



Board of Massage Therapists 610 Hawthorne Ave SE, Ste 220 Salem, OR 97301 Phone: (503) 365-8657 Fax: (503) 385-4465 www.oregon.gov/OBMT

OBMT Board Meeting Minutes January 31, 2022

GoToMeeting/Telephonic

Staff:

Attendance

Board Members:

Christa Rodriguez, LMT, Chair John Combe, LMT, Vice-Chair Meng Chen-Pinkham, Public Member Beckett Rowan, LMT Maria Odle, Public Member Carol Gray, LMT

Public:

Anne Nutwell	Bridget Myers
Donald Schiff	Elise York
Erika Baern	Fallon Helm
Kelly Miller	Laura Embleto
Mandy Beeman	Mark Retzlaff
Michaela Rehling	Mimoza Ismai
Sylvia Allred	Todd Penningt

Elise York Fallon Helm Laura Embleton -<u>ABMP</u> Mark Retzlaff - <u>AMTA Oregon</u> Mimoza Ismaili Todd Pennington

Bob Ruark, Executive Director Ekaette Udosenata-Harruna, Policy Analyst Jeff Van Laanen, Compliance & Licensing Manager Victoria McCullough, Compliance Specialist

Mitch Breedlove, Initial License Coordinator

Daniel Steinmetz Elizabeth Ryan Heather Kazmark - <u>AMTA</u> Lowell Welch Melissa Murphy Rhanda G Heller Trish Cowman

Lori Lindley, AAG

Debbie DeNardo Emma Burke Julie Madsen Mai Lin Petrine - <u>FSMTB</u> Michaela Rehling Susan Jouett

1. Call to order at 9:04 am

Rodriguez welcomed everyone to the meeting. Then, Rodriguez called the meeting to order at 9:04 am.

2. Introductions:

A roll call was performed. Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez were present. Lindley, AAG for the Board, Ruark, Executive Director, Van Laanen, Compliance and Licensing Manager, Udosenata-Harruna, Policy Analyst, Mitch Breedlove, Initial Licensing Coordinator, and McCullough, Compliance Specialist.

3. Approve Agenda:

Combe moved to approve the Agenda. Second the motion. Rowan: In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

4. Approve Minutes for November 15, 2021:

Chen-Pinkham moved to approve November 15, 2021, minutes as written. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

5. Board Business:



a. Financial:

Director's Report

Ruark updated the Board on the Board's finances, stating:

Funding – Seven months into the 21-23 Biennium and the Board is underfunded by about \$120,000. Most of the funding shortfalls are from the following funding types: Late Fees: \$42,000, Application Fees: \$30,000, and Initial Licensure Fees: \$47,000. This funding shortfall was, for the most part, expected. Because the Board has not assessed late fees since the beginning of the pandemic and due to previous school closures and the uncertainty that the pandemic has brought, initial licenses and applications decreased substantially. **Ruark** stated that he is seeing a month-to-month increase in applicants and initial licenses issued, and if the curve continues upward, the Board should meet its funding goals for the biennium. As of today, the Board has approximately six (6) months of working capital, with a bank balance of \$479,198. **Expenditures** – The Board's expenditures remain consistent so far this biennium. The Board has underspent its projected expenses by about \$40,000.

Board Member Recruitment:

The Board is still recruiting for one public health Board member. As of today, there have been no applicants for that position. **Ruark** asked that if anyone knew of anyone who would like to serve, please have them reach out to him, and he will assist them in applying for that position. **Ruark** has sent the recruitment flyer via email to several individuals and stakeholders, and the information is being placed in the next OBMT newsletter.

COVID 19 Update:

The Oregon Health Authority reported that on January 24, 2022, COVID cases peaked at 19,400 new confirmed and presumptive cases. Since January 24, new and presumptive cases have declined to a low of approximately 7,000 new and presumptive cases as of January 28. **Ruark** encourages anyone seeking information about the COVID pandemic to visit the Oregon Health Authority Website at www.oregon.gov/OHA. The Federal Government has announced that each residence in the USA can get four free at-home COVID tests. To order those tests, you need to visit covidtests.gov

Legislative Update:

Ruark noted that as the 2022 Oregon Legislative session begins, **Ruark** will be monitoring any bills that may impact Licensees and report the progression of those bills to the Board. As of now, there are a couple of bills that may impact Licensees; however, since the session is only beginning, there is not much to report except that those bills were introduced. **Ruark** will keep the Board and Licensees informed as the session progresses.

Board Meetings Update:

Ruark stated that he wanted to talk about board meetings as part of the Director's Report. **Ruark** noted that the Board had previously decided to have an in-person meeting in March of 2022 when the Board thought the pandemic restrictions were ending in state government, and things were opening. However, the Board wanted to



stagger Board meetings where the Board held in-person and virtual meetings because of the new variant and the Governor's order. These restrictions, for now, are indefinite as there hasn't been a date set when those restrictions are going to be released, especially on state government. **Ruark** suggested that the Board modify the decision and have virtual meetings until the Governor releases those restrictions on state government

Odle inquired if the vacant Public Health Care Board Member position is open for candidates such as dentists, chiropractors, and Nurses?

Ruark responded, stating that people are busy keeping their lives together. Adding a commitment, such as serving as a Board member, is a long-term commitment. **Ruark** expressed that these are the biggest concerns he has been getting from potential applicants.

Combe thanked Ruark for a great report and stated that his budget mind loves to speak about budget. **Combe** expressed that even though the Board chose to step back on some funding types. **Combe** thinks that was only practical with the pandemic. **Combe** is pleased to see that the board office has survived a move and still has six months of working capital which is just peace of mind on a budgetary side even though the Board did not have some fees that the Board had counted on in the past years. So great job to not only Ruark but the staff as well.

b. Compliance

Van Laanen updated the Board on the compliance department stating that compliance volume remains unchanged, and Board staff and investigators are busy. However, the staff has recently noticed that many of the unlicensed practice complaints/investigations that include allegations of possible sexual misconduct are showing an increase in sexual aggressiveness on the part of the unlicensed practitioners. **Van Laanen** is working with contracted investigators to keep them briefed on this recent development and making sure they are safe and prepared to deal with the stronger propositions, including the option of contacting the local police if necessary.

Van Laanen expressed that local law enforcement cooperation with the Board continues to grow and has been mutually beneficial. Medford Police following up on Board reported activities, and their local complaints were able to conduct their undercover operation at the Six Star facility in their city. This resulted in a sting and search warrants that developed into multiple arrests, including that of the out of State owner for various crimes. The City pulled their business license, and the landlord also evicted them from the facility location. It is hoped that the remaining six star facilities around the state can be connected and hopefully also appropriately dealt with.

Van Laanen stated that a Detective recently contacted the Board regarding one of the Board's former license holders who had been revoked for misconduct in the past. The Clackamas County Sheriff's Office had cause to arrest the previously revoked LMT on unrelated criminal activities and discovered that they continued to provide massage services for compensation via social media and web-based providers. When the police report was sent to the local prosecutor's office, they realized that this conduct was also a crime. After contacting the Board for details, they could charge them with the additional criminal activities of Practicing Massage without a license. Board staff was already aware of these allegations, and the Board reviewed this case at the last board



meeting and has already taken action. It is great to learn that the Board's efforts to increase knowledge and awareness of the Board's laws and rules to both the public and law enforcement are working and benefiting the different communities.

Van Laanen stated that the staff is busy as usual with new applications and renewals on the Licensure side of things. In addition, staff members are working on additional projects to increase our response times and efficiencies, including integrating the Board's database to automate several letters sent to applicants and customers when certain situations arise. These changes should further the Board's ability to get applications of all types completed and processed as quickly as possible and with less staff time.

Van Laanen stated that, unfortunately, the Board recently experienced a local server issue, likely related to inclement weather and resulting power fluctuations. This caused significant connection issues and loss of access to some data sources for all the board staff and divisions. The fix included ordering new hard drives, backing up the damaged old ones, and transferring all the data back to the new drives. The ordering and repair process took approximately one whole week to resolve. While this did delay many processes and caused problems and staff frustration, Board staff did a remarkable job of plowing forward and getting the job done. Staff continued to work diligently on the work that could be completed while keeping track of those tasks so they could catch up once the server was repaired. Further good news is that it appears the Board did not lose any data due to the server problem, and the repairs all seem to be working and back to normal. Furthermore, because of the great work by Board staff, the Board has not fallen behind significantly and has been able to catch back up to its usual level of business. This was a huge team effort, and everyone should be commended to keep the business flowing despite the difficulties.

Lindley added that the Board recently got a case on which the Board issued a revocation, and the case was upheld at the appellate court. **Lindley** stated that the Board found that out recently and that the Board does not have the order yet, but she wanted to let the Board know.

Rowan inquired when investigators are going into situations where there is an assumption that there may be sexual propositioning or inappropriate touching. When does it get to a level where the investigators need to call the police? Or, is that situation what is expected as part of the operation and the investigation? **Rowan** added that they want to know what threshold or at what point the Board would want the investigators to be reaching out to law enforcement.

Van Laanen responded, stating that, right now, he has instructed the investigators to operate within their own personal and professional comfort levels. The increased aggression is not violent at this point. However, **Van Laanen** wanted to make sure that everybody was aware of at least the spike in the trend. At this point, the Board has directed the investigators that it's a personal and professional decision on their part. **Van Laanen** expressed that their safety comes first, even at the expense of the Board's investigation. Suppose they must stop because they feel that they have been victimized to the point that they want to file a personal police report. The Board would not interfere with either side of that, as that's a personal decision as a potential victim of a crime of harassment or something along those lines. **Van Laanen** stated that he will monitor it right now and just see how this trend continues unless the Board wants to give staff other guidance. **Van Laanen** added that he has full faith in the investigators to make those decisions, and they always have access to his phone, so they can call him from the parking lot immediately and get guidance if they deem necessary.



Rowan thanked Van Laanen and stated that after the last meeting, they mulled this over quite a bit because they think some of them do experienced things that most people would call on police or be very disturbed. **Rowan** added that they appreciate that the investigators are aware of their rights and their ability to advocate for themselves in this matter. **Rowan** expressed that they have so much respect and appreciation for the investigators because they put themselves in such a vulnerable position.

Van Laanen thanked Rowan and stated that he would pass that on to the investigators. The investigators know that it is part of the job, but, again, at some point, everybody has a personal threshold where certain things are not acceptable. Van Laanen hopes that this is just a spike of 1 or 2 shops that the Board has had an issue with. Van Laanen stated that this isn't a trend across the board, and certainly not a majority of our cases, either. Sometimes, the investigator does not know what they are getting into when they get there until it happens. Sometimes, one can predict what to expect by the nature of the received complaint. However, that may be impossible, and therefore, one must be better prepared for the unforeseen, and the investigators are well trained to handle these situations. Van Laanen added that they are contractors and not employees, which changes the Board's relationship with them to some extent. Van Laanen noted that he couldn't offer them human resources and things like that, but he does encourage them to discuss any sort of traumatic experience with him. Van Laanen noted that the Board had not had any complaints from the contracting staff, and they seem to be holding up well. However, the Board is monitoring it because it is a concern. Van Laanen expressed that both the Executive Director, Ruark, and himself have been in the same position and therefore completely understand their vulnerability and what it feels like to be victimized to some degree.

Rowan thanked Van Laanen.

Combe echoed Rowan and added that he is thankful that safety is a priority regardless of whether they are staff or not. **Combe** said that he is also happy to see the continued fostered relationships Van Laanen built on from Ruark's time. **Combe** expressed that it is super exciting that the Board has people now recognizing when laws are broken coming to the Board. **Combe** thinks the protection of the public is very evident that Board staff have put together a team to navigate these issues. Some states would love to have OBMT's compliance department as they try to nip some of these things.

Van Laanen thanked Combe and stated that it is very nice to think many of these agencies are finding that the Board is now a resource for them rather than a resource for the Board. **Van Laanen** stated that the Board is doing a delicate dance of not being their agents, and vice versa, but thinks the Board is coordinating that quite well in keeping the Board's interests separate and just sharing information at this time.

Rodriguez thanked Van Laanen and added that she could also attest to the progression and the evolution of working with law enforcement from when she first started as a Board member six or so years ago. **Rodriguez** stated that the willingness of those folks to work with the Board had grown exponentially. Reading more recent cases and seeing that people are reaching out to the Oregon Board of Massage Therapists (OBMT) is mindblowing for her compared to when **Rodriguez** first started. **Rodriguez** expressed that in the past, the response used to be whatever. But now, these law enforcement agencies realize that they should probably listen because the Board is a tool to help the public understand as the Board is often the first point of contact to the public and the profession. Because the Board can go into these facilities and search for licenses and things of that nature, the Board is often the first group, the first people to experience and see what's happening before law



enforcement even could do so. So that's why this is huge, and with everything that happened in Medford and even grants passed last year, it's like front-page news, which was a huge deal.

Van Laanen thanked Rodriguez and added that he tried at every opportunity to get an entry for the Board in their press releases. But unfortunately, it doesn't always happen because they have a lot of people to thank usually. **Van Laanen** hopes that increases because then the public gets better informed. **Van Laanen** wants everyone to know that the Board is protecting the public and the reputation of the licensees, especially for those who are properly licensed and work so hard to maintain the profession's reputation.

Rodriguez reminded the public members to please mute their mics.

c. Proposed Rules - OHA Rule Language Options (see appendix 1)

Ruark stated that at the last Board meeting, the Board was presented with some Oregon Health Authority Rule Language, and the Board looked at that language, reviewed it, and asked that Ruark work with the Board legal counsel Lindley and come up with some rule options for the Board. Ruark expressed that those are the options presented here, and Lindley will go over them to provide context.

Lindley stated that the top one came straight from the Oregon Health Authority (OHA) as they have Implemented their OAR on vaccinations and masking. OHA wanted to do is advised the boards to look at making their own rules that are in line with OHA Requirements. So the top one is the OHA language they recommended in a template form. The nursing board passed it as a temporary rule. The Chiropractic Board passed it as well. So, several boards have received this language. The second one gives the Board an option to incorporate into the communicable disease rule. The third option includes the language into the communicable disease rule and, in addition, talks about the definition of health care setting because that seems to be a bugaboo with the LMT world. Lindley expressed that those are the three options she is presenting, and it is up to the Board to pass the rules, and Lindley thinks the Board is going to get a lot of comments on these, so it might take the Board a while to get through this process. Nonetheless, the Department of Justice (DOJ) has been giving most of their clients options on language on this issue.

Odle inquired if it is required for all boards to include something like this?

Lindley responded, stating that there is no requirement for boards to make rules. The OHA has the rule, so the licensee could still violate the Oregon Health Authority rule even if the Board doesn't implement the rules. But it clarifies to the licensees that if they don't comply with the requirements, the Board may hold them in discipline for unprofessional conduct.

Odle stated that as a point of clarification, the language in the third option has an additional clarifying definition and essentially serves as a reminder.

Lindley responded, stating that the third option takes the definition of health care setting from OHA and puts it into the Board's rule so that licensees can know how the health care is defined.

Odle stated that no matter what, massage therapists still fall under the healthcare setting and communicable diseases rules anyway.



Lindley responded, stating that was correct.

Gray inquired if the Board did nothing, licensees would still fall under the OHA Rule. The Board would be hamstrung if disciplining someone for unprofessional conduct under their massage license unless the Board adds something in the definitions, sanitation, or communicable disease rules.

Lindley responded, stating correct because if the Board does not notify the licensees of what is expected of them and whether something will be considered unprofessional conduct, the Board can't notice them for a violation. **Lindley** added that the Oregon Health Authority does not want to police the masking / vaccination for licensing bases. They prefer to push that down to the boards. **Lindley** said that the OHA does not require the Board to get involved in the employment arrangements of Licensed Massage Therapists (LMTs) with their employees. This is merely for licensing. So, the employment angle is nothing the Board will get involved with. Nonetheless, if employers ask their people to be vaccinated, that's not the Board that gets involved with that. That is a piece for Oregon Health Authority (OHA) and the Oregon Occupational Safety and Health Division (Oregon OSHA). **Lindley** added that she is not sure how that's all shaking out. However, there is a change in this rule because OHA wanted the boards to understand their role.

Gray stated that it is the Board's responsibility to enforce the rule. To do that, the Board needs depth. The Board needs to amend its regulations to reflect those responses.

Lindley expressed that the Board is an arm of the executive branch, so the Board must abide by the executive branch's recommendations and rules.

Ruark responded, stating that is correct.

Combe thanked Lindley for putting the options together. **Combe** knows it feels like it's a non-choice. The Board needs to decide which one feels the best for the group. **Combe** expressed that they like the third option as it clarifies for the LMT population and current board staff what the healthcare is defined as and thinks that's helpful moving forward. More information is always better.

Rowan thinks what Combe said about the third option, providing clarity, would be very helpful. From the staff perspective, **Rowan** would like to know which would be the most beneficial for dealing with constituents daily because **Rowan** has been getting a lot of questions about some of this stuff. **Rowan** knows that the scope of practice and how Health care is defined comes up constantly, so **Rowan** would assume that anything to help clarify would benefit the staff. However, **Rowan** could be wrong on that. **Rowan** So any of the Board staff could weigh to provide insight.

Ruark believes that the third option is the best because it gives detail and an explanation. However, it may not explain what many LMTs want to hear. **Ruark** knows that some LMTs are included in that health care setting definition. The definition is being worked on, but for now, this is the definition that they have come up with, and **Ruark** thinks incorporating the definition in the rule would provide necessary clarification.

Rodriguez inquired if there were any other comments.



Odle knows this is where everything stems from. Perhaps the Board should include this as a definition since massage is not included as healthcare professionals must abide by the rule. **Odle** thinks that is probably where most massage therapists will have problems. Because if they are working in a chiropractic facility, they need to be vaccinated, and if they are not working in one of those health care facilities, they're not required to get the vaccine, right? **Odle** expressed that is what they are getting out of this?

Ruark added that the third bullet is the one that has the big definition regarding vaccinations. The one above it, Small A, talks about health care licensing professionals, So, that applies to LMT; it just defines the health care setting. It defines it in that small B which states that people who work in healthcare need to have the vaccination. So, then, some LMTs work in a healthcare setting.

Lindley stated that the Board could add language to that definition that says if an LMT is working in one of these settings, the LMT must follow that rule. So therefore, the Board could make it more explicit if the Board wanted to add that.

Odle expressed that might be helpful because sometimes, when reading it, one can easily get caught up in the definitions as the healthcare setting does not often stand out. **Odle** thinks that might be more helpful and would feel better about adding that clarification.

Rowan worries if the healthcare setting is detailed, the massage therapist would claim to work for themself and out of their home to avoid complying with the rules. However, they continue to bill insurance under the umbrella of health care.

Lindley suggested that the Board add language if the Board wants to be more specific and does not wish to have any questions in this rule; the Board can add that it considers filling healthcare insurance companies to be a healthcare setting. Then that would tell the licensee that they are performing health care and therefore must get vaccinated.

Rowan would hate to see a situation where massage therapists stop being paid or not getting claims reimbursed because someone says a licensee does not identify as a health care provider. **Rowan** knows that insurance companies can be very hard for massage therapists to get money from sometimes, So **Rowan** wants to make sure that massage therapists are protected on that side against the machine of insurance companies, too. **Rowan** feels that more clarity is better for all the parties involved.

Odle is not sure that would mean more clarity. **Odle** thinks that would mean the Board is pigeonholing every LMT, whether they decide to use insurance or not, and does not know that she is on that sidelined for all of this and with her questioning. But she thinks the definition, with just the settings, is enough. **Odle** stated that if the Board must have this rule, she will most certainly say no, maybe an advisory instead of a Rule change. The government's pretty big as it is already, and she is not sure why the Board needs another rule that, maybe in 4 or 5, 6 months to a year, it is no longer relevant.

Rodriguez thanked Odle and Rowan and noted that she wants to be cautious about going down that road of insurance because they could be talking medical or personal injury. **Rodriguez** stated that there are therapists that are strictly personal injury. They don't necessarily need to classify as health care providers because personal injury insurance does not follow the same guidelines as medical. **Rodriguez** expressed to Odle that she wanted



to make notes on the sidelines, that they are a valuable member of this Board, and their comments and questions have great value. However, **Rodriguez** stated that she is hearing concerns with the OHA rules that the Board must adopt permanently.

Odle responded, stating that it looks like that and thinks the rule is a slippery slope as the Board has seen things keep changing over the last few years. The goalpost keeps moving from this to that, which means that the Board has the burden of continuously making changes every time the rule changes or something changes. For example, the Board could put an advisory on its website or mail people something that the law says, but to make it a permanent rule, she is would not necessarily be all for that.

Lindley stated that Just as a procedural clarification, when a Board has a permanent rule, they can repeal those rules later. So, for example, two years from now, COVID is a thing of the past; the Board can repeal that rule. **Lindley** noted that the rules are permanent until they are repealed.

Gray wants to make sure they understand correctly. For example, it is her understanding that some massage therapists work in healthcare settings, but massage therapists in and of themselves are not health care providers.

Ruark responded, saying no, that's not correct. All massage therapists are considered healthcare providers per statute. The setting in which a massage therapist practice is where the definition they presented eliminates some of the requirements and exempt some massage therapists from getting vaccinated based on where they work. **Ruark** stated that all massage therapists are health care providers per statute and its implementing rules.

Gray expressed that she is interested in the idea of billing healthcare insurance folks. For example, a massage therapist who bills healthcare insurance is added to option number three. The board receives a complaint that a massage therapist is not masking or following the protocols. Say the Board looked at a complaint, and the massage therapists said, well, they did not bill insurance for that client as it was a private pay client. **Gray** added that this sounds like an ugly mess, potentially brewing.

Lindley responded, stating that it wouldn't be regarding masking. All massage therapists must wear masks. It would only be regarding vaccination if this were a complaint. Lindley expressed that was one clarification she wanted to make. The Board does not have to add on the insurance piece. Lindley stated that she was just saying the Board could get more specific, but the Board does not have to add that. The Board can leave that on a case-by-case analysis.

Gray asked Lindley that in her experience. Let's say the Board does not put it in there, and the Board gets a complaint that somebody is unvaccinated and billing insurance. **Gray** inquired if the Board then said, well, gosh, if you're billing insurance, that's the evidence that they are acting as a healthcare provider or a health care setting. So the Board can go there without putting that part in the rule.

Lindley responded, stating that the Board would have to present evidence at the hearing that someone billed insurance in a healthcare setting. So the Board probably must call on Licensed Massage Therapists (LMTs) to testify to that. But that would be the evidence that the Board would show at the hearing. **Lindley** added that the Board has the discretion to give the LMT a letter of concern reminding them of the requirements and letting them know that if they are billing insurance, they are required to be vaccinated. The Board can ask them to



please come into compliance or something like that, as the Board has discretion on whether or not to discipline people.

Combe expressed that he loved the ongoing discussion but was also a little concerned as the discussion has opened the door a little further on the topic. **Combe** noted that insurance is an agreement between an LMT and the insurance companies, and the OBMT doesn't oversee insurance billing. The Board is an extension of the Oregon Health Authority, and the Board has to support what they recommend. They're talking about settings and think it would be in the Board's best interests to stay within those boundaries versus opening the door to what our thoughts of insurance billing are perceived as. Those are personal contract agreements between a provider and then an insurance company.

Gray stated that Insurance companies file complaints with the Oregon Board of Massage Therapists.

Rodriguez noted that she is hearing everyone got concerns, and it sounds to her like the Board needs to figure out one. Does the Board even want to adopt any of these three? If so, which one? **Rodriguez** stated that if the Board needs more information to figure out where the Board needs to go from here and where people are comfortable. **Rodriguez** asked Board members if anyone interested in picking one of the three options that have been presented to the Board to move forward with?

Rowan liked the third option.

Rodriguez thanked Rowan.

Combe is supportive of the third option as well. However, **Combe** thinks adding a note to that indicating that once the timeframe has passed, the Board revisits the rule to remove it, **Combe** thinks would add that exception.

Rodriguez thanked Combe.

Gray thinks that option number three will be the most palatable and most popular among licensees, although she does not know that it's necessary. **Gray** believes the best overall public health option is the one the Board has got, and it makes sense.

Chen-Pinkham voted for number three and liked the layout as it provides clarity.

Odle stated that if this were required, she would choose number three. If it's not required, she would say no to the whole thing, with definitions of what OHA specifies as health care settings.

Lindley noted that the Board wants language in there, that LMT working in these settings would be required to follow that part of the rule to clarify that more.

Odle responded, stating what's being proposed is that the Board is now telling all LMT they must get a vaccination if they are working in one of these settings.

Ruark responded, stating that they always had to under OHA rule. They've always had to get a vaccination if they're working in a healthcare setting. So these proposed rules don't change anything that's been put out from



the beginning. **Ruark** added that the Board is adopting that into its rules to make it easier for enforcement versus having the Oregon Health Authority. **Ruark** stated that, unfortunately, the Oregon Health Authority (OHA) is trying to move the enforcement arm down to the individual boards versus under their umbrella.

Odle stated that now the Board is the enforcers. Let me see your vax card. Let me see your papers. **Odle** noted that she has a problem with the Board being the enforcer that makes the roles. **Odle** personally thinks that OHA should be the enforcers on that. But that's why she is on the outside of this.

Gray stated that it's just like anything else. It would be a complaint-driven process.

Combe thinks Gray brings up a good point. **Combe** believes this is an enforcement side. It's not a registration or initial licensure rule but rather under the compliance side of being an LMT.

Rodriguez appreciates every providing their perspective as that is something she encourages with the Board, that everyone truly has the voice to speak up, state their side, and there is a need. So, with some of the language change, at this point, what she is hearing is the Board can potentially go ahead and vote on something today to move it forward, even with some language change. But nevertheless, does the Board need to do anything, as far as sending it back, or can the Board go ahead and just add that in now?

Ruark responded by stating that if the Board wants to do some language changes, then the Board can direct Board staff to what language changes the Board would like, and Board staff can do that and send it back to the next board meeting. Nonetheless, if the Board has language changes, which the Board wants to do right now, it can be done now. The Board can direct staff to change right now and move it forward. **Ruark** added that either way the Board wants to go works; however, **Ruark** thinks most board members talked about adopting it.

Rodriguez stated that is what she thought.

Ruark Third option.

Rodriguez wanted to be clear on that. It sounds like the third option is the most popular one. **Rodriguez** asked if Board members wanted to go ahead and vote to move it forward?

Gray moved the Board to adopt option number three to clarify Board's language to be consistent with the OHA regulations regarding vaccination requirements in healthcare settings. Second the motion. Chen-Pinkham: In favor: Chen-Pinkham, Combe, Gray, Rowan, and Rodriguez. Opposed: Odle. Motion carries.

Ruark added that it would be forwarded to the rules hearing. **Ruark** clarified that it's not something that would be adopted immediately. Instead, it moves from the Board to the rules hearing to allow public members to voice their opinion and provide input and feedback.

Rodriguez stated much like all Board rules, including contentious ones coming up with Board correspondence. But the Board will talk about that when the Board gets to that point of the agenda. **Rodriguez** added that's also a good lead-up to the proposed rules with the potential effective date of July 1, 2022.



d. Proposed Rules (see appendix 2):

Ruark noted that these are cleanup rules. **Ruark** stated that at the last legislative session, a House Bill was passed to require all board members to receive a stipend consistent with what legislators get for a daily stipend, \$155. Therefore, most agencies have adopted that rule. **Ruark** stated that the Board is updating the regulations to reflect that statutory change.

Udosenata Harruna stated that most of the proposed rules are housekeeping due to the Board's approval of the Continuing Education, which, in turn, affected other rules that relied on language that is being changed. For example, the definition needs to change since the Board is changing contact and noncontact hours to supervise unsupervised hours. In addition, there are some changes on the compliance part of things to make sure that rules that have changed over time are replaced with correct and current regulations.

Point of information. **Combe** asked when the board makes housekeeping and cleaning up language, is there any date stamp on those that Board members can reflect when something was changed or pieces that are changed as a reference point in the future?

Udosenata Harruna responded, stating yes. Once the rules are published, it would indicate when that change occurred at the bottom of each rule. Regarding what language changed, the Board has that on the database on the same site where Board members get access to the Board meetings materials.

Combe thinks sitting at the board table, it's nice for any new Board member to have a reference point for guiding principle and explain why something was changed. **Combe** appreciates that.

Rodriguez added that historically, especially for members of the public, anyone could find it, too, looking through Board minutes, and can see the progression. So, knowing that things don't just happen in the void in a vacuum. **Rodriguez** asked if there were any questions or if anybody saw anything they wanted to speak to? On so e of that language cleanup. **Rodriguez** asked if folks needed some time to look through proposed rules? **Rodriguez** stated that she is happy to give Board members some time.

Rowan stated that they do not see anything they have any issue with.

Combe agreed with Rowan

Chen-Pinkham moved to adopt the proposed change in the rule languages. Second the motion. Chen-Pinkham: In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

OAR 334-001-0055 Board Member Stipend OAR 334-001-0060 Definitions OAR 334-010-0009 Credentialing Review OAR 334-010-0015 Licensure OAR 334-010-0017 Lapsed License OAR 334-010-0028 Breast Massage



OAR 334-010-0029 Internal Cavity Massage OAR 334-020-0005 Facilities and Sanitation OAR 334-040-0010 Discipline

e. Traveling Board/Business Meeting:

Ruark stated that the Board directed Board staff to start working on the logistics involved in getting a traveling board meeting together for this year. **Ruark** said that staff got a bunch of quotes, and the Board approved one of those quotes. **Ruark** stated that with the continuation of COVID, It does not look like something that the Board will do this year. **Ruark** wants the Board to let him know that it's ok to stop that planning process since the Board directed him to do that and would like the Board to provide some direction on that now.

Rodriguez thinks it's safe to say that seems to be the most logical way of handling this for now, especially with no specific end date. On the other hand, **Rodriguez** would also say, well, maybe the Board can ask if the approved meeting location would consider booking the Board for next year. **Rodriguez** added that she would hate to keep going back and forth without knowing how long the current situation would continue.

Gray agreed and moved to stop the planning process for a traveling board meeting this year. Second the motion. Rowan: In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

Ruark stated that he needed it since the Board directed him to start the planning process.

Gray stated that given that the Board has the meeting scheduled. **Gray** asked if the Board still wanted to plan for a two-day meeting during that time, or does the Board want to carve it down to one day under the circumstances?

Rodriguez expressed that the meeting typically is when the Board can go over the strategic plan and discuss topics more in-depth. That said, is that something that the Board can do in a day, probably? She knows that last year the Board needed those two days. Therefore, Rodriguez recommended a two-day Board meeting. **Rodriguez** thinks even though it was exhausting for many folks, it was fruitful in her opinion. Additionally, with the potential of a new Board member coming on board, it is sometimes a nice way to immerse themselves in the processes and procedures. **Rodriguez** thinks Rowan's first meeting was at the two days meeting. **Rodriguez** asked Rowan what their experience with that was?

Rowan responded, stating that they honestly thought it was helpful because it gave them a lot of time to see the process. In addition, **Rowan** thinks the Board also did some training at that meeting which felt immersive and helpful for them.

Rodriguez thanked Rowan. That is something that the Board will need to consider if the Board needs to change the dates around. **Rodriguez** asked if any Board members would prefer to keep it as a one day versus a two?

Odle stated that they always like to see everybody's smiling face, but she will go along with it if the majority want one day. However, the Board will know better at the March meeting if the board needs two days. **Odle** added that the Board would be more inclined to have two days.



Ruark thinks the Board can fill the two-day meeting as it is generally when the Board goes over the strategic planning and things like that. So there's a lot of Board business that can be pushed into that meeting that will allow us to have that two-day meeting, which is a day and a half.

Rodriguez stated that she does not potentially see those days being full. The one-day meetings tend to be so packed, and rightfully so. The two days give the Board a little time to stretch out a bit, relax a little bit, and go over things in much more detail. **Rodriguez** noted that she knows the Board has some topics that it needs to sort with a fine-tooth comb. **Rodriguez** added that since the Board has done a lot of work last in the last few years with the CEU ruling, the Board certainly does have some topics that it needs to discuss, such as healthcare, healthcare provider, personal services, etc. **Rodriguez** expressed that if there's a thing the Board needs to do at its level to help define that further, or not, that certainly would take some discussion. And having the time to be able to do that would be nice. **Rodriguez** asked if there was anyone who would really, truly prefer one day? **Rodriguez** recommends keeping the meeting dates, which means the Board does not have to vote anything.

Odle thanked Ruark for planning all of this, just to have it run down.

Rodriguez expressed that It's a wild ride, and she understands everything that's happening, for the most part, but will certainly miss seeing everyone in-person in March as she was very much looking forward to that. So, hopefully, soon, and sometime this decade.

f. BOARDerline Topics:

Ruark stated that there is a list of potential topics for the newsletter for the Spring Edition, 2022:

- 1. Upcoming Board Meeting Dates.
- 2. A New Board Member Article (if applicable).
- 3. How to Contact Board Staff
- 4. Legislative Update
- 5. COVID-19 Update
- 6. 2021 Disciplinary Action Summary,

Chen-Pinkham suggested adding an announcement for the recruitment of the board members.

Ruark thinks that was in the last newsletter and will put it in this one, as well, if the Board does not have anybody.

Combe likes all the topics and thinks it never hurts to re-emphasize the change of the Continuing Education timeframes that the Board paused during the pandemic because that's coming up in July 2022 as the board transitions the normal continuing education requirements. So, **Combe** thinks one more space that can be spotlighted is good.

Ruark agreed and stated that would certainly be included as it is a good idea.



Rodriguez asked if we were still in a state of emergency.

Ruark responded, stating yes, we are still under a state of emergency and still under the Governor's Office guidelines, which means we can extend the time frame to resume the CE requirements. However, there is no specific date set at this time.

Rodriguez stated that it would be good to reiterate that is the situation. By the time the BOARDerline comes out, maybe there will be a day it will be extended, hard to say for now. **Rodriguez** wants to let our licensees know that is the situation as she has been fielding a lot of concerns and questions about when the current requirements end. **Rodriguez** added that with it being extended out, it'd be helpful to let people know about where things are and that it is open-ended at this time. But at this point, we're still in the emergency status of the CE requirements, and the hours that have been trimmed down from the normal amount remain the norm.

Gray agrees that people would have one year, or that it would be one year post, the end of the emergency for things to revert to our normal CE requirements.

Rodriguez responded, stating that is correct and think a reiteration of that might be helpful.

Ruark expressed that staff will put that in there with the information.

Rodriguez thanked Ruark. **Rodriguez** stated that thinking about some stuff that's come up. She wonders if it would be helpful to have a topic about rules hearings. What they are, when they happen, as far as the timing might be really helpful for the public to understand that when we adopt something, in our community, that doesn't mean that, boom, it's done, Or that there hasn't been any discussion leading up to, or that the public can't speak up. The rules hearing is where the public has the opportunity to speak up.

Gray loves the idea and can imagine something like a timeline of the rulemaking process. Such as how it gets from the concept to the effective day. **Gray** thinks that would be fabulous.

Rodriguez stated that it's a good opportunity to talk about the process and really shows the process and it also shows the process where people can be a part of the process.

Chen-Pinkham stated that it is important to reiterate that another time they voice their opinions will be at the hearing.

Rodriguez said that's why she is bringing this up. It's a nice topic.

Ruark stated that staff would add those topics to the newsletter.

g. Board Member New Business:

Rodriguez thinks this is a good time and would like to take this opportunity for any Board members to bring anything forward. Any topics, or anything just relevant to the Board itself.



Chen-Pinkham wondered, given all the cases, the Board might want to reach out to the Chinese newspaper regarding the board's trends in the community and let them know what actions the Board is taking. First, this is to provide the community with advance notice. Secondly, to help them understand that what they are doing is not ok and educate the community in hopes that things can be discussed. **Chen-Pinkham** wonders if the Board wants to draft something and submit it to the newspaper.

Ruark thinks that's a wonderful idea. The Board hasn't done that for quite some time. The Board used to do it often. **Ruark** thinks it's wonderful and can get something together if Chen-Pinkham would like and present that to the Board to forward to the newspapers. **Ruark** stated that he would reach out to Chen-Pinkham.

Chen-Pinkham thanked Ruark.

Combe thinks the tough thing for him for the last two years has been remote. **Combe** believes a lot of the conversations that the Board used to have been in a public space was easier because the Board could read body language and could get a sense of the pulse of the other Board members. **Combe** stated that reflectively, the last couple of years watching what the Board has been working through and drawing conclusions. **Combe** noted that there's a piece of him historically, looking back in quite a bit of distance. For example, the Board has said that it does not oversee or regulate continuing education for years. **Combe** stated that this isn't a continuing education topic, but it plays into it. **Combe** thinks looking at the structure of the Board to protect the public. He is at a loss for words. **Combe** understood the early years when the Board was formed that overseeing some continuing education requirements was necessary for the early days. Still, the Board evolved.

Other groups oversee CES now and do well with it. **Combe** thinks if the Board's purpose is to protect the public, the board needs to shift more. **Combe** can't figure out why the Board as a licensing board hasn't seen value in requiring some level of liability insurance. **Combe** understands that this is a hot topic, and he has thought it through **Combe** didn't know how better to present the topic. **Combe** stated that one couldn't have a house built without bonded and licensed contractor. One can't have a dog house built without that. However, the licensing board doesn't require any form of liability insurance. **Combe** stated that most professionals, he believes, carry it because they recognize the value of having liability insurance. **Combe** asked if the Board does not require schools to have some form of liability coverage on students when they're going through the training processes? It's interesting if the board requires that most schools carry liability coverage.

Still, when a student transitioned to being a licensed massage therapist, the Board naturally says, well, that's not necessary, any more that was just while you were in school. **Combe** would love for the Board to require massage therapists to have liability insurance. **Combe** thinks it's very timely. Oregon has been a leader in the massage therapy industry. **Combe** believes it's well overdue that the Board respects the public and protects the public by looking at that. So, whether that's relevant or not, it's a hot topic, and it's been something that he still can't find understanding as to why the Board does not require liability insurance. The benefit **Combe** feels would greatly reduce the burden on the Board and the board staff of overseeing continuing education. **Combe** added that when the board says it does not, most of these professional and trade groups have some form of oversight of continuing education.

Odle asked if the Board could put that on the agenda for the traveling board meeting as this is interesting, and she would like to hear more about this and think about it, as well, for that meeting. **Odle** thanked Combe.



Rodriguez thanked Combe for bringing that to the Board and expressed that it is a great topic for strategic planning.

Combe expressed that he saved the best one for last. **Combe** stated that he shared with Director Ruark and Rodriguez that the train was approaching his stop. **Combe** noted that as many people didn't know or may not care, the four-year volunteer role he is serving for the Board is coming due, and he has chosen to respectfully be a Succession Planner and not renew his term sitting on the Licensing board. **Combe** knows a lot of great energy, and fellow LMT will fill the seat perfectly. **Combe** stated that other plans have come before him, and he wants the public to hear it from him as a board member. **Combe** noted that there is great respect amongst his peers, and that is not why he is choosing only to serve four years. It's a long commitment, and think to the fellow board members, if this is a surprise to hear, don't let it be. Also, don't expect any board member to stick around for eight, take advantage of them from day one.

Odle asked when the stop-clock started ticking.

Combe responded, stating that the timeframe was interesting actually. **Combe** noted a snafu of some level occurred when he came on the Board that affected the original appointment, which was supposed to be in March. For some reason, the year he started, it didn't get appointed until May, which he was personally respectful of. **Combe** thinks having a new board member come in after a board retreat feels like there was not much input, but rather more like, this is what we just planned at the last meeting, and here we go for the next year. **Combe** thinks that allowing a new person to step in before a board retreat makes a more logical function to be an active member of the Board.

Ruark added that he would speak on that and stated that Combe's term expires May 24, and I will be getting information out to potential applicants. There are some requirements such as sending letters of the vacancy to stakeholders, requesting recommendations, and things like that. Confirmations need to be submitted in March. **Ruark** stated that he would be giving the stakeholders plenty of time to apply if they would like to for that position. After this meeting, **Ruark** will be sending information out regarding Combe's position.

Additionally, if that individual doesn't get confirmed or does get confirmed previous to Combe, either way, the Board can support having both of them at the meeting if necessary. **Ruark** stated that he would like to have both Combe and the new Board Member present as the Board benefits from Combe's experience. **Ruark** thinks Combe's input is valuable, especially given his historical perspective of what the Board has been doing over the last many years. **Ruark** added that for the new person, that would be great to be able to have input about where the Board is heading.

Rodriguez agrees and thinks that the potential of having the public health member at the meeting to see how Board Members all interact and what the process looks like would be great. **Rodriguez** stated that Combe has to offer so much after many years and experience under his belt. **Rodriguez** added that being a witness to that would be super helpful for new folks to see. Finally, **Rodriguez** expressed that Combe will be sorely missed as Combe's role and perspectives have been vital to the Board.

Combe asked if he would be sorely missed?



Rodriguez responded, reiterating that Combe will be sorely missed. Finally, **Rodrigez** asked if Combe was going to be sore, leaving?

Combe laughed and noted that everything and chapters in life happen. **Combe** asked that the Board should not look at this as a negative step away. He is always happy to give back whether he is sitting at the table with other Board members or not. So it's just a journey **Combe** added that he would rather leave saying thank you for all the help versus the door slamming behind him.

Rodriguez responded, stating that the door would never slam behind him. **Rodriguez** noted that Combe is right. It is a commitment to be a member of the Board. However, **Rodriguez** also thinks that it's a tremendous commitment. It is a way to give back to one's profession. It's also a great way to learn about all sides of the industry.

Rodriguez Anyone else?

Rowan stated that he had two comments. The first is to let people know that the insurance companies cover up to eight COVID tests a month if one has medical insurance. Secondly, Rowan stated that for the public members that Ruark had mentioned, we could get the four COVID tests from the government sent to your home. However, one can also go to the pharmacy and get it covered by one's insurance, which can help massage therapists who need to test regularly. **Rowan** would like to remind everyone or invite everyone, maybe a better way to say it, that when introducing ourselves, it would be really helpful if the people would use their pronouns even if you identify with the gender they pronoun a lot of the people in our meeting tend to skew, **Rowan** thinks a little, probably a little older and more experienced on the profession than some of the younger people coming right out of school. Rowan has seen more of the newer license numbers tending to use their pronouns more often. Rowan added that some people using their pronouns or have contacted them identify as transgender nonbinary. Rowan thinks it's important, if one considers oneself an ally to the community, to represent that way. Rowan advocates using pronouns in introductions and, perhaps, putting it on your e-mail signature. Rowan thinks it can show a lot of inclusivity to people who show up at meetings. **Rowan** is always happy to answer any questions people have about it individually or in a meeting setting if anybody feels they need some clarity or discussion. Rowan stated that they also don't want to put the responsibility always on the people who use a nontraditional binary pronoun to be the only ones doing it.

Rodriguez thanked Rowant for bringing all of that to our attention, and she agreed. It's valuable to help share the labor, and of course, the Board wants to encourage inclusivity every step of the way. That's just paramount for what the Board does. **Rodriguez** thanks Rowan regarding the COVID testing. **Rodriguez** thinks most people were aware of the four, but having that covered by insurance and going into the pharmacy, they should all be free, in some capacity.

Chen-Pinkham inquired if people have to submit reimbursement.

Rodriguez responded, stating that she believes so, from the language they saw but not necessarily with all insurances. In addition, **Rodriguez** thinks that some pharmacies started automatically participating with the free tests.

Gray stated that Medicare is not covered in this, though.



Ruark informed the Board that he had to step off for one minute for an HR issue and asked Udosenata Harruna to take my place until he returned.

Rodriguez thanked everyone for speaking up. **Rodriguez** wants to continue to have these be Board members opportunities, so Board members are not sitting here just listening to her all the time, direct things. Board members have brought up some great discussion pieces and things to work on from this point forward. **Rodriguez** stated that she would like to move to correspondence now and then public comments. **Rodriguez** noted that the correspondences would also be available in the minutes for the public to review.

6. Public Comment and Correspondence:

Correspondence (see appendix 3):

Rodriguez stated that she knew that some audience members wrote to the Board. First, **Rodriguez** inquired if everyone had their correspondence in front of them? Good, so everyone was able to read that.

Chen-Pinkham asked if the Board was going to go by a letter received.

Rodriguez responded by stating that the Board has gone more by topic or through each letter in the past. However, it is up to the Board.

Combe thinks the Board spoke to this a little earlier on about the process and when things are appropriate and not appropriate but the timeframe of where concerns are raised regarding rules hearing. **Combe** recommend looking at the correspondents in front of the Board as it seems practical that some of these are very valid concerns and the Board's response to the outside of acknowledging the problems. **Combe** think it's most pertinent to have them directed towards the rules hearing process at this point. That is just his interpretation of a fair amount of these correspondents have mirrored concern of topic.

Rodriguez agrees with Combe and thinks this is a really good opportunity. **Rodrigues** knows the Board brought it up a couple of times, but to be a little more specific about the timing of the rules hearing, particularly for the continuing education rule change, and how to look for notices. All meetings are noticed before the meeting with at least two weeks' notice.

Udosenata Harruna, the Board staff, will try to get the notices out as soon as possible. But it could try to get the rules meeting notice before the March Board meeting if time permits because those rules have to be brought back to the May Board meeting for a final review and approval from the Board to move forward to permanent rule filing.

Rodriguez thanked Udosenata Harruna. Rodriguez stated that the notices are sent out by e-mail, like the board meetings. So, that's one way to keep an eye out for it. Also, notices are posted on the Board's website. **Rodriguez** stated that she wants to let people know that another meeting notice will be going out soon for the Rules Hearing. **Rodriguez** noted that the Board has not even talked about the actual topic at hand. That's concerning the rollovers hours for continuing education hours. Again, that's something that is a big concern for many people. **Rodriguez** noted that this wasn't something that was decided on overnight. This has been a topic that the board has discussed here at the board meetings through committees for quite a few years. **Rodriguez** recommended that folks, please look at the minutes, look at the history. **Rodriguez** stated that there had been



times available for public comment throughout the Board meetings, every available meeting. But from this point forward, being present at the rules hearing is where you go to have your voices heard, and then it will be brought back to us. **Rodriguez** believes March 14, 2022, is the next Board meeting, and that will allow the Board to review the concerns from the public, stakeholders, and interested parties. **Rodriguez** wanted to speak specifically on a correspondence letter because she knew they weren't all about rollover.

Chen-Pinkham stated that one was not talked about having public comments at the beginning and before the executive session.

Rodriguez responded, stating that she would speak to that as well. **Rodrigues** expressed that things have been changed predominantly because the Board meets virtually. And she knows that one of the reasons the Board moved the public comment towards the end was because she felt like many questions and concerns were brought up or addressed in the meeting. **Rodriguez** feels like a lot of the questions tend to be answered. That's the feedback she hears. People would say they had a question coming into the meeting, but the Board already addressed it, so **Rodriguez** felt positive about that. **Rodrigues** does not know if anyone else would like to speak on that or if people prefer to bring public comment back up to the right after introductions.

Odle completely understands why the Board did that and agrees because the Board can still see people popping in, even after the Board meeting has started. And so if the Board gave the opportunity at the beginning, for people popping in at 11:00. The answer might have already been given or addressed previously, so the Board gave two opportunities for public comment, one in the beginning and right before the Board leaves for the executive session once the Board return from the executive session, even though it is an estimated time. **Odle** stated that she still says that's pretty good but appreciates someone bringing that up. Maybe they didn't know.

Rodriguez thanked Odle and added that the Board gives two opportunities for public comments. **Rodriguez** stated that some boards don't provide any opportunity for public comment. However, **Rodriguez** feels like the Board is generous and mindful of people's time. **Rodriguez** encourages people to stay, especially for this portion, before the Board goes into Executive session, where a lot of the meat of the meeting is taking place for the public. She encouraged the public to stay to learn about some of the Board processes and how the Board goes through things, and hopefully, some answers have come up for folks, too.

Combe first and foremost wants to respect the public wishing to be involved. But also, on the opposite side, the process as a board member, we can't make comments. Historically, there has been conversation during a public statement from the Board table, which is not the Board collective. **Combe** thinks that's where bringing a little more structure around public comment time has been great, and he appreciates Rodriguez for doing that. The third piece of communication is correspondence, which is a more formulated thought pattern for most and the Board, can see it, digest the information versus have a quick response. **Combe** thinks the benefit of the correspondence to the public is much healthier because the Board gets to see the correspondence multiple days before the meeting. **Combe** believes that as a board member, public comment turns into a public conversation when the Board was a little looser as a Board, and **Combe** does not know if that was collectively a good thing. **Combe** feels like it got a little out of bounds, so he appreciates Rodriguez for bringing the structure back for efficiency as well as the respect of running a meeting.

Odle wants the public to know that she reads all of their letters. **Odle** stated that she read everything and has learned an awful lot about the profession, which helps her make decisions. **Odle** does not want people to think



that their letters and correspondence are not read because it is read. **Odle** thanked everybody for sending correspondence as It is helpful.

Rodriguez agrees with Odle and adds that it helps them take the pulse of what's happening outside the Board office. **Rodrigues** stated that she read every single letter and sometimes 2 or 3 times and made a lot of notes. **Rodrigues** does not want people feeling like they're just screaming into the void and are not being heard. Rodrigues also knows that Board staff takes a lot of time to reach out to everyone, have conversations with them, and help them understand. **Rodriguez** stated that sometimes, it's just a simple misunderstanding, sometimes it's a piece of education, and other times, it sounds the alarm to let the Board know that this is something that the Board needs to address. **Rodriguez** thanked everyone.

Chen-Pinkham noted that the Board also received a lot of vaccine-related correspondence.

Rodriguez thinks that part of it refers to even what the Governor's office requires regarding the vaccine piece. **Rodriguez** knows the Board also discusses part of this potential rule that may come into play later, but she just wants to remind people that even though the Board is a semi-independent board, the Board's boss is still the Governor. **Rodriguez** expressed that the Board has rules that it also has to abide by.

Rowan thinks it is a good point, but some public members don't often think about or understand the Board. These things are happening in the meeting on full display like this. **Rowan** added that the Board is not having these conversations before the meeting or in executive sessions. This is happening here, so sitting through the meeting, the public will get the answers they seek. **Rowan** added that if the public comes and gives a comment at the very beginning, assuming that the Board will take it back and work it out somewhere, the public thinks it's ok to leave after. Still, if they stay another hour or two, they get the answer because the sausage is getting made right in front of everyone.

Rodriguez stated that the Board does not meet any other time other than in this meeting that the public is witnessing and future posted meetings. **Rodriguez** noted that she might discuss with Combe, the Vice-Chair, for example, on some points, but for the most part, decisions are not made. **Rodriguez** stated that the board's conversations are real, and the Board is actively working that out during the meetings.

Chen-Pinkham There is another correspondence: Reducing continuing education hours for longtime massage therapists.

Rodriguez stated that the Board had had those discussions in the past. The Board talked about that at length, looking at either a tiered approach or an emeritus approach. **Rodriguez** thinks that, in those times, the Board concluded that this just might not necessarily be appropriate at this time. **Rodriguez** is not super familiar with other boards to necessarily go that route. **Rodriguez** thinks some boards may have tiered licensing, but it's not very common again. **Rodriguez** knows part of that concern was also related to the rollover and the CE requirements. **Rodriguez** wants to say to the accessibility piece that it allows people to receive CEs interactively online and not just have to go somewhere and be in class. That is an option, and that's something that the Board has already addressed. **Rodriguez** does not know if anyone else wants to piggyback on that or have other thoughts, but that is her understanding. The Board already talked about that, and maybe it's something the Board can bring back again. **Rodriguez** stated that personally, just knowing from what she has seen, **Rodriguez** does not know if there's going to be potential for much change.



Ruark stated that the Board has a whole packet on the history of the Board's discussion regarding the emeritus status or reduced CEs for senior licensees who have been practicing a long time. **Ruark** added that it is something that he sends out to people who have some questions about that. It shows all the work the Board has done on it previously and some of the roadblocks the Board ran into trying to implement something like that, from statutory issues to, you know, legal issues and things like that. So **Ruark** will send that information packet to the individual who sent that correspondence.

Rodriguez stated that would be great and thanked Ruark.

Chen-Pinkham suggested that for common questions such as this, the Board should consider posting it on the FAQ page on the website, and if staff have a document, they could link to the answer so people could find the answers to their questions on the FAQ page.

Ruark added so Board staff can direct them there versus having to do a correspondence back to them. So Board Staff will do that.

Rodriguez thinks that's appropriate for the really common questions.

Combe knows just as a comment, not as a discussion. **Combe** reached out to some groups that oversee continuing education requirements, and most of the trade industry does not even entertain rollover hours. **Combe** thinks there is a standard, and the Board has been the exception to the standard. **Combe** found it interesting that the trade groups he reached out to said it would do an extension to get continuing Ed accomplished if need be in a pinch, but rollover hours are an anomaly to them.

Gray wanted to comment that this Board is a democratic organization and that the Board voted for all of these changes. **Gray** adds that she was the dissenter on the rollover. **Gray** stated that she senses that the people who want to roll over are not the ones who are just squeaking by with minimal education. These people may be taking a 60 or 80-hour workshop over some time, all within the same licensing period. **Gray** can see where these people have a tremendous education from these more in-depth studies. **Gray** does not think it's necessarily unreasonable for that to go over into the next licensing period. Because they have gotten a tremendous amount of education, they've also probably forked over a lot of cash for one of those longer programs. **Gray** stated that it could be a hardship to come up with another 24 hours of education for the next licensing period. **Gray** also respects and honors the board's decision and that this was a democratic process, and this is the rule now. **Gray** wants d to say that they empathize with the massage therapists who wrote about what hardships the non-rollover situation would create for them.

Rodriguez thanked Gray and appreciated that perspective. **Rodriguez** clarified that the rules in question are proposed regulations and not the rules now. It starts to go to rules hearing and then come back to the Board for final approval. It's not the rule, at least just yet.

Chen-Pinkham asked if the Board covered all the correspondence or other topics?

Ruark thinks the Board covered everyone that he could see.



Rodriguez asked if there was anything else regarding correspondents before she moved to public comment. **Rodriguez** stated that if members of the public wish to speak to the Board, this is the opportunity. **Rodriguez** noted that as a reminder, the meeting is being recorded, so for the Board to know who you are, **Rodriguez** asked for the individual's name and Oregon license number if the speaker is a license or organization. **Rodrigues** is also asking that everyone keep their comments to a maximum of two minutes. **Rodriguez** went ahead and opened the floor.

Public Comment:

Beeman stated that she wrote a letter to the Board, and they do not know if the Board got the chance to read it, but she will read the letter. **Beeman** said they enjoy having the public comment be later after the meeting starts because that gives her a chance to write notes and have more to say when she is present. Throughout the meeting, **Beeman** expressed that her notes were that if the Board indicated that the Rules in question are a permanent rule that the Oregon Health Authority already establishes, this might help clarify some things but probably won't fix everything. **Beeman** expressed that the other is that the Board has an extremely passionate public and massage therapist, and the Board is very aware of that, and **Beeman** appreciates that the Board respects that. **Beeman** states that they understand that executive sessions are for legal issues, specifically about things that can't be shared with the public until they are completed. **Beeman** noted that she didn't know other people were confused about the executive session. **Beeman** read her letter into the record. (The letter is attached as part of appendix 1) **Beeman** thanked the Board for the time.

Rodriguez thanked Beeman.

Schiff believes that massage therapists are regulated as healthcare professionals. As such, massage therapists have the obligation of healthcare professionals that no matter what setting massage therapists are practicing in, should follow the rules for the health care profession, which is masking and vaccination. **Schiff** recognizes that some people can't be vaccinated for medical reasons and perhaps an exemption for that. However, Schiff thinks that segregation, the separation of rules based on where a licensee is practicing how they practice, is unwarranted. **Schiff** wants to thank the whole Board for its collegiality and effectiveness. Vice-Chair Combe, we will miss you. **Schiff** also wanted to thank Executive Director Ruark and Van Laanen for their amazing work on the illicit massage and human trafficking issues. **Schiff** is floored that the Board is getting more cooperation and coordination with law enforcement. **Schiff** stated that they had been involved on the sidelines of the issue for more than a decade in New Mexico, where nothing happened effectively. **Schiff** also wants to mention the investigators. **Schiff** is in awe of the commitment and willingness to put themselves in harm's way to protect the public. **Schiff** thanked the Board and investigators and added that everyone was doing a great job.

Rodriguez thanked Schiff.

York wanted to give a massive shout-out to the Board for the work they did to take care of the stuff everyone hated seeing going on in Medford. **York** is beyond thankful to the Board and all the investigations they have performed to help resolve some of the compliance issues for the community. **York** stated that they have a clarification question; as the Board said, public comment is at this time so the public can hear things and then ask for some clarification on something, so no one starts to stir some rumors out there. **York** stated that their



one thing is it sounds like the standard continuing education requirements will begin, again, one year from when the state of emergency is lifted. **York** asked if that was an accurate understanding of what they had heard today?

Rodriguez responded, stating that yes, York is correct.

York stated that anything happening with continuing education moving forward is something that massage therapists will be concerned with after that date and time whenever it happens.

Rodriguez responded, stating that was correct.

York happily stated that they know what's happening for their renewal this September and thank the Board for all the work.

Rodriguez thanked York for being here.

Kazmark - AMTA stated that they apologize if they didn't hear this in the middle of the meeting. **Kazmark** asked if anyone could clarify the temporary rule for the vaccination requirement. They understand that it expires today and held hearings last week to adopt the permanent regulations. **Kazmark** was in contact with the department Thursday, and they said they were anticipating these permanent rules to be finalized and published. Does anyone know the timeline on that? Does that make sense?

Ruark responded that if Kazmark wants to reach out to him via e-mail, he can get them a little more information as he does not have that information right now. **Ruark** stated that what the Board was dealing with today was adding some rules to piggybacking off that permanent rule in a way. He does not have that information in front of him on when that permanent rule for OHA becomes effective.

Kazmark said great, and thanked Ruark. **Kazmark** stated that they wanted to point out that they kept some of the association's requests to clarify how this would affect complementary and alternative medicine in health care settings if someone didn't see that change.

Rodriguez thanked Kazmark. Rodriguez opened the floor for Mark Retzloff.

Retzlaff - AMTA Oregon thanked Rodriguez. Retzlaff wanted to reiterate many things that have already been said. Retzlaff thanked John Combe for his service, and he will certainly be missed, especially Combe's perspective at the Board, and he appreciates Combe's serving. **Retzlaff** stated that he submitted a comment about the public comment period because they think, in the past, the public had had comment periods one at the beginning, one at the end of the morning sessions, and then the third one in the afternoon session. They are seeking some clarification, so they appreciate all that discussion. **Retzlaff** thinks it is a reasonable way to handle the public comment. **Retzlaff** stated that they have always had great experiences calling Board staff, expressing their thoughts, and getting clarification outside board meetings. **Retzlaff** encourages any public members; if they are not quite clear on the rules or process, that is an available option to get some of that clarity. **Retzlaff** thinks at the meetings, spending some time explicitly on the rulemaking process will go a long way to helping public members know the appropriate time to show up and weigh in and provide that public feedback because it is the right of the public to participate in these processes. Anything the Board can do to make the public feel welcome and that the public perspective is useful to the Board is appreciated. **Retzlaff** is curious to



see the drafts rules information because **Retzlaff** thinks one of their other comments is making sure that the rollover hours are appropriately phased in so that people who have already banked hours don't lose those.

Lindley noted that they just talked to the attorney for the Office of the Oregon Health Authority, and they said those roles are getting filed today.

Rodriguez thanked Lindley for the update. **Rodriguez** thanked Retzlaff for their comment. **Rodriguez** stated that the Board appreciates what everyone has to say. **Rodriguez** asked if Julie Madsen wanted to speak to the Board.

Madsen thanked the Board for its consistent consideration of all aspects of the massage industry. **Madsen** appreciates the opportunity to speak. **Madsen** stated that they did submit a letter, and this comment is separate from that letter. **Madsen** specifically wanted to remark on John Combe's statement that all other trades do not allow rollover continuing education. Other trades expect their workers to be 40 hour work weeks, and most of those trades are employment situations where folks have PTO available to them. The massage generally expects full-time to be approximately 20 hours per week. Though massage therapists may be paid equivalent per hour to other trades, massage therapists cannot work as many hours due to the peculiarly physical nature of the occupation. **Madsen** stated that while a person volunteers to work as an employee and may have access to PTO, many massage therapists are self-employed. **Madsen** noted that they are often solo practitioners. Instead of PTO, whether they work or another employee covers their shifts, these massage therapists must shut down their business and thus cannot support clients while they are off attaining their CE. These facts make rollover incredibly useful for and specific to our industry. **Madsen** strongly encourages the Board not to remove the rollover option. **Madsen** thanked the Board.

Rodriguez thanked Julie Madsen for her comment and for being here. But, **Rodriguez** said, please keep your eyes peeled for the rules hearing as it will also be a really good opportunity for Madsen to bring that point up there as well.

Burke would like to second and third the comments about the continuing education requirements and those rollovers. **Burke** agrees strongly with what Madsen and Retzlaff have said: massage therapists don't lose the hours already attained. **Burke** stated that they are a self-employed practitioner, and they took significant time off to do new modalities and put substantial hours of training into them. Especially because their clientele has been down during all the shutdown and COVID-related things, **Burke** did that hoping that when their business is back to what they were used to pre-pandemic, they would have already accrued those hours. They do appreciate the Board's consideration for all of those matters. Burke stated that as self-employed people, they know many other people in the field have chosen to work for themselves rather than stay in more health care settings due to their medical freedom stamps for requiring vaccination. **Burke** knows that will impact many in the community, although the views don't seem reflected today.

Rodriguez thanked Burke for their comment. Then, Rodrigues opens the floor for Laura Embleton if they wish to speak.

Embleton thanked Rodrigues and stated that they wanted to re-iterate what everybody else was saying, and they were looking forward to the draft rules. They appreciate the Board allowing the public to participate in the process. **Embleton** expressed that John Combe will be sorely missed, and as everybody has said, Combe always



has a voice of reason, and **Embleton** has enjoyed working with Combe over the last four years. **Embleton** thanked Combe for his service and hoped to see Combe soon.

Rodriguez thanked Embleton for her comment. Anyone else? **Rodriguez** thanked everyone, especially the public, for being here with the Board and giving their perspectives. It is valued, and it has been heard. **Rodriguez** stated that at this point, just so people know the order of things, now is the Board's time to go ahead and take a break. But before the Board takes a break, **Rodriguez** will let folks know that the Board will be taking the break and still be on the public line because **Rodrigues** does have to read through the executive session procedure before the board moves into executive Session. So, just a reminder for those who wish to return or stay on the line. **Rodriguez** informed members of the public that upon looking ahead on the Board's items will be going over in executive session. **Rodrigues** guesses it would take a good couple of hours 2.5. **Rodriguez** asked if McCullough or Van Laanen had any other thoughts on that.

McCullough thinks 2.5 is reasonable.

Rodriguez has a feeling there is going to be a fair amount of discussion, and it should be as the Board certainly wants to go over everything. The time is 11:32.

Chen-Pinkham moved to take a short 20-minute break. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriquez. Opposed: None. Motion carries.

The Board took a short break at 11:32:00 am

The Board returned to the public session at 11:53:00 am

Rodriguez called the Board into Executive Session at 11:55:00 am. The estimate for the executive session is probably around 2.5 hours. Rodrigues hopes to be back in public session around 2:30 thereabouts.

EXECUTIVE SESSION

The Board may enter into Executive Session to discuss certain matters on the Agenda pursuant to ORS 192.660: To discuss certain matters on the Agenda pursuant to ORS 192.660 (2) (f) to consider information or records that are exempt by law from public inspection, ORS 192.501 (4); and/or To review, discuss, and consider written legal advice provided by the Department of Justice, pursuant to ORS 192.660 (2) (f) or to consult with counsel concerning legal rights and duties regarding current litigation or litigation likely to be filed pursuant to ORS 192.660 (2) (h); and/or (3) To consider and discuss in executive session information obtained as part of an investigation of a licensee, applicant or other person alleged to be practicing in violation of law, pursuant to ORS 192.660 (2) (k) (L) and ORS 676.175. Prior to imposing a sanction authorized under ORS 687.081 or any rule of the Board, the Board shall consider, but is not limited to considering, the following factors: (a) The persons past history in observing the provisions of ORS 687.011 to 687.250, 687.895 and 687.991 and the rules of the Board; (b) the effect of the violation on public safety and welfare; (c) the degree to which the action subject to sanction; and (e) any mitigating factors that the Board may choose to consider the employment of a public officer, employee, staff member or individual agent pursuant to ORS 192.660 (2) (a); and/or to consider the dismissal or discipline of a public officer, employee or staff member or hear complaints or charges brought against such a person if they do not request an open hearing pursuant to ORS 192.660(2)(b). Prior to entering into Executive Session, the nature of and authority for holding the Executive Session will be announced.

7. Executive Session



a. Compliance (192.660(2)(L))

The Board returned to Public Session at 2:00:00 pm.

Rodriguez welcomed everyone back. The Board has completed its Executive Session. Now, the Board is back in public session. It is currently 2:00 PM. Rodriguez stated that what has been requested before continuing with the agenda is to take a 20-minute break. Rodriguez asked if there was a motion.

Combe moved to take a Short Break. **Second the motion: Chen-Pinkham**. **In favor: Chen-Pinkham**, **Combe**, **Gray**, **Odle**, **Rowan**, **and Rodriguez**. **Opposed: None. Motion carries**.

The Board returned from a short break at 2:21 PM.

8. Action on Executive Session Items

9. Public Compliance Cases

i. Case 2837 – Combe moved to Issue a Notice of Proposed Action for Two (2) violations of ORS 687.021 (1)(b), Five (5) violations OAR 334- 040-0010 (12). For a total of \$14,000. And forward the case to appropriate law enforcement pursuant to ORS 673.171. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

ii. Case 3079 – Gray moved to Dismiss. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

iii. Case 3262 – Gray moved to Issue a Notice of Proposed Action for violation of ORS 687.021 (1) (a). For a total civil penalty of \$1000. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

iv. Case 3084 – Odle moved to Issue an Amended Notice of Proposed Action removing violation for OAR 334-040-0001 (1) and OAR 334-040-0010 (19). For total civil penalty in the amount of \$2,000. Second the motion: Rowan. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

v. Case 3120 – Rowan moved to Dismiss with a Letter of Concern. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

vi. Case 3152 – Gray moved to Issue a Notice of Proposed Action for violation of ORS 687.021 (1) (a). For a total civil penalty of \$1000. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

vii. Case 3276 – Gray moved to Issue a Notice of Proposed Action for violation of OAR 334-040-0010 (12) and OAR 334-040-0010 (22). For a total civil penalty of \$2,000. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.



- viii. Case 3199 Combe moved to Issue a Notice of Proposed Action for Thirteen (13) violations of ORS 687.021 (1)(a), violation of ORS 687.021 (1)(c). For a total civil penalty of \$14,000. Second the motion: Chen-Pinkham. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
 - ix. Case 3212 Chen-Pinkham moved to Issue a Notice of Proposed Action for violation of ORS 687.021 (1)(a), Five (5) violations of ORS 687.021 (1)(c). For a total civil penalty of \$6,000. Forward the case to appropriate law enforcement pursuant to ORS 676.177. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Recused: Rodriguez. Motion carries.

x. Case 3215 – Rowan moved to Issue a Notice of Proposed Action for three (3) violations of ORS 687.021 (1) (b), Eight (8) violations of ORS 687.021 (1)(c), two (2) violations of OAR 334-040-0010 (12). For a total civil penalty of \$13,000. Second the motion: Chen-Pinkham. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

- xi. Case 3290 Rowan moved to Issue a Notice of Proposed Action for violation of ORS 687.021 (1)(a). For a total civil penalty of \$1,000. Second the motion: Chen-Pinkham. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xii. Case 3291 Rowan moved to Issue a Notice of Proposed Action for violation of ORS 687.021 (1)(a). For a total civil penalty of \$1000. Second the motion: Chen-Pinkham. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xiii. Case 3294 Rowan moved to Dismiss with a Letter of Concern. Second the motion: Chen-Pinkham. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xiv. Case 3221 Combe moved to Issue a Notice of Proposed Action for violation of ORS 687.021 (1)(a), violations of ORS 687.021 (1)(c). For a total civil penalty of \$2,000. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xv. Case 3222 Chen-Pinkham moved to Issue a Notice of Proposed Action for three (3) violations of ORS 687.021 (1) (b), nine (9) violations of ORS 687.021 (1)(c), two (2) violations of OAR 334-040-0010 (12). For a total civil penalty of \$14,000. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xvi. Case 3292 Chen-Pinkham moved to Issue a Notice of Proposed Action for violations of ORS 687.021 (1) (a). For a total civil penalty of \$1,000. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xvii. Case 3293 Chen-Pinkham moved to Issue a Notice of Proposed Action for violations of ORS 687.021 (1) (a). For a total civil penalty of \$1,000. Second the motion: Gray. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.



- xviii. Case 3225 Chen-Pinkham moved to Issue a Notice of Proposed Action for violations of ORS 687.021 (1) (a), ORS 687.021 (1) (b), five (5) violations of ORS 687.021 (1)(c), violations of ORS 687.021 (1) (d). For a total civil penalty of \$8,000. Second the motion: Gray. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
 - xix. Case 3296 Combe moved to Issue a Notice of Proposed Action for violation of ORS 687.021 (1)(a). For a total civil penalty of \$1000. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
 - xx. Case 3247 Odle moved to Issue a Notice of Proposed Action for violations of ORS 687.021 (1) (a), eight (8) violations of ORS 687.021 (1)(c). For a total civil penalty of \$9,000. Forward the case to appropriate law enforcement pursuant to ORS 676.177. Second the motion: Chen-Pinkham. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
 - xxi. Case 3145 Chen-Pinkham moved to Combine OBMT Case Nos. 3251 and 3252 and Issue a Notice of Proposed Action for Revocation of Licensure. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxii. Case 3297 Chen-Pinkham moved to Issue a Notice of Proposed Action for three (3) violations of ORS 687.021 (1) (a). For a total civil penalty of \$1,000. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxiii. Case 3259 Gray moved to Issue a Notice of Proposed Action for three (3) violations of ORS 687.021 (1) (b), violations of ORS 687.021 (1)(c), violations of OAR 334-040-0010 (12). For a total civil penalty of \$3,000. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxiv. Case 3298 Gray moved to Issue a Notice of Proposed Action for violations of ORS 687.021 (1) (a). For a total civil penalty of \$1,000. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxv. Case 3260 Rowan moved to Dismiss with a Letter of Concern. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxvi. Case 3299 Gray moved to Issue a Notice of Proposed Action for violations of ORS 687.021 (1) (b), violations of ORS 687.021 (1)(c), violations of ORS 687.021 (1)(d). For a total civil penalty of \$3,000. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxvii. Case 3278 Odle moved to Approve License with Letter of Concern. Second the motion: Chen-Pinkham. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxviii. Case 3154 Rowan moved to Issue License. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.

- xxix. Case 3266 Chen-Pinkham moved to Issue License. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxx. Case 3287 Combe moved to Issue License. Second the motion: Rowan. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxxi. Case 3300 Chen-Pinkham moved to Issue License. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxxii. Case 2925 Chen-Pinkham moved to Accept Stipulated Agreement and Final Order negotiated by staff.
 Second the motion: Rowan. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez.
 Opposed: None. Motion carries.
- xxxiii. Case 3097 Combe moved to Accept Stipulated Agreement and Final Order negotiated by staff. Second the motion: Odle. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxxiv. Case 3142 Gray moved to Accept Stipulated Agreement and Final Order negotiated by staff. Second the motion: Rowan. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxxv. Case 3151 Odle moved to Accept Stipulated Agreement and Final Order negotiated by staff. Second the motion: Rowan. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxxvi. Case 2716 Combe moved to Accept Stipulated Agreement and Final Order negotiated by staff. Second the motion: Chen-Pinkham. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxxvii. Case 3257 Odle moved to Accept Stipulated Agreement and Final Order negotiated by staff. Second the motion: Gray. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
- xxxviii. Case 3280 Chen-Pinkham moved to Accept Stipulated Agreement and Final Order negotiated by staff. Second the motion: Gray. In favor: Chen-Pinkham, Combe, Gray, Odle, Rowan, and Rodriguez. Opposed: None. Motion carries.
 - **10. Public Comment:**

Rodriguez opened the floor, once again, for public comment. **Rodriguez** expressed that if a public member wishes to speak, they should state their name license number if an Oregon licensee. Rodriguez asked that public members keep their comments to a maximum of two minutes.



No public comment

11. Meeting Work item Review:

Rodriguez stated that next on the agenda is the meeting work item review. **Rodriguez** noted that there are a few meetings work items that came up during the meeting today:

- 1. In addition, the Board added more BOARDerline topics.
- 2. A suggestion of outreach to the API community Newspapers to bring them up to date
- 3. Liability Insurance. An excellent topic of discussion at the May Board meeting.
- 4. Health care provider/practitioner versus personal services.
- 5. The upcoming rules hearing: Rodriguez noted that there would be a rule hearing coming up, hopefully, some time, at the end of February or early March, that is pertinent, especially regarding the continuing education rollover elimination.
- 6. Traveling Board meeting: Rodriguez stated that the Board would keep the traveling/business Board meeting as a two-day meeting in May 2022.
- 7. Board member recruitment

12. Announcement:

The next Board meeting will be remotely on March 14, 2022, at 9 am via GoToMeeting (call-in information will be sent as part of the March 2022 Board meeting notice).

13. Board Members Required Training – Workplace Discrimination

Board completed the required 2022 training on Workplace Discrimination.

14. Adjourn Meeting:

Chen-Pinkham moved to adjourn the meeting. Second the motion: Combe. In favor: Chen-Pinkham, Combe, Gray, Rowan, and Rodriguez. Opposed: None. Motion carries.

The meeting was adjourned at 3:42:00 pm.

<u>Appendix 1,</u>

Proposed Rules - OHA Rule Language Options

Board options;

The Board could adopt a separate, stand alone rule such as:

XXX-XX-XXXX

Compliance with the Oregon Health Authority's COVID-19 Requirements

(1) The Oregon Health Authority (OHA) has adopted certain rules to control the communicable disease COVID-19. Unprofessional conduct pursuant to OAR 334-040-0010 (17), (22) and 25 (C)(f) includes failing to comply with any applicable provision of an OHA COVID-19-related rule or any provision of this rule. includes failing to comply with any applicable provision of an OHA COVID-19-related rule or any provision of this rule.

(2) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Failing to comply with OHA's rules requiring masks, face coverings or face shields, including [OAR 333-019-1011(healthcare), if applicable.

(b) Failing to comply with OHA's rules requiring vaccinations, including OAR 333-019-1010 (healthcare).

(3) No disciplinary action or penalty action shall be taken under this rule if the rule alleged to have been violated is not in effect at the time of the alleged violation.

(4) Civil penalties for violating this rule include: Imposition of discipline for violating this rule includes:\$500 civil penalty. Any such civil penalties or discipline shall be imposed in accordance with ORS Ch.183.

Statutory/Other Authority: Statutes/Other Implemented:

Or, the Board can amend the current communicable disease control rule and add this into OAR 334-020-0055 with the following changes:

334-020-0055 Communicable Disease Control

(1) All therapists must always practice communicable disease prevention and control.

(2) LMT's are required to follow the communicable disease guidelines as adopted by the Board.

(3) The Oregon Health Authority (OHA) has adopted certain rules to control the communicable disease COVID-19. Unprofessional conduct pursuant to OAR 334-040-0010 (17), (22) and 25 (C)(f) includes failing to comply with any applicable provision of an OHA COVID-19-related rule or any provision of this rule.

(4) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Failing to comply with OHA's rules requiring masks, face coverings or face shields, including [OAR 333-019-1011(healthcare), if applicable

(b) Failing to comply with OHA's rules requiring vaccinations, including OAR 333-019-1010 (healthcare), if applicable.

(5) No disciplinary action or penalty action shall be taken under this rule if the rule alleged to have been violated is not in effect at the time of the alleged violation.

(6) Civil penalties for violating this rule include: Imposition of discipline for violating this rule includes: \$500 civil penalty. Any such civil penalties or discipline shall be imposed in accordance with ORS Ch. 183.

Or another option that defines health care provider in more detail:

334-020-0055 Communicable Disease Control

(1) All therapists must always practice communicable disease prevention and control.

(2) LMT's are required to follow the communicable disease guidelines as adopted by the Board.

(3) The Oregon Health Authority (OHA) has adopted certain rules to control the communicable disease COVID-19. Unprofessional conduct pursuant to OAR 334-040-0010 (17), (22) and 25 (C)(f) includes failing to comply with any applicable provision of an OHA COVID-19-related rule or any provision of this rule.

(4) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Failing to comply with OHA's rules requiring masks, face coverings or face shields, including [OAR 333-019-1011(healthcare), if applicable

(b) Failing to comply with OHA's rules requiring vaccinations, including OAR 333-019-1010 (healthcare), if applicable. Note, a Healthcare setting is defined as "any place where health care, including physical or behavioral health care is delivered and includes, but is not limited to any health care facility or agency licensed under ORS chapter 441 or 443, such as hospitals, ambulatory surgical centers, birthing centers, special inpatient care facilities, long-term acute care facilities, inpatient rehabilitation facilities, inpatient hospice facilities, nursing facilities, assisted living facilities, residential facilities, residential behavioral health facilities, adult foster homes, group homes, pharmacies, hospice, vehicles or temporary sites where health care is delivered (for example, mobile clinics, ambulances), and outpatient facilities, such as dialysis centers, health care provider offices, behavioral health care offices, urgent care centers, counseling offices, offices that provide complementary and alternative medicine such as acupuncture, homeopathy, naturopathy, chiropractic and osteopathic medicine, and other specialty centers."

Or; see definition of healthcare setting in OAR 333-019-1010

(5) No disciplinary action or penalty action shall be taken under this rule if the rule alleged to have been violated is not in effect at the time of the alleged violation.

(6) Civil penalties for violating this rule include: Imposition of discipline for violating this rule includes: \$500 civil penalty. Any such civil penalties or discipline shall be imposed in accordance with ORS Ch. 183.

Appendix 2, OBMT Proposed Rules
(strike through represents deletions, **bold** represent new additions):

334-001-0055

Board Member Stipend

(1) The Oregon Board of Massage Therapists hereby adopts a board member stipend of \$100 up to \$155 or the current Oregon legislative per diem stipend each day per day or portion thereof during which the board member is actually engaged in the performance of official duties

(2) Performance of official duties is defined as:

- (a) Scheduled meetings:
 - (A) Board meetings, including special Board meetings via conference call, (B) Board committee meetings.
- (b) Appointments with Board staff for Board business;
- (c) Legislative testimony; OR
- (d) Conferences and activities that the Board has requested that the member attend as its representative.
- (3) Each Board member shall receive a two day stipend of \$155 per day or the current Oregon legislative per diem for each regularly scheduled Board meeting preparation. This compensation is not paid if the Board member does not attend the meeting for which they have prepared.

Statutory/Other Authority: ORS 678.140, HB 2992, 2021 Legislative Session & ORS 292.495 Statutes/Other Implemented: ORS 678.140

Stat. Auth.: ORS 182.460 & 687.121 Stats. Implemented: ORS 182.460 & 687.121 Hist.: BMT 1-2010, f. & cert. ef. 4-12-10; BMT 2-2010, f. 7-23-10, cert. ef. 7-26-10; BMT 3-2010, f. 12-22-10, cert. ef. 1-1-11

(strike through represents deletions, **bold** represent new additions):

334-001-0060

Definitions

- (1) "Advantageous" means in the Board's best interests, as assessed according to the judgment of the Board.
- (2) "Award" means either the act or occurrence of the Board's identification of the Person with whom the Board will enter into a Contract.
- (3) "Barter" means partial or complete trade or exchange of massage or bodywork services for any other type of goods or service other than money.
- (4) "Board" means the State Board of Massage Therapists or its authorized representatives as provided by ORS 687.115.
- (5) "Bodywork" means the use on the human body, for the purpose of, but not limited to, maintaining good health and establishing and maintaining good physical condition of:
 - (a) Pressure, friction, stroking, tapping, kneading, vibration or stretching by manual or mechanical means or gymnastics;
 - (b) Appliances, tools or devices;
 - (c) Topical preparations; or
 - (d) Hot and cold applications.
- (6) "Boundary" means the limits in a professional relationship which create safety based on the needs of the client.
- (7) "Boundary violation" means an alteration or shift in the limits of a professional relationship so that what is allowed in the relationship becomes ambiguous and/or may not be based on the needs of the client.
- (8) "Caring" means acting in a manner in which things, events, people or relationships matter.
- (9) "Certified Class or program" means a class or program that is approved by the Board and is offered:
 - (a) By a person or institution licensed as a career school under ORS 345.010 to 345.450; or
 - (b) By a community college or university approved by the Higher Education Coordinating Commission;
 - (c) By an accredited College or University; or
 - (d) In another state and licensed or approved by the appropriate agency in that state.
- (10) "Client" means any individual, group of individuals, or organization to whom an LMT provides massage
- (11) "Client vulnerability" means factors which diminish a client's ability to be self-determining.
- (12) "Compensation" means something given or received as payment including but not limited to bartering, tips, monies, donations, or services.
- (13) "Conflict of interest" means any action or decision or recommendation by an LMT at the detriment of a client.
- (14) "Contact hours" means actual hours in class under the instruction of and in the physical presence of an instructor; or an interactive distance learning course.
- (1514) "Contract" means an agreement for purchase, lease, rental or other acquisition or sale or other disposal by the Board of Goods or Services.
- (1615) "Contract Price" means, as the context requires;
 - (a) The maximum payments that the Board will make under a Contract if the Contractor fully performs under the Contract;
 - (b) The maximum not-to-exceed amount of payments specified in the Contract; or
 - (c) The unit prices for Goods and Services set forth in the Contract.
- (1716) "Contractor" means the Person with whom the Board enters into a Contract.

- (1817) "Critical Reflection" means a process whereby knowledge and action are connected to each other through the application of careful, conscious, deliberate reflection on:
 - (a) Personal practice (perceptions, assumptions, motivations, values, behaviors).
 - (b) Assessment and understanding of a situation.
 - (c) Likely or actual consequences or impact of one's actions.
- (1918) "Dual Relationship" means any relationship of a personal or business nature with a client that is in addition to or concurrent with a professional relationship in which the LMT is providing or has provided massage or bodywork services to that same client.
- (2019) "Ethics" means a system of valued societal beliefs and behaviors that may be used to guide and evaluate conduct to ensure the protection of an individual's person and rights.
- (2120) "Emergency" means circumstances that:
 - (a) Could not have been reasonably foreseen;
 - (b) Require prompt execution of a Contract to remedy the condition; and
 - (c) The circumstances create a substantial risk of loss or revenue, damage or interruption of services or substantial threat to property, public health, welfare or safety when the circumstances could not have been reasonably foreseen;
- (2221) Equivalent Credit Hours: are those credit hours as determined by the respective educational institution or its certified classes or programs
- (2322) Good moral character means
 - (a) An applicant has not ever before the date of application, been convicted of a felony or an offense involving moral

turpitude or prostitution, solicitation, required to be a registered sex offender and other similar offense which has a

reasonable relationship to the practice of massage;

(b) Has not ever before the date of application, been convicted of an act involving dishonest, fraud misrepresentation,

gross negligence or incompetence or is not currently incarcerated or on community supervision after a period of

incarceration in a local, state or federal penal institution for such an act;

- (c) Has not ever before the date of application, had a professional license revoked or suspended by this state, a political subdivision of this state, or a regulatory board in another jurisdiction in the United States, or voluntarily surrendered a professional license in lieu of disciplinary action;
- (d) Has not ever before the date of the application, had a massage therapy license revoked or suspended by any state or national massage certifying agency.
- (2423) "Goods and Services" or "Goods or Services" means supplies, equipment, materials and services including Personal Services and any personal property, including any tangible, intangible and intellectual property and rights and licenses in relation thereto, that the Board is authorized by law to procure.
- (2524) "Indorsement" means the process of evaluating and recognizing the credentials of a person licensed in Oregon in another health care specialty that includes in its scope of practice, acts defined as massage: or
- (2625) "Informed consent" means a process wherein clients have knowledge of what will occur, that participation is voluntary, and that the client is competent to give consent.
- (2726) "Licensee" means any person holding a license, permit, or certificate issued by this Board; an LMT
- (2827) "LMT" means a Licensed Massage Therapist.

(2928) "Massage" or "massage therapy" is defined in ORS 687.011.

(30) "Non-Contact hours" means education hours independently acquired outside the presence of an instructor.

(3129) "Offer" means a response to a request for price quote or response to a Solicitation Document.

(3230) "Offeror" means a Person who submits an Offer.

(3331) Professional fitness means

(a) An applicant has not ever before the date of application, been convicted of a felony or an offense involving moral

turpitude or prostitution, solicitation, required to be a registered sex offender and other similar offense which has a

reasonable relationship to the practice of massage;

(b) Has not ever before the date of application, been convicted of an act involving dishonest, fraud misrepresentation,

gross negligence or incompetence or is not currently incarcerated or on community supervision after a period of

incarceration in a local, state or federal penal institution for such an act;

(c) Has not ever before the date of application, had a professional license revoked or suspended by this state, a

political subdivision of this state, or a regulatory board in another jurisdiction in the United States, or voluntarily

surrendered a professional license in lieu of disciplinary action;

(d) Has not ever before the date of the application, had a massage therapy license revoked or suspended by any state

or national massage certifying agency.

- (3432) "Personal power" means recognizing and taking personal responsibility for the inherent power differential between the LMT and the client and recognizing and taking personal responsibility for the impact of professional decisions, actions and behavior on the client.
- (3533) "Power differential" means the basic inequality inherent in the professional relationship between an LMT and a client in terms of who has the advantage in the relationship. The LMT is presumed to have the advantage by virtue of the authority which emerges from the role of professional and the vulnerability which is automatically part of the role of client.
- (3634) "Practical Work Experience" means experience gained while employed or self-employed providing legal massage/bodywork to the public within the last five (5) years, in another state or jurisdiction.
- (3735) "Practice of massage" is defined in ORS 687.011.
- (3836) "Professional authority" means the power inherent in the professional role and which is derived from a combination of an LMT's specialized or expert knowledge, societal expectations, stated and unstated client expectations, and an LMT's personal power.
- (3937) "Professional relationship" means the relationship established when a LMT contracts with a client, verbally or in writing, to provide any service associated with the practice of massage or bodywork.
- (4038) "Professional role" means assuming the demands and responsibilities of professional authority by taking charge of the conditions which create and maintain client safety and trust in the professionalclient relationship.
- (4139) "Scope" means the range and attributes of the Goods or Services described in the applicable Solicitation Document, or if no Solicitation Document, in the Contract.

- (4240) "Solicitation Document" means an Invitation to Bid, Request for Proposal or other document issued to invite Offers from prospective Contractors.
- (4341) "Specification" means any description of the physical or functional characteristics or of the nature of Goods or Services, including any requirement for inspecting, testing or preparing Goods or Services for delivery and the quantities of materials to be furnished under a Contract. Specifications generally will state the result to be obtained.
- (44**42**) "Split Fee" means giving or receiving a commission or payment, either monetary or otherwise, for the referral of patients.
- (4543) "Successful Completion" means the written receipt of credit from classes taken at a community college or university or the written receipt of a certificate from a program or private career school.
- (44) "Supervised hours" means actual hours in class under the instruction of and in the physical presence of an instructor; or an interactive distance learning course.
- (45) "Unsupervised hours" means education hours independently acquired outside the presence of an instructor.
- (46) "Written" or "Writing" means conventional paper documents, whether handwritten, typewritten or printed, in contrast to spoken words. It also includes electronic transmissions or facsimile documents when required by applicable law or permitted by a Solicitation Document or Contract.

Stat. Auth.: ORS 687.011 & 687.121

Stats. Implemented: ORS 687.011

Hist.: BMT 2-1998, f. & cert. ef. 7-22-98; BMT 1-2003, f. & cert. ef. 1-24-03; BMT 1-2009, f. 2-13-09, cert. ef. 3-1-09; BMT 3-2009, f. & cert. ef. 7-2-09; BMT 2-2011, f. 6-29-11, cert. ef. 7-1-11; BMT 4-2011, f. 12-1-11, cert. ef. 1-1-12; BMT 2-2012, f. 12-4-12, cert. ef. 1-1-13; BMT 1-2015, f. 3-12-15, cert. ef. 7-1-15

(strike through represents deletions, **bold** represent new additions):

334-010-0009

Credentialing Review

- (1) The Board may grant a license to applicants who are or have legally practiced massage and/or bodywork for a minimum of the previous 3 years after successful completion of the jurisprudence examinations, the written examination and upon a credentialing review.
 - (a) Credentialing review must be submitted on the approved Board of Massage forms (Credentialing Review), submitted with official transcripts and/or certificates as proof of completion.
 - (A) Of the 200 Anatomy & Physiology, Pathology and Kinesiology hours required, 120 hours minimum must be from certified class instruction. Of the 200 hours required, up to 80 contact supervised hours of prior continuing education in subject areas may apply.
 - (i) Official Transcripts or Certificates of Completion must be documented on the approved Board of Massage form: Credentialing Review.
 - (B) Of the 300 Massage Theory and Practical Application, Clinical Practice, Business Development, Communication and Ethics, and Sanitation hours required, 140 hours minimum must be from certified class instruction. Of the 300 hours required up to 120 contact supervised hours of prior continuing education in subject areas may apply. Of the 300 hours required, up to 40 hours of practical work experience may apply.
 - (C) The additional 125 hours can be in Anatomy & Physiology, Pathology, Kinesiology, Massage or Bodywork Theory and Practical Application, Clinical Practice, Business Development, Communication, Ethics, Sanitation or Hydrotherapy. Of the 125 hours required, up to 75-contact supervised hours of prior continuing education in subject areas may apply.
- (2) Credentialing Review applications must be accompanied by:
 - (a) Current Credentialing Review fee and
 - (b) Any additional documentation required by the Board.

Stat. Auth.: ORS 687 Stats. Implemented: ORS 687.031 Hist.: BMT 4-2011, f. 12-1-11, cert. ef. 1-1-12

(strike through represents deletions, **bold** represent new additions):

334-010-0015

Licensure

- (1) An applicant for licensure or renewal of a license must complete, in its entirety, an original application furnished by the Board.
- (2) An applicant for an initial license and all lapsed and inactive licensees applying for reactivation must submit a completed electronic fingerprint for a criminal background check.

(3) All applications for licensure must be accompanied by proof of current cardiopulmonary resuscitation (CPR) certification from the American Heart Association's Basic Life Support (BLS) Healthcare Providers Course or its equivalent. The CPR certification card must include an expiration date.

- (4) An applicant must provide written explanation and copies of all related documentation as requested by the board if:
 - (a) Applicant has ever been investigated, disciplined or denied licensure by this agency or any other governmental agency in any state or jurisdiction of the United States or foreign country;
 - (b) Applicant has surrendered a massage license or other professional license in any state or jurisdiction of the United States or foreign country;
 - (c) Applicant has been arrested, charged or convicted of any type of violation of the law, including both misdemeanors or felonies, in the state of Oregon or other jurisdictions of the United States or foreign country;
 - (d) Applicant has abused or been treated for the abuse of alcohol, controlled or mind altering substances; or
 - (e) Applicant has suffered from and/or received treatment for a mental, physical or emotional condition, which could impede applicant's ability to safely practice massage.
- (5) Applicants for initial licensure must have passed a written examination approved by the board unless the applicant is applying through Health Indorsement in which the applicant must have passed a practical examination.
- (6) Licenses issued expire on the last day of the licensees' birth month of even numbered years for licensees with even numbered birth years and odd numbered years for licensees with odd numbered birth years. Thereafter, licenses may be renewed every other year upon completion of the application requirements. The application must be returned to the Board postmarked no later than the 1st day of the month of expiration. A delinquent fee must be paid if the completed application and all requirements are not received by the due date.
- (7) Applicants for the renewal of an active license must sign a statement verifying completion of a minimum of 25 hours of continuing education. The Board may require proof of the continuing education hours.
- (8) Applications for renewal of an active license must be accompanied by:
 - (a) Current licensing fee;
 - (b) Any applicable late fees;
 - (c) Proof of current cardiopulmonary resuscitation (CPR) certification from the American Heart Association's Basic Life Support (BLS) Healthcare Providers Course or its equivalent. The CPR certification card must include an expiration date;
 - (d) Proof of 25 hours of continuing education as required in OAR 334-010-0050(1)(b);
 - (e) All licensees must take and submit proof of completing the 1 hour online Pain management module, provided by the Oregon Pain Management Commission (OPMC), at least once, by a licensee's next required continuing education reporting; and

(f) Any additional documentation required by the Board.

- (9) All applicants for initial, renewal, or reinstated license must sign a statement verifying that they have read, understand, and must comply with all current Oregon Revised Statutes (ORS 687), Oregon Administrative Rules (OAR 334), and policy statements of the Board.
- (10) Licenses issued by the Board must not be transferable.
- (11) A person licensed by the Board may move to an inactive status by completing the form provided by the Board. Upon payment of the appropriate fee, the applicant will be issued an inactive license. During the period of inactive status, the licensee may not practice massage for compensation in the State of Oregon.
- (12) An application to reactivate an inactive license must be accompanied by:
 - (a) Current licensing fee;
 - (b) Verification of current cardiopulmonary resuscitation (CPR) certification from the American Heart Association's Basic Life Support (BLS) Healthcare Providers Course or its equivalent. The CPR certification card must include an expiration date.
 - (c) Verification of 25 hours of continuing education for each biennium the license was inactive. Of the 25 hours, at least 15 must be contact supervised hours of continuing education training or Board approved activities. At least 4 contact supervised hours must be in Professional Ethics, Boundaries and/or Communication. The remaining 10 of 25 hours may be contact supervised or noncontact unsupervised hours. At least 1 hour must be in Cultural Competency as per ORS 413.450; Cultural Competency continuing education approved by the Oregon Health Authority, will be accepted for meeting the cultural competency requirement.
 - (d) Verification of 50 hours of continuing education for the reactivation of inactive license more than 1 biennium must be submitted to the Board. Of the 50 hours, at least 30 must be contact supervised hours of continuing education training or Board approved activities. At least 8 contact supervised hours must be in Professional Ethics, Boundaries and/or Communication. The remaining 20 of 50 hours may be contact supervised or noncontact unsupervised hours. At least 1 hour must be in Cultural Competency as per ORS 413.450; Cultural Competency continuing education approved by the Oregon Health Authority, will be accepted for meeting the cultural competency requirement; and
 - (e) Completed electronic fingerprints for criminal background check.

Stat. Auth.: ORS 687.121 & 687.051

Stats. Implemented: ORS 687.011, 687.051, 687.057, 687.061, 687.081, 687.086 & 687.121

Hist.: HB 88, f. 3-16-56; Renumbered from 333-035-0006; MTB 1-1979, f. & ef. 5-22-79; MTB 1-1990, f. & cert. ef. 4-20-90; MTB 1-1992, f. & cert. ef. 7-28-92; BMT 2-1998, f. & cert. ef. 7-22-98; BMT 1-2003, f. & cert. ef. 1-24-03; BMT 1-2004, f. & cert. ef. 2-23-04; BMT 1-2006, f. & cert. ef. 1-5-06; BMT 2-2006(Temp), f. & cert. ef. 2-16-06 thru 8-7-06; Administrative correction 8-22-06; BMT 1-2009, f. 2-13-09, cert. ef. 3-1-09; BMT 4-2011, f. 12-1-11, cert. ef. 1-12

(strike through represents deletions, **bold** represent new additions):

334-010-0017

Lapsed License

- (1) The massage therapist license is considered lapsed if an individual fails to complete the renewal process prior to the expiration of license.
- (2) During the lapsed status, no such person shall practice massage in the State of Oregon.
- (3) An applicant whose license is lapsed less than 24 months may return to active status by including the following with the completed application.
 - (a) Payment of the current fee for activation of the license;
 - (b) Late fee payment;
 - (c) Proof of 25 hours of continuing education
 - (d) Verification of 4 contact supervised hours in Professional Ethics, Boundaries and/or Communication.
 - (e) Proof of current cardiopulmonary resuscitation (CPR) certification from the American Heart Association's Basic Life Support (BLS) Healthcare Providers Course or its equivalent. The CPR certification card must include an expiration date; and
 - (f) Complete and submit a completed electronic fingerprint for criminal background check.
- (4) An applicant whose license is lapsed for more than 24 months and less than 36 months may return to active status by including the following with the completed application.
 - (a) Payment of the current fee for activation of the license;
 - (b) Payment of the licensing fee for the previous period of the lapsed license;
 - (c) Late fee payment;
 - (d) Proof of 50 hours of continuing education;
 - (e) Verification of 8 contact supervised hours in Professional Ethics, Boundaries and/or

Communication.

- (f) Proof of current cardiopulmonary resuscitation (CPR) certification from the American Heart Association's Basic Life Support (BLS) Healthcare Providers Course or its equivalent. The CPR certification card must include an expiration date; and
- (g) Complete and submit a completed electronic fingerprint for criminal background check.
- (5) An applicant whose license is lapsed for 36 months or more, must meet all of the current initial license requirements listed in OAR 334-010-0005 (4) (a-d) to reactivate to active status; and include the following with the completed application.
 - (a) Payment of the current fee for activation of the license;
 - (b) Payment of the licensing fee applicable for the periods of the lapsed license;
 - (c) Late fee payment;
 - (d) Proof of 50 hours of continuing education;
- (e) Verification of 8 contact **supervised** hours in Professional Ethics, Boundaries and/or Communication.
 - (f) Proof of current cardiopulmonary resuscitation (CPR) certification from the American Heart Association's Basic Life Support (BLS) Healthcare Providers Course or its equivalent. The CPR certification card must include an expiration date; and
 - (g) Complete and submit a completed electronic fingerprint for criminal background check.
- (6) An applicant whose license is lapsed for 12 months or less may renew as an inactive status; a license that is lapsed for 12 months or more is prohibited from renewing as an inactive status

(7) Continuing Education is not required if this is your first subsequent renewal after receipt of your initial license.

Stat. Auth.: ORS 183, 687.121 & 182.456 - 182.472

Stats. Implemented: ORS 687.011, 687.051, 687.057, 687.061, 687.081, 687.086 & 687.121 Hist.: BMT 2-1998, f. & cert. ef. 7-22-98; BMT 2-2002, f. & cert. ef. 5-8-02; BMT 1-2003, f. & cert. ef. 1-24-03; BMT 1-2004, f. & cert. ef. 2-23-04; BMT 1-2006, f. & cert. ef. 1-5-06; BMT 1-2009, f. 2-13-09, cert. ef. 3-1-09; BMT 3-2009, f. & cert. ef. 7-2-09; BMT 4-2011, f. 12-1-11, cert. ef. 1-1-12

(strike through represents deletions, **bold** represent new additions):

334-010-0028

Breast Massage

(1) Prior to performing breast massage to treat certain medical conditions, a LMT must:

- (a) be able to present evidence of the completion of specialized contact supervised hours as training beyond the minimum competencies, which includes but is not limited to, indications, contraindications, therapeutic treatment techniques, expected outcomes, client safety, client consent, client communication, draping techniques, sanitation, and ethical responsibilities related to breast massage;
- (b) be able to articulate a therapeutic rationale which is acknowledged by the client; rationale may include a medical prescription and/or permission to consult with the clients health care provider(s).
- (c) acquire prior written and verbal consent before proceeding; the written consent must include clients' option to accept or decline to provide a witness, in addition to the client and LMT.

(2) While performing these procedures a LMT must use appropriate draping techniques at all times. Any temporary exposure of the breast area for the purposes of treatment is acceptable only in respect to appropriate procedures for that treatment. Immediately following treatment of the area, the breast area must be covered again.

(3) Additional prior written consent and the actual presence of a parent or legal guardian is required when treating individuals under 18 years of age.

Stat. Auth.: ORS 687 Stats. Implemented: ORS 687.121

(strike through represents deletions, **bold** represent new additions):

334-010-0029

Internal Cavity Massage

- (1) All Internal Cavities massage must be performed utilizing universal precautions for communicable disease control.
- (2) Internal Cavities consist of nasal cavities, oral cavities, auricular cavities, anal cavities, and vaginal cavities.
- (3) Internal cavity massage that must be performed using gloves:
 - (a) Anal cavities and
 - (b) Vaginal cavities.
- (4) Internal cavity massage that must be performed using gloves or finger cots:
 - (a) Nasal cavities and
 - (b) Oral cavities.
- (5) Prior to performing these special procedures, an LMT must:
 - (a) be able to present evidence of the completion of specialized contact supervised hours as training beyond the minimum competencies, which includes but is not limited to, indications, contraindications, therapeutic treatment techniques, expected outcomes, client safety, client consent, client communication, draping techniques, sanitation, and ethical responsibilities related to internal cavity massage;
 - (b) be able to articulate a therapeutic rationale which is acknowledged by the client; rationale may include a medical prescription and/or permission to consult with the clients health care provider(s);

(6) Prior to performing internal cavity massage a LMT must obtain written and verbal consent before proceeding, written consent must include clients' option to accept or decline to provide a witness in addition to the client and LMT.

(7) While performing these procedures a LMT must use appropriate draping techniques at all times. Any temporary exposure of the genital area for the purposes of treatment is acceptable only in respect to appropriate procedures for that treatment. Immediately following treatment of the area, the genital area must be covered again.

(8) Under no circumstances will intravaginal or intra-anal techniques be performed on individuals under 18 years of age.

Stat. Auth.: ORS 687 Stats. Implemented: ORS 687.121

(strike through represents deletions, **bold** represent new additions):

334-020-0005

Facilities and Sanitation

(1) Permanent and Mobile structures:

- (a) All permanent structures and mobile facilities where a LMT routinely conducts the practice of massage and bodywork is routinely conducted must:
 - (A) Be established and maintained in accordance with all local, state and federal laws, rules & regulations;
 - (B) Obtain a facility permit to operate;
 - (i) Notify the Board office in writing,

(a) Of any change of the permitted Facility's name, business location, operation status, ownership, email or mailing address within 30 days of change.

(b) A Facility Permit Transfer Application must be submitted and approved by the Board prior to the Facility providing of massage therapy services under new ownership, under a new business or assumed business name.

(ii) A permitted Facility must display its permit in a location clearly visible to anyone entering the facility;

(iii) A permitted Facility must display original licenses of its LMT employee(s) in a location inside the premises, clearly visible to the general public.

- (iv) A permitted Facility is required to include its permit number in all massage therapy advertisements, including but not limited to: written, electronic, televised and audio advertisements, service menus, business cards, flyers, websites, and other means of promotion of the permitted Facility.
- (C) Facilities exempted from the permit process:
 - (i) Clinic or facility owned or operated by a person authorized to practice a profession by a health professional regulatory board, as defined in ORS 676.160;
 - (ii) A career school licensed under ORS 345.010 to 345.450; and
 - (iii) Clinics of a board approved massage therapy program.
- (D) Provide a finished lavatory that
 - (i) Is well maintained,
 - (ii) Provides a system for sanitary disposal of waste products,
 - (iii) Is capable of being fully closed and locked from the inside,
 - (iv) Supplies hot and cold running water,
 - (v) Is supplied with liquid soap and single use towels,
 - (vi) Is supplied with toilet paper at each toilet;
- (E) Dispose of refuse sewage in a manner described by local and state law; and
- (F) Follow applicable laws pertaining to public spas, pools, baths and showers.
- (b) All treatment spaces must:
 - (A) Provide for client privacy, both in-house and on-site;
 - (B) Be designated as used only for massage at the time of services;
 - (C) Provide for sufficient heating, cooling and ventilation for client comfort; and
 - (D) Provide illumination during cleaning.
- (c) The facility and treatment space must be:
 - (A) Cleaned regularly and kept free of clutter, garbage or rubbish;

(B) Maintained in a sanitary manner; and

(C) Maintained free from flies, insects, rodents and all other types of pests.

(2) Outcall/On-site

Any temporary location where the LMT conducts massage and bodywork, the LMT must provide and utilize:

- (a) Safe, sanitized and well-maintained equipment, tools and preparations;
- (b) Sanitary linen practices; and
- (c) Client privacy practices.

Stat. Auth.: ORS 687.121

Stats. Implemented: ORS 687.011, 687.051, 687.057, 687.061, 687.081, 687.086 & 687.121

Hist.: HB 88, f. 3-16-56; Renumbered from 333-035-0012; MTB 2-1985, f. & ef. 1-23-85; MTB 1-1986, f. & ef. 1-29-86; Renumbered from 334-010-0030; MTB 1-1992, f. & cert. ef. 7-28-92; BMT 2-1998, f. & cert. ef. 7-22-98; BMT 1-2009, f. 2-13-09, cert. ef. 3-1-09; BMT 2-2013, f. 11-26-13, cert. ef. 1-1-14; BMT 1-2015, f. 3-12-15, cert. ef. 7-1-15

(strike through represents deletions, **bold** represent new additions):

334-040-0010

Discipline

The Board may deny, conditionally grant, restrict, suspend or revoke a license or permit, impose probation, reprimand, and censure, impose remedial education or corrective actions, and/or impose a civil penalty for any of the following reasons:

- (1) Practicing massage or representing one's self as a massage therapist without a current active license issued by the Board;
- (2) Knowingly or recklessly making any false statement to the Board;
- (3) Has been the subject of disciplinary action as a licensed healthcare professional by this or any other state or territory of the United States or by a foreign country and the Board determines that the cause of the disciplinary action would be a violation under ORS 687.011 to 687.250, 687.895 and 687.991 or OAR Chapter 334;
- (4) Suspension or revocation of a license to practice massage in another jurisdiction based upon acts by the licensee similar to acts described in this section;
- (5) Knowingly or recklessly falsifying an application or continuing education statement or documentation;
- (6) Conviction of a crime in any state or jurisdiction;
- (7) The use of false, deceptive, or misleading advertising, which includes but is not limited to, advertising massage using the term "massage" or any other term that implies a massage technique or method in any private or public communication or publication by a person licensed or not licensed by the Board as a massage therapist;
- (8) Allowing the use of a license by an unlicensed person;
- (9) Presenting as one's own license, the license of another;
- (10) Practicing massage under a false or assumed name;
- (11) Impersonating another massage therapist;
- (12) Assisting, employing, or permitting an unlicensed person to practice massage;
- (13) Practicing or purporting to practice massage when the license has been revoked or suspended, lapsed or inactive;
- (14) Practicing or offering to practice massage beyond the scope permitted by law;
- (15) The use of intoxicants, drugs, controlled substances, or mind altering substances to such an extent as to impair or potentially impair the licensee's abilities to perform professional duties in a safe manner;
- (16) Practicing massage with a physical or mental impairment that renders the therapist unable or potentially unable to safely conduct the practice of massage;
- (17) Failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition as required by rules of the Board;
- (18) Refusing to permit the Board or its representatives to inspect the business premises of the licensee during regular business hours;
- (19) Failing to cooperate with the Board in any licensing action or disciplinary proceeding, including but not limited to:
 - (a) Failure to furnish any requested papers or documents,
 - (b) Failure to provide in writing a full and complete explanation covering the matter contained in the complaint filed with the Board,
 - (c) Failure to respond to subpoenas issued by the Board whether or not the recipient is accused in the proceeding;

- (d) Failure to participate in an interview during a Board investigation, either at the time of the investigation or failing to schedule an interview within a reasonable period of time when requested as part of a Board investigation,
- (e) Failing to respond or directly answer questions asked during an interview or investigation, or failure to verbally provide information reasonably known at the time of the interview or investigation.

(20) Failing to comply with an order issued by the Board;

(21) Failure to obtain the required permits for facilities or in violation of OAR 334-010-0010 OAR 334-020-0005 (1)(a)(B).

(22) Failure to report to the Board information that a licensee has engaged in prohibited or unprofessional conduct as required in ORS 676.150.

(23) Misrepresentation or fraud in any aspect of the profession, including but not limited to charging for unnecessary services, charging for services not provided, failing to provide services that are paid in full, or failure to comply with Oregon insurance billing laws and rules.

(24) Splitting fees or giving or receiving a commission in the referral of patients for services.

(25) Unprofessional or dishonorable conduct which includes but is not limited to:

- (a) Any conduct involving inappropriate physical contact or sexual misconduct which includes:
 - (A) Sexual abuse which is conduct which constitutes a violation of any provision of ORS 163.305 through 163.465;
 - (B) Sexual violation which is sex between the LMT and the client, whether initiated by the client or not, engaging in any conduct with a client that is sexual, or may be reasonably interpreted as sexual, including, but not limited to:
 - (i) Sexual intercourse;
 - (ii) Genital to genital contact;
 - (iii) Oral to genital contact; oral to anal contact;
 - (iv) Oral to oral contact except cardiopulmonary resuscitation;
 - (v)touching breasts or genitals or any sexualized body part for any purpose other than appropriate examination or treatment or where the client has refused or withdrawn consent; or
 - (**vvi**) Encouraging the client to masturbate in the presence of the LMT or masturbation by the LMT while the client is present.
 - (C) Sexual impropriety which is any behavior, gestures, or expressions that are seductive or sexually demeaning to a client; inappropriate procedures, including, but not limited to,
 - (i) Disrobing or draping practices that reflect a lack of respect for the client's privacy, deliberately watching a client dress or undress instead of providing privacy for disrobing;
 - (ii) Subjecting a client to an examination in the presence of students, assistants, or other parties without the explicit consent of the client or when consent has been withdrawn;
 - (iii) An examination or touching of genitals;
 - (iv) Inappropriate comments about or to the client, including but not limited to, making sexual comments about a client's body or clothing, making sexualized or sexually-demeaning comments to a client, comments on the client's or LMT's sexual orientation and making a request to date;
 - (v) Initiation by the LMT of conversation regarding the sexual problems, preferences or fantasies of the LMT; or
 - (vi) Kissing.

(b) Violating the client's rights of privacy, and confidentiality.

(c) photographing or filming the body or any body part or pose of a client without consent.

(d) Failing to disclose or releasing information about a client if required by law or on written consent of client

(e) Intentionally harassing, abusing, or intimidating a client either physically or verbally.

(f) Any conduct or practice which could endanger the health or safety of a client or the public.

- (g) Any conduct or practice that falls below the standard of minimal competence within the profession that results in unacceptable risk of harm to the client; regardless of whether injury occurs.
- (h) Any conduct or practice which impairs the massage therapist's ability to safely and skillfully practice massage.
- (i) Employing illegal or unethical business practices including but not limited to;

(A) Fraud, deceit or misrepresentation in obtaining or attempting to obtain any fee or third party reimbursement for services.

(B) Taking advantage of a relationship with a client for the licensee's personal advantage, including obtaining a benefit that is a personal, sexual, romantic or financial. This includes the promotion or sale of services, goods, or appliances in such a manner as to exploit the client for the financial gain or self-gratification of the massage therapist.

(C) A Licensee shall bill clients or third parties for only those services actually rendered or as agreed to by mutual understanding at the beginning of services or as later modified by mutual agreement. A Licensee must either honor a gift certificate or pre-paid package or provide a full refund of unused services. A Licensee must comply with ORS 646A.276.

Stat. Auth.: ORS 687.081 & 687.121

Stats. Implemented: ORS 687.011, 687.051, 687.057, 687.061, 687.081, 687.086 & 687.121

Hist.: MTB 1-1990, f. & cert. ef. 4-20-90; MTB 1-1992, f. & cert. ef. 7-28-92; Sections (6) - (20)(h) Renumbered from 334-030-0020; BMT 2-1998, f. & cert. ef. 7-22-98; Renumbered from 334-030-0025 by BMT 1-2009, f. 2-13-09, cert. ef. 3-1-09; BMT 4-2011, f. 12-1-11, cert. ef. 1-1-12; BMT 2-2012, f. 12-4-12, cert. ef. 1-1-13; BMT 1-2013, f. 5-31-13, cert. ef. 7-1-13; BMT 2-2013, f. 11-26-13, cert. ef. 1-1-14; BMT 1-2015, f. 3-12-15, cert. ef. 7-1-15

<u>Appendix 3,</u>

<u>Correspondence</u>

Hello. I believe I have already messaged you months ago on this matter, but I wanted to touch base with you again.

I am very very concerned about this new discussion that the board might do away with CEU roll over hours. First of all, I personally did not know (and do not know any other therapists who were aware) of the existence of roll over hours until just a few months ago. I have been licensed since 2003 and not once have I ever seen any information or advertising of said hours. I would have used them a while ago if I had known about them.

It is very frustrating to have just learned about such a feature, (one that will help a whole lot of us out in the continuing education arena that has been a struggle through this pandemic), to then learn that I won't be able to use the 11 hands on roll over hours that I desperately need, because the board has decided to ditch them.

Why on earth would you do away with something so helpful and beneficial to every therapist in the state? Who thought that that was a good idea and what would cause them to dream up that plan in the first place? What could possibly be the benefit to us therapists (cause we're who is truly affected by this possible change)?

I would like to know what the benefit is because I see none. Why do we, the therapists in the field, not get to vote on this? It seems wildly unfair and unethical that the folks who are directly affected by such a change would not be consulted or included in this matter.

To add insult to injury, I read that if you, the board, vote this horrible idea in, that the roll over hours would be done with by July. I don't renew till Nov. That sucks and does not make me feel supported or that I have a board who is in touch with the people whom they serve.

I would appreciate a quick response on this matter. It is stressful and I need to find a way to get my hands on hours outside of Portland (where I have always gone for classes but in the current climate I feel very unsafe going to) which is not easy.

I was informed of the Jan 31st board meeting and I would like to know what I can do to help stand up for myself and my fellow therapists so we don't get totally screwed over. Thanks

Amanda Bolts Lic#10138

Sent from my Verizon, Samsung Galaxy smartphone Get <u>Outlook for Android</u> Here are the notes I wrote down that I intended to share for this meeting today.

For CE roll over hours:

Send out each therapist's tally of hours with each renewal notice AND/OR Send out a "statement" of roll over hours one year before renewal so the therapist can plan their CE class schedules accordingly.

Allow LMTs to use roll over hours, regardless of how many they use each renewal because they initially put in the time for said hours of training. I have definitely gotten feedback from LMT friends that have done really lengthy courses that yielded them many roll over hours and the thought of them losing those hours they put in really upsets them.

Reducing contact requirements to 8 hours could be helpful, but definitely discourages LMTs from searching out hands on trainings in actual body work classes. The board already requires us to take specific classes (that add up to 8 hours so I see what you did there), so the incentive to then attend actual body work classes is low if we have already technically met our hands on hour requirement. If you are concerned about LMTs that go a couple years without taking classes due to their being able to use (well earned) roll over hours, then it doesn't make much sense to me, to de-incentivize body work training by telling us exactly how to fill our hour requirements.

For the website:

Consider adding a CE resource page to the website, specifically to help us find interactive online courses that will count for hands on CEs. I'm specifically thinking of out of state sites that I've found, but I'm not sure if they are accepted by our Oregon board. It would be nice to have a way to submit sites for your approval if there is any uncertainty, without having to try and get ahold of someone on the phone to verify it.

It would be nice to have an ongoing, ever growing list of CE resources listed on the website as well. To have LMTs be able to submit and add to this list would maybe encourage more participation as well.

I hope some of this feedback is helpful.

Amanda Bolts

From:	<u>Amanda Bolts</u>
То:	UDOSENATA Ekaette * OBMT
Subject:	CE carry over
Date:	Monday, November 15, 2021 6:41:08 PM

Why on earth would you get rid of the CE carry over?! And if course it would end in July of next year when I renew in Nov next year and have 11 hours of carry over to use. I don't understand what the point of getting rid of this is. It is very helpful, especially considering that it has been more difficult to earn in person hours these past 18 months or so. I am very very against you doing away with this. Please do not vote that feature away. I am in a few community LMT groups online and this is a wildly unpopular move by the board according to the discussions I am seeing. You're going to have a whole state full of really angry therapists if you do this.

Amanda Bolts

Sent from my Verizon, Samsung Galaxy smartphone Get <u>Outlook for Android</u>

From:	Jon Dare
To:	UDOSENATA Ekaette * OBMT
Cc:	obmtmeetingnotice@omls.oregon.gov
Subject:	Re: [Obmtmeetingnotice] Oregon Board of Massage Therapists - January 31, 2022, Board Meeting Notice
Date:	Friday, January 14, 2022 10:40:25 AM
Attachments:	image003.png

Hi Ekaette,

I have been very sick slit lately and avoiding covid as much as possible. I'm just catching up on some reading here and this concerns me and was hoping you can address it on my behalf: (copied from meeting notes)

"Ruark stated that LMTs are considered health professionals in the State of Oregon. Ruark noted that the Board's issue with the vaccinations was that it had to be twofold to be required to get vaccinated. First, they had to be health professional regulatory board members or health professionals, which LMT are per statute. Secondly, they also had to practice in a health care setting. The way they defined the health care setting was not conducive to the profession as it was challenging trying to fit LMTs into the definition. So, the Board had to do a lot of research. Ruark noted that defining things comes more along the lines of what the Board considers LMTs scope of practice? What is the health care setting? Ruark stated that basically, that is the question the Board might have to come up with if the Board considers everything an LMT does is in a healthcare setting. That includes the LMT performing foot massage in the mall, performing massage at the State fair, things like that."

We are not even accepted as part of CAM by most insurance companies. We literally ate laughed at by other healthcare industry workers. The State of WA therapists are treated with much more respect in the industry. Mr. Ruark hasn't got a clue what goes on in the real world of a massage therapist. This makes my blood boil that he skirted the real question. Even the pain management commission doesn't recognize us nor do they have a board position for a massage therapist. They told me we are considered public members. When are we going to actually receive the legal recognitions we deserve?

Also, I read about the racial inequity and am concerned that there is nothing for people with disabilities like myself. There are many inequities that we fall under but have no protections or support. Increased fees, etc can really make or break those of us with lower earning potential, along with the CE carry over going away. I know it doesn't affect me this year but it would in the future. It's much harder for me to afford the classes, let alone take them in person.

Thanks for reading/listening and I hope this makes its way to the meeting on my behalf.

Jon Dare 17071

Sent from my iPhone

On Jan 14, 2022, at 05:25, UDOSENATA Ekaette * OBMT <Ekaette.UDOSENATA@obmt.oregon.gov> wrote:



Hello,

Please visit the Board's Website <u>https://www.oregon.gov/obmt/Pages/board-meetings.aspx</u> or follow the links below to view the **Board Meeting** <u>Notice</u>, <u>Agenda</u> and the <u>November 15, 2021</u>, <u>Draft Meeting Minutes</u>:

Board Meeting:

The Oregon Board of Massage Therapists is scheduled to meet on January 31, 2022, at 9:00 a.m. for a Board meeting. The most current meeting information is also available at <u>https://www.oregon.gov/obmt/Pages/board-meetings.aspx</u>

Location: Virtual Meetings via GoToMeeting (see meeting access information below)

Date: January 31, 2022

Time: 9:00 a.m.

January 31, 2022, Board Meeting Notice

January 31, 2022, Board Meeting Agenda

November 15, 2021, Draft Board Meeting Minutes

Call-in Information for the January 31, 2022, Board Meeting

Please join the Board meeting from your computer, tablet, or smartphone. https://global.gotomeeting.com/join/597201469 You can also dial in using your phone.

United States: +1 (571) 317-3112 Access Code: 597-201-469

BOARDerline Fall Edition 2021

Read up on some important changes the Board made in 2021 in this edition of the BOARDerline.

Some highlights in this Fall 2021 edition:

- Rule changes implemented in 2021
- Emailing Licenses and Renewal Reminder
- Correspondence with the Board
- 2021 FSMTB Annual Meeting Update
- Who Do I Contact For.....?
- · Opportunity to serve on the Oregon Board of Massage Therapists

Thank you,

Ekaette Udosenata-Harruna Operations & Policy Analyst; MPSA, OPBC, OPMA Oregon Board of Massage Therapists

NEW ADDRESS

Effective March 1, 2021 610 Hawthorne Ave. SE, STE 220 Salem, OR 97301 Office: 5033658657 EXT:102 Cell: 503-559-6619 Oregon.gov/OBMT ekaette.udosenata@state.or.us "There are only two days in the year that nothing can be done. One is called *yesterday*, and the other is called *tomorrow*, so today is the right day to love, believe, do, and mostly live." Dalai Lama

<u>Please note:</u>

The Board's Office is closed to the general public until further notice due to the Governor's mandates and Executive Orders.

Staff is telecommuting to comply with this requirement. Please allow 2 – 3 business days for staff to review and reply to email correspondence.

Board phone hours are reduced to 8:00 a.m. - 4:00 p.m., Monday through Friday for urgent Board business and to make payments.

I appreciate your patience.



CONFIDENTIALITY NOTICE: The information and any attachments in this email may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that you are not authorized to retain, disclose, disseminate copy or distribute this message or its attachments. If you have received this message in error, please notify the sender immediately by email (<u>obmt.info@state.or.us</u>), and immediately delete this message and all attachments and any copies or backups thereof from your system. Thank you.

From:	Steph Drew
То:	OBMT Info * OBMT
Cc:	Ekaette Udosenata
Subject:	Re: Sept 2022 renewal
Date:	Monday, January 31, 2022 7:04:36 AM

I'm seeing confusing information about a proposed rule change that is expected to take place this July. It suggests that the carryover for continuing education may end at that point. When I emailed last week getting clarity for my renewal this September I was very happy with your reply but I just wanted to double check back that that information is not going to change between now and the time that I renew. If you can consider this email as input for the upcoming board meeting please consider my vote against dropping the carryover ability. I realize they don't accept votes on these decisions but I would like them to realize that making this change will likely lead to people pursuing inferior classes. Those of us that spend a lot of money on bigger classes feel like it's worthwhile because we can carry over and extend that budget expense. Often smaller classes result in more superficial education and I don't think that would benefit our industry.

Thanks and please let me know if my requirement for this September will change with the board meeting. Stephanie Drew

Sent from my iPhone

>

> On Jan 21, 2022, at 1:48 PM, Steph Drew <stephdrewlmt@gmail.com> wrote:

> Thank you so much! > > Sent from my iPhone >>> On Jan 21, 2022, at 12:53 PM, OBMT Info * OBMT <OBMT.INFO@obmt.oregon.gov> wrote: >> >> Hi Stephanie, >> >> You have 25 Contact CEs that you can carry over from your 2020 renewal to your 2022 renewal. In addition to your carry over hours you will have to take and submit 4 Contact CEs in Professional Ethics, Boundaries and Communication. >> >> You will not have to do the pain management module again, because this is a one-time only requirement. >> You will not have to submit cultural competency at this renewal because it is only required at every other renewal. >> >> Regards, >> >> Rowena >> >> Rowena Clinite >> License Coordinator >> Oregon Board of Massage Therapists >> New Address >> Effective March 1, 2021: >> 610 Hawthorne Ave SE >> Suite 220 >> Salem, OR 97301 >> Tel: 503-365-8657 >> Fax: 503-385-4465 >> Oregon.gov/OBMT >> OBMT.info@state.or.us

>>

>> -----Original Message-----

>> From: Steph Drew <stephdrewlmt@gmail.com>

>> Sent: Friday, January 21, 2022 10:07 AM

>> To: OBMT Info * OBMT <OBMT.INFO@obmt.oregon.gov>

>> Subject: Sept 2022 renewal

>>

>> Good morning,

>>

>> My name is Stephanie Drew, LMT-12407. My license is due for renewal this September 2022. I realize that there is currently a reduction in continuing education requirements that will expire in July. I'm trying to make sure I have all of my continuing education requirements met prior to my renewal. In 2020 for my last renewal I had 57 contact hours. I realize that I will need to complete a fresh set of UPMC, BLS, and ethics boundaries or communication as well as a new cultural competency credit for my 2022 Renewal. I believe only the ethics, boundaries or communication will need to be contact hours. I just want to make sure that I can plan on using carryover hours from my last renewal for any other remaining credits that I will need for this term as I still have more than 25 hours to carryover. can you confirm that my understanding is correct? I don't want to wait too long and run out of time if I am wrong.

>>

>> Thank you,

>> Stephanie Drew

>> 541.340.0377

>>

>> Sent from my iPhone

From:	Lisa Finster
То:	UDOSENATA Ekaette * OBMT; OBMT Info * OBMT
Subject:	Changes to CE renewal carryover
Date:	Monday, November 15, 2021 4:44:35 PM

I received this information today. Is this true?!!! WHY WOULD YOU DO THIS!!!!!

(Hi all! Hope you are well! OMBT is moving to remove the CE carry-over allowance - the way it has been is that if you earn more CE than needed for a renewal you can use it for your next renewal. They will be voting to remove that option, instead all CEs must be obtained within the 2 year period of each renewal. The change eliminating carry-over would take effect 7/1/2022.)

Do not make this change. We cannot control when our CE classes will be held and if we are pursuing a larger training program we should be allowed to claim all of that time and effort that goes into our training. Classes are often held within the same year. For example I just completed two classes this year. Those classes add up to 50CE credits. The remaining should be allowed to carry over. By making this change you will be forcing many of us to take and pay for classes that have nothing to do with what we WANT to learn just to meet your timeline.

Why are you making this determination? What is your reasoning. For I have yet to see anything that explains why when I went looking for details. You are already making us take classes that are not needed every time we renew. Why would you take this ONE positive thing from us!

Please DO NOT pass this horrible change.

Lisa Finster, LMT

PS.. I know this is not the most professional letter you will receive. Please understand that this is the first time I have written a letter to you about your decisions. I thought you were nuts for removing the Hands On portion of the test but this. This is even worse in my opinion to even be something on the table.

Happy National Backwards Day Ekaette and the OBMT!

I am not able to attend today's meeting, but I want you to know that I want to continue to roll Continuing Education credits from classes that exceed one licensure time period to the next.

I understand that it may be a strain for OBMT to keep track of roll over CE's, to tell you the truth, until this last renewal, I wasn't aware that you have been. In my 25 years as a Licensed Massage Therapist in the State of Oregon, I keep track of my own.

If we are able to keep on rolling over our excess CE's, You could change it that We the ORLMT's are responsible for that accounting.

I am also guessing that some of the contention with some larger CE'd classes is the type of classes.

I have always disagreed with the OBMT when they

decide which classes LMT's take is relevant to the public's safety, or to the LMT's proficiency, and especially in this case, no one knows what a person learns and the way they learn it, how it transfers to the betterment of the public or to the individual LMT.

Larger CE'd classes have more in-depth knowledge on a subject that will help with the growth of the LMT in their field or personally to be a better LMT to the public.

I would hope the OBMT would encourage more knowledge, not less knowledge.

Please consider keeping the roll over CE policy, but let the LMT be responsible for keeping track of what CE's are used in which renewal term.

Thank you

Leslie Giese ORLMT 5975

Leslie Giese LMT #5975 Owner: The Body Bunch Worker Wellness Chair Massage Team 503.358.7995 748 Division Street Oregon City, OR 97045 -----Original Message-----From: Kimberly Hale <<u>kimmymassage@yahoo.com</u>> Sent: Tuesday, November 16, 2021 12:30 PM To: OBMT Info * OBMT <<u>obmt.info@oregonmassage.org</u>> Subject: CE carryover

Hello,

Please do not make changes that disallow CE carryover.

Well, here's my reason and maybe this can lead in to public safety...

I take college courses on anatomy meant for nursing students. It's a more in depth education than I can get from other sources for the anatomy and physiolgy I want to know. That knowledge makes me a safer massage therapist.

But it's not cost effective for me if I have to take them every two years and lose all the value of them being 40 hour courses.

Kimberly E. Hale, LMT #12859

From:	KATHERIN KNOWLES
То:	UDOSENATA Ekaette * OBMT
Subject:	CE
Date:	Tuesday, November 16, 2021 12:49:40 AM

I have heard that the Board is considering doing away with the CE carryover allowance. I am writing to strongly protest such a decision. Those of us who take continuing education seriously and accumulate many hours of advanced education deserve the right to apply some of those carry over hours as has been the practice of the Board for many years.

To restrict hours to only the intervening two years will encourage short term "meeting the requirements" CE hours over serious commitment to longer in- depth training that truly enhances our skills and knowledge as practitioners, and ultimately benefits both our clients and our profession in this way.

Thank you for reconsidering what I consider to be a very short sighted elimination of what is the heart of our profession, the educational access our license provides to participate in the vast and amazing world of manual therapy.

I also find myself concerned that this might be a move toward an equally ill advised two tiered license, one for entry level "spa technicians" and one for those with advanced training in " structural integration" and "medical massage" therapy.

Our freedom and autonomy are precious legacy.

You already took away the practical exam.

Please do not diminish us further.

Thank you.

Katherine Knowles, LMT License #2617

UDOSENATA Ekaette * OBMT
UDOSENATA Ekaette * OBMT
FW: Continuing Education Requirements
Tuesday, January 25, 2022 11:57:22 AM

From: Kelly Loggan <kelly.loggan@gmail.com Sent: Monday, January 24, 2022 6:35 PM To: OBMT Temp * OBMT <<u>OBMT.TEMP@obmt.oregon.gov</u>> Subject: Continuing Education Requirements

I would like to express my thoughts and concerns regarding Continuing Education for the Board to review.

First issue: Random Audits

In March of 2017 I was selected for a 'random' audit of my CEUs for my 2016 license renewal. I felt angry and insulted that my integrity was in question. I'd been practicing for 25 1/2 years, doing all that's necessary to have a license to practice, with never a bad mark to my name. Please reconsider who you choose. I was 58 years old at the time and struggling with a ganglion cyst on my right wrist. I was in constant pain trying to keep working while doing all the remedies that exist. The extra writing was hard on my hands to meet the demand of the audit. I suggest you only audit LMTs who may have a questionable reputation. At 58 with 25 plus years experience and following all the rules, I wouldn't be the type of person to jeopardize my practice by reporting fraudulent CEUs. I recommend eliminating audits unless you are suspicious.

Second issue: CEU requirements for LMTs that are seasoned and long term in the profession.

I've taken many hours of Continuing Education over the years to fulfill renewal requirements. I've been practicing for 30 1/2 years now. I'm 63 years old and only working part time. Doing hands on classes stresses them. I find myself bored and feeling like it's a waste of time and money because I have a well defined method that's tried and true with so many clients that have stayed with me over the years along with their families. Classes are expensive and time consuming. My ability to earn income doing massage is more limited as the cost of living skyrockets.

I've learned so much more over the years outside the classroom by treating client's injuries and various conditions working with doctors and chiropractors to do so. I've spent many hours on telephone calls or doing research to help them, not to mention treatment for my own injuries and the learning that's involved. Yet, these hours can't be claimed toward Continuing Education. I'm at a phase in my practice where I'm winding down. I don't need more information or redundant information. I'm not saying there isn't always more to learn but finding classes that actually fit where I am is difficult. I'm financially stressed and struggle to pay for classes simply to fulfill renewal requirements. I get exhausted thinking about it. Chiropractors have a huge reduction in required hours for CEUs after 20 years. Why not us?

Third issue: Boundaries and Ethics classes required every renewal period.

If LMTs haven't figured out boundaries and ethics through their initial schooling or just

integrity in character, there isn't a class that will pound it in. Please stop making us take this repetitive class.

Fourth issue: Cultural Competency

This is a new requirement that doesn't apply to me and many of us. I've had clients from different ethnic groups with no problems over the years.

Fifth issue: Required hours for licensing during the COVID pandemic.

Due to COVID, PLEASE allow half the hours required for 2022 like you did in 2020.

Finally, please release requirements for CEUs for us long haulers. Honestly, every single licensing period I feel dread. I struggle to find affordable classes that are different from last time. I want to keep practicing and maintain the license to do what I've worked so hard to be able to do, but it's much harder now. When I went through massage school at OSM so long ago I was a single parent working a fulltime corporate job in downtown Portland. I got very sick a few times from pushing so hard to take classes to get out of corporate life and do a healing practice I loved. I almost quit several times because of the stress of getting through it. But here I am 30 1/2 years later having somehow come up with what it's taken. And it's taken a lot.

Thank you for taking the time, hearing me and sincerely considering my recommendations and story. I speak not just for myself, but for my massage therapist friends and colleagues who feel the same.

Respectfully, Kelly Loggan LMT

From:	Julie Madsen
To:	OBMT Info * OBMT
Cc:	UDOSENATA Ekaette * OBMT
Subject:	Re: Confirming carry over CE
Date:	Monday, November 15, 2021 11:12:52 AM

Hi,

Thank you for responding. I submitted the question at the Board meeting today however there was no clear answer provided. Can anyone give me a definitive answer?

The question is:

Is CE carry-over no longer allowed as of July 1, 2022? Is this true for all CE or limited to certain categories? Is this regarding the pandemic adjustment or it is literally any CE going forward?

If the answer is that OBMT is still in the process of creating the rule, can I have the schedule of board meeting dates where it's an anticipated topic. LMTs can and should participate in this discussion since it will cause significant financial changes for LMTs.

Thank you, Julie #24979 C19 vaccinated & boosted

On Wed, Nov 3, 2021 at 8:55 AM OBMT Info * OBMT <<u>obmt.info@oregonmassage.org</u>> wrote:

Hi Julie,

I am trying to get clarification on this for you as I do not attend the board meetings.

As far as I am aware it has been discussed by the board, and they have voted to remove the rule that allows LMTs to carry over CEs from one renewal to the next renewal. However, there has been no rules hearing and as far as I am aware no start date has been confirmed for the rule change.

When I get further clarification I will let you know.

Regards,

Rowena

Rowena Clinite

License Coordinator

Oregon Board of Massage Therapists

New Address

Effective March 1, 2021:

610 Hawthorne Ave SE

Suite 220

Salem, OR 97301

Tel: 503-365-8657

Fax: 503-385-4465

Oregon.gov/OBMT

OBMT.info@state.or.us

From: Julie Madsen <juliemaelmt@gmail.com>
Sent: Monday, November 1, 2021 9:58 AM
To: OBMT Info * OBMT <<u>obmt.info@oregonmassage.org</u>>
Subject: Confirming carry over CE

Hi there,

Someone in an LMT Facebook group said that OBMT has ruled carry-over CE will not be allowed as of July 1, 2022.

Can you confirm this?

Is this true for all CE or limited to certain categories? Is this regarding the pandemic adjustment or it is literally any CE going forward?
If possible, I'd love some language or link to language that I can share in the group thread so folks can have your response.

If there is no more carry-over, alot of LMTs will be upset by this since it de-incentivizes participating in larger scale / more intensive CE.

Thank you,

Julie

#24979



January 27, 2022

Oregon Board of Massage Therapists Attn: Robert Ruark 728 Hawthorne Ave NE Salem, OR 97338

Re: AMTA Comment Regarding 1/31/2022 OBMT Meeting

Dear Chair Rodriquez, OBMT members, and Director Ruark,

I have two brief comments in advance of the upcoming meeting.

First, in regards to public comment periods during regular board meetings, I would like to request that the board return to holding two comment periods in the morning session — one at the beginning before board business and one just before lunch/executive session. The comment period before the meeting provides members of the public a chance to voice their opinions and concerns about agenda items before they are considered by the board. It is also convenient for people who may not be able to attend the whole session and want to provide some testimony. I understand that comment periods can run long on occasion, but the chair can limit the number of comments or time per comment if necessary.

My second comment relates to draft CE rule changes. Overall, I am pleased to see this deliberate process has resulted in a set of revisions that will clarify and modernize CE rules. One concern regards the provisions regarding roll-over hours. I understand that maintaining these provisions results in significant administrative burden for board staff. I'm also aware that very few other licensing boards offer roll-over provisions. I would like to ask, however, that the new rules include an appropriate "phase-in" period so that any hours that to protect any hours licensees have already "banked" (i.e. hours they have either already submitted, or hours in excess of renewal requirements that they plan to submit in their next renewal).

I appreciate your concern on these matters and thank you for your service.

Regards, Mark Retzlaff AMTA Oregon Government Relations Chair gov@amtaor.org 541-221-3084

UDOSENATA Ekaette * OBMT
UDOSENATA Ekaette * OBMT
Against proposed CE rule change
Tuesday, November 16, 2021 3:45:04 PM

From: R.R. <rrice555@yahoo.com>
Sent: Monday, November 15, 2021 3:51 PM
To: OBMT Info * OBMT <obmt.info@oregonmassage.org>
Subject: Against proposed CE rule change

Greetings-

I'm checking in to strongly oppose changing the rule allowing LMTs to to roll over continuing education hours. This proposed change will place an unacceptable burden on massage therapists.

Seriously. We've been working this entire pandemic without disability insurance while required to be in sustained close contact with our clients during a global respiratory pandemic. And this threatens our lives and our livelihoods, as up to 1/3 of all who become infected will go on to become disabled from Covid. We take this risk to perform our jobs and support our families.

We need meaningful help and support, not a burden such as this. It's been nearly 2 full years of performing our jobs during a devastating pandemic.

Advocate for us. Help us.

Not like this.

Additionally, the ability to rollover hours helped me keep my license active while I was going through a divorce from a severely abusive partner. I spent 2 years trying to get through the court system and living among shelters with my kid, trying to keep us safe. If this rule would have changed back then, I'd have lost my license.

And when I'm considering taking my practice in a new direction, and looking at 32+ hour specialization training that is very costly-- I can consider it at all because I can use those hours over 2 renewals. Otherwise, I just wouldn't be able to do it. It's bad for the profession to not accept high credit hour specialization credits, used over subsequent renewals. It will encourage therapists to stay more general and shallow with their continuing education. Which hurts the field and adds economic burden to the LMTs who specialize even without being able to use their very expensive credit hours.

Massage therapists need as much flexibility and support as possible right now. This is a terrible rule change, at a terrible time.

Rachele Rice 503-974-4095 OR# 13455

From:	<u>Katharine Salzmann</u>
То:	UDOSENATA Ekaette * OBMT
Cc:	OBMT Info * OBMT
Subject:	CE Carry over allowance
Date:	Monday, November 15, 2021 3:39:19 PM

Hello, I'm a long time Oregon LMT and just heard that the board will be voting to remove the CE carry over allowance for CE hours that go over the required minimum. My understanding is that only hours fulfilled within the two year renewal period will be allowed. PLEASE DON'T CHANGE THIS OPTION.

I have relied on this for many renewal cycles. This would make my CE tracking picayune and unnecessarily expensive, as CE hours I have payed for will not count towards my renewal. What becomes of a 50 hour intensive that some passionate LMT has committed to?

And the massage field changing is decidedly NOT changing so quickly that our knowledge base becomes outdated in a few years.

PLEASE DON'T CHANGE THIS OPTION.

This will place an undue financial burden on practitioners who are not rolling in dough to begin with.

In the event that this change is designed to lighten the burden on the state board, you might what to check out the fury on social media regarding how utterly AWOL the board has been for its membership throughout the pandemic. After what we've been through and the members we have lost, you need to be making things easier for us, not harder.

Katharine Salzmann, LMT Oregon license #6188

Sent from my iPad

Hi there,

It's been brought to my attention that the roll-over CEs option for renewals may be going away. This is very upsetting to me as it is something I have always utilized. For many of us it is extremely helpful financially if we do not have as much money to go toward continuing ed from one year to the next. The roll over option is also a good way for those of us who want to take extra classes to keep learning (for example I am looking to do an oncology training that is 24 hours).

Please reconsider this decision as it will affect and upset many of us greatly. I hope to still be able to use this for future renewals.

Thank you,

-Mary Tindall, LMT#20871

Dear Ekaette,

I just read that the OBMT is moving towards eliminating roll over hours soon. Will you speak to the why & when this is proposed to take place?

Many of us who have children have been hit tremendously hard with lack of ability to work. My practice of 16 years was shuttered last year & was a huge hub of referrals through a yoga studio.

This move to eliminate roll over hours seems highly out of touch with the harsh realities that LMTs face (cancellations, quarantines for many people with children & in general).

Please consider the impact this will have on many of us who have already been knocked down multiple times financially.

I took 24 hours of CEUs in an intensive workshop right as Covid hit. It was because I was interested in the material & it was a huge investment on my part.

I think we need to reward people who are taking CEUs for the betterment of our profession & continue the roll over hours from previous years.

I look forward to hearing from you soon.

Thank you for your time & dedication to the profession.

Well wishes & kind regards,

Uma Tupper

From:	<u>Uma Tupper</u>
То:	UDOSENATA Ekaette * OBMT
Cc:	RUARK Robert * OBMT
Subject:	Re: Board member questions
Date:	Wednesday, December 22, 2021 1:30:23 PM
Attachments:	image001.png

Hi Ekaette,

Thank you for the information. I am not able to devote time to the board at this juncture in my life.

I'm hoping the board can find it in their hearts & minds to help all of the LMTs that have struggled since Covid with the roll over hours.

We were just hit with a surprise sewer & furnace repair. I may have to entertain putting my LMT license on hold or giving it up altogether if I am unable to utilize the 24 roll over hours I've accrued. What is the process if I decide to be inactive for a while? Do I need an LMT license in order to teach CEU classes if I have an Lac license?

Thank you for your time & consideration.

Well wishes,

Uma Tupper

On Tue, Nov 16, 2021 at 3:41 PM UDOSENATA Ekaette * OBMT <<u>ekaette.udosenata@oregonmassage.org</u>> wrote:

Hello Uma,

<u>Here</u> is the information for the <u>Board members</u>. Usually around the May or July Board meeting, the Board would collectively set the meeting dates for the upcoming year.

Below is the 2022 approved Board meeting dates.

- a. 2022 Board Meeting Calendar:
 - 1) January 31, 2022
 - 2) March 14, 2022
 - 3) May 13-14, 2022 (Traveling Board Meeting Location TBD)
 - 4) July 11, 2022
 - 5) September 19, 2022

6) November 14, 2022

I have copied the Executive Director, Bob Ruark, should you have additional questions on the process of becoming a Public Health Board Member.

Thank you very much for your interest on becoming a public Health Board Member.

Respectfully,

Ekaette Udosenata-Harruna

Operations & Policy Analyst; MPSA, OPBC, OPMA

Oregon Board of Massage Therapists

NEW ADDRESS

Effective March 1, 2021

610 Hawthorne Ave. SE, STE 220

Salem, OR 97301

Office: 5033658657 EXT:102

Cell: 503-559-6619

Oregon.gov/OBMT

ekaette.udosenata@state.or.us

"There are only two days in the year that nothing can be done. One is called *yesterday* and the other is called *tomorrow*, so today is the right day to love, believe, do and mostly live." Dalai Lama

Please note:

Until further notice, the Board's Office is closed to the general public due to the Governor's mandates and Executive Orders.

Staff is telecommuting to comply with this requirement. Please allow 2 – 3 business days for staff

to review and reply to email correspondence.

Board phone hours are reduced to 10 a.m. - 2 p.m., Monday through Friday for urgent Board business and to make payments.

Thank you for your patience.



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Ekaette

From: Uma Tupper <<u>umaosha@gmail.com</u>>
Sent: Monday, November 15, 2021 4:21 PM
To: UDOSENATA Ekaette * OBMT <<u>ekaette.udosenata@oregonmassage.org</u>>
Subject: Re: Board member questions

Hi Ekaette,

I'm curious as to knowing more about who's on the board currently, what the term is & expectation other than being at all day meetings virtually every other month. Is there a set schedule? What kinds of topics is the board tackling?

Many thanks,

Uma Tupper

On Mon, Nov 15, 2021 at 3:31 PM UDOSENATA Ekaette * OBMT <<u>ekaette.udosenata@oregonmassage.org</u>> wrote:

Of course.

Please do not hesitate to reach out anytime you have any questions or concern.

Well wishes to you as well!

Respectfully,

Ekaette

On Nov 15, 2021, at 3:27 PM, Uma Tupper <<u>umaosha@gmail.com</u>> wrote:

Ekaette,

Thank you for your quick response & for the ability to contact you directly with more questions.

Well wishes,

Uma

On Mon, Nov 15, 2021 at 2:59 PM UDOSENATA Ekaette * OBMT <<u>ekaette.udosenata@oregonmassage.org</u>> wrote:

Hello Uma,

Thank you for your email. I have forwarded your correspondence to the January Board meeting. Based on the current proposed rules, effective July 1, 2022, rollover/carry over continuing education will no longer be allowed for continuing education. You can find the full information on the proposed rules in the July 12, 2021 Board meeting minutes also available on the the Board's website. Scroll down to Appendix 2.

Please let me know if you have any questions. You can reach me directly on my cell phone at 503.559.6619. I will be happy to discuss further about this changes after the Board meeting today.

Thank you,

Ekaette

On Nov 15, 2021, at 2:51 PM, Uma Tupper <<u>umaosha@gmail.com</u>> wrote:

Dear Ekaette,

I just read that the OBMT is moving towards eliminating roll over hours soon. Will you speak to the why & when this is proposed to take place? Many of us who have children have been hit tremendously hard with lack of ability to work. My practice of 16 years was shuttered last year & was a huge hub of referrals through a yoga studio.

This move to eliminate roll over hours seems highly out of touch with the harsh realities that LMTs face (cancellations, quarantines for many people with children & in general).

Please consider the impact this will have on many of us who have already been knocked down multiple times financially.

I took 24 hours of CEUs in an intensive workshop right as Covid hit. It was because I was interested in the material & it was a huge investment on my part.

I think we need to reward people who are taking CEUs for the betterment of our profession & continue the roll over hours from previous years.

I look forward to hearing from you soon.

Thank you for your time & dedication to the profession.

Well wishes & kind regards,

Uma Tupper

Christy Vollstedt
UDOSENATA Ekaette * OBMT
Fwd: Christy Vollstedt I.m.t. # 3978.
Friday, January 21, 2022 10:54:01 AM
1 5111970917236343291.pdf

Hello Ekaette, As the date of January 31st approaches for the Board Meeting I have made a very sound decision to not participate in this meeting.

My concerns are on my shoulders when it comes to responsible for clients on my table, it has always been this way. Not having any one in Salem representing a clear understanding of this clotting issue because of the shot leaves me less than interested in speaking. It is now two years into this Pandemic. There is an incredible amount of information for our board to realize these shots are creating clots with some of the population. You're left in a tough spot as my concerns do not fit the narrative. This is not a vaccine I am not anti vaccine this is gene therapy that has not had enough study. The edge for caution needs to be accepted until more study in science is complete. I am grateful for our phone visit a week ago, thank you! Warmly, Christy Vollstedt #3978.

Begin forwarded message:

From: Christy <<u>cmvollstedt@hotmail.com</u>> Subject: Christy Vollstedt l.m.t. # 3978. Date: January 20th, 2022 To: <u>Ekaette.Udosenata@obmt.oregon.gov</u>

Begin forwarded message:

From: Christy Vollstedt <<u>cmvollstedt@hotmail.com</u>> Date: January 14, 2022 at 5:55:40 AM PST To: Christy Vollstedt <<u>cmvollstedt@hotmail.com</u>>

Hello Ekaette, This 52 page link may spark an interest for you and the board. Appreciated our phone conversation last week, Thank you.

Warmly, Christy Vollstedt #3978.

Sent from my iPhone

Covid Vaccine Scientific Proof Lethal

• Post published:5 January 2022

COVID-19 Vaccines: Scientific Proof of Lethality

Post published: 5 January 2022 at https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal

Over One Thousand Scientific Studies Prove That the COVID-19 Vaccines Are Dangerous, and All Those Pushing This Agenda Are Committing the Indictable Crime of Gross Misconduct in Public Office

Just over 12 months from deployment of the COVID 19 emergency use experimental vaccines, scientific studies in the thousands, and reports of criminal complaints of assault and murder from the illegal, unlawful use of biochemical poisons made to police forces around the country, verify an assault on an unsuspecting UK population. Irrefutable science shows that the COVID 19 vaccine is not safe and not effective in limiting transmission or infection from the SARS-CoV-2, coronavirus pathogens.

The "safe and effective" false propaganda, put out by public officials who now are continuing to push this vaccine, is a clear breach of duty. A public office holder is subject to, and aware of, a duty to prevent death or serious injury that arises only by virtue of the functions of the public office.

Many have breached that duty and, in doing so, are recklessly causing a risk of death or serious injury, by carrying on regardless of the now-confirmed dangers associated with COVID 19 injections. Some of these risks are **blood clotting**, myocarditis, pericarditis, thrombosis, thrombocytopenia, anaphylaxis, Bell's palsy, Guillain-Barre, cancer including deaths, etc.

All of these are confirmed in the following science-and-government-gathered data from the UK Health and Security agency on COVID 19 regarding vaccine damage.

The term "vaccine" was changed recently to incorporate this illegal, unlawful medical experiment to facilitate usage of mRNA technology that is demonstrably not a vaccine, and which contains biologically toxic nano-metamaterials associated with 5G urban data gathering capability.

Metal nanoparticulates are known in science to be genotoxic—a poison that can also cause sterilization. The dangers posed to the victims in the near term from this medical battery are now known. However, the long term lethality of this weapon is not as yet realized due to the debilitating effects it has on the immune system, causing Acquired Immunodeficiency Syndrome(AIDS).

We can now confirm the 2017 depopulation defence-intelligence documents, showing the planned murder of over 55 million across the United Kingdom by 2025 using this biochemical weapon.

The Medicines and Healthcare (products) Regulatory Agency (MHRA) had prior warning of the expected large numbers of adverse reactions before the deployment—confirming the premeditated nature of the crime and public conduct offences then and now.

- 1. Cerebral venous thrombosis after COVID-19 vaccination in the UK: a multicentre cohort study: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01608-1/
- 2. Vaccine-induced immune thrombotic thrombocytopenia with disseminated intravascular coagulation and death after ChAdOx1 nCoV-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1052305721003414
- 3. Fatal cerebral hemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/

- 4. Myocarditis after mRNA vaccination against SARS-CoV-2, a case series: https://www.sciencedirect.com/science/article/pii/S2666602221000409
- 5. Three cases of acute venous thromboembolism in women after vaccination against COVID-19: https://www.sciencedirect.com/science/article/pii/S2213333X21003929
- 6. Acute thrombosis of the coronary tree after vaccination against COVID-19: https://www.sciencedirect.com/science/article/abs/pii/S1936879821003988
- US case reports of cerebral venous sinus thrombosis with thrombocytopenia after vaccination with Ad26.COV2.S (against covid-19), March 2 to April 21, 2020: <u>https://pubmed.ncbi.nlm.nih.gov/33929487/</u>
- 8. Portal vein thrombosis associated with ChAdOx1 nCov-19 vaccine: https://www.thelancet.com/journals/langas/article/PIIS2468-1253(21)00197-7/
- Management of cerebral and splanchnic vein thrombosis associated with thrombocytopenia in subjects previously vaccinated with Vaxzevria (AstraZeneca): position statement of the Italian Society for the Study of Hemostasis and Thrombosis (SISET): <u>https://pubmed.ncbi.nlm.nih.gov/33871350/</u>
- 10.Vaccine-induced immune immune thrombotic thrombocytopenia and cerebral venous sinus thrombosis after vaccination with COVID-19; a systematic review: https://www.sciencedirect.com/science/article/pii/S0022510X21003014
- 11. Thrombosis with thrombocytopenia syndrome associated with COVID-19 vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0735675721004381
- 12.Covid-19 vaccine-induced thrombosis and thrombocytopenia: a commentary on an important and practical clinical dilemma: https://www.sciencedirect.com/science/article/abs/pii/S0033062021000505
- 13. Thrombosis with thrombocytopenia syndrome associated with COVID-19 viral vector vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0953620521001904
- 14.COVID-19 vaccine-induced immune-immune thrombotic thrombocytopenia: an emerging cause of splanchnic vein thrombosis: https://www.sciencedirect.com/science/article/pii/S1665268121000557
- 15. The roles of platelets in COVID-19-associated coagulopathy and vaccine-induced immune thrombotic immune thrombocytopenia (covid):
 - https://www.sciencedirect.com/science/article/pii/S1050173821000967
- 16.Roots of autoimmunity of thrombotic events after COVID-19 vaccination: https://www.sciencedirect.com/science/article/abs/pii/S1568997221002160
- 17.Cerebral venous sinus thrombosis after vaccination: the United Kingdom experience: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01788-8/fulltext
- 18.Thrombotic immune thrombocytopenia induced by SARS-CoV-2 vaccine: https://www.nejm.org/doi/full/10.1056/nejme2106315
- 19.Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in "23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days after receipt of the vaccine": https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601
- 20.Thrombosis and thrombocytopenia after vaccination with ChAdOx1 nCoV-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104882?query=recirc_curatedRelated_article
- 21.Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: <u>https://pubmed.ncbi.nlm.nih.gov/34374740/</u>
- 22.Thrombotic thrombocytopenia after vaccination with ChAdOx1 nCov-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104840?query=recirc_curatedRelated_article
- 23.Post-mortem findings in vaccine-induced thrombotic thrombocytopenia (covid-19): https://haematologica.org/article/view/haematol.2021.279075

- 24.Thrombocytopenia, including immune thrombocytopenia after receiving COVID-19 mRNA vaccines reported to the Vaccine Adverse Event Reporting System (VAERS): https://www.sciencedirect.com/science/article/pii/S0264410X21005247
- 25. Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination: <u>https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478</u>
- 26.Aphasia seven days after the second dose of an mRNA-based SARS-CoV-2 vaccine. Brain MRI revealed an intracerebral hemorrhage (ICBH) in the left temporal lobe in a 52-year-old man. <u>https://www.sciencedirect.com/science/article/pii/S2589238X21000292#f0005</u>
- 27.Comparison of vaccine-induced thrombotic episodes between ChAdOx1 nCoV-19 and Ad26.COV.2.S vaccines:

https://www.sciencedirect.com/science/article/abs/pii/S0896841121000895

28.Hypothesis behind the very rare cases of thrombosis with thrombocytopenia syndrome after SARS-CoV-2 vaccination:

https://www.sciencedirect.com/science/article/abs/pii/S0049384821003315

29.Blood clots and bleeding episodes after BNT162b2 and ChAdOx1 nCoV-19 vaccination: analysis of European data:

https://www.sciencedirect.com/science/article/pii/S0896841121000937

- 30.Cerebral venous thrombosis after BNT162b2 mRNA SARS-CoV-2 vaccine: https://www.sciencedirect.com/science/article/abs/pii/S1052305721003098
- 31.Primary adrenal insufficiency associated with thrombotic immune thrombocytopenia induced by the Oxford-AstraZeneca ChAdOx1 nCoV-19 vaccine (VITT): https://www.sciencedirect.com/science/article/pii/S0953620521002363
- 32.Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: <u>https://www.sciencedirect.com/science/article/pii/S0828282X21006243</u>
- 33."Portal vein thrombosis occurring after the first dose of SARS-CoV-2 mRNA vaccine in a patient with antiphospholipid syndrome": https://www.sciencedirect.com/science/article/pii/S2666572721000389
- 34.Early results of bivalirudin treatment for thrombotic thrombocytopenia and cerebral venous sinus thrombosis after vaccination with Ad26.COV2.S: https://www.sciencedirect.com/science/article/pii/S0196064421003425
- 35.Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
- 36.Mechanisms of immunothrombosis in vaccine-induced thrombotic thrombocytopenia (VITT) compared to natural SARS-CoV-2 infection:

https://www.sciencedirect.com/science/article/abs/pii/S0896841121000706

- 37.Prothrombotic immune thrombocytopenia after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0006497121009411
- 38.Vaccine-induced thrombotic thrombocytopenia: the dark chapter of a success story: https://www.sciencedirect.com/science/article/pii/S2589936821000256
- 39.Cerebral venous sinus thrombosis negative for anti-PF4 antibody without thrombocytopenia after immunization with COVID-19 vaccine in a non-comorbid elderly Indian male treated with conventional heparin-warfarin based anticoagulation: https://www.sciencedirect.com/science/article/pii/S1871402121002046
- 40. Thrombosis after COVID-19 vaccination: possible link to ACE pathways: https://www.sciencedirect.com/science/article/pii/S0049384821004369
- 41.Cerebral venous sinus thrombosis in the U.S. population after SARS-CoV-2 vaccination with adenovirus and after COVID-19:

https://www.sciencedirect.com/science/article/pii/S0735109721051949

42.A rare case of a middle-aged Asian male with cerebral venous thrombosis after AstraZeneca

COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0735675721005714

43.Cerebral venous sinus thrombosis and thrombocytopenia after COVID-19 vaccination: report of two cases in the United Kingdom:

https://www.sciencedirect.com/science/article/abs/pii/S088915912100163X

- 44.Immune thrombocytopenic purpura after vaccination with COVID-19 vaccine (ChAdOx1 nCov-19): <u>https://www.sciencedirect.com/science/article/abs/pii/S0006497121013963</u>.
- 45.Antiphospholipid antibodies and risk of thrombophilia after COVID-19 vaccination: the straw that breaks the camel's back?:

https://docs.google.com/document/d/1XzajasO8VMMnC3CdxSBKks1o7kiOLXFQ

- 46.Vaccine-induced thrombotic thrombocytopenia, a rare but severe case of friendly fire in the battle against the COVID-19 pandemic: What pathogenesis?: https://www.sciencedirect.com/science/article/pii/S0953620521002314
- 47.Diagnostic-therapeutic recommendations of the ad-hoc FACME expert working group on the management of cerebral venous thrombosis related to COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0213485321000839
- 48.Thrombocytopenia and intracranial venous sinus thrombosis after exposure to the "AstraZeneca COVID-19 vaccine": <u>https://pubmed.ncbi.nlm.nih.gov/33918932/</u>
- 49. Thrombocytopenia following Pfizer and Moderna SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33606296/
- 50.Severe and refractory immune thrombocytopenia occurring after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33854395/
- 51.Purpuric rash and thrombocytopenia after mRNA-1273 (Modern) COVID-19 vaccine: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996471/
- 52.COVID-19 vaccination: information on the occurrence of arterial and venous thrombosis using data from VigiBase: <u>https://pubmed.ncbi.nlm.nih.gov/33863748/</u>
- 53.Cerebral venous thrombosis associated with the covid-19 vaccine in Germany: https://onlinelibrary.wiley.com/doi/10.1002/ana.26172
- 54.Cerebral venous thrombosis following BNT162b2 mRNA vaccination of BNT162b2 against SARS-CoV-2: a black swan event: <u>https://pubmed.ncbi.nlm.nih.gov/34133027/</u>
- 55.The importance of recognizing cerebral venous thrombosis following anti-COVID-19 vaccination: <u>https://pubmed.ncbi.nlm.nih.gov/34001390/</u>
- 56.Thrombosis with thrombocytopenia after messenger RNA vaccine -1273: <u>https://pubmed.ncbi.nlm.nih.gov/34181446/</u>
- 57.Blood clots and bleeding after BNT162b2 and ChAdOx1 nCoV-19 vaccination: an analysis of European data: <u>https://pubmed.ncbi.nlm.nih.gov/34174723/</u>
- 58.First dose of ChAdOx1 and BNT162b2 COVID-19 vaccines and thrombocytopenic, thromboembolic, and hemorrhagic events in Scotland: <u>https://www.nature.com/articles/s41591-021-01408-4</u>
- 59.Exacerbation of immune thrombocytopenia after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34075578/
- 60.First report of a de novo iTTP episode associated with a COVID-19 mRNA-based anti-COVID-19 vaccine: <u>https://pubmed.ncbi.nlm.nih.gov/34105244/</u>
- 61.PF4 immunoassays in vaccine-induced thrombotic thrombocytopenia: https://www.nejm.org/doi/full/10.1056/NEJMc2106383
- 62.Antibody epitopes in vaccine-induced immune immune thrombotic thrombocytopenia: https://www.nature.com/articles/s41586-021-03744-4
- 63.Myocarditis with COVID-19 mRNA vaccines: https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135
- 64. Myocarditis and pericarditis after COVID-19 vaccination:

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From:	Christy Vollstedt
То:	UDOSENATA Ekaette * OBMT
Subject:	christy vollstedt OREGON number 3978
Date:	Friday, January 7, 2022 7:07:44 AM

Hello Ekaette, I am going to bring a topic up that is concerning to me! First I understand the fact that you/we are governed by our governor at this time so to gain much traction on this topic may be very difficult!

I do a lot of research on the topic of this shot. I now know that there is a serious side effect from this injection about clotting. Pilots and Athletes are falling dead because of the spike proteins which can produce mass clotting.

I now have a protocol in my office among many that I choose not to work on any clients until they are 40 days out from shot/booster. I believe that this topic needs addressed with our industry. I know the FAA is being watched because of the amount of pilot deaths. My hope with this industry is that every pilot have a D-dimer test before they fly these planes.

I can offerTwo names for you to look up...If you use google it will not allow this information to surface duckduckgo is good.

Dr. Sherri Tenpenny Dr. Peter McCullough.

Your ability to make any traction on this concern may be difficult. What I am saying here and offering to you totally goes against the narrative of our state. If you have someone to delegate a bit of time for looking this topic up with the two Doc's names I gave you you'll find information. I know Telegram can be controversial to some thinking but these Doc's have been so banned that Telegram may be the one certain place you could get some solid info. Censorship is incredible big right now.

If you could put me on a list or send me a link to the Jan. 31st 9:00 a.m. Board Meeting I could hopefully join in.

Thank you for your time! Awareness is so important! Warmly, Christy Vollstedt 541-297-1930.

Hi Ekaette,

My apologies for the delay in getting my statement to you for the 1/31 board meeting. I had a dental emergency and now have oral surgery scheduled for 1/28. i will do my very best to be at the meeting assuming the pain meds don't leave me with a mushy brain. the statement reads below:

I'm contacting the OBMT to express my objection regarding OBMT eliminating the CE rollover in 2022. I do not believe this is a reasonable change to implement while the massage therapy profession is still being impacted by the ongoing pandemic.

While my practice was severely impacted by the shutdown and ongoing pandemic, I made a point to complete my CE requirements to the point where I have rollover CEs. After receiving an email from Rowena assuring me these credits would apply to my 2023 renewal, it was in good faith that I renewed my license and submitted 29 CEs including 19 contact CEs. This means I am carrying over 17 Contact CEs, including 4 hours of ethics, towards my 2023 renewal. Personally speaking, I would be out over \$700 if I lose my carryover CEs; at a time where I am working three jobs to get by, this would be a substantial loss.

To make this change in 2022 would negate the work and money that many of us have already spent on fulfilling licensure requirements as stated. The pandemic has been an unusual time, and this is a significant change to implement at a time where there's already been plenty of change and confusion. Please consider how the timing of this effects LMTs.

It is my request that, in the interest of supporting those in our profession, OBMT delays the implementation of this significant change. Perhaps delaying it one renewal cycle for all, or something that would allow folks to not lose what has already been completed? I am interested in problem-solving and finding a solution that supports the goals of the board but also is considerate to the present circumstances.

Thank you, Jen Worth Dear Oregon Massage Board members, staff, and fellow Colleagues,

As I stated in my letter to the Board in September,

As the Associate Medical Director for Massage Therapy at the Complementary Healthcare Plans Group, I can inform the Board that CHP has decided to inform all their providers that vaccinations are required for all healthcare providers and they are including all massage therapists that are credentialed with CHP under this definition. They decided this based on the Oregon Health Authorities own definition of "healthcare providers and healthcare staff" as defined by ORS 676.160 which states

1. Massage therapists are considered healthcare providers by OHA as they have a health professional regulatory board:

"676.160 Definitions for ORS 676.165 to 676.180. As used in ORS 676.165 to 676.180, "health professional regulatory board" means the:

(6) State Board of Massage

Therapists;" https://www.oregonlegislature.gov/bills_laws/ors/ors676.html

In 2020, OHA and Governor Brown's office incorrectly defined massage therapy during the beginning of this pandemic. What sets massage therapy apart from other personal services industries is our knowledge and training of anatomy and physiology, kinesiology. It seems as if politics and bitterness have muddied the waters in the massage profession where this situation is concerned. Some therapists have forgotten that this profession is at its core about the patients and clients that we see, and their safety.

It would be in the interest of public safety for massage therapists to be considered medical professionals/practitioners. This would help change the societal impression about our profession which will lead to more people seeking massage therapy to assist them with better health.

It has already been established by the Center for Medicare Services that massage therapy is a better alternative to opioids for pain management, while at the same time OHA has told me they don't offer Medicare/Medicaid contracts to Massage Therapists. When I inquired as to why I was told that it was a legislative issue and that they needed more funding to take on more providers. Defining massage therapists as medical professionals (as the OHA has already established) OBMT could bring more respect to the profession. This could also help stymie the bad actors using the massage industry as a front. It would also give therapists more authority when dealing with insurance companies and employers. This can in turn prevent certain employers from using massage therapy and therapists as only a marketing tool and may help foster a sense of comradery and collaboration.

The definition of a Healthcare Setting, as it was pointed out in the last meeting, was designed with healthcare providers like doctors and nurses in mind. There, yet again, LMTs were left on the sidelines. Yet these institutions use therapists in their settings all the time.

The OBMT has always been a trailblazer for the massage industry in America. This is another opportunity for Oregon to set the precedent for the future of massage therapy in this country.

We can no longer sit on the side-lines and wait for the medical industry to determine what massage is. It has become obvious that no other organization is going to define us, so we must define ourselves. In the last meeting John Combe stated that this is an opportunity. I believe he is correct. To quote Maya

Angelou "One isn't necessarily born with courage, but one is born with potential. Without courage, we cannot practice any other virtue with consistency. We can't be kind, true, merciful, generous, or honest."

Sincerely,

Mandy Beeman LMT

Hi Ekaette,

Sice you were so helpful to me last time, I thought I would reach out again.

I'm contact you and the OBMT to express my concern and disappointment that OBMT is wanting to eliminate the CE rollover in 2022. During the pandemic, I made a point to take time to do my CEs, to the point where I have some to roll over. This summer I renewed my license (#23738) and submitted 29 CEs including 19 contact CEs. I am carrying over 17 Contact CEs, including 4 hours of ethics, towards my 2023 renewal.

After receiving an email from Rowena that I can carry these over, It would be incredibly unfair to then have all of this hard work and money spent suddenly negated.

The pandemic has been an unusual time, and this is a significant change to implement at a time where there's already been plenty of change. Please reconsider this request. I will not be able to attend a board meeting—I am working three jobs in an effort to financially recover from the loss of work and disruption in my private practice since Covid began. I'm financially struggling now. Please don't make this more difficult for those of us who, as an industry, has been severely effected by the pandemic.

I would greatly appreciate a response.

In Kindness, Jen