

B-Engrossed
House Bill 2221

Ordered by the House May 11
Including House Amendments dated April 7 and May 11

Ordered printed by the Speaker pursuant to House Rule 12.00A (5). Pre-session filed (at the request of Attorney General Hardy Myers for Department of Justice)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Establishes Child Abuse Multidisciplinary Intervention Program in Department of Justice. Modifies requirements of programs funded by Child Abuse Multidisciplinary Intervention Program.

Authorizes member or member agency of county multidisciplinary child abuse team, in course of child abuse investigation, to inspect and copy medical records of health care provider without consent of child or parent or guardian of child.

Declares emergency, effective July 1, 2005.

A BILL FOR AN ACT

1
2 Relating to child abuse; creating new provisions; amending ORS 192.537, 192.539, 192.690, 409.185,
3 418.746, 418.747, 418.748, 418.751, 418.753, 418.780, 418.782, 418.784, 418.786, 418.788, 418.790,
4 418.792, 418.793, 418.794, 418.796, 419B.005 and 419B.050; and declaring an emergency.

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

6 **SECTION 1. Section 2 of this 2005 Act is added to and made a part of ORS 418.780 to**
7 **418.796.**

8 **SECTION 2. (1) The Child Abuse Multidisciplinary Intervention Program is established in**
9 **the Department of Justice. The purpose of the program is to:**

10 **(a) Establish and maintain a coordinated multidisciplinary community-based system for**
11 **responding to allegations of child abuse that is sensitive to the needs of children;**

12 **(b) Ensure the safety and health of children who are victims of child abuse to the**
13 **greatest extent possible; and**

14 **(c) Administer the grant programs established under ORS 418.746 and 418.786.**

15 **(2) The Attorney General or the Attorney General's designee is the administrator of the**
16 **Child Abuse Multidisciplinary Intervention Program and of the Child Abuse Multidisciplinary**
17 **Intervention Account established in ORS 418.746.**

18 **SECTION 3. ORS 418.746, 418.747, 418.748 and 418.751 are added to and made a part of ORS**
19 **418.780 to 418.796.**

20 **SECTION 4. ORS 418.780 is amended to read:**

21 418.780. (1) The Legislative Assembly recognizes **that:**

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

23 **(b) A serious need [for the adequate assessment] exists for a coordinated multidisciplinary**
24 **approach to the prevention and investigation of child abuse, for intervention and for the**
25 **treatment of children who are victims of child abuse in a manner that is sensitive to the needs**

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

1 **of children.** No child in this state should be denied access to a [complete] child abuse medical as-
2 sessment because of an inability to pay. The cost of not assessing and treating abused children
3 [thoroughly] **with the aid of specially trained personnel** is too high.

4 (2) The purpose of ORS 418.780 to 418.796 is to establish and maintain:

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

8 (b) Sufficient regional assessment centers and community assessment [services] **centers** in
9 Oregon to ensure that every child reasonably suspected to have been subjected to child abuse re-
10 ceives a skilled, complete and therapeutic child abuse medical assessment.

11 **SECTION 5.** ORS 418.746 is amended to read:

12 418.746. (1) The Child Abuse Multidisciplinary Intervention Account is established separate and
13 distinct from the General Fund. Interest earned, if any, shall inure to the benefit of the account.
14 All moneys deposited in the account are continuously appropriated to the Department of Justice for
15 the purposes of ORS 418.751 and this section.

16 (2) The [department] **Child Abuse Multidisciplinary Intervention Program**, with the advice
17 of the Advisory Council on Child Abuse Assessment, created by ORS 418.784, shall [disburse] **allo-**
18 **cate** moneys from the Child Abuse Multidisciplinary Intervention Account to eligible county multi-
19 disciplinary child abuse teams formed under ORS 418.747 [and public and private agencies], **or**
20 **entities designated by the teams**, serving the counties from which the moneys were collected. The
21 [department] **program** may award only one grant per county. [The Attorney General or the Attorney
22 General's designee is the administrator of the Child Abuse Multidisciplinary Intervention Account.]
23 The moneys shall be allocated by the same formula as, or a formula similar to, the formula used by
24 the Attorney General for equitable distribution of the fund for victim's assistance programs under
25 ORS 147.227 (1). Moneys allocated under this subsection may not be used as replacement revenues
26 for currently available funds previously allocated by the county for child abuse intervention.

27 (3) The [department] **Child Abuse Multidisciplinary Intervention Program** shall determine
28 eligibility of the applicants and:

29 (a) Allocate funds if the [program] **applicant** is deemed eligible;

30 (b) Conditionally allocate funds, with appropriate conditions, when necessary to establish eligi-
31 bility; or

32 (c) Deny funding.

33 (4) In making the eligibility determination, the [department] **Child Abuse Multidisciplinary**
34 **Intervention Program** shall consider the following nonexclusive list of factors:

35 (a) Whether the [program] **services offered by an applicant** substantially [furthers] **further** the
36 goals and purposes of ORS 418.747, 418.790 and 418.792;

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

39 (c) Any evaluations of previously funded [programs] **services** as required by subsection (7) of
40 this section;

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

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

45 (f) Whether there is a [child abuse intervention, assessment] **community assessment center** or

1 advocacy center in existence or planned in the county; and *[whether the funds are given priority to*
2 *support such center-based programs if needed]*

3 **(g) The extent to which funding a community assessment center is given priority in the**
4 **intervention plan as required under subsection (5) of this section.**

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

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

11 *[(B) Describe how the plan provides for comprehensive services to the victims of child abuse, in-*
12 *cluding assessment, advocacy and treatment; and]*

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

16 (C) Include the county's written protocol and agreements required by ORS 418.747 (2)[.] **and**
17 **section 20 of this 2005 Act; and**

18 **(D) Describe how the intervention plan gives priority to funding a community assessment**
19 **center and how the funding supports the center.**

20 (b) When submitting the intervention plan, the county multidisciplinary child abuse team shall
21 also submit:

22 (A) Those applications for funding received from *[public and private agencies]* **entities** under
23 subsection (6) of this section that the team determines best meet the needs of the county's inter-
24 vention plan and a recommendation that the applications for funding be granted; and

25 (B) If the team is seeking funding from the Child Abuse Multidisciplinary Intervention
26 *[Account]* **Program**, an application setting forth *[such]* **the** information *[as is]* required by rule of
27 the *[department]* **program**.

28 (6) *[A public or private agency]* **An entity** wishing to apply for funding from the Child Abuse
29 Multidisciplinary Intervention *[Account]* **Program** shall submit an application to the county multi-
30 disciplinary child abuse team for the county in which the *[public or private agency]* **entity** proposes
31 to provide services. The application shall:

32 (a) Describe the *[programs and]* services to be funded with moneys from the Child Abuse
33 Multidisciplinary Intervention *[Account]* **Program** according to the **coordinated child abuse**
34 **multidisciplinary** intervention plan and the anticipated outcomes in terms of benefits to children
35 and families; and

36 (b) Describe how the *[programs and]* services further the goals and purposes of ORS 418.747,
37 418.790 and 418.792.

38 (7)(a) *[An agency]* **A designated entity** providing *[programs and]* services according to a coord-
39 inated child abuse multidisciplinary intervention plan funded with moneys from the Child Abuse
40 Multidisciplinary Intervention *[Account]* **Program** shall submit an annual report to the county
41 multidisciplinary child abuse team *[and to the department]*. A multidisciplinary child abuse team
42 *[receiving moneys from the Child Abuse Multidisciplinary Intervention Account]* shall submit an an-
43 nual report to the *[department]* **Child Abuse Multidisciplinary Intervention Program**.

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

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

3 (B) **Include local and state issues and recommendations relating to the prevention of**
4 **child fatalities identified in the fatality review process under section 20 of this 2005 Act.**

5 (c) A county multidisciplinary child abuse team receiving a report from [an agency] a **desig-**
6 **nated entity** shall review the report and take into account success of the [program] **entity** at
7 meeting service outcomes before making future recommendations regarding allocation of moneys.

8 (d) The [department] **Child Abuse Multidisciplinary Intervention Program** shall review re-
9 ports received under this section before making future eligibility and allocation decisions and when
10 evaluating [programs and] services funded under this section.

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

14 (9) The [department] **Child Abuse Multidisciplinary Intervention Program** may adopt rules
15 [necessary] to carry out the provisions of ORS 418.751 and this section including, but not limited to,
16 the following:

- 17 (a) Notices and time limits for applications;
- 18 (b) Method of review and the role of advisory bodies; and
- 19 (c) Reallocation of moneys not applied for or disbursed.

20 **SECTION 6.** ORS 418.747 is amended to read:

21 418.747. (1) The district attorney in each county shall be responsible for developing [interagency
22 and] **county multidisciplinary child abuse** teams to consist of but not be limited to law enforcement
23 personnel, Department of Human Services child protective service workers, school officials, county
24 health department personnel, **county mental health department personnel who have experience**
25 **with children and family mental health issues**, child abuse intervention center workers, if avail-
26 able, and juvenile department representatives, as well as others specially trained in child abuse,
27 child sexual abuse and rape of children investigation.

28 (2) The teams shall develop a written protocol for immediate investigation of and notification
29 procedures for child abuse cases and for interviewing child abuse victims. Each team also shall de-
30 velop written agreements signed by member agencies **that are represented on the team** that
31 specify:

- 32 (a) The role of each agency;
- 33 (b) Procedures to be followed to assess risks to the child;
- 34 (c) Guidelines for timely communication between member agencies;
- 35 (d) Guidelines for completion of responsibilities by member agencies;
- 36 (e) That upon clear disclosure that the alleged child abuse occurred in a child care facility as
37 defined in ORS 657A.250, immediate notification of parents or guardians of children attending the
38 child care facility is required regarding any abuse allegation and pending investigation; and
- 39 (f) Criteria and procedures to be followed when removal of the child is necessary for the child's
40 safety.

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

45 (4) All investigations of child abuse and interviews of child abuse victims shall be carried out

1 by appropriate personnel using the protocols and procedures called for in this section. If trained
2 personnel are not available in a timely fashion and, in the judgment of a law enforcement officer
3 or *[department child welfare]* **child protective services** worker, there is reasonable cause to believe
4 a delay in investigation or interview of the child abuse victim could place the child in jeopardy of
5 physical harm, the investigation may proceed without full participation of all personnel. This au-
6 thority applies only for as long as reasonable danger to the child exists. **A law enforcement officer**
7 **or child protective services worker shall make** a reasonable effort to find and provide a trained
8 investigator or interviewer *[shall be made]*.

9 (5) *[Protection of the child is of primary importance.]* To ensure the **protection and** safe place-
10 ment of a child, the Department of **Human Services** may request that *[local multidisciplinary]* team
11 members obtain criminal history information on any person who is part of the household where the
12 department may place or has placed a child who is in the department's custody. All information
13 obtained by the *[local]* team members and the department in the exercise of their duties is confi-
14 dential and may *[only]* be disclosed *[as]* **only when** necessary to ensure the safe placement of a
15 child.

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

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

22 (b) **The administrator may:**

23 (A) **Consider the evaluation results when making eligibility determinations under ORS**
24 **418.746 (3);**

25 (B) **If requested by the Advisory Council on Child Abuse Assessment, ask a team to re-**
26 **verse the protocols and procedures being used by the team based on the evaluation results;**
27 **or**

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

30 (c) **The information and records compiled under this subsection are exempt from ORS**
31 **192.610 to 192.690.**

32 *[(7)]* (8) Each *[multidisciplinary]* team shall develop policies that provide for an independent re-
33 view of investigation procedures of sensitive cases after completion of court actions on particular
34 cases. The policies shall include independent citizen input. Parents of child abuse victims shall be
35 notified of the review procedure.

36 *[(8) Each team shall establish a local multidisciplinary fatality review process. The purposes of the*
37 *review process are to:]*

38 *[(a) Coordinate various agencies and specialists to review a fatality caused by child abuse or neg-*
39 *lect;]*

40 *[(b) Identify local and state issues related to preventable deaths; and]*

41 *[(c) Promote implementation of recommendations on the local level.]*

42 *[(9) In establishing the review process and carrying out reviews, the members of the local multi-*
43 *disciplinary team shall be assisted by the local medical examiner or county health officer as well as*
44 *others specially trained in areas relevant to the purpose of the local team.]*

45 *[(10) The categories of fatalities reviewed by the multidisciplinary team include:]*

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

3 *[(b) Any category established by the local multidisciplinary team;]*

4 *[(c) All child fatalities where the child is less than 18 years of age and there is an autopsy per-*
5 *formed by the medical examiner; and]*

6 *[(d) Any specific cases recommended for local review by the statewide interdisciplinary team es-*
7 *tablished under ORS 418.748.]*

8 *[(11) The local multidisciplinary team shall develop a written protocol for review of child fatalities.*
9 *The protocol shall be designed to facilitate communication and information between persons who per-*
10 *form autopsies and those professionals and agencies concerned with the prevention, investigation and*
11 *treatment of child abuse and neglect.]*

12 *[(12) Within the guidelines, and in a format, established by the statewide interdisciplinary team*
13 *established under ORS 418.748, the local team shall provide the statewide team with information re-*
14 *garding child fatalities under subsection (10) of this section.]*

15 *[(13) The local multidisciplinary team shall have access to and subpoena power to obtain all med-*
16 *ical records, hospital records and Records maintained by any state, county or local agency, including,*
17 *but not limited to, police investigations data, coroner or medical examiner investigative data and social*
18 *services records, as necessary to complete the review of a specific fatality under subsection (8)(a) of this*
19 *section. All meetings of the local team relating to the fatality review process required by subsections*
20 *(8) to (13) of this section shall be exempt from the provisions of ORS 192.610 to 192.690. All information*
21 *and records acquired by the local team in the exercise of its duties are confidential and may only be*
22 *disclosed as necessary to carry out the purposes of the local fatality review process.]*

23 **SECTION 7.** ORS 418.748 is amended to read:

24 418.748. (1) The Department of Human Services shall form a statewide interdisciplinary team to
25 meet twice a year to review child fatality cases where child abuse or suicide is suspected, identify
26 trends, make recommendations and take actions involving statewide issues.

27 (2) The statewide interdisciplinary team may recommend specific cases to a [*local multidiscipli-*
28 *nary*] **child fatality review** team for its review under [*ORS 418.747*] **section 20 of this 2005 Act**.

29 (3) The statewide interdisciplinary team shall provide recommendations to [*local multidiscipli-*
30 *nary*] **child fatality review** teams in the development of protocols. The recommendations shall ad-
31 dress investigation, training, case selection and fatality review of child deaths, including but not
32 limited to child abuse and youth suicide cases.

33 **SECTION 8.** ORS 418.751 is amended to read:

34 418.751. (1) The Department of Human Services, as provided in ORS 418.749, and the Department
35 of Justice shall ensure that training and education are provided for persons, other than law
36 enforcement officers, who are required to investigate allegations of child abuse. The Department of
37 Human Services and the Department of Justice shall consult with the State Commission on Children
38 and Families in assessing the grant funding that might be distributed to enhance and support
39 training and continuing education for the **county** multidisciplinary **child abuse** teams.

40 (2) The Department of Human Services and the Department of Justice shall work with the Board
41 on Public Safety Standards and Training to ensure that the training that is offered to persons under
42 subsection (1) of this section and ORS 418.749 is coordinated with the training given to law
43 enforcement officers.

44 **SECTION 9.** ORS 418.753 is amended to read:

45 418.753. The State Technical Assistance Team for child fatalities is established in the Depart-

1 ment of Human Services. The purpose of the State Technical Assistance Team is to provide staff
2 support for the statewide **interdisciplinary** team *[on child abuse or suicide]*, as described in ORS
3 418.748, and, upon request, to provide technical assistance to *[local multidisciplinary teams, as de-*
4 *scribed in ORS 418.747]* **the child fatality review teams established under section 20 of this 2005**
5 **Act**. The duties of the State Technical Assistance Team shall include but are not limited to:

6 (1) Designing, implementing and maintaining an information management system for child
7 fatalities;

8 (2) Providing training assistance and support for identified individuals on *[local]* **county** multi-
9 disciplinary **child abuse** teams in accurate data collection and input;

10 (3) Compiling and analyzing data on child fatalities;

11 (4) Using data concerning child deaths to identify strategies for the prevention of child fatalities
12 and serving as a resource center to promote the use of the strategies at the *[local]* **county** level;
13 and

14 (5) Upon request of a *[local]* **county** multidisciplinary **child abuse** team, providing technical
15 assistance and consultation services on a variety of issues related to child fatalities including
16 interagency agreements, team building, case review and prevention strategies.

17 **SECTION 10.** ORS 418.782 is amended to read:

18 418.782. As used in ORS 418.780 to 418.796:

19 (1) "Child abuse" means "abuse" as defined by ORS 419B.005 *[(1)(a)(A) to (F)]*.

20 (2) "Child abuse medical assessment" means an assessment by or under the direction of a **li-**
21 **censed physician or other licensed health care professional** trained in the evaluation, diagnosis
22 and treatment of child abuse *[and licensed to practice medicine in Oregon]*. "Child abuse medical as-
23 sessment" includes the taking of a thorough medical history, a complete physical examination and
24 an interview for the purpose of making a medical diagnosis, determining whether or not the child
25 has been abused and identifying the appropriate treatment or referral for follow-up for the child.

26 (3) "Community assessment *[service]* **center**" means a neutral, child-sensitive community-based
27 *[center]* **facility** or service provider to which a child from the community may be referred to receive
28 a thorough child abuse medical assessment for the purpose of determining whether the child has
29 been abused or neglected.

30 (4) "Regional assessment center" means a *[center]* **facility operated by a community assess-**
31 **ment center** that provides *[services provided by a community assessment service and also provides]*
32 **child abuse medical assessments, assistance with difficult or complex child abuse medical**
33 **assessments**, education, training, consultation, technical assistance and referral services*[, as de-*
34 *defined by the Advisory Council on Child Abuse Assessment by rule, for community assessment services*
35 *in the region]* **for community assessment centers or county multidisciplinary child abuse**
36 **teams in a region or regions designated by the administrator of the Child Abuse Multidisci-**
37 **plinary Intervention Program.**

38 **SECTION 11.** ORS 418.786 is amended to read:

39 418.786. To accomplish the purpose described in ORS 418.780, with the assistance of the Advi-
40 sory Council on Child Abuse Assessment, the administrator of the Child Abuse Multidisciplinary
41 Intervention *[Account]* **Program** shall develop and administer a grant program to establish and
42 maintain regional **assessment centers** and community assessment centers under ORS 418.780 to
43 418.796.

44 **SECTION 12.** ORS 418.788 is amended to read:

45 418.788. (1) Subject to the availability of funds under the provisions of ORS 418.796, the admin-

1 istrator of the Child Abuse Multidisciplinary Intervention [*Account*] **Program** shall make grants for
2 the establishment and maintenance of [*community or*] regional assessment centers **or community**
3 **assessment centers**.

4 (2) A public or private [*entity*] **agency** may apply to the administrator [*of the Child Abuse*
5 *Multidisciplinary Intervention Account*] for a grant to establish and maintain a [*community or*] re-
6 gional assessment center **or community assessment center** under ORS 418.780 to 418.796. The
7 administrator [*of the Child Abuse Multidisciplinary Intervention Account*] may consolidate applica-
8 tions from more than one public or private [*entity*] **agency** or may return the application with the
9 recommendation that the application be consolidated.

10 (3) The administrator [*of the Child Abuse Multidisciplinary Intervention Account*] shall by rule
11 establish criteria for awarding grants to establish and maintain [*community or*] regional assessment
12 centers **or community assessment centers** under ORS 418.780 to 418.796, including but not limited
13 to:

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

15 (b) The extent to which the applicant's proposed assessment center will best accomplish the
16 purposes of ORS 418.780 to 418.796; [*and*]

17 (c) The extent to which an applicant meets criteria for receiving a grant to establish and
18 maintain [*community or*] a regional assessment [*centers.*] **center or community assessment center;**
19 **and**

20 (d) **For a regional assessment center, the extent to which the applicant's proposed as-**
21 **essment center meets the documented needs of the communities, community assessment**
22 **centers and county multidisciplinary child abuse teams in the region or regions to be served**
23 **by the center.**

24 (4) The administrator [*of the Child Abuse Multidisciplinary Intervention Account*] is not required
25 to fund any grant in the total amount requested in the application.

26 **SECTION 13.** ORS 418.790 is amended to read:

27 418.790. Each application for funds to establish or maintain a regional assessment center shall
28 include:

29 (1) A description of how the services of the proposed regional assessment center are to be de-
30 livered, including but not limited to:

31 (a) A coordinated investigation of child abuse allegations;

32 (b) A child abuse medical assessment **in the region or regions served by the center, includ-**
33 **ing assessments requested by county multidisciplinary child abuse teams;**

34 (c) A neutral, nonintrusive [*videotaped*] **video-recorded** interview pursuant to interviewing
35 guidelines adopted by the Advisory Council on Child Abuse Assessment;

36 (d) Mental health treatment or referral for mental health treatment, if indicated as necessary
37 by the assessments; and

38 (e) A complete written report of the assessment results.

39 (2) A description of any interagency agreements, as required by ORS 418.747, with the Depart-
40 ment of Human Services, local law enforcement agencies, other regional assessment centers or other
41 agencies involved in child abuse cases.

42 (3) A description of procedures to be followed in the proposed regional assessment center, in-
43 cluding but not limited to:

44 (a) The contents, availability and distribution of written reports for each assessment;

45 (b) The availability of regional assessment center staff to testify in cases involving alleged abuse

1 of children evaluated by the assessment center [*or service*];

2 (c) Coordination with child witness programs and other child advocacy groups;

3 (d) The level of support available to the regional assessment center through in-kind contribu-
4 tions from the community; and

5 (e) A plan for providing training, education, consultation, technical assistance and referral ser-
6 vices to community assessment **centers** or intervention services in the region.

7 (4) Evidence indicating that the applicant has state-of-the-art equipment and adequately trained
8 staff to perform child abuse medical assessments and interviews, including but not limited to:

9 (a) A physician who is trained in the evaluation, diagnosis and treatment of child abuse and who
10 is licensed to practice medicine in Oregon by the Board of Medical Examiners for the State of
11 Oregon; and

12 (b) An interviewer who has an advanced academic degree in human services or who has com-
13 parable **specialized** training and experience.

14 (5) A description of where the regional assessment center is to be physically located, including
15 but not limited to a hospital, medical clinic or other appropriate public or private [*entity*] **agency**.
16 The proposed center may not be located in an office of the Department of Human Services or in the
17 office of any law enforcement agency.

18 [*(6) If the applicant is to receive funding as a regional assessment center:*]

19 [*(a)*] (6) A description of the region to be served[;].

20 [*(b) A description of where the center is to be geographically located so as to be reasonably ac-*
21 *cessible to community assessment services in the region; and*]

22 (7) **A description of the geographic location of the proposed regional assessment center.**
23 **The proposed center shall be located so that it is reasonably accessible by the community**
24 **assessment centers in the region.**

25 [*(c)*] (8) Evidence that the applicant has a sufficiently trained staff to provide education, train-
26 ing, consultation, technical assistance and referral services for community assessment [*services*]
27 **centers** in the region.

28 **SECTION 14.** ORS 418.792 is amended to read:

29 418.792. Each application for funds to provide a community assessment [*services*] **center** shall
30 include:

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

33 (2) A commitment by the medical practitioner:

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

36 (b) To refer complex cases, as defined by the Advisory Council on Child Abuse Assessment by
37 rule, to a regional assessment center.

38 (3) Evidence indicating the proposed community assessment [*service*] **center** has access to spe-
39 cial equipment used in the evaluation of child abuse.

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

44 (5) The level of support available to the proposed community assessment [*service*] **center**
45 through in-kind contributions from the community.

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

4 **SECTION 15.** ORS 418.793 is amended to read:

5 418.793. Once each year, a [community or] regional assessment center **or community assess-**
6 **ment center** established under ORS 418.780 to 418.796 shall submit a report to the [Department of
7 Justice] **Child Abuse Multidisciplinary Intervention Program** describing how the **assessment**
8 center has met the purposes of ORS 418.780 to 418.796. The [department] **program** may prescribe
9 by rule a form for the report.

10 **SECTION 16.** ORS 418.794 is amended to read:

11 418.794. [Videotapes] **Video recordings** produced pursuant to ORS 418.780 to 418.796 shall re-
12 main in the custody of the **regional** assessment center **or the community assessment center** and
13 shall remain confidential and not subject to public disclosure except under a lawfully issued
14 subpoena and protective order.

15 **SECTION 17.** ORS 418.796 is amended to read:

16 418.796. The Advisory Council on Child Abuse Assessment may solicit and accept contributions
17 of funds and assistance from the United States, its agencies or from other sources, public or private,
18 and agree to conditions [thereon] not inconsistent with the purposes of ORS 418.780 to 418.796. All
19 [such] funds **received** are to aid in financing the functions of the advisory council and the purposes
20 of ORS 418.780 to 418.796 and shall be deposited in the General Fund of the State Treasury to the
21 credit of a separate account and [shall be disbursed by the administrator of the Child Abuse Multi-
22 disciplinary Intervention Account created under ORS 418.746] **are continuously appropriated to the**
23 **Child Abuse Multidisciplinary Intervention Program established by section 2 of this 2005 Act**
24 for the purposes of ORS 418.780 to 418.796 [in the same manner as funds otherwise appropriated].

25 **SECTION 18.** Sections 19 and 20 of this 2005 Act are added to and made a part of ORS
26 **418.780 to 418.796.**

27 **SECTION 19.** (1) **All information and records acquired by a county multidisciplinary child**
28 **abuse team established under ORS 418.747 or a child fatality review team established under**
29 **section 20 of this 2005 Act in the exercise of its duties are confidential and may be disclosed**
30 **only when necessary to carry out the purposes of the child abuse investigation or the child**
31 **fatality review process.**

32 (2) **A member agency of a county multidisciplinary child abuse team or a member of the**
33 **team may use or disclose protected health information without obtaining an authorization**
34 **from an individual or a personal representative of the individual if use or disclosure is nec-**
35 **essary for public health purposes, including the prevention, investigation and treatment of**
36 **child abuse.**

37 (3) **A child fatality review team shall have access to and subpoena power to obtain all**
38 **medical records, hospital records and records maintained by any state, county or local**
39 **agency, including, but not limited to, police investigative data, coroner or medical examiner**
40 **investigative data and social services records, as necessary to complete a child abuse inves-**
41 **tigation or a review of a specific fatality under section 20 of this 2005 Act.**

42 (4) **As used in this section, “personal representative” and “protected health**
43 **information” have the meanings given those terms in ORS 192.519.**

44 **SECTION 20.** (1) **Each county multidisciplinary child abuse team shall establish a child**
45 **fatality review team to conduct child fatality reviews. The purpose of the review process is**

1 to help prevent severe and fatal child abuse and neglect by:

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

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

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

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

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

10 (b) Any category established by the county multidisciplinary child abuse team;

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

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

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

19 (5) Within the guidelines, and in a format, established by the statewide interdisciplinary
20 team established under ORS 418.748, the child fatality review team shall provide the state-
21 wide interdisciplinary team with information regarding the categories of child fatalities de-
22 scribed under subsection (3) of this section.

23 **SECTION 21.** ORS 192.537 is amended to read:

24 192.537. (1) Subject to the provisions of ORS 192.531 to 192.549, 659A.303 and 746.135, an indi-
25 vidual's genetic information and DNA sample are private and must be protected, and an individual
26 has a right to the protection of that privacy. Any person authorized by law or by an individual or
27 an individual's representative to obtain, retain or use an individual's genetic information or any
28 DNA sample must maintain the confidentiality of the information or sample and protect the infor-
29 mation or sample from unauthorized disclosure or misuse.

30 (2)(a) A person may use an individual's DNA sample or genetic information for anonymous re-
31 search only if the individual:

32 (A) Has granted informed consent for the specific anonymous research project;

33 (B) Has granted consent for genetic research generally; or

34 (C) Was notified the sample or genetic information may be used for anonymous research and the
35 individual did not, at the time of notification, request that the sample not be used for anonymous
36 research.

37 (b) The Department of Human Services shall adopt rules to implement paragraph (a) of this
38 subsection after considering similar federal regulations.

39 (3) A person may not retain another individual's genetic information or DNA sample without
40 first obtaining authorization from the individual or the individual's representative, unless:

41 (a) Retention is authorized by ORS 181.085 or comparable provisions of federal criminal law re-
42 lating to identification of persons, or is necessary for the purpose of a criminal or death investi-
43 gation, a criminal or juvenile proceeding, an inquest or a child fatality review by a **county**
44 multidisciplinary child abuse team;

45 (b) Retention is authorized by specific court order pursuant to rules adopted by the Chief Justice

1 of the Supreme Court for civil actions;

2 (c) Retention is permitted by rules of the Department of Human Services for identification of,
3 or testing to benefit blood relatives of, deceased individuals;

4 (d) Retention is permitted by rules of the Department of Human Services for newborn screening
5 procedures; or

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

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

11 (a) Retention is authorized by ORS 181.085 or comparable provisions of federal criminal law re-
12 lating to identification of persons, or is necessary for the purpose of a criminal or death investi-
13 gation, a criminal or juvenile proceeding, an inquest or a child fatality review by a **county**
14 multidisciplinary child abuse team;

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

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

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

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

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

29 (8) Subject to the provisions of ORS 192.531 to 192.549, and to policies adopted by the person
30 in possession of a DNA sample, an individual or the individual's representative may request that the
31 individual's DNA sample be made available for additional genetic testing for medical diagnostic
32 purposes. If the individual is deceased and has not designated a representative to act on behalf of
33 the individual after death, a request under this subsection may be made by the closest surviving
34 blood relative of the decedent or, if there is more than one surviving blood relative of the same
35 degree of relationship to the decedent, by the majority of the surviving closest blood relatives of the
36 decedent.

37 (9) The Department of Human Services shall coordinate the implementation of this section.

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

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

43 **SECTION 22.** ORS 192.539 is amended to read:

44 192.539. (1) Regardless of the manner of receipt or the source of genetic information, including
45 information received from an individual or a blood relative of the individual, a person may not dis-

1 close or be compelled, by subpoena or any other means, to disclose the identity of an individual upon
2 whom a genetic test has been performed or the identity of a blood relative of the individual, or to
3 disclose genetic information about the individual or a blood relative of the individual in a manner
4 that permits identification of the individual, unless:

5 (a) Disclosure is authorized by ORS 181.085 or comparable provisions of federal criminal law
6 relating to identification of persons, or is necessary for the purpose of a criminal or death investi-
7 gation, a criminal or juvenile proceeding, an inquest, or a child fatality review by a **county** multi-
8 disciplinary child abuse team;

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

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

12 (d) Disclosure is specifically authorized by the tested individual or the tested individual's rep-
13 resentative by signing a consent form prescribed by rules of the Department of Human Services;

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

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

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

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

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

23 (b) It is not due to willful neglect;

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

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

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

29 **SECTION 23.** ORS 192.690 is amended to read:

30 192.690. (1) ORS 192.610 to 192.690 shall not apply to the deliberations of the State Board of
31 Parole and Post-Prison Supervision, the Psychiatric Security Review Board, state agencies conduct-
32 ing hearings on contested cases in accordance with the provisions of ORS chapter 183, the review
33 by the Workers' Compensation Board or the Employment Appeals Board of similar hearings on
34 contested cases, meetings of state or local lawyers assistance committees operating under the pro-
35 visions of ORS 9.568, meetings of the personal and practice management assistance committees op-
36 erating under the provisions of ORS 9.568, the **county** multidisciplinary **child abuse** teams required
37 to review child abuse [*and neglect fatalities*] **cases** in accordance with the provisions of ORS
38 418.747, **the child fatality review teams required to review child fatalities in accordance with**
39 **the provisions of section 20 of this 2005 Act**, the peer review committees in accordance with the
40 provisions of ORS 441.055, mediation conducted under ORS 36.250 to 36.270, any judicial proceeding,
41 meetings of the Oregon Health and Science University Board of Directors or its designated com-
42 mittee regarding candidates for the position of president of the university or regarding sensitive
43 business, financial or commercial matters of the university not customarily provided to competitors
44 related to financings, mergers, acquisitions or joint ventures or related to the sale or other dispo-
45 sition of, or substantial change in use of, significant real or personal property, or related to health

1 system strategies, or to Oregon Health and Science University faculty or staff committee meetings.

2 (2) Because of the grave risk to public health and safety that would be posed by misappropriation or misapplication of information considered during such review and approval, ORS 192.610 to
3 192.690 shall not apply to review and approval of security programs by the Energy Facility Siting
4 Council pursuant to ORS 469.530.

5 **SECTION 24.** ORS 409.185 is amended to read:

6 409.185. (1) The Director of Human Services shall oversee the development of standards and
7 procedures for assessment, investigation and enforcement of child protective services.

8 (2)(a) The Department of Human Services shall take action to implement the provision of child
9 protective services as outlined in ORS 417.705 to 417.797 and 419A.170 and based on the recom-
10 mendations in the 1992 "Oregon Child Protective Services Performance Study" published by the
11 University of Southern Maine.

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

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

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

20 (e) The department and law enforcement agencies shall conduct the investigation and assess-
21 ment concurrently, based upon the protocols and procedures of the **county multidisciplinary child**
22 **abuse** team in each jurisdiction.

23 (f) When the department and law enforcement agencies conduct a joint investigation and as-
24 sessment, the activities of the department and agencies are to be clearly differentiated by the pro-
25 tocols of the **county multidisciplinary child abuse** team.

26 (g) Nothing in this subsection is intended to be inconsistent with ORS 418.747, 418.748 and
27 418.749 and ORS chapter 419B.

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

31 **SECTION 25.** ORS 418.784 is amended to read:

32 418.784. (1) There is created the Advisory Council on Child Abuse Assessment, consisting of at
33 least nine members appointed by the Attorney General[, *who*]. **The Attorney General** shall serve
34 as an ex officio member of the council. The council shall direct the administrator of the Child Abuse
35 Multidisciplinary Intervention [*Account on administering*] **Program on the administration of funds**
36 to establish and maintain regional assessment centers or community assessment [*services*] **centers**
37 under ORS 418.780 to 418.796.

38 (2) Of the members appointed to the council:

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

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

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

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

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

3 (f) One member shall be from an operating regional assessment center; and

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

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

7 (a) Are not entitled to compensation; and

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

11 (4) Members of the council who are state employees carrying out their state employment func-
12 tions are entitled to compensation and reimbursement by their employing agencies for actual and
13 necessary travel and other expenses incurred by them in the performance of their official duties as
14 members of the council.

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

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

19 (7) A majority of the members of the council constitutes a quorum for the transaction of busi-
20 ness.

21 **SECTION 26.** ORS 419B.005 is amended to read:

22 419B.005. As used in ORS [418.747, 418.748, 418.749 and] 419B.005 to 419B.050, unless the context
23 requires otherwise:

24 (1)(a) "Abuse" means:

25 (A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child
26 which has been caused by other than accidental means, including any injury which appears to be
27 at variance with the explanation given of the injury.

28 (B) Any mental injury to a child, which shall include only observable and substantial impairment
29 of the child's mental or psychological ability to function caused by cruelty to the child, with due
30 regard to the culture of the child.

31 (C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual pene-
32 tration and incest, as those acts are defined in ORS chapter 163.

33 (D) Sexual abuse, as defined in ORS chapter 163.

34 (E) Sexual exploitation, including but not limited to:

35 (i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any
36 other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage
37 in the performing for people to observe or the photographing, filming, tape recording or other ex-
38 hibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or
39 described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not in-
40 cluding any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or
41 which is designed to serve educational or other legitimate purposes; and

42 (ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution, as defined in
43 ORS chapter 167.

44 (F) Negligent treatment or maltreatment of a child, including but not limited to the failure to
45 provide adequate food, clothing, shelter or medical care that is likely to endanger the health or

1 welfare of the child.

2 (G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm
3 to the child's health or welfare.

4 (H) Buying or selling a person under 18 years of age as described in ORS 163.537.

5 (I) Permitting a person under 18 years of age to enter or remain in a place where methamphet-
6 amines are being manufactured.

7 (b) "Abuse" does not include reasonable discipline unless the discipline results in one of the
8 conditions described in paragraph (a) of this subsection.

9 (2) "Child" means an unmarried person who is under 18 years of age.

10 (3) "Public or private official" means:

11 (a) Physician, including any intern or resident.

12 (b) Dentist.

13 (c) School employee.

14 (d) Licensed practical nurse or registered nurse.

15 (e) Employee of the Department of Human Services, State Commission on Children and Families,
16 Child Care Division of the Employment Department, the Oregon Youth Authority, a county health
17 department, a community mental health and developmental disabilities program, a county juvenile
18 department, a licensed child-caring agency or an alcohol and drug treatment program.

19 (f) Peace officer.

20 (g) Psychologist.

21 (h) Member of the clergy.

22 (i) Licensed clinical social worker.

23 (j) Optometrist.

24 (k) Chiropractor.

25 (L) Certified provider of foster care, or an employee thereof.

26 (m) Attorney.

27 (n) Naturopathic physician.

28 (o) Licensed professional counselor.

29 (p) Licensed marriage and family therapist.

30 (q) Firefighter or emergency medical technician.

31 (r) A court appointed special advocate, as defined in ORS 419A.004.

32 (s) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

33 (t) Member of the Legislative Assembly.

34 (4) "Law enforcement agency" means:

35 (a) Any city or municipal police department.

36 (b) Any county sheriff's office.

37 (c) The Oregon State Police.

38 (d) A county juvenile department.

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

40 419B.050. (1) Upon notice by *[either]* a law enforcement agency, *[or]* the Department of Human
41 Services, **a member agency of a county multidisciplinary child abuse team or a member of a**
42 **county multidisciplinary child abuse team** that a child abuse investigation is being conducted
43 under ORS 419B.020, a health care provider *[may]* **must** permit the law enforcement agency, *[or]* the
44 department, **the member agency of the county multidisciplinary child abuse team or the**
45 **member of the county multidisciplinary child abuse team** to inspect and copy medical records,

1 including, but not limited to, prenatal and birth records, of the child involved in the investigation
2 without the consent of the child, or the parent or guardian of the child. A health care provider who
3 in good faith disclosed medical records under this section is not civilly or criminally liable for the
4 disclosure.

5 (2)(a) As used in this section, “health care provider” **has the meaning given that term in**
6 **ORS 192.519.** *[means a person licensed by one of the following agencies, or any employee of a person*
7 *licensed by one of the following agencies:]*

8 [(A) *State Board of Examiners for Speech-Language Pathology and Audiology;*]

9 [(B) *State Board of Chiropractic Examiners;*]

10 [(C) *State Board of Clinical Social Workers;*]

11 [(D) *Oregon Board of Licensed Professional Counselors and Therapists;*]

12 [(E) *Oregon Board of Dentistry;*]

13 [(F) *State Board of Denture Technology;*]

14 [(G) *Board of Examiners of Licensed Dietitians;*]

15 [(H) *State Board of Massage Therapists;*]

16 [(I) *State Mortuary and Cemetery Board;*]

17 [(J) *Board of Naturopathic Examiners;*]

18 [(K) *Oregon State Board of Nursing;*]

19 [(L) *Board of Examiners of Nursing Home Administrators;*]

20 [(M) *Oregon Board of Optometry;*]

21 [(N) *State Board of Pharmacy;*]

22 [(O) *Board of Medical Examiners;*]

23 [(P) *Occupational Therapy Licensing Board;*]

24 [(Q) *Physical Therapist Licensing Board;*]

25 [(R) *State Board of Psychologist Examiners; or*]

26 [(S) *Board of Radiologic Technology.*]

27 [(b) *For the purposes of this section, “health care provider” includes a health care facility as de-*
28 *defined in ORS 442.015 and emergency medical technicians certified by the Department of Human Ser-*
29 *vices.*]

30 **SECTION 28. This 2005 Act being necessary for the immediate preservation of the public**
31 **peace, health and safety, an emergency is declared to exist, and this 2005 Act takes effect**
32 **July 1, 2005.**

33