



DIRECTOR'S OFFICE  
Office of Equity and Inclusion

John A. Kitzhaber, MD, Governor



March 14, 2014

421 SW Oak Street, Suite 750  
Portland, OR 97204

971-673-1240

971-673-1128

<http://www.oregon.gov/OHA/oei/>

Dear Interested Council on Health Care Interpreter Applicant,

The *Oregon Health Care Interpreter Program* (OHCIP) works to assure that Limited English Proficient (LEP) persons that need medical attention are not excluded from health care services. To implement this policy at the highest level, the *Oregon Council of Health Care Interpreters* (OCHCI) was established in rule and procedure to assure the provision and sustainability of the Health Care Interpreter law and to guide the work of the OHA Health Care Interpreter Program in the implementation of the law. Oregon Revised Statute 413.554 requires:

- The establishment of policy related to “persons with limited English proficiency”
- Guidelines from Title VI of the Civil Rights Act of 1964 and the 1978 Patient’s Bill of Rights;
- Creation of the Oregon Council on Health Care Interpreters

The 25-member Council consists of consumers, educators, policy makers, providers of health care and health system/health insurance administrators. Depending on the seat you are applying for, Council members are appointed by the Governor or directors of the Oregon Health Authority and the Department Human Services. Terms are for three years and individuals may be reappointed. Additionally, there are advisory and technical committees you may wish to serve on. There is no compensation, though travel to meetings may be reimbursed. The Council does not accept any contributions. Please contact us if you need Language Access Services to participate.

Included with this letter you will find the OCHCI application (interest form), the current roster with vacant seats highlighted, the OCHCI Fact Sheet, the statute requiring the existence of the Council, and the Council Bylaws. If you are interested in applying, please contact April Johnson at [april.r.johnson@state.or.us](mailto:april.r.johnson@state.or.us) or by phone at 971-673-3389, or

Omar Carrillo at [omar.carrillo@state.or.us](mailto:omar.carrillo@state.or.us) or by phone at 971-673-3359. We look forward to hearing from you!

All the Best,

A handwritten signature in black ink, appearing to read 'April R. Johnson', with a stylized, flowing script.

April R. Johnson, Health Equity Workforce Manager

Enclosures

Oregon Council on Health Care Interpreters

DEFINED POSITION	FIRST NAME	LAST NAME	ORGANIZATION	PHONE	EMAIL	TERM ENDING
OR Judicial Dpt. Court Interpreter Program	Melanie	DeLeon-Benham	OR Judicial Dept., Certified Court Interpreter Program	503.851.2992	Melanie.DeLeon-Benham@ojd.state.or.us	6/30/2016
The Commission for Women	Megan	Harris-Jacquot	Law Office of Megan Jacquot	971.267.2214	meganjacquot@hotmail.com	6/14/2016
IRCO	Vanloeun	Lao Ping	Immigrant and Refugee Community Organization	971.271.6480	Vanloeunl@mail.irc.org	5/31/2016
Interpreter Policy/Administration Experience	Morad	Noury	United Services for Counseling	503.757.6821	nuryagdiev@gmail.com	5/31/2016
Health Systems Representative	Erin	Neff	Legacy Health	503.413.6197	eneff@lhs.org	6/30/2016
	Mitchell	Yoder	Providence Medical Group	503.893.6633	mitch.yoder@providence.org	5/31/2016
Safety Net Clinic						
	Roxana	Ocaranza-Ermisch	Cascades East AHEC	541.280.8033	ermisch@gmail.com	5/31/2013
Educator	Fausto	Pino	Salem Health	503.561.1651	Samuel.Pino@salemhealth.org	5/31/2016
Health Care Provider (Nurse)	Miriam	Volpin	Nursing	503.413.8096	mvolpin@linfield.edu	8/31/2016
Health Care Provider (Doctor)						
Educator	Patricia	Wetzel	Portland State University	503.725.5277	wetzelp@pdx.edu	5/31/2016
Consumer						
The Commission on Asian Affairs						
The Commission on Black Affairs						
The Commission on Hispanic Affairs						
The Commission on Indian Services						
The Institute for Health Professionals of Portland Community College (CLIMB)						
<b>OHA APPOINTED</b>						
One member with responsibility for administering mental health programs						
One member with responsibility for administering medical assistance programs						

Oregon Council on Health Care Interpreters

One member with responsibility for administering public health programs						
<b>DHS APPOINTED</b>						
One member with responsibility for administering developmental disabilities programs						
One member with responsibility for administering programs for seniors and persons with disabilities						

OHA-OEI Staff

FIRST NAME	LAST NAME	POSITION	EMAIL	PHONE		
April	Johnson	Health Equity Workforce Manager	april.r.johnson@state.or.us	971-673-3389		
Omar	Carrillo	Health Equity Workforce and Language Access Assistant	omar.carrillo@state.or.us	971.673.3359		
Carol	Cheney	Equity Manager	carol.i.cheney@state.or.us	971.673.2960		
Tricia	Tillman	Director	tricia.tillman@state.or.us	971-673-3383		

## Oregon Council on Health Care Interpreters

The Oregon Council on Health Care Interpreters (OCHCI) is a 25-member Council created by ORS 413.550 to 413.558. The Council advises the Oregon Health Authority on administrative rules and policy standards related to the Health Care Interpreter Program, and implementation of ORS 413.550 and OAR 333-002. The 25 council members are appointed by the Governor, the Director of Oregon Health Authority and the Director of Human Services. The Council meets quarterly and meetings are open to the public.

### Member Composition

Council Seats include:

- Two members from each of the following groups: Consumers; Educators; Policymakers and Administrators; Health Care Providers; Safety Net Clinic Providers; Representatives of hospitals, health systems and health plans
- One representative from each of the following agencies and organizations: The Commission on Asian and Pacific Islander Affairs; The Commission on Black Affairs; The Commission on Hispanic Affairs; The Commission on Indian Services; The International Refugee Center of Oregon; The Oregon Judicial Departments Certified Court Interpreter program; The Commission for Women; and The Institute for Health Professionals of Portland Community College
- Three members from the Oregon Health Authority
- Two members from the Department of Human Services

### Structure

- The term of a member is three years. A member may be reappointed.
- An appointment may be made to replace any member of the council who misses more than two consecutive meetings.
- The council selects one member as chairperson and one member as vice chairperson, for such terms and with duties and powers as the council determines necessary for the performance of the functions of such offices.
- The council may establish advisory and technical committees as it considers necessary to aid and advise the council in the performance of its functions. The council determines the representation, membership, terms and organization of the committees and appoints committee members.
- A majority of the members of the council constitute a quorum for the transaction of business.
- Members of the council are not entitled to compensation, but at the discretion of the Director of the Oregon Health Authority may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties.

## 2011 ORS § 413.554<sup>1</sup>

### Oregon Council on Health Care Interpreters

- (1) The Oregon Council on Health Care Interpreters is created in the Oregon Health Authority. The council shall consist of 25 members appointed as follows:
  - (a) The Governor shall appoint two members from each of the following groups:
    - (A) Consumers of medical services who are persons with limited English proficiency and who use health care interpreters;
    - (B) Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with limited English proficiency;
    - (C) Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions;
    - (D) Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice;
    - (E) Representatives of safety net clinics that predominantly serve persons with limited English proficiency; **and**
    - (F) Representatives of hospitals, health systems and health plans predominantly serving persons with limited English proficiency.
  - (b) The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:
    - (A) The Commission on Asian and Pacific Islander Affairs;
    - (B) The Commission on Black Affairs;
    - (C) The Commission on Hispanic Affairs;
    - (D) The Commission on Indian Services;

- (E) The International Refugee Center of Oregon;
  - (F) The Oregon Judicial Departments Certified Court Interpreter program;
  - (G) The Commission for Women; **and**
  - (H) The Institute for Health Professionals of Portland Community College.
- (c) The Director of the Oregon Health Authority shall appoint three members including:
- (A) One member with responsibility for administering mental health programs;
  - (B) One member with responsibility for administering medical assistance programs; **and**
  - (C) One member with responsibility for administering public health programs.
- (d) The Director of Human Services shall appoint:
- (A) One member with responsibility for administering developmental disabilities programs; **and**
  - (B) One member with responsibility for administering programs for seniors and persons with disabilities.
- (e) The membership of the council shall be appointed so as to be representative of the racial, ethnic, cultural, social and economic diversity of the people of this state.
- (2) The term of a member shall be three years. A member may be reappointed.
- (3) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term. The appointing authority may appoint a replacement for any member of the council who misses more than two consecutive meetings of the council. The newly appointed member shall represent the same group as the vacating member.
- (4) The council shall select one member as chairperson and one member as vice chairperson, for such terms and with duties and powers as the council determines necessary for the performance of the functions of such offices.
- (5) The council may establish such advisory and technical committees as it considers necessary to aid and advise the council in the performance of its functions. The committees may be continuing or temporary committees. The

council shall determine the representation, membership, terms and organization of the committees and shall appoint committee members.

- (6) A majority of the members of the council shall constitute a quorum for the transaction of business.
- (7) Members of the council are not entitled to compensation, but at the discretion of the Director of the Oregon Health Authority may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495 (Compensation and expenses of members of state boards and commissions).
- (8) The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, for purposes consistent with the purposes of the council.
- (9) The Oregon Health Authority shall provide the council with such services and employees as the council requires to carry out its duties. [Formerly 409.619]

Note: See note under 413.550 (Definitions for ORS 413.550 to 413.558).

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(No annotations for this section.)

<sup>1</sup> Legislative Counsel Committee, *CHAPTER 413—Oregon Health Authority*, <http://www.leg.state.or.us/ors/413.html> (2011) (last accessed Mar. 25, 2012).

<sup>2</sup> OregonLaws.org contains the contents of Volume 21 of the ORS, inserted alongside the pertinent statutes. See the preface to the ORS Annotations for more information.

<sup>3</sup> OregonLaws.org assembles these lists by analyzing references between Sections. Each listed item refers back to the current Section in its own text. The result reveals relationships in the code that may not have otherwise been apparent.

Currency Information

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**Oregon Council on Health Care Interpreters  
By-Laws  
Approved 10/14/10**

**ARTICLE I**

**Oregon Council on Health Care Interpreters**

The Oregon Council on Health Care Interpreters (the Council) was created pursuant to ORS 409.615 through ORS 409.625. The Council works in cooperation with the Oregon Health Authority to:

- A. Develop testing, qualification and certification standards for health care interpreters for persons with Limited English Proficiency (LEP).
- B. Coordinate with other states to develop and implement educational and testing programs for health care interpreters.
- C. Examine operational and funding issues, including but not limited to the feasibility of developing a central registry and annual subscription mechanism for health care interpreters.
- D. Do all other acts as shall be necessary or appropriate under the provisions of ORS 409.615 to 409.623.

The Council works to address the following findings and implement the following policies:

- A. Persons with LEP are often unable to interact effectively with health care providers. Because of language differences, persons with LEP are often excluded from health care services, experience delays or denials of health care services, or receive health care services based on inaccurate or incomplete information.
- B. The lack of competent health care interpreters among health care providers impedes the free flow of communication between the health care provider and patient, preventing clear and accurate communication and the development of empathy, confidence, and mutual trust that is essential for an effective relationship between health care provider and patient.
- C. Health care for persons with LEP is to be provided according to the guidelines established under the policy statement issued August 30, 2000, by the U.S. Department of Health and Human Services, Office for Civil Rights, entitled, "Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency," and the 1978 Patient's Bill of Rights.

- D. The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, for purposes consistent with the purposes of the council. All moneys received by the Oregon Council on Health Care Interpreters under ORS 409.615 to 409.625 shall be paid into the Oregon Health Authority Fund and credited to an account designated by the authority. Such moneys shall be used only for the administration and enforcement of the provisions of ORS 409.615 to 409.625.

## **ARTICLE II**

### **Council Support**

The Oregon Health Authority shall provide the Council with such services and employees as the Council requires to carry out its duties.

## **ARTICLE III**

### **Council Composition**

The Council shall consist of 25 members appointed as follows:

- A. The Governor shall appoint two members from each of the following groups:
1. Consumers of medical services who are persons with LEP and who use health care interpreters;
  2. Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with LEP;
  3. Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions;
  4. Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice;
  5. Representatives of safety net clinics that predominantly serve persons with LEP; and
  6. Representatives of hospitals, health systems, and health plans predominantly serving persons with LEP.
- B. The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:
1. The Commission on Asian Affairs;
  2. The Commission on Black Affairs;
  3. The Commission on Hispanic Affairs;
  4. The Commission on Indian Services;
  5. The International Refugee Center of Oregon;
  6. The Oregon Judicial Department's Certified Court Interpreter program;
  7. The Commission for Women; and

8. The Institute for Health Professionals of Portland Community College.
- C. The Director of the Oregon Health Authority shall appoint three members including:
    1. One member with responsibility for administering mental health programs;
    2. One member with responsibility for administering medical assistance programs; and
    3. One member with responsibility for administering public health programs.
  - D. The Director of Human Services shall appoint:
    1. One member with responsibility for administering developmental disabilities programs; and
    2. One member with responsibility for administering programs for seniors and persons with disabilities.
  - E. The membership of the Council shall be representative of the racial, ethnic, cultural, social, and economic diversity of the people of this state.
  - F. The term of a member shall be three years. A member may be reappointed.
  - G. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term. The appointing authority may appoint a replacement for any member of the Council who misses more than two consecutive meetings of the Council. The newly appointed member shall represent the same group as the vacating member.
  - H. The Health Care Interpreters Program Manager shall attend and participate in Council meetings but is not a voting member of the Council.

## **ARTICLE IV**

### **Council Compensation**

Members of the Council are not entitled to compensation, but, at the discretion of the Director of the Oregon Health Authority, may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495.

## **ARTICLE V**

### **Officers of the Council**

#### **Section 1: Officers**

The Council shall select one member as chair and one member as vice chair for such terms and with duties and powers as the Council determines necessary for the performance of the functions of such offices.

## Section 2: Duties of Officers

- A. The Council Chair shall endeavor to preside at all meetings of the Council and shall perform such other duties as may be assigned by the Council. The Chair will:
  - 1. Coordinate meeting agendas in consultation with the Health Care Interpreters Program Manager,
  - 2. Review all draft Council meeting minutes prior to the meeting at which they are to be approved, and
  - 3. Make Committee Chair assignments.
- B. In the absence of the Council Chair or in the event of the Chairperson's inability or refusal to act, as determined by the Council, the Vice Chair shall perform the duties of the Chair, and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chair. The Vice Chair shall perform such other duties as from time to time may be assigned by the Council Chair.
- C. The Council Chair and Vice Chair shall have the same attendance requirements as members per Article VI, Section 3, below.

## Section 3: Officer Vacancies

- A. If a vacancy occurs in the office of the Council Chair, the Vice Chair shall carry out the functions of the Chair until the Council selects a new Chair.
- B. If a vacancy occurs in the office of the Vice Chair, the office shall remain vacant until the Council selects a new Vice Chair.
- C. If a vacancy occurs in the office of the Chair when the office of the Vice Chair is vacant, the Council shall designate one of its Council Members to serve as chairperson pro tem over meetings until the Council selects a Chair or a Vice Chair.

## Section 4: Absence of Officers from Meetings

If neither the Chair nor the Vice Chair is able to attend any duly called Council meeting, the Chair of the Council shall designate a Council Member to serve as chairperson pro tem for that meeting.

# **ARTICLE VI**

## **Council Meetings**

### Section 1: Regular and Special Meetings

- A. The Council shall meet at least once every three months at a place, day, and hour determined by the Council and the Health Care Interpreters Program Manager.
- B. After prior consultation with the Health Care Interpreters Program Manager, the Council may meet at other times and places specified by the call of the Chair or a majority of the Members of the Council, or as specified in these Bylaws.
- C. Council meetings will be held within the geographic boundaries of the state.

#### Section 2: Meetings by Telecommunication

- A. A regular or special meeting of the Council may be held by telephone, video conferencing, or other electronic means in which all Council Members may hear each other so long as it complies with the Oregon Public Meetings Law.
- B. If a Council Member is unable to attend any meeting in person, the Member may participate via telephone, video conferencing or other electronic means, providing that all participants can hear each other and members of the public attending the meeting can hear any Council Member who speaks during the meeting. Council Members attending through such electronic means shall be included in constituting a quorum.

#### Section 3: Attendance

Regular attendance at meetings is expected of each Council Member. A Member should notify the Chair, facilitator, or the Oregon Health Authority staff assisting the Council, at least 24 hours in advance of a meeting if the Member is unable to attend. In an emergency, the Member shall contact them as soon as reasonably possible.

Any member may raise for council consideration the lack of attendance of a member. The Council recognizes the subjective nature of issue and will make recommendations on a case-by-case basis.

#### Section 4: Notice of Meetings, Minutes, and Records

- A. Meetings of the Council are subject to the Oregon Public Meetings Law.
- B. There will be no electronic recording or filming of Council meetings without giving notice to the meeting participants.
- C. Notice of scheduled meetings, together with an agenda and minutes of the previous meeting will be made available to all Council members and to the public at least ten (10) business days prior to such meetings, or if ten days' notice is not practicable, then such lesser notice as is practicable.
- D. Typed draft minutes of all meetings of the Council shall be distributed to all Council Members and made available to the public no later than thirty (30) days after the meeting and are subject to amendment and approval at the next meeting of the Council.

- E. The Council shall maintain all records in accordance with the Oregon Public Records Law. Council records, such as formal documents, discussion drafts, transcripts, meeting summaries, and exhibits are public records. Council communications (oral, written, electronic, etc.) are not confidential and may be disclosed. However, private documents unrelated to Council business held by individual Council members and not shared with the State are not considered public records and are not subject to disclosure under public records laws.

#### Section 5: Rules of Order

- A. Procedures - The Council will conduct its business through discussion, consensus-building, and informal meeting procedures. The officers may, from time to time, establish specific procedural rules of order, subject to approval by the Council members, to assure the orderly, timely, and fair conduct of business. They may refer to the most recent edition of Robert's Rules of Order for guidance.
- B. Public Comment - The officers will provide periodic public comment opportunities for non-Council members during meetings before the Council makes a decision. Comments from the public will be limited in time to allow sufficient opportunity to conduct the other portions of the Council agenda. Typically, comments will be limited to a maximum of three minutes per person. The public is encouraged to submit written comments to staff for circulation to the full Council. Staff will have a clear procedure for the public to sign up to speak and to obtain interpretative services for the Council meetings.
- C. Council Member Commitments to Each Other - The members, project staff and participants will participate in good faith, which means to:
1. Prepare for and set aside time for the meetings and the whole process,
  2. Participate fully, honestly and fairly, commenting constructively and specifically,
  3. Speak respectfully, briefly and non-repetitively; not speaking again on a subject until all other members desiring to speak have had the opportunity to speak,
  4. Allow people to state their ideas or opinions without fear of reprisal from Council members, sponsors, or others,
  5. Avoid side conversations during meetings,
  6. Provide information as much in advance as possible of the meeting in which such information is to be used and share all relevant information to the maximum extent possible,
  7. Generate and explore all options on the merits with an open mind, listening to different points of view with a goal of understanding the underlying interests of other Council members,
  8. Agree to work toward fair, practical and durable recommendations that reflect the diverse interests of the entire Council and the public,
  9. When communicating with others, accurately summarize the Council process, discussion and meetings, presenting a full, fair and balanced view of the issues and arguments out of respect for the process and other members,

10. Not attempt to effect a different outcome outside of the Council process once the Council has reached a decision,
11. Strive vigorously for consensus and closure on issues, and
12. Self-regulate and help other members abide by these commitments.

#### Section 6: Decision-Making Process

- A. Quorum – A majority of the currently appointed members of the Council shall constitute a quorum for the transaction of business. The continued presence of a quorum is required for any official vote or action of the Council throughout an official meeting. Less than a quorum of the Council may receive testimony.
- B. Voting – All official actions of the Council must be taken by a public vote. On all motions or other matters, “voice” vote may be used. At the discretion of the Chairperson or at the request of a Council Member, a show of hands or “roll-call” vote may be conducted. Proxy votes are not permitted. The results of all votes and the vote of each member by name must be recorded. When there is a quorum present at a meeting, a majority of the Council Members present is necessary to pass motions or take other action during a meeting. Abstaining votes shall be recorded as abstention.
- C. Consensus - The Council will endeavor to make decisions by consensus. Consensus decision-making is a process that allows Council members to distinguish underlying values, interests, and concerns with a goal of developing widely accepted solutions. Consensus does not mean 100% agreement on each part of every issue, but rather support for a decision, “taken as a whole.” This means that a member may support a consensus proposal even though they would prefer to have it modified in some manner in order to give it their full support. Consensus is a process of “give and take,” of finding common ground and developing creative solutions in a way that all interests can support. Consensus is reached if all members at the table support an idea or can say, “I can live with that.”

#### Section 7: Committees

- A. Advisory and Technical Committees:
  1. The Council may establish such advisory and technical committees as it considers necessary to aid and advise the Council in the performance of its functions. The committees may be continuing or temporary committees. The Council shall determine the representation, membership, terms, leadership, and organization of the committees and shall appoint committee members.
- B. Committee Procedures, Recommendations and Reports to the Council
  1. Meetings of the Committees are subject to the Public Meetings Law. Each Committee Chairperson shall work with Oregon Health Authority staff to provide for the distribution of an agenda and for the recording of meetings, and shall be responsible for the order and conduct of the meeting.

2. A recommendation from a Committee to the Council requires an affirmative vote of a majority of the Committee members using the same Decision-making Process, noted above.
3. The work of the Committees must be arranged to permit the timely completion of tasks requested by the Council or included within the Committee's mandate. The Committees will work cooperatively with the Council and staff to provide requested information.

## **ARTICLE VII**

### **Conflict of Interest**

Council members are appointed, in part, because of their diverse experiences in their professional and civic lives. They bring valued histories of service to varied populations or stakeholder groups. By accepting membership on the Council, members agree to serve the broader goals of establishing health care interpreter policy for the State of Oregon.

Voting members of the Council should identify situations that present possible conflicts of interest and describe appropriate procedures if a possible conflict of interest arises. Members seek to promote transparency and integrity of the Council's decision-making process by abiding by this policy. Questions about this policy should be directed to the Director of the Oregon Health Authority.

An **actual** conflict of interest means "any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which would be to the private pecuniary benefit or detriment of the person or the person's relative or any business with which the person or a relative of the person is associated unless the pecuniary benefit or detriment arises out of circumstances described in [ORS 244.020(12)]."

A **potential** conflict of interest means:

Any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which could be to the private pecuniary benefit or detriment of the person or the person's relative, or a business with which the person or the person's relative is associated, unless the pecuniary benefit or detriment arises out of the following:

(a) An interest or membership in a particular business, industry, occupation or other class required by law as a prerequisite to the holding by the person of the office or position.

(b) Any action in the person's official capacity which would affect to the same degree a class consisting of all inhabitants of the state, or a smaller class consisting of an industry, occupation or other group including one of which or in which the person, or the person's relative or business with which the person or the person's relative is associated, is a member or is engaged.

(c) Membership in or membership on the board of directors of a nonprofit corporation that is tax-exempt under section 501(c) of the Internal Revenue Code.

ORS 244.020.

The Council members recognize that the standards that govern their conduct are fully set forth in ORS Chapter 244. All Council members, upon confirmation of appointment, and periodically thereafter, should maintain knowledge of the requirements of this law and subsequent versions thereof. The statutory requirements are binding on members, as are these policies.

Council members are encouraged to examine prospective issues at the earliest opportunity for the potential of a conflict of interest and are reminded that compliance with the statutory requirements often require sensitivity to avoiding the appearance of impropriety. Members are to consult with the Director of the Oregon Health Authority for guidance where appropriate.

Council members should disclose to the Council Chairperson as soon as the Council member is aware of the actual or potential conflict of interest.

Council members must publicly announce the nature of the conflict of interest before participating in any official action (discussion or voting) on the issue giving rise to the conflict of interest.

- A. Potential conflict of interest: Following the public announcement, the Council member may participate in official action on the issue that gave rise to the conflict of interest.
- B. Actual conflict of interest: Following the public announcement, the Council member must refrain from further participation in official action on the issue that gave rise to the conflict of interest.

If a Council member has an actual conflict of interest and the Council member's vote is necessary to meet the minimum number of votes required for official action, the Council member may vote. In this situation, the Council member must make the required announcement and refrain from any discussion, but may participate in the vote required for official action by the Council. These circumstances are rare.

The Council shall keep a record of disclosures of conflict of interest and the nature of the conflict in the public record.

## **ARTICLE VIII**

### **Rules of Construction and Amendments to Bylaws**

- A. All references in these Bylaws to "mail" or "mailing" shall also include electronic mail to a Member or an addressee who has an email address on file with the Council.
- B. All procedures in these Bylaws shall be construed in accordance with the intent and purpose of applicable state laws and regulations.

- C. These Bylaws may be amended or repealed and new bylaws adopted- by the Council at any regular or special meeting of the Council provided that twenty (20) days written notice of the proposed amendment shall be given to each Member of the Council prior to any regular or special meeting of the Council at which the proposed amendment is to be considered and acted upon. Amendment of the Bylaws requires an affirmative vote of a majority of the Council Members.
  
- D. Nothing contained in these Bylaws shall be deemed to limit or restrict the general authority vested in the Council or the Oregon Health Authority by law.