

Oregon Revised Statutes

Chapter 433 — Disease and Condition Control; Mass Gatherings; Indoor Air

ORS sections in this chapter were amended or repealed by the Legislative Assembly during its 2026 regular session. See the table of ORS sections amended or repealed during the 2026 regular session: [2026 A&R Tables](#)

New sections of law were enacted by the Legislative Assembly during its 2026 regular session and pertain to or are likely to be compiled in this ORS chapter. See sections in the following 2026 Oregon Laws chapters: [2026 Session Laws 0100](#)

2025 EDITION

DISEASE AND CONDITION CONTROL; INDOOR AIR

PUBLIC HEALTH AND SAFETY

GENERAL PROVISIONS

- 433.001 Definitions for ORS 433.001 to 433.045 and 433.110 to 433.770
- 433.004 Reportable diseases; duty to report; investigation; effect of failure to report; rules
- 433.006 Investigation and control measures; rules
- 433.008 Confidentiality of disclosure; exceptions; privilege
- 433.009 Reporting by law enforcement unit
- 433.010 Spreading disease prohibited; health certificates to be issued by health professionals; rules
- 433.012 Oregon Health Authority to provide laboratory examination; rules
- 433.017 Test of blood of pregnant woman required; patient consent; rules
- 433.035 Testing or examination of persons with certain diseases or conditions; order for medication or treatment

VACCINE EDUCATION AND PRIORITIZATION

- 433.040 Oregon Vaccine Education and Prioritization Plan; implementation of plan during vaccine shortage; rules; penalties

HIV TESTING

- 433.045 Notice of HIV test required; exceptions
- 433.055 Prevalence studies
- 433.060 Definitions for ORS 433.060 to 433.080
- 433.065 Procedures for HIV testing; rules

- 433.070 Compliance with procedures required
- 433.075 Responsibility for cost of test; confidentiality
- 433.080 When test may be required; procedure to require test; rules
- 433.082 Oregon Health Authority to provide certain hospitals supply of HIV drugs or therapies

IMMUNIZATION REGISTRY AND TRACKING SYSTEM

- 433.090 Definitions for ORS 433.090 to 433.102
- 433.092 Purpose of ORS 433.090 to 433.102; waivers of consent to release certain medical information
- 433.094 Development of immunization registry and tracking and recall system; standards; release of information
- 433.095 Reporting information to registry; rules
- 433.096 Receiving and disclosing registry information
- 433.098 Nonliability for disclosing or using information; confidentiality of information; removal of information
- 433.100 Parental consent not required for enrollment in registry; rules; fees
- 433.102 Parental responsibility for immunization; medical or religious exemptions
- 433.103 Reporting and training requirements; exemptions; rules; redistribution of unused vaccines
- 433.104 Use of immunization registry for potential catastrophic disease threat

PUBLIC HEALTH MEASURES

- 433.110 Duty to prevent spread of communicable diseases; rules
- 433.121 Emergency administrative order for isolation or quarantine; contents; ex parte court order
- 433.123 Petition for court order for isolation or quarantine; contents; hearing on petition; contents of order; duration of isolation or quarantine
- 433.126 Notice to persons subject to order; rules
- 433.128 Conditions of and principles for isolation or quarantine; notice to manager of health care facility
- 433.131 Entry into premises used for isolation or quarantine; rules
- 433.133 Court hearing and order for release from isolation or quarantine or for remedy for breach of required conditions of isolation or quarantine
- 433.136 Consolidation of proceedings regarding isolation or quarantine
- 433.137 Court records; disclosure

- 433.138 Assistance of law enforcement officials in enforcing orders
- 433.140 Payment of isolation or quarantine expenses; assistance
- 433.142 Petition for isolation of contaminated property; contents; hearing; court order
- 433.150 Quarantine hospital; seizure, control of and compensation for emergency hospital
- 433.156 Enforcement of isolation or quarantine by law enforcement authorities
- 433.216 Detaining conveyance for inspection or investigation
- 433.220 Measures taken on discovery of disease or toxic substance; rules; jurisdiction over emergency

DISEASE CONTROL IN SCHOOLS

- 433.235 Definitions for ORS 433.235 to 433.284
- 433.240 Parental responsibility
- 433.245 Advisory committee; membership
- 433.255 Persons with or exposed to restrictable disease excluded from school or children's facility
- 433.260 Exclusion of persons exposed to or having restrictable disease from school or children's facility; certificate for readmission
- 433.267 Immunization of school children; rules; exceptions; effect of failure to comply
- 433.269 Local public health authority to ensure availability of immunizations; reports and records
- 433.271 Thimerosal prohibited in school entry immunizations provided by Oregon Health Authority; exceptions
- 433.273 Rules
- 433.280 Status of immunization records as public records
- 433.281 Post-secondary institution of education that provides student housing to provide information about vaccine-preventable diseases
- 433.282 Required immunizations at certain post-secondary educational institutions; rules
- 433.283 Immunizations against measles for certain students at community colleges; rules
- 433.284 Adoption of more stringent immunization requirements

STATE PUBLIC HEALTH LABORATORY

- 433.286 State public health laboratory; analysis of biological and environmental samples; newborn bloodspot screening; fees; rules

SERVICES FOR NEWBORNS

- 433.288 Newborn bloodspot screening program; policy; exemptions; fees; fee waivers; rules
- 433.290 Oregon Health Authority to conduct educational program on newborn bloodspot screening
- 433.295 Newborn bloodspot screening standards and reporting requirements for health care providers and health care facilities
- 433.298 Oregon Health Authority to compile information about congenital cytomegalovirus; dissemination of information
- 433.299 Newborn Bloodspot Screening Advisory Board; members; term; meetings; reports
- 433.301 Newborn nurse home visiting services program; rules
- 433.303 Policy on vitamin K
- 433.306 Duty to administer vitamin; religious objection; effect of inability to pay
- 433.312 Determining dosage; rules; notice to practitioners
- 433.314 Educational program
- 433.318 Newborn pulse oximetry screening; rules
- 433.321 Hearing and cytomegalovirus screening tests for newborns; disclosure of information; exemption; effect of inability to pay; rules
- 433.323 Newborn hearing screening test registry and tracking and recall system; rules
- 433.326 Waiver of requirement of authorization to disclose information
- 433.327 Limitation on liability for good faith disclosure

TUBERCULOSIS

- 433.329 Reporting known cases; records maintained
- 433.332 Investigation and control of reported cases; rules

RABIES CONTROL

- 433.340 Definitions for ORS 433.340 to 433.390
- 433.345 Report of animal bites; rules; handling and disposition of animals
- 433.350 Power of Oregon Health Authority to take possession and order destruction of animal
- 433.355 Procedure to force compliance with ORS 433.350
- 433.360 Report of rabies cases; quarantine
- 433.365 Inoculation against rabies; rules; exception; costs

- 433.367 Oregon Health Authority to establish vaccination clinics; payment of costs by dog owners
- 433.370 Inoculation certificate
- 433.375 Filing of inoculation certificate; certificate required for license; issuance of tag
- 433.377 Issuance of license as verification of inoculation; issuance of tag not required
- 433.379 Disposal of inoculation certificates
- 433.380 Tag fee; status of fee
- 433.385 Impoundment of animals; notice to owner; redeeming animal; disposition of animals
- 433.390 County dog control fund; sources and uses

PROCEDURE WHERE WORKERS EXPOSED TO INFECTIOUS DISEASE

- 433.407 Definitions for ORS 433.407 to 433.423
- 433.411 Legislative finding
- 433.416 When employer to provide preventive immunization
- 433.419 Notice to employer and worker of exposure
- 433.423 Content of rules

PUBLIC HEALTH EMERGENCIES

- 433.441 Declaration of public health emergency
- 433.442 Definitions for ORS 433.441 to 433.452
- 433.443 Authority of Public Health Director during public health emergency; penalties; access to and use of individually identifiable health information; rules
- 433.444 Authority of Public Health Director during disease outbreak
- 433.446 Authority of Governor during state of public health emergency
- 433.448 Use of immunization registry and tracking and recall system during state of public health emergency
- 433.449 Disposal of human remains during state of public health emergency
- 433.452 Detaining persons exposed to reportable condition or condition that is basis for state of public health emergency
- 433.466 Right to legal counsel by persons subject to public health measure

INDOOR AIR POLLUTION

- 433.502 Definitions

- 433.507 Legislative findings
- 433.511 Public information program
- 433.517 Field investigations and epidemiological studies
- 433.521 Indoor air quality standards
- 433.526 Public recognition program for compliance; rules

MISCELLANEOUS SANITATION PROVISIONS

- 433.715 Exposed merchandise; intermingling or sale without disinfectant prohibited

REGULATION OF OUTDOOR MASS GATHERINGS

- 433.735 Definitions for ORS 433.735 to 433.770
- 433.740 Policy
- 433.745 Outdoor mass gathering without permit prohibited
- 433.750 Application for outdoor mass gathering for which county decides land use permit is not required; criteria; procedure; fee
- 433.755 Additional information required before permit issued; liability of permit holder; casualty insurance; county as additional insured
- 433.760 Rulemaking authority
- 433.763 Application for outdoor mass gathering for which county decides land use permit is required; criteria; procedure
- 433.765 Right of county to enact ordinances or regulations
- 433.767 Application to gatherings defined by county ordinance
- 433.770 Enforcement

PROGRAMS TO TREAT ALLERGIC RESPONSE, ADRENAL INSUFFICIENCY OR HYPOGLYCEMIA

- 433.800 Definitions for ORS 433.800 to 433.830
- 433.805 Policy
- 433.810 Duties of Oregon Health Authority; rules
- 433.815 Educational training
- 433.817 Educational training conducted by public health authority or organization or by other entity or individual approved by Oregon Health Authority
- 433.820 Eligibility for training

433.825 Availability of doses of epinephrine, glucagon and medication that treats adrenal insufficiency to trained persons

433.830 Immunity of trained person and institution rendering emergency assistance

OREGON INDOOR CLEAN AIR ACT

433.835 Definitions for ORS 433.835 to 433.875

433.840 Policy

433.845 Prohibition on aerosolizing, smoking or vaporizing in public place or place of employment

433.847 Smoke shop certification; rules

433.850 Prohibition on aerosolizing, smoking or vaporizing in place of employment; exceptions; posting signs

433.855 Duties of Oregon Health Authority; civil penalties; rules; limitations; compliance checks

433.860 Enforcement

433.870 Regulation in addition to other aerosolizing, smoking or vaporizing regulations

433.875 Short title

PENALTIES

433.990 Penalties

433.992 Penalties for violation of ORS 433.329

GENERAL PROVISIONS

433.001 Definitions for ORS 433.001 to 433.045 and 433.110 to 433.770. As used in ORS 433.001 to 433.045 and 433.110 to 433.770 unless the context requires otherwise:

- (1) “Communicable disease” has the meaning given that term in ORS 431A.005.
- (2) “Control” means a person without a reportable disease about whom information is collected for purposes of comparison to a person or persons with the reportable disease.
- (3) “Disease outbreak” has the meaning given that term in ORS 431A.005.
- (4) “Epidemic” has the meaning given that term in ORS 431A.005.
- (5) “Health care provider” has the meaning given that term in ORS 433.443.
- (6) “Individually identifiable health information” has the meaning given that term in ORS 433.443.
- (7) “Isolation” means the physical separation and confinement of a person or group of persons who are infected or reasonably believed to be infected with a communicable disease or possibly communicable disease from nonisolated persons to prevent or limit the transmission of the disease to nonisolated persons.
- (8) “Local public health administrator” has the meaning given that term in ORS 431.003.
- (9) “Property” means animals, inanimate objects, vessels, public conveyances, buildings and all other real or personal property.
- (10) “Public health measure” has the meaning given that term in ORS 431A.005.
- (11) “Quarantine” means the physical separation and confinement of a person or group of persons who have been or may have been exposed to a communicable disease or possibly communicable disease and who do not show signs or symptoms of a communicable disease, from persons who have not been exposed to a communicable disease or possibly communicable disease, to prevent or limit the transmission of the disease to other persons.

(12) “Reportable disease” has the meaning given that term in ORS 431A.005.

(13) “Simultaneous electronic transmission” means transmission by television, telephone or any other electronic or digital means if the form of transmission allows:

(a) The court and the person making the appearance to communicate with each other during the proceeding; and

(b) A person who is represented by legal counsel to consult privately with the person’s attorney during the proceeding.

(14) “Toxic substance” has the meaning given that term in ORS 431A.005.

(15) “Tribal epidemiology center” means any tribal epidemiology center in this state operating under 25 U.S.C. 1621m for the benefit of any tribe.

(16) “Tribe” means any of the nine federally recognized Indian tribes in this state. [1973 c.259 §2; 1987 c.600 §1; 2001 c.900 §155; 2007 c.445 §6; 2009 c.268 §1; 2009 c.595 §624; 2011 c.721 §1; 2015 c.736 §76; 2025 c.265 §1]

433.003 [1973 c.259 §4 (enacted in lieu of 433.005); repealed by 1987 c.600 §18]

433.004 Reportable diseases; duty to report; investigation; effect of failure to report; rules. (1) The Oregon Health Authority shall by rule:

(a) Specify reportable diseases and when the diseases must be reported under this section;

(b) Identify those categories of persons who must report reportable diseases and the circumstances under which the reports must be made;

(c) Prescribe the procedures and forms for making such reports and transmitting the reports to the authority; and

(d) Prescribe measures and methods for investigating the source and controlling reportable diseases.

(2) Persons required under the rules to report reportable diseases shall report to the authority, the local public health administrator, a tribe or a tribal epidemiology center, upon entering an agreement under subsection (7) of this section, as specified by the authority by rule. A local public health administrator, tribe or tribal epidemiology center that receives a report under this subsection shall transmit the report to the authority as specified by the authority by rule.

(3) The authority, local public health administrator, tribe or tribal epidemiology center, upon entering an agreement under subsection (7) of this section, may investigate a case of a reportable disease, disease outbreak or epidemic. The investigation may include, but is not limited to:

(a) Interviews of:

(A) The subject of a reportable disease report;

(B) Controls;

(C) Health care providers; or

(D) Employees of a health care facility.

(b) Requiring a health care provider, any public or private entity, or an individual who has information necessary for the investigation to:

(A) Permit inspection of the information by the authority, local public health administrator, tribe or tribal epidemiology center; and

(B) Release the information to the authority, local public health administrator, tribe or tribal epidemiology center.

(c) Inspection, sampling and testing of real or personal property with consent of the owner or custodian of the property or with an administrative warrant.

(4)(a) The authority shall establish by rule the manner in which information may be requested and obtained under subsection (3) of this section.

(b) Information requested may include, but is not limited to, individually identifiable health information related to:

(A) The case;

(B) An individual who may be the potential source of exposure or infection;

(C) An individual who has been or may have been exposed to or affected by the disease;

(D) Policies, practices, systems or structures that may have affected the likelihood of disease transmission; and

(E) Factors that may influence an individual's susceptibility to the disease or likelihood of being diagnosed with the disease.

(5) In addition to other grounds for which a state agency may exercise disciplinary action against its licensees or certificate holders, the substantial or repeated failure of a licensee or certificate holder to report when required to do so under subsection (2) or (3) of this section shall be cause for the exercise of any of the agency's disciplinary powers.

(6) Any person making a report or providing information under this section is immune from any civil or criminal liability that might otherwise be incurred or imposed with respect to the making of a report or providing information under this section.

(7) The authority may enter into an agreement under ORS 190.110 with a tribe or tribal epidemiology center for the purpose of receiving reports of reportable diseases under subsection (2) of this section and investigating cases of reportable diseases under subsection (3) of this section. If a tribe or tribal epidemiology center enters into an agreement, the tribe or tribal epidemiology center shall carry out subsections (2) and (3) of this section. [1987 c.600 §3; 2007 c.445 §6a; 2009 c.268 §2; 2009 c.828 §17; 2019 c.456 §31; 2019 c.592 §3; 2025 c.265 §2]

433.005 [Repealed by 1973 c.259 §3 (433.003 enacted in lieu of 433.005)]

433.006 Investigation and control measures; rules. (1) Except as provided in subsection (2) or (3) of this section, in response to each report of a reportable disease, the local public health administrator shall ensure that investigations and control measures, as prescribed by Oregon Health Authority rule, are conducted.

(2) If there has been a transfer of responsibility from a local public health authority to the Oregon Health Authority under ORS 431.382, the Oregon Health Authority shall ensure that investigations and control measures are conducted, as funding allows, pursuant to rules adopted by the Oregon Health Authority.

(3) If the Oregon Health Authority enters into an agreement with a tribe or tribal epidemiology center under ORS 433.004, the tribe or tribal epidemiology center shall ensure that investigations and control measures are conducted pursuant to the agreement. [1987 c.600 §4; 2009 c.595 §626; 2021 c.191 §11; 2025 c.265 §3]

433.008 Confidentiality of disclosure; exceptions; privilege. (1)(a) Except as provided in subsection (2) of this section, information obtained by the Oregon Health Authority, a local public health administrator, a tribe or a tribal epidemiology center in the course of an investigation of a reportable disease or disease outbreak is confidential and is exempt from disclosure under ORS 192.311 to 192.478.

(b) Except as required for the administration or enforcement of public health laws or rules, a state or local public health official or employee or an official or employee of a tribe or a tribal epidemiology center may not be examined in an administrative or judicial proceeding about the existence or contents of a reportable disease report or other information received by the authority, a local public health administrator, a tribe or a tribal epidemiology center in the course of an investigation of a reportable disease or disease outbreak.

(2) The authority, a local public health administrator, a tribe or a tribal epidemiology center may release information obtained during an investigation of a reportable disease or disease outbreak to:

- (a) State, local, federal or tribal agencies authorized to receive the information under state or federal law;
- (b) Health care providers if necessary for the evaluation or treatment of a reportable disease;
- (c) Law enforcement officials to the extent necessary to carry out the authority granted to the Public Health Director and local public health administrators under ORS 433.121, 433.128, 433.131, 433.138 and 433.142;
- (d) A person who may have been exposed to a communicable disease;
- (e) A person with information necessary to assist the authority, local public health administrator, a tribe or a tribal epidemiology center in identifying an individual who may have been exposed to a communicable disease; and

(f) The individual who is the subject of the information or the legal representative of that individual.

(3) The authority, local public health administrator, tribe or tribal epidemiology center may release individually identifiable information under subsection (2)(d) or (e) of this section only if there is clear and convincing evidence that the release is necessary to avoid an immediate danger to other individuals or to the public.

(4) The authority, local public health administrator, tribe or tribal epidemiology center may release only the minimum amount of information necessary to carry out the purpose of the release pursuant to subsection (2) of this section.

(5) A decision not to disclose information under this subsection, if made in good faith, shall not subject the entity or person withholding the information to any liability.

(6) Nothing in this section:

(a) Prevents the authority, a local public health administrator, a tribe or a tribal epidemiology center from publishing statistical compilations and reports relating to reportable disease investigations if the compilations and reports do not identify individual cases or sources of information;

(b) Affects the confidentiality or admissibility into evidence of information not otherwise confidential or privileged that is obtained from sources other than the authority; or

(c) Prevents dispositions of information pursuant to ORS 192.105. [1987 c.600 §5; 2009 c.268 §3; 2009 c.828 §18; 2021 c.92 §§2,3; 2025 c.265 §4]

433.009 Reporting by law enforcement unit. (1) Notwithstanding ORS 192.345 (3), 192.355 (2) and 433.045, if, during the course of a criminal investigation, a law enforcement unit acquires information that the person who is charged with a crime or sentenced for a crime has a reportable disease, the law enforcement unit shall disclose that information to the public health authorities who shall confirm the diagnosis and notify any police officer, corrections officer or emergency medical services provider who had significant exposure to the person.

(2) As used in this section:

(a) “Emergency medical services provider” has the meaning given that term in ORS 682.025.

(b) “Law enforcement unit,” “police officer” and “corrections officer” have the meanings given those terms in ORS 181A.355.

(c) “Reportable disease” means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health. [1995 c.657 §10; 2003 c.86 §10; 2007 c.445 §6b; 2011 c.703 §37]

Note: 433.009 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.010 Spreading disease prohibited; health certificates to be issued by health professionals; rules. (1) No person shall willfully cause the spread of any communicable disease within this state.

(2) Whenever the laws of this state require a person to secure a health certificate, such certificate shall be acquired from a physician licensed by the Oregon Medical Board or the Oregon Board of Naturopathic Medicine, a physician associate licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390 in accordance with rules adopted by the Oregon Health Authority. [Amended by 1973 c.259 §5; 1979 c.731 §5; 2001 c.104 §155; 2009 c.43 §3; 2009 c.595 §628; 2014 c.45 §52; 2024 c.73 §77]

433.012 Oregon Health Authority to provide laboratory examination; rules. The Oregon Health Authority shall provide the necessary laboratory examinations requested by local health departments for the diagnosis of those communicable diseases identified by rule of the authority to be a reportable disease. [1987 c.600 §7; 2009 c.595 §629]

433.015 [Repealed by 1973 c.259 §20]

433.017 Test of blood of pregnant woman required; patient consent; rules. (1) A licensed physician, physician associate 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 attending a pregnant woman in this state for conditions relating to her pregnancy during the period of gestation or at the time of delivery shall, as required by rule of the Oregon Health Authority, take or cause to be taken a sample of blood of every woman so attended at the time of the first professional visit or within 10 days thereafter. The blood specimen obtained under this subsection must be submitted to a licensed laboratory for tests related to any infectious condition which may affect a pregnant woman or fetus, as the authority shall by rule require, including but not limited to an HIV test as defined in ORS 433.045.

(2) Every other person permitted by law to attend a pregnant woman in this state, but not permitted by law to take blood samples, shall, as required by rule of the authority, cause a sample of blood of such pregnant woman to be taken by a licensed physician, physician associate 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 and have such sample submitted to a licensed laboratory for the tests described under subsection (1) of this section.

(3) In all cases under subsections (1) and (2) of this section the physician, physician associate, naturopathic physician or nurse practitioner shall request consent of the patient to take a blood sample. A sample may not be taken without the patient's consent. [1987 c.600 §8; 2005 c.516 §2; 2009 c.595 §630; 2014 c.45 §53; 2017 c.356 §61; 2024 c.73 §78]

433.019 [1987 c.600 §10; 1989 c.224 §86; 1991 c.207 §1; 2001 c.962 §74; 2003 c.555 §§7,8; repealed by 2007 c.445 §42]

433.020 [Repealed by 1973 c.259 §20]

433.022 [1987 c.600 §11; repealed by 2007 c.445 §42]

433.025 [Amended by 1973 c.259 §6; 1987 c.600 §15; 1989 c.915 §8; renumbered 431.175 in 1989]

433.035 Testing or examination of persons with certain diseases or conditions; order for medication or treatment. (1)(a) The Public Health Director or a local public health administrator may require testing or medical examination of any person who may have, or may have been exposed to, a communicable disease identified by rule of the Oregon Health Authority to be a reportable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency declared by the Governor as authorized by ORS 433.441. The Public Health Director or the local public health administrator must issue a written order for testing or medical examination pursuant to this section.

(b) A written order must:

(A) Include findings stating the communicable disease that the Public Health Director or the local public health administrator believes the person has and the reasons for that belief.

(B) State whether medical or laboratory confirmation of the disease is feasible and possible and whether such confirmation would enable control measures to be taken to minimize infection of others with the disease.

(C) Include a statement that the person may refuse to submit to the testing or medical examination and that if the testing or examination is refused, the Public Health Director or the local public health administrator may seek the imposition of a public health measure, including isolation or quarantine pursuant to ORS 433.121 or 433.123.

(2) When a person is directed to submit to a test or examination under this section and the person agrees to do so, the person shall submit to any testing or examination as may be necessary to establish the presence or absence of the communicable disease for which the testing or examination was directed. The examination shall be carried out by the local health officer or a physician licensed by the Oregon Medical Board or the Oregon Board of Naturopathic Medicine. A written report of the results of the test or examination shall be provided to the person ordering the test or examination, and upon request, to the person tested or examined. Laboratory examinations, if any, shall be carried out by the laboratory of the authority whenever the examinations are within the scope of the tests conducted by the laboratory. If treatment is needed, the person or the parent or guardian of the person shall be liable for the costs of treatment based on the examination carried out under this section, if the person liable is able to pay the treatment costs. Cost of any examination performed by a physician in private practice shall be paid from public funds available to the local public health administrator, if any, or from county funds available for general governmental expenses in the county that the local public health administrator serves or in the county where the person tested or examined resides if the local public health administrator serves more than one county or the test or examination was ordered by the Public Health Director or local public health administrator.

(3) If a person has a communicable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency, the Public Health Director or the local public health administrator may issue an order requiring the person to complete an appropriate prescribed course of medication or other treatment for the communicable disease, including directly observed therapy if appropriate, and to follow infection control provisions for the disease. The order shall also include

statements that the person may refuse the medication or other treatment and that the person's failure to comply with the order issued under this subsection may result in the Public Health Director or the local public health administrator seeking the imposition of a public health measure, including isolation or quarantine as authorized by ORS 433.121 and 433.123.

(4) The Public Health Director or the local public health administrator must make every effort to obtain voluntary compliance from a person for any testing, medical examination and treatment required under this section.

(5) Any action taken by the Public Health Director or the local public health administrator under this section to compel testing, medical examination or treatment of a person who has a communicable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency must be the least restrictive alternative available to accomplish the results necessary to minimize the transmission of the disease to others. [1967 c.617 §1 (enacted in lieu of 434.060); 1973 c.259 §7; 1979 c.731 §6; 1987 c.600 §6; 1989 c.224 §87; 2003 c.14 §244; 2003 c.555 §9; 2007 c.445 §18; 2009 c.43 §4; 2009 c.595 §631]

VACCINE EDUCATION AND PRIORITIZATION

433.040 Oregon Vaccine Education and Prioritization Plan; implementation of plan during vaccine shortage; rules; penalties. (1) As used in this section, "vaccine" includes vaccines, immune products and chemoprophylactic medications.

(2) When the State Health Officer of the Oregon Health Authority determines that there is clear evidence that adverse and avoidable health outcomes from a preventable and acute communicable disease are expected to affect identifiable categories of high-risk individuals throughout Oregon and that assistance with the administration of vaccine is warranted due to a vaccine shortage to protect or treat such individuals, the health officer shall implement the Oregon Vaccine Education and Prioritization Plan as provided in subsection (3) of this section.

(3) The authority shall develop and adopt by rule the Oregon Vaccine Education and Prioritization Plan to protect the public health during a vaccine shortage. The plan shall consist of:

(a) Guidelines for physicians, naturopathic physicians, nurses, hospitals, health systems, pharmacies and others that hold vaccines for the distribution and administration of vaccines. The guidelines shall include, but are not limited to, a definition of high-risk groups for priority protection or treatment in the event a vaccine shortage is imminent;

(b) Rules for imposing a civil penalty of \$500 against persons who knowingly violate the guidelines for each repeat violation of the guidelines; and

(c) Procedures for:

(A) Mobilizing public and private health resources to assist in vaccine distribution and administration; and

(B) Notifying health professional regulatory boards and licensing authorities of repeated violations of the guidelines by health professionals regulated by the board or licensed by the licensing authority.

(4) If the Oregon Health Authority adopts temporary rules to implement subsection (2) of this section, the rules adopted are not subject to the requirements of ORS 183.335 (6)(a). The authority may amend the temporary rules adopted pursuant to subsection (3) of this section as often as is necessary to respond to a vaccine shortage. [2001 c.627 §2; 2007 c.445 §6c; 2009 c.595 §632; 2017 c.356 §62]

HIV TESTING

433.045 Notice of HIV test required; exceptions. (1) As used in this section:

(a) "Health care provider" means an individual licensed by a health professional regulatory board, as defined in ORS 676.160, the Long Term Care Administrators Board, the Board of Licensed Dietitians or the Behavior Analysis Regulatory Board.

(b) "HIV test" means a test of an individual for the presence of HIV, or for antibodies or antigens that result from HIV infection, or for any other substance specifically indicating infection with HIV.

(c) "Insurance producer" has the meaning given that term in ORS 746.600.

(d) "Insurance-support organization" has the meaning given that term in ORS 746.600.

(e) "Insurer" has the meaning given that term in ORS 731.106.

(2) Except as provided in ORS 433.017, 433.055 (2) and 433.080, a health care provider or the provider's designee shall, before subjecting an individual to an HIV test:

(a) Notify the individual being tested; and

(b) Allow the individual being tested the opportunity to decline the test.

(3) The notification and opportunity to decline testing required under subsection (2) of this section may be verbal or in writing, and may be contained in a general medical consent form.

(4)(a) Regardless of the manner of receipt or the source of the information, including information received from the tested individual, a person may not disclose or be compelled to disclose the identity of any individual upon whom an HIV-related test is performed, or the results of such a test in a manner that permits identification of the subject of the test, except as required or permitted by federal law, the law of this state or any rule, including any authority rule considered necessary for public health or health care purposes, or as authorized by the individual whose blood is tested.

(b) This subsection does not apply to an individual acting in a private capacity and not in an employment, occupational or professional capacity.

(5) A person who complies with the requirements of this section is not subject to an action for civil damages.

(6) Whenever an insurer, insurance producer or insurance-support organization asks an applicant for insurance to take an HIV test in connection with an application for insurance, the insurer, insurance producer or insurance-support organization must reveal the use of the test to the applicant and obtain the written consent of the applicant. The consent form must disclose the purpose of the test and the persons to whom the results may be disclosed. [1987 c.600 §17; 1989 c.878 §6; 1997 c.854 §14; 2003 c.14 §245; 2003 c.364 §51; 2005 c.516 §1; 2009 c.30 §1; 2009 c.828 §19; 2012 c.26 §1; 2017 c.101 §12; 2018 c.61 §15; 2019 c.456 §32]

433.055 Prevalence studies. (1) The Oregon Health Authority shall conduct studies of the prevalence of the HIV infection in this state. The authority shall report findings to the Oregon Public Health Advisory Board, the Conference of Local Health Officials, the Emergency Board and other interested bodies at regular intervals, commencing in January 1988. The authority may cause the prevalence study of persons sentenced to the Department of Corrections of this state, as defined in ORS 421.005, to be made.

(2) Prior consent to HIV antibody testing need not be obtained from an individual if the test is for the purpose of research as authorized by the authority and if the testing is performed in a manner by which the identity of the test subject is not known, and may not be retrieved by the researcher. [1987 c.600 §19; 2009 c.595 §634; 2011 c.720 §192; 2012 c.26 §2; 2019 c.456 §33]

433.060 Definitions for ORS 433.060 to 433.080. As used in ORS 433.060 to 433.080 unless the context requires otherwise:

(1) "Authority" means the Oregon Health Authority.

(2) "Health care facility" means a facility as defined in ORS 442.015 and a mental health facility, alcohol treatment facility or drug treatment facility licensed or operated under ORS chapter 426 or 430.

(3) "Hepatitis test" means a test of an individual for the presence of hepatitis B or C or for any other substance specifically indicating the presence of hepatitis B or C.

(4) "HIV test" means a test of an individual for the presence of human immunodeficiency virus (HIV), or for antibodies or antigens that result from HIV infection, or for any other substance specifically indicating infection with HIV.

(5) "Licensed health care provider" or "health care provider" means a person licensed or certified to provide health care under ORS chapter 677, 678, 679, 680, 684 or 685 or ORS 682.216, or under comparable statutes of any other state.

(6) "Local public health administrator" means the local public health administrator, as defined in ORS 431.003, for the jurisdiction in which the reported substantial exposure occurred.

(7) "Local public health officer" means the local health officer, as described in ORS 431.418, of the county or district health department for the jurisdiction in which the substantial exposure occurred.

(8) "Occupational exposure" means a substantial exposure of a worker in the course of the worker's occupation.

(9) "Source person" means a person who is the source of the blood or body fluid in the instance of a substantial exposure of another person.

(10) “Substantial exposure” means an exposure to blood or certain body fluids as defined by rule of the authority to have a potential for transmitting the human immunodeficiency virus based upon current scientific information.

(11) “Worker” means a person who is licensed or certified to provide health care under ORS chapters 677, 678, 679, 680, 684 or 685 or ORS 682.216, an employee of a health care facility, of a licensed health care provider or of a clinical laboratory, as defined in ORS 438.010, a firefighter, a law enforcement officer, as defined in ORS 414.805, a corrections officer or a parole and probation officer. [1989 c.878 §1; 1993 c.196 §7; 1999 c.807 §1; 2005 c.264 §23; 2009 c.595 §635; 2011 c.720 §193; 2015 c.736 §77]

433.065 Procedures for HIV testing; rules. (1) The Oregon Health Authority shall by rule prescribe procedures:

(a) Whereby a worker who has experienced an occupational exposure may request or cause to be requested the source person’s voluntary consent to an HIV test;

(b) Whereby a person who, while being administered health care, has experienced a substantial exposure from a worker shall be given notice of such exposure and be given opportunity to request or cause to be requested the worker’s voluntary consent to an HIV test; and

(c) Whereby a person who has experienced a substantial exposure shall be offered information about HIV infection, methods of preventing HIV infection and HIV tests.

(2) Rules prescribing procedures under subsection (1)(a) of this section may require the participation or intervention of the health care facility and licensed health care provider providing care to the source person and may require the further participation or intervention of the local public health administrator or local public health officer.

(3) Where the source person under subsection (1)(a) of this section is not known to be under the care of a health care facility or provider or cannot be located, and in the case of procedures under subsection (2) of this section, the rules may require the participation and intervention of the local public health administrator.

(4) The rules under this section may also include, but need not be limited to, time frames within which the notice and other procedures are to be performed and by whom, prescribed forms for reporting of exposures, and for recording of results of procedures undertaken and restrictions upon disclosure of such reports and records only to specific persons.

(5) If the source person is deceased, the source person’s next of kin may provide voluntary consent under this section. [1989 c.878 §2; 2009 c.595 §636; 2012 c.26 §3]

433.070 Compliance with procedures required. (1) Workers, health care facilities, licensed health care providers, local public health administrators and officers and others upon whom duties are imposed by rules adopted under ORS 433.065 shall comply with such requirements.

(2) Any person having information as to the location of a source person shall, when requested for the purpose of carrying out ORS 433.045 and 433.060 to 433.080 and rules hereunder, provide that information. [1989 c.878 §3]

433.075 Responsibility for cost of test; confidentiality. (1) When an HIV test is performed pursuant to ORS 433.080 or rules adopted under ORS 433.065, the exposed person requesting the test, or the exposed person’s employer in the case of an occupational exposure, shall be responsible for the cost of the testing.

(2) If an employer provides a program of prevention, education and testing for HIV exposures for its employees, an employee to be tested under ORS 433.060 to 433.080 shall comply with the procedures provided by the program.

(3) When an HIV test is performed pursuant to ORS 433.080 or rules adopted under ORS 433.065, the results shall be reported confidentially to the person who suffered the substantial exposure giving rise to the test.

(4) The confidentiality provisions of ORS 433.045 (4) apply to any person who receives an HIV test result pursuant to ORS 433.080 or rules adopted under ORS 433.065. A person who complies with the requirements of this subsection is not subject to an action for damages. [1989 c.878 §4; 2009 c.595 §637; 2012 c.26 §4; 2019 c.456 §34]

433.080 When test may be required; procedure to require test; rules. When the Oregon Health Authority declares by rule that mandatory testing of source persons could help a defined class of workers from being

infected or infecting others with the human immunodeficiency virus, the following apply:

(1) When a source person, after having been first requested to consent to testing by rules adopted under ORS 433.065, has refused or within a time period prescribed by rule of the authority has failed to submit to the requested test, except when the exposed person has knowledge that the exposed person has a history of a positive HIV test, the exposed person may seek mandatory testing of the source person by filing a petition with the circuit court for the county in which the exposure occurred. The form for the petition shall be as prescribed by the authority and shall be obtained from the local public health department or the Oregon Health Authority if there has been a transfer of responsibility under ORS 431.382.

(2) The petition shall name the source person as the respondent and shall include a short and plain statement of facts alleging:

(a) The petitioner is a worker subjected to an occupational exposure or a person who has been subjected to a substantial exposure by a worker administering health care and the respondent is the source person;

(b) The petitioner is in the class of workers defined by rule of the authority under this section;

(c) All procedures for obtaining the respondent's consent to an HIV test by rules adopted under ORS 433.065 have been exhausted by the petitioner and the respondent has refused to consent to the test, or within the time period prescribed by rule of the authority has failed to submit to the test;

(d) The petitioner has no knowledge that the petitioner has a history of a positive HIV test and has since the exposure, within a time period prescribed by rule of the authority, submitted a specimen from the petitioner for an HIV test; and

(e) The injury that petitioner is suffering or will suffer if the source person is not ordered to submit to an HIV test.

(3) The petition shall be accompanied by the certificate of the local public health administrator or State Health Officer if there has been a transfer of responsibility under ORS 431.382 declaring that, based upon information in the possession of the administrator, the facts stated in the allegations under subsection (2)(a), (b) and (c) of this section are true.

(4) Upon the filing of the petition, the court shall issue a citation to the respondent stating the nature of the proceedings, the statutes involved and the relief requested and, that if the respondent does not appear at the time and place for hearing stated in the citation, that the court will order the relief requested in the petition.

(5) The citation shall be served on the respondent together with a copy of the petition by the county sheriff or deputy. The person serving the citation and petition shall, immediately after service thereof, make a return showing the time, place and manner of such service and file it with the clerk of the court.

(6) The hearing shall be held within three days of the service of the citation upon the respondent. The court may for good cause allow an additional period of 48 hours if additional time is requested by the respondent.

(7) Both the petitioner and the local public health administrator or State Health Officer if there has been a transfer of responsibility under ORS 431.382 certifying to the matter alleged in the petition shall appear at the hearing. The hearing of the case shall be informal with the object of resolving the issue before the court promptly and economically between the parties. The parties shall be entitled to subpoena witnesses, to offer evidence and to cross-examine. The judge may examine witnesses to insure a full inquiry into the facts necessary for a determination of the matter before the court.

(8) After hearing all of the evidence, the court shall determine the truth of the allegations contained in the petition. The court shall order the respondent to submit to the requested test by a licensed health care provider without delay if, based upon clear and convincing evidence, the court finds that:

(a) The allegations in the petition are true;

(b) The injury the petitioner is suffering or will suffer is an injury that only the relief requested will adequately remedy; and

(c) The interest of the petitioner in obtaining the relief clearly outweighs the privacy interest of the respondent in withholding consent.

(9) If the court does not make the finding described in subsection (8) of this section, the court shall dismiss the petition.

(10) Failure to obey the order of the court shall be subject to contempt proceedings pursuant to law. [1989 c.878 §5; 2009 c.595 §638; 2021 c.191 §12]

433.082 Oregon Health Authority to provide certain hospitals supply of HIV drugs or therapies. (1) As used in this section:

(a) “Type A hospital” means a rural hospital described in ORS 442.470 (6)(a)(A).

(b) “Type B hospital” means a rural hospital described in ORS 442.470 (6)(a)(B).

(2) Once each calendar year, the Oregon Health Authority shall provide to each type A hospital and to each type B hospital in this state, at no cost to the hospital, one 30-day supply of human immunodeficiency virus post-exposure prophylactic drugs or therapies, unless declined by the hospital. [2023 c.411 §2]

433.085 [1999 c.807 §3; 2005 c.471 §2; 2007 c.228 §1; 2009 c.595 §639; 2011 c.703 §38; 2012 c.26 §6; repealed by 2017 c.696 §2]

IMMUNIZATION REGISTRY AND TRACKING SYSTEM

433.090 Definitions for ORS 433.090 to 433.102. As used in ORS 433.090 to 433.102:

(1) “Authorized user” means a person or entity authorized to provide information to or to receive information from an immunization registry or tracking and recall system under ORS 433.090 to 433.102. “Authorized user” includes, but is not limited to:

(a) The Oregon Health Authority and its agents;

(b) Local health departments and their agents;

(c) Licensed health care providers and their agents;

(d) Health care institutions;

(e) Insurance carriers;

(f) State health plans as defined in ORS 192.556;

(g) Parents, guardians or legal custodians of children under 18 years of age;

(h) Clients 18 years of age or older;

(i) Post-secondary education institutions;

(j) Schools; and

(k) Children’s facilities.

(2) “Children’s facility” has the meaning given that term in ORS 433.235.

(3) “Client” means a person registered with any Oregon tracking and recall system.

(4) “Immunization record” includes but is not limited to records of the following:

(a) Any immunization received;

(b) Date immunization was received;

(c) Complication or side effect associated with immunization;

(d) Date and place of birth of a client;

(e) Hospital where a client was born;

(f) Client’s name; and

(g) Mother’s name.

(5) “Immunization registry” means a listing of clients and information relating to their immunization status, without regard to whether the registry is maintained in this state or elsewhere.

(6) “Local health department” has the meaning given that term in ORS 431.003.

(7) “Parent or guardian” has the meaning given the term “parent” in ORS 433.235.

(8) “Post-secondary education institution” means:

(a) A public university listed in ORS 352.002;

(b) A community college operated under ORS chapter 341;

(c) A school or division of Oregon Health and Science University; or

(d) An Oregon-based, generally accredited, private institution of higher education.

(9) “Provider” means a physician or a health care professional who is acting within the scope of the physician’s or professional’s licensure and is responsible for providing immunization services or for coordinating immunization services within a clinic, public health site, school or other immunization site.

(10) “School” has the meaning given that term in ORS 433.235.

(11) “Tracking and recall record” means information needed to send reminder cards to, place telephone calls to or personally contact the client or the parent or guardian of a client for the purposes of informing the client, parent or guardian that the client is late in receiving recommended immunizations, hearing or lead screenings, or other public health interventions, including but not limited to the client’s:

(a) Name;

- (b) Address;
- (c) Telephone number;
- (d) Insurance carrier; and
- (e) Health care provider.

(12) “Tracking and recall system” means a system attached to an immunization registry designed to contact clients listed in the immunization registry for the purposes of assisting in the timely completion of immunization series, hearing or lead screenings, or other public health interventions designated by rule of the authority. [1993 c.297 §1; 2003 c.573 §1; 2003 c.593 §1; 2007 c.196 §1; 2009 c.595 §640; 2011 c.71 §1; 2011 c.637 §271; 2015 c.736 §78]

433.092 Purpose of ORS 433.090 to 433.102; waivers of consent to release certain medical information.

The purpose of ORS 433.090 to 433.102 is to waive the requirement of consent for release of information from, or providing information to, the immunization record of a client of any immunization registry and to waive issues of confidentiality in regard to this information. The waiver allows authorized users to share information from the immunization record through or between immunization registries without violating confidentiality. The immunization registries and the associated tracking and recall systems are designed to increase the state’s immunization rates for clients and help prevent the spread of the diseases at which the immunizations are aimed. Immunizations are a proven benefit to individuals and society. An immunization registry reduces inappropriate immunizations and increases appropriate immunizations because clients’ records will be easily available to authorized users. [1993 c.297 §2; 2007 c.196 §2]

433.094 Development of immunization registry and tracking and recall system; standards; release of information. (1) The Oregon Health Authority, a local health department, or both, or their agents or other providers may develop an immunization registry and an associated tracking and recall system.

(2) The immunization registry and tracking and recall system shall include, but not be limited to, the following:

- (a) Registering all clients born in, living in or receiving services in this state;
- (b) Tracking and updating immunization histories of the registered clients;
- (c) Allowing a provider, the authority or a local health department to provide information to and obtain information from the immunization records contained in the immunization registry, and the tracking and recall records contained in the tracking and recall system, without the consent of the client or the parent or guardian of the client;
- (d) Allowing an immunization record of a client who is under the care of an authorized user or enrolled in an authorized user’s program to be released to the authorized user;
- (e) Notifying in writing the parent or guardian of a client, at least through five years of age, when the tracking and recall system indicates that a client has missed a scheduled immunization;
- (f) Integrating with any immunization registry and its associated tracking and recall systems; and
- (g) Working with health care providers to develop information transfer systems.

(3) The immunization registry and tracking and recall system may allow information to be released to an authorized user from an immunization record or a tracking and recall record for purposes including, but not limited to:

- (a) Outreach to clients under the care of the authorized user or enrolled in the authorized user’s program who have missed immunizations, hearing or lead screenings, or other public health interventions designated by rule of the authority; or
- (b) Public health assessment and evaluation related to immunizations and vaccine-preventable diseases conducted by the authority or by a local health department for clients within the local health department’s jurisdiction. [1993 c.297 §3; 2003 c.573 §2; 2003 c.593 §2; 2007 c.196 §3; 2009 c.595 §641; 2011 c.71 §2]

433.095 Reporting information to registry; rules. The Oregon Health Authority shall adopt rules requiring dentists and pharmacists to report information about the administration of vaccines to the immunization registry created under ORS 433.094. [2009 c.250 §2; 2011 c.720 §194; 2019 c.58 §3]

Note: 433.095 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further

explanation.

433.096 Receiving and disclosing registry information. Nothing in ORS 179.505, 192.311 to 192.478, 192.553 to 192.581 or 677.190 (5) or the client and provider privilege prevents:

- (1) Authorized users from providing information to and receiving information from the immunization registry regarding a client's immunization record or tracking and recall record; or
- (2) The immunization registry from:
 - (a) Providing immunization information to or receiving immunization information from an authorized user regarding a client's immunization record or tracking and recall record;
 - (b) Notifying or personally contacting a client or the custodial parent or guardian of a client about the client's immunization status; or
 - (c) Providing or publishing information in aggregate form that does not identify a client. [1993 c.297 §4; 2003 c.86 §11; 2007 c.196 §4; 2011 c.71 §4]

433.098 Nonliability for disclosing or using information; confidentiality of information; removal of information. (1) An authorized user and the employees or agents of an authorized user are not liable for sharing or using information from the immunization registry regarding a client's immunization record or tracking and recall record as provided in ORS 433.094.

(2) Information in an immunization registry regarding a client's immunization record or tracking and recall record, or derived from the registry or record, is confidential and may not be disclosed to any person who is not specifically authorized to receive information under ORS 433.090 to 433.102.

(3) When a client who is 18 years of age or older requests in writing that the client's immunization record be removed from an immunization registry, the agency that maintains the registry shall purge the client's immunization record from the registry as soon as is reasonably possible.

(4) Before sharing data with any immunization registry, an immunization registry maintained in Oregon shall ensure that the immunization registry receiving the data has confidentiality and security policies at least as stringent as the policies of the registry sharing the data. [1993 c.297 §8; 2003 c.573 §3; 2007 c.196 §5; 2011 c.71 §3]

433.100 Parental consent not required for enrollment in registry; rules; fees. (1) The Oregon Health Authority shall adopt rules pertaining to the development and implementation of the immunization registries and associated tracking and recall systems. The rules must include a process that allows a client who is 18 years of age or older, a custodial parent or guardian to control the transfer of information from the client's immunization record or tracking and recall record when such control is necessary to protect the health or safety of the family or the client.

(2) Nothing in this section requires the consent of a parent or guardian prior to enrolling the child in the registry or restricts the registry from providing information from a tracking and recall record to a custodial parent or guardian.

(3)(a) Pursuant to rules adopted by the authority, the authority may charge fees to authorized users, except hospitals, schools and individual health care providers, for services requested from an immunization registry, including associated tracking and recall systems maintained by the authority. Authorized users may make voluntary contributions to the authority to help support the operation of an immunization registry established under ORS 433.094.

(b) Fees authorized under paragraph (a) of this subsection may be assessed only against managed care organizations, health maintenance organizations, physician organizations and insurance carriers that are using the information from the registries for quality improvement activities for their privately insured patients.

(c) All moneys received by the authority under this section shall be paid into the State Treasury and placed in the General Fund to the credit of the Public Health Account. Such moneys are continuously appropriated to the authority and shall be used only for the administration and enforcement of ORS 433.090 to 433.102. [1993 c.297 §5; 2003 c.593 §3; 2007 c.196 §6; 2009 c.595 §642; 2011 c.71 §5]

433.102 Parental responsibility for immunization; medical or religious exemptions. (1) Nothing in ORS 433.090 to 433.102 is intended to affect the responsibility of a parent or guardian to have a child of that parent or guardian properly immunized.

(2) Nothing in ORS 433.090 to 433.102 is intended to require immunization or tracking of any child otherwise exempt from immunization requirements under ORS 433.267 (1)(b) or (c). [1993 c.297 §§6,7]

433.103 Reporting and training requirements; exemptions; rules; redistribution of unused vaccines. (1) The Oregon Health Authority shall adopt rules requiring an entity that administers vaccines and receives vaccines from the authority to:

(a) Report information about the administration of the vaccine to the immunization registry created under ORS 433.094; and

(b) At least once every two years, certify that employees of the entity have completed a training session approved by the authority on the storage, handling and administration of vaccines. The authority may not require more than two employees of an entity to complete the training session.

(2) The authority shall adopt rules exempting an entity from the requirements of subsection (1)(b) of this section if the entity demonstrates to the satisfaction of the authority that the entity or a health licensing board imposes adequate training requirements on employees of the entity.

(3) The authority shall consider methods of facilitating the redistribution of unused vaccines. [2011 c.362 §1]

433.104 Use of immunization registry for potential catastrophic disease threat. (1) The immunization registry and associated tracking and recall systems established under ORS 433.094 may be used as a vaccination management and tracking system in preparation for a potential catastrophic disease threat, such as smallpox or pandemic influenza.

(2) When used as authorized by this section, the immunization registry may include persons of any age, and vaccination records may be shared with authorized users of the registry without obtaining the prior consent of the clients of the registry.

(3) As used in this section, “client” and “immunization registry” have the meanings given those terms in ORS 433.090. [2003 c.593 §4]

433.105 [Repealed by 1973 c.259 §8 (433.106 enacted in lieu of 433.105)]

433.106 [1973 c.259 §9 (enacted in lieu of 433.105); 1987 c.600 §9; repealed by 2007 c.445 §42]

PUBLIC HEALTH MEASURES

433.110 Duty to prevent spread of communicable diseases; rules. Every physician, physician associate, naturopathic physician or nurse attending a person affected with any communicable disease shall use all precautionary measures to prevent the spread of the disease as the Oregon Health Authority may prescribe by rule. [Amended by 1973 c.259 §10; 2005 c.471 §3; 2009 c.595 §643; 2014 c.45 §54; 2017 c.356 §63; 2024 c.73 §79]

433.115 [Repealed by 1973 c.259 §20]

433.120 [Repealed by 1973 c.259 §20]

433.121 Emergency administrative order for isolation or quarantine; contents; ex parte court order. (1) The Public Health Director or a local public health administrator may issue an emergency administrative order causing a person or group of persons to be placed in isolation or quarantine if the Public Health Director or the local public health administrator has probable cause to believe that a person or group of persons requires immediate detention in order to avoid a clear and immediate danger to others and that considerations of safety do not allow initiation of the petition process set out in ORS 433.123. An administrative order issued under this section must:

(a) Identify the person or group of persons subject to isolation or quarantine;

(b) Identify the premises where isolation or quarantine will take place, if known;

(c)(A) Describe the reasonable efforts made to obtain voluntary compliance with a request for an emergency public health action including requests for testing or medical examination, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities; or

(B) Explain why reasonable efforts to obtain voluntary compliance are not possible and why the pursuit of these efforts creates a risk of serious harm to others;

(d) Describe the suspected communicable disease or toxic substance, if known, that is the basis for the issuance of the emergency administrative order and the anticipated duration of isolation or quarantine based on the suspected communicable disease or toxic substance;

(e) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or toxic substance that could spread to or contaminate others if remedial action is not taken;

(f) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine;

(g) Describe the medical basis for which isolation or quarantine is justified and explain why isolation or quarantine is the least restrictive means available to prevent a risk to the health and safety of others;

(h) Establish the time and date at which the isolation or quarantine commences; and

(i) Contain a statement of compliance with the conditions of and principles for isolation and quarantine specified in ORS 433.128.

(2)(a) In lieu of issuing an emergency administrative order under subsection (1) of this section, the Public Health Director or a local public health administrator may petition the circuit court for a written ex parte order.

(b) The petition to the court and the court's order must include the information described in subsection (1) of this section.

(c) The Public Health Director or local public health administrator:

(A) Shall make reasonable efforts to serve the person or group of persons subject to isolation or quarantine with the petition before the petition is filed; and

(B) Is not required to provide prior notice of an ex parte proceeding at which the petition is being considered by the court.

(3) Within 12 hours of the issuance of an order under subsection (1) or (2) of this section, the person or group of persons detained or sought for detention must be personally served with the written notice required by ORS 433.126 and with a copy of any order issued under subsection (1) or (2) of this section. If copies of the notice and order cannot be personally served in a timely manner to a group of persons because the number of persons in the group makes personal service impracticable, the Public Health Director or the local public health administrator shall post the notice and order in a conspicuous place where the notice and order can be viewed by those detained or shall find other means to meaningfully communicate the information in the notice and order to those detained.

(4) A person or group of persons detained pursuant to an order issued under subsection (1) or (2) of this section may not be detained for longer than 72 hours unless a petition is filed under ORS 433.123.

(5) If the detention of a person or group of persons for longer than 72 hours is deemed necessary, immediately following the issuance of an order under subsection (1) or (2) of this section, the Public Health Director or the local public health administrator must petition the circuit court in accordance with ORS 433.123.

(6) A person or group of persons detained under subsection (1) or (2) of this section has the right to be represented by legal counsel in accordance with ORS 433.466. [2007 c.445 §8; 2011 c.721 §2]

433.123 Petition for court order for isolation or quarantine; contents; hearing on petition; contents of order; duration of isolation or quarantine. (1) The Public Health Director or a local public health administrator may petition the circuit court for an order authorizing:

(a) The isolation or quarantine of a person or group of persons; or

(b) The continued isolation or quarantine of a person or group of persons detained under ORS 433.121.

(2) A petition filed under subsections (1) and (9) of this section must:

(a) Identify the person or group of persons subject to isolation or quarantine;

(b) Identify the premises where isolation or quarantine will take place, if known;

(c)(A) Describe the reasonable efforts made to obtain voluntary compliance with a request for an emergency public health action, including requests for testing or medical examination, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine and inspection and closure of facilities; or

(B) Explain why reasonable efforts to obtain voluntary compliance are not possible and why the pursuit of these efforts creates a risk of serious harm to others;

(d) Describe the suspected communicable disease or toxic substance, if known, and the anticipated duration of isolation or quarantine based on the suspected communicable disease, infectious agent or toxic substance;

(e) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or toxic substance that could spread to or contaminate others if remedial action is not taken;

(f) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the person or group of persons would pose a serious risk to the health and safety of others if not detained for purposes of isolation or quarantine;

(g) Describe the medical basis for which isolation or quarantine is justified and explain why isolation or quarantine is the least restrictive means available to prevent a serious risk to the health and safety of others;

(h) Establish the time and date on which the isolation or quarantine commences; and

(i) Contain a statement of compliance with the conditions of and principles for isolation and quarantine specified in ORS 433.128.

(3) The person or group of persons detained or sought for detention must be personally served with a copy of the petition filed with the court under subsection (1) of this section and with the written notice required by ORS 433.126. If copies of the petition and notice cannot be personally served in a timely manner to a group of persons because the number of persons in the group makes personal service impracticable, the Public Health Director or the local public health administrator shall post the petition and notice in a conspicuous place where the petition and notice can be viewed by those detained or find other means to meaningfully communicate the information in the petition and notice to those detained.

(4) A person or group of persons subject to a petition filed under subsection (1) or (9) of this section has the right to be represented by legal counsel in accordance with ORS 433.466.

(5) Upon the filing of a petition under subsection (1) of this section to continue isolation or quarantine for a person or group of persons detained under an emergency administrative or ex parte order issued under ORS 433.121, the court shall issue an order extending the isolation or quarantine order until the court holds a hearing pursuant to subsection (6) of this section.

(6)(a) The court shall hold a hearing on a petition filed under subsection (1) of this section within 72 hours of the filing of the petition, exclusive of Saturdays, Sundays and legal holidays.

(b) In extraordinary circumstances and for good cause shown, or with consent of the affected persons, the Public Health Director or the local public health administrator may apply to continue the hearing date for up to 10 days. The court may grant a continuance at its discretion, giving due regard to the rights of the affected persons, the protection of the public health, the severity of the public health threat and the availability of necessary witnesses and evidence.

(c) The hearing required under this subsection may be waived by consent of the affected persons.

(d) The provisions of ORS 40.230, 40.235 and 40.240 do not apply to a hearing held under this subsection. Any evidence presented at the hearing that would be privileged and not subject to disclosure except as required by this paragraph shall be disclosed only to the court, the parties and their legal counsel or persons authorized by the court and may not be disclosed to the public.

(7) The Public Health Director or local public health administrator may request that a person or group of persons who is the subject of a petition filed under subsection (1) or (9) of this section not personally appear before the court because personal appearance would pose a risk of serious harm to others. If the court grants the director's or local public health administrator's request or if the court determines that personal appearance by the person or group of persons who is the subject of the petition poses a risk of serious harm to others, the court proceeding must be conducted by legal counsel for the person or group of persons or must be held at a location, or by any means, including simultaneous electronic transmission, that allows all parties to fully participate.

(8) The court shall grant the petition if, by clear and convincing evidence, the court finds that isolation or quarantine is necessary to prevent a serious risk to the health and safety of others. In lieu of or in addition to isolation or quarantine, the court may order the imposition of other public health measures appropriate to the public health threat presented. The court order must:

(a) Specify the maximum duration for the isolation or quarantine, which may not exceed 60 days unless there is substantial medical evidence indicating that the condition that is the basis of the public health threat is spread

by airborne transmission and cannot be rendered noninfectious within 60 days or may recur after 60 days, in which case the maximum duration of the isolation or quarantine may not exceed a period of 180 days;

(b) Identify the person or group of persons subject to the order by name or shared or similar characteristics or circumstances;

(c) Specify the factual findings warranting imposition of isolation, quarantine or another public health measure;

(d) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section; and

(e) Be served on all affected persons or groups in accordance with subsection (3) of this section.

(9) Prior to the expiration of a court order issued under subsection (8) or (10) of this section, the Public Health Director or the local public health administrator may petition the circuit court to continue isolation or quarantine. A petition filed under this subsection must comply with the requirements of subsections (2) to (8) of this section.

(10)(a) The court shall hold a hearing on a petition filed under subsection (9) of this section within 72 hours of filing, exclusive of Saturdays, Sundays and legal holidays.

(b) In extraordinary circumstances and for good cause shown, or with consent of the affected persons, the Public Health Director or the local public health administrator may apply to continue the hearing date for up to 10 days. The court may grant a continuance at its discretion, giving due regard to the rights of the affected persons, the protection of the public health, the severity of the public health threat and the availability of necessary witnesses and evidence.

(c) The hearing required under this subsection may be waived by consent of the affected parties.

(d) The court may continue the isolation or quarantine order if the court finds there is clear and convincing evidence that continued isolation or quarantine is necessary to prevent a serious threat to the health and safety of others. In lieu of or in addition to continued isolation or quarantine, the court may order the imposition of a public health measure appropriate to the public health threat presented.

(e) An order issued under this subsection must comply with the requirements of subsection (8) of this section.

(11) An order issued under subsection (10) of this section must be for a period not to exceed 60 days and must be served on all affected parties in accordance with subsection (3) of this section.

(12) In no case may a person or group of persons be in quarantine or isolation for longer than 180 days unless, following a hearing, a court finds that extraordinary circumstances exist and that the person or group of persons subject to isolation or quarantine continues to pose a serious threat to the health and safety of others if detention is not continued.

(13) Failure to obey a court order issued under this section subjects the person in violation of the order to contempt proceedings under ORS 33.015 to 33.155. [2007 c.445 §9; 2011 c.721 §3]

433.125 [Repealed by 1973 c.259 §20]

433.126 Notice to persons subject to order; rules. (1) The Public Health Director or the local public health administrator shall provide the person or group of persons detained or sought for detention under ORS 433.121 or 433.123 with a written notice informing the person or group of persons of:

(a) The right to legal counsel, including how to request and communicate with counsel;

(b) The right to petition the circuit court for release from isolation or quarantine and the procedures for filing a petition;

(c) The conditions of and principles of isolation and quarantine specified in ORS 433.128;

(d) The right to petition the court for a remedy regarding a breach of the conditions of isolation or quarantine imposed on the person or group of persons and the procedures for filing a petition; and

(e) The sanctions that may be imposed for violating an order issued under ORS 433.121 or 433.123.

(2) The Public Health Director or the local public health administrator must ensure, to the extent practicable, that the person or group of persons receives the notice required under this section in a language and in a manner the person or group of persons can understand.

(3) The Public Health Director may adopt rules prescribing the form of notice required by this section. [2007 c.445 §10; 2011 c.721 §4]

433.128 Conditions of and principles for isolation or quarantine; notice to manager of health care facility. When isolating or quarantining a person or group of persons in accordance with ORS 433.121 or 433.123, the Public Health Director or the local public health administrator shall adhere to the following conditions and principles:

(1) Isolation or quarantine must be by the least restrictive means necessary to prevent the spread of a communicable disease or possibly communicable disease to others or to limit exposure to or contamination with a toxic substance by others, and may include, but is not limited to, confinement to private homes or other public or private premises.

(2) Confinement may not be in a prison, jail or other facility where those charged with a crime or a violation of a municipal ordinance are incarcerated unless:

(a) The person or group of persons represents an immediate and serious physical threat to the staff or physical facilities of a hospital or other facility in which the person or group of persons has been confined; or

(b) A person has been found in contempt of court because of failure to obey a court order.

(3) Isolated persons must be confined separately from quarantined persons. If a facility is not capable of separating isolated persons from quarantined persons, either the isolated persons or the quarantined persons must be moved to a separate facility.

(4) The health status of an isolated or quarantined person must be monitored regularly to determine if the person requires continued isolation or quarantine.

(5) A quarantined person who subsequently becomes infected or is reasonably believed to have become infected with a communicable disease or possibly communicable disease that the Public Health Director or the local public health administrator believes poses a significant threat to the health and safety of other quarantined persons must be promptly placed in isolation.

(6) An isolated or quarantined person must be released as soon as practicable when the Public Health Director or local public health administrator determines that the person has been successfully decontaminated or that the person no longer poses a substantial risk of transmitting a communicable disease or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others.

(7) The needs of a person who is isolated or quarantined must be addressed to the greatest extent practicable in a systematic and competent fashion, including, but not limited to, providing adequate food, medication, competent medical care, clothing, shelter and means of communication with other persons who are in isolation or quarantine and persons who are not under isolation or quarantine.

(8) Premises used for isolation or quarantine must, to the extent practicable, be maintained in a safe and hygienic manner to lessen the likelihood of further transmission of a communicable disease or possibly communicable disease or of further harm to persons who are isolated and quarantined.

(9) Cultural and religious beliefs should be considered to the extent practicable in addressing the needs of persons who are isolated or quarantined and in establishing and maintaining premises used for isolation or quarantine.

(10)(a) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means to treat a communicable disease or possibly communicable disease in accordance with religious or other spiritual tenets and practices.

(b) Nothing in ORS 433.126 to 433.138, 433.142 and 433.466 prohibits a person who relies exclusively on spiritual means to treat a communicable disease or possibly communicable disease and who is infected with a communicable disease or has been exposed to a toxic substance from being isolated or quarantined in a private place of the person's own choice, provided the private place is approved by the Public Health Director or the local public health administrator and the person who is isolated or quarantined complies with all laws, rules and regulations governing control, sanitation, isolation and quarantine.

(11) Prior to placing a person or group of persons subject to isolation or quarantine in a health care facility as defined in ORS 442.015, the Public Health Director or the local public health administrator must provide to the managers of the health care facility notice of the intention to seek authorization from the circuit court to place a person or group of persons in isolation or quarantine in the facility and must consult with the managers of the health care facility regarding how to best meet the requirements of this section.

(12) The Public Health Director or local public health administrator shall provide adequate means of communication between a person or a group of persons who is isolated or quarantined and legal counsel for the person or group of persons. [2007 c.445 §12; 2011 c.721 §5; 2015 c.736 §79]

433.131 Entry into premises used for isolation or quarantine; rules. (1) Entry into premises used for isolation or quarantine shall be allowed under the following conditions:

(a) The Public Health Director or the local public health administrator may authorize physicians or other health care workers or other persons access to persons or groups of persons who are in isolation or quarantine pursuant to ORS 433.121 or 433.123 as necessary to meet the needs of isolated or quarantined persons;

(b) Only persons authorized by the Public Health Director or the local public health administrator may enter premises used for isolation or quarantine;

(c) An authorized person entering premises used for isolation or quarantine shall be provided with infection control training and may be required to wear personal protective equipment or to receive vaccinations as determined by the Public Health Director or the local public health administrator; and

(d) A person entering premises used for isolation or quarantine with or without authorization of the Public Health Director or the local public health administrator may become subject to isolation or quarantine.

(2) Persons subject to isolation or quarantine and other persons entering premises used for isolation or quarantine are subject to rules and orders adopted by the Public Health Director or the local public health administrator. Failure to comply with rules and orders adopted by the Public Health Director or the local public health administrator is a Class D violation.

(3) If a health care facility as defined in ORS 442.015 is used as a premises for isolation or quarantine, the Public Health Director or the local public health administrator must consult with the managers of the health care facility regarding how best to meet the requirements of this section.

(4) Nothing in this section prohibits a physician or other health care worker in a health care facility from having access to a person or a group of persons who is in isolation or quarantine pursuant to ORS 433.121 or 433.123 if the infection control procedures and other precautions determined necessary by the Public Health Director are adhered to by the facility and the physician or other health care worker seeking access to the isolated or quarantined person. [2007 c.445 §13]

433.133 Court hearing and order for release from isolation or quarantine or for remedy for breach of required conditions of isolation or quarantine. (1)(a) Any person or group of persons who is isolated or quarantined pursuant to ORS 433.121 or 433.123 may apply to the circuit court for an order to show cause why the individual or group should not be released.

(b) The court shall rule on the application to show cause within 48 hours of the filing of the application.

(c) The court shall grant the application if there is a reasonable basis to support the allegations in the application, and the court shall schedule a hearing on the order requiring the Public Health Director or local public health administrator to appear and to show cause within five working days of the filing of the application.

(d) The issuance of an order to show cause and ordering the director or local public health administrator to appear and show cause does not stay or enjoin an isolation or quarantine order.

(2)(a) A person or group of persons who is isolated or quarantined may request a hearing in the circuit court for remedies regarding breaches of the conditions of isolation or quarantine required by ORS 433.128.

(b) The court shall hold a hearing if there is a reasonable basis to believe there has been a breach of the conditions of isolation or quarantine required by ORS 433.128.

(c) A request for a hearing does not stay or enjoin an order for isolation or quarantine.

(d) Upon receipt of a request under this subsection alleging extraordinary circumstances justifying the immediate granting of relief, the court shall hold a hearing on the matters alleged as soon as practicable.

(e) If a hearing is not granted under paragraph (d) of this subsection, the court shall hold a hearing on the matters alleged within five days from receipt of the request.

(3) In any proceedings brought for relief under this section, in extraordinary circumstances and for good cause shown, or with consent of the petitioner or petitioners the Public Health Director or local public health administrator may move the court to extend the time for a hearing. The court in its discretion may grant the extension giving due regard to the rights of the affected persons, the protection of the public health, the severity of the emergency and the availability of necessary witnesses and evidence.

(4) If a person or group of persons who is detained cannot personally appear before the court because such an appearance poses a risk of serious harm to others, the court proceeding may be conducted by legal counsel for

the person or group of persons and be held at a location, or by any means, including simultaneous electronic transmission, that allows all parties to fully participate.

(5) If the court finds, by clear and convincing evidence, that a person or group of persons no longer poses a serious risk to the health and safety to others, the court may order the release of that person or group of persons from isolation or quarantine.

(6) If the court finds by clear and convincing evidence that a person or group of persons is not being held in accordance with the conditions of isolation or quarantine required by ORS 433.128, the court may order an appropriate remedy to ensure compliance with ORS 433.128. [2007 c.445 §14; 2009 c.595 §644; 2011 c.721 §6]

433.135 [Amended by 1973 c.259 §12; repealed by 2007 c.445 §42]

433.136 Consolidation of proceedings regarding isolation or quarantine. Upon receiving multiple petitions under ORS 433.123, 433.133 or 433.142, to promote the fair and efficient operation of justice and having given due regard to the rights of affected persons, the severity of the threat to the public health, and the availability of necessary witnesses and evidence, a court may order the consolidation of the proceedings when:

- (1) The number of persons involved or to be affected is so large that individual participation is rendered impracticable;
- (2) There are questions of law or fact common to the individual petitions or rights to be determined;
- (3) The group petitioner rights to be determined are typical of the affected persons' petitions or rights; and
- (4) The entire group will be adequately represented in the consolidation. [2007 c.445 §15]

433.137 Court records; disclosure. (1) The circuit court shall cause to be recorded in the court records:

- (a) A full account of proceedings at hearings conducted pursuant to ORS 433.121, 433.123, 433.133 and 433.136;
 - (b) The petitions, affidavits, judgments and orders of the court; and
 - (c) A copy of the orders issued.
- (2) Any portion of the account of the proceedings, the transcript of testimony, the petition, any affidavit, judgment, order of the court, recording of the proceeding or any other court record may be disclosed only:
- (a) Upon request of a person subject to the proceedings or the legal representative or attorney of the person;
 - (b) To the Public Health Director or a local public health administrator; or
 - (c) Pursuant to court order, when the court finds that the petitioner's interest in public disclosure outweighs the privacy interests of the individual who is the subject of the petition. [2011 c.721 §9]

433.138 Assistance of law enforcement officials in enforcing orders. State and local law enforcement officials, to the extent resources are available, must assist the Public Health Director or the local public health administrator in enforcing orders issued under ORS 433.121, 433.123 and 433.142. [2007 c.445 §16]

433.140 Payment of isolation or quarantine expenses; assistance. (1) The expenses incurred under ORS 433.128, when properly certified by the local public health administrator, shall be paid by the person who is isolated or quarantined, when the person is able to pay the expenses.

(2) The Oregon Health Authority may provide general assistance and medical assistance for the person who is isolated or quarantined, on the basis of need, provided that no payment shall be made for the care of any such person in or under the care of any public institution, except as provided in ORS 411.439 and 411.447, or public agency or municipality. [Amended by 1971 c.779 §64; 2007 c.445 §29; 2009 c.595 §645; 2015 c.836 §4]

433.142 Petition for isolation of contaminated property; contents; hearing; court order. (1) As used in this section, "to isolate property" means to restrict access to property in a manner that reduces or prevents exposure to a toxic substance by persons.

(2) The Public Health Director or a local public health administrator may petition the circuit court to isolate property if there is reason to believe the property is contaminated with a toxic substance that poses a serious risk to the health and safety of others.

(3) The petition must:

- (a) Describe the property subject to isolation;

(b)(A) Describe the reasonable efforts made to obtain voluntary compliance from the owner or custodian of the property with public health measures necessary to isolate the property; or

(B) Explain why reasonable efforts to obtain voluntary compliance are not possible and why the pursuit of these efforts creates a risk of serious harm to others;

(c) Describe the suspected toxic substance and the health effects of exposure to the toxic substance;

(d) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the toxic substance could spread to or contaminate others if remedial action is not taken;

(e) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the toxic substance poses a serious risk to the health and safety of others if the property is not isolated;

(f) Explain why isolation of the property is the least restrictive means available to prevent a serious risk to the health and safety of others; and

(g) Explain whether the property subject to isolation can be decontaminated or whether the property must be destroyed.

(4) The petition must be personally served on the owner or custodian of the property.

(5)(a) The court shall hold a hearing within 72 hours of the filing of the petition, exclusive of Saturdays, Sundays and legal holidays.

(b) For good cause shown, or with consent of the affected owner or custodian of the property, the Public Health Director or the local public health administrator may apply to continue the hearing date for up to 10 days, which continuance the court may grant at its discretion giving due regard to the rights of the affected owner or custodian of the property, the protection of the public health, the severity of the public health threat and the availability of necessary witnesses and evidence.

(c) A hearing may be waived by the owner or custodian of the property.

(6) The court shall grant the petition if, by clear and convincing evidence, the court finds that isolation of property contaminated with a toxic substance is necessary to prevent a serious risk to the health and safety of others. An order authorizing isolation remains in effect until the toxic substance no longer poses a serious risk to the health and safety of others.

(7) The court order must:

(a) Identify the property to be isolated;

(b) Specify factual findings warranting isolation, including a description of the toxic substance believed to be contaminating the property;

(c) Include any conditions necessary to ensure that isolation is carried out within the stated purposes and restrictions of this section; and

(d) Describe the remedial actions necessary to neutralize or remove the contamination. [2007 c.445 §17; 2011 c.721 §7]

433.145 [Repealed by 1973 c.259 §20]

433.150 Quarantine hospital; seizure, control of and compensation for emergency hospital. (1) Any city or municipality may establish a quarantine hospital within or without its own limits, but if within its own limits, consent of the municipality within which it is proposed to establish such hospital shall be first obtained. Such consent shall not be necessary if the hospital is more than 800 feet from any occupied house or public highway.

(2) When a great emergency exists the board of health may seize and occupy temporarily for such quarantine hospital any suitable vacant house or building within its jurisdiction and the board of health of any city or municipality having a quarantine hospital shall have control over the same. However, in case of use of such house or premises, due compensation shall be tendered for their use.

433.155 [Repealed by 1973 c.259 §13 (433.156 enacted in lieu of 433.155)]

433.156 Enforcement of isolation or quarantine by law enforcement authorities. All state and local law enforcement authorities shall cooperate with any officer authorized to impose isolation or quarantine in the enforcement thereof. [1973 c.259 §14 (enacted in lieu of 433.155); 2007 c.445 §18a]

433.160 [Repealed by 1973 c.259 §20]

433.205 [Repealed by 1973 c.259 §20]

433.210 [Repealed by 1973 c.259 §20]

433.215 [Repealed by 1973 c.259 §15 (433.216 enacted in lieu of 433.215)]

433.216 Detaining conveyance for inspection or investigation. If the Public Health Director finds that there is an imminent risk of the introduction into the state by means of any public or private conveyance of any dangerous communicable disease or toxic substance which presents a substantial threat to public health, the director may detain such conveyance for inspection or investigation. [1973 c.259 §16 (enacted in lieu of 433.215); 1987 c.600 §13; 2007 c.445 §19]

433.220 Measures taken on discovery of disease or toxic substance; rules; jurisdiction over emergency.

(1) If upon inspection pursuant to ORS 433.216, there is discovered among the passengers or goods being transported by any public or private conveyance the existence of any communicable disease or toxic substance that presents a substantial threat to public health, the Public Health Director, under rules of the Oregon Health Authority, may:

- (a) Issue an order for testing, medical examination or treatment under ORS 433.035.
- (b) Isolate or quarantine such persons or goods in accordance with ORS 433.121, 433.123 or 433.142.
- (c) Require the passengers and persons conveying materials to follow the authority's rules for the control of the specific communicable disease or prevention of harm to the public health from the toxic substance.
- (d) Offer free immunization in those diseases to which such prophylactic treatment is applicable to all persons exposed in any conveyance.

(2) Should any question arise as to the existence of any emergency, the Public Health Director shall have final jurisdiction. [Amended by 1973 c.259 §17; 1987 c.600 §14; 2007 c.445 §20; 2009 c.595 §646]

433.225 [Repealed by 1973 c.259 §20]

433.230 [Repealed by 1973 c.259 §20]

DISEASE CONTROL IN SCHOOLS

433.235 Definitions for ORS 433.235 to 433.284. As used in ORS 433.235 to 433.284:

(1) "Administrator" means the principal or other person having general control and supervision of a school or children's facility.

(2) "Children's facility" or "facility" means:

- (a) A certified child care facility as described in ORS 329A.250 to 329A.450, except as exempted by rule of the Oregon Health Authority;
- (b) A program operated by, or sharing the premises with, a certified child care facility, school or post-secondary institution where care is provided to children, six weeks of age to kindergarten entry, except as exempted by rule of the authority; or
- (c) A program providing child care or educational services to children, six weeks of age to kindergarten entry, in a residential or nonresidential setting, except as exempted by rule of the authority.

(3) "Local health department" has the meaning given that term in ORS 431.003.

(4) "Parent" means a parent or guardian of a child or any adult responsible for the child.

(5) "Physician" means a physician licensed by the Oregon Medical Board or by the Oregon Board of Naturopathic Medicine or a physician similarly licensed by another state or country in which the physician practices or a commissioned medical officer of the Armed Forces or Public Health Service of the United States.

(6) "School" means a public, private, parochial, charter or alternative educational program offering kindergarten through grade 12 or any part thereof, except as exempted by rule of the authority. [Formerly 433.263; 1991 c.255 §1; 1995 c.278 §55; 2001 c.900 §156; 2003 c.14 §246; 2005 c.343 §1; 2009 c.43 §5; 2009 c.595 §647; 2015 c.736 §80; 2022 c.27 §17]

433.240 Parental responsibility. (1) In adopting ORS 433.235 to 433.284, the Legislative Assembly recognizes the obligation of parents to have their children properly immunized and to provide to schools and facilities accurate records of immunization.

(2) Notwithstanding ORS 339.030, nothing in ORS 433.235 to 433.284 operates to remove parental liability under compulsory attendance laws. [1981 c.78 §9,10; 1985 c.579 §5; 1989 c.619 §6]

433.245 Advisory committee; membership. (1) The Director of the Oregon Health Authority shall appoint a committee to advise the Oregon Health Authority on the administration of the provisions of ORS 433.235 to 433.284, including the adoption of rules pursuant to ORS 433.269 (2), 433.273, 433.282 and 433.283.

(2) Members of the committee appointed pursuant to subsection (1) of this section shall include, but need not be limited to, representatives of the Oregon Health Authority, the Department of Human Services, the Department of Education, public, private and parochial schools, children's facilities, institutions of post-secondary education, education service districts, local health departments, the boards of county commissioners or county courts and the public. [1981 c.78 §8; 1991 c.255 §2; 2009 c.595 §648]

433.255 Persons with or exposed to restrictable disease excluded from school or children's facility. Except in strict conformity with the rules of the Oregon Health Authority, no child or employee shall be permitted to be in any school or children's facility when:

- (1) That child or employee has any restrictable disease;
- (2) That child or employee comes from any house in which exists any restrictable disease; or
- (3) That child has been excluded as provided in ORS 433.267 (5) or (7). [Amended by 1973 c.259 §18; 1981 c.78 §2; 1989 c.224 §88; 1991 c.67 §115; 1991 c.255 §4; 2005 c.343 §2; 2009 c.595 §649]

433.260 Exclusion of persons exposed to or having restrictable disease from school or children's facility; certificate for readmission. (1) Whenever any administrator has reason to suspect that any child or employee has or has been exposed to any restrictable disease and is required by the rules of the Oregon Health Authority to be excluded from a school or children's facility, the administrator shall send such person home and, if the disease is one that must be reported to the authority, report the occurrence to the local health department by the most direct means available.

(2) Any person excluded under subsection (1) of this section may not be permitted to be in the school or facility until the person presents a certificate from a physician, physician associate licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390, local health department nurse or school nurse stating that the person does not have or is not a carrier of any restrictable disease. [Amended by 1973 c.259 §19; 1979 c.731 §7; 1981 c.78 §3; 1989 c.224 §89; 1991 c.255 §5; 2001 c.900 §157; 2005 c.471 §1; 2009 c.595 §650; 2014 c.45 §55; 2024 c.73 §80]

433.263 [1973 c.566 §1; 1979 c.731 §8; 1981 c.78 §1; renumbered 433.235]

433.265 [Repealed by 1973 c.259 §20]

433.267 Immunization of school children; rules; exceptions; effect of failure to comply. (1) As a condition of attendance in any school or children's facility in this state, every child through grade 12 shall submit to the administrator, unless the school or facility the child attends already has on file a record that indicates that the child has received immunizations against the restrictable diseases prescribed by rules of the Oregon Health Authority as provided in ORS 433.273, one of the following:

(a) A document signed by the parent, a practitioner of the healing arts who has within the scope of the practitioner's license the authority to administer immunizations or a representative of the local health department certifying the immunizations the child has received;

(b) A document signed by a physician or a representative of the local health department stating that the child should be exempted from receiving specified immunization because of indicated medical diagnosis; or

(c) A document, on a form prescribed by the authority by rule and signed by the parent of the child, stating that the parent is declining one or more immunizations on behalf of the child. A document submitted under this paragraph:

(A) May include the reason for declining the immunization, including whether the parent is declining the immunization because of a religious or philosophical belief; and

(B) Must include either:

(i) A signature from a health care practitioner verifying that the health care practitioner has reviewed with the parent information about the risks and benefits of immunization that is consistent with information published by the Centers for Disease Control and Prevention and the contents of the vaccine educational module approved by the authority pursuant to rules adopted under ORS 433.273; or

(ii) A certificate verifying that the parent has completed a vaccine educational module approved by the authority pursuant to rules adopted under ORS 433.273.

(2)(a) A newly entering child or a transferring child shall be required to submit the document described in subsection (1) of this section prior to attending the school or facility.

(b) Notwithstanding paragraph (a) of this subsection, a child transferring from a school in the United States must submit the document required by subsection (1) of this section not later than the exclusion date set by rule of the authority.

(3) Persons who have been emancipated pursuant to ORS 419B.558 or who have reached the age of consent for medical care pursuant to ORS 109.640 may sign those documents on their own behalf otherwise requiring the signatures of parents under subsection (1) of this section.

(4) The administrator shall conduct a primary evaluation of the records submitted pursuant to subsection (1) of this section to determine whether the child is entitled to begin attendance by reason of having submitted a document that complies with the requirements of subsection (1) of this section.

(5) If the records do not meet the initial minimum requirements established by rule, the child may not be allowed to attend until the requirements are met. If the records meet the initial minimum requirements, the child shall be allowed to attend.

(6) At the time specified by the authority by rule, records for children meeting the initial minimum requirements and records previously on file shall be reviewed for completion of requirements by the administrator to determine whether the child is entitled to continue in attendance. If the records do not comply, the administrator shall notify the local health department and shall transmit any records concerning the child's immunization status to the local health department.

(7) The local health department shall provide for a secondary evaluation of the records to determine whether the child should be excluded for noncompliance with the requirements stated in subsection (1) of this section. If the child is determined to be in noncompliance, the local health department shall issue an exclusion order and shall send copies of the order to the parent or the person who is emancipated or has reached the age of majority and the administrator. On the effective date of the order, the administrator shall exclude the child from the school or facility and not allow the child to attend the school or facility until the requirements of this section have been met.

(8) The administrator shall readmit the child to the school or facility when in the judgment of the local health department the child is in compliance with the requirements of this section.

(9) The administrator shall be responsible for updating the document described in subsection (1)(a) of this section as necessary to reflect the current status of the immunization of the child and the time at which the child comes into compliance with immunizations against the restrictable diseases prescribed by rules of the authority pursuant to ORS 433.273.

(10) Nothing in this section shall be construed as relieving agencies, in addition to school districts, which are involved in the maintenance and evaluation of immunization records on April 27, 1981, from continuing responsibility for these activities.

(11) All documents required by this section shall be on forms approved or provided by the authority.

(12) In lieu of signed documents from practitioners, the authority may accept immunization record updates using practitioner documented immunization records generated by electronic means or on unsigned practitioner letterhead if the authority determines such records are accurate.

(13) As used in this section:

(a) "Newly entering child" means a child who is initially attending:

(A) A facility in this state;

(B) A school at the entry grade level;

(C) Either a school at any grade level or a facility from homeschooling; or

(D) A school at any grade level or a facility after entering the United States from another country.

(b) “Transferring child” means a child moving from:

(A) One facility to another facility;

(B) One school in this state to another school in this state when the move is not the result of a normal progression of grade level; or

(C) A school in another state to a school in this state. [1973 c.566 §2; 1977 c.457 §1; 1981 c.78 §4; 1991 c.255 §3; 1993 c.546 §139; 2001 c.900 §158; 2005 c.343 §3; 2009 c.595 §651; 2013 c.516 §1]

433.269 Local public health authority to ensure availability of immunizations; reports and records. (1)

A local public health authority shall ensure that immunizations required under ORS 433.282 and 433.283 and the rules adopted pursuant to ORS 433.273 for attendance at a school, children’s facility or post-secondary educational institution are available through local health care providers or the local public health authority or its contractors:

(a) To the entire population of the area served by the local public health authority in convenient areas and at convenient times.

(b) Regardless of whether a child or student is able to pay for the immunization.

(2)(a) Each local public health authority, school and children’s facility shall report annually to the Oregon Health Authority on:

(A) The number of children in the area served by the local public health authority, school or children’s facility; and

(B) The number of children in the area served by the local public health authority, school or children’s facility who are susceptible to restrictable disease as prescribed by the Oregon Health Authority’s rules pursuant to ORS 433.273.

(b) Each school and children’s facility shall report annually to the Oregon Health Authority on the number of children in the area served by the school or children’s facility who are in attendance at the school or children’s facility conditionally because of an incomplete immunization schedule.

(c) Each local public health authority shall make available to each school and children’s facility in the area served by the local public health authority data on the immunization rate, by disease, of children in the area. Upon request, the Oregon Health Authority shall assist local public health authorities in compiling data for purposes of this paragraph.

(d) A child exempted under ORS 433.267 is susceptible to restrictable disease for purposes of this subsection.

(3)(a) For the purpose of providing parents with the information necessary to protect their children’s health, each school and children’s facility shall make available the information reported and received by the school and children’s facility pursuant to subsection (2) of this section:

(A) At the main office of the school or children’s facility;

(B) On the school’s or school district’s website or on the children’s facility’s website, if available; and

(C) To the parents of the children who attend the school or children’s facility, in the form of a paper document or electronic communication that includes the information in a clear and easy to understand manner.

(b) The information required to be made available under paragraph (a) of this subsection must be made available at the beginning of each school year and not later than one month after the date that children may be excluded as provided by ORS 433.267.

(4) The administrator of a school or children’s facility shall maintain immunization records of children, including children who are in attendance at the school or children’s facility conditionally because of an incomplete immunization schedule and children who are exempted as described in ORS 433.267 (1)(b) and (c). [1973 c.566 §3; 1981 c.78 §5; 1991 c.255 §6; 2009 c.595 §652; 2015 c.802 §1; 2019 c.456 §35]

433.270 [Repealed by 1973 c.259 §20]

433.271 Thimerosal prohibited in school entry immunizations provided by Oregon Health Authority; exceptions. The Oregon Health Authority may not purchase or distribute a pediatric vaccine necessary for school entry immunization requirements if the vaccine contains thimerosal, unless thimerosal is detectable only in trace amounts or no other vaccine for the same purpose is commercially available in a form that does not contain thimerosal. The authority may purchase and distribute a pediatric vaccine that contains thimerosal if no other vaccine for the same purpose is commercially available in a form that does not contain thimerosal. [2001 c.720 §2; 2009 c.595 §653]

Note: 433.271 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.273 Rules. The Oregon Health Authority shall adopt rules pertaining to the implementation of ORS 433.235 to 433.284, which shall include, but need not be limited to:

- (1) The definition of “restrictable” disease;
 - (2) The required immunization against diseases;
 - (3) The time schedule for immunization;
 - (4) The approved means of immunization;
 - (5) The procedures and time schedule whereby children may be excluded from attendance in schools or children’s facilities under ORS 433.267 (1)(b) and (c), provided that the authority includes as part of those procedures service of notice to parents;
 - (6) The manner in which immunization records for children are established, evaluated and maintained;
 - (7) Exemptions for schools and children’s facilities, including exemptions from the reporting requirements of ORS 433.269 (2) and exemptions from the requirement under ORS 433.269 (3) to make information available;
 - (8) The implementation of ORS 433.282 and 433.283;
 - (9) The process for approving a vaccine educational module;
 - (10) Criteria for a vaccine educational module, including the requirement that a vaccine educational module present information that is consistent with information published by the Centers for Disease Control and Prevention concerning:
 - (a) Epidemiology;
 - (b) The prevention of disease through the use of vaccinations; and
 - (c) The safety and efficacy of vaccines; and
 - (11) Documentation required to verify completion of a vaccine educational module, including the qualifications of persons who may certify the completion. [1973 c.566 §4; 1977 c.457 §2; 1981 c.78 §6; 1991 c.255 §7; 2009 c.595 §654; 2013 c.516 §2; 2015 c.802 §2]
- 433.275** [1973 c.566 §5; repealed by 1981 c.78 §15]

433.280 Status of immunization records as public records. Nothing in ORS 179.505, 192.553 to 192.581, 326.565, 326.575 or 336.187 prevents:

- (1) Inspection by or release to administrators by local health departments of information relating to the status of a person’s immunization against restrictable diseases without the consent of the person, if the person has been emancipated or has reached the age of majority, or the parent of a child.
- (2) Local health departments from releasing information concerning the status of a person’s immunization against restrictable diseases by telephone to the parent, administrators and public health officials. [1981 c.78 §11; 1991 c.255 §8; 2003 c.86 §12]

Note: The amendments to 433.280 by section 10, chapter 567, Oregon Laws 2025, become operative July 1, 2035. See section 12, chapter 567, Oregon Laws 2025. The text that is operative on and after July 1, 2035, is set forth for the user’s convenience.

433.280. Nothing in ORS 179.505, 192.553 to 192.581, 326.561, 326.565, 326.575 or 336.187 prevents:

- (1) Inspection by or release to administrators by local health departments of information relating to the status of a person’s immunization against restrictable diseases without the consent of the person, if the person has been emancipated or has reached the age of majority, or the parent of a child.
- (2) Local health departments from releasing information concerning the status of a person’s immunization against restrictable diseases by telephone to the parent, administrators and public health officials.

433.281 Post-secondary institution of education that provides student housing to provide information about vaccine-preventable diseases. (1) As used in this section, “post-secondary institution of education” means:

- (a) A public university listed in ORS 352.002;
- (b) A community college operated under ORS chapter 341; or

(c) An Oregon-based, generally accredited, private institution of higher education.

(2) Each post-secondary institution of education that provides housing for students shall provide to each student enrolling or registering at the institution for the first time information on vaccine-preventable diseases known to occur in individuals between 16 and 21 years of age, including:

(a) The signs and symptoms associated with, and options for treating, vaccine-preventable diseases known to occur in individuals between 16 and 21 years of age;

(b) The circumstances that create a risk of acquiring a vaccine-preventable disease known to occur in individuals between 16 and 21 years of age, including the circumstance of living in group quarters;

(c) Recommendations by the Centers for Disease Control and Prevention with respect to vaccines recommended to be categorized as category A or category B by the federal Advisory Committee on Immunization Practices, and vaccines recognized as category A or category B by the Centers for Disease Control and Prevention;

(d) Any additional information on the availability, benefits and risks and limitations of vaccines for vaccine-preventable diseases known to occur in individuals between 16 and 21 years of age, as determined by the institution; and

(e) Information on where to receive a vaccination.

(3) At a minimum, information provided under subsection (2) of this section must cover vaccine-preventable diseases for which the Centers for Disease Control and Prevention recommend vaccination for individuals between 16 and 21 years of age.

(4) In developing information on vaccine-preventable diseases under this section, a post-secondary institution of education shall consult the Oregon Health Authority or the Centers for Disease Control and Prevention.

(5) If a post-secondary institution of education provides electronic enrollment or registration for students enrolling or registering at the institution for the first time, the institution shall provide the information required by this section electronically at the time of enrollment or registration.

(6) This section does not create a private right of action against a post-secondary institution of education.
[2017 c.323 §2]

433.282 Required immunizations at certain post-secondary educational institutions; rules. (1) The Oregon Health Authority may require each post-secondary educational institution, except a community college or a career school, to require, using procedures developed by the institution, each full-time student to be immunized, as required for children attending school pursuant to rules adopted by the authority under ORS 433.273, before the student's second quarter or semester of enrollment on the campus of the institution.

(2) Notwithstanding subsection (1) of this section, the authority may require each post-secondary educational institution, except a community college or a career school, to document, using procedures developed by the institution, that each full-time student has been immunized, as required for children attending school pursuant to rules adopted by the authority under ORS 433.273, before the student attends classes if the student will be attending the institution pursuant to a nonimmigrant visa.

(3) The authority by rule shall establish immunization schedules for purposes of this section.

(4) The authority by rule may limit the students and programs to which the requirements of this section apply.

(5) The authority may conduct validation surveys to ensure compliance with the requirements of this section.
[1991 c.255 §10; 1995 c.343 §48; 2005 c.343 §4; 2009 c.595 §654a; 2017 c.323 §3]

433.283 Immunizations against measles for certain students at community colleges; rules. (1) The Oregon Health Authority may require each community college to require that students involved in clinical experiences in allied health programs, practicum experiences in education and child care programs and membership on intercollegiate sports teams have current immunizations for measles prior to each student's participation. The requirement shall apply only to those students born on or after January 1, 1957.

(2) The Higher Education Coordinating Commission by rule shall define clinical experiences in allied health programs, practicum experiences in education and child care programs and membership on intercollegiate sports teams at the community colleges. The Oregon Health Authority by rule shall establish immunization schedules and may further limit the students and programs to which the requirement applies. Each community college shall develop procedures to implement and maintain this requirement.

(3) The authority may conduct validation surveys to ensure compliance with this section. Community colleges shall be required to keep immunization records only while the student is involved in the program. [1991 c.255 §11; 2009 c.595 §654b; 2013 c.747 §181]

433.284 Adoption of more stringent immunization requirements. Private schools, children's facilities and post-secondary educational institutions may adopt additional or more stringent requirements as long as exemptions are included and the requirements are in compliance with the United States Public Health Service Advisory Committee on Immunization Practices recommendations. [1991 c.255 §12; 2013 c.516 §3]

433.285 [1963 c.190 §1; 1965 c.88 §1; 1977 c.582 §34; 1981 c.630 §2; 1983 c.490 §2; 2009 c.595 §655; 2025 c.203 §3; renumbered 433.288 in 2025]

STATE PUBLIC HEALTH LABORATORY

433.286 State public health laboratory; analysis of biological and environmental samples; newborn bloodspot screening; fees; rules. (1) The Oregon Health Authority shall maintain a state public health laboratory that is capable of:

- (a) Analyzing biological and environmental samples for public health purposes; and
- (b) Performing newborn bloodspot screening as specified in ORS 433.288.

(2) In accordance with rules adopted by the authority, the state public health laboratory may analyze samples or perform newborn bloodspot screening for any:

- (a) Country or territory;
- (b) Federal agency;
- (c) Agency of another state;
- (d) Tribal agency; or
- (e) Health care practitioner licensed in any country, territory or state.

(3) The authority shall adopt rules necessary to implement this section and ORS 433.288, 433.290 and 433.295, including but not limited to rules establishing laboratory fees for analysis and screening services.

(4) All moneys collected under subsection (3) of this section shall be deposited in the Public Health Account established in ORS 431.210 to be used for expenses of the state public health laboratory. [2025 c.203 §2]

SERVICES FOR NEWBORNS

433.288 Newborn bloodspot screening program; policy; exemptions; fees; fee waivers; rules. (1)(a) It is the public health policy of the State of Oregon that each infant in Oregon undergo newborn bloodspot screening for medical conditions that, if detected early, can be mitigated or treated to prevent harmful health effects.

(b) The Oregon Health Authority shall administer a newborn bloodspot screening program to advance the public health policy described in paragraph (a) of this subsection.

(2) The state public health laboratory, or another laboratory pursuant to an agreement with the authority, shall conduct the screenings described in subsection (1) of this section.

(3) The authority shall adopt rules necessary to implement the newborn bloodspot screening program, including but not limited to rules establishing:

- (a) The medical conditions for which infants are screened, including higher tier testing;
- (b) The person responsible for:
 - (A) The collection of specimens for screening;
 - (B) The delivery of specimens to the state public health laboratory for screening;
 - (C) The delivery of signed exemption forms to the state public health laboratory; and
 - (D) Following up with the parents or guardians of an infant to discuss the screening results;
- (c) The timing and manner for collection and delivery of specimens to the state public health laboratory for screening;

(d) The timing and manner for recollection and redelivery, if necessary, of specimens to the state public health laboratory for screening;

- (e) Standards for the retention, use and release of residual specimens;

(f) Fees for screening in an amount sufficient to cover the costs to administer the newborn bloodspot screening program;

(g) A process for a parent or guardian to request a fee waiver if the parent or guardian is indigent or otherwise unable to pay the fee for screening services;

(h) The timing and manner for reporting screening results to the medical providers of an infant; and

(i) The exemption form described in subsection (6) of this section.

(4) The inability of a parent or guardian to pay the fee established under subsection (3) of this section may not be a basis to refuse to provide newborn bloodspot screening services to an infant.

(5) A carrier, as that term is defined in ORS 743B.005, and a coordinated care organization, as that term is defined in ORS 414.025, shall cover the costs of newborn bloodspot screening.

(6) A parent or guardian of an infant may decline to screen the infant under the newborn bloodspot screening program if the parent or guardian opposes screening for religious or philosophical reasons and signs an exemption form prescribed by the authority by rule.

(7) All information and documentation related to the newborn bloodspot screening program that identifies an infant, a parent or guardian of an infant or a health care provider involved in the care of an infant is confidential and exempt from public disclosure under ORS 192.311 to 192.478. [Formerly 433.285]

433.290 Oregon Health Authority to conduct educational program on newborn bloodspot screening.

(1) To ensure proper testing and follow-up care and increase public awareness of the newborn bloodspot screening program described in ORS 433.288, the Oregon Health Authority shall, subject to available resources, implement:

(a) An educational program for health care providers, expectant parents, parents or guardians of infants and the general public.

(b) A follow-up monitoring program to improve long-term care of individuals with medical conditions identified through screening.

(2) The educational program must:

(a) Provide information on the medical conditions for which infants are screened under the newborn bloodspot screening program;

(b) Provide information on the importance of newborn bloodspot screening to prevent or mitigate the harmful health effects of medical conditions for which infants are screened; and

(c) If a newborn bloodspot screening detects a medical condition for an infant, provide the parents or guardians of the infant information on organizations that serve populations impacted by the medical condition. [1963 c.190 §2; 1977 c.582 §35; 1983 c.490 §1; 2009 c.595 §656; 2017 c.356 §64; 2025 c.203 §4]

433.295 Newborn bloodspot screening standards and reporting requirements for health care providers and health care facilities. Health care providers and health care facilities that provide services to infants in Oregon shall:

(1) Ensure that specimens for newborn bloodspot screening are collected and delivered pursuant to rules adopted by the Oregon Health Authority under ORS 433.288;

(2) Ensure that an infant receives medically appropriate care consistent with the results of a newborn bloodspot screening; and

(3) Report to the authority for quality control purposes:

(a) Medical conditions detected by newborn bloodspot screening and subsequently confirmed; and

(b) Medical conditions on the newborn bloodspot screening panel detected by a test other than newborn bloodspot screening. [1963 c.190 §3; 2009 c.595 §657; 2025 c.203 §5]

433.298 Oregon Health Authority to compile information about congenital cytomegalovirus; dissemination of information. (1) The Oregon Health Authority shall compile information on the following:

(a) The transmission of congenital cytomegalovirus and methods to reduce the risk of infection during pregnancy;

(b) The signs and symptoms of and methods of diagnosing congenital cytomegalovirus;

(c) The potential complications associated with congenital cytomegalovirus; and

(d) Treating and managing congenital cytomegalovirus.

(2)(a) The authority shall disseminate the information described in subsection (1) of this section to:

- (A) Hospitals.
- (B) Birthing centers.
- (C) Diagnostic facilities that conduct newborn hearing screening tests.
- (D) Prenatal health care providers, including gynecologists and obstetricians.
- (E) The Department of Early Learning and Care.
- (F) The public.

(b) The department shall disseminate the information to all certified or registered child care facilities, as defined in ORS 329A.263, for the facilities to educate employees about the risk of contracting cytomegalovirus during pregnancy.

(c) Except as provided in paragraph (d) of this subsection, the information disseminated under this section may be disseminated by print publication, electronic publication, video publication or any other cost-effective method.

(d) Hospitals, birthing centers, diagnostic facilities that conduct newborn hearing screening tests and prenatal health care providers shall at a minimum provide information to patients in print publications under this section no later than 48 hours after birth. [2017 c.426 §2; 2025 c.488 §4]

Note: 433.298 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.299 Newborn Bloodspot Screening Advisory Board; members; term; meetings; reports. (1) The Newborn Bloodspot Screening Advisory Board is established in the Oregon Health Authority.

(2) The board consists of 13 voting members appointed by the Director of the Oregon Health Authority as follows:

- (a) One member who is a person affected by a disorder included in the newborn screening panel or a family member of a person affected by a disorder included in the newborn screening panel;
 - (b) One member who is a licensed physician who by contract provides expert medical advice and consulting services to the Northwest Regional Newborn Bloodspot Screening Program;
 - (c) One member who is a representative of Medicaid or the insurance industry;
 - (d) Two members who are representatives of birthing centers or hospitals;
 - (e) One member who is a representative of an entity that contracts with the Northwest Regional Newborn Bloodspot Screening Program for newborn bloodspot screening services;
 - (f) Three members who are representatives of advocacy associations regarding newborns with medical conditions or rare disorders;
 - (g) One member who is a representative of a statewide association of nurses;
 - (h) One member who is a representative of a statewide association of midwives; and
 - (i) Two members who are representatives of a statewide association of pediatricians.
- (3) In addition to the requirements provided in subsection (2) of this section, one or more of the following professions must be represented as a voting member of the board:
- (a) Neonatal intensive care specialist;
 - (b) Licensed physician or nurse practitioner who is board certified in obstetrics, pediatrics or neonatology;
 - (c) Obstetrician or gynecologist;
 - (d) Nurse;
 - (e) Ethicist;
 - (f) Geneticist;
 - (g) Dietician; and
 - (h) Educator.

(4) To the greatest extent practicable, the director shall appoint members from a diverse range of socioeconomic, racial and ethnic backgrounds.

(5) In addition to the 13 voting members provided for in subsection (2) of this section, members of the Legislative Assembly or employees of the Oregon Health Authority may serve as nonvoting members.

(6) The term of office of each voting member of the board is four years, but a member serves at the pleasure of the director. Before the expiration of the term of a member, the director 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 director shall make an appointment to become immediately effective for the unexpired term.

(7) A voting member of the board is entitled to compensation and expenses as provided in ORS 292.495.

(8) The board shall select two of its members to jointly serve as chairpersons and another as vice chairperson, for terms and with duties and powers necessary for the performance of the functions of the offices as the board determines. One chairperson must be a voting member and the other chairperson must be the manager of the Northwest Regional Newborn Bloodspot Screening Program or the manager's designee. The manager or manager's designee must be a nonvoting member.

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

(10) The board shall meet at least once every six months at a time and place determined by the board. The board also may meet at other times and places specified by the call of one or both chairpersons or of a majority of the voting members of the board.

(11) The board shall report its findings and recommendations for legislative changes to the committees or interim committees of the Legislative Assembly related to health in the manner provided under ORS 192.245 no later than September 15 of each even-numbered year. [2019 c.109 §1]

Note: 433.299 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.301 Newborn nurse home visiting services program; rules. (1) As used in this section, "community" means a geographic region, county, tribe or other group of individuals living in proximity as defined by the Oregon Health Authority by rule.

(2) The authority shall design, implement and maintain a voluntary statewide program to provide universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families. The authority shall design the universal newborn nurse home visiting program to be flexible so as to meet the needs of the communities where the program operates.

(3) In designing the program described in subsection (2) of this section, the authority shall consult, coordinate and collaborate, as necessary, with insurers that offer health benefit plans in this state, hospitals, local public health authorities, the Department of Early Learning and Care, existing early childhood home visiting programs, community-based organizations and social service providers.

(4) The program must provide nurse home visiting services that are:

(a) Based on criteria established by the United States Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model;

(b) Provided by registered nurses licensed in this state to families caring for newborns up to the age of six months, including foster and adoptive newborns;

(c) Provided in the family's home; and

(d) Aimed at improving outcomes in one or more of the following domains:

(A) Child health;

(B) Child development and school readiness;

(C) Family economic self-sufficiency;

(D) Maternal health;

(E) Positive parenting;

(F) Reducing child mistreatment;

(G) Reducing juvenile delinquency;

(H) Reducing family violence; or

(I) Reducing crime.

(5) The services provided in the program must:

(a) Be voluntary and carry no negative consequences for a family that declines to participate;

(b) Be offered in every community in this state;

(c) Include an evidence-based assessment of the physical, social and emotional factors affecting the family;

(d) Be offered to all families with newborns residing in the community where the program operates;

(e) Include at least one visit during a newborn's first three months of life with the opportunity for the family to choose up to three additional visits;

(f) Include a follow-up visit no later than three months after the last visit; and
(g) Provide information and referrals to address each family's identified needs.
(6) The authority shall collect and analyze data generated by the program to assess the effectiveness of the program in meeting the aims described in subsection (4)(d) of this section and shall work with other state agencies to develop protocols for sharing data, including the timely sharing of data with primary care providers of care to the families with newborns receiving the services.

(7) In collaboration with the Department of Consumer and Business Services, the authority shall adopt by rule, consistent with the provisions of this section:

(a) Criteria for universal newborn nurse home visiting services that must be covered by health benefit plans in accordance with ORS 743A.078; and

(b) The amount of reimbursement to be paid to a provider of universal newborn nurse home visiting services or a methodology to reimburse the cost of providing universal newborn nurse home visiting services, in accordance with ORS 743A.078.

(8) The authority may prescribe by rule any reasonable reimbursement methodology including, but not limited to, any of the following:

(a) Value-based payments;

(b) A claim invoicing process;

(c) Capitated payments;

(d) A reimbursement methodology that takes into account the need for a community-based entity providing universal newborn nurse home visiting services to expand the entity's capacity to provide the services and address health disparities; or

(e) Any other methodology agreed to by a carrier and the provider of the universal newborn nurse home visiting services. [2019 c.552 §1; 2021 c.631 §59; 2022 c.94 §2]

Note: 433.301 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.303 Policy on vitamin K. It is the policy of the State of Oregon that all newborn infants born in hospital or out of hospital receive vitamin K before they are 24 hours old. [1983 c.585 §1]

433.305 [Repealed by 1969 c.685 §23]

433.306 Duty to administer vitamin; religious objection; effect of inability to pay. (1) A physician licensed under ORS chapter 677, 684 or 685 or a midwife attending the mother at the birth of a child is responsible for ensuring that the newborn infant receives vitamin K within 24 hours after birth by the most effective means.

(2) The procedure described in subsection (1) of this section does not apply to any newborn infant whose parents object to the procedure on grounds that the procedure conflicts with the religious tenets and practices of the parents. To make an objection under this subsection, the parents must sign a statement attesting that the procedure conflicts with the religious tenets and practices of the parents.

(3) A newborn infant may not be refused the procedure described in subsection (1) of this section because of the parent's inability to pay for the procedure. [1983 c.585 §2; 2017 c.162 §1]

433.307 [1973 c.470 §1; 1981 c.630 §3; repealed by 1983 c.490 §3]

433.309 [1973 c.470 §2; 1981 c.630 §4; repealed by 1983 c.490 §3]

433.310 [Amended by 1969 c.314 §41; 1969 c.685 §17; renumbered 438.410]

433.311 [1973 c.470 §3; repealed by 1983 c.490 §3]

433.312 Determining dosage; rules; notice to practitioners. (1) The Oregon Health Authority, in consultation with the Oregon Pediatric Society, shall establish by rule the appropriate dosage of vitamin K to be

administered pursuant to ORS 433.306 and the most effective procedures for administering vitamin K.

(2) The authority, in cooperation with the licensing boards established in ORS chapters 677, 684 and 685, shall notify the licensing boards' licensees of rules established under this section. The authority also shall notify any association of midwives. [1983 c.585 §3; 2009 c.595 §658; 2017 c.162 §2]

433.313 [1973 c.470 §4; repealed by 1983 c.490 §3]

433.314 Educational program. The Oregon Health Authority shall institute and carry on an educational program among physicians licensed under ORS 677.100 to 677.228, naturopathic physicians, chiropractors, midwives, potential parents and the public concerning the need for newborn infants to receive vitamin K within 24 hours after birth. [1983 c.585 §4; 2009 c.595 §659; 2017 c.409 §15]

433.315 [Repealed by 1969 c.685 §23]

433.318 Newborn pulse oximetry screening; rules. (1) As used in this section, "birthing facility" means a health care facility, as defined in ORS 442.015, that provides services related to the delivery of newborns.

(2) The Oregon Health Authority shall adopt rules requiring birthing facilities located in this state to perform a pulse oximetry screening on each newborn delivered at the birthing facility before discharging the newborn. [2013 c.334 §1]

Note: 433.318 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.320 [Repealed by 1969 c.685 §23]

433.321 Hearing and cytomegalovirus screening tests for newborns; disclosure of information; exemption; effect of inability to pay; rules. (1) In all Oregon hospitals and birthing centers where more than 200 live births occur per year, each newborn child must receive a newborn hearing screening test. A hospital or birthing center shall attempt to conduct the test required under this subsection prior to the discharge of the newborn child from the facility.

(2) All Oregon hospitals and birthing centers where fewer than 200 live births occur per year shall provide the parent or guardian of a newborn child with the appropriate information furnished by the Oregon Health Authority concerning the importance of newborn hearing screening tests.

(3) All Oregon hospitals and birthing centers conducting newborn hearing screening tests, within 10 days of conducting a newborn hearing screening test, shall:

- (a) Notify the parent or guardian and the health care provider of the newborn child of the test results;
- (b) Provide the parent or guardian with names and contact information for diagnostic facilities that conduct newborn hearing screening tests in the community and with materials developed pursuant to ORS 433.298; and
- (c) Report to the authority the results of the test for the newborn child and information identifying the newborn child.

(4) A diagnostic facility conducting newborn hearing screening tests, within 10 days of conducting a newborn hearing screening test, shall report to the authority the results of the test for the newborn child and information identifying the newborn child. If a diagnostic facility conducting newborn hearing screening tests detects hearing loss in a newborn child, the diagnostic facility shall provide to the parent or guardian materials developed pursuant to ORS 433.298.

(5) Each public and private educational institution that provides early intervention services as defined in ORS 343.035 shall disclose to the authority information identifying the children referred to the educational institution with diagnosed hearing loss and the enrollment status of the children. The institution may disclose to the authority additional information regarding children with hearing loss who are receiving early intervention services if the educational institution has obtained consent to disclose the information.

(6) The authority shall, on an annual basis, provide to all Oregon hospitals and birthing centers the following information:

- (a) A description of the responsibilities created by this section;

- (b) A list of appropriate screening devices and descriptions of training protocols to ensure that staff members are adequately trained in the use of hearing screening equipment;
 - (c) A list of diagnostic facilities that conduct newborn hearing screening tests;
 - (d) Using evidence-based best practice standards, a recommended schedule for conducting newborn hearing screening tests;
 - (e) An expanded targeted screening protocol to identify newborns that should receive testing for cytomegalovirus within 14 days of birth and prior to discharge from the hospital or birthing center;
 - (f) A recommended protocol for infant and early childhood diagnostic testing and care following a positive screening result for cytomegalovirus;
 - (g) A list of public and private educational institutions that provide early intervention services and a description of the geographic area served by each institution; and
 - (h) Other information related to newborn hearing screening tests or cytomegalovirus that the authority deems appropriate.
- (7)(a) If a newborn has a positive screening result for cytomegalovirus, the hospital or birthing center shall notify the parent or guardian and the health care provider of the newborn.
- (b) A health benefit plan, as defined in ORS 743B.005, shall provide payment, coverage or reimbursement for the cost of cytomegalovirus testing conducted in accordance with the expanded targeted screening protocol adopted by the authority under this section.
- (c) The authority shall adopt rules to establish the expanded targeted screening protocol for cytomegalovirus described in this section based on symptoms that could be attributed to cytomegalovirus, using evidence-based best practices and standards.
- (8)(a) Except as provided in paragraph (b) or (c) of this subsection, all hospitals and birthing centers shall comply with the screening protocol established by the department under subsection (7) of this section.
- (b) A hospital or birthing center is exempt from conducting newborn screening for cytomegalovirus under this section if the parent or guardian of the newborn objects to the testing in writing.
- (c) A hospital or birthing center in a health maintenance organization, as defined in ORS 750.005, shall conduct newborn screening for cytomegalovirus under this section within 14 days of birth.
- (9) A hospital or birthing center described in subsection (1) of this section is exempt from providing newborn hearing screening tests if the parent or guardian of the newborn child objects to the testing procedure on the grounds that the procedure conflicts with the religious tenets and practices of the parent or guardian. The parent or guardian must sign a statement that the newborn child is being reared in accordance with those religious tenets and practices.
- (10) A newborn child may not be refused the procedure described in subsection (1) of this section because of an inability of the parent or guardian to pay for the procedure. [1999 c.958 §1; 2003 c.240 §1; 2009 c.595 §660; 2017 c.426 §1; 2025 c.488 §1]

Note: The amendments to 433.321 by section 2, chapter 488, Oregon Laws 2025, become operative on the date the Oregon Health Authority adds cytomegalovirus to the newborn bloodspot screening panel. See section 3, chapter 488, Oregon Laws 2025. The text that is operative on and after the date the Oregon Health Authority adds cytomegalovirus to the newborn bloodspot screening panel is set forth for the user's convenience.

433.321. (1) In all Oregon hospitals and birthing centers where more than 200 live births occur per year, each newborn child must receive a newborn hearing screening test. A hospital or birthing center shall attempt to conduct the test required under this subsection prior to the discharge of the newborn child from the facility.

(2) All Oregon hospitals and birthing centers where fewer than 200 live births occur per year shall provide the parent or guardian of a newborn child with the appropriate information furnished by the Oregon Health Authority concerning the importance of newborn hearing screening tests.

(3) All Oregon hospitals and birthing centers conducting newborn hearing screening tests, within 10 days of conducting a newborn hearing screening test, shall:

- (a) Notify the parent or guardian and the health care provider of the newborn child of the test results;
- (b) Provide the parent or guardian with names and contact information for diagnostic facilities that conduct newborn hearing screening tests in the community and with materials developed pursuant to ORS 433.298; and
- (c) Report to the authority the results of the test for the newborn child and information identifying the newborn child.

(4) A diagnostic facility conducting newborn hearing screening tests, within 10 days of conducting a newborn hearing screening test, shall report to the authority the results of the test for the newborn child and information identifying the newborn child. If a diagnostic facility conducting newborn hearing screening tests detects hearing loss in a newborn child, the diagnostic facility shall provide to the parent or guardian materials developed pursuant to ORS 433.298.

(5) Each public and private educational institution that provides early intervention services as defined in ORS 343.035 shall disclose to the authority information identifying the children referred to the educational institution with diagnosed hearing loss and the enrollment status of the children. The institution may disclose to the authority additional information regarding children with hearing loss who are receiving early intervention services if the educational institution has obtained consent to disclose the information.

(6) The authority shall, on an annual basis, provide to all Oregon hospitals and birthing centers the following information:

- (a) A description of the responsibilities created by this section;
 - (b) A list of appropriate screening devices and descriptions of training protocols to ensure that staff members are adequately trained in the use of hearing screening equipment;
 - (c) A list of diagnostic facilities that conduct newborn hearing screening tests;
 - (d) Using evidence-based best practice standards, a recommended schedule for conducting newborn hearing screening tests;
 - (e) A recommended protocol for infant and early childhood diagnostic testing and care following a positive screening result for cytomegalovirus;
 - (f) A list of public and private educational institutions that provide early intervention services and a description of the geographic area served by each institution; and
 - (g) Other information related to newborn hearing screening tests or cytomegalovirus that the authority deems appropriate.
- (7) A hospital or birthing center described in subsection (1) of this section is exempt from providing newborn hearing screening tests if the parent or guardian of the newborn child objects to the testing procedure on the grounds that the procedure conflicts with the religious tenets and practices of the parent or guardian. The parent or guardian must sign a statement that the newborn child is being reared in accordance with those religious tenets and practices.
- (8) A newborn child may not be refused the procedure described in subsection (1) of this section because of an inability of the parent or guardian to pay for the procedure.

Note: 433.321 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.323 Newborn hearing screening test registry and tracking and recall system; rules. (1) As used in this section:

(a) “Newborn hearing screening test registry” means a listing of newborn children and information related to their newborn hearing screening tests.

(b) “Tracking and recall system” means a system attached to the newborn hearing screening test registry designed to contact the parent or guardian of a newborn child listed in the newborn hearing screening test registry for the purposes of assisting in testing and in enrollment of the newborn child in early intervention services in a timely manner.

(2) The Oregon Health Authority shall implement a newborn hearing screening test registry and tracking and recall system. The registry and system shall include, but are not limited to, the following:

(a) Information on the results of newborn hearing screening tests performed at Oregon hospitals, birthing centers and diagnostic facilities.

(b) Notification of the parent or guardian and the health care provider of a newborn child and of the local public health authority, as defined in ORS 431.003, of the county in which the parent or guardian resides when the system indicates that a newborn child has not received a newborn hearing screening test, has been referred to a diagnostic facility for a diagnostic evaluation but has not received the evaluation or has been diagnosed with hearing loss but has not been enrolled in an educational institution providing early intervention services.

(3) The Oregon Health Authority shall adopt rules:

(a) Implementing this section and ORS 433.321;
(b) Ensuring the privacy of individuals about whom information is collected pursuant to this section and ORS 433.321; and

(c) Specifying the forms to be used by hospitals, birthing centers, diagnostic facilities and educational institutions to provide the information required under this section and ORS 433.321.

(4) The authority shall analyze the information collected under this section to determine the efficacy of this section and ORS 433.321 in identifying hearing loss in the newborn child population and enrolling newborn children in early intervention services.

(5) The authority shall issue an annual report detailing the results of newborn hearing screening tests, diagnostic evaluations and participation in early intervention services.

(6) The authority shall implement the newborn hearing screening test registry within existing resources. The authority may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, and agree to conditions not inconsistent with the purposes of the registry. [1999 c.958 §2; 2003 c.240 §2; 2009 c.595 §661; 2015 c.736 §81]

Note: 433.323 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.325 [Amended by 1969 c.685 §19; renumbered 438.420]

433.326 Waiver of requirement of authorization to disclose information. The purpose of ORS 433.321, 433.323 and 433.327 and section 4, chapter 240, Oregon Laws 2003, is to waive the requirement of authorization to disclose information from, or provide information to, the record of a newborn child in the newborn hearing screening test registry and to waive confidentiality in regard to this information. The waiver allows providers, the Oregon Health Authority and local health departments and their agents, parents or guardians and diagnostic facilities to share information from the newborn hearing screening test registry without violating confidentiality. The newborn hearing screening test registry and the associated tracking and recall system are designed to increase early and appropriate intervention to minimize delays in developing language skills by the children of this state. [2003 c.240 §5; 2009 c.595 §662]

Note: 433.326 and 433.327 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.327 Limitation on liability for good faith disclosure. A person may not maintain an action for damages against an Oregon hospital, birthing center, diagnostic facility or educational institution offering early intervention services as defined in ORS 343.035 or their employees for disclosures of information made in good faith in accordance with ORS 433.321 and 433.323. [2003 c.240 §3]

Note: See note under 433.326.

TUBERCULOSIS

433.329 Reporting known cases; records maintained. Any representative of a religious denomination, householder, nurse, parent, guardian or other person attending to, or in any way having knowledge of the existence of a case of pulmonary tuberculosis, including the affected person, must immediately report the fact to the Oregon Health Authority. The names and addresses of all persons reported as having pulmonary tuberculosis shall be recorded with the authority. [Formerly 437.010]

Note: 433.329 and 433.332 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.330 [Repealed by 1969 c.685 §23]

433.332 Investigation and control of reported cases; rules. The Oregon Health Authority shall, upon receiving a report that any person has tuberculosis, make such investigation of the case as is necessary to determine whether or not the person reported has communicable tuberculosis. Upon finding that any person has communicable tuberculosis, the authority shall exercise such control over the affected person and contacts with other persons as may be necessary for the protection of the public health, pursuant to its rules and regulations. In exercising such control over any person who has communicable tuberculosis the authority may make such rules or orders governing such person's conduct as are necessary to prevent the spread of the disease. [Formerly 437.030]

Note: See note under 433.329.

433.335 [Amended by 1969 c.685 §15; renumbered 438.450]

RABIES CONTROL

433.340 Definitions for ORS 433.340 to 433.390. As used in ORS 433.340 to 433.390 unless the context requires otherwise:

(1) "Animal" means a dog or other animal of a species susceptible to rabies.

(2) "Owner" means any person having a right of property in an animal or who harbors an animal or who has it in the care of the person, or acts as its custodian, or who knowingly permits an animal to remain on or about any premises occupied by the person. "Owner" does not include veterinarians or kennel operators temporarily maintaining on their premises animals owned by other persons for a period of not more than 30 days. [1971 c.413 §1]

433.345 Report of animal bites; rules; handling and disposition of animals. (1) If an animal bites a person and the bite causes a break in the skin, or if an animal is suspected of rabies or has been in close contact with an animal suspected of rabies, the facts shall be immediately reported to the local health officer by any person having direct knowledge.

(2) The Oregon Health Authority, in consultation with the State Department of Agriculture, shall promulgate rules relating to the handling and disposition of animals that have bitten a person or are suspected of rabies or that have been in close contact with an animal suspected of rabies. Such rules may include requirements for confinement, isolation and inoculation. Owners or persons in possession of animals subject to such rules, shall handle or dispose or allow the handling or disposal of such animals strictly in accordance with such rules. [1971 c.413 §2; 1977 c.189 §4; 2001 c.636 §2; 2009 c.595 §663]

433.350 Power of Oregon Health Authority to take possession and order destruction of animal. When confinement and observation of an animal for purposes of determining infection with rabies will not avoid the necessity of the application of painful or possibly dangerous preventative treatment to a person who has been bitten or scratched by such animal, the Director of the Oregon Health Authority may order possession of the animal to be immediately relinquished to the director or to the authorized representative of the director and may order the animal destroyed for examination of its bodily tissues. [1971 c.413 §3; 2009 c.595 §664]

433.355 Procedure to force compliance with ORS 433.350. (1) In the event of the refusal of the owner or person in possession of an animal to comply with an order of the Director of the Oregon Health Authority under ORS 433.350, the director or the authorized representative of the director may petition the circuit court of the county in which such animal is located for an order requiring such owner or person to comply with such order.

(2) The petition shall be verified and shall set forth the facts relative to the refusal to comply with the order. A copy of the petition shall be served upon the owner or person in possession of the animal in the manner provided for service of summons in civil actions. Such owner or person in possession shall appear and answer the petition at a time and place set by the court in an order, a copy of which shall be served with the petition, directing the defendant to appear at such time and place, and to then and there show cause, if any, why an order directing compliance with the order of the director should not be granted. The time set by the court for the hearing to show

cause shall be made with due regard for the circumstances of the person or persons who have been subjected to the bite or scratch of the animal and whose health or life may be in jeopardy.

(3) If the owner or person in possession fails to appear or the court either with or without such appearance finds the allegations of the petition are true and the order of the director is necessary under ORS 433.350, the court shall enter its order requiring the owner or person in possession of such animal to comply with the order of the director.

(4) The sheriff of the county in which the animal is located shall execute such order by serving upon the owner or person in possession a copy thereof duly certified to by the clerk of the circuit court and by enforcing the provisions thereof. [1971 c.413 §4; 2009 c.595 §665]

433.360 Report of rabies cases; quarantine. (1) Whenever a case of animal rabies occurs, the fact shall be reported to the Director of the Oregon Health Authority and to the State Department of Agriculture immediately.

(2) The department, in consultation with the Oregon Health Authority, shall establish a quarantine pursuant to ORS chapter 596 if the department and the authority find that a quarantine is necessary.

(3) The department and the authority may contract with counties for the purpose of carrying out the provisions of ORS 433.350, 433.355 and subsection (2) of this section. [1971 c.413 §5; 1975 c.750 §1; 1977 c.189 §5; 2009 c.595 §666]

433.365 Inoculation against rabies; rules; exception; costs. (1) A dog that has permanent canine teeth or that is six months of age or older must be inoculated against rabies, unless specifically exempted by rule of the Oregon Health Authority or the State Department of Agriculture.

(2) Unless pursuant to conditions specified in ORS 430.357, any rules of the department or the authority with respect to inoculation shall:

(a) Not apply to animals brought temporarily into the state for periods of less than 30 days but may require that the animals be kept under strict supervision by the owners of the animals.

(b) Not apply to dogs or to any other animal specifically exempted from the inoculation requirement by rule of the department or the authority.

(3) The costs of all such required inoculations shall be borne by the owners of the animal. [1971 c.413 §7; 1975 c.750 §2; 2001 c.636 §3; 2009 c.595 §667]

433.367 Oregon Health Authority to establish vaccination clinics; payment of costs by dog owners. The Oregon Health Authority shall be responsible for development and coordination of vaccination clinics at sufficient and reasonable times at various locations throughout the state for the inoculation of dogs against rabies. Costs of vaccination shall be borne by the dog owner. [1977 c.189 §2; 2009 c.595 §668]

433.370 Inoculation certificate. Every veterinarian inoculating an animal against rabies shall supply to the owner evidence of inoculation which shall consist of a certificate issued and signed by the veterinarian. The form of the certificate shall be prescribed by the Oregon Health Authority. [1971 c.413 §8; 1975 c.750 §3; 1977 c.189 §6; 1985 c.793 §1; 2009 c.595 §669]

433.375 Filing of inoculation certificate; certificate required for license; issuance of tag. (1) The owner of the animal shall present by mail or otherwise the inoculation certificate, together with the fee fixed pursuant to ORS 433.380, if any, to the clerk of the county in which the owner resides.

(2) The county shall upon receipt of the fee and presentation of the certificate issue to the owner a serial-numbered tag, legibly identifying its expiration date as such date is determined in accordance with rules of the Oregon Health Authority relating to intervals of inoculation. The tag shall be designed for and shall be attached to a collar or harness that must be worn by the dog for which the tag and certificate are issued at all times when off or outside the premises of the owner. Whenever an original tag is lost, mutilated or destroyed, upon application and payment of the fee prescribed under ORS 433.380, if any, a replacement tag, to be dated, designed and worn as the original, shall be issued.

(3) No official of any county shall issue a license for a dog until the official has been shown a proper certification, or its equivalent, of a rabies inoculation.

(4) If the county files the certificate upon which a tag is issued, it shall be cross-referenced to the tag number. If the certificate is not filed, the county shall keep an appropriate record of the expiration date and number, if

any, of the certificate cross-referenced to the tag number. Notwithstanding ORS 205.320 (1)(a), a fee is not required for filing the certificate.

(5) Unexpired tags shall be honored in all counties when the animal is in transit or where the owner has established a new residence.

(6) The provisions of this section apply to a city, rather than a county, in a city that has a dog licensing program. [1971 c.413 §9; 1975 c.750 §4; 1977 c.189 §6a; 1985 c.793 §2; 1991 c.230 §34; 2009 c.595 §670; 2015 c.27 §47]

433.377 Issuance of license as verification of inoculation; issuance of tag not required. Notwithstanding ORS 433.375 or any other provision of law, a county or city may consider issuance of a license for a dog as verification of there being a certificate of inoculation on file and need not issue a tag pursuant to ORS 433.375 (2). [1977 c.189 §3]

433.379 Disposal of inoculation certificates. Notwithstanding ORS 192.001 to 192.170, the county or city may dispose of certificates of inoculation upon their expiration date. [1977 c.189 §12]

433.380 Tag fee; status of fee. A fee for the tag and replacement tag may be fixed in each county by the governing body of the county in such amount as it finds necessary to enable the county to carry out the provisions of ORS 433.365, 433.370 and 433.380 to 433.390 and the regulations promulgated hereunder and shall not be considered a license or tax within the meaning of ORS 609.100. [1971 c.413 §10]

433.385 Impoundment of animals; notice to owner; redeeming animal; disposition of animals. (1) Any animal in violation of ORS 433.365 shall be apprehended and impounded.

(2) All animals apprehended and impounded under this section shall be held in adequate and sanitary pounds to be established or contracted for in each county by the governing body of the county. All animals so impounded shall be given proper care and maintenance.

(3) When an animal is apprehended and impounded, the owner, if known, shall be given notice of not less than five days from the date of such impounding before the animal is destroyed or otherwise disposed of. An owner appearing to redeem the animal may do so if the provisions of ORS 433.365 are complied with and if the owner pays the expense of keeping the animal during the time it was impounded and in addition thereto, the sum established by the county governing body. If the animal is subject to any other impounding law the requirements for release under that law shall also be met except that the expense of keeping the animal shall be payable only once for the period of impoundment. If the owner does not appear to redeem the animal after the notice provided for herein, or otherwise, after five days, or if the owner is not known, after three days, the governing body of the county may provide for animals impounded to be released to any other person upon the conditions outlined in this subsection or otherwise disposed of in a humane manner.

(4) If the owner desires to redeem an animal impounded pursuant to this section or the animal is to be released to any other person as provided in subsection (3) of this section, the person shall post a \$20 deposit with the county and obtain possession of the animal for the purpose of complying with ORS 433.365. The county shall refund the deposit to a person who, on or before the eighth day after obtaining possession of the animal, demonstrates proof of rabies inoculation or exemption from the inoculation requirement and, if applicable, proof of purchase of a license as required under ORS 609.100. Failure to demonstrate proof of rabies inoculation or exemption and proof of licensing within the prescribed time shall forfeit the deposit to the county.

(5) The governing body of the county shall designate persons responsible for the enforcement of this section. [1971 c.413 §11; 1977 c.189 §7; 2001 c.636 §4]

433.390 County dog control fund; sources and uses. (1) All moneys received by a county under ORS 433.340 to 433.390 and 433.990 (6) shall be paid to the county dog control fund.

(2) The governing body of the county may, in the event of a rabies outbreak within the county, use such portion of the dog control fund as it deems necessary to purchase rabies vaccine for administration to animals under the direction of the state and local health officers. [1971 c.413 §12; 1977 c.189 §8; 1987 c.158 §78; 1987 c.905 §22; 2001 c.104 §156; 2007 c.445 §31]

433.405 [Amended by 1973 c.779 §4; 1979 c.828 §5; repealed by 1981 c.198 §2]

PROCEDURE WHERE WORKERS EXPOSED TO INFECTIOUS DISEASE

433.407 Definitions for ORS 433.407 to 433.423. As used in ORS 433.407 to 433.423 unless the context requires otherwise:

- (1) “Authority” means the Oregon Health Authority.
- (2) “Health care facility” means a facility as defined in ORS 442.015 and a mental health facility, alcohol treatment facility or drug treatment facility licensed or operated under ORS chapter 426 or 430.
- (3) “Worker” means a person who is licensed or certified to provide health care under ORS chapter 677, 678, 679, 680, 684 or 685 or ORS 682.216, an employee of a health care facility, of a licensed health care provider or of a clinical laboratory as defined in ORS 438.010, a firefighter, a law enforcement officer as defined in ORS 414.805, a corrections officer or a parole and probation officer. [1989 c.949 §2; 1993 c.196 §8; 2005 c.264 §24; 2009 c.595 §671; 2011 c.720 §195]

Note: 433.407 to 433.423 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.410 [Amended by 1973 c.779 §5; repealed by 1981 c.198 §2]

433.411 Legislative finding. The Legislative Assembly finds that by reason of and in the course of their employment, health care workers and emergency response employees, are subject to exposure to infectious diseases, that this exposure is not fully preventable due to the nature of their duties and that health care workers should be informed of exposure to infectious diseases as soon as is practicable to initiate appropriate medical care and to prevent exposing other persons to infectious diseases. [1989 c.949 §1]

Note: See note under 433.407.

433.415 [Amended by 1973 c.779 §6; 1979 c.590 §1; 1979 c.828 §6; repealed by 1981 c.198 §2]

433.416 When employer to provide preventive immunization. (1) An employer of a health care worker at risk of contracting an infectious disease in the course of employment shall provide to the worker preventive immunization for infectious disease if such preventive immunization is available and is medically appropriate.

(2) Such preventive immunization shall be provided by the employer at no cost to the worker.

(3) A worker shall not be required as a condition of work to be immunized under this section, unless such immunization is otherwise required by federal or state law, rule or regulation. [1989 c.949 §3]

Note: See note under 433.407.

433.419 Notice to employer and worker of exposure. When a local health department or the Oregon Health Authority learns of a case or suspected case of an infectious disease which may have exposed a worker to risk of infection, the local health department or the authority shall make every reasonable effort to notify the worker and employer of the exposure as soon as medically appropriate given the urgency of the disease or suspected disease. Notification shall include recommendations to the worker and employer that are medically appropriate. [1989 c.949 §4; 2009 c.595 §672]

Note: See note under 433.407.

433.420 [Amended by 1973 c.779 §7; 1979 c.828 §7; repealed by 1981 c.198 §2]

433.423 Content of rules. (1) The Oregon Health Authority shall adopt rules implementing ORS 433.407 to 433.423. Such rules shall include, but need not be limited to:

- (a) The development of curriculum dealing with the exposure of workers to infectious diseases;

(b) Development and conduct of training programs for local health department personnel to prepare them to train workers about the subject of infectious diseases;

(c) Information on the manner in which infectious diseases are transmitted; and

(d) Guidelines that can assist workers and their employers in distinguishing between conditions in which such workers are or are not at risk with respect to infectious diseases.

(2) The rules adopted by the authority shall require that implementation of ORS 433.407 to 433.423 be accomplished in such a manner as to protect the confidentiality of persons with infectious diseases and workers exposed to such persons. [1989 c.949 §5; 2009 c.595 §673]

Note: See note under 433.407.

433.425 [Amended by 1973 c.779 §8; repealed by 1981 c.198 §2]

433.430 [Amended by 1973 c.779 §9; repealed by 1981 c. 198 §2]

433.435 [Amended by 1973 c.779 §10; repealed by 1981 c.198 §2]

433.440 [Repealed by 1981 c.198 §2]

PUBLIC HEALTH EMERGENCIES

433.441 Declaration of public health emergency. (1) Upon the occurrence of a public health emergency, the Governor may declare a state of public health emergency as authorized by ORS 433.441 to 433.452 to protect the public health.

(2) A declaration of a state of public health emergency must specify:

(a) The nature of the public health emergency;

(b) The political subdivision or geographic area subject to the declaration;

(c) The conditions that have brought about the public health emergency; and

(d) The duration of the state of public health emergency, if the duration is less than 14 days.

(3) During a declared public health emergency, the Governor may:

(a) Close, order the evacuation of or order the decontamination of any facility the Governor has reasonable cause to believe may endanger the public health.

(b) Regulate or restrict by any means necessary the use, sale or distribution of food, fuel, medical supplies, medicines or other goods and services.

(c) Prescribe modes of transportation, routes and destinations required for the evacuation of individuals or the provision of emergency services.

(d) Control or limit entry into, exit from, movement within and the occupancy of premises in any public area subject to or threatened by a public health emergency if such actions are reasonable and necessary to respond to the public health emergency.

(e) Authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons who are three years of age or older.

(f) Take any other action that may be necessary for the management of resources, or to protect the public during a public health emergency, including any actions authorized under ORS 401.168, 401.185, 401.188 and 401.192.

(4) Nothing in ORS 433.441 to 433.452 limits the authority of the Governor to declare a state of emergency under ORS 401.165. If a state of emergency is declared as authorized under ORS 401.165, the Governor may implement any action authorized by ORS 433.441 to 433.452.

(5) A declaration of a state of public health emergency expires when terminated by a declaration of the Governor or no more than 14 days after the date the public health emergency is declared unless the Governor expressly extends the declaration for an additional 14-day period.

(6) When real or personal property is taken under power granted by this section, the owner of the property shall be entitled to reasonable compensation from the state. [2003 c.555 §1; 2007 c.445 §23; 2013 c.332 §3; 2021 c.539 §88h]

433.442 Definitions for ORS 433.441 to 433.452. As used in ORS 433.441 to 433.452:

- (1) “Bioterrorism” means the intentional use of any microorganism, virus, infectious substance or biological product to cause death, disease or other biological harm to a human, an animal, a plant or another living organism.
- (2) “Communicable disease” has the meaning given that term in ORS 431A.005.
- (3) “Local public health authority” has the meaning given that term in ORS 431.003.
- (4) “Public health emergency” means an occurrence or imminent threat of an illness or health condition that:
 - (a) Is believed to be caused by any of the following:
 - (A) Bioterrorism;
 - (B) The appearance of a novel or previously controlled or eradicated infectious agent or biological toxin that may be highly contagious;
 - (C) An epidemic of communicable disease; or
 - (D) A natural disaster, a chemical attack or accidental chemical release or a nuclear attack or nuclear accident; and
 - (b) Poses a high probability of any of the following harms:
 - (A) A large number of deaths in the affected population;
 - (B) A large number of serious or long-term disabilities in the affected population; or
 - (C) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of persons in the affected population.
- (5) “Public health measure” has the meaning given that term in ORS 431A.005. [2007 c.445 §22; 2015 c.736 §82]

433.443 Authority of Public Health Director during public health emergency; penalties; access to and use of individually identifiable health information; rules. (1) As used in this section:

- (a) “Covered entity” means:
 - (A) The Children’s Health Insurance Program;
 - (B) A health insurer that is an insurer as defined in ORS 731.106 and that issues health insurance as defined in ORS 731.162;
 - (C) The state medical assistance program; and
 - (D) A health care provider.
- (b) “Health care provider” includes but is not limited to:
 - (A) A psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675 or an employee of the psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist;
 - (B) A physician or physician associate licensed under ORS chapter 677, an acupuncturist licensed under ORS 677.759 or an employee of the physician, physician associate or acupuncturist;
 - (C) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of the nurse or nursing home administrator;
 - (D) A dentist licensed under ORS chapter 679 or an employee of the dentist;
 - (E) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental hygienist or denturist;
 - (F) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee of the speech-language pathologist or audiologist;
 - (G) An emergency medical services provider licensed under ORS chapter 682;
 - (H) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;
 - (I) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic physician;
 - (J) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic physician;
 - (K) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage therapist;
 - (L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct entry midwife;
 - (M) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical therapist;
 - (N) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical imaging licensee;

(O) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory care practitioner;

(P) A polysomnographic technologist licensed under ORS 688.819 or an employee of the polysomnographic technologist;

(Q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

(R) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;

(S) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral service practitioner;

(T) A health care facility as defined in ORS 442.015;

(U) A home health agency as defined in ORS 443.014;

(V) A hospice program as defined in ORS 443.850;

(W) A clinical laboratory as defined in ORS 438.010;

(X) A pharmacy as defined in ORS 689.005; and

(Y) Any other person or entity that furnishes, bills for or is paid for health care in the normal course of business.

(c) "Individual" means a natural person.

(d) "Individually identifiable health information" means any oral or written health information in any form or medium that is:

(A) Created or received by a covered entity, an employer or a health care provider that is not a covered entity; and

(B) Identifiable to an individual, including demographic information that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify an individual, and that relates to:

(i) The past, present or future physical or mental health or condition of an individual;

(ii) The provision of health care to an individual; or

(iii) The past, present or future payment for the provision of health care to an individual.

(e) "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 person, or agency legally responsible for the welfare or support of a person.

(2)(a) During a public health emergency declared under ORS 433.441, the Public Health Director may, as necessary to appropriately respond to the public health emergency:

(A) Adopt reporting requirements for and provide notice of those requirements to health care providers, institutions and facilities for the purpose of obtaining information directly related to the public health emergency;

(B) After consultation with appropriate medical experts, create and require the use of diagnostic and treatment protocols to respond to the public health emergency and provide notice of those protocols to health care providers, institutions and facilities;

(C) Order, or authorize local public health administrators to order, public health measures appropriate to the public health threat presented;

(D) Authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons who are three years of age or older;

(E) Upon approval of the Governor, take other actions necessary to address the public health emergency and provide notice of those actions to health care providers, institutions and facilities, including public health actions authorized by ORS 431A.015;

(F) Take any enforcement action authorized by ORS 431A.010, including the imposition of civil penalties of up to \$500 per day against individuals, institutions or facilities that knowingly fail to comply with requirements resulting from actions taken in accordance with the powers granted to the Public Health Director under subparagraphs (A), (B) and (E) of this paragraph; and

(G) The authority granted to the Public Health Director under this section:

(i) Supersedes any authority granted to a local public health authority if the local public health authority acts in a manner inconsistent with guidelines established or rules adopted by the director under this section; and

(ii) Does not supersede the general authority granted to a local public health authority or a local public health administrator except as authorized by law or necessary to respond to a public health emergency.

(b) The authority of the Public Health Director to take administrative action, and the effectiveness of any action taken, under paragraph (a)(A), (B) and (D) to (G) of this subsection terminates upon the expiration of the

declared state of public health emergency, unless the actions are continued under other applicable law.

(3) Civil penalties under subsection (2) of this section shall be imposed in the manner provided in ORS 183.745. The Public Health Director must establish that the individual, institution or facility subject to the civil penalty had actual notice of the action taken that is the basis for the penalty. The maximum aggregate total for penalties that may be imposed against an individual, institution or facility under subsection (2) of this section is \$500 for each day of violation, regardless of the number of violations of subsection (2) of this section that occurred on each day of violation.

(4)(a) During a declared state of public health emergency, the Public Health Director and local public health administrators shall be given immediate access to individually identifiable health information necessary to:

- (A) Determine the causes of an illness related to the public health emergency;
- (B) Identify persons at risk;
- (C) Identify patterns of transmission;
- (D) Provide treatment; and
- (E) Take steps to control the disease.

(b) Individually identifiable health information accessed as provided by paragraph (a) of this subsection may not be used for conducting nonemergency epidemiologic research or to identify persons at risk for post-traumatic mental health problems, or for any other purpose except the purposes listed in paragraph (a) of this subsection.

(c) Individually identifiable health information obtained by the Public Health Director or local public health administrators under this subsection may not be disclosed without written authorization of the identified individual except:

(A) Directly to the individual who is the subject of the information or to the legal representative of that individual;

(B) To state, local or federal agencies authorized to receive such information by state or federal law;

(C) To identify or to determine the cause or manner of death of a deceased individual; or

(D) Directly to a health care provider for the evaluation or treatment of a condition that is the subject of a declaration of a state of public health emergency issued under ORS 433.441.

(d) Upon expiration of the state of public health emergency, the Public Health Director or local public health administrators may not use or disclose any individually identifiable health information that has been obtained under this section. If a state of emergency that is related to the state of public health emergency has been declared under ORS 401.165, the Public Health Director and local public health administrators may continue to use any individually identifiable information obtained as provided under this section until termination of the state of emergency.

(5) All civil penalties recovered under this section shall be paid into the State Treasury and credited to the General Fund and are available for general governmental expenses.

(6) The Public Health Director may request assistance in enforcing orders issued pursuant to this section from state or local law enforcement authorities. If so requested by the Public Health Director, state and local law enforcement authorities, to the extent resources are available, shall assist in enforcing orders issued pursuant to this section.

(7) If the Oregon Health Authority adopts temporary rules to implement the provisions of this section, the rules adopted are not subject to the provisions of ORS 183.335 (6)(a). The authority may amend temporary rules adopted pursuant to this subsection as often as necessary to respond to the public health emergency. [2003 c.555 §§2,3; 2007 c.445 §24; 2009 c.442 §40; 2009 c.595 §674; 2009 c.833 §34; 2011 c.703 §39; 2011 c.715 §18; 2013 c.129 §28; 2013 c.332 §4; 2013 c.681 §52; 2017 c.206 §14; 2024 c.73 §81]

433.444 Authority of Public Health Director during disease outbreak. During a disease outbreak, as defined in ORS 431A.005, the Public Health Director may authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons who are three years of age or older for a specified period of time if the Public Health Director determines that such authorization is necessary to protect the public's health. [2013 c.332 §2]

Note: 433.444 was added to and made a part of 433.110 to 433.770 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

433.445 [Amended by 1973 c.779 §11; repealed by 1981 c.198 §2]

433.446 Authority of Governor during state of public health emergency. The Governor may seek assistance under the Emergency Management Assistance Compact during a state of public health emergency to obtain additional resources for providing services directly related to mitigation of the crisis. [2003 c.555 §4; 2007 c.445 §25]

433.448 Use of immunization registry and tracking and recall system during state of public health emergency. (1)(a) During a state of public health emergency declared under ORS 433.441 or during a state of emergency declared under ORS 401.165 that is related to a state of public health emergency that has not expired, the immunization registry and tracking and recall system established under ORS 433.094 may be used as a vaccination management and tracking system for the purpose of preventing the spread of diseases that can be prevented by vaccination or for tracking the mass administration of antibiotic prophylaxis.

(b) When being used as authorized by this section, an immunization registry may include persons of any age, and vaccination records may be shared with authorized users of the registry for purposes related to the declared state of public health emergency without obtaining the prior authorization of the clients of the registry.

(2) As used in this section, “client” and “immunization registry” have the meaning given those terms in ORS 433.090. [2003 c.555 §5; 2007 c.445 §26; 2021 c.539 §85]

433.449 Disposal of human remains during state of public health emergency. (1) As used in this section:

(a) “Contaminated material” means wastes or other materials exposed to or tainted by chemical, radiological, or biological substances or agents.

(b) “Transmissible agent” means a biological substance capable of causing disease or infection through individual to individual transmission, animal to individual transmission, or other modes of transmission.

(2) Notwithstanding any provision in ORS chapter 97 or 692, during a state of public health emergency, the Public Health Director may:

(a) Prescribe measures to provide for the safe disposal of human remains as may be reasonable and necessary to respond to the public health emergency. Measures adopted under this subsection may include the embalming, burial, cremation, interment, disinterment, transportation and disposal of human remains.

(b) Require any person in charge of disposing of human remains to clearly label the human remains of a deceased person with a communicable disease or transmissible agent with an external, clearly visible tag indicating that the human remains are infected or contaminated and, if known, the communicable disease or transmissible agent or contaminated materials present in the remains.

(c) After a medical examiner has certified the cause and manner of death, order a person in charge of disposing of human remains to dispose of the human remains of a person who has died of a communicable disease or transmissible agent through burial or cremation within a specified time period. To the extent practicable, religious, cultural, family and individual beliefs of the deceased person or the person’s family shall be considered when disposing of any human remains.

(3) The Public Health Director must consult and coordinate with the Chief Medical Examiner when exercising authority under this section. Nothing in this section is intended to override authority granted to the Chief Medical Examiner or district medical examiner under ORS 146.003 to 146.189 and 146.710 to 146.992. [2007 c.445 §28; 2017 c.151 §27]

433.450 [Amended by 1973 c.779 §12; repealed by 1981 c.198 §2]

433.452 Detaining persons exposed to reportable condition or condition that is basis for state of public health emergency. (1) If the Public Health Director or the local public health administrator reasonably believes a person within the jurisdiction of the director or the administrator may have been exposed to a communicable disease identified by rule of the Oregon Health Authority to be a reportable disease or condition or a condition that is the basis for a state of public health emergency declared by the Governor as authorized by ORS 433.441, the person may be detained for as long as reasonably necessary for the director or administrator to convey information to the person regarding the communicable disease or condition and to obtain contact information, including but not limited to the person’s residence and employment addresses, date of birth, telephone numbers and any other contact information required by the director or administrator.

(2) If a person detained under subsection (1) of this section refuses to provide the information requested, the director or administrator may impose a public health measure appropriate to the public health threat presented pursuant to ORS 433.035, 433.121 and 433.123. [2003 c.555 §11; 2007 c.445 §27; 2009 c.595 §675]

433.455 [Amended by 1973 c.779 §13; repealed by 1981 c.198 §2]

433.460 [Amended by 1973 c.779 §14; repealed by 1981 c.198 §2]

433.465 [Amended by 1973 c.779 §15; repealed by 1981 c.198 §2]

433.466 Right to legal counsel by persons subject to public health measure. (1) A person or group of persons subject to isolation or quarantine or other public health measure pursuant to ORS 433.121 or 433.123 has the right to be represented by legal counsel if the person or group of persons so elects. If the person or group of persons requests legal counsel and cannot afford counsel, the court shall appoint legal counsel. If no request for legal counsel is made, the court must appoint legal counsel unless counsel is expressly, knowingly and intelligently refused by the person or the group of persons. The person or the group of persons may request legal counsel at any time during the period of imposition of the isolation, quarantine or other public health measure.

(2) If a person is unable to afford legal counsel, the executive director of the Oregon Public Defense Commission shall determine and pay, as provided in ORS 135.055, the reasonable expenses of the person and compensation for legal counsel appointed to represent the person. [2007 c.445 §11; 2023 c.281 §75]

433.470 [Amended by 1973 c.779 §16; repealed by 1981 c.198 §2]

433.475 [Amended by 1979 c.590 §2; 1979 c.828 §8; repealed by 1981 c.198 §2]

433.480 [Repealed by 1981 c.198 §2]

433.485 [Repealed by 1981 c.198 §2]

433.490 [Amended by 1973 c.779 §17; repealed by 1981 c.198 §2]

433.495 [Amended by 1967 c.187 §1; 1973 c.779 §18; repealed by 1981 c.198 §2]

433.500 [Amended by 1967 c.187 §2; 1973 c.779 §19; repealed by 1981 c.198 §2]

INDOOR AIR POLLUTION

433.502 Definitions. As used in ORS 433.502 to 433.526, 455.445 and 468A.775 to 468A.785:

(1) “Office workplace” means any enclosed nonmanufacturing indoor area, located in a building of more than 4,000 square feet, and in which 50 or more employees, as defined in ORS 654.005 spend any part of their working hours.

(2) “Public area” means any enclosed indoor area open to and frequented by the public and where, during a representative 24-hour period the number of public occupants exceeds the number of employees, except private residences. “Public area” includes a health care facility as defined in ORS 442.015.

(3) “Remodeling” means any change, addition or modification in the ventilation system for which a building permit is or was required.

(4) “Significant indoor air pollutant” means any solid, liquid, semisolid, dissolved solid, biological organism, aerosol or gaseous material, including combinations or mixtures of substances, which has an adverse effect on human health and has been designated by the state for regulation under ORS 433.502 to 433.526, 455.445 and 468A.775 to 468A.785. [1989 c.1070 §1]

Note: 433.502 to 433.526 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 433 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

433.505 [Repealed by 1981 c.198 §2]

433.507 Legislative findings. The Legislative Assembly finds and declares:

(1) Scientific studies reveal that indoor concentrations of some pollutants are frequently higher than outdoor concentrations of those pollutants and that indoor pollutant concentrations can exceed health-based standards.

(2) On the average, people spend at least 90 percent of their time indoors, and, as a result, the population has a significant potential for exposure to indoor air pollutants.

(3) Indoor air pollution poses one of the most serious environmental threats to public health, including cancer, respiratory illness, multiple chemical sensitivities, skin and eye irritation and related effects, and is estimated to cause significant increases in medical costs and claims, and declines in work productivity. Indoor air pollution also has been linked significantly to improperly maintained ventilation systems that increase consumption of energy.

(4) Existing state environmental and occupational health programs do not adequately protect the public from exposure to indoor air pollution that may occur in public areas or office workplaces.

(5) It is in the public interest to reduce exposure to indoor air pollution by developing a comprehensive program to investigate and remedy indoor air pollution and to educate the public. [1989 c.1070 §2]

Note: See note under 433.502.

433.510 [Amended by 1973 c.779 §20; repealed by 1981 c.198 §2]

433.511 Public information program. Subject to available funds, the Oregon Health Authority may establish a broad public information program to educate the public on indoor air pollutants, their identities, causes and effects, and on effective practical methods for preventing, detecting and correcting the causes of indoor air pollution. [1989 c.1070 §3; 2009 c.595 §676]

Note: See note under 433.502.

433.515 [Repealed by 1973 c.779 §21 (433.516 enacted in lieu of 433.515)]

433.516 [1973 c.779 §22 (enacted in lieu of 433.515); 1979 c.828 §9; repealed by 1981 c.198 §2]

433.517 Field investigations and epidemiological studies. Subject to available funds, the Oregon Health Authority may conduct field investigations and epidemiological studies to quantify the extent of indoor air pollution levels and public exposure in Oregon. Field investigations shall be conducted in a manner that does not compete with the business of private contractors. Epidemiological studies may be conducted to look for the causes of illness and collect and analyze data to identify trends and health impacts, especially where national information on significant potential problems is lacking. [1989 c.1070 §4; 2009 c.595 §677]

Note: See note under 433.502.

433.520 [Amended by 1973 c.779 §23; repealed by 1981 c.198 §2]

433.521 Indoor air quality standards. (1) Based upon the recommendations of the Indoor Air Pollution Task Force, the Oregon Health Authority may establish indoor air quality standards for significant indoor air pollutants. If established, the standards:

(a) Shall include an adequate margin of safety;

(b) Shall be adequate to protect the population, including sensitive groups; and

(c) May be revised as appropriate.

(2) If established, indoor air quality standards shall be at least for the following significant indoor air pollutants:

(a) Particulate matter;

(b) Aldehydes;

(c) Radon;

(d) Carbon monoxide;

- (e) Carbon dioxide;
- (f) Ozone; and
- (g) Water vapor.

(3) In developing the indoor air quality standards, the authority shall consult with the Department of Environmental Quality, the Department of Consumer and Business Services and the Indoor Air Pollution Task Force.

(4) The standards established by the authority shall not take effect before July 1, 1991. The authority shall seek voluntary compliance with the standards. [1989 c.1070 §5; 1993 c.744 §227; 2009 c.595 §678]

Note: See note under 433.502.

433.525 [Repealed by 1981 c.198 §2]

433.526 Public recognition program for compliance; rules. (1) The Oregon Health Authority may establish by rule a public recognition program for office workplaces, buildings and public areas that consistently meet the indoor air quality requirements of ORS 433.502 to 433.526, 455.445 and 468A.775 to 468A.785. Any workplace, building or public area that qualifies for such recognition may display a notice indicating that the building exceeds the requirements of Oregon's indoor clean air statutes.

(2) To qualify for recognition under this section, an office workplace, building or public area shall:

- (a) Comply with all applicable provisions of ORS 433.835 to 433.875;
- (b) Demonstrate a consistent pattern of compliance in meeting all indoor air quality standards and other requirements of ORS 433.502 to 433.526, 455.445 and 468A.775 to 468A.785; and
- (c) Demonstrate to the satisfaction of the authority that all technically and economically practicable steps have been taken to minimize significant sources of indoor air pollution.

(3) The authority by rule may establish a fee to be submitted by the owner or responsible party of a building, workplace or public area who requests certification under this section. The fee shall be an amount sufficient to pay the authority's costs in carrying out the provisions of this section. [1989 c.1070 §8; 2009 c.595 §679]

Note: See note under 433.502.

433.530 [Amended by 1973 c.779 §24; repealed by 1981 c.198 §2]

433.535 [Amended by 1973 c.779 §25; repealed by 1981 c.198 §2]

433.540 [Amended by 1973 c.779 §26; repealed by 1981 c.198 §2]

433.545 [Amended by 1973 c.779 §27; repealed by 1981 c.198 §2]

433.550 [Amended by 1973 c.779 §28; repealed by 1981 c.198 §2]

433.555 [Amended by 1973 c.779 §29; repealed by 1981 c.198 §2]

433.560 [Repealed by 1963 c.574 §1 (433.561 enacted in lieu of 433.560)]

433.561 [1963 c.574 §2 (enacted in lieu of 433.560); 1973 c.779 §30; repealed by 1981 c.198 §2]

433.565 [Repealed by 1963 c.574 §3 (433.566 enacted in lieu of 433.565)]

433.566 [1963 c.574 §4 (enacted in lieu of 433.565); 1973 c.779 §31; repealed by 1981 c.198 §2]

433.570 [Amended by 1973 c.779 §32; repealed by 1981 c.198 §2]

433.575 [Amended by 1973 c.779 §33; repealed by 1981 c.198 §2]

433.580 [Repealed by 1981 c.198 §2]

433.585 [Amended by 1973 c.779 §34; repealed by 1981 c.198 §2]

433.590 [Amended by 1973 c.779 §35; repealed by 1981 c.198 §2]

433.595 [Amended by 1973 c.779 §36; repealed by 1981 c.198 §2]

433.600 [Amended by 1973 c.779 §37; repealed by 1981 c.198 §2]

433.605 [Amended by 1973 c.779 §38; repealed by 1981 c.198 §2]

433.610 [Repealed by 1981 c.198 §2]

433.615 [Amended by 1963 c.574 §5; 1969 c.449 §1; 1973 c.779 §39; 1975 c.526 §1; 1977 c.696 §1; 1979 c.590 §3; 1979 c.828 §10; repealed by 1981 c.198 §2]

433.620 [Repealed by 1963 c.574 §6 (433.621 enacted in lieu of 433.620)]

433.621 [1963 c.574 §7 (enacted in lieu of 433.620); repealed by 1981 c.198 §2]

433.625 [Amended by 1963 c.574 §8; 1973 c.779 §40; repealed by 1981 c.198 §2]

433.630 [Amended by 1973 c.779 §41; repealed by 1981 c.198 §2]

433.635 [Repealed by 1973 c.427 §8 (433.636 enacted in lieu of 433.635)]

433.636 [1973 c.427 §9 (enacted in lieu of 433.635); repealed by 1981 c.198 §2]

433.640 [Repealed by 1981 c.198 §2]

433.645 [Repealed by 1971 c.743 §432]

433.650 [Repealed by 1981 c.198 §2]

433.655 [Repealed by 1981 c.198 §2]

433.660 [Amended by 1973 c.779 §42; 1977 c.582 §36; repealed by 1981 c.198 §2]

433.665 [Amended by 1973 c.779 §43; repealed by 1981 c.198 §2]

433.670 [Repealed by 1981 c.198 §2]

433.675 [Amended by 1969 c.314 §42; 1973 c.779 §44; repealed by 1981 c.198 §2]

433.680 [Amended by 1973 c.779 §45; repealed by 1981 c.198 §2]

433.685 [1973 c.779 §2; repealed by 1981 c.198 §2]

433.690 [1973 c.779 §3; repealed by 1981 c.198 §2]

433.705 [Amended by 1977 c.582 §38; repealed by 1979 c.492 §1]

433.710 [Amended by 1977 c.582 §39; renumbered 603.059 in 1999]

MISCELLANEOUS SANITATION PROVISIONS

433.715 Exposed merchandise; intermingling or sale without disinfectant prohibited. No person having delivered merchandise, such as clothing, wearing apparel of every description, hair goods, brushes, rubber goods, books, mattresses, blankets, sheets, pillows or other kinds of bedding, to any person or institution at or thereafter taken to any place where any communicable disease exists or may exist, after the delivery of such merchandise, shall intermingle the same with the goods for sale or offer the same for sale or sell the same, or receive any merchandise from any place or premises where any communicable disease exists or has existed, and intermingle such goods with other goods for sale or offer the same for sale or sell the same, until such goods have been thoroughly disinfected in accordance with the rules and regulations of the Oregon Health Authority. [Amended by 2009 c.595 §680]

433.720 [Amended by 1967 c.428 §10; 1969 c.593 §35; repealed by 1971 c.648 §33]

433.725 [Amended by 1967 c.428 §11; 1969 c.593 §36; repealed by 1971 c.648 §33]

433.730 [1957 c.422 §1; 1967 c.428 §12; 1969 c.593 §37; repealed by 1971 c.648 §33]

REGULATION OF OUTDOOR MASS GATHERINGS

433.735 Definitions for ORS 433.735 to 433.770. As used in ORS 433.735 to 433.770 and 433.990 (7):

(1) “Organizer” includes any person who holds, stages or sponsors an outdoor mass gathering and the owner, lessee or possessor of the real property upon which the outdoor mass gathering is to take place.

(2) “Outdoor mass gathering,” unless otherwise defined by county ordinance, means an actual or reasonably anticipated assembly of more than 3,000 persons which is held primarily in open spaces and not in any permanent structure and within any three-month period is expected to continue for more than 24 hours and not more than 120 hours, excluding hours required for ingress to and egress from a gathering that is located on lands zoned for exclusive farm use that are 60 miles or farther from the nearest interstate highway.

(3) “Permanent structure” includes a stadium, an arena, an auditorium, a coliseum, a fairgrounds or other similar established places for assemblies.

(4) “Temporary structure” includes tents, trailers, chemical toilet facilities and other structures customarily erected or sited for temporary use. [1971 c.597 §1a; 1981 c.82 §3; 1985 c.758 §1; 2001 c.104 §157; 2007 c.445 §32; 2019 c.408 §2]

433.740 Policy. The Legislative Assembly finds that the uncontrolled outdoor gatherings of large groups of persons for extended periods of time have necessitated a need for the establishment of reasonable health and safety rules to regulate such outdoor mass gatherings. [1971 c.597 §1]

433.745 Outdoor mass gathering without permit prohibited. (1) An organizer may not hold an outdoor mass gathering or allow an outdoor mass gathering to be held on real property that the organizer owns, leases or possesses unless the governing body of the county in which the outdoor mass gathering is to take place issues the organizer a permit to hold the outdoor mass gathering.

(2) A permit issued under this section does not entitle the organizer to make any permanent development to or on the real property. Any permanent development on the real property must be made in accordance with any applicable state or local land use law. [1971 c.597 §2; 1985 c.758 §3; 2015 c.428 §1]

433.750 Application for outdoor mass gathering for which county decides land use permit is not required; criteria; procedure; fee. (1) Unless a county decides that a land use permit is required, the county in which an outdoor mass gathering is to take place shall issue a permit upon application if the organizer demonstrates compliance with or the ability to comply with the health and safety rules governing outdoor mass gatherings to be regulated according to the anticipated crowd and adopted by the Oregon Health Authority. The application must include all of the following:

- (a) Name and address of the applicant.
- (b) Legal description of the place of the proposed gathering.
- (c) Date of the proposed gathering.

- (d) Estimated attendance at the proposed gathering.
- (e) Nature of the proposed gathering.
- (f) Such other appropriate information as the county may require in order to ensure compliance with rules of the authority.

(2) Notice of the application must be sent by the county to the county sheriff or county chief law enforcement officer, the local health officer and the chief of the fire district in which the gathering is to be held.

(3) Each officer receiving notice of the application under subsection (2) of this section may comment in writing to the county not later than the hearing date. The comment may include recommendations related to the official functions of the officer as to granting the permit and any recommended conditions that should be imposed.

(4) The county shall hold a public hearing on the issue of compliance with this section. Notice of the time and place of the hearing including a general explanation of the matter to be considered must be published at least 10 calendar days before the hearing in a newspaper of general circulation in the county or, if there is none, it must be posted in at least three public places in the county.

(5) Except as provided in ORS 433.763, a decision of a county on an application for a permit to hold an outdoor mass gathering may be appealed to a circuit court for the county as provided in ORS 34.020 to 34.100.

(6) A county may charge permit applicants a fee reasonably calculated to reimburse the county for its reasonable and necessary costs in receiving, processing and reviewing applications for permits to hold outdoor mass gatherings. However, a fee authorized by this subsection may not exceed the greater of \$5,000 or \$2 per anticipated attendee of the gathering. [1971 c.597 §3; 1985 c.758 §4; 1993 c.779 §1; 2009 c.595 §681; 2015 c.736 §83; 2019 c.408 §3]

433.755 Additional information required before permit issued; liability of permit holder; casualty insurance; county as additional insured. (1) In reviewing an application for a permit to hold an outdoor mass gathering, the county governing body may require such plans, specifications and reports as it may deem necessary for proper review and it may request and shall receive from all public officers, departments and agencies of the state and its political subdivisions such cooperation and assistance as it may deem necessary. If the county governing body determines upon examination of the permit application that the outdoor mass gathering creates a potential for injury to persons or property, the county governing body may require organizers to obtain an insurance policy in an amount commensurate with the risk, but not exceeding the limitation for liability of a local public body under ORS 30.272 (3). The policy of casualty insurance shall provide coverage against liability for death, injury or disability of any human or for damage to property arising out of the outdoor mass gathering. The county shall be named as an additional insured under the policy.

(2) In the event of failure to remove all debris or residue and repair any damage to personal or real property arising out of the outdoor mass gathering within 72 hours after its termination and to remove any temporary structures used at the outdoor mass gathering within three weeks after its termination, the county governing body may file suit against the organizer for financial settlement as is needed to remove debris, residue or temporary structures and to repair such damage to real or personal property of persons not attending the outdoor mass gathering. The organizer shall be wholly responsible for payment of any fines imposed under ORS 433.990 (7). [1971 c.597 §4; 1985 c.758 §5; 1993 c.779 §2; 2001 c.104 §158; 2007 c.445 §33; 2019 c.340 §1]

433.760 Rulemaking authority. Notwithstanding any other provisions of law, the Oregon Health Authority shall, in accordance with the provisions of ORS chapter 183, make rules regulated according to anticipated crowds with respect to health and safety at outdoor mass gatherings which provide for:

- (1) Adequate water supply, drainage and sewerage facilities;
- (2) Adequate toilet facilities;
- (3) Adequate refuse storage and disposal facilities;
- (4) Adequate food and sanitary food service, if supplied;
- (5) Adequate emergency medical facilities and communication systems;
- (6) Adequate fire protection; and
- (7) Adequate security personnel and traffic control. [1971 c.597 §5; 1981 c.82 §4; 1985 c.758 §8; 2009 c.595 §682]

433.763 Application for outdoor mass gathering for which county decides land use permit is required; criteria; procedure. (1) An application for an outdoor mass gathering for which the county decides that a land use permit is required, or for any gathering of more than 3,000 persons any part of which is held outdoors and which continues or can reasonably be expected to continue for a period exceeding that allowable for an outdoor mass gathering, shall be allowed by a county if:

(a) The applicant has complied or can comply with the requirements for an outdoor mass gathering permit set out in ORS 433.750 and 433.755;

(b) Permits required by the applicable land use regulations have been granted; and

(c) The proposed gathering:

(A) Is compatible with existing land uses; and

(B) Does not materially alter the stability of the overall land use pattern of the area.

(2) A hearings officer, county planning commission or other person or body that the county designates may make findings and approve or deny an application for a permit under this section. A decision granting or denying a permit under this section may be appealed to the county governing body as provided in ORS 215.402 to 215.438.

(3) Notwithstanding subsection (1) of this section, a county may not require a permit under ORS 433.750 for events otherwise permitted under ORS 215.213 (11), 215.283 (4), 215.449, 215.451 or 215.452. [1985 c.758 §7; 2019 c.408 §1a]

433.765 Right of county to enact ordinances or regulations. ORS 433.735 to 433.770 and 433.990 (7) and any rules adopted under ORS 433.735 to 433.770 and 433.990 (7) do not preempt the right of a county to enact ordinances or regulations not inconsistent with ORS 433.735 to 433.770 and 433.990 (7) or any rules adopted under ORS 433.735 to 433.770 and 433.990 (7), except that a county may not, under ORS 433.750 or 433.763, require a land use permit for a gathering of 3,000 people or fewer, any part of which is held outdoors. [1971 c.597 §6; 2001 c.104 §159; 2007 c.445 §34; 2019 c.408 §5]

433.767 Application to gatherings defined by county ordinance. ORS 433.735 to 433.770 and 433.990 (7) apply to outdoor mass gatherings defined by county ordinance as well as to those defined by ORS 433.735. [1981 c.82 §2; 2001 c.104 §160; 2007 c.445 §35; 2019 c.408 §4]

433.770 Enforcement. (1) In addition to and not in lieu of the maintenance of other actions for any violation of ORS 433.745, the district attorney for the county in which an outdoor mass gathering is to be held may maintain an action in any court of general equitable jurisdiction to prevent, restrain or enjoin any violation of ORS 433.745.

(2) Cases filed under the provisions of this section or an appeal therefrom shall be given preference on the docket over all other civil cases except those given equal preference by statute. [1971 c.597 §6a; 1979 c.284 §143]

PROGRAMS TO TREAT ALLERGIC RESPONSE, ADRENAL INSUFFICIENCY OR HYPOGLYCEMIA

433.800 Definitions for ORS 433.800 to 433.830. As used in ORS 433.800 to 433.830, unless the context requires otherwise:

(1) “Adrenal crisis” means a sudden, severe worsening of symptoms associated with adrenal insufficiency, such as severe pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure or loss of consciousness.

(2) “Adrenal insufficiency” means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones.

(3) “Allergen” means a substance, usually a protein, that evokes a particular adverse response in a sensitive individual.

(4) “Allergic response” means a medical condition caused by exposure to an allergen, with physical symptoms that range from localized itching to severe anaphylactic shock and that may be life threatening.

(5) “Hypoglycemia” means a condition in which a person experiences low blood sugar, producing symptoms such as drowsiness, loss of muscle control so that chewing or swallowing is impaired, irrational behavior in which food intake is resisted, convulsions, fainting or coma.

(6) “Nurse practitioner” means a nurse practitioner licensed under ORS chapter 678.

(7) “Other treatment” means oral administration of food containing glucose or other forms of carbohydrate, such as jelly or candy.

(8) “Other treatment has failed” means a hypoglycemic student’s symptoms have worsened after the administration of a food containing glucose or other form of carbohydrate or a hypoglycemic student has become incoherent, unconscious or unresponsive.

(9) “Physician” means a physician licensed under ORS chapter 677.

(10) “Physician associate” means a physician associate licensed under ORS 677.505 to 677.525. [1989 c.299 §2; 1997 c.345 §1; 2015 c.676 §3; 2017 c.101 §42a; 2024 c.73 §82]

433.805 Policy. It is the purpose of ORS 433.800 to 433.830 to provide a means of authorizing certain individuals when a licensed health care professional is not immediately available to administer lifesaving treatment to persons:

(1) Who have severe allergic responses to insect stings and other allergens;

(2) Who are experiencing severe hypoglycemia when other treatment has failed or cannot be initiated; and

(3) Who have adrenal insufficiency and are experiencing an adrenal crisis. [1981 c.367 §1; 1989 c.299 §3; 1997 c.345 §2; 2015 c.676 §4]

433.810 Duties of Oregon Health Authority; rules. The Oregon Health Authority shall:

(1) Adopt rules necessary for the administration of ORS 433.800 to 433.830, including defining circumstances under which ORS 433.800 to 433.815, 433.817 and 433.825 shall apply. The authority shall include input from the educational system, health care provider organizations and other interested parties when adopting rules or amending those rules.

(2) Develop or approve protocols for educational training as described in ORS 433.815 and 433.817, including the use of mechanisms for periodic retraining of individuals, and provide the protocols for educational training upon request to schools, health care professionals, parents or guardians of students or other interested parties. [1981 c.367 §2; 1989 c.299 §4; 1997 c.345 §3; 2009 c.595 §683; 2013 c.486 §5]

433.815 Educational training. (1) Educational training on the treatment of allergic responses, as required by ORS 433.800 to 433.830, shall be conducted by a physician, physician associate or nurse practitioner. The training may be conducted by any other health care professional licensed under ORS chapter 678 as assigned by a physician, physician associate or nurse practitioner, or by an emergency medical services provider meeting the requirements established by the Oregon Health Authority by rule. The curricula shall include, at a minimum, the following subjects:

(a) Recognition of the symptoms of systemic allergic responses to insect stings and other allergens;

(b) Familiarity with common factors that are likely to elicit systemic allergic responses;

(c) Proper administration of an intramuscular or subcutaneous injection of epinephrine for severe allergic responses to insect stings and other specific allergens; and

(d) Necessary follow-up treatment.

(2) Educational training on the treatment of hypoglycemia, as required by ORS 433.800 to 433.830, shall be conducted by a physician, physician associate, nurse practitioner or any other health care professional licensed under ORS chapter 678. The curricula shall include, at a minimum, the following subjects:

(a) Recognition of the symptoms of hypoglycemia;

(b) Familiarity with common factors that may induce hypoglycemia;

(c) Proper administration of a subcutaneous injection of glucagon for severe hypoglycemia when other treatment has failed or cannot be initiated; and

(d) Necessary follow-up treatment.

(3) Educational training on the treatment of adrenal insufficiency, as required by ORS 433.800 to 433.830, shall be conducted by a physician, physician associate, nurse practitioner or any other health care professional licensed under ORS chapter 678. The curricula shall include, at a minimum, the following subjects:

(a) General information about adrenal insufficiency and the dangers associated with adrenal insufficiency;

(b) Recognition of the symptoms of a person who is experiencing an adrenal crisis;

(c) The types of medications that are available for treating adrenal insufficiency; and

(d) Proper administration of medications that treat adrenal insufficiency. [1981 c.367 §3; 1989 c.299 §5; 1997 c.345 §4; 2011 c.70 §8; 2013 c.1 §64; 2015 c.676 §5; 2017 c.101 §43; 2024 c.73 §83]

433.817 Educational training conducted by public health authority or organization or by other entity or individual approved by Oregon Health Authority. Educational training on the treatment of allergic responses, as required by ORS 433.800 to 433.830, may be conducted by a public health authority or organization or by any other entity or individual approved by the Oregon Health Authority by rule. The training curricula under this section must include the following subjects:

- (1) Recognition of the symptoms of systemic allergic responses to insect stings and other allergens;
- (2) Familiarity with common factors that are likely to elicit systemic allergic responses;
- (3) Proper administration of an intramuscular or subcutaneous injection of epinephrine for severe allergic responses to insect stings and other specific allergens; and
- (4) Necessary follow-up treatment. [2013 c.486 §4; 2017 c.101 §44]

433.820 Eligibility for training. A person eligible to receive the training described in ORS 433.815 and 433.817 must meet the following requirements:

- (1) Be 18 years of age or older; and
- (2) Have, or reasonably expect to have, responsibility for or contact with at least one other person as a result of the eligible person's occupational or volunteer status, such as camp counselors, scout leaders, school personnel, forest rangers, tour guides or chaperones. [1981 c.367 §4; 1997 c.345 §5; 2011 c.70 §9; 2013 c.486 §6]

433.825 Availability of doses of epinephrine, glucagon and medication that treats adrenal insufficiency to trained persons. (1)(a) A person who has successfully completed educational training described in ORS 433.815 or 433.817 for severe allergic responses may receive from any health care professional who has appropriate prescriptive privileges and who is licensed under ORS chapter 677 or 678 a prescription for premeasured doses of epinephrine and the necessary paraphernalia for administration.

(b) An entity that employs a person described in paragraph (a) of this subsection may acquire, possess and make available premeasured doses of epinephrine and the necessary paraphernalia for administration as described in paragraph (c) of this subsection. A health care professional who has appropriate prescriptive privileges and is licensed under ORS chapter 677 or 678 may write a prescription for premeasured doses of epinephrine and the necessary paraphernalia in the name of an entity that employs a person described in paragraph (a) of this subsection.

(c) A person described in paragraph (a) of this subsection may, pursuant to a prescription issued under paragraph (a) or (b) of this subsection, acquire, possess and administer, in an emergency situation when a licensed health care professional is not immediately available, prescribed epinephrine to any person suffering a severe allergic response.

(2) A person who has successfully completed educational training in the administration of glucagon as described in ORS 433.815 for hypoglycemia may receive from the parent or guardian of a student glucagon prescribed by a health care professional who has appropriate prescriptive privileges and is licensed under ORS chapter 677 or 678, as well as the necessary paraphernalia for administration. The person may possess the glucagon and administer the glucagon to the student for whom the glucagon is prescribed if the student is suffering a severe hypoglycemic reaction in an emergency situation when a licensed health care professional is not immediately available and other treatment has failed or cannot be initiated.

(3) A person who has successfully completed educational training in the treatment of adrenal insufficiency as described in ORS 433.815 may receive from the parent or guardian of a student a medication that treats adrenal insufficiency and that is prescribed by a health care professional who has appropriate prescriptive privileges and is licensed under ORS chapter 677 or 678, as well as the necessary paraphernalia for administration. The person may possess the medication and administer the medication to the student for whom the medication is prescribed if the student is suffering an adrenal crisis in an emergency situation when a licensed health care professional is not immediately available. [1981 c.367 §5; 1989 c.299 §6; 1997 c.345 §6; 2013 c.486 §7; 2015 c.676 §6; 2017 c.101 §45]

433.830 Immunity of trained person and institution rendering emergency assistance. (1) No cause of action shall arise against a person who has successfully completed an educational training program described in ORS 433.815 or 433.817 for any act or omission of the person when acting in good faith while rendering emergency treatment pursuant to the authority granted by ORS 433.800 to 433.830, except where such conduct can be described as wanton misconduct.

(2) No cause of action shall arise against an institution, facility, agency or organization when acting in good faith to allow for the rendering of emergency treatment pursuant to the authority granted by ORS 433.800 to 433.830, except where such conduct can be described as wanton misconduct. [1981 c.367 §6; 1997 c.345 §7; 2013 c.486 §8]

OREGON INDOOR CLEAN AIR ACT

433.835 Definitions for ORS 433.835 to 433.875. As used in ORS 433.835 to 433.875:

- (1) “Cigar bar” means a business that:
 - (a) Has on-site sales of cigars as defined in ORS 323.500;
 - (b) Has a humidor on the premises;
 - (c) Allows the smoking of cigars on the premises but prohibits the smoking, aerosolizing or vaporizing of other inhalants on the premises;
 - (d) Has been issued and operates under a full on-premises sales license issued under ORS 471.175;
 - (e) Prohibits persons under 21 years of age from entering the premises and posts notice of the prohibition;
 - (f) Does not offer video lottery games as authorized under ORS 461.217;
 - (g) Has a maximum seating capacity of 40 persons;
 - (h) Has a ventilation system that exhausts smoke from the business and is designed and terminated in accordance with the state building code standards for the occupancy classification in use; and
 - (i) Requires all employees to read and sign a document that explains the dangers of exposure to secondhand smoke.
- (2) “Enclosed area” means the entirety of the space between a floor and a ceiling that is enclosed on three or more sides by permanent or temporary walls or windows, exclusive of doors or passageways, that extend from the floor to the ceiling.
- (3) “Inhalant” means nicotine, a cannabinoid or any other substance that:
 - (a) Is in a form that allows the nicotine, cannabinoid or substance to be delivered into a person’s respiratory system;
 - (b) Is inhaled for the purpose of delivering the nicotine, cannabinoid or other substance into a person’s respiratory system; and
 - (c)(A) Is not approved by, or emitted by a device approved by, the United States Food and Drug Administration for a therapeutic purpose; or
 - (B) If approved by, or emitted by a device approved by, the United States Food and Drug Administration for a therapeutic purpose, is not marketed and sold solely for that purpose.
- (4)(a) “Place of employment” means an enclosed area under the control of a public or private employer, including work areas, employee lounges, vehicles that are operated in the course of an employer’s business and that are not operated exclusively by one employee, rest rooms, conference rooms, classrooms, cafeterias, hallways, meeting rooms, elevators and stairways.
- (b) “Place of employment” does not include a private residence unless it is used as a child care facility as defined in ORS 329A.250 or a facility providing adult day care as defined in ORS 410.490.
- (5) “Public place” means an enclosed area open to the public.
- (6) “Smoke shop” means a business that is certified with the Oregon Health Authority as a smoke shop pursuant to the rules adopted under ORS 433.847.
- (7) “Smoking instrument” means any cigar, cigarette, pipe or other instrument used to smoke tobacco, cannabis or any other inhalant. [1981 c.384 §2; 2001 c.990 §1; 2007 c.602 §1; 2009 c.595 §684; 2011 c.601 §1; 2015 c.158 §14; 2017 c.21 §108; 2017 c.732 §1]

433.840 Policy. The people of Oregon find that because exposure to secondhand smoke, certain exhaled small particulate matter or other exhaled toxins is known to cause cancer and other chronic diseases such as heart disease, asthma and bronchitis, it is necessary to reduce exposure to such smoke, matter or toxins by prohibiting

the smoking, aerosolizing or vaporizing of inhalants in all public places and places of employment. [1981 c.384 §1; 2007 c.602 §2; 2015 c.158 §15]

433.845 Prohibition on aerosolizing, smoking or vaporizing in public place or place of employment. (1)

A person may not smoke, aerosolize or vaporize an inhalant or carry a lighted smoking instrument in a public place or place of employment except as provided in ORS 433.850.

(2) A person may not smoke, aerosolize or vaporize an inhalant or carry a lighted smoking instrument within 10 feet of the following parts of public places or places of employment:

- (a) Entrances;
- (b) Exits;
- (c) Windows that open; and
- (d) Ventilation intakes that serve an enclosed area.

(3) A person may not smoke, aerosolize or vaporize an inhalant or carry a lighted smoking instrument in a room during the time that jurors are required to use the room. [1981 c.384 §3; 1985 c.752 §1; 2007 c.602 §3; 2015 c.158 §16]

433.847 Smoke shop certification; rules. (1) The Oregon Health Authority shall adopt rules establishing a certification system for smoke shops and any rules necessary for the implementation, administration and enforcement of ORS 433.835 to 433.875. In adopting rules under this section, the authority shall prohibit the smoking, aerosolizing or vaporizing of inhalants that are not tobacco products in smoke shops.

(2) The authority shall issue a smoke shop certification to a business that:

(a)(A) Is primarily engaged in the sale, for off-premises consumption or use, of tobacco products and smoking instruments used to smoke tobacco products, with at least 75 percent of the gross revenues of the business resulting from such sales;

(B) Prohibits persons under 21 years of age from entering the premises;

(C) Does not offer video lottery games as authorized under ORS 461.217, social gaming or betting on the premises;

(D) Does not:

(i) Sell or offer food or beverages, including alcoholic beverages, for on-premises consumption; or

(ii) Allow on-premises consumption of alcoholic beverages;

(E) Is a stand-alone business with no other businesses or residential property attached to the premises;

(F) Has a maximum seating capacity of four persons; and

(G) Allows the smoking of tobacco product samples only for the purpose of making retail purchase decisions;

(b) On December 31, 2008:

(A) Met the requirements of paragraph (a)(A) to (D) of this subsection; and

(B)(i) Was a stand-alone business with no other businesses or residential property attached; or

(ii) Had a ventilation system that exhausted smoke from the business and was designed and terminated in accordance with the state building code standards for the occupancy classification in use; or

(c)(A) Was certified as a smoke shop under ORS 433.835, as in effect immediately before June 30, 2011, by the authority on or before December 31, 2012;

(B) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the business results from the sale of cigarettes;

(C) Does not:

(i) Sell or offer alcoholic beverages for on-premises consumption; or

(ii) Allow on-premises consumption of alcoholic beverages; and

(D) Prohibits persons under 21 years of age from entering the premises.

(3) A smoke shop certified under subsection (2)(b) of this section must renew the smoke shop certification every five years by demonstrating to the satisfaction of the authority that the smoke shop:

(a)(A) Meets the requirements of subsection (2)(a)(A) to (D) of this section; and

(B)(i) Is a stand-alone business with no other businesses or residential property attached; or

(ii) Has a ventilation system that exhausts smoke from the business and is designed and terminated in accordance with the state building code standards for the occupancy classification in use; and

(b) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the business results from the sale of cigarettes.

(4) A smoke shop certified under subsection (2)(c) of this section must renew the smoke shop certification every five years by demonstrating to the satisfaction of the authority that the smoke shop:

(a) Meets the requirements of ORS 433.835, as in effect immediately before June 30, 2011;

(b) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the business results from the sale of cigarettes;

(c) Does not:

(A) Sell or offer alcoholic beverages for on-premises consumption; or

(B) Allow on-premises consumption of alcoholic beverages; and

(d) Prohibits persons under 21 years of age from entering the premises.

(5) The owner of a smoke shop certified under subsection (2)(b) or (c) of this section may transfer the certification with ownership of the smoke shop if the transfer is made in accordance with rules adopted by the authority.

(6) A smoke shop certified under subsection (2)(b) of this section may continue to be certified in a new location under subsection (2)(b) of this section if:

(a)(A) The new location occupies no more than 3,500 square feet; or

(B) If the old location occupied more than 3,500 square feet, the new location occupies no more than 110 percent of the space occupied by the old location; and

(b) The smoke shop as operated in the new location:

(A) Meets the requirements of subsection (2)(a)(A) to (D) of this section;

(B)(i) Is a stand-alone business with no other businesses or residential property attached; or

(ii) Has a ventilation system that exhausts smoke from the business and is designed and terminated in accordance with the state building code standards for the occupancy classification in use; and

(C) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the business results from the sale of cigarettes.

(7) A smoke shop certified under subsection (2)(c) of this section may continue to be certified in a new location under subsection (2)(c) of this section if:

(a)(A) The new location occupies no more than 3,500 square feet; or

(B) If the old location occupied more than 3,500 square feet, the new location occupies no more than 110 percent of the space occupied by the old location; and

(b) The smoke shop as operated in the new location:

(A) Meets the requirements of ORS 433.835, as in effect immediately before June 30, 2011;

(B) Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the business results from the sale of cigarettes;

(C) Does not:

(i) Sell or offer alcoholic beverages for on-premises consumption; or

(ii) Allow on-premises consumption of alcoholic beverages; and

(D) Prohibits persons under 21 years of age from entering the premises.

(8) Rules adopted under this section must provide that, in order to obtain a smoke shop certification, a business must agree to allow the authority to make unannounced inspections of the business to determine compliance with ORS 433.835 to 433.875.

(9)(a) Subject to ORS chapter 183, the authority may revoke or refuse to issue or renew a certification to a smoke shop for a violation of any provision of ORS 433.835 to 433.875 or a violation of any rule adopted under ORS 433.835 to 433.875.

(b) If the authority revokes the certification or denies the renewal of the certification of a smoke shop that was certified under subsection (2)(b) or (c) of this section, the authority may not issue a new certification to the smoke shop under subsection (2)(b) or (c) of this section. [2011 c.601 §3; 2015 c.51 §1; 2015 c.158 §17; 2017 c.701 §12; 2019 c.456 §9]

433.850 Prohibition on aerosolizing, smoking or vaporizing in place of employment; exceptions; posting signs. (1) An employer:

(a) Shall provide for employees a place of employment that is free of all smoke, aerosols and vapors containing inhalants; and

- (b) May not allow employees to smoke, aerosolize or vaporize inhalants at the place of employment.
- (2) Notwithstanding subsection (1) of this section:
 - (a) The owner or person in charge of a hotel or motel may designate up to 25 percent of the sleeping rooms of the hotel or motel as rooms in which the smoking, aerosolizing or vaporizing of inhalants is permitted.
 - (b) Smoking of noncommercial tobacco products for ceremonial purposes is permitted in spaces designated for traditional ceremonies in accordance with the American Indian Religious Freedom Act, 42 U.S.C. 1996.
 - (c) The smoking of tobacco products is permitted in a smoke shop.
 - (d) The smoking of cigars is permitted in a cigar bar that generated on-site retail sales of cigars of at least \$5,000 for the calendar year ending December 31, 2006.
 - (e) A performer may smoke or carry a lighted smoking instrument that does not contain tobacco or cannabis, and may aerosolize or vaporize a substance that does not contain nicotine or a cannabinoid, while performing in a scripted stage, motion picture or television production if:
 - (A) The production is produced by an organization whose primary purpose is producing scripted productions; and
 - (B) The act of smoking, aerosolizing or vaporizing is an integral part of the production.
 - (f) The medical use of marijuana is permitted in the place of employment of a licensee of a professional licensing board as described in ORS 475C.892.
- (3) An employer, except in those places described in subsection (2) of this section, shall post signs that provide notice of the provisions of ORS 433.835 to 433.875. [1981 c.384 §§4,5; 2001 c.104 §161; 2001 c.990 §2; 2007 c.602 §4; 2011 c.234 §1; 2015 c.158 §18; 2017 c.21 §109]

433.855 Duties of Oregon Health Authority; civil penalties; rules; limitations; compliance checks. (1) The Oregon Health Authority, in accordance with the provisions of ORS chapter 183:

- (a) Shall adopt rules necessary to implement the provisions of ORS 433.835 to 433.875;
- (b) Is responsible for ensuring compliance with ORS 433.835 to 433.875 and rules adopted under ORS 433.835 to 433.875; and
- (c) May impose a civil penalty not to exceed \$500 per day for each violation of ORS 433.845 or 433.850 or a rule adopted under ORS 433.835 to 433.875. Penalties imposed under this paragraph must be collected in the manner provided in ORS 441.705 to 441.745. All moneys recovered under this paragraph shall be paid into the State Treasury and credited to:
 - (A) The Tobacco Use Reduction Account established under ORS 431A.153, if the violation concerns nicotine; or
 - (B) The Oregon Health Authority Fund established under ORS 413.101, if the violation concerns an inhalant other than nicotine.
- (2) In carrying out its duties under this section, the authority is not authorized to require any changes in ventilation or barriers in a public place or place of employment. This subsection does not limit the power of the authority to enforce the requirements of any other provision of law.
- (3) In public places that the authority regularly inspects, the authority shall check for compliance with the provisions of ORS 433.835 to 433.875. In other public places and places of employment, the authority shall respond to complaints, notifying the proprietor or person in charge of the requirements of ORS 433.835 to 433.875. If repeated complaints are received, the authority may take appropriate action to ensure compliance.
- (4) When a county has assumed responsibility of the duties and responsibilities under ORS 446.425 and 448.100, or contracted with the authority under ORS 190.110, the county is responsible for enforcing the provisions of ORS 433.835 to 433.875 and has the same enforcement power as the authority. [1981 c.384 §6; 1991 c.734 §21; 2001 c.104 §162; 2001 c.990 §6; 2003 c.309 §6; 2007 c.445 §36; 2007 c.602 §5; 2009 c.595 §686; 2011 c.597 §84a; 2015 c.158 §19]

433.860 Enforcement. The Oregon Health Authority or local public health authority, as defined in ORS 431.003, may institute an action in the circuit court of the county where the violation occurred to enjoin repeated violations of ORS 433.850. [1981 c.384 §7; 2009 c.595 §687; 2015 c.736 §84]

433.863 [2001 c.990 §4; repealed by 2007 c.602 §12]

433.865 [1981 c.384 §8; 2001 c.104 §163; 2007 c.445 §37; repealed by 2007 c.602 §12]

433.870 Regulation in addition to other aerosolizing, smoking or vaporizing regulations. ORS 433.835 to 433.875 and rules adopted under ORS 433.835 to 433.875 are in addition to and not in lieu of any other law regulating the smoking, aerosolizing or vaporizing of inhalants. [1981 c.384 §11; 2001 c.104 §164; 2001 c.990 §5; 2007 c.602 §6; 2015 c.158 §20]

433.875 Short title. ORS 433.835 to 433.875 and 433.990 (5) shall be cited as the Oregon Indoor Clean Air Act. [1981 c.384 §12; 2001 c.104 §165; 2007 c.445 §38]

PENALTIES

433.990 Penalties. (1) Violation of ORS 433.004 or 433.008, 433.255, 433.260 or 433.715 is a Class A misdemeanor.

(2) Violation of ORS 433.010 is a Class C felony.

(3) Violation of ORS 433.035 is a Class C misdemeanor.

(4) Violation of ORS 433.131 is a Class D violation.

(5) Violation of ORS 433.850 is a Class A violation. Fines imposed against a single employer under this subsection may not exceed \$4,000 in any 30-day period.

(6) Violation of ORS 433.345 or 433.365 is a Class B violation. Failure to obey any lawful order of the Director of the Oregon Health Authority issued under ORS 433.350 is a Class C misdemeanor.

(7) Any organizer, as defined in ORS 433.735, violating ORS 433.745 commits a specific fine violation punishable by a fine of not more than \$10,000. [Subsection (8) (1969 Replacement Part) enacted as 1957 c.422 §2; subsection (8) derived from 434.990; 1971 c.648 §23; subsection (9) enacted as 1971 c.413 §6; subsection (10) enacted as 1971 c.597 §7; 1973 c.779 §46; 1979 c.492 §6; 1979 c.828 §13; subsection (5) enacted as 1981 c.384 §10; 1987 c.320 §232; 1987 c.600 §16; 1999 c.1051 §182; 2001 c.104 §166; 2001 c.636 §5; 2001 c.990 §7; 2007 c.445 §30; 2007 c.602 §7; 2009 c.595 §688; 2011 c.597 §85; 2011 c.601 §4]

433.992 Penalties for violation of ORS 433.329. Violation of ORS 433.329 is punishable, upon conviction, as provided in ORS 431.990. [Formerly 437.990]
