LC 1468
2021 Regular Session
11/2/20 (SCT/ps)

D R A F T

SUMMARY

Directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete six hours of continuing education related to suicide risk assessment, treatment and management every six years and to report completion of continuing ed- ucation to authority or board. Allows authority and boards to establish minimum requirements that licensee must meet to be exempt from require- ment to complete continuing education.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to continuing education for behavioral health professionals; creating new provisions;

amending ORS 676.860; and prescribing an effective date.

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

SECTION 1. ORS 676.860 is amended to read:

676.860. (1) As used in this section:

(a) "Board" means:

(A) Occupational Therapy Licensing Board;

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

~~(C) Oregon Board of Naturopathic Medicine;~~

~~(D) Oregon Medical Board;~~

~~(E) Oregon State Board of Nursing;~~

~~(F) Oregon Board of Physical Therapy;~~

~~(G) State Board of Chiropractic Examiners;~~

~~15~~10 (H) State Board of Licensed Social Workers;

~~16~~11 (I) Oregon Board of Psychology; [*and*]

~~17~~12 (J) Teacher Standards and Practices Commission[.]**; and**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

Commented [JF1]: Include something about a waiver or grandparenting in folks? What would this look like? Since this is for people to take CEUs every 6 years, how far should this go back? Would this waiver only count when the bill first goes into effect? Could a waiver go into rules and not the legislation?

Deb - I'm guessing that most recent graduates have a better chance of having had better suicide prevention training than people who have been in the helping profession field for a long time. Just some thoughts in terms "grandfathering".

"We see this as a foundation that we will continue to build on"

2013, 2014, or 2015 legislation was passed to require CEUs around opioids / pain management to do 2 hours whenever licenses have to be renewed. There was no infrastructure in place for how this was to be done; those going to get licensed have to figure out how to complete CEUs

Commented [JF2]: What do we want to require of the non-behavioral health professions? Do we still want them to report data to OHA on suicide prevention, intervention, management training to OHA and have them do a report like the SB 48 report that just came out?

This will be a new bill no matter what. This would be a bill to amend an existing law (SB 48)

(K) Traditional Health Workers Commission.

(b) "Licensee" means a person authorized to practice one of the following professions:

(A) Clinical social worker, as defined in ORS 675.510;

(B) Licensed marriage and family therapist, as defined in ORS 675.705;

(C) Licensed professional counselor, as defined in ORS 675.705;

(D) Licensed psychologist, as defined in ORS 675.010;

(E) Occupational therapist, as defined in ORS 675.210;

(F) Regulated social worker, as defined in ORS 675.510;

(G) School counselor, as defined by rule by the Teacher Standards and Practices Commission;

~~(H) Certified registered nurse anesthetist, as defined in ORS 678.245;~~

~~(I) Chiropractic physician, as defined in ORS 684.010;~~

~~(J) Clinical nurse specialist, as defined in ORS 678.010;~~

~~(K) Naturopathic physician, as defined in ORS 685.010;~~

~~(L) Nurse practitioner, as defined in ORS 678.010;~~

~~(M) Physician, as defined in ORS 677.010;~~

~~(N) Physician assistant, as defined in ORS 677.495;~~

~~(O) Physical therapist, as defined in ORS 688.010; [*and*]~~

~~(P) Physical therapist assistant, as defined in ORS 688.010~~**; and**

(Q) The following professions as authorized by the Oregon Health Authority:

(i) Qualified mental health associate;

(ii) Qualified mental health professional;

(iii) Certified alcohol and drug counselor;

(iv) Prevention specialist;

(v) Problem gambling treatment provider;

(vi) Recovery mentor;

(vii) Community health worker;

(viii) Personal health navigator;

(ix) Personal support specialist;

Commented [JF3]: Should this include "couples and family therapist" as some programs are starting to use this title instead of "marriage and family therapist"

Commented [JF4]: Can we include these? We thought that they couldn't be covered in this legislation due to different oversight with MHACBO vs. licensure organizations. We want them if possible. Do these three categories just need to be in a different section if they are not authorized by OHA like this section states?

(x) Peer wellness specialist;

(xi) Doula;

(xii) Family support specialist; and

(xiii) Youth support specialist.

(2)**(a)(A)** [*In collaboration with the Oregon Health Authority,*] A board shall **require a licensee regulated by the board to complete six hours every six years of continuing education related to suicide risk assessment, treatment and management and shall** [*adopt rules to*] require a licensee [*regulated by the board*] to report to the board[*, upon reauthorization to practice,*] the licensee's completion of [*any*] **the** continuing education [*regarding suicide risk assessment, treatment and management*] **described in this paragraph**.

(B) A board shall approve continuing education opportunities that are applicable and relevant to the licensees regulated by the board.

(b) The authority shall require a licensee regulated by the authority to complete six hours of the continuing education described in paragraph (a) of this subsection.

(3) A licensee shall report the completion of [*any*] **the** continuing education described in subsection (2) of this section to the board that regulates the licensee **or to the authority if the licensee is regulated by the authority**.

(4)(a) **The authority and** a board shall document completion of [*any*] **the** continuing education described in subsection (2) of this section by a licensee regulated by the **authority or a** board. [*The board shall document the following data:*]

[*(A) The number of licensees who complete continuing education described in subsection (2) of this section;*]

[*(B) The percentage of the total of all licensees who complete the continuing education;*]

[*(C) The counties in which licensees who complete the continuing education practice; and*]

[*(D) The contact information for licensees willing to share information about suicide risk assessment, treatment and management with the authority.*]

[*(b) The board shall remove any personally identifying information from the data submitted to the board under this subsection, except for the personally identifying information of licensees willing to share such information with the authority.*]

[*(c) For purposes of documenting completion of continuing education under this subsection,*]

(b) In consultation with the authority, a board [*may*] **shall** adopt rules requiring licensees to submit documentation of completion to the board.

(c) The authority shall adopt rules requiring licensees regulated by the authority to submit the documentation of completion to the authority.

(5) The authority and a board may adopt rules to identify the experience and training that a licensee regulated by the authority or the board must have in order to be exempt from the requirements of subsection (2) of this section.

[*(5)*] **(6)** A board, on or before March 1 of each even-numbered year, shall report to the authority on the [*data documented under*] **information described in** subsection (4) of this section, as well as information about [*any initiatives by the board to promote suicide risk assessment, treatment and management among its licensees*] **the implementation of the continuing education described in subsection (2) of this section**.

[*(6)*] **(7)** The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection [*(5)*] **(6)** of this section **and information collected by the authority under subsection (4) of this section. The authority shall remove any personally identifying information collected by or submitted to the authority under subsections (4) and (6) of this section**. [*The authority shall include in the report information about initiatives by boards to promote*

awareness about suicide risk assessment, treatment and management and information on how boards are promoting continuing education described in subsection (2) of this section to licensees.]

[*(7)*] **(8)** The authority may use the information submitted to the authority under subsection [*(5)*] **(6)** of this section **and information collected by the authority under subsection (4) of this section** to [*develop continuing education opportunities related to suicide risk assessment, treatment and management for licensees and to*] facilitate improvements in suicide risk assessment, treatment and management efforts in this state.

(9)(a) The authority and a board may adopt rules to carry out this section.

(b) The authority may adopt rules to define and regulate the professions listed in subsection (1)(b)(Q) of this section.

SECTION 2. The amendments to ORS 676.860 by section 1 of this 2021 Act apply to applicants for initial authorization and to licensees applying for renewal of authorization on and after the operative date specified in section 3 of this 2021 Act.

SECTION 3. (1) The amendments to ORS 676.860 by section 1 of this 2021 Act become operative on January 1, 2022.

(2) A board, as defined in ORS 676.860 as amended by section 1 of this 2021 Act, and the Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board and the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board and the authority by the amendments to ORS 676.860 by section 1 of this 2021 Act.

SECTION 4. This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.

ASSEMBLY BILL NO. 294–ASSEMBLYMEN THOMPSON, ELLIOT ANDERSON, FLORES, BENITEZ-THOMPSON, SPRINKLE; ARAUJO, BUSTAMANTE ADAMS, CARRILLO, DIAZ, JOINER, MOORE, MUNFORD, NEAL, O'NEILL, SPIEGEL, SWANK AND WHEELER

MARCH 13, 2015

JOINT SPONSORS: SENATORS SPEARMAN, PARKS, FORD, ATKINSON, KIHUEN; DENIS, MANENDO AND WOODHOUSE

Referred to Committee on Commerce and Labor

SUMMARY—Enacts provisions relating to suicide prevention for veterans. (BDR 54-692)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets [~~omitted material~~] is material to be omitted.

AN ACT relating to public health; requiring providers of health care to receive training relating to suicide assessment, screening and referral; requiring the Department of Health and Human Services to report information concerning the suicide mortality rate of veterans to the Interagency Council on Veterans Affairs; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires certain health care professionals to receive training relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. (NRS 450B.180, 630.253, 631.342, 632.343) **Section 1** of this bill requires a provider of health care to receive training relating to suicide assessment, screening and referral and authorizes a provider of health care to use credit for completing such training in place of not more than 3 hours of the requirements for continuing education, not relating to ethics, of the provider of health care.

Existing law provides for the creation, powers and duties of the Department of Veterans Services and the Interagency Council on Veterans Affairs. (NRS 417.0191-417.105) **Section 2** of this bill requires the Department of Health and Human Services to report to the Council certain information relating to the suicide

mortality rate of veterans and requires the Council to report such information annually to the Legislature or, if the Legislature is not in session, to the Legislative Commission.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 629 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A provider of health care shall complete a course of instruction, within 2 years after initial licensure, relating to suicide assessment, screening and referral. The course must provide at least 3 hours of instruction relating to suicide assessment, screening and referral and be approved by the Division of Public and Behavioral Health of the Department of Health and Human Services.

2. Unless a specific statute or regulation requires or authorizes a greater number of hours, a provider of health care who is required to complete continuing education may use the completion of a course of instruction pursuant to this section in place of not more than 3 hours of the continuing education that the provider of health care is required to complete, other than any continuing education relating to ethics that the provider of health care is required to complete.

3. The Division of Public and Behavioral Health of the Department of Health and Human Services may adopt such regulations as it determines to be necessary to carry out the provisions of this section.

Sec. 2. Chapter 417 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Department of Health and Human Services shall provide, subject to any limitations or restrictions contained in any state or federal law governing the privacy or confidentiality of records, a report from the State Registrar of Vital Statistics setting forth the suicide mortality rate of veterans in this State to the Interagency Council on Veterans Affairs. The Department of Health and Human Services shall submit such information to the Council not later than November 30 of each year and shall provide the information in aggregate and in digital form, and in a manner such that the data is capable of integration by the Council.

2. The Council shall, upon receiving the information submitted pursuant to this section, analyze and compile the information, including any recommendations of the Council, and

submit the information with the report submitted pursuant to subsection 3 of NRS 417.0195.

Sec. 3. This act becomes effective:

1. Upon passage and approval for the purposes of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

2. On January 1, 2016, for all other purposes.

Talking Points 2016
Legislative Concept
Mandatory Suicide Assessment, Treatment and Management
Training for Behavioral and Medical Providers

Need

An average of two Oregonians die by suicide every day. In 2013, Oregon ranked 11th among the states for its rate of suicide at 17.7 per 100,000 people. Rates are highest among elder males, although the number of suicides is a concern for all age groups, including middle-aged men, veterans and youth/young adults. Men and boys are more likely to die by suicide, but women and girls make more attempts that do not result in death. Other high-risk groups include LGBTQ and Native American youth, who have high suicide attempt and completion rates.

Background

- Health professionals regularly encounter patients who are suicidal. Connecting suicidal individuals with quality health care is vital in preventing suicide deaths.

- Formal graduate education rarely teaches the skills necessary to adequately recognize, treat and manage clients at risk for suicide.

- Few clinicians have time to keep up with the latest literature on indicators for suicide risk and effective patient management.

- A system is needed to incorporate assessment, treatment and management of suicidal patients into continuing education programs.

- Several states have mandated such continuing education requirements for behavioral and/or physical health providers.

- The 100 subject matter experts who created the Oregon Youth Suicide Intervention and Prevention Plan included this approach in section 6.2.b.

Required trainings in other states

Washington State was the first in the nation to pass legislation requiring such continuing education in suicide assessment, treatment and management of individuals at risk for suicide. [1]

[1] (*RCW 43.70.442; originally adopted into law 3/29/12 [House Bill 2366], was amended in 2013 [House Bill 1376], in 2014 [House Bill 2315], and again in 2015 [House Bill 1424].*

The Washington law **on which this legislative concept is based** requires:[2]

1. 3-6 hours of training at least once every 6 years for certified or licensed advisers, counselors, chemical dependency professionals, marriage and family therapists, mental health counselors, occupational therapy practitioners, psychologists, advanced social workers, independent clinical social workers, and social worker associates.

2. A one-time training 3-6 hours in length for licensed chiropractors, naturopaths, licensed practical nurses, registered nurses, advanced registered nurse practitioners, osteopathic physicians, osteopathic physician assistants, physical therapists, physical therapist assistants, physicians, and physician assistants.

Since Washington passed its initial legislation in 2012, four additional states have mandated training in suicide assessment, management and treatment for health professionals:

- **Kentucky:** *KRS Section 210.366 (originally SB 72, adopted 3/19/13).* Requires 3-6 hours of training at least once every 6 years for certified or licensed social workers, marriage and family therapists, professional counselors, pastoral counselors, alcohol and drug counselors, psychologists, and occupational therapists.
- **Nevada:** *AB 93 (adopted 6/8/15)*. Requires psychiatrists, psychologists, marriage and family therapists, clinical professional counselors, social workers, and clinical alcohol, drug and gambling counselors and detoxification technicians to receive instruction on suicide prevention and awareness as a condition to the renewal of their licenses or certificates beginning on July 1, 2016. Also requires the professional licensing boards for certain physicians and advance practice registered nurses to encourage their licensees to receive training concerning suicide prevention, detection, and intervention as a part of their continuing education.
- **New Hampshire:** *SB 33 (adopted 5/7/15).* Requires that at least 3 hours of the required continuing education units for biennial license renewal for pastoral psychotherapists, clinical social workers, clinical mental health counselors, or marriage and family therapists be from a nationally recognized, evidence-based or best practices training organization in the area of suicide prevention, intervention, or postvention and how mental illness, substance use disorders, trauma, or interpersonal violence directly impacts risk for suicide.
- **Utah:** *HB 209 (adopted 3/23/15).* Requires at least 2 hours of training in suicide prevention as a condition of licensure for recreational therapists, social workers, marriage and family therapists, clinical mental health counselors, and substance use disorder counselors.

[2] Statute notes some exemptions and waivers available per the licensing board.

Lists of providers required to receive training

The legislative concept lists a range of professions licensed under law (mirroring Washington State's statute) and includes a comprehensive list designed to reach as many behavioral and physical health care providers across the state as possible.

Why behavioral health providers?

With 90% of suicide deaths linked to an untreated or under-treated mental health condition, it is imperative that every clinician be able to accurately identify chronic and acute risk factors for suicide, reasonably formulate the level of risk, and work with confidence to create and implement an effective treatment plan (Suicide Prevention Resource Center). Approximately 32% of people who die by suicide have contact with mental health services within a year of their death, and 19% of people who die by suicide have contact with a mental health professional in the month prior to their death (Luoma, Martin & Pearson, 2002).

The American Foundation for Suicide Prevention (AFSP) reports that mental health professionals treat at-risk patients who may eventually complete suicide, with one in two psychiatrists experiencing patient suicide and one in five psychologists experiencing patient suicide (Oordt, et al., 2005). **Despite these occurrences, there are no nationally set standards or guidelines requiring mental health professionals to have any sort of training to address and treat suicidal ideation and behavior in their clients, either during education and certification or during their professional career** (AFSP).

Why physical health providers?

Although they may not call prevention centers or seek out behavioral health care, people considering suicide usually do seek help. According to AFSP, physical health care providers in one study prescribed 59% of psychotropic medications compared with 23% for psychiatrists (Mark, Levit, & Buck, 2009).

Additionally, primary care providers are in a unique position to identify those at risk of suicide and enact appropriate intervention methods. Of people who die by suicide, 45% of individuals had contact with their primary care provider in the month before, and 77% of individuals had contact with their primary care provider in the year before death (AFSP). This rate holds constant for children and adolescents, with one-third (30.4%) of youth patients accessing mental health treatments through primary care providers alone (Anderson, Chen, Perrin, & Van Cleave, 2015).

Cost to providers

There is no additional cost or time commitment for providers. The legislation would only require that a set number of the already required CEU hours be dedicated to suicide programming.

How does this fit with other licensing requirements?

An analysis will be needed to examine the licensing requirements for each Oregon profession listed. However, licensing boards routinely require a set number of continuing education units to be completed over a prescribed number of years. For example, the Oregon Board of Licensed Social Workers requires 40 credit hours of clinical studies every two years, including 6 hours in ethics coursework. Similarly, the Oregon Board of Medicine requires medical, osteopathic and podiatric physicians to receive 30 hours per year in continuing medical competency requirements. This board also required new applicants for licensure to obtain six hours on pain management for terminally ill and dying patients.

Availability of training

Currently, best-practice trainings are available in Oregon and nationally to provide education in suicide assessment, treatment and management of suicidal patients to behavioral and physical health care providers. Under a federal grant to the Oregon Health Authority, some such training will be offered at no cost to providers in Oregon in the coming years. Other trainings are available from firms and non-profits that created them for a fee. Providers routinely pay such fees when accessing continuing education programs. Washington State's law required officials to develop a list of empirical programs that qualify for the CEU requirement and Oregon could draw on that existing research.

LC 494
2017 Regular Session
44300-009
8/4/16 (SCT/ps)

D R A F T

SUMMARY

Directs Oregon Health Authority and certain professional regulatory boards to adopt rules requiring professionals to complete continuing education related to suicide risk assessment, treatment and management. Requires authority to report biennially to interim committee of Legislative Assembly on completion of training by professionals.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to continuing education for professionals; creating new provisions; amending ORS 675.140, 675.330, 675.597, 675.805, 677.290, 678.170, 684.171, 685.201 and 688.201; and declaring an emergency.

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

SECTION 1. (1) As used in this section, "board" means:

(a) Occupational Therapy Licensing Board;

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

(c) Oregon Board of Naturopathic Medicine;

(d) Oregon Medical Board;

(e) Oregon State Board of Nursing;

(f) Physical Therapist Licensing Board;

(g) State Board of Chiropractic Examiners;

(h) State Board of Licensed Social Workers;

(i) State Board of Psychologist Examiners; and

(j) Teacher Standards and Practices Commission.

(2)(a) In collaboration with the Oregon Health Authority, a board

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

shall adopt rules to require a person authorized to practice a profession listed in subsection (3) or (4) of this section to complete continuing education regarding suicide risk assessment, treatment and management that is approved by the authority under section 2 of this 2017 Act and by the board.

(b) A board may not adopt rules that require a person authorized to practice a profession listed in subsection (3) of this section to complete more than six hours of the continuing education described in this subsection.

(3) A person authorized to practice one of the following professions shall complete at least three hours and no more than six hours of the continuing education described in subsection (2) of this section once every six years, as required by the board that authorizes the person to practice as a:

(a) Clinical social worker, as defined in ORS 675.510;

(b) Licensed marriage and family therapist, as defined in ORS 675.705;

(c) Licensed professional counselor, as defined in ORS 675.705;

(d) Licensed psychologist, as defined in ORS 675.010;

(e) Occupational therapist, as defined in ORS 675.210;

(f) Regulated social worker, as defined in ORS 675.510; and

(g) School counselor, as defined by rule by the Teacher Standards and Practices Commission.

(4)(a) A person authorized to practice one of the following professions shall complete at least six hours of the continuing education described in subsection (2) of this section, as required by the board that authorizes the person to practice as a:

(A) Certified registered nurse anesthetist, as defined in ORS 678.245;

(B) Chiropractic physician, as defined in ORS 684.010;

(C) Clinical nurse specialist, as defined in ORS 678.010;

(D) Naturopathic physician, as defined in ORS 685.010;

(E) Nurse practitioner, as defined in ORS 678.010;

(F) Physician, as defined in ORS 677.010;

(G) Physician assistant, as defined in ORS 677.495;

(H) Physical therapist, as defined in ORS 688.010; and

(I) Physical therapist assistant, as defined in ORS 688.010.

(b) A board may not require a person listed in this subsection to complete the continuing education described in subsection (2) of this section more than once.

(5) A board may by rule determine minimum training and experience requirements to exempt from the continuing education described in subsection (2) of this section a person authorized to practice a profession listed in subsection (3) or (4) of this section.

(6) A person may complete the continuing education described in subsection (2) of this section in addition to or, if a board determines that the continuing education fulfills existing continuing education requirements, instead of any other continuing education requirement imposed by the board.

(7)(a) A board shall document completion of the continuing education described in subsection (2) of this section by persons authorized to practice a profession regulated by the board.

(b) For purposes of documenting completion under this subsection, a board may adopt rules requiring persons authorized by the board to practice to submit documentation to the board of completion of the continuing education.

(8) A board shall report biennially to the authority on the completion documented under subsection (7) of this section.

(9) The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (8) of this section.

SECTION 2. (1) The Oregon Health Authority shall approve contin-

uing education opportunities related to suicide risk assessment, treatment and management.

(2) The authority shall develop a list of continuing education opportunities related to suicide risk assessment, treatment and management and make the list available to each board, as defined in section 1 of this 2017 Act.

(3) In developing the list, the authority shall:

(a) Consider suicide risk assessment, treatment and management training programs recommended by organizations that provide suicide awareness advocacy and education; and

(b) Consult with institutions of higher education and experts in suicide risk assessment, treatment and management.

SECTION 3. ORS 675.140, as amended by section 3, chapter 240, Oregon Laws 2013, is amended to read:

675.140. On or before the 10th day of each month, the State Board of Psychologist Examiners shall pay into the State Treasury all moneys received by the board during the preceding calendar month. The State Treasurer shall credit the moneys to the State Board of Psychologist Examiners Account. The moneys in the State Board of Psychologist Examiners Account are continuously appropriated to the board for the purpose of paying the expenses of administering and enforcing ORS 675.010 to 675.150 and 676.850 **and section 1 of this 2017 Act**.

SECTION 4. ORS 675.330, as amended by section 4, chapter 240, Oregon Laws 2013, is amended to read:

675.330. (1) The Occupational Therapy Licensing Board Account is established in the State Treasury, separate and distinct from the General Fund. All moneys received by the Occupational Therapy Licensing Board under ORS 675.210 to 675.340 shall be deposited into the account and are continuously appropriated to the board to be used only for the administration and enforcement of ORS 675.210 to 675.340, 675.990 (2) and 676.850 **and section 1 of this 2017 Act**. Any interest or other income from moneys in the account

shall be credited to the account.

(2) All civil penalties collected or received for violations of or in prosecutions under ORS 675.210 to 675.340 shall be deposited into the Occupational Therapy Licensing Board Account and shall be used only for the administration and enforcement of ORS 675.210 to 675.340.

SECTION 5. ORS 675.597, as amended by section 5, chapter 240, Oregon Laws 2013, is amended to read:

675.597. The State Board of Licensed Social Workers Account is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the State Board of Licensed Social Workers Account shall be credited to the account. Moneys in the account are continuously appropriated to the board for the administration and enforcement of ORS 675.510 to 675.600 and 676.850 **and section 1 of this 2017 Act**.

SECTION 6. ORS 675.805, as amended by section 6, chapter 240, Oregon Laws 2013, is amended to read:

675.805. All moneys received by the Oregon Board of Licensed Professional Counselors and Therapists under ORS 675.715 to 675.835 shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Board of Licensed Professional Counselors and Therapists Account, which is hereby established. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of ORS 675.715 to 675.835 and 676.850 **and section 1 of this 2017 Act**.

SECTION 7. ORS 677.290, as amended by section 8, chapter 240, Oregon Laws 2013, is amended to read:

677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board Account which is established. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter**,** [*and*] ORS 676.850 **and section 1 of this 2017 Act**.

(2) Notwithstanding subsection (1) of this section, the board may maintain

a revolving account in a sum not to exceed $50,000 for the purpose of receiving and paying pass-through moneys relating to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs pursuant to its duties under this chapter relating to the education and rehabilitation of licensees in the areas of chemical substance abuse, inappropriate prescribing and medical competence. The creation of and disbursement of moneys from the revolving account shall not require an allotment or allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously appropriated for purposes set forth in this subsection.

(3) Each year $10 shall be paid to the Oregon Health and Science University for each in-state physician licensed under this chapter, which amount is continuously appropriated to the Oregon Health and Science University to be used in maintaining a circulating library of medical and surgical books and publications for the use of practitioners of medicine in this state, and when not so in use to be kept at the library of the School of Medicine and accessible to its students. The balance of the money received by the board is appropriated continuously and shall be used only for the administration and enforcement of this chapter, but any part of the balance may, upon the order of the board, be paid into the circulating library fund.

SECTION 8. ORS 678.170, as amended by section 9, chapter 240, Oregon Laws 2013, is amended to read:

678.170. (1) All money received by the Oregon State Board of Nursing under ORS 678.010 to 678.448 shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon State Board of Nursing Account. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of ORS 676.850 and 678.010 to 678.448 **and section 1 of this 2017 Act**.

(2) The board shall keep a record of all moneys deposited in the Oregon State Board of Nursing Account. This record shall indicate by separate cumulative accounts the source from which the moneys are derived and the individual activity or program against which each withdrawal is charged.

(3) The board may maintain a petty cash fund in compliance with ORS 293.180 in the amount of $1,000.

SECTION 9. ORS 684.171, as amended by section 13, chapter 240, Oregon Laws 2013, is amended to read:

684.171. All moneys received by the State Board of Chiropractic Examiners under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the State Board of Chiropractic Examiners Account which is hereby established and such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter**,** [*and*] ORS 676.850 **and section 1 of this 2017 Act**.

SECTION 10. ORS 685.201, as amended by section 14, chapter 240, Oregon Laws 2013, is amended to read:

685.201. The Oregon Board of Naturopathic Medicine Account is established in the State Treasury, separate and distinct from the General Fund. All moneys received by the Oregon Board of Naturopathic Medicine under this chapter shall be deposited into the account and are continuously appropriated to the board to be used only for the administration and enforcement of this chapter**,** [*and*] ORS 676.850 **and section 1 of this 2017 Act**. Any interest or other income from moneys in the account shall be credited to the account.

SECTION 11. ORS 688.201, as amended by section 16, chapter 240, Oregon Laws 2013, and section 8, chapter 13, Oregon Laws 2016, is amended to read:

688.201. (1) All moneys received under ORS 688.010 to 688.201 shall be paid into an account established by the Physical Therapist Licensing Board under ORS 182.470. The board may establish an additional account under ORS 182.470 for the purpose of meeting financial obligations imposed on the State of Oregon as a result of this state's participation in the Physical Therapy Licensure Compact established under section 1, chapter 13, Oregon Laws 2016.

(2) The moneys paid into the accounts established by the board under ORS 182.470 are continuously appropriated to the board and may be used only for

the administration and enforcement of ORS 676.850 and 688.010 to 688.201 **and section 1 of this 2017 Act** and for the purpose of meeting financial obligations imposed on the State of Oregon as a result of this state's participation in the Physical Therapy Licensure Compact established under section 1, chapter 13, Oregon Laws 2016.

SECTION 12. (1) A person who on January 1, 2018, is authorized to practice a profession listed in section 1 (3) of this 2017 Act must complete the initial three to six hours of the continuing education described in section 1 (2) of this 2017 Act no later than January 1, 2021.

(2) A person who on January 1, 2018, is authorized to practice a profession listed in section 1 (4) of this 2017 Act must complete the continuing education required by section 1 (4) of this 2017 Act no later than January 1, 2021.

SECTION 13. (1) Sections 1, 2 and 12 of this 2017 Act and the amendments to statutes by sections 3 to 11 of this 2017 Act become operative on January 1, 2018.

(2) A board, as defined in section 1 of this 2017 Act, and the Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board and the authority to exercise, on or after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board and the authority by sections 1, 2 and 12 of this 2017 Act and the amendments to statutes by sections 3 to 11 of this 2017 Act.

SECTION 14. This 2017 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect on its passage.
