center**.

(4) This section is exempt from ORS 743A.001.

SECTION 29. (1) **The amendments to statutes by sections 1 to 28 of this 2019 Act become operative on January 1, 2020.**

(2) **The administrator of the Child Abuse Multidisciplinary Intervention Program may take any action before the operative date specified in subsection (1) of this section that is necessary for the administrator to exercise, on or after the operative date specified in subsection**

(1) of this section, all of the functions and powers conferred on the administrator by the amendments to statutes by sections 1 to 28 of this 2019 Act.

SECTION 30. This 2019 Act takes effect on the 91st day after the date on which the 2019

regular session of the Eightieth Legislative Assembly adjourns sine die.

Approved by the Governor May 22, 2019
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