

## Adult Foster Home Provider Alert

### Policy updates, rule clarifications and announcements

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**Date:** October 16, 2023  
**To:** APD Adult Foster Home Providers  
**From:** Safety, Oversight and Quality Unit  
**Topic:** **Meeting information for upcoming Rule Advisory Committee (RAC) for SB 99**

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Rule Advisory Committee (RAC) members and participants:

Hello! Thank you for submitting your interest in the upcoming Rule Advisory Committee meeting! This meeting is specifically for Adult Foster Home providers and advocates. As a reminder, the **virtual RAC is scheduled for this Thursday, October 26, 2023, from 9:00 am to noon.** (A Teams meeting invitation will be sent out today, as well.)

The following items are included in this message:

- Agenda for the meeting
- Rule Advisory Committee Meeting Ground Rules (This document also contains the list of official RAC participants)
- SB 99 Enrolled Bill

Microsoft Teams meeting information:

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

Meeting ID: 212 432 046 197

Passcode: SThKGq

[Download Teams](#) | [Join on the web](#)

**Or call in (audio only)**

[+1 971-277-2343,,902146876#](#) United States, Portland

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**APD means Aging and People with Physical Disabilities. APD adult foster homes are licensed to care for adults who are older and adults with physical disabilities.**

Phone Conference ID: 902 146 876#

[Find a local number](#) | [Reset PIN](#)

We look forward to seeing you all on Thursday!

Lynn D. Beaton  
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Aging & People with Disabilities  
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# Oregon

Tina Kotek, Governor

## Oregon Department of Human Services

*Safety, Oversight and Quality*

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## AGENDA

### RULE ADVISORY COMMITTEE (RAC) MEETING

Wednesday, October 26, 2023

9:00 am to Noon

**Virtual meeting only**

**Purpose of this RAC: Provide Adult Foster Home providers and advocates with information concerning the development of administrative rules to implement Senate Bill 99 (2023) and address LGBTQIA2S+ issues**

#### **9:00 am – start meeting**

- Brief history of bill
- Ground rules for the Rule Advisory Committee (RAC)
- Introductions (announce the AFH members who will serve as RAC members)
- Describe the Rule Advisory Committee process
  - This rule will require both:
    - A temporary rule
    - A permanent rule
- Background leading to this bill (Deb McCuin)

#### **15 Minute Break**

- Staff purposefully did not develop rule language before this meeting
  - We invite RAC members to provide opinion on needed rules
- Walk through SB 99 section by section
  - Provide comments offered by participants during first RAC meeting
  - Opportunity for AFH participants to offer comments for rule language
- Public comment opportunity
- Discussion of next steps
  - ODHS' staff will draft rules for next meeting
- Date for next meeting: November 7<sup>th</sup>
  - Future meetings of this RAC: first Tuesday of each month

#### **Noon – close meeting**

**Questions:** please contact Lynn Beaton at [lynn.d.beaton@odhs.oregon.gov](mailto:lynn.d.beaton@odhs.oregon.gov)

## SB 99 Rule Advisory Committee (RAC) Ground Rules

### RAC MEMBERS:

Fred Steele	Long Term Care Ombudsman
Eugenia Liu	Oregon Health Care Association (OHCA)
Nicolette Reilly	Oregon Health Care Association (OHCA)
Kristin Milligan	LeadingAge
Merry Killam	LeadingAge
Rachel Hansen	SEIU
Chris Madden	Alzheimer's Association
Eric St. James-Lopez	Alzheimer's Association
Divine Zheng	Legal Aid Attorney
Juliana Levchenko	Portland State University
Raeann Voorhies	Voorhies and Associates, Consulting
Liz James	LGBTQ+ Aging Coalition
Kirt Toombs	Eastern OR Center for Independent Living
Brandy Penner	Elder Pride Services
Kim Dunn	Brighton Hospice Eugene
Jeffrey Graves	Eastern OR Center for Independent Living
Patty Falkenstein	Governor's Council on Senior Services
Rebecca Miller	WA County AAA Director
Jonathan Frochtzwejg	Cascade AIDS Project
Princess Neely	ODHS Office of Equity and Multicultural Services
Aubrey Stark	ADP D16 Housing Navigator/PRIDE ERG
Laune Thomas	APD Community Engagement
Andrea Meyer	AARP
Al Fernandez	AFH provider
Teresa Grogan	AFH provider
Kim Omley	AFH provider
Simona Pocol	AFH provider
Raluca Stoica	AFH provider
Steven Esser	Multnomah County
Alyssa Elting McGuire	AFH Consultant, OR Care Home
Naomi Sacks	ODHS APD Long Term Services & Supports
Matt Friesen	ODHS REALD Manager, PRIDE ERG Liaison
Deb McCuin	ODHS APD Community Services and Supports
Lynette Caldwell	Manager, ODHS SOQ Adult Foster Home unit
Jeremiah Adams	ODHS SOQ Nursing Facility unit OPA
Vickie Surico	ODHS SOQ Community Base Care OPA

## AGENCY STAFF PARTICIPANTS

Corissa Neufeldt	Regulatory Deputy Director, Aging & People with Disabilities
Jack Honey	Administrator, Safety, Oversight & Quality (SOQ)
Lance Pugh	Deputy Administrator, SOQ
Cassie Studer	SOQ Project and Process Improvement Manager
Lynn Beaton	OPA, SOQ Operations Unit
David Berger	OPA, SOQ Operations Unit
Ann Birch	OPA, SOQ Operations Unit
Simon Bauer-Leffler	OPA, SOQ Operations Unit
Sidney Humphries	OPA, SOQ Operations Unit
David Allm	OPA, SOQ Nursing Facility Unit
Sean Scott	OPA, SOQ Nursing Facility Unit
Eleni Gialoyrakes	SOQ Adult Foster Home Unit OPA
Kyle Rose	SOQ Adult Foster Home Unit OPA
Sudha Landman	Program Manager, SOQ Community-Based Care
Sam Garcia	Licensing & Corrective Action Manager, SOQ CBC
Meghan Nielsen	OPA, SOQ Community-Based Care Unit
Katie Gaffney	OPA, SOQ Community-Based Care Unit
Rebecca Mapes	OPA, SOQ Community-Based Care Unit
Kim Hector	OPA, SOQ Community-Based Care Unit
Warren Bird	OPA, SOQ Community-Based Care Unit
Vanessa Emry	OPA, SOQ Community-Based Care Unit
David MacKowski	Lead, SOQ Community-Based Care Survey
Anne Bardana	Manager, SOQ Community-Based Care Survey
Jeanne Bristol	Manager, SOQ Community-Based Care Survey
Kindra Trachsel	Manager, SOQ CBC Licensing Complaint Unit
Jonathan Henkin	Compliance Specialist Lead, SOQ CBC LCU
Matthew Friel	ODHS OSBN Liaison
Alexis Russ	Supervisor, APD Roseburg Office
Justin Withem	APD Legislative Coordinator
Kristina Krause	APD Rules Coordinator
Dawn Rustrum	APD Community Services and Supports Unit
Patrick M Van Orden	Dept of Public Safety Standards & Training
Allison Woitalla	Dept of Justice Attorney
Ken Ralph	Office of Developmental Disabilities Services, ODHS
Mike Parr	Manager, Office of Developmental Disabilities Services
Kim Goddard	Oregon State Board of Nursing
Connie Rush	Manager, Licensing & Certification, Mental Health OHA
Clayton Getzinger	Licensing & Certification, Mental Health OHA
Samuel Dickson	Licensing & Certification, Mental Health OHA
Valerie Eames	OPA, Adult Protective Services, ODHS
John Thompson	APS Policy Advisory, Adult Protective Services, ODHS

Theresa Hutchinson	Senior Policy Advisor, OTIS, ODHS
Nicki Holmes	Safety Manager, APD, ODHS
Katrina Brownlee	AFH Licensing, APD
Teresa Reed	AFH Licensor, APD
Lia O'hara	AFH Licensor, NW Senior & Disability Services
Barbara Muller	Background Check Unit, ODHS
Kelly Myrick	Background Check Unit, ODHS

## **GROUND RULES FOR THIS MEETING**

### **Rule Advisory Committee (RAC) Meeting Ground Rules**

- Be present
- Take care of your needs
- Respect confidentiality
- Mute your mic unless you want to be heard
- Raise your virtual hand
- Keep chat professional
- Be OK with non-closure
- Disagreements are part of a healthy discussion, and when they occur participants agree to be respectful of others' perspectives and respectful and courteous in the conversation

### **Virtual Meeting Etiquette**

- **Check** if your name (& pronouns) are correct
- **State your name** before speaking
- **Mute** if not speaking
- **Be present** without distraction
- **Please be respectful in the chat** (not a place to argue, call out, or for side conversations)
- **Speakers are asked to keep their comments to three minutes** or less. A monitor will let you know when 30 seconds remain. Please keep in mind the "3 x 3 rule:" after speaking, if you wish to provide additional spoken comments, please wait until three other people have talked **or** allow three minutes before speaking again.

## GLOSSARY OF TERMS

- **REALD:** An effort to increase and standardize race, ethnicity, language, and disability data collection across the Oregon Department of Human Services (ODHS) and OHA.
- **SOGI:** SOGI is an effort to increase and standardize sexual orientation and gender identity data collection across ODHS and OHA. OHA has drafted recommendations with proposed questions to use when collecting
- **LGBTQIA2S+:** Lesbian, gay, bisexual, transgender, queer, intersex, asexual, Two Spirit, nonbinary or other minority gender identity or sexual orientation.

### Acronyms specific to Oregon Department of Human Services (ODHS):

- **APD:** Aging and People with Disabilities, a program within ODHS
- **SOQ:** Safety, Oversight & Quality, a unit within APD
- **AFH:** Adult Foster Homes, a facility type of five or fewer residents, found in SOQ, ODDS, and OHA
- **NF:** Nursing Facilities, a unit within SOQ
- **CBC:** Community-Based Care facilities, including both residential care facilities and assisted living facilities
- **LTSS:** Long Term Services & Supports, an office within APD
- **CSSU:** Community Services and Supports Unit, an office within APD
- **OEMS:** Office of Equity and Multicultural Services, a program within ODHS
- **ODDS:** Office of Developmental Disabilities Services, a program within ODHS
- **OPA:** Operation & Policy Analyst

# Enrolled Senate Bill 99

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Human Services, Mental Health and Recovery)

CHAPTER .....

AN ACT

Relating to aging adults; creating new provisions; and amending ORS 410.320.

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

## BILL OF RIGHTS FOR LGBTQIA2S+ OLDER ADULT RESIDENTS OF LONG TERM AND COMMUNITY-BASED CARE FACILITIES

**SECTION 1.** Sections 2 to 8 of this 2023 Act are added to and made a part of ORS 441.015 to 441.087.

**SECTION 2.** As used in sections 2 to 8 of this 2023 Act:

(1) "Care facility" includes:

(a) A long term care facility;

(b) A residential care facility, including an assisted living facility, as defined in ORS 443.400; and

(c) An adult foster home, as defined in ORS 443.705.

(2) "Gender expression" means an individual's gender-related appearance and behavior, whether or not these are stereotypically associated with the sex the individual was assigned at birth.

(3)(a) "Gender identity" means an individual's internal, deeply held knowledge or sense of the individual's gender, regardless of physical appearance, surgical history, genitalia, legal sex, sex assigned at birth or name and sex as it appears in medical records or as it is described by any other individual, including a family member, conservator or legal representative of the individual.

(b) "Gender identity" means the gender identity last expressed by an individual who lacks the present ability to communicate.

(4) "Gender nonconforming" means having a gender expression that does not conform to stereotypical expectations of one's gender.

(5) "Gender transition" means a process by which an individual begins to live according to that individual's gender identity rather than the sex the person was assigned at birth. The process may include changing the individual's clothing, appearance, name or identification documents or undergoing medical treatments.

(6) "Harass" or "harassment" includes:



(a) To act in a manner that is unwanted, unwelcomed or uninvited, that demeans, threatens or offends a resident and results in a hostile environment for a resident.

(b) To require a resident to show identity documents in order to gain entrance to a restroom or other area of a care facility that is available to other individuals of the same gender identity as the resident.

(7) "LGBTQIA2S+" means lesbian, gay, bisexual, transgender, queer, intersex, asexual, Two Spirit, nonbinary or other minority gender identity or sexual orientation.

(8) "Resident" means a resident or a patient of a care facility.

(9) "Sexual orientation" means romantic or sexual attraction, or a lack of romantic or sexual attraction, to other people.

(10) "Staff" or "staff person" means one or more individuals who:

(a) Are employed by a care facility to provide services or supports directly to residents;  
or

(b) Contract with or are employed by an entity that contracts with the care facility to provide services or supports directly to residents.

(11) "Transgender" means having a gender identity or gender expression that differs from the sex one was assigned at birth, regardless of whether one has undergone or is in the process of undergoing gender-affirming care.

**SECTION 3.** (1) A care facility and the staff of the facility may not take any of the following actions based in whole or in part on a resident's actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status:

(a) Deny admission to a care facility, transfer or refuse to transfer a resident within a facility or to another facility or discharge or evict a resident from a facility;

(b) Deny a request by a resident to choose the resident's roommate, when a resident is sharing a room;

(c) If rooms are assigned by gender, assign, reassign or refuse to assign a room to a transgender or other LGBTQIA2S+ resident other than in accordance with the resident's gender identity, unless at the request of the resident or if required by federal law;

(d) Prohibit a resident from using, or harass a resident who seeks to use or does use, a restroom that is available to other individuals of the same gender identity as the resident, regardless of whether the resident is making a gender transition, has taken or is taking hormones, has undergone gender affirmation surgery or presents as gender nonconforming;

(e) Repeatedly and willfully refuse to use a resident's chosen name or pronouns after being reasonably informed of the resident's chosen name or pronouns;

(f) Deny a resident the right to wear or be dressed in clothing, accessories or cosmetics, or to engage in grooming practices, that are permitted to any other resident;

(g) Restrict a resident's right to associate with other residents or with visitors, including the resident's right to consensual sexual relations or to display physical affection, unless the restriction is uniformly applied to all residents in a nondiscriminatory manner;

(h) Deny or restrict medical or nonmedical care that is appropriate to a resident's organs and bodily needs, or provide medical or nonmedical care that, to a similarly situated, reasonable person, unduly demeans the resident's dignity or causes avoidable discomfort;

(i) Fail to accept a resident's verbal or written attestation of the resident's gender identity or require a resident to provide proof of the resident's gender identity using any form of identification;

(j) Fail to take reasonable actions, within the care facility's control, to prevent discrimination or harassment when the facility knows or should have known about the discrimination or harassment; or

(k) Refuse or willfully fail to provide any service, care or reasonable accommodation to a resident or an applicant for services or care.

(2) A care facility shall include in its current nondiscrimination policy and in its written materials providing notice of resident rights pursuant to ORS 441.605, and in all places and on all materials where that policy or those written materials are posted, the following notice:

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(Name of care facility) does not discriminate and does not permit discrimination, including but not limited to bullying, abuse or harassment, based on an individual's actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status, or based on an individual's association with another individual on account of the other individual's actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status. If you believe you have experienced this kind of discrimination, you may file a complaint with the Department of Human Services at \_\_\_\_\_ (provide current contact information).

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**SECTION 4.** (1) A care facility shall implement procedures regarding resident records generated at the time of admission and during the resident's stay to ensure that the records include the resident's gender identity and the resident's chosen name and pronouns, as indicated by the resident.

(2) Unless required by state or federal law, a care facility shall not disclose any personally identifiable information regarding:

- (a) A resident's sexual orientation;
- (b) Whether a resident is LGBTQIA2S+;
- (c) A resident's gender transition status; or
- (d) A resident's human immunodeficiency virus status.

(3) A care facility shall take appropriate steps to minimize the likelihood of inadvertent or accidental disclosure of information described in subsection (2) of this section to other residents, visitors or facility staff, except to the minimum extent necessary for facility staff to perform their duties.

(4) Informed consent shall be required in relation to any nontherapeutic examination or observation of, or treatment provided to, a resident.

(5) A transgender resident shall be provided access to any assessments, therapies and treatments that are recommended by the resident's health care provider, including but not limited to transgender-related medical care, hormone therapy and supportive counseling.

**SECTION 5.** A care facility that violates the provisions of sections 2 to 8 of this 2023 Act, or that employs a staff member who violates the provisions of sections 2 to 8 of this 2023 Act, shall be subject to civil penalties or other administrative action as may be provided under ORS 441.705 to 441.745 and rules adopted by the Department of Human Services. Sections 2 to 8 of this 2023 Act may not be construed to limit the ability to bring any civil, criminal or administrative action for conduct constituting a violation of any other provision of law.

**SECTION 6.** (1) A care facility shall ensure that the administrators and staff employed by the facility receive training, as part of the facility's preservices or continuing education required by law, concerning:

(a) Caring for LGBTQIA2S+ residents and residents living with human immunodeficiency virus; and

(b) Preventing discrimination based on a resident's sexual orientation, gender identity, gender expression or human immunodeficiency virus status.

(2) At a minimum, the training required by subsection (1) of this section must include:

(a) The defined terms commonly associated with LGBTQIA2S+ individuals and human immunodeficiency virus status;

(b) Best practices for communicating with or about LGBTQIA2S+ residents and residents living with human immunodeficiency virus, including the use of an individual's chosen name and pronouns;

(c) A description of the health and social challenges historically experienced by LGBTQIA2S+ residents and residents living with human immunodeficiency virus, including discrimination when seeking or receiving care at care facilities and the demonstrated physical and mental health effects within the LGBTQIA2S+ community associated with such discrimination; and

(d) Strategies to create a safe and affirming environment for LGBTQIA2S+ residents and residents living with human immunodeficiency virus, including suggested changes to care facility policies and procedures, forms, signage, communication between residents and their families, activities, in-house services and staff training.

(3) The Department of Human Services shall establish by rule a process for a care facility to request approval of the training provided by the facility under this section. The department shall approve a training no later than 90 days after the date of request if:

(a) The care facility submits:

(A) A statement of the qualifications and training experience of the individual or entity providing the training;

(B) The proposed methodology for providing the training either online or in person;

(C) An outline of the training; and

(D) Copies of the materials to be used in the training;

(b) The training meets the requirements of subsections (1) and (2) of this section; and

(c) The individual or entity providing the training demonstrates a commitment to advancing quality care for LGBTQIA2S+ residents and residents living with human immunodeficiency virus in this state.

(4) A care facility shall designate two employees, one who represents management at the facility and one who represents direct care staff at the facility, to receive the training described in subsections (1) and (2) of this section within 12 months of being designated and every two years thereafter. The designated employees shall serve as points of contact for the facility regarding compliance with sections 2 to 8 of this 2023 Act and shall develop a general training plan for the facility. In the event a designated employee ceases to be employed by the facility, the facility shall designate another employee, who is representative of the employee group represented by the former designee and who shall complete the training required by subsections (1) and (2) of this section, to serve as a point of contact for the facility regarding compliance with sections 2 to 8 of this 2023 Act and to have joint responsibility for the facility's training plan.

(5) Within 12 months of hiring and every two years thereafter, a care facility shall provide to administrators and staff employed by the facility the training described in subsections (1) and (2) of this section. Training provided subsequent to the initial training of an administrator or staff person employed by the facility must include, at a minimum, refresher courses on the topics described in subsection (2)(b) and (d) of this section.

(6) A care facility shall retain records documenting the completion of the training required by subsections (1) and (2) of this section by each administrator and staff member at the facility. The records shall be made available, upon request, to the Department of Human Services and the office of the Long Term Care Ombudsman.

(7) A care facility is responsible for the cost of providing the training required by this section to each administrator and staff person employed by the facility.

**SECTION 7.** (1) An entity that contracts with a care facility to provide services or supports directly to residents of the care facility shall provide to the entity's staff persons who provide the services or supports training meeting the requirements in section 6 (1) and (2) of this 2023 Act. The entity shall provide the training within 12 months of entering into the

contract with the care facility and every two years thereafter. The entity shall provide the training to a newly hired staff person no later than 12 months after hiring.

(2) An individual who contracts with a care facility to provide services or supports directly to residents of the care facility shall complete a training that meets the requirements of section 6 (1) and (2) of this 2023 Act no later than 12 months after entering into a contract with the facility and every two years thereafter.

(3) Training provided subsequent to the initial training of an individual or of a staff person employed by the entity must include, at a minimum, refresher courses on the topics described in section 6 (2)(b) and (d) of this 2023 Act.

(4) The contracting individual or entity shall bear the cost of the training required by this section.

**SECTION 8.** Any requirement in sections 2 to 8 of this 2023 Act may not be applied to a care facility if the requirement is incompatible with:

(1) The professionally reasonable clinical judgment of the management or staff of the care facility; or

(2) A state or federal statute, federal regulation or administrative rule that applies to the care facility.

**SECTION 9.** The Long Term Care Ombudsman, the deputy ombudsmen and their designees shall complete a training meeting the requirements of section 6 (1) and (2) of this 2023 Act within 12 months of appointment and every two years thereafter. Training provided subsequent to the initial training of the Long Term Care Ombudsman, the deputy ombudsmen and their designees must include, at a minimum, refresher courses on the topics described in section 6 (2)(b) and (d) of this 2023 Act.

**SECTION 10.** The Director of Human Services shall adopt rules in accordance with ORS chapter 183 as necessary to implement the provisions of sections 2 to 8 of this 2023 Act.

**SECTION 11.** The training described in:

(1) Section 6 (1) and (2) of this 2023 Act shall first be provided to administrators and staff employed by a care facility, individuals and staff employed by entities that contract with a care facility to provide services or supports directly to residents of the care facility and the Long Term Care Ombudsman, the deputy ombudsmen and their designees no later December 31, 2024.

(2) Section 6 (4) of this 2023 Act shall first be provided no later than July 1, 2024.

#### **LGBTQIA2S+ SUBCOMMITTEE OF THE GOVERNOR'S COMMISSION ON SENIOR SERVICES**

**SECTION 12.** ORS 410.320 is amended to read:

410.320. (1)(a) The Governor's Commission on Senior Services is created. The commission shall consist of at least 21 members appointed by the Governor for terms of three years.

[(2)] (b) Prior to making appointments, the Governor shall request and consider recommendations from the area agencies [*on aging*] and other interested senior organizations. The Governor shall designate a member to serve at the pleasure of the Governor as chairperson for a term of two years with such duties as the Governor shall prescribe. The membership of the commission shall be composed of persons broadly representative of major public and private agencies who are experienced in or have demonstrated particular interest in the special needs of elderly persons, including persons who have been active in organizations and advocates on behalf of elderly persons. Additionally, membership shall include persons who are active in advocacy organizations representing the interests of persons with disabilities who are served in programs under the Department of Human Services and consumers of services provided primarily to elderly persons and persons with disabilities under department programs, including low income persons, minorities and persons with disabilities. At least a majority of members shall be 60 years of age or older.

[3] (c) The Governor's Commission on Senior Services shall advise the Governor and the Director of Human Services on needs of elderly persons, and recommend actions by the Governor, the Department of Human Services, other governmental entities and the private sector, appropriate to meet such needs.

[4] (d) The commission shall have authority to study programs and budgets of all state agencies that affect elderly persons. After such study, the commission shall make recommendations to the Governor and to the agencies involved. Such recommendations shall be designed to provide coordination of programs for elderly persons, to avoid unnecessary duplication in provision of services, and to point out gaps in provision of services. The commission shall also recommend development of a comprehensive plan for delivery of services to elderly persons. In carrying out these tasks, the commission shall coordinate its efforts with other advisory groups within the Department of Human Services to avoid duplication of effort.

[5] (e) The commission shall promote responsible statewide advocacy for elderly persons.

[6] (f) Members of the commission, other than legislators, shall be entitled to compensation and expenses as provided in ORS 292.495.

**(2)(a) The LGBTQIA2S+ subcommittee of the Governor's Commission on Senior Services is established. The intent of the Legislative Assembly in establishing the subcommittee is to:**

**(A) Work to improve state agency interactions and communication with, and support of, the LGBTQIA2S+ community; and**

**(B) Create advocacy opportunities for, and support equity for, LGBTQIA2S+ older adults throughout state government.**

**(b) The purpose of the subcommittee is to advise the Governor and the director or the director's designee on the needs of LGBTQIA2S+ older adults and on how to improve the delivery of services to meet the needs of LGBTQIA2S+ older adults.**

**(c) The Governor shall appoint nine members to the subcommittee after requesting and considering recommendations from the department, area agencies and organizations that serve or represent the LGBTQIA2S+ community.**

**(d) At least five members of the subcommittee must be individuals who identify as LGBTQIA2S+, including at least one member who identifies as transgender.**

**(e) Members appointed to the subcommittee must be supportive of the intent of the Legislative Assembly in establishing the subcommittee.**

**(f) Members of the subcommittee serve for a term of three years and may be reappointed.**

**(g) Members of the subcommittee are not entitled to compensation, but at the discretion of the commission may be reimbursed for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the official duties in the amount and manner provided in ORS 292.495.**

**(h) As used in this section, "LGBTQIA2S+" means lesbian, gay, bisexual, transgender, queer, intersex, asexual, Two Spirit, nonbinary or other minority gender identity or sexual orientation.**

**SECTION 13. The Governor shall appoint the members of the LGBTQIA2S+ subcommittee of the Governor's Commission on Senior Services no later than September 1, 2024.**

#### CAPTIONS

**SECTION 14. The unit captions used in this 2023 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2023 Act.**

**Passed by Senate June 20, 2023**

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Lori L. Brocker, Secretary of Senate

.....  
Rob Wagner, President of Senate

**Passed by House June 22, 2023**

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Dan Rayfield, Speaker of House

**Received by Governor:**

.....M,....., 2023

**Approved:**

.....M,....., 2023

.....  
Tina Kotek, Governor

**Filed in Office of Secretary of State:**

.....M,....., 2023

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Secretary of State