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CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILING CAPTION: Statutory Updates and Requirements for Hospital Policies, Caring Contacts and Requests for Waivers

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RULES:
333-500-0034, 333-500-0055, 333-500-0065, 333-501-0015, 333-505-0005, 333-505-0030, 333-505-0055, 333-505-0075, 333-520-0070

AMEND: 333-500-0034

RULE TITLE: Application Review

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Amend 333-500-0034
The term 'on-site' has been updated to 'in-person' to align with SB 556 (2021 OL ch. 338).

RULE TEXT:
(1) In reviewing an application for a new hospital, the Public Health Division (Division) shall:
(a) Verify compliance with the applicable sections of ORS chapters 441 and 476, and OAR 333-500 through 535, 675, and chapter 837;
(b) Determine whether a certificate of need is required and was obtained;
(c) Conduct an in-person licensing survey in coordination with the State Fire Marshal's Office; and
(d) Verify compliance with conditions of participation if the applicant has requested Medicare or Medicaid certification.
(2) In determining whether to license a hospital the Division shall consider factors relating to the health and safety of individuals to be cared for at the hospital and the ability of the operator of the hospital to safely operate the facility, and may not consider whether the hospital is or shall be a governmental, charitable or other nonprofit institution or whether it is or shall be an institution for profit.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.022, 441.025

AMEND: 333-500-0055

RULE TITLE: Discontinuance and Recommencement of Operation of Hospitals

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Amend 333-500-0055
The term 'on-site' has been updated to 'in-person' to align with SB 556 (2021 OL ch. 338).

RULE TEXT:
(1) If a hospital wishes to temporarily discontinue operation but retain its license to operate, the hospital shall notify the Public Health Division (Division) of the fact at least 14 days prior to the temporary discontinuance.
(2) A hospital shall issue a multimedia press release within 24 hours of the temporary discontinuance, notifying the public of hospital closure. Such notice shall include a procedure by which individuals may obtain their medical records.
(3) Before any patient is admitted to a hospital that has temporarily discontinued operation, the hospital shall request that the Division conduct an in-person survey to determine whether the hospital is in compliance with health facility licensing laws and conditions of participation, if applicable.
(4) A hospital may not renew operation until it receives approval, in writing, from the Division.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.025

AMEND: 333-500-0065

RULE TITLE: Waivers

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Amend 333-500-0065

The rule is amended to require additional information when a hospital is requesting a waiver from an administrative rule requirement. The request for a waiver must include information on the possible impacts to persons with different backgrounds and cultures, persons with limited English proficiency, households with lower incomes, and persons based on their gender identity and sexual orientation. The facility would also need to specify how the impact was determined and what would be proposed steps to mitigate the impact on disproportionately affected populations.

RULE TEXT:

(1) While all hospitals are required to maintain continuous compliance with the Public Health Division (Division)'s rules, these requirements do not prohibit the use of alternative concepts, methods, procedures, techniques, equipment, facilities, personnel qualifications or the conducting of pilot projects or research. A request for a waiver from a rule must be submitted to the Division in writing and include the following information:

(a) Identification of the specific rule for which a waiver is requested;

(b) The special circumstances relied upon to justify the waiver;

(c) What alternatives were considered, if any, and why alternatives (including compliance) were not selected;

(d) Information demonstrating that the proposed waiver is desirable to maintain or improve the health and safety of the patients, to meet the individual and aggregate needs of patients, and shall not jeopardize patient health and safety;

(e) For an initial waiver request received on or after January 1, 2024 or any request received on or after January 1, 2024 to renew a waiver, a description of the following:

(A) Possible impacts that the proposed waiver may have on persons from different backgrounds and cultures, including but not limited to individuals of color, individuals with disabilities, individuals with limited English proficiency, people or households with lower incomes, and individuals who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary, or another minority gender identity or another sexual orientation;

(B) How the impact was determined; and

(C) Proposed steps to mitigate the impact on disproportionately affected populations; and

(f) The proposed duration of the waiver.

(2) Upon finding that the hospital has satisfied the conditions of this rule, the Division may grant a waiver.

(3) A hospital may not implement a waiver until it has received written approval from the Division.

(4) During an emergency the Division may waive a rule that a hospital is unable to meet, for reasons beyond the hospital's control. If the Division waives a rule under this section it shall issue an order, in writing, specifying which rules are waived, which hospitals are subject to the order, and how long the order shall remain in effect.

(5) A hospital seeking a waiver from a physical environment requirement under OAR chapter 333, division 535 must submit the information specified under subsections (1)(a) through (d) and (1)(f) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.025

AMEND: 333-501-0015

RULE TITLE: Surveys

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Amend 333-501-0015
The term 'on-site' has been updated to 'in-person' to align with SB 556 (2021 OL ch. 338).

RULE TEXT:
(1) The Public Health Division (Division) shall, in addition to any investigations conducted under OAR 333-501-0010, conduct at least one in-person licensing survey of each hospital every three years to determine compliance with health care facility licensing laws and at such other times as the Division deems necessary.
(2) In lieu of an in-person inspection required under section (1) of this rule, the Division may accept:
(a) Centers for Medicare and Medicaid Services (CMS) certification by a federal agency or an approved accrediting organization; or
(b) A survey conducted within the previous three years by an accrediting organization approved by the Division, if:
(A) The certification or accreditation is recognized by the Division as addressing the standards and condition of participation requirements of the CMS and other standards set by the Division. Health care facilities must provide the Division with the letter from CMS indicating its deemed status;
(B) The health care facility notifies the Division to participate in any exit interview conducted by the federal agency or accrediting body; and
(C) The health care facility provides copies of all documentation concerning the certification or accreditation requested by the Division.
(3) A hospital shall permit Division staff access to the facility during a survey.
(4) A survey may include but is not limited to:
(a) Interviews of patients, patient family members, hospital management and staff;
(b) On-site observations of patients, staff performance, and the physical environment of the hospital facility;
(c) Review of documents and records; and
(d) Patient audits.
(5) A hospital shall make all requested documents and records available to the surveyor for review and copying.
(6) Following a survey, Division staff may conduct an exit conference with the hospital administrator or his or her designee. During the exit conference Division staff shall:
(a) Inform the hospital representative of the preliminary findings of the inspection; and
(b) Give the person a reasonable opportunity to submit additional facts or other information to the surveyor in response to those findings.
(7) Following the survey, Division staff shall prepare and provide the hospital administrator or his or her designee specific and timely written notice of the findings.
(8) If the findings result in a referral to another regulatory agency, Division staff shall submit the applicable information to that referral agency for its review and determination of appropriate action.
(9) If no deficiencies are found during a survey, the Division shall issue written findings to the hospital administrator indicating that fact.
(10) If deficiencies are found, the Division shall take informal or formal enforcement action in compliance with OAR 333-501-0025 or 333-501-0030.

STATUTORY/OTHER AUTHORITY: ORS 441.025, 441.062

STATUTES/OTHER IMPLEMENTED: ORS 441.060, 441.062

AMEND: 333-505-0005

RULE TITLE: Governing Body Responsibility

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Amend 333-505-0005
The rule was amended in response to HB 3036 (2021 OL ch. 349) relating to granting and refusing hospital privileges to a physician assistant. Duplicative information has been removed.

RULE TEXT:
(1) In a multi-hospital system, one governing body may oversee multiple hospitals.
(2) The governing body of a hospital shall be responsible for the operation of the hospital, the selection of the medical staff and the quality of care rendered in the hospital. The governing body shall ensure that:
(a) All health care personnel for whom a state license or registration is required are currently licensed or registered;
(b) Qualified individuals allowed to practice in the hospital are credentialed and granted privileges consistent with their individual training, experience and other qualifications;
(c) Procedures for granting, restricting and terminating privileges exist and that such procedures are regularly reviewed to assure their conformity to applicable law;
(d) It has an organized medical staff responsible for reviewing the professional practices of the hospital for the purpose of reducing morbidity and mortality and for the improvement of patient care;
(e) A physician is not denied medical staff privileges at the facility solely on the basis that the physician holds medical staff membership or privileges at another health care facility;
(f) Licensed podiatric physicians and surgeons are permitted to use the hospital in accordance with ORS 441.063; and
(g) All hospital employees and health care practitioners granted hospital privileges have been tested for tuberculosis in compliance with OAR 333-505-0070.
(3) A hospital may grant privileges to nurse practitioners or physician assistants in accordance with ORS 441.064 and subject to hospital rules governing credentialing and staff privileges. Privileges granted to certified nurse midwives, if any, must be consistent with privileges granted to other medical staff and include:
(a) Admitting privileges that do not require a certified nurse midwife to co-admit a patient with a physician who is a member of the medical staff; and
(b) Voting rights;
(4) A hospital shall require that every patient admitted shall be and remain under the care of a member of the medical staff as specified under the medical staff by-laws.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.055, 441.064

AMEND: 333-505-0030

RULE TITLE: Organization, Hospital Policies

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Amend 333-505-0030
A new policy requirement has been added relating to the size and content of identification badges for health care practitioners providing direct patient care.

RULE TEXT:
(1) A hospital's internal organization shall be structured to include appropriate departments and services consistent with the needs of its defined community.
(2) A hospital shall adopt and maintain clearly written definitions of its organization, authority, responsibility and relationships.
(3) A hospital shall adopt, maintain and follow written patient care policies that include but are not limited to:
(a) Admission and transfer policies that address:
(A) Types of clinical conditions not acceptable for admission;
(B) Constraints imposed by limitations of services, physical facilities or staff coverage;
(C) Emergency admissions;
(D) Requirements for informed consent signed by the patient or legal representative of the patient for diagnostic and treatment procedures; such policies and procedures shall address informed consent of minors in accordance with provisions in ORS 109.640, 109.670, and 109.675;
(E) Requirements for identifying persons responsible for obtaining informed consent and other appropriate disclosures and ensuring that the information provided is accurate and documented appropriately in accordance with these rules and ORS 441.098; and
(F) A process for the internal transfer of patients from one level or type of care to another;
(b) Discharge, termination of services, and release from emergency department policies in accordance with OAR 333-505-0055 and OAR 333-520-0070;
(c) Patient rights, including but not limited to compliance with OAR 333-505-0033;
(d) Housekeeping;
(e) Mandatory use of identification badges for health care practitioners providing direct patient care which must include the practitioner’s name and professional title. The policy must also identify the size of badges to be used;
(f) All patient care services provided by the hospital;
(g) Maintenance of the hospital's physical plant, equipment used in patient care and patient environment;
(h) Treatment or referral of acute sexual assault patients in accordance with ORS 147.403; and
(i) Identification of patients who could benefit from palliative care in order to provide information and facilitate access to appropriate palliative care in accordance with ORS 413.273.
(4) In addition to the policies described in section (3) of this rule, a hospital shall, in accordance with 42 CFR 489.102, ORS 127.649, and ORS 127.652, adopt and maintain written policies and procedures concerning a patient's right to accept or refuse medical or surgical treatment and the right to formulate an advance directive or appoint a health care representative.
(5) A hospital may not condition the provision of treatment on a patient having a POLST as that term is defined in ORS 127.663, an advance directive as defined in ORS 127.505, a form appointing a health care representative under ORS 127.510, or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration.
(6) A hospital's transfer agreements or contracts shall clearly delineate the responsibilities of parties involved.
(7) Patient care policies shall be evaluated triennially and rewritten as needed and presented to the governing body or a designated administrative body for approval triennially. Documentation of the evaluation is required.
(8) A hospital shall have a system, described in writing, for the periodic evaluation of programs and services, including

contracted services.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 413.273, 441.025, 441.051, 441.054, 441.048, 441.096

AMEND: 333-505-0055

RULE TITLE: Discharge Planning Requirements

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Amend 333-505-0055

Discharge requirements are amended to include the provision of at least two doses of an opioid reversal medication to a patient who was actively treated by the hospital for an opioid use disorder and who is being discharged to home or other unlicensed setting given passage of SB 1043 (2023 OL ch. 297). Additionally, a hospital must develop a plan to ensure that when a patient is transferred from the emergency department to another hospital, that information on the location of the referral hospital is shared with appropriate persons.

RULE TEXT:

(1) As used in this rule:

(a) For purposes of subsection (2)(a) of this rule "lay caregiver" means an individual who, at the request of a patient, agrees to provide aftercare to the patient in the patient's residence.

(b) For purposes of subsection (2)(b) of this rule, "lay caregiver" means:

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

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

(c) "Mental health treatment" includes treatment for mental health, mental illness, addictive health and addiction disorders.

(d) "Peer support" means a peer support specialist, peer wellness specialist, family support specialist or youth support specialist as those terms are defined in ORS 414.025 and who are certified in accordance with OAR chapter 950, division 060.

(e) "Publicly available" means posted on the hospital's website and provided to each patient and to the patient's lay caregiver in written form upon admission to the hospital or emergency department and upon discharge from the hospital or release from the emergency department. The written form provided to a patient and lay caregiver may be a summarized version of the policy that is clear and easily understood, for example in the form of a brochure.

(2) A hospital shall adopt, maintain and follow written policies on discharge planning and termination of services in accordance with these rules and 42 CFR 482.43. The policies shall include but are not limited to:

(a) A plan for continuity of patient care following discharge including:

(A) An assessment of the patient's ability for self-care;

(B) An opportunity for the patient to designate a lay caregiver;

(C) An opportunity for the patient, and if designated the lay caregiver, to participate in discharge planning;

(D) Instructions or training provided to the patient and lay caregiver prior to discharge for the lay caregiver to provide assistance with activities of daily living, medical or nursing tasks such as wound care, administering medications, or the operation of medical equipment, or other assistance relating to the patient's condition; and

(E) A requirement to notify the lay caregiver that the patient is being discharged or transferred;

(b) For patients hospitalized for mental health treatment, a plan to:

(A) Have a member of the patient's care team encourage the patient to designate a lay caregiver and sign an authorization form for the disclosure of information that is necessary for a lay caregiver to participate in the patient's discharge planning and to provide appropriate support to the patient following discharge as well as an explanation of:

(i) The benefits of involving a lay caregiver including participating in the patient's discharge planning in order to provide appropriate support measures;

(ii) Only the minimum information necessary will be shared;

(iii) The benefits disclosing health information will have on the ability of the patient to see positive outcomes; and

(iv) The ability to rescind the authorization at any time;

(B) Assess the patient's risk of suicide with input from the patient's lay caregiver, if applicable;

(C) Assess the long-term needs of the patient which include but are not limited to:
(i) Community-based services;
(ii) Capacity for self-care; and
(iii) To the extent practicable, whether the patient can be properly cared for in the place where the patient resided at time of admission;
(D) Develop a process to coordinate the patient's care and transition the patient to outpatient treatment that includes one or more of the following: community-based providers, peer support, lay caregivers and other individuals who can implement the patient's care plan; and
(E) Schedule a follow-up appointment for no later than seven calendar days after discharge. If a follow-up appointment cannot be scheduled within seven days, the hospital must document why;
(c) For a patient actively treated for an opioid use disorder by the hospital and who is being discharged or released to an unlicensed setting or private residence, the provision of at least two doses of an opioid overdose reversal medication and the necessary supplies to administer the medication. The hospital is not required to provide the medication if the patient leaves the hospital against medical advice; and
(d) Upon transfer from the emergency department to another hospital, a plan to provide the address of the referral institution to the patient and the patient's family, caregiver, legal representative, or health care representative.
(3) Discharge policies developed in accordance with subsections (2)(a) and (b) of this rule:
(a) Must be publicly available;
(b) Must specify the requirements for documenting who is designated by the patient as the lay caregiver and the details of the discharge plan;
(c) May incorporate established evidence-based practices;
(d) Must ensure that discharge planning is appropriate to the needs and acuity of the patient and the abilities of the lay caregiver;
(e) Must not delay a patient's discharge or transfer to another facility; and
(f) Must not require the disclosure of protected health information without obtaining a patient's consent as required by state and federal laws.
(4) A hospital shall have until December 1, 2018 to comply with subsections (2)(b) and (3)(a) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.025, 441.051, 441.054, 441.052

ADOPT: 333-505-0075

RULE TITLE: HIV Post-Exposure Prophylaxis

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Adopt 333-505-0075
This new rule is adopted in response to passage of HB 2574 (2023 OL ch. 411) requiring a hospital to both develop and implement a policy for dispensing to a patient, HIV post-exposure prophylaxis for an occupational or nonoccupational exposure to HIV if indicated. The policy must conform to CDC guidelines that are specified in the rule.

RULE TEXT:
(1) Effective January 1, 2024, a hospital must adopt, maintain, and implement a policy for the dispensing of human immunodeficiency virus (HIV) post-exposure prophylaxis or therapies to a patient for occupational or nonoccupational exposure to HIV.
(2) The policy must conform to the following guidelines except for as otherwise provided in section (3) of this rule:
(a) Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV, United States, 2016.
(b) Centers for Disease Control and Prevention, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis.
(3) For any patient evaluated at the hospital within 72 hours of a possible occupational or nonoccupational exposure to HIV, a hospital shall ensure that:
(a) Hospital personnel dispense to a patient at least a five-day supply of HIV post-exposure prophylactic medication or other therapies unless medically contraindicated; and
(b) Information on the importance of starting and completing the medication regimen, as well as resources to ensure access to the full medication regimen, is provided to the patient at the time the first dose of the five-day supply is dispensed.
(4) Hospital personnel must document in the patient's medical record the date the post-exposure prophylaxis or therapies and information on starting and completing the medication regimen was distributed.

NOTE: The guidelines cited in this rule are available from the agency.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.025, 441.068

AMEND: 333-520-0070

RULE TITLE: Emergency Department and Emergency Services

NOTICE FILED DATE: 11/29/2023

RULE SUMMARY: Amend 333-520-0070

Update made to statutory reference. Amends the definition of the term 'provider' for purposes of conducting caring contacts for persons seen in the emergency department for a behavioral health crisis and are being released. Adds the following provider types: a crisis counselor working under the direction of a behavioral health clinician, a qualified mental health associate, and a registered nurse whose training, experience and competence demonstrates the ability to conduct a suicide risk assessment, lethal means counseling and safety planning. The hospital must ensure that this training, experience, and competency is documented in policies and procedures and that compliance is documented in a registered nurse's personnel record, if applicable.

RULE TEXT:

(1) As used in this rule:

(a) "Behavioral health assessment" has the meaning given that term in ORS 743A.012;

(b) "Behavioral health clinician" has the meaning given that term in ORS 743A.012;

(c) "Behavioral health crisis" has the meaning given that term in ORS 441.053;

(d) "Caring contacts" mean brief communications with a patient that starts during care transition such as discharge or release from treatment, or when a patient misses an appointment or drops out of treatment, and continues as long as a qualified mental health professional deems necessary;

(e) "Lay caregiver" means:

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

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

(C) For a patient who is 14 years or older, and who has not designated a caregiver, an individual to whom a health care provider may disclose protected health information without a signed authorization under ORS 192.567;

(f) For purposes of subsection (4)(g) of this rule, “provider” includes:

(A) A behavioral health clinician as defined in section (1) of this rule;

(B) A crisis counselor operating under the direction of a behavioral health clinician;

(C) A qualified mental health associate as defined in OAR 309-039-0510;

(D) A registered nurse whose training, experience and competence demonstrates the ability to conduct a suicidal risk assessment, provide lethal means counseling, and safety planning for suicide prevention; or

(E) A peer support specialist, peer wellness specialist, family support specialist or youth support specialist as those terms are defined in ORS 414.025 and who are certified in accordance with OAR chapter 950, division 060.

(2) Hospitals classified as general and low occupancy acute care shall have an emergency department that provides emergency services.

(3) A hospital with an emergency department shall:

(a) Provide emergency services 24 hours a day including providing immediate lifesaving intervention, resuscitation, and stabilization;

(b) Have a licensed health care practitioner with admitting privileges on-call, 24 hours a day;

(c) Have at least one registered nurse, appropriately trained to provide emergency care within the emergency service area;

(d) Have adequate medical staff and other ancillary personnel necessary to provide emergency care either present in the emergency service area or available 24 hours a day in adequate numbers to respond promptly;

(e) Ensure that when surgical, laboratory, and X-ray procedures are indicated and ordered, due regard is given to promptness in carrying them out;

(f) Ensure that it has items for resuscitation, stabilization, and basic emergency medical care, including airway

equipment and cardiac resuscitation medications and supplies for adults, children and infants;
(g) Have a communication system and personnel available 24 hours a day to ensure rapid communication with ambulances and departments of the hospital including, but not limited to, X-ray, laboratory, and surgery;
(h) Have a plan for emergency care based on community needs and on hospital capabilities which sets forth policies, procedures and protocols for prompt assessment, treatment and transfer of ill or injured persons, including specifying the response time permissible for medical staff and other ancillary personnel;
(i) Provide for the prompt transfer of patients, as necessary, to an appropriate facility in accordance with transfer agreements, approved trauma system plans, consideration of patient choice, and consent of the receiving facility;
(j) Have written transfer agreements for the care of injured or ill persons if the hospital does not provide the type of care needed;
(k) Ensure that personnel are able to provide prompt and appropriate instruction to ambulance personnel regarding triage, treatment and transportation;
(l) Develop, maintain, and implement current written policies and procedure that include clearly-defined roles, responsibilities, and reporting lines for emergency service personnel;
(m) Maintain emergency records in accordance with OAR 333-505-0050;
(n) Establish a committee of the emergency department staff who shall at least quarterly, review emergency services by evaluating the quality of emergency medical care given, and engage in ongoing development, implementation, and follow-up on corrective action plans; and
(o) Ensure it provides appropriate training programs for hospital emergency service personnel.
(4) Effective December 1, 2018, a hospital shall adopt, maintain and follow written policies that pertain to the release of a patient from the emergency department who is being seen for a behavioral health crisis. The policies shall include but are not limited to:
(a) A requirement to encourage the patient to designate a lay caregiver and sign an authorization form in accordance with OAR 333-505-0055(2)(b)(A);
(b) A requirement to conduct a behavioral health assessment by a behavioral health clinician;
(c) A requirement to conduct a best practices suicide risk assessment, and if indicated develop a safety plan and lethal means counseling with the patient and the designated caregiver;
(d) A requirement to assess the long-term needs of the patient which includes, but is not limited to:
(A) The patient's need for community-based services;
(B) The patient's capacity for self-care; and
(C) To the extent practicable, whether the patient can be properly cared for in the place where the patient resided at the time the patient presented at the emergency department;
(e) A process to coordinate care through the deliberate organization of patient care activities which includes one or more of the following: notification to a patient's primary care provider, referral to other provider including peer support as defined in OAR 333-505-0055, follow-up after release from the emergency department, or creation and transmission of a plan of care with the patient and other provider;
(f) A process for case management that includes a systematic assessment of the patient's medical, functional and psychosocial needs and may include an inventory of resources and supports recommended by a behavioral health clinician, indicated by a behavioral health assessment, and agreed upon by the patient;
(g) A process to arrange caring contacts between a patient and a provider or follow-up services for the patient in order to successfully transition a patient to outpatient services.
(A) If a registered nurse as defined in subsection (1)(f) of this rule is conducting the caring contact, the hospital shall ensure that the training, experience, and competency required to conduct the caring contact is documented in policies and procedures and that compliance is reflected in the nurse’s personnel record.
(B) A hospital may facilitate caring contacts through contracts with a qualified community-based behavioral health provider, or through a suicide prevention hotline;
(C) Caring contacts may be conducted in person, via telemedicine or by phone;

(D) Caring contacts if possible must be attempted within 48 hours of release if a behavioral health clinician has determined a patient has attempted suicide or experienced suicidal ideation; and
(h) A process to schedule a follow-up appointment with a clinician for not later than seven calendar days of release. If a follow-up appointment cannot be scheduled within seven days, the hospital must document why.
(5) Policies developed in accordance with section (4) of this rule shall comply with OAR 333-505-0055 subsection (2)(a) paragraphs (B) through (D) and section (3).
(6) If a hospital is also designated or categorized as a trauma hospital under ORS 431A.050 through 431A.105, the hospital shall:
(a) Comply with the applicable provisions in OAR chapter 333, division 200 through 205;
(b) Report trauma data to the State Trauma Registry in accordance with the requirements of the Public Health Division (Division); and
(c) Fully cooperate with the approved area trauma system plan.
(7) An officer or employee of a general or low occupancy acute care hospital licensed by the Division may not deny a person an appropriate medical screening examination needed to determine whether the person is in need of emergency medical services if the screening is within the capability of the hospital, including ancillary services routinely available to the emergency department.
(8) An officer or employee of any hospital licensed by the Division may not deny services to a person diagnosed by a physician as being in need of emergency medical services because the person is unable to establish the ability to pay for the services if those emergency medical services are customarily provided at the hospital.
(9) A mental or psychiatric hospital shall assess and provide initial treatment to a person that presents to the hospital with an emergency medical condition, as that term is defined in 42 CFR 489.24. The hospital shall admit the person if the emergency medical condition falls within the specialty services provided by the hospital under OAR chapter 333, division 525.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.025, 441.053