

Presiding Officer's Report to Agency on Rulemaking Hearing

Date: April 1, 2022
To: David Gerstenfeld, Acting Director
From: Anne Friend, OED Rules Coordinator
Subject: Presiding Officer's Report on Rulemaking Hearing – PFMLI Batch 2 Rules

Public Hearings and Public Comment Period

Meeting Type	Hearing Date and Time	Hearing Location
Public Hearing	February 23, 2022 – 3-5 pm	Virtual via Zoom
Public Hearing	February 28, 2022 – 9-11 am	Virtual via Zoom
Public Comment Period	February 1, 2022 to March 1, 2022 at 5 pm	Submitted in writing via email.

Notice Filings (OAR 471-070-*)

Notice Number	Rule Numbers
Notice – Equivalent Plans	471-070-2200, 2210, 2220, 2240, 2280, 2400, 2450, 2455, and 2460

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Hearings Report

There were two rulemaking hearings on the proposed rules for the Paid Family Medical Leave Insurance (PFMLI) Division's Batch 2 administrative rules related to equivalent plans. These hearings covered the one filing that the Department filed a notice of proposed rulemaking on January 26, 2022, with the Secretary of State's Office. Both hearings were held virtually via the Zoom platform and recorded for the official record. At each hearing, I read the rulemaking information into the record and then began the hearings. Below, is a summary of each hearing and any comments received are outlined. The public comment period for this rulemaking effort was opened on February 1, 2022, and closed at 5 p.m. on March 1, 2022.

Public Hearing #1 – February 23, 2022

The first public hearing for the Batch 2 administrative rules took place on February 23, 2022, from 3 - 5 p.m. The public was asked to register through Zoom in order to attend the hearing and to raise their hands within the Zoom meeting if they wanted to comment on the proposed rules. Attendees were also informed of the procedures for taking comments and that the hearing was being recorded as part of the official record. There were 121 people registered to attend and 116 actually attended the hearing. Of the attendees, eight attendees provided testimony during the hearing. A summary of their comments can be found in the table below and the entire testimony can be found in "Exhibit 001" attached.

Public Hearing #2 – February 28, 2022

The second public hearing for the Batch 2 administrative rules took place on February 28, 2022 from 9 - 11 a.m. The public was asked to register through Zoom to attend and to raise their hands within the Zoom meeting if they wanted to comment on the proposed rules. Attendees were also informed of the procedures for taking comments and that the hearing was being recorded as part of the official record. There were 183 people registered to attend and 138 actually attended the hearing. Of the attendees, five attendees provided testimony during the hearing. A summary of their comments can be found in the table below and the entire testimony can be found in "Exhibit 002" attached.

Public Comment Period – February 1, 2022 - March 1, 2022

The Notice of Proposed Rulemaking and Statement of Need and Fiscal Impact filing for the Batch 2 administrative rules was published in the Oregon Bulletin on February 1, 2022. Between February 1 and 5 p.m. on March 1, 2022, the public comment period was open to receive comments from the public, interested parties and groups, and legislators. Comments and questions were primarily received via the OED_Rules@employ.oregon.gov email box where they were recorded by staff. Some comments did come in through the PFMLI email address but those were subsequently forwarded to the OED Rules email box and recorded.

The department received written testimony from 15 different individuals or groups. Of the 15 different testimonies received, five were comments solely about the general program, other batches of rules, or PFMLI benefits and, as such, are not included in the summaries of this document. A summary of the testimony on specific PFMLI Batch 2 administrative rules can be found in the table below under the rule(s) they provided testimony for. The exact comments can be found in the attached exhibits.

Summary of Comments Received on and Responses for PFMLI Batch 2 Administrative Rules

Rule Number	Name Affiliation	Exhibit Number	Comment Summary	Responses	Rule Change Yes/No
471-070-2200 – Equivalent Plans: Definitions	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	001, 011	Opposes as requests further clarification that fully-insured equivalent plans be approved by the Division of Financial Regulation.	Changed rule to make it clear that insurance companies need to be approved by DCBS to sell equivalent plans in Oregon.	Yes
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Supports four additional definitions for employer administered, fully insured, successor in interest, and substantial reduction in personnel.	Support for administrative rule as written, no changes needed.	No
	Sarah J. Montgomery and Patricia Lauren D. Zuniga, Lincoln Financial Group	005	Opposes as requests use the term “self-insured equivalent plans” instead of “employer administered equivalent plans” as accounts for both employer-administered and plans administered by third-party administrators.	The department chose not to use “self-insured” as the definition brought confusion if the insurance standards would apply or not. Chose “employer administered” based on feedback from stakeholders and other state agencies but included third-party administrators in the definition.	No
471-070-2210 – Equivalent Plans: Application Requirements and Effective Date	Sarah J. Montgomery and Patricia Lauren D. Zuniga, Lincoln Financial Group; Gina Rutledge, Metlife; Lindsay Brennan, The Hartford; Ryan Chieffo, The Standard	002, 005, 006, 009, 012	Opposes as requests a declaration of insurance to allow employers to not pay the employer- or employee-contribution for the state plan between January 1 and September 3, 2023 until benefits begin.	Additional rules are being drafted and will be presented shortly to explain a declaration process for equivalent plans until benefit payments begin.	No
	Marti Cardi, Matrix Absence Management; Daris Freeman, Unum	002, 004, 007	Requests the development of an equivalent plan template for fully and self-insured equivalent plan applications.	The department will take the suggestion into consideration when creating forms and instructions.	No
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Supports the “review” by the department rather than “approved” by the department.	Support for administrative rule as written, no changes needed.	No

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Rule Number	Name Affiliation	Exhibit Number	Comment Summary	Responses	Rule Change Yes/No
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Supports the questionnaire attesting the plan meets all requirements.	Support for administrative rule as written, no changes needed.	No
	Marti Cardi, Matrix Absence Management; Gina Rutledge, Metlife; Daris Freeman, Unum; Paloma Sparks, Oregon Business and Industry; Lindsay Brennan, The Hartford; Ryan Chieffo, The Standard	002, 004, 006, 007, 008, 009, 012	Opposes as requests a way to include all BINs in a single application for an equivalent plan.	A separate equivalent plan application is needed for each BIN; however, the department is continuing to look at internal processes for how owners of multiple BIN's with the same equivalent plan can have their applications worked together or by the same department staff.	No
	Paloma Sparks, Oregon Business and Industry; Ryan Chieffo, The Standard	008, 012	Opposes as requests the application for a fully-insured equivalent plan not include the specifics of the plan, but rather identify the intent to use a fully-insured plan.	The department needs to know what specific plan the employer is choosing from the insurance company. Changed the rule to also allow the insurance product with the selected variables the employer chose since the insurance policy may not be available until the equivalent plan is approved by the department.	Yes
	Lindsay Brennan, The Hartford; Ryan Chieffo, The Standard	009, 012	Opposes as state mandate changes (such as benefit amount or contribution threshold) should be included as a no fee. Refile the plans/policies annually to reflect all required changes from the prior year.	Changed the rule to add contribution rate and maximum wage amount as described in OAR 471-070-3010. However, did not change the rule to only require the plans/policy updates once a year as the department would like to know when a the change occurs; especially after the three year reapproval process.	Yes
	Lindsay Brennan, The Hartford	009	Opposes as should only need to refile the plans/policies annually to reflect all required changes from the prior year.	The department would like to know the information when the change occurs; especially, after the three year reapproval process.	No
	Sarah J. Montgomery and Patricia Lauren D.	005	Opposes the need to impose additional fees for reapproval or	The purpose of the fees are to help cover the department's cost for	No

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Rule Number	Name Affiliation	Exhibit Number	Comment Summary	Responses	Rule Change Yes/No
	Zuniga, Lincoln Financial Group		amendment of equivalent plans.	reviewing the applications. The department imposed a lower fee for a reapproval or amendment with non-substantive changes as the department doesn't anticipate it will take as long to process.	
	Sarah J. Montgomery and Patricia Lauren D. Zuniga, Lincoln Financial Group; Gina Rutledge, Metlife; Paloma Sparks, Oregon Business and Industry; Ryan Chieffo, The Standard	002, 005, 006, 008, 012	Opposes changing between fully insured equivalent plans is a substantive change. Questions whether applications need to be resubmitted for reapproval if the only change is an increase in benefits covered or paid?	Changed the rule to make it clearer that changing a fully insured equivalent plan for reduction of benefit or leave types is a substantive change.	Yes
	Paloma Sparks, Oregon Business and Industry	008	Opposes as "other provisions" in the substantive change section is too vague	Changed the rule to be clear what the department was referring to.	Yes
	Paloma Sparks, Oregon Business and Industry	008	Opposes as requests employers be notified when renewal applications are due.	The department plans to notify the employer 90 days prior to when the application for renewal is due by letter and/or electronically. The department notification doesn't need to be in rule.	No
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Opposes as after the three-year period, applications are still due if changes have been made to the equivalent plan.	Changed the rule to include when applications are due for reapproval after the three-year period.	Yes
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Opposes as requests plans that have been approved become effective on the first calendar day of the quarter following the approval.	Changed the rule to include language the equivalent plans become effective on the first day of the calendar quarter immediately following the date of approval.	Yes
471-070-2220 – Equivalent Plans: Plan Requirements	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Supports the clear guidelines, explicit requirements, and further clarification on the types of Oregon employee required to be covered.	Support for administrative rule as written, no changes needed.	No
	Daris Freeman, Unum	007	Opposes as requests removing the	Changed the rule to remove reference to employer	Yes

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			reference to a fully insured plan in section (1).	administered and fully insured since the equivalent plan definition includes both of them.	
	Paloma Sparks, Oregon Business and Industry	001, 008	Opposes as requests language be added to clarify staffing agencies are the employer of the temporary employee whom the staffing agency supplied to employers who have an eligible employee on leave.	An employee of a staffing agency is counted as an employee of the staffing agency. The department will look at including additional information in instructions or creating an additional rule to explain more how temporary or replacement employees' work.	No
	Lori Welty, FINEOS; Daris Freeman, Unum; Laurie Hoefler, Legal Aid Services Oregon	002, 007, 010	Opposes as requests clarification of whether employees will be able to take PFMLI with the state plan before reaching 30 days of employment with an equivalent plan employer.	If the employee is eligible to receive benefits, they will be covered under the state plan for the first 30 days. Program will provide further clarification in future batch administrative rules.	No
	Lori Welty, FINEOS;	002	Opposes as requests clarity on how the 30-day requirement and financial eligibility test tie together.	The 30 day requirement is when an equivalent plan employer must cover an employee. The financial eligibility test is looked at to determine if someone is eligible to receive PFMLI benefits and doesn't tie with who is required to be covered.	No
	Paloma Sparks, Oregon Business and Industry	001, 008	Opposes as wants 30 days to cover a new employee, even if coming from a previous equivalent plan employer.	Per ORS 657B.250(2)(b), an employee coming from another equivalent plan employer is automatically covered by the new equivalent plan employer.	No
	Lori Welty, FINEOS; Lisa Kwon, Family Forward Oregon and Time to Care Oregon	002, 011	Opposes as questions whether the use of the term "notwithstanding" is appropriate in this case.	Changed the rule to clarify the equivalent plan employer has to cover an employee who comes from another equivalent plan employer right away.	Yes
	Daris Freeman, Unum	007	Opposes as requests rewording section (1)(a) to ensure the worker is new to the employer as opposed to new to the State of Oregon.	Changed the rule to clarify it is a new Oregon employee for an employer.	Yes

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	Daris Freeman, Unum	002, 007	Questions how an employer will know if their employee was previously covered under an equivalent plan?	How the employer will know if an employee was previously covered under an equivalent plan will be addressed in another batch of rules.	No
	Daris Freeman, Unum	007	Opposes as requests removing specific statutory definitions in (2) and (3) of the draft rule and if intend to use definitions from OFLA, reflect it in rule.	Changed the rule to clarify what definitions tying to in statute and applicable administrative rules.	Yes
	Paloma Sparks, Oregon Business and Industry	001, 008	Opposes as requests the conditions and restrictions be restated in this rule rather than being cross referenced.	The department has decided not to repeat items already in statute again in administrative rule when drafting the administrative rules.	No
	Daris Freeman, Unum	002, 007	Opposes as requests clarification of how much employers are required to contribute for the equivalent plan coverage if the equivalent plan costs less than the state plan.	The employee cannot contribute more than they would be charged for the state plan (60%). The department will look at providing further direction in rule to clarify how much the employer must contribute towards the equivalent plan cost.	No
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	001, 011	Opposes as requests further clarification that contributions collected by an equivalent plan employer be retained in a separate fund that is separate from all other employer funds.	Changed the rule to clarify the funds must be held separately from all other employer funds.	Yes
	Lindsay Brennan, The Hartford	009	Opposes as recommends decisions on benefit claims be provided electronically with the consent of the employee.	Changed the rule to allow for electronic communication if the employee has opted for that.	Yes
	Lindsay Brennan, The Hartford; Ryan Chieffo, The Standard	009, 012	Opposes as requests that insurance carriers and third-party administrators be permitted to defend decisions of denial in the appeals process.	Changed the rule to be clear that the employer also means equivalent plan administrator.	Yes

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	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	001, 011	Opposes as requests employees be able to appeal decisions directly with the Employment Department.	The department would like the employee and employer to try and resolve the appeal first; however, if appeal can't be resolved, the department will provide a dispute resolution process.	No
	Daris Freeman, Unum; Ryan Chieffer, The Standard	002, 007, 012	Opposes as requests the two-week clock start after a complete claim is filed or the start of leave, whichever is later.	Changed the rule to align with statute [ORS 657B.090(2)] that the two-weeks begins once a decision has been made to allow the claim.	Yes
	Laurie Hoefler, Legal Aid Services Oregon	010	Opposes as requests all equivalent plans require a language access plan and in the employee's preferred language.	Changed the rule to include the administration occurs in the language the employer typically uses to communicate with the employee per statutory requirement in ORS 657B.440.	Yes
	Laurie Hoefler, Legal Aid Services Oregon	010	Opposes as requests employers with equivalent plans be required to obtain employee's consent for contribution deductions.	Per statute, contributions can be deducted up to 60% of the contribution rate. The state plan does not require employee's consent for contribution deductions.	No
	Laurie Hoefler, Legal Aid Services Oregon	010	Opposes as request plan requirements include individual communication, posting and training to employees, and other information about how to claim PFMLI benefits under the equivalent plan.	Changed the rule to include written policy and procedures be given to all eligible employees at the time of hire and each time they change.	Yes
471-070-2240 – Equivalent Plans: Recordkeeping and Department Review	Sarah J. Montgomery and Patricia Lauren D. Zuniga, Lincoln Financial Group	005	Opposes as requests the reports to be kept annually based on the calendar year.	The rule doesn't specify how the information can be kept but rather how long the information must be kept. The six year period is from the effective date of the equivalent plan. A rule is being drafted regarding the reporting requirements and will be included in the next batch of rules.	No
	Gina Rutledge, Metlife; Daris Freeman, Unum	002, 007	Opposes as requests the financial information in the reports from employers relate only to the cost to the	Changed the rule to be clear it is the employer's administrative costs.	Yes

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			employer and not the cost to their administrator.		
	Daris Freeman, Unum	002, 007	Opposes as requests clarification for which type of "written notice" is being requested.	Changed the rule to be clear it is the written notice provided to employers about the equivalent plan specified in ORS 657B.220(11)(c).	Yes
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Opposes as requests records require the reason for claim denials.	Changed the rule to make it clear the reason for the denial should also be kept in the records.	Yes
	Daris Freeman, Unum	002, 007	Opposes as recommends responses within 30 days be considered "reasonable."	The timeframe for when the department will need information will depend on what information is being asked and those timeframes are explained in other administrative rules.	No
471-070-2280 – Equivalent Plans: Solvency Documentation	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Supports the requirements for proof of solvency for employer administered plans.	Support for administrative rule as written, no changes needed.	No
	Paloma Sparks, Oregon Business and Industry; Ryan Chieffo, The Standard	008, 012	Opposes as rule isn't clear it doesn't apply to fully-insured equivalent plans.	The rule states it is for employer administered equivalent plans.	No
471-070-2400 – Equivalent Plans: Disputes between an Equivalent Plan Employer and Employee. Request for Hearing	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	001, 011	Opposes as requests the internal appeals process be eliminated and have all disputes be automatically sent to the Employment Department for consideration.	A lot of the disputes should be quickly worked out with the employer/administrator and employee; therefore, eliminating the unnecessary inclusion of the department. However, if the appeal can't be resolved, the department is willing to assist with a dispute resolution process.	No
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Opposes as requests appeals for equivalent plan claims be handled in the same manner as appeals for the state plan.	The initial step of an equivalent plan appeal is to appeal to the employer/administrator, just like the state plan is to appeal to the administrator (department). The employee of an equivalent plan can also file a dispute with the department.	No
	Gina Rutledge, Metlife	002, 006	Opposes as requests plan administrators be included in discussions related to appeals.	Changed the rule to make it clear that the employer includes the administrator.	Yes

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	Lindsay Brennan, The Hartford	009	Opposes as requests clarification that the department is referring to the internal reconsideration of an initial decision instead of employer decision on benefits. Also, would like the rule to specify what the 20 days is from.	Changed the rule to make it clear the department is referring to the initial decision and the 20 days begins from the date of the decision.	Yes
	Daris Freeman, Unum	002, 007	Opposes as requests a definition of "good cause" be specified in rule.	Changed the rule to include a definition of good cause.	Yes
	Lindsay Brennan, The Hartford	009	Opposes as requests clarification whether insurance carriers can issue decisions and defend those decisions through the appeals process?	Yes, the administrator can issue decision and defend the decisions. Changed the rule to make it clear that the employer includes the administrator	Yes
	Laurie Hoefer, Legal Aid Services Oregon	010	Opposes as requests clarification whether the department's administrative decisions is solely a review of the documents or includes a hearing process?	Changed the rule to clarify the decision is on the review of the information provided.	Yes
	Laurie Hoefer, Legal Aid Services Oregon	010	Opposes as requests all benefits be paid to employees during the appeals process.	Benefits at issue will not be paid until a determination has been made by the department or if appeal is taken further, by the Office of Administrative Hearings.	No
471-070-2450 – Equivalent Plans: Termination by the Department	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Opposes as requests changing "may terminate" to "shall terminate."	There are times the department may get additional information and will not terminate the equivalent plan based on the additional information; therefore, "may" is appropriate.	No
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Opposes as requests explicitly stating in the rule that equivalent plans will be terminated in instances when they do not adhere to any of the requirements in ORS 657B.210 and that insolvency	(1)(b) of the rule states that an equivalent plan is terminated if it doesn't follow the approved equivalent plan and (1)(e) has employer insolvency as a reason for termination.	No

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			is grounds for termination.		
	Daris Freeman, Unum	002, 007	Opposes as requests insurance providers and third party administrators be notified when the department terminates an equivalent plan.	Changed the rule to have administrators also be notified of a termination of an equivalent plan.	Yes
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	001, 011	Opposes as requests eliminating the employer's opportunity to reconcile the reasons for equivalent plan termination.	When the department makes a determination, an opportunity to appeal is required.	No
	Paloma Sparks, Oregon Business and Industry	008	Opposes as requests equivalent plans cover claims that are already in the process, even if the employee has not begun their period of leave.	Changed the rule to be clear the equivalent plan pays or continues to pay benefits already approved before the termination until paid or the duration of leave ends or the end of the benefit year.	Yes
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Opposes as requests claims that are in process when a plan is terminated be transferred to the Employment Department and not have the employee reapply.	Once a plan is terminated, the open claims are continued to be paid by the equivalent plan employer until the claim is paid or the duration of leave ends or the end of the benefit year.	No
	Paloma Sparks, Oregon Business and Industry	001, 008	Opposes as requests payments collected for a coverage period after termination be transferred to the Employment Department but any contributions collected prior to termination should be retained.	Any employee contributions received for equivalent plans that are in excess of administrative expenses and benefits paid, should be sent to the department to be deposited into the PFMLI Trust Fund. The employee contributions are supposed to be used exclusively for PFMLI per ORS 657B.210(5)(c).	No
	Paloma Sparks, Oregon Business and Industry	001, 008	Opposes as requests administrative expenses still occurring while paying benefits should be retained by the employer until the benefits are fully paid.	Changed the rule to clarify the employer can also retain anticipated administrative expenses until all benefits are paid.	Yes

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	Daris Freeman, Unum	002, 007	Opposes as requests that unpaid benefits go through the dispute process prior to being submitted as a wage claim to BOLI.	Changed the rule eliminate BOLI and have the unpaid benefits go through the appeal and dispute resolution process first so BOLI has the information necessary to process a wage claim.	Yes
	Gina Rutledge, Metlife; Ryan Chieffo, The Standard	006, 012	Opposes as requests adding a provision for insurers to terminate policies for causes internal to the insurance carrier.	Changed the rule to add a provision for the department to terminate an equivalent plan if an administrator is terminating a plan.	Yes
471-070-2455 – Equivalent Plans: Termination and Withdrawal by Successor in Interest	Daris Freeman, Unum	002, 007	Opposes the rule as it doesn't align with statute to allow a successor in interest to withdraw and/or terminate an equivalent plan and not just if there is a substantial reduction in personnel.	Changed the rule to make is clearer when a successor in interest can terminate or withdrawal an equivalent plan.	Yes
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Supports the draft rule as written.	Support for administrative rule as written, no changes needed.	No
471-070-2460 – Equivalent Plans: Employer Withdrawal	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Supports the requirement to give the employees 30 days' notice.	Support for administrative rule as written, no changes needed.	No
	Daris Freeman, Unum	002, 007	Opposes as requests a differentiation between intermittent and continuous claims with respect to the employer's responsibility to continue paying the benefits after a plan is ended. Add a duration of time the intermittent leave ends – suggest current approval ends or the benefit year ends, whichever occurs first.	Changed the rule to add that the equivalent plan benefits end at the of the benefit claim, duration of leave ends, or benefit year ends, whichever occurs first.	Yes
	Lisa Kwon, Family Forward Oregon and Time to Care Oregon	011	Opposes as requests claims that are in process when a plan is withdrawn be transferred to the Employment	Once a plan is withdrawn, the open claims are continued to be paid by the equivalent plan employer until the claim is paid, the duration of leave ends, or	No

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			Department and not have the employee reapply.	the benefit year ends, whichever occurs first.	
	Daris Freeman, Unum	007	Opposes as requests that unpaid benefits go through the dispute process prior to being submitted as a wage claim to BOLI.	Changed the rule eliminate BOLI and have the unpaid benefits go through the appeal and dispute resolution process first so BOLI has the information necessary to process a wage claim.	Yes
	Daris Freeman, Unum	007	Opposes as requests, in section (7), removing the word "immediately" from the rule language as the remittance doesn't occur until all outstanding benefits are paid.	Two remittances occur, one remittance occurs immediately minus the estimate of benefits that still need to be paid and anticipated administrative expenses. The second remittance occurs after all benefits are paid.	No
General Equivalent Plan Rules	Libby Smith, Roberts Supply Company Inc.	001, 003	Questions how many weeks of leave a claimant will be eligible for under the equivalent plan?	Per statute, at a minimum, the employee is eligible for 12 or 14 weeks of leave under the equivalent plan.	No
	Libby Smith, Roberts Supply Company Inc.	001, 003	Questions whether there are model equivalent plans at this time?	No model equivalent plans are drafted at this time but the department plans to have instructions or documents for employers to use.	No
	Laura Crosier, The Ford Family Foundation	001	Questions whether salary-continuation payments can be considered an equivalent plan?	No, salary continuation alone will not qualify as an equivalent plan. You have to meet all the plan requirements to be considered an equivalent plan.	No
	Mark Mankin, HCI Industrial & Marine Coatings	001	Questions whether the Washington PFML plan will be considered an equivalent plan for the purpose of Oregon's PFMLI program?	No, Oregon and Washington have different PFMLI requirements; therefore, an employer will need an equivalent plan for Oregon that matches the Oregon PFMLI requirements.	No
	Libby Smith, Roberts Supply Company Inc.	001, 003	Requests reduced duration of leave requirements for equivalent plans if the employer offers pay at the employee's base rate.	The statute does not support this request. The employee will be allowed to take 12 to 14 weeks of leave for a qualifying purpose, even if the employer continues to pay the employee's base rate.	No