

Oregon Revised Statutes

PUBLIC HEALTH AND SAFETY

TITLE 36

PUBLIC HEALTH AND SAFETY

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Chapter 431 — State and Local Administration and Enforcement of Public Health Laws

2025 EDITION

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FINDINGS AND DEFINITIONS

431.001 Findings. The Legislative Assembly of the State of Oregon finds and declares that:

- (1) Each resident of this state is entitled to the basic public health services that are necessary to preserve life and health;
- (2) A framework for public health services provided by the government is necessary for applying the foundational capabilities and implementing the foundational programs by which the state or a local government

may assess, protect or improve the health of the residents of this state; and

(3) The purpose of ORS 431.001 to 431.550 and 431.990 is to provide the framework described in subsection (2) of this section. [2015 c.736 §1]

431.003 Definitions. As used in ORS 431.001 to 431.550 and 431.990:

(1) “Foundational capability” means the knowledge, skill or ability that is necessary to carry out a public health activity.

(2) “Foundational program” means a public health program that is necessary to assess, protect or improve the health of the residents of this state.

(3) “Governing body of a local public health authority” means:

(a) The governing body of a county;

(b) A board described in ORS 431.443 (2);

(c) A board established under ORS 431.443 (3); or

(d) The board of an intergovernmental entity created by an agreement pursuant to ORS 190.010 (5) for the purpose of providing public health services.

(4) “Local health department” means the agency established by the local public health authority that is responsible for administering public health programs and public health activities within the local public health authority’s jurisdiction.

(5) “Local health officer” means:

(a) A local public health administrator appointed under ORS 431.418 who is a physician licensed under ORS chapter 677;

(b) A physician licensed under ORS chapter 677 who is employed by or who enters a contract with a local public health administrator under ORS 431.418; or

(c) A physician licensed under ORS chapter 677 who is appointed by the Public Health Officer under ORS 431.045.

(6) “Local public health administrator” means an individual appointed under ORS 431.418 to supervise the public health programs and public health activities of a local health department.

(7) “Local public health authority” means:

(a) A county government;

(b) A health district formed under ORS 431.443; or

(c) An intergovernmental entity that provides public health services pursuant to an agreement entered into under ORS 190.010 (5). [2015 c.736 §2; 2019 c.321 §5]

431.005 [1973 c.358 §1; repealed by 1977 c.751 §39]

431.010 [Amended by 1967 c.461 §1; 1969 c.695 §7; 1971 c.650 §5; repealed by 1973 c.358 §15]

431.015 [1973 c.358 §2; repealed by 1977 c.751 §39]

431.019 [1973 c.358 §2a; repealed by 1977 c.751 §39]

431.020 [Amended by 1967 c.461 §2; 1971 c.650 §6; repealed by 1973 c.358 §15]

431.023 [1973 c.358 §4; repealed by 1977 c.751 §39]

431.025 [1971 c.650 §11; repealed by 1973 c.358 §15]

431.030 [Repealed by 1971 c.650 §51]

STATE ADMINISTRATION

(Public Health Officers and Employees)

431.035 Power of Director of Oregon Health Authority to delegate functions; Public Health Director; appointment; duties. (1) The Director of the Oregon Health Authority may delegate to any of the officers and employees of the Oregon Health Authority the exercise or discharge in the director's name of any power, duty or function of whatever character vested in or imposed upon the director by the laws of Oregon. However, the power to administer oaths and affirmations, subpoena witnesses, take evidence and require the production of books, papers, correspondence, memoranda, agreements or other documents or records may be exercised by an officer or employee of the authority only when specifically delegated in writing by the director.

(2) The official act of any such person so acting in the director's name and by the authority of the director shall be deemed to be an official act of the director.

(3)(a) The Director of the Oregon Health Authority shall appoint a Public Health Director to perform the duties and exercise authority over public health emergency matters in the state and other duties as assigned by the director. The director may appoint the same person to serve as both the Public Health Director and the Public Health Officer appointed under ORS 431.045.

(b) The Public Health Director shall be an assistant director appointed by the Director of the Oregon Health Authority in accordance with ORS 409.130.

(c) The Public Health Director shall delegate to an employee of the authority the duties, powers and functions granted to the Public Health Director by ORS 431A.015 and 433.443 in the event of the absence from the state or the unavailability of the director. The delegation must be in writing. [1973 c.829 §2; 2007 c.445 §1; 2009 c.595 §532]

431.040 [Amended by 1969 c.314 §39; 1971 c.650 §7; repealed by 1973 c.358 §15]

431.045 Public Health Officer; appointment; qualifications; duties; rules. (1) The Director of the Oregon Health Authority shall appoint a Public Health Officer who shall be responsible for the medical and paramedical aspects of the health programs within the Oregon Health Authority. The Public Health Officer must be a physician licensed under ORS chapter 677 who:

(a) Is certified by the American Board of Preventive Medicine or the board of a primary care clinical specialty such as internal medicine, family medicine or pediatrics; and

(b) Has at least two years of experience working for a local, state or federal public health authority.

(2) The Public Health Officer:

(a) Is responsible for the duties imposed by 42 U.S.C. 300ff-133(g) and 300ff-136;

(b) May appoint a local health officer for a county that has transferred the responsibility of the local public health authority in the county to the Oregon Health Authority under ORS 431.382; and

(c) May adopt rules to carry out the officer's responsibilities under this subsection. [1971 c.650 §2; 1973 c.358 §5; 1977 c.267 §18; 1987 c.618 §1; 2001 c.900 §143; 2007 c.71 §119; 2009 c.595 §533; 2013 c.61 §1; 2015 c.318 §7; 2019 c.321 §2]

431.050 [Amended by 1967 c.461 §3; repealed by 1971 c.650 §51]

431.053 [1973 c.358 §3; repealed by 1977 c.751 §39]

431.055 [1967 c.363 §2; repealed by 1971 c.650 §51]

431.060 [Repealed by 1971 c.650 §51]

431.065 [1971 c.37 §2; 1977 c.582 §7; repealed by 2001 c.900 §261]

431.070 [1961 c.723 §1; 1969 c.314 §40; repealed by 1971 c.650 §51]

(Powers and Duties of Oregon Health Authority)

431.110 General powers and duties of Oregon Health Authority. The Oregon Health Authority shall:

(1) Have direct supervision of all matters relating to the preservation of life and health of the people of this state.

(2) Ensure the statewide and local application of the foundational capabilities established under ORS 431.131 and described in ORS 431.132, 431.133, 431.134, 431.135, 431.136, 431.137 and 431.138.

(3) At the state level of governance, administer the foundational programs established under ORS 431.141 and described in ORS 431.142, 431.143, 431.144 and 431.145.

(4) At the local level of governance, oversee and provide support for the implementation of the foundational programs established under ORS 431.141 and described in ORS 431.142, 431.143, 431.144 and 431.145.

(5) Conduct sanitary surveys about and investigations on the causes and prevention of diseases.

(6) Investigate, conduct hearings and issue findings in connection with annexations proposed by cities as provided in ORS 222.840 to 222.915 and 431.705 to 431.760.

(7) Have full power in the control of all communicable diseases.

(8) Have the authority to send a representative of the authority to any part of the state.

(9) From time to time, publish and distribute to the public information related to the functions and duties of the authority. [Amended by 1955 c.105 §1; 1967 c.624 §18; 1971 c.650 §9; 1977 c.582 §8; 1987 c.414 §83; 1989 c.834 §18; 1991 c.122 §11; 2001 c.900 §254; 2009 c.595 §534; 2013 c.61 §2; 2015 c.736 §3]

431.115 Administrative duties of Oregon Health Authority. (1) For the purpose of fulfilling its duties under ORS 431.110 (2), (3) and (4), the Oregon Health Authority shall:

(a) Adopt and update as necessary a statewide public health modernization assessment;

(b) In consideration of the statewide public health modernization assessment, develop and modify as necessary a statewide public health modernization plan;

(c) Implement the statewide public health modernization plan;

(d) Subject to the provisions of ORS 431.380, develop and modify as necessary plans for the distribution of funds to local public health authorities;

(e) Implement plans for the distribution of funds to local public health authorities;

(f) Coordinate state and local administration of the foundational programs established under ORS 431.141;

(g) Approve local plans for applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141 as required by ORS 431.417;

(h) Monitor the progress of local public health authorities in meeting statewide public health goals, including applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141;

(i) For the purpose of making distributions under ORS 431.380, consult with and consider the recommendations of local public health authorities on the total cost to local public health authorities of applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141;

(j) Use accountability metrics to encourage the effective and equitable provision of public health services by local public health authorities;

(k) Use incentives to encourage the effective and equitable provision of public health services by local public health authorities;

(L) Seek funding, including in the form of federal grants, for ORS 431.001 to 431.550 and 431.990; and

(m) Coordinate and collaborate with federal agencies in implementing ORS 431.001 to 431.550 and 431.990.

(2) The Oregon Health Authority shall solicit input from the Conference of Local Health Officials and local public health authorities in:

(a) Establishing the foundational capabilities under ORS 431.131 and the foundational programs under ORS 431.141;

(b) Adopting and updating a statewide public health modernization assessment under subsection (1)(a) of this section;

(c) Developing and modifying a statewide public health modernization plan under subsection (1)(b) of this section; and

(d) Developing and modifying plans for the distribution of funds under subsection (1)(d) of this section. [2015 c.736 §4; 2017 c.627 §2]

431.120 Other duties of Oregon Health Authority; rules. In addition to the duties described in ORS 431.115, the Oregon Health Authority shall:

(1) Enforce the laws, rules and policies of this state related to health.

(2) Routinely conduct epidemiological investigations for each case of sudden infant death syndrome, including the identification of risk factors such as birth weight, maternal age, prenatal care, history of apnea and socioeconomic characteristics. The authority may conduct the investigations through local health departments only upon adoption by rule of a uniform epidemiological data collection method.

(3) Adopt rules related to loans and grants awarded under ORS 285B.560 to 285B.599 or 541.700 to 541.855 for the improvement of drinking water systems for the purpose of maintaining compliance with applicable state and federal drinking water quality standards. In adopting rules under this subsection, the authority shall coordinate the authority's rulemaking process with the Water Resources Department and the Oregon Business Development Department to ensure that rules adopted under this subsection are consistent with rules adopted under ORS 285B.563 and 541.845.

(4) Control health care capital expenditures by administering the state certificate of need program under ORS 442.325 to 442.344. [Amended by 1971 c.650 §10; 1977 c.582 §9; 1981 c.385 §1; 1991 c.944 §4; 1993 c.18 §107; 1993 c.754 §8; 2005 c.835 §24; 2009 c.595 §535; 2013 c.61 §2a; 2015 c.736 §32]

(Oregon Public Health Advisory Board)

431.122 Members; terms; meetings; compensation. (1) As used in this section:

(a) "Community-based organization" means a nongovernmental organization that provides culturally and linguistic responsive services that are informed by the community, to improve the community's health and well-being, and that provides services intended to reach individuals disproportionately impacted by health risks and disease.

(b) "Rural" means a geographic area that is at least 10 miles from a population center of at least 40,000 residents.

(c) "Urban" means a geographic area that is less than 10 miles from a population center of at least 40,000 residents.

(2)(a) The Oregon Public Health Advisory Board is established for the purpose of advising and making recommendations to the Oregon Health Authority and the Oregon Health Policy Board. The Oregon Public Health Advisory Board shall consist of:

(A) Eighteen members appointed by the Governor as specified in paragraph (b) of this subsection;

(B) The Public Health Director or the Public Health Director's designee;

(C) If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer's designee;

(D) If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and

(E) A designee of the Oregon Health Policy Board.

(b) The Governor shall appoint the following individuals to the board:

(A) A state employee who has technical expertise in the field of public health;

(B) A local public health administrator who supervises public health programs and public health activities in Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County;

(C) A local public health administrator who supervises public health programs and public health activities in Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County;

(D) A local public health administrator who supervises public health programs and public health activities in Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County;

(E) A local public health administrator who supervises public health programs and public health activities in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County;

(F) A local health officer who is not a local public health administrator;

(G) An individual who represents the Conference of Local Health Officials created under ORS 431.330;

(H) An individual who is a member of, or who represents, a federally recognized Indian tribe in this state;

(I) An individual who represents coordinated care organizations;

(J) An individual who represents health care organizations that are not coordinated care organizations;

(K) An individual who represents individuals who provide public health services directly to the public;

(L) An expert in the field of public health who has a background in academia;

(M) An expert in population health metrics;

(N) An expert in health equity;

- (O) An individual who represents a community-based organization serving a rural community;
- (P) An individual who represents a community-based organization serving an urban community;
- (Q) An individual who represents the education system from early learning through high school; and
- (R) An at-large member.

(3)(a) The term of office for a board member appointed under this section is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(b) Members of the board described in subsection (2)(a)(B) to (E) of this section are nonvoting ex officio members of the board.

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

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

(6) The board shall elect one of its voting members to serve as chairperson.

(7) The board shall meet at times and places specified by the call of the chairperson or of a majority of the voting members of the board.

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

(9) The board may establish committees and subcommittees necessary for the operation of the board.

(10) Voting members of the board are entitled to compensation and expenses as provided in ORS 292.495.

[Formerly 431.195; 2017 c.627 §8a; 2023 c.199 §10]

431.123 Duties of Oregon Public Health Advisory Board. The Oregon Public Health Advisory Board shall:

(1) Make recommendations to the Oregon Health Policy Board on the development of statewide public health policies and goals;

(2) Make recommendations to the Oregon Health Policy Board on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by statewide public health policies and goals;

(3) Make recommendations to the Oregon Health Policy Board on the establishment of the foundational capabilities under ORS 431.131, the foundational programs under ORS 431.141 and any other public health program or activity under ORS 431.147;

(4) Make recommendations to the Oregon Health Policy Board on the adoption and updating of the statewide public health modernization assessment under ORS 431.115;

(5) Make recommendations to the Oregon Health Policy Board on the development of and any modification to the statewide public health modernization plan developed under ORS 431.115;

(6) Establish accountability metrics for the purpose of evaluating the progress of the Oregon Health Authority and local public health authorities in achieving statewide public health goals;

(7) Make recommendations to the Oregon Health Authority and the Oregon Health Policy Board on:

(a) The development of, and any modification to, plans developed under ORS 431.115 for the distribution of funds to local public health authorities under ORS 431.380; and

(b) The total cost to local public health authorities of applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141;

(8) Make recommendations to the Oregon Health Policy Board on the use of accountability metrics by the Oregon Health Authority under ORS 431.380 to encourage the effective and equitable provision of public health services by local public health authorities;

(9) Make recommendations to the Oregon Health Policy Board on the incorporation and use of incentives by the Oregon Health Authority under ORS 431.380 to encourage the effective and equitable provision of public health services by local public health authorities;

(10) Provide support to local public health authorities in developing local plans to apply the foundational capabilities established under ORS 431.131 and implement the foundational programs established under ORS 431.141 as required by ORS 431.417;

(11) Monitor the progress of local public health authorities in meeting statewide public health goals, including employing the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141;

- (12) Assist the Oregon Health Authority in seeking funding, including in the form of federal grants, for ORS 431.001 to 431.550 and 431.990; and
- (13) Assist the Oregon Health Authority in coordinating and collaborating with federal agencies. [2015 c.736 §7; 2017 c.627 §3]

(Oregon Health Policy Board)

431.125 Duties related to public health laws. In addition to the duties described in ORS 413.011, the Oregon Health Policy Board shall:

- (1) Be the policy-making and oversight body for the Oregon Health Authority with respect to the application of the foundational capabilities established under ORS 431.131 and the implementation of the foundational programs established under ORS 431.141; and
- (2) Provide advice to the Oregon Health Authority based on the recommendations made by the Oregon Public Health Advisory Board under ORS 431.123. [2015 c.736 §8]

431.130 [Amended by 1959 c.629 §5; 1959 c.684 §2; 1961 c.725 §10; 1963 c.32 §1; 1965 c.362 §3; 1969 c.14 §2; 1969 c.641 §16; 1971 c.195 §1; 1971 c.413 §13; 1971 c.763 §13; 1973 c.408 §33; 1973 c.833 §41; 1973 c.835 §233; repealed by 1977 c.582 §61]

FOUNDATIONAL CAPABILITIES AND PROGRAMS

431.131 Foundational capabilities; rules. (1) The Oregon Health Authority, in consideration of the advice provided by the Oregon Health Policy Board under ORS 431.125, shall establish by rule the foundational capabilities necessary to protect and improve the health of the residents of this state and to achieve effective and equitable health outcomes for the residents of this state.

(2) At a minimum, the authority shall establish the following foundational capabilities:

- (a) Assessment and epidemiology, as described in ORS 431.132;
- (b) Emergency preparedness and response, as described in ORS 431.133;
- (c) Communications as described in ORS 431.134;
- (d) Policy and planning as described in ORS 431.135;
- (e) Leadership and organizational competencies, as described in ORS 431.136;
- (f) Health equity and cultural responsiveness, as described in ORS 431.137; and
- (g) Community partnership development, as described in ORS 431.138. [2015 c.736 §9]

431.132 Assessment and epidemiology; rules. (1) For the purpose of establishing the foundational capabilities under ORS 431.131, assessment and epidemiology include, but are not limited to, the knowledge, skills and abilities necessary to:

- (a) Identify and respond to disease outbreaks and epidemics;
- (b) Analyze and respond to information related to disease outbreaks and epidemics;
- (c) Conduct and assess surveys about health behaviors and practices;
- (d) Collect and maintain vital records and statistics;
- (e) Process data from a variety of sources, including vital records, health records, hospital data, insurance data and indicators of community or environmental health;
- (f) Analyze key indicators of a community's health;
- (g) Analyze data related to the causes and burdens of disease, injury, disability and death;
- (h) Prioritize and respond to requests for data processed and analyzed as described in this section and communicate the response in a manner that is accurate, statistically valid and usable by the requester;
- (i) Identify how disease, injury, disability and death disproportionately affect certain populations, including populations specific to sex, race, ethnicity and socioeconomic status;
- (j) Conduct a community health assessment and identify priorities arising from that assessment; and
- (k) Use relevant data to implement, monitor, evaluate and modify state health improvement plans or community health improvement plans.

(2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local

governance. [2015 c.736 §10; 2017 c.627 §7]

431.133 Emergency preparedness and response; rules. (1) For the purpose of establishing the foundational capabilities under ORS 431.131, emergency preparedness and response include, but are not limited to, the knowledge, skills and abilities necessary to:

- (a) Develop, exercise, improve and maintain preparedness and response plans in the event that either a natural or man-made disaster or an emergency occurs;
 - (b) Communicate and coordinate with health care providers, emergency service providers and other agencies and organizations that respond to disasters and emergencies;
 - (c) Activate emergency response personnel during a disaster or emergency, and recognize if public health has a primary, secondary or ancillary role in response activities;
 - (d) Use communications systems effectively and efficiently during a disaster or emergency;
 - (e) Maintain and execute a plan providing for continuity of operations during a disaster or emergency, including a plan for accessing resources necessary to recover from or respond to a disaster or emergency;
 - (f) Issue and enforce emergency health orders;
 - (g) Be notified of and respond to potential disasters and emergencies; and
 - (h) Address the needs of vulnerable populations during a disaster or emergency.
- (2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance. [2015 c.736 §11]

431.134 Communications; rules. (1) For the purpose of establishing the foundational capabilities under ORS 431.131, communications include, but are not limited to, the knowledge, skills and abilities necessary to:

- (a) Engage in two-way communications with the public through the use of a variety of accessible methods of communication;
 - (b) Effectively use mass media and social media to transmit communications to and receive communications from the public;
 - (c) Communicate with specific populations in a manner that is culturally and linguistically appropriate;
 - (d) Develop and implement educational programs and preventive strategies; and
 - (e) During a disease outbreak or other disaster or emergency, provide accurate, timely and understandable information, recommendations and instructions to the public.
- (2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance. [2015 c.736 §12]

431.135 Policy and planning; rules. (1) For the purpose of establishing the foundational capabilities under ORS 431.131, policy and planning include, but are not limited to, the knowledge, skills and abilities necessary to:

- (a) Enable the Oregon Health Authority and local public health authorities to serve as a primary and expert resource for using science and evidence-based best practices to inform the development and implementation of public health policies;
 - (b) Provide guidance and coordinate planning for the purpose of developing, adopting and implementing public health policies;
 - (c) Develop public health policy options necessary to protect and improve the health of the public and specific adversely impacted populations;
 - (d) Understand and use the principles of public health law to improve and protect the health of the public;
 - (e) Analyze and disseminate findings on the intended and unintended impacts of public health policies; and
 - (f) Implement, monitor, evaluate and modify state health improvement plans or community health improvement plans.
- (2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance. [2015 c.736 §13]

431.136 Leadership and organizational competencies; rules. (1) For the purpose of establishing the foundational capabilities under ORS 431.131, leadership and organizational competencies include, but are not limited to, the knowledge, skills and abilities necessary to:

- (a) Define the strategic direction necessary to achieve public health goals and align and lead stakeholders in achieving those goals;
 - (b) Use the principles of public health law, including relevant agency rules and the constitutional guarantee of due process, in planning, implementing and enforcing public health initiatives;
 - (c) Promote and monitor organizational objectives while sustaining a culture of quality of service;
 - (d) Maintain a competent workforce necessary to ensure the effective and equitable provision of public health services;
 - (e) Provide continuing education and other training opportunities necessary to maintain a competent workforce;
 - (f) Develop partnerships with institutions of higher education necessary to maintain a competent workforce;
 - (g) To the extent practicable, ensure that local public health administrators, local health officers and individuals who work in the field of public health reflect the demographics of the community being served and the changing demographics of this state;
 - (h) Implement and maintain the technology needed to support public health operations while simultaneously protecting personally identifiable information and other confidential health information; and
 - (i) Use accounting and business best practices in budgeting, tracking finances, billing, auditing, securing grants and other sources of funding and distributing moneys to governmental and nongovernmental partners.
- (2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance. [2015 c.736 §14]

431.137 Health equity and cultural responsiveness; rules. (1) For the purpose of establishing the foundational capabilities under ORS 431.131, health equity and cultural responsiveness include, but are not limited to, the knowledge, skills and abilities necessary to:

- (a) Support public health policies that promote health equity;
 - (b) Implement processes within public health programs that create health equity;
 - (c) Recognize and address health inequities that are specific to certain populations, including populations specific to sex, race, ethnicity and socioeconomic status;
 - (d) Communicate with the public and stakeholders in a transparent and inclusive manner;
 - (e) When appropriate, provide the public and stakeholders with access to the data and findings described in ORS 431.132; and
 - (f) Engage diverse populations in community health planning.
- (2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance. [2015 c.736 §15]

431.138 Community partnership development; rules. (1) For the purpose of establishing the foundational capabilities under ORS 431.131, community partnership development includes, but is not limited to, the knowledge, skills and abilities necessary to:

- (a) Convene and sustain relationships with traditional and nontraditional governmental partners and stakeholders and traditional and nontraditional nongovernmental partners and stakeholders;
 - (b) Foster and support community involvement and partnerships in developing, adopting and implementing public health policies;
 - (c) Engage members of the community in implementing, monitoring, evaluating and modifying state health improvement plans or community health improvement plans; and
 - (d) Develop, strengthen and expand connections across disciplines, such as education and health care, and with members of the community who work in those disciplines.
- (2) For purposes of this section, the Oregon Health Authority may adopt rules differentiating between the knowledge, skills and abilities that are necessary for state governance and that are necessary for local governance. [2015 c.736 §16]

431.139 Reporting on foundational capabilities. (1) Each biennium, the Oregon Health Authority shall submit to the Legislative Fiscal Office a report on the application of the formula described in ORS 431.380, containing at a minimum:

(a) A statement of the amount of state moneys that the Oregon Health Authority received for the purpose of funding the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141;

(b) A description of how state moneys that the Oregon Health Authority received for the purpose of funding the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141 were distributed to local public health authorities; and

(c) The level of work funded for each foundational capability and each foundational program and the progress of local public health authorities in meeting accountability metrics.

(2) The Oregon Public Health Advisory Board shall, each biennium, make recommendations to the Oregon Health Authority on the priorities for the Oregon Health Authority and on the priorities of local public health authorities for each foundational capability established under ORS 431.131 and each foundational program established under ORS 431.141, based on state moneys that the Oregon Health Authority received for the purpose of funding the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141. [2017 c.627 §4a]

Note: 431.139 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 431 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

431.140 [Amended by 1959 c.314 §21; 1973 c.833 §42; 1977 c.582 §10; 2001 c.900 §144; repealed by 2007 c.445 §42]

431.141 Foundational programs; rules. (1) The Oregon Health Authority, in consideration of any advice provided by the Oregon Health Policy Board under ORS 431.125, shall establish by rule the foundational programs through which the authority and local public health authorities administer public health services in this state.

(2) At a minimum, the authority shall establish the following foundational programs:

(a) Communicable disease control programs, as described in ORS 431.142;

(b) Environmental public health programs, as described in ORS 431.143;

(c) Prevention of injury and disease and promotion of health programs, as described in ORS 431.144; and

(d) Clinical preventive services, as described in ORS 431.145. [2015 c.736 §17]

431.142 Communicable disease control programs. Communicable disease control programs established under ORS 431.141 must identify, prevent and control infectious diseases that pose a threat to the health of the public and must include, but are not limited to:

(1) Recognizing, identifying and responding to communicable disease outbreaks;

(2) Maintaining a list of communicable diseases;

(3) Conducting, receiving and analyzing laboratory results and physician reports related to communicable diseases;

(4) Providing the support necessary for individuals to recognize communicable diseases and other illnesses of public health importance; and

(5) Conducting community-based programs for the purpose of preventing communicable diseases. [2015 c.736 §18]

431.143 Environmental public health programs. Environmental public health programs established under ORS 431.141 must protect the public from illness, injury, disability and death caused by exposure to physical, chemical or biological factors in the environment and must include, but are not limited to:

(1) Testing and analysis for purposes related to environmental health;

(2) Preventing and investigating environmental health hazards, including radioactive materials, animal bites and vector-borne diseases;

(3) Inspecting and educating the operators of:

- (a) Restaurants and other food service establishments;
 - (b) Recreation sites, lodges and swimming pools;
 - (c) Septic systems;
 - (d) Potable water systems;
 - (e) Radiological equipment; and
 - (f) Hospitals and other health care facilities; and
- (4) Promoting land use planning and sustainable development activities that create positive health outcomes. [2015 c.736 §19]

431.144 Prevention of injury and disease and promotion of health programs. (1) Prevention of injury and disease and promotion of health programs established under ORS 431.141 must include, but are not limited to:

- (a) Prevention and control of tobacco use;
- (b) Improving nutrition;
- (c) Improving oral health;
- (d) Improving prenatal, natal and postnatal care, maternal health and the health of children;
- (e) Incentivizing increased physical activity; and
- (f) Decreasing the occurrence and impacts of both unintentional and intentional injuries, such as motor vehicle accidents and suicide.

(2) Prevention of injury and disease and promotion of health programs must be based on evidence-based or emerging best practices designed to improve health outcomes for all populations. [2015 c.736 §20]

431.145 Clinical preventive services. Clinical preventive services established under ORS 431.141 must provide for the assessment of public access to:

- (1) Immunizations;
- (2) Prenatal care;
- (3) Screening for preventable cancers and other diseases;
- (4) Screening for sexually transmitted infections;
- (5) Evaluation of and treatment for tuberculosis and related latent tuberculosis infections;
- (6) Cost-effective preventive care; and
- (7) Laboratory services. [2015 c.736 §21]

431.147 Authority to establish other public health programs and activities; rules. In addition to the foundational programs established under ORS 431.141, the Oregon Health Authority may establish by rule other public health programs, or by rule or order other public health activities, that address specific public health problems or needs. Programs and activities may be established under this section for the purpose of enhancing or expanding a foundational program or for the purpose of addressing a need not addressed by a foundational program. Additional programs and activities may be established under this section in consideration of any advice provided by the Oregon Public Health Advisory Board or upon the authority's own initiative. [2015 c.736 §22]

431.148 Evidence-based best practices; rules. The Oregon Health Authority may adopt by rule evidence-based best practices for the purpose of assisting local public health authorities in implementing the foundational programs established under ORS 431.141 and any other public health program or activity established under ORS 431.147. Rules adopted under this section are only for the purpose of assisting local public health authorities and are not mandatory guidelines for the implementation of the programs or activities. [2015 c.736 §23; 2017 c.627 §8]

RULES

431.149 Rulemaking authority over ORS 431.001 to 431.550 and 431.990. The Oregon Health Authority may adopt rules to implement ORS 431.001 to 431.550 and 431.990. [2015 c.736 §24]

ENFORCEMENT

431.150 Enforcement of public health laws generally. (1) The Oregon Health Authority shall enforce ORS 431.001 to 431.550 and 431.990 and any other public health law of this state. The Director of the Oregon Health Authority shall supervise local public health administrators in the execution of their duties under subsection (2) of this section.

(2) A local public health administrator shall administer and enforce ORS 431.001 to 431.550 and 431.990 and any other public health law of this state within the jurisdiction of the local public health authority supervised by the local public health administrator. If a local public health administrator has knowledge of a violation of ORS 431.001 to 431.550 and 431.990 or any other public health law of this state, or of a violation of any rule adopted under ORS 431.001 to 431.550 and 431.990 or adopted under any other public health law of this state, the local public health administrator shall report the violation to the Oregon Health Authority in a form and manner prescribed by the authority.

(3) The Oregon Health Authority or a local public health administrator may investigate cases of irregularity or violations of laws or rules necessary for the authority or local public health administrator to execute their duties under subsections (1) and (2) of this section. A local public health administrator shall aid the authority, upon request, in conducting investigations initiated by the authority.

(4) When a violation of a public health law or rule is reported to a district attorney or official acting in the capacity of a district attorney, the district attorney or official shall initiate and promptly commence the necessary proceedings against the party or parties responsible for the alleged violation.

(5) Upon request of the authority, the Attorney General shall assist the authority in the enforcement of laws and rules under this section. [Amended by 1959 c.314 §22; 1971 c.650 §12; 1973 c.833 §43; 1973 c.835 §165; 1974 c.36 §12; 1977 c.582 §11; 2009 c.595 §536; 2015 c.736 §33]

431.155 Authority of Oregon Health Authority to restrain violation of public health laws. (1) Whenever it appears to the Oregon Health Authority that any person is engaged or about to engage in any acts or practices that constitute a violation of any statute relating to public health administered by the authority, or any rule or order issued thereunder, the authority may institute proceedings in the circuit courts to enforce obedience thereto by injunction, or by other processes, mandatory or otherwise, restraining such person, or its officers, agents, employees and representatives from further violation of such statute, rule or order, and enjoining upon them obedience thereto.

(2) The provisions of this section are in addition to and not in substitution of any other enforcement provisions contained in any statute administered by the authority. [1967 c.94 §2; 1971 c.650 §13; 1977 c.582 §12; 2001 c.900 §145; 2009 c.595 §537]

431.157 Authority of local public health administrator to restrain violation of public health laws. A local public health administrator has the same powers granted to the Oregon Health Authority under ORS 431.155. [1983 c.370 §4; 2003 c.309 §5; 2009 c.595 §538; 2015 c.736 §34]

431.160 Commencement of prosecutions. The district attorney, county attorney or Attorney General may institute prosecutions for violation of any public health statute by information, by indictment or by complaint verified before any magistrate. [Amended by 1959 c.314 §23; 1973 c.833 §44; 1977 c.582 §13; 1995 c.658 §104]

431.170 State enforcement of public health laws and rules when local public health administrator is delinquent. (1) The Director of the Oregon Health Authority shall take direct charge of the functions that are necessary to preserve the public health in a local public health authority whenever a local public health administrator fails to administer or enforce ORS 431.001 to 431.550 and 431.990 and any other public health law or rule of this state as described in ORS 431.150.

(2) The director may request assistance as necessary to fulfill the director's duties under subsection (1) of this section, the expense of which shall be borne by the local public health authority over which the director took charge, to be paid out of the treasury of the local public health authority with moneys made available to the local public health authority under ORS 431.380, upon the receipt of vouchers properly certified by the director, except that payment is not required if the local public health authority requests a transfer under ORS 431.382. [Amended by 1959 c.314 §24; 1973 c.833 §45; 1977 c.582 §14; 2001 c.900 §146; 2009 c.595 §539; 2015 c.736 §35]

431.175 Warrant procedure. If necessary, the Director of the Oregon Health Authority or a designee thereof, the State Fire Marshal or a designee thereof or an officer of a law enforcement agency may appear before any magistrate empowered to issue warrants in criminal cases, and require such magistrate to issue a warrant, directing it to any sheriff or deputy or any constable or police officer, to enter the described property or to remove any person or obstacle, or to defend any threatened violence to the director or a designee thereof, the State Fire Marshal or a designee thereof or an officer, upon entering private property, or to assist the director in any way. [Formerly 433.025; 1991 c.67 §112; 2009 c.595 §540]

431.180 Interference with individual's selection of health care provider, treatment or religious practice prohibited. (1) Nothing in ORS 431.001 to 431.550 and 431.990 or any other public health law of this state shall be construed as authorizing the Oregon Health Authority or its representatives, or any local public health authority or its representatives, to interfere in any manner with an individual's right to select the physician, physician associate, naturopathic physician or nurse practitioner of the individual's choice or the individual's choice of mode of treatment, nor as interfering with the practice of a person whose religion treats or administers sick or suffering people by purely spiritual means.

(2) This section does not apply to the laws of this state imposing sanitary requirements or rules adopted under the laws of this state imposing sanitary requirements. [Amended by 1977 c.582 §15; 2007 c.70 §238; 2009 c.595 §541; 2014 c.45 §49; 2015 c.736 §36; 2017 c.356 §59; 2024 c.73 §74]

431.190 [1977 c.448 §8; 1993 c.742 §96; 2009 c.595 §542; repealed by 2011 c.720 §228]

431.195 [1983 c.653 §1; 2001 c.900 §147; 2003 c.784 §10; 2005 c.771 §3; 2009 c.595 §543; 2011 c.720 §183; 2015 c.736 §5; renumbered 431.122 in 2015]

FINANCIAL ADMINISTRATION; SURPLUS PROPERTY; FEDERAL AID

431.210 Public Health Account. (1) There is established in the General Fund the Public Health Account, classified separately as to federal and other moneys.

(2) All fees, penalties, federal apportionments or contributions and other moneys received by the Oregon Health Authority relating to public health shall be turned over to the State Treasurer not later than the 10th day of the calendar month next succeeding their receipt by the authority and shall be credited to the Public Health Account.

(3) All moneys credited to the Public Health Account are continuously appropriated to the authority for the payment of expenses of the authority. [Amended by 1971 c.650 §14; 1973 c.427 §5; 1977 c.582 §16; 2001 c.900 §148; 2005 c.755 §36; 2009 c.595 §544; 2011 c.597 §194]

431.220 Record of moneys in Public Health Account. The Oregon Health Authority shall keep a record of all moneys deposited in the Public Health 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. [Amended by 1973 c.427 §6; 1977 c.582 §17; 2007 c.71 §120; 2009 c.595 §545]

431.230 Emergency or revolving fund. (1) The Oregon Health Authority may request the Oregon Department of Administrative Services to, and when so requested, the Oregon Department of Administrative Services shall, draw a payment on the Public Health Account in favor of the Director of the Oregon Health Authority in a sum not exceeding \$25,000, which sum shall be used by the director as an emergency or revolving fund.

(2) The emergency or revolving fund shall be deposited with the State Treasurer, and shall be at the disposal of the director. It may be used to pay advances for salaries, travel expenses or any other proper claim against, or expense of, the authority or the health-related licensing boards for whom the authority provides accounting services.

(3) Claims for reimbursement of advances paid from the emergency or revolving fund shall be submitted to the authority for approval. When such claims are so approved, payments covering them shall be drawn in favor

of the director and charged against the appropriate fund or account, and shall be used to reimburse the emergency or revolving fund.

(4) The authority may establish petty cash funds within the emergency or revolving fund by drawing checks upon the emergency or revolving fund payable to the custodians of the petty cash funds. [Amended by 1973 c.427 §7; 1975 c.614 §16; 1999 c.829 §6; 2003 c.14 §241; 2009 c.595 §546]

431.240 [Repealed by 1955 c.147 §1]

431.250 Federal grants to be handled by Oregon Health Authority; disbursement; planning. (1) The Oregon Health Authority hereby is designated as the state agency to apply to and receive from the federal government or any agency thereof such grants for promoting public health and the prevention of disease, including grants for cancer control and industrial hygiene programs, as may be available to this state or any of its political subdivisions or agencies.

(2) For the purposes of subsection (1) of this section, the authority shall:

(a) Disburse or supervise the disbursement of all funds made available at any time by the federal government or this state for those purposes.

(b) Adopt, carry out and administer plans for those purposes. Plans so adopted shall be made statewide in application insofar as reasonably feasible, possible or permissible, and shall be so devised as to meet the approval of the federal government or any of its agencies, not inconsistent with the laws of the state. [Amended by 1961 c.706 §20a; 1967 c.343 §1; 1971 c.650 §15; 1973 c.829 §20; 1977 c.751 §34; subsections (3), (4) renumbered 442.110; 2001 c.900 §149; 2009 c.595 §547]

431.260 [2007 c.445 §3; 2009 c.595 §548; 2015 c.736 §71; renumbered 431A.005 in 2015]

431.262 [2007 c.445 §4; 2009 c.595 §549; renumbered 431A.010 in 2015]

431.264 [2007 c.445 §5; 2009 c.595 §550; renumbered 431A.015 in 2015]

431.266 [2007 c.445 §5a; renumbered 431A.020 in 2015]

431.270 [1991 c.652 §1; 2009 c.595 §551; renumbered 431A.475 in 2015]

431.275 [1991 c.652 §5; repealed by 1999 c.59 §123]

431.280 [1991 c.652 §6; repealed by 1999 c.59 §123]

431.290 [1999 c.1044 §§1,3; 2009 c.595 §552; renumbered 431A.500 in 2015]

431.292 [1999 c.1044 §4; renumbered 431A.505 in 2015]

431.294 [1999 c.1044 §5; renumbered 431A.510 in 2015]

431.310 [Amended by 1977 c.582 §18; 1981 c.630 §1; 1983 c.351 §1; 1993 c.374 §1; 2001 c.760 §1; 2009 c.595 §553; 2009 c.828 §63; 2011 c.100 §1; renumbered 431A.750 in 2015]

431.320 [Repealed by 1967 c.146 §1 (431.330, 431.335, 431.340, 431.345 and 431.350 enacted in lieu of 431.320)]

431.325 [1971 c.650 §17; 1977 c.582 §19; repealed by 1993 c.742 §95]

CONFERENCE OF LOCAL HEALTH OFFICIALS

431.330 Members; officers. (1) The Conference of Local Health Officials is created. The conference shall consist of each local public health administrator and local health officer in this state and other local health

personnel as provided by the rules of the conference.

(2) The conference shall select one of its members as chairperson, another as vice chairperson and another as secretary, each having the powers and duties necessary to perform the duties of their respective offices as determined by the commission. The chairperson, after consultation with the Director of the Oregon Health Authority, shall appoint from among the conference members an executive committee. The chairperson and the executive committee shall advise the director in the administration of ORS 431.330 to 431.350. [1967 c.146 §2 (enacted in lieu of 431.320); 1977 c.582 §20; 1979 c.96 §1; 2009 c.595 §554; 2015 c.736 §37]

431.335 Meetings; notice; expenses of members and officers. (1) The Conference of Local Health Officials shall meet at least annually at a place, day and hour determined by the executive committee and the Director of the Oregon Health Authority. The conference may meet specially at any other time that the executive committee or the director considers necessary.

(2) The director shall give at least 10 days' notice of each meeting date to the conference members. The chairperson or an authorized representative of the chairperson shall preside at all meetings of the conference.

(3) Each conference member shall receive from the local public health authority the conference member represents, subject to funds available under ORS 431.510, the actual and necessary travel and other expenses incurred by the conference member for no more than two meetings of the conference per year. Additionally, subject to applicable law regulating travel and other expenses for state officers, a local public health administrator or local health official who is a member of the executive committee of the conference or who is the chairperson of the conference shall receive from the Oregon Health Authority the actual and necessary travel and other expenses for no more than six meetings of the executive committee per year that are called by the authority. [1967 c.146 §3 (enacted in lieu of 431.320); 1977 c.582 §21; 2009 c.595 §555; 2015 c.736 §38]

431.340 Recommendations of conference. The Conference of Local Health Officials may submit to the Oregon Health Authority recommendations on:

(1) The establishment of the foundational capabilities under ORS 431.131, the foundational programs under ORS 431.141 and any other public health program or activity under ORS 431.147;

(2) The adoption and updating of the statewide public health modernization assessment under ORS 431.115;

(3) The development of and any modification to the statewide public health modernization plan under ORS 431.115; and

(4) The adoption of rules under ORS 431.350. [1967 c.146 §6 (enacted in lieu of 431.320); 1977 c.582 §22; 2009 c.595 §556; 2015 c.736 §31]

431.345 [1967 c.146 §5 (enacted in lieu of 431.320); 1977 c.582 §23; 2009 c.595 §557; repealed by 2015 c.736 §113]

431.350 Oregon Health Authority to adopt rules for ORS 431.330 to 431.350. Upon receipt of written approval from the Conference of Local Health Officials the Oregon Health Authority shall adopt rules necessary for the administration of ORS 431.330 to 431.350. [1967 c.146 §4 (enacted in lieu of 431.320); 1977 c.582 §24; 2009 c.595 §558]

431.375 [1983 c.398 §1; 2005 c.493 §1; 2009 c.595 §559; repealed by 2015 c.736 §113]

FUNDING OF LOCAL PUBLIC HEALTH AUTHORITIES

431.380 Distribution of funds; rules. (1) From state moneys that the Oregon Health Authority receives for the purpose of funding the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141, the Oregon Health Authority shall make payments to local public health authorities under this section. The Oregon Health Authority shall each biennium submit to the Oregon Public Health Advisory Board and the Legislative Fiscal Office a formula that provides for the equitable distribution of moneys. The Oregon Health Authority shall incorporate into the formula:

(a) A method for distributing to local public health authorities a base amount of state moneys received by the Oregon Health Authority pursuant to this subsection, taking into consideration the population of each local public health authority, the burden of disease borne by communities located within the jurisdiction of each local

public health authority, the overall health status of communities located within the jurisdiction of each local public health authority and the ability of each local public health authority to invest in local public health activities and services;

(b) A method for awarding matching funds to a local public health authority that invests in local public health activities and services above the base amount distributed in accordance with paragraph (a) of this subsection; and

(c) A method for the use of incentives as described in subsection (3) of this section.

(2) The Oregon Health Authority shall submit the formula adopted under subsection (1) of this section to the Oregon Public Health Advisory Board and the Legislative Fiscal Office no later than June 30 of each even-numbered year. At the same time that the Oregon Health Authority submits the formula, the Oregon Health Authority shall submit to the Oregon Public Health Advisory Board and the Legislative Fiscal Office an estimate of the amount of state moneys necessary to fund in part or in whole the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141.

(3) The Oregon Health Authority shall adopt by rule incentives and a process for identifying, updating and applying accountability metrics, for the purpose of encouraging the effective and equitable provision of public health services by local public health authorities.

(4) Nothing in this section prohibits the Oregon Health Authority from distributing state moneys that the Oregon Health Authority receives for the purpose of funding the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141 to local public health authorities on an individual basis as opposed to a statewide basis, or through a competitive grant or contract process or on the basis of need, if the state moneys received are insufficient to adequately fund local public health authorities on a statewide basis. [1983 c.398 §2; 2009 c.595 §560; 2015 c.736 §28; 2017 c.627 §4]

431.382 Transfer of local public health authority's responsibility; effective date of transfer; eligibility to receive moneys; written agreements; rules. (1) If the Oregon Health Authority does not receive state moneys in an amount that equals or exceeds the estimate that the Oregon Health Authority submits to the Legislative Fiscal Office under ORS 431.380 (2), the governing body of the county in which a local public health authority operates or the governing body of a local public health authority may adopt an ordinance or resolution transferring the responsibility for fulfilling the local public health authority's duties under ORS 431.001 to 431.550 and 431.990 and the other public health laws of this state to the Oregon Health Authority. An ordinance or resolution adopted under this section must specify the disparity in moneys received as described in this subsection.

(2) The Oregon Health Authority shall prescribe the form and manner of informing the Oregon Health Authority that the local public health authority has made a transfer under this section.

(3) A transfer under this section may not take effect until 180 days after the date on which an ordinance or resolution mandating the transfer is adopted unless the Oregon Health Authority agrees to an earlier effective date.

(4) The local public health authority that makes a transfer under this section is not eligible to receive any moneys pursuant to ORS 431.380, and the Oregon Health Authority may use the moneys to provide or to contract for the provision of public health programs and public health activities within the local public health authority's jurisdiction.

(5) If a local public health authority makes a transfer under this section, the Oregon Health Authority:

(a) Is not obligated to provide or to contract for the provision of public health programs and public health activities within the local public health authority's jurisdiction; and

(b) Has the authority of a local public health authority and local public health administrator within the former local public health authority's jurisdiction.

(6)(a) The governing body of a county or local public health authority that has transferred the responsibility for fulfilling the local public health authority's duties to the Oregon Health Authority under subsection (1) of this section may request that the Oregon Health Authority transfer the responsibilities back to the local public health authority.

(b) Upon the receipt of a request made under this subsection, the Oregon Health Authority and the governing body of the county or local public health authority that submitted the request shall enter into an agreement that provides a schedule for, and includes any other information necessary to effectuate, the transfer of responsibilities to the local public health authority. Upon completion by the Oregon Health Authority and the

governing body of the terms of the agreement described in this paragraph, the governing body may repeal the ordinance or resolution adopted under subsection (1) of this section.

(c) Unless the criteria established under this paragraph are met, and the Oregon Health Authority agrees to an earlier date pursuant to subsection (3) of this section, the governing body of a county or local public health authority described in this subsection may not request that the Oregon Health Authority transfer responsibilities back to the local public health authority sooner than four years from the date described in subsection (3) of this section. The Oregon Health Authority shall establish by rule criteria described in this paragraph.

(d) A request made under this subsection must include the rationale for the request to transfer responsibilities back to the local public health authority.

(e) Nothing in this subsection is intended to alter or terminate before the specified term an agreement or contract that the Oregon Health Authority entered into during the period when the Oregon Health Authority was fulfilling the responsibilities of the local public health authority.

(7)(a) The governing body of a county or local public health authority that adopts an ordinance or resolution pursuant to subsection (1) of this section shall enter into a written agreement with the Oregon Health Authority regarding the transfer.

(b) If the governing body of a county or local public health authority makes a request under subsection (6) of this section, the governing body shall enter into a written agreement with the Oregon Health Authority regarding the transfer back to the local public health authority. The agreement must include a description of the reason or reasons that the governing body made the request under subsection (6) of this section.

(c) The Oregon Health Authority may determine the form and manner of the records described in this subsection. [2015 c.736 §29; 2017 c.627 §5; 2019 c.321 §3]

Note: 431.382 was added to and made a part of 431.001 to 431.550 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

431.385 [1983 c.398 §3; 2003 c.553 §6; 2009 c.595 §561; 2011 c.70 §7; 2012 c.37 §102; 2013 c.640 §§7,8; 2015 c.736 §27; renumbered 431.417 in 2015]

LOCAL ADMINISTRATION

431.405 Purpose of ORS 431.380 to 431.510. It is the purpose of ORS 431.380 to 431.510 to encourage improvement and standardization of health departments in order to provide a more effective and more efficient public health service throughout the state. [1961 c.610 §1]

431.410 [Amended by 1953 c.189 §3; 1961 c.610 §2; 1973 c.829 §20a; repealed by 2015 c.736 §113]

431.412 [Formerly 431.470; 1963 c.544 §49; 1977 c.582 §25; 1981 c.127 §1; 1987 c.618 §2; 1991 c.167 §26; 2003 c.226 §22; 2015 c. 736 §39; renumbered 431.447 in 2015]

431.413 Powers and duties of local public health authorities. (1) Subject to the availability of funds paid pursuant to ORS 431.380, each local public health authority shall:

(a) Administer and enforce ORS 431.001 to 431.550 and 431.990 and any other public health law of this state;

(b) Adopt and update as necessary a local public health modernization assessment;

(c) In consideration of the local public health modernization assessment, adopt, implement, monitor, evaluate and modify as necessary a local public health modernization plan that includes:

(A) A plan for applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141 as required by ORS 431.417; and

(B) Any other local public health program or activity that the local public health authority considers necessary to protect the public health and safety;

(d) Coordinate with coordinated care organizations as defined in ORS 414.025 and Early Learning Hubs as defined in ORS 417.827;

(e) Impose civil penalties adopted under ORS 431.415 (1)(c) and enforce the ordinances and rules adopted under ORS 431.415 (1)(b); and

(f) Perform any other duty imposed on local public health authorities by law.

(2) A local public health authority may perform the duties described in subsection (1) of this section:

(a) As an individual county, even if the local public health authority is a health district formed under ORS 431.443 or an intergovernmental entity that provides public health services pursuant to an agreement entered into under ORS 190.010 (5);

(b) Jointly with any other county pursuant to an agreement between the counties, for any individual public health program or activity; or

(c) As a health district formed under ORS 431.443 or an intergovernmental entity that provides public health services pursuant to an agreement entered into under ORS 190.010 (5).

(3) A local public health authority may contract with a person to perform a public health service or activity, or to perform all public health services and activities, that the local public health authority is required to perform under ORS 431.001 to 431.550 and 431.990 or under any other public health law of this state, except that the person with whom the local public health authority contracts may not perform any function, duty or power of the local public health authority related to governance. [Formerly 431.416]

431.414 [Formerly 431.610; 1973 c.829 §21; 1977 c.582 §26; 1987 c.618 §3; 2015 c.736 §40; renumbered 431.443 in 2015]

431.415 Duties of governing bodies of local public health authorities; fee schedules. (1) Subject to the availability of funds paid pursuant to ORS 431.380, each governing body of a local public health authority shall:

(a) In collaboration with the local public health administrator appointed under ORS 431.418, develop public health policies and goals for the local public health authority;

(b) Adopt ordinances and rules necessary for the local public health authority to administer ORS 431.001 to 431.550 and 431.990, any other public health law of this state and any other public health matter not expressly preempted by a law of this state;

(c) Adopt civil penalties for violations of ordinances and rules adopted under paragraph (b) of this subsection, provided that any civil penalty adopted under this paragraph is for an amount that does not exceed \$1,000 per violation per day;

(d) Review and make recommendations on the local public health modernization plan adopted under ORS 431.413; and

(e) Monitor the progress of the local public health authority in meeting statewide and local public health goals, including progress in applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141.

(2) The governing body of a local public health authority shall adopt ordinances and rules necessary to carry out the duties of the local public health authority under subsection (1) of this section. The governing body of a local public health authority may not adopt an ordinance or rule or policy that is inconsistent with or less strict than a provision of ORS 431.001 to 431.550 and 431.990 or any other public health law of this state, or that is inconsistent with or less strict than a rule adopted under ORS 431.001 to 431.550 and 431.990 or any other public health law of this state.

(3) The governing body of a local public health authority may adopt schedules of fees for public health services that are reasonably calculated to not exceed the cost of the services performed. The local health department shall charge fees in accordance with the schedule or schedules adopted. [1961 c.610 §6; 1973 c.829 §22; 1977 c.582 §27; 2009 c.595 §562; 2015 c.736 §26]

431.416 [1961 c.610 §8; 1973 c.829 §23; 1977 c.582 §28; 1983 c.398 §4; 2001 c.900 §150; 2009 c.595 §563; 2013 c.640 §9; 2015 c.736 §25; renumbered 431.413 in 2015]

431.417 Distribution of moneys to local public health authorities; rules. (1) The Oregon Health Authority may by rule require each local public health authority to submit a plan, in a form and manner prescribed by the Oregon Health Authority, that describes how the local public health authority will use moneys made available under ORS 431.380.

(2) The Oregon Health Authority may enter into an agreement with each local public health authority that describes the work the local public health authority agrees to perform and the amount of state funding the local public health authority will receive under ORS 431.380.

(3) The Oregon Health Authority may enter into one or more agreements with a local public health authority for purposes of distributing funds, or providing incentives, to the local public health authority that are available through federal grants or other sources. Before entering into an agreement under this section, the Oregon Health Authority shall adopt by rule a process by which a local public health authority must submit the documentation necessary to receive incentives under an agreement authorized by this subsection. [Formerly 431.385; 2017 c.627 §6]

431.418 Local public health administrator; health officer; duties; salary. (1) Except when a local public health authority has transferred its responsibility to the Oregon Health Authority under ORS 431.382, a local public health authority shall appoint a qualified local public health administrator to supervise the activities of the local public health authority. In making an appointment under this subsection, the local public health authority shall consider standards for selection of local public health administrators prescribed by the Oregon Health Authority.

(2)(a) When the local public health administrator is a physician licensed under ORS chapter 677, the local public health administrator may serve as the local health officer for the local public health authority.

(b) When the local public health administrator does not serve as the local health officer, the local public health administrator shall employ or otherwise contract for services with a local health officer who is a physician licensed under ORS chapter 677 to perform the specific medical responsibilities requiring the services of a physician.

(c) A physician employed or whose services are contracted for under this subsection is responsible to the local public health administrator for the medical and paramedical aspects of the public health programs administered by the local public health administrator.

(3) The local public health administrator shall:

(a) Serve as the executive secretary of the local public health authority, act as the administrator of the local health department and supervise the officers and employees appointed under paragraph (b) of this subsection.

(b) Appoint, subject to the approval of the local public health authority, administrators, medical officers, public health nurses, environmental health specialists and such employees necessary to carry out the duties of the local public health administrator under ORS 431.001 to 431.550 and 431.990 and any other public health law of this state.

(c) Provide the local public health authority at appropriate intervals information concerning the activities of the local health department and submit an annual budget for the approval of the governing body of the county or, for a health district formed under ORS 431.443, the governing bodies of the counties that formed the health district.

(d) Act as the agent of the Oregon Health Authority in enforcing state public health laws and rules of the authority, including such sanitary inspection of hospitals and related institutions as may be requested by the authority.

(e) Perform any other duty required by law.

(4) A local public health administrator shall serve until removed by the appointing local public health authority. A local public health administrator may not engage in an occupation that conflicts with the local public health administrator's official duties and shall devote sufficient time to fulfilling the requirements of subsection (3) of this section. However, if the governing body of a local public health authority is not established under ORS 431.443 (3), the local public health authority may, with the approval of the Director of the Oregon Health Authority, require the local public health administrator to work less than full-time.

(5) A local public health administrator shall receive a salary fixed by the appointing authority and shall be reimbursed for actual and necessary expenses incurred in the performance of duties. [1961 c.610 §7; 1973 c.829 §24; 1977 c.582 §29; 1981 c.127 §2; 1993 c.26 §1; 2003 c.14 §242; 2003 c.547 §112; 2009 c.595 §564; 2015 c.736 §41; 2019 c.321 §4]

431.420 [Amended by 1961 c.610 §9; 1973 c.829 §25; 1977 c.582 §30; repealed by 1981 c.127 §4]

431.430 [Amended by 1961 c.610 §10; 1973 c.829 §26; repealed by 1981 c.127 §4]

431.440 Powers of local public health administrators. A local public health administrator has the powers of constables or other peace officers in matters pertaining to the public health. [Amended by 1961 c.610 §11;

431.443 Formation of health districts. (1) Two or more contiguous counties may combine for the purpose of forming a health district when the governing body of each of the counties concerned adopt resolutions signifying their intention to form the health district.

(2) The governing bodies of the counties forming the health district may meet together, elect a chairperson and transact business as a district board of health whenever a majority of the members of the governing bodies from each of the participating counties are present at a meeting.

(3) In lieu of the procedure described in subsection (2) of this section, the governing bodies of the counties forming the health district may, by a two-thirds vote of the members from each participating county, establish and, except as provided in paragraph (f) of this subsection, appoint a district board of health consisting of the following members:

(a) One member from each participating county governing body selected by the county governing body to which the member belongs.

(b) One member from a school administrative unit within the health district.

(c) One member from the administrative staff of a city within the health district.

(d) Two physicians who have been licensed to practice medicine under ORS chapter 677 and who are residents of the health district.

(e) One dentist who has been licensed to practice dentistry under ORS chapter 679 and who is a resident of the health district.

(f) One person who is a resident of the health district and who is to be appointed by the members serving under paragraphs (a) to (c) of this subsection.

(4) The term of office of the members referred to in subsection (3)(a) to (f) of this section shall be four years, with terms expiring on February 1, except that the first appointments made under this subsection shall be for terms of one, two, three or four years, as designated by a two-thirds vote of the members from each participating county.

(5) The governing bodies of the counties comprising the health district may appoint a public health advisory board for terms of four years, with terms expiring on February 1, except that the first appointments made under this subsection shall be for terms of one, two, three or four years, as designated by the governing bodies. The advisory board shall meet regularly to advise the district board of health on matters of public health. The advisory board shall consist of:

(a) Persons licensed by this state as health care practitioners.

(b) Persons who are well informed on public health matters. [Formerly 431.414; 2019 c.321 §6]

431.447 Public health advisory boards. The governing body of a local public health authority may appoint a public health advisory board for terms of four years, with terms expiring on February 1, except that the first appointments made under this section shall be for terms of one, two, three or four years, as designated by the governing body. The advisory board shall meet regularly to advise the governing body of the local public health authority on matters of public health. The advisory board shall consist of:

(1) Persons licensed by this state as health care practitioners.

(2) Persons who are well informed on public health matters. [Formerly 431.412]

431.450 [Amended by 1961 c.610 §14; 1973 c.829 §28; repealed by 1981 c.127 §4]

431.460 [Amended by 1961 c.610 §12; 1973 c.829 §29; repealed by 1981 c.127 §4]

431.470 [Amended by 1961 c.610 §3; renumbered 431.412]

431.480 [Amended by 1961 c.610 §5; 1973 c.829 §30; repealed by 2015 c.736 §113]

431.490 [Repealed by 1961 c.610 §18]

431.500 [Amended by 1953 c.189 §3; repealed by 1961 c.610 §18]

431.510 Facilities and funds for local public health authorities. (1) The governing body of a county shall provide adequate quarters and facilities for the office and operations of a local public health authority and shall appropriate sufficient moneys for the administration of the local public health authority and the operation of the local health department administered by the local public health authority.

(2) If a health district is established under ORS 431.443, the governing body of each participating county shall appropriate annually moneys specifically designated for the administration of a local public health authority described in ORS 431.443 (2) or established under ORS 431.443 (3) and the operation of the local health department administered by the local public health authority. [Amended by 1961 c.610 §13; 1973 c.829 §31; 2015 c.736 §43]

431.520 Disposal of public records. Public records, as defined in ORS 192.005, of local health departments and community mental health clinics may be destroyed or otherwise disposed of in accordance with rules prescribed by the State Archivist, except that public records may not be required to be maintained for more than seven years from the date of the last entry for purposes of preserving evidence for an action, suit or proceeding. [1969 c.446 §2; 1973 c.829 §32; 2015 c.736 §44]

431.530 [1973 c.829 §9; 1977 c.582 §31; 2009 c.595 §565; repealed by 2015 c.736 §113]

431.550 Power of Oregon Health Authority to collect information from local public health administrators. Nothing in ORS 431.380 to 431.510 and this section shall be construed to limit the authority of the Oregon Health Authority to require facts and statistics from local public health administrators on matters relating to the preservation of life and health of the people of this state. [1981 c.127 §3; 2009 c.595 §566; 2015 c.736 §45]

431.575 [Formerly 431.607; renumbered 431A.050 in 2015]

431.580 [2013 c.605 §1; renumbered 431A.055 in 2015]

431.605 [1971 c.650 §44; repealed by 1973 c.358 §15]

431.607 [1985 c.191 §1; 2009 c.595 §567; renumbered 431.575 in 2013]

431.608 [1987 c.918 §9; repealed by 1997 c.546 §4]

431.609 [1985 c.191 §2; 2009 c.595 §568; renumbered 431A.060 in 2015]

431.610 [Amended by 1961 c.610 §4; renumbered 431.414]

431.611 [1985 c.191 §4; 2009 c.595 §569; renumbered 431A.065 in 2015]

431.613 [1985 c.191 §6; 2009 c.595 §570; 2011 c.703 §36; renumbered 431A.070 in 2015]

431.615 [1971 c.650 §45; repealed by 1973 c.358 §15]

431.617 [1985 c.191 §7; 2009 c.848 §5; renumbered 431A.075 in 2015]

431.619 [1985 c.191 §8; 2009 c.595 §571; renumbered 431A.080 in 2015]

431.620 [Repealed by 1961 c.610 §18]

431.623 [1991 c.784 §1; 1999 c.1056 §6; 2009 c.595 §572; 2009 c.848 §1; 2011 c.703 §1; 2015 c.286 §1; renumbered 431A.085 in 2015]

431.625 [1971 c.650 §46; repealed by 1977 c.582 §61 and 1977 c.751 §17a]

431.627 [1991 c.784 §3; 2009 c.595 §573; renumbered 431A.090 in 2015]

431.630 [Repealed by 1961 c.610 §18]

431.633 [1991 c.784 §4; 2009 c.595 §574; 2009 c.848 §2; renumbered 431A.095 in 2015]

431.635 [2009 c.848 §4; 2009 c.848 §4a; 2015 c.286 §2; renumbered 431A.100 in 2015]

431.640 [Repealed by 1961 c.610 §18]

431.650 [Repealed by 1961 c.610 §18]

431.660 [Repealed by 1961 c.610 §18]

431.670 [Repealed by 1961 c.610 §18]

431.671 [2001 c.717 §1; 2009 c.595 §575; renumbered 431A.105 in 2015]

431.673 [2013 c.339 §1; renumbered 431A.525 in 2015]

431.675 [2013 c.339 §3; renumbered 431A.530 in 2015]

431.678 [2013 c.313 §1; renumbered 431A.125 in 2015]

431.680 [2005 c.551 §6; 2010 c.27 §2; 2010 c.62 §5; renumbered 431A.450 in 2015]

431.690 [2009 c.450 §1; 2010 c.27 §1; 2010 c.62 §6; 2011 c.637 §270; renumbered 431A.455 in 2015]

HEALTH HAZARD ANNEXATIONS OR DISTRICT FORMATION

431.705 Definitions for ORS 431.705 to 431.760. As used in ORS 431.705 to 431.760, unless the context requires otherwise:

(1) “Affected territory” means an area that is the subject of a proceedings under ORS 431.705 to 431.760 where there is a danger to public health or an alleged danger to public health.

(2) “Boundary commission” means a local government boundary commission created under ORS 199.410 to 199.430, 199.435 to 199.464, 199.480 to 199.505 and 199.510.

(3) “Commission” means the Environmental Quality Commission.

(4) “Danger to public health” means a condition which is conducive to the propagation of communicable or contagious disease-producing organisms and which presents a reasonably clear possibility that the public generally is being exposed to disease-caused physical suffering or illness, including a condition such as:

(a) Impure or inadequate domestic water.

(b) Inadequate installations for the disposal or treatment of sewage, garbage or other contaminated or putrefying waste.

(c) Inadequate improvements for drainage of surface water and other fluid substances.

(5) “District” means any one of the following:

(a) A metropolitan service district formed under ORS chapter 268.

(b) A county service district formed under ORS chapter 451.

(c) A sanitary district formed under ORS 450.005 to 450.245.

(d) A sanitary authority, water authority or joint water and sanitary authority formed under ORS 450.600 to 450.989.

(e) A domestic water supply district formed under ORS chapter 264.

(6) “Requesting body” means the county court or local public health authority, as defined in ORS 431.003, that makes a request under ORS 431.715.

(7) "Service facilities" means water or sewer installations or works. [1973 c.361 §1; 1975 c.266 §1; 1981 c.452 §1; 1993 c.577 §20; 2001 c.900 §151; 2009 c.595 §576; 2015 c.736 §72]

431.710 When Oregon Health Authority to initiate district formation or annexation. (1) ORS 431.705 to 431.760 shall not apply if the affected territory could be subject to an annexation proceeding under ORS 222.840 to 222.915.

(2) If the Oregon Health Authority, in accordance with ORS 431.705 to 431.760, finds that a danger to public health exists within the affected territory and that such danger could be removed or alleviated by the construction, maintenance and operation of service facilities, the authority shall initiate proceedings for the formation of or annexation to a district to serve the affected territory. If the affected territory is located within a district that has the authority to provide the service facilities, the authority shall order the district to provide service facilities in the affected territory. [1973 c.361 §2; 1981 c.888 §3; 2009 c.595 §577]

431.715 Resolution requesting Oregon Health Authority to initiate formation or annexation. (1) The county court or local public health authority, as defined in ORS 431.003, having jurisdiction over the territory where conditions dangerous to the public health exist shall adopt a resolution requesting the Oregon Health Authority to initiate proceedings for the formation of a district or annexation of territory to, or delivery of appropriate water or sewer services by, an existing district without vote or consent in the affected territory. The resolution shall:

(a) Describe the boundaries of the affected territory;
(b) Describe the conditions alleged to be causing a danger to public health;
(c) Request the authority to ascertain whether conditions dangerous to public health exist in the affected territory and whether such conditions could be removed or alleviated by the provision of service facilities; and either

(d) Recommend a district that the affected territory could be included in or annexed to for the purpose of providing the requested service facilities; or

(e) Recommend that an existing district provide service facilities in the affected territory.

(2) The requesting body shall cause a certified copy of the resolution, together with the time schedule and preliminary plans and specifications, prepared in accordance with subsection (3) of this section, to be forwarded to the Oregon Health Authority.

(3) The requesting body shall cause a study to be made and preliminary plans and specifications prepared for the service facilities considered necessary to remove or alleviate the conditions causing a danger to public health. The requesting body shall prepare a schedule setting out the steps necessary to put the facilities into operation and the time required for each step in implementation of the plans.

(4) If the preliminary plans involve facilities that are subject to the jurisdiction of the Environmental Quality Commission, a copy of the documents submitted to the Oregon Health Authority under subsection (2) of this section shall be submitted to the commission for review, in accordance with ORS 431.725, of those facilities that are subject to its jurisdiction. No order or findings shall be adopted under ORS 431.735 or 431.756 until the plans of the requesting body for such facilities, if any, have been approved by the commission. [1973 c.361 §3; 1981 c.888 §4; 2009 c.595 §578; 2015 c.736 §73]

431.717 Compelling adoption of resolution. (1) Any person who may be adversely affected by the failure of a county court to adopt a resolution as required by ORS 431.715 (1) may seek to compel the adoption of such resolution through a writ of mandamus under ORS 34.105 to 34.240.

(2) The prevailing party in a proceeding under ORS 34.105 to 34.240 authorized by subsection (1) of this section is entitled to reasonable attorney fees in addition to costs and necessary disbursements. [1981 c.888 §6]

431.720 Commission to review certain plans; approval of plans. (1) Upon receipt of the documents submitted under ORS 431.715 (4), the Environmental Quality Commission shall review them to determine whether the conditions dangerous to public health within the affected territory could be removed or alleviated by the provision of service facilities that are subject to the jurisdiction of the commission.

(2) If the commission considers such proposed facilities and the time schedule for installation of such facilities adequate to remove or alleviate the dangerous conditions, it shall approve the part of the plans that are subject to its jurisdiction and certify its approval to the Oregon Health Authority.

(3) If the commission considers the proposed facilities or time schedule inadequate, it shall disapprove the part of the plans that are subject to its jurisdiction and certify its disapproval to the authority. The commission shall also inform the requesting body of its approval or disapproval and, in case of disapproval, of the particular matters causing the disapproval. The requesting body may then submit additional or revised plans. [1973 c.361 §4; 2009 c.595 §579]

431.725 Oregon Health Authority to review resolution; notice of hearing. (1) Upon receipt of the certified copy of a resolution adopted under ORS 431.715, the Oregon Health Authority shall contact the requesting body within 30 days of receipt of the request and schedule the review and investigation of conditions in the affected territory. The authority shall review and investigate conditions in the affected territory in accordance with the agreed upon schedule unless both parties agree to an extension. If it finds substantial evidence that a danger to public health exists in the territory, it shall issue an order setting a time and place for a hearing on the resolution. The hearing shall be held within the affected territory, or at a place near the territory if there is no suitable place within the territory at which to hold the hearing, not less than 30 or more than 50 days after the date of the order.

(2) Upon issuance of an order for a hearing, the authority shall immediately give notice of the time and place of the hearing on the resolution by publishing the order and resolution in a newspaper of general circulation within the territory once each week for two successive weeks and by posting copies of the order in four public places within the territory prior to the hearing. [1973 c.361 §5; 1981 c.452 §2; 2009 c.595 §580]

431.730 Conduct of hearing. (1) At the hearing on the resolution, any interested person shall be given a reasonable opportunity to be heard or to present written statements. The hearing shall be for the sole purpose of determining whether a danger to public health exists due to conditions in the affected territory and whether such conditions could be removed or alleviated by the provision of service facilities. Hearings under this section shall be conducted by an administrative law judge assigned from the Office of Administrative Hearings established under ORS 183.605. It shall be conducted in accordance with the provisions of ORS chapter 183. The Oregon Health Authority shall publish a notice of the issuance of said findings and recommendations in the newspaper utilized for the notice of hearing under ORS 431.725 (2) advising of the opportunity for presentation of a petition under subsection (2) of this section.

(2) Within 15 days after the publication of notice of issuance of findings in accordance with subsection (1) of this section, any person who may be affected by the findings, or the affected district, may petition the Director of the Oregon Health Authority according to rules of the authority to present written or oral arguments relative to the proposal. If a petition is received, the director may set a time and place for receipt of argument. [1973 c.361 §6; 1975 c.266 §2; 1999 c.849 §§81,82; 2003 c.75 §35; 2009 c.595 §581]

431.735 Director's authority under ORS 431.705 to 431.760. (1) If the Director of the Oregon Health Authority after investigation finds that no danger to public health exists because of conditions within the affected territory, or that such a danger does exist but the conditions causing it could not be removed or alleviated by the provision of service facilities, the director shall issue an order terminating the proceedings under ORS 431.705 to 431.760 with reference to the affected territory.

(2) If the director finds, after investigation and the hearing required by ORS 431.725, that a danger to public health exists because of conditions within the territory, and that such conditions could be removed or alleviated by the provisions of service facilities in accordance with the plans and specifications and the time schedule proposed, the director shall enter findings in an order, directed to the officers described by ORS 431.740, setting out the service facilities to be provided.

(3) If the director determines that a danger to public health exists because of conditions within only part of the affected territory, or that such conditions could be removed or alleviated in only part of the affected territory by the provision of service facilities, the director may, subject to conditions stated in ORS 431.705 to 431.760, reduce the boundaries of the affected territory to that part which presents a danger or in which the conditions could be removed or alleviated if the area to be excluded would not be surrounded by the territory remaining to be annexed and would not be directly served by the sanitary, water or other facilities necessary to remove or alleviate the danger to public health existing within the territory remaining to be annexed. The findings shall describe the boundaries of the area as reduced by the director.

(4) In determining whether to exclude any area the director may consider whether or not such exclusion would unduly interfere with the removal or alleviation of the danger to public health in the area remaining to be annexed and whether the exclusion would result in an illogical boundary for the provision of services.

(5) The requesting body or the boundary commission shall, when requested, aid in the determinations made under subsections (3) and (4) of this section and, if necessary, cause a study to be made. [1973 c.361 §7; 1975 c.266 §3; 2009 c.595 §582]

431.740 Notice to boundary commission; service facilities to conform to plans and schedules. (1) If a boundary commission has jurisdiction of the affected territory, the Director of the Oregon Health Authority shall file the findings and order with such boundary commission. If the affected territory is not within the jurisdiction of a boundary commission, the director shall file the findings and order with the county court of the county having jurisdiction of the territory.

(2) The Oregon Health Authority and the Environmental Quality Commission shall use their applicable powers of enforcement to insure that the service facilities are constructed or installed in conformance with the approved plans and schedules. [1973 c.361 §8; 2009 c.595 §583]

431.745 Petition for alternative plan. (1) At any time after the adoption of a resolution under ORS 431.715, a petition, signed by not less than 51 percent of the electors registered in the affected territory, may be filed with the Oregon Health Authority. The petition shall suggest an alternative plan to the proposed formation or annexation for removal or alleviation of the conditions dangerous to public health. The petition shall state the intent of the residents to seek annexation to an existing city or special district authorized by law to provide service facilities necessary to remove or alleviate the dangerous conditions. The petition shall be accompanied by a proposed plan which shall state the type of facilities to be constructed, a proposed means of financing the facilities and an estimate of the time required to construct such facilities and place them in operation.

(2) Upon receipt of the petition, the authority shall immediately forward a copy of the petition to the Environmental Quality Commission, if the plan accompanying the petition involves facilities that are subject to the jurisdiction of the commission. The authority also shall forward a copy of the petition to the requesting body and to the county court or boundary commission where the authority filed its findings under ORS 431.740 and direct the county court or boundary commission to stay the proceedings pending the review permitted under this section and ORS 431.750. [1973 c.361 §9; 1983 c.83 §84; 2009 c.595 §584]

431.750 Commission review of alternative plan; certification of alternative plan. (1) If the alternative plan submitted under ORS 431.745 (1) involves service facilities that are subject to the jurisdiction of the commission, the alternative plan shall be submitted to and reviewed by the Environmental Quality Commission and shall be approved or rejected by the commission within 30 days from the date of filing with the Oregon Health Authority. In reviewing the alternative plan, the commission shall consider whether, in its judgment, the plan contains a preferable alternative for the alleviation or removal of the conditions dangerous to public health. If the commission determines that the original plan provides the better and most expeditious method of removing or alleviating the dangerous conditions, it shall disapprove the alternative plan and inform the authority of its decision. The authority shall order the proceedings on the finding filed under ORS 431.740 to resume.

(2) If the commission finds that the alternative plan provides a preferable method of alleviating or removing the dangerous conditions, the petitioners shall be granted six months within which to present to the commission information showing:

(a) That the affected territory has annexed to a city or special district authorized by law to provide the service facilities necessary to remove or alleviate the dangerous conditions, and that the financing of the extension of such facilities to the territory has been assured.

(b) Detailed plans and specifications for the construction of such facilities.

(c) A time schedule for the construction of such facilities.

(d) That such facilities, if constructed, will remove or alleviate the conditions dangerous to public health in a manner as satisfactory and expeditious as would be accomplished by the formation or annexation proposed by the original plans.

(3) The commission shall review the plan presented to it by the petitioners under subsection (2) of this section and shall promptly certify to the authority whether the requirements of subsection (2) of this section have been met. If the requirements have been met, the authority shall certify the alternative plan to the county court or

boundary commission having jurisdiction and direct it to proceed in accordance with the alternative plan and in lieu of the plans filed under ORS 431.740. If the requirements of subsection (2) of this section are not met by the petitioners, the authority shall certify that fact to the county court or boundary commission having jurisdiction and direct it to continue the proceedings on the plans filed under ORS 431.740. [1973 c.361 §10; 2009 c.595 §585]

431.755 [1973 c.361 §11; repealed by 1975 c.266 §4 (431.756 enacted in lieu of 431.755)]

431.756 Judicial review. Judicial review of orders under ORS 431.705 to 431.760 shall be as provided in ORS 183.480, 183.485, 183.490 and 183.500. [1975 c.266 §5 (enacted in lieu of 431.755)]

431.760 Certain persons prohibited from participating in proceedings. (1) A person who owns property or resides within affected territory that is subject to proceedings under the provisions of ORS 431.705 to 431.760 shall not participate in an official capacity in any investigation, hearing or recommendation relating to such proceedings. If the Director of the Oregon Health Authority is such a person, the director shall so inform the Governor, who shall appoint another person to fulfill the duties of the director in any investigation, hearing or recommendation relating to the such proceeding.

(2) Subsection (1) of this section does not excuse a member of a county court from voting on the order required by ORS 198.792 (2) or 451.445 (1). [1973 c.361 §12; 2009 c.595 §586]

431.805 [1983 c.358 §1; renumbered 431A.775 in 2015]

431.810 [1983 c.358 §2; renumbered 431A.780 in 2015]

431.815 [1983 c.358 §§3,4; repealed by 1999 c.108 §1]

431.823 [2013 c.411 §1; renumbered 431A.550 in 2015]

431.825 [1987 c.340 §4; 2009 c.595 §588; renumbered 431A.575 in 2015]

431.827 [1999 c.737 §2; 2009 c.595 §589; renumbered 431A.600 in 2015]

431.830 [1987 c.114 §1; 2001 c.900 §152; 2009 c.595 §590; renumbered 431A.625 in 2015]

431.831 [1999 c.1025 §1; 2009 c.595 §591; renumbered 431A.150 in 2015]

431.832 [1997 c.2 §13; 2009 c.595 §592; renumbered 431A.153 in 2015]

431.834 [1997 c.2 §14; 2009 c.595 §593; renumbered 431A.155 in 2015]

431.836 [1997 c.2 §15; 2009 c.595 §594; renumbered 431A.158 in 2015]

431.840 [1989 c.764 §1; 2001 c.187 §1; 2014 c.20 §2; 2015 c.158 §1; renumbered 431A.175 in 2015]

431.845 [1989 c.764 §2; 1991 c.970 §6; 2015 c.158 §2; renumbered 431A.178 in 2015]

431.850 [1989 c.764 §§3,6; 1991 c.734 §20; renumbered 431A.180 in 2015]

431.853 [1993 c.788 §1; 2009 c.595 §595; 2015 c.158 §3; renumbered 431A.183 in 2015]

431.855 [1987 c.902 §3; 1989 c.987 §23; 1991 c.67 §113; 2007 c.822 §19; renumbered 431A.650 in 2015]

431.860 [1989 c.987 §24; renumbered 431A.655 in 2015]

431.862 [2011 c.220 §1; renumbered 431A.675 in 2015]

431.864 [2011 c.220 §2; 2013 c.1 §63; renumbered 431A.680 in 2015]

431.866 [2011 c.220 §3; renumbered 431A.685 in 2015]

431.870 [1991 c.915 §2; 1995 c.278 §54; renumbered 431A.300 in 2015]

431.875 [1991 c.915 §1; renumbered 431A.303 in 2015]

431.880 [1991 c.915 §3; renumbered 431A.305 in 2015]

431.885 [1991 c.915 §4; renumbered 431A.308 in 2015]

431.887 [1995 c.76 §2; renumbered 431A.310 in 2015]

431.890 [1991 c.915 §5; 2009 c.595 §596; renumbered 431A.313 in 2015]

431.895 [1991 c.915 §8; renumbered 431A.315 in 2015]

431.900 [1991 c.915 §9; renumbered 431A.318 in 2015]

431.905 [1991 c.915 §11; 1995 c.618 §70; renumbered 431A.320 in 2015]

431.910 [1991 c.915 §10; renumbered 431A.323 in 2015]

431.915 [1991 c.915 §§12,13; 2009 c.595 §597; renumbered 431A.325 in 2015]

431.917 [2009 c.757 §1; renumbered 431A.350 in 2015]

431.918 [2009 c.757 §2; 2009 c.828 §65; renumbered 431A.353 in 2015]

431.920 [1995 c.795 §6; 2009 c.595 §598; 2009 c.828 §66; renumbered 431A.355 in 2015]

431.922 [2009 c.757 §4; renumbered 431A.358 in 2015]

431.925 [1991 c.619 §1; renumbered 453.726 in 2011]

431.926 [2012 c.11 §1; renumbered 431A.360 in 2015]

431.930 [1991 c.619 §2; renumbered 453.727 in 2011]

431.935 [1991 c.619 §§3,4; renumbered 453.728 in 2011]

431.940 [1991 c.619 §5; 1993 c.728 §2; 2007 c.856 §1; 2009 c.595 §599; renumbered 453.729 in 2011]

431.945 [1991 c.619 §§6,7; 2009 c.595 §600; renumbered 453.730 in 2011]

431.950 [1991 c.619 §§9,13; 2009 c.595 §601; renumbered 453.731 in 2011]

431.955 [1991 c.619 §11; 2009 c.595 §602; renumbered 453.732 in 2011]

431.960 [2009 c.799 §1; 2013 c.550 §1; renumbered 431A.850 in 2015]

431.962 [2009 c.799 §2; 2011 c.720 §184; 2013 c.550 §2; renumbered 431A.855 in 2015]

431.964 [2009 c.799 §3; 2011 c.720 §185; 2013 c.550 §3; 2015 c.481 §1; renumbered 431A.860 in 2015]

431.966 [2009 c.799 §4; 2011 c.720 §186; 2013 c.550 §4; 2015 c.736 §74; renumbered 431A.865 in 2015]

431.968 [2009 c.799 §5; renumbered 431A.870 in 2015]

431.970 [2009 c.799 §7; 2011 c.720 §187; renumbered 431A.875 in 2015]

431.972 [2009 c.799 §8; renumbered 431A.880 in 2015]

431.974 [2009 c.799 §11; 2011 c.720 §188; renumbered 431A.885 in 2015]

431.976 [2009 c.799 §9; 2011 c.720 §189; renumbered 431A.890 in 2015]

431.978 [2009 c.799 §10; 2011 c.720 §190; renumbered 431A.895 in 2015]

PENALTIES

431.990 Penalties. Unless otherwise specifically provided by law, failure to obey ORS 431.001 to 431.550 and 431.990 or rules adopted under ORS 431.001 to 431.550 and 431.990 or failure to obey a lawful written order relating to public health issued by the Director of the Oregon Health Authority or a local public health administrator is a Class A misdemeanor. [Amended by 1959 c.629 §46; 1961 c.610 §15; 1973 c.408 §34; 1973 c.829 §33; 1977 c.582 §32; 2001 c.900 §153; 2009 c.595 §603; 2015 c.736 §46]

431.992 [2009 c.799 §6; renumbered 431A.900 in 2015]

431.994 [2009 c.757 §5; 2009 c.828 §67; renumbered 431A.363 in 2015]
