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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 415
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: ADDICTION SERVICES

FILED
02/02/2022 12:00 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Allows opioid treatment programs to use advanced practice providers for admissions and medication ordering.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 03/21/2022 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Hanna Christensen
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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 03/15/2022

TIME: 10:00 AM - 11:00 AM

OFFICER: Hanna Christensen

ADDRESS: Due to Covid all hearings are virtual
<https://www.zoomgov.com/j/1602654234?pwd>
Salem, OR 97301

SPECIAL INSTRUCTIONS:

Dial in

1 669 254 5252 US

Meeting ID: 160 265 4234

Passcode: 518905

NEED FOR THE RULE(S)

Significant workforce shortages along with increased need for OTP treatment access in the midst of an unprecedented overdose increase in Oregon make it necessary to expand the ability of programs to utilize additional medical staff other than physicians to admit new patients and make initial and future medication decisions/orders for these patients; if programs are approved by the State Opioid Treatment Authority (SOTA) to make this change, the Substance Abuse and Mental Health Services Administration (SAMHSA) Division of Pharmacologic Therapies (DPT) will review and issue a formal waiver of the Federal rules regarding which staff can make these medical decisions, and allow APPs to perform multiple tasks to this point reserved for physicians. Need to remove outdate language and update it.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Programs, if they choose to participate in this waiver process can file for it electronically through the official SAMHSA Extranet webpage, which all have access to and use frequently for a variety of tasks.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

No measurable impact from these changes.

FISCAL AND ECONOMIC IMPACT:

Feed back received is as follows: There will be a positive impact allowing NP/mid-level care to address service needs, less costly than an MD and more time efficient for client, providers may need new equipment for new staff but otherwise indeterminate - cheaper than MD billing, improvement to access to care outweighs cost as well as, taking out two-year sobriety requirement will help for hiring and staffing shortages.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Indeterminate. (2) Positive – allows the small business OTPs to provide additional medical services and spend less money to do so as the payment rates for APPs are significantly lower than MDs/DOs. (2a) 1 – with three clinics. (2b) Only additional requirement for providers if they choose to participate in the activities this rule change allows. (2c) Indeterminate.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were included in the RAC and feedback from them is included in the comments above.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

415-020-0005, 415-020-0010, 415-020-0025, 415-020-0065, 415-020-0070, 415-020-0075

AMEND: 415-020-0005

RULE SUMMARY: Changing language from "State Methadone Authority" to "State Opioid Treatment Authority". Updating definitions, removing outdated terms, and alphabetizing definitions.

CHANGES TO RULE:

415-020-0005

Definitions ¶¶

(1) "Accreditation" means the process of review and acceptance by an accreditation body.¶¶

(2) "Accreditation Body" means an organization that has been approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) to accredit opioid treatment programs that use opioid agonist treatment medications.¶¶

(3) "~~Accredited Opioid Treatment Program~~" means a program that is the subject of a current, valid accreditation from an accreditation body approved by SAMHSA.¶¶

(4) "Assessment" means the process of obtaining all pertinent biopsychosocial information, through a face-to-face interview and additional information as provided by the individual, family and collateral sources as relevant, to determine a diagnosis and to plan individualized services and supports.¶¶

(54) "Certificate" means the document or documents issued by the Division, which identifies and declares certification of a provider pursuant to OAR 309-008-0100 to 309-008-1600.-A letter accompanying issuance of the certificate will detail the scope and approved service delivery locations of the certificate.¶¶

(65) "Community Mental Health Program (CMHP)" means the organization of ~~all various~~ services for ~~person~~ individuals with ~~a mental or emotional disturbances, drug abuse problems, developmental disabilities, and~~

~~alcoholism and alcohol abuse problem~~ health diagnosis or addictive disorders operated by; or contractually affiliated with; a local mental health authority and operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with the Oregon Health Authority ~~agreement with the Division pursuant to OAR chapter 309, division 014.~~¶

~~(76)~~ "Comprehensive maintenance treatment" means opioid agonist medication treatment that includes a broad range of clinically appropriate medical and rehabilitative services.¶

~~(8)~~ "Division" means the Health Systems Division of the Oregon Health Authority (OHA).¶

~~(9)~~ "Medically Supervised Withdrawal" means the administration of an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects incident to withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug free state.¶

~~(107)~~ "Diversion Control Plan" means a plan implemented by the opioid treatment program that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use.¶

~~(118)~~ "Division" means the Health Systems Division of the Oregon Health Authority (OHA).¶

~~(9)~~ "Employee" means an individual who provides a program service or who takes part in a program service and who receives wages, a salary, or is otherwise paid by the program for providing the service.¶

~~(120)~~ "Federal Opioid Treatment Standard Protocols" means the standards established by the United States Secretary of Health and Human Services that ~~are used to determine~~ whether an opioid treatment program is qualified to engage in opioid treatment.¶

~~(131)~~ "Interim Maintenance Treatment" means treatment provided in conjunction with appropriate medical services while a patient is awaiting transfer to a program that provides comprehensive maintenance treatment.¶

~~(14)~~ "Long-Term Medically Supervised Withdrawal Treatment" means treatment for a period of more than 30 days but not exceeding 180 days.¶

~~(152)~~ "Maintenance Treatment" means the administration of an opioid agonist treatment medication at stable dosage levels for a period longer than 21 days.¶

~~(163)~~ "Medical Director" means a physician licensed to practice medicine in the State of Oregon who is designated by the opioid treatment program to be responsible for the program's medical services.¶

~~(174)~~ "Medically Supervised Withdrawal" means the administration of an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects incident to withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug free state.¶

~~(15)~~ "Medically Supervised Withdrawal Treatment" means treatment for a period of more than 30 days but not exceeding 180 days.¶

~~(16)~~ "Medical Professional" means a medical or osteopathic physician, physician's assistant licensed by the Board of Medical Examiners, or a registered nurse or nurse practitioner licensed by the Board of Nursing.¶

~~(187)~~ "Opiate Addiction" means a cluster of cognitive, behavioral, and physiological symptoms in which the individual continues use of opiates despite significant opiate-induced problems. Opiate addiction is characterized by repeated self-administration that usually results in tolerance, withdrawal symptoms, and compulsive drug taking.¶

~~(198)~~ "Opioid Agonist Medication" means any drug that is approved by the Food and Drug Administration under Section 505 of Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opiate addiction.¶

~~(2019)~~ "Opioid Treatment Program" means a program that dispenses and administers opioid agonist medications in conjunction with appropriate counseling, supportive, and medical services.¶

~~(210)~~ "Patient" means any individual who receives services in an opioid treatment program.¶

~~(221)~~ "Patient Record" means the official legal written file for each patient, containing all the information required to demonstrate compliance with these rules. Information in program records maintained in electronic format must be able to be produced in a contemporaneous printed form, authenticated by signature, whether physical or digital, and date of the person who provided the service, and placed in the patient record.¶

~~(232)~~ "Program Staff" means:¶

(a) An employee or person who, by contract with the program, provides a clinical service and who has the credentials required in these rules to provide the clinical service; and¶

(b) Any other employee of the program.¶

~~(243)~~ "Quality Assurance" means the process of objectively and systematically monitoring and evaluating the appropriateness of patient care to identify and resolve identified problems.¶

~~(254)~~ "Rehabilitation" means those services, such as vocational rehabilitation or academic education, which assist in overcoming the problems associated with drug abuse or drug dependence and which enable the patient to function at his or her highest potential.¶

~~(265)~~ "State Methadone Opioid Treatment Authority" means the State Methadone Opioid Treatment Authority designated pursuant to section 409 of Public Law 92-255, the Drug Abuse Office and Treatment Act of 1972, or in

lieu thereof, any other State authority designated by the Governor for purposes of exercising the authority under this section. The State ~~Methadone Opioid Treatment~~ Authority for Oregon is the ~~Addictions and Mental Health Division of the Oregon Health Authority~~ Oregon Health Authority designee to serve in that role.¶

(276) "Treatment" means the specific medical and non-medical therapeutic techniques employed to assist the patient in recovering from drug abuse or drug dependence.¶

(287) "Urinalysis Test" or "Urinalysis" means an analytical procedure to identify the presence or absence of specific drugs or metabolites in a urine specimen.¶

(298) "Volunteer" means an individual who provides a program service or who takes part in a program service and who is not an employee of the program and is not paid for services. The services must be non-clinical unless the individual has the required credentials to provide a clinical service.

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: ORS 430.010(4)(b), 430.560 - 430.590

AMEND: 415-020-0010

RULE SUMMARY: "State Methadone Authority" to "State Opioid Treatment Authority"

CHANGES TO RULE:

415-020-0010

Program Approval ¶¶

- (1) Letter of Approval: No person or governmental entity shall operate an Opioid Treatment Program without a letter of approval from the State ~~Methadone~~Opioid Treatment Authority in Oregon.¶¶
- (2) Application: To receive a certificate for the provision of behavioral health treatment services an Opioid Treatment Program must meet the criteria under OAR 309-008-0100 to 309-008-1600; in addition, the Opioid Treatment Program must:¶¶
- (a) Meet the standards set forth in these rules and any other administrative rules applicable to the program;¶¶
- (b) Comply with the federal regulations contained in 42 CFR Part 2 and 42 CFR Part 8; ~~and~~¶¶
- (c) Submit documentation of accreditation as an opioid treatment program by an accreditation body approved by SAMHSA under 42 CFR Part 8; ~~and~~¶¶
- (d) Specify in the application the identity and financial interest of any person (if the person is a corporation, the name of any stockholder holding stock representing an interest of 5 percent or more) or other legal entity who has an interest of 5 percent or more or 5 percent of a lease agreement for the facility.¶¶
- (3) Renewal: The renewal of a Certificate shall be governed by OAR 309-008-0100 to 309-008-1600.¶¶
- (4) Denial, Revocation, Nonrenewal, Suspension: The denial, revocation, nonrenewal, or suspension of a letter of approval or license for an opioid treatment program may be based on any of the grounds set forth in OAR 309-008-1100.¶¶
- (5) Federal Protocols: The program shall be responsible for filing and maintaining all necessary protocols and documentation required by the National Institute on Drug Abuse (NIDA), the Federal Substance Abuse and Mental Health Services Administration, and the Federal Drug Enforcement Administration.
- Statutory/Other Authority: ORS 430.256
- Statutes/Other Implemented: ORS 430.010(4)(b), 430.560 - 430.590

RULE SUMMARY: Allowing advance practice providers (APPs) to make determination of opioid dependence for new patient admissions. Removing language/requirement patients upon admission into the OTP setting obtain approval from probation or parole officer if on community supervision

CHANGES TO RULE:

415-020-0025

Admission Policies and Procedures ¶¶

(1) Admission Criteria: The Opioid Treatment Program shall have written criteria for accepting or rejecting admission requests. The criteria shall be available to patients, staff, and the community, and require:¶¶

(a) Evidence of current physical dependence on narcotics or opiates as determined by the program physician or medical director, ~~or a qualified nurse practitioner, or physicians' assistant;~~¶¶

(b) A one year history, immediately prior to admission, of a continuous physical dependence on narcotics or opiates as documented by medical records, records of arrests for possession of narcotics, or records from drug treatment programs; or¶¶

(c) Documentation that medically supervised withdrawal or medically supervised withdrawal with acupuncture and counseling has proven ineffective or that a physician licensed by the Oregon State Board of Medical Examiners has documentation in the patient record that there is a medical need to administer opioid agonist medications;¶¶

~~(d) Documentation that an effort was made to discover whether the applicant is on probation or parole. For applicants on parole or probation, the program must obtain documentation that the probation and parole officer has provided written approval for admission;~~¶¶

(e) Documentation that an initial urinalysis test has been completed and screened for opiates, methadone, benzodiazepines, barbiturates, cocaine, amphetamines, and Tetrahydrocannabinol (THC);¶¶

~~(f)~~ That each patient voluntarily chooses opioid treatment and that all relevant facts concerning the use of an opioid agonist drug have been clearly and adequately explained;¶¶

~~(g)~~ Documentation that the patient has provided written informed consent to treatment.¶¶

(2) Admission Criteria Exceptions: If clinically appropriate, the program physician may waive the requirement for a one-year history of opioid addiction for patients who:¶¶

(a) Have been released from a corrections facility within the previous six months;¶¶

(b) Are pregnant and whose pregnancy has been verified by the program physician; or¶¶

(c) Have previously been treated and discharged from opioid treatment programs within the last two years.¶¶

(3) Refusing Admissions: A patient may be refused opioid treatment even if the patient meets admission standards if, in the professional judgment of the medical director, a particular patient would not benefit from opioid treatment. The reasons for the refusal must be documented in the patient file within seven days following the refusal decision.¶¶

(4) Minors: No person under 18 years of age may be admitted to an opioid treatment program unless:¶¶

(a) A parent, legal guardian, or responsible adult designated by the State provides written consent for treatment; and¶¶

(b) The program can document two unsuccessful attempts at short-term medically supervised withdrawal or drug free treatment within a 12-month period.¶¶

(5) Pregnant Patients: Admission and treatment of pregnant patients regardless of age is allowed under the following conditions:¶¶

(a) The patient has had a documented narcotic dependency in the past and may be in direct jeopardy of returning to narcotic dependency. For such patients, evidence of current physiological dependence on narcotic drugs is not needed if a program physician certifies the pregnancy and, in his or her reasonable clinical judgment, finds treatment to be medically justified. Evidence of all findings and the criteria used to determine the findings are required to be recorded in the patient's record by the admitting program physician, or by program personnel supervised by the admitting program physician;¶¶

(b) The patient undergoes a prenatal exam and health check to verify the pregnancy and identify any health problems;¶¶

(c) The patient is given the opportunity for prenatal care either by the program or by referral to appropriate health care providers. If a program cannot provide direct prenatal care for pregnant patients in treatment, the program shall establish a system for informing the patient of the publicly or privately funded prenatal care opportunities available. If there are no publicly funded prenatal referral opportunities and the program cannot provide such services or the patient cannot afford them or refuses them, then the treatment program shall, at a minimum, offer

- her basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service;¶
- (d) The patient is fully informed concerning risks to herself and her unborn child from the use of methadone and other drugs, including alcohol;¶
- (6) Intake Procedures: The program shall utilize a written intake procedure. The procedure shall require:¶
- (a) Documentation that the medical director has:¶
- (A) Examined and approved all admissions;¶
- (B) Recorded in the patient's record the criteria used to determine the patient's current dependence and history of addiction; and¶
- (C) Determined that the opioid treatment program's services are appropriate to the needs of the patient.¶
- (b) A specific time limit within which the initial patient assessment must be completed on each patient prior to the initial dose of an opioid agonist treatment medication;¶
- (c) Documentation that individuals not admitted to the opioid treatment program were referred to appropriate treatment or other services;¶
- (7) Orientation Information: The program shall give to, and document the receipt of, written program orientation information. The program shall also make the information available to others. The information given shall include:¶
- (a) The program's philosophical approach to treatment;¶
- (b) A description of the program's stages of treatment;¶
- (c) Information on patients rights and responsibilities, including confidentiality, while receiving services;¶
- (d) Information on the rules governing patient behavior and those infractions that may result in discharge or other actions. As a minimum these rules shall state the consequence of alcohol and other drug use, absences from appointments, non-payment of fees, criminal behavior, and failure to participate in the planned treatment program including school, work, or homemaker activities;¶
- (e) Information on the specific hours of service available, methods to accommodate patient needs before and after normal working hours, and emergency services information; and¶
- (f) A schedule of fees and charges.¶
- (8) Patient Record: The following information shall be recorded in each patient's record at the time of admission:¶
- (a) Name, address, and telephone number;¶
- (b) Whom to contact in case of an emergency;¶
- (c) Name of individual completing intake; and¶
- (d) If the patient refuses to provide necessary information, documentation of that fact in the patient file.¶
- (9) Initial Medical Examination Services: Opioid Treatment Programs shall require each patient to undergo a complete, fully documented physical evaluation by a physician, or medical professional under the supervision of a physician before admission to the program. The laboratory tests must be completed within 14 days of admission and must include:¶
- (a) A skin test for tuberculosis, followed by a chest x-ray if the test is positive;¶
- (b) A screening test for syphilis; and¶
- (c) Other laboratory tests as clinically indicated by the patient history and physical examination.

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: ORS 430.010(4)(b), 430.560 - 430.590

RULE SUMMARY: Removing language that medical director is solely responsible for dose changes and orders; medical director remains responsible for 90-day dose reviews. Adding language allowing advance practice providers (APPs) to determine maintenance doses and make dose changes in the OTP setting

CHANGES TO RULE:

415-020-0065

Opioid Agonist Medication Administration ¶¶

(1) The Opioid Treatment Program shall meet the following standards for opioid agonist medication for administration:¶¶

(a) Methadone shall be administered only in oral form and shall be formulated in such a way as to reduce its potential for abuse by injection and accidental ingestion;¶¶

(b) Packaged for outpatient use in special packaging as required by 16 CFR Part 1700.14.¶¶

(2) Methadone Take-Out Doses: For take-out doses, the Poison Prevention Act (P.L. 91-601, 15 USC 1471 et seq.) must be followed. Any take-out medication must be in oral form, either liquid or diskette and shall be labeled with the treatment program name, address, telephone number, and medical director. All labeling shall be in compliance with the Oregon Board of Pharmacy standards.¶¶

(3) Opioid Treatment Programs shall maintain current procedures to ensure that each opioid agonist treatment medication used by the program is administered in accordance with its approved product labeling.¶¶

(4) Records: Accurate records traceable to specific patients shall be maintained showing dates, quantity, and any other Board of Pharmacy required identification for the drug administered and shall be retained for a period of seven years.¶¶

(5) Security: The program shall meet security standards for the distribution and storage of controlled substances as required by the Federal Drug Enforcement Administration, Department of Justice.¶¶

(6) Who May Administer Opioid Agonist Treatment Medications: Medications shall be administered by:¶¶

(a) A practitioner licensed or registered under appropriate State or Federal law to order narcotic drugs for patients; or¶¶

(b) A person licensed or approved by the State Board of Nursing or the State Board of Pharmacy, supervised by and pursuant to the order of the practitioner.¶¶

(7) Responsibility: The licensed practitioner is fully accountable and personally responsible for the amounts of opioid agonist treatment medications administered.¶¶

(8) Documentation: All changes in dosage schedule will be recorded and signed by the licensed practitioner.¶¶

(9) Medical Director: The medical director shall:¶¶

(a) Assume responsibility for the amounts of opioid agonist treatment medications administered ~~and record, date, and sign in each patient's record each change in the dosage schedule;~~ and¶¶

(b) Review each patient's dosage level at least once every 90 days.¶¶

(10) Initial Dose: The initial dose of methadone should not exceed 30 milligrams and the total dose for the first day should not exceed 40 milligrams unless the program medical director documents in the patient's record that 40 milligrams did not suppress opiate abstinence symptoms. The initial dose of opioid agonist treatment medication to a patient whose tolerance for the drug is unknown shall not exceed 40 milligrams.¶¶

(11) Maintenance Dose: The maintenance dose should be individually determined with careful attention to the information provided by the patient. The dose should be determined by a physician, nurse practitioner, or physicians' assistant experienced in addiction treatment and should be adequate to achieve the desired effects for 24 hours or more. The desired effects are;¶¶

(a) Preventing the onset of opioid abstinence syndrome;¶¶

(b) Reducing drug cravings or hunger; and¶¶

(c) Blocking the effects of any illicitly administered opioids.¶¶

(12) All changes ordered by a physician, nurse practitioner, or physicians' assistant in the opioid agonist treatment medication shall be documented in the patient record, and each change in the dosage schedule should be recorded, dated, and signed in each patient's record.¶¶

(13) Methadone Take Out Schedule: A patient may be permitted a temporary or permanently increased take-out schedule if it is the reasonable clinical judgment of the program physician and documented in the records that:¶¶

(a) A patient is found to have a physical disability which interferes with the patient's ability to conform to the applicable take out schedule; or¶¶

(b) A patient, because of critical circumstances such as illness, personal or family crises, or other hardship is unable to conform to the applicable takeout schedule; and¶¶

(c) The patient may not be given more than a 30-day supply of narcotic agonist medication at one time.¶

(14) Patient Treatment at Another Program: The patient shall report to the same treatment program unless prior written approval is obtained from the program physician allowing the patient to receive treatment at another program. If permission is granted, the programs involved shall meet the following requirements:¶

(a) The program referring the patient shall notify and obtain, in writing, permission from the other program for the patient to attend;¶

(b) The maximum period of time that a patient may attend another program is 30 days;¶

(c) During attendance at another program the patient may not receive more opioid agonist treatment medication take-out doses than currently authorized by his or her regular program; and¶

(d) The program making the referral shall provide the patient with positive identification for presentation to the other program.

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: ORS 430.010(4)(b), 430.560 - 430.590

AMEND: 415-020-0070

RULE SUMMARY: Adding language to allow advance practice providers (APPs) to supervise and approve initial physical evaluations for admissions . Adding language to clarify process for Federal waiver to allow APPs to admit and write/change dosing orders for patients

CHANGES TO RULE:

415-020-0070

Medical Services ¶

(1) There shall be at least one program physician, nurse practitioner or physicians' assistant available to supervise the initial medical evaluation, supervise follow-up care and to supervise the patient medication schedules, who is licensed under the appropriate State law and registered under the appropriate State and Federal laws to order narcotic drugs for patients. The licensed physician, licensed nurse practitioner or licensed physicians' assistant assumes responsibility for the amounts of narcotic drugs administered or dispensed and shall record and countersign all changes in the dosage schedule. Licensed nurse practitioners or physicians' assistants are only allowed to order and approve dosages or changes in dosage schedule if the program in question has received prior approval from the State Opioid Treatment Authority or their designated alternate.¶

(2) Administering of narcotic agonist medications ~~may~~shall be performed by a registered nurse, licensed practical nurse, or other healthcare professional authorized by federal and state law to administer narcotic agonist medications under the direction and supervision of the program administrator.¶

(3) Dispensing services ~~may~~shall be provided under the direction and supervision of the program physician, provided that the agent is a pharmacist or other healthcare professional authorized under federal and state law to dispense narcotic agonist medications.¶

(4) The medical director shall assure that the program's medical services are in full compliance with the standards, ethics, and licensure requirements of the medical profession and these rules.¶

(5) The program shall adopt, maintain, and implement written procedures for acquiring patient physical examinations including medical histories and any laboratory tests or other special examination required by the medical director including the required content of those examinations and procedures. The medical director shall review and approve all such examination procedures. Physical examinations ~~must~~shall be completed before administering the first dose of an opioid agonist medication.¶

(6) The opioid treatment program shall adopt, maintain, and implement a policy and procedure to maintain the health and safety of patients and staff. This shall include:¶

(a) Control measures for infectious diseases such as hepatitis, tuberculosis, and AIDS;¶

(b) Informed consent for testing and medical treatment; and¶

(c) Medication monitoring.

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: ORS 430.010(4)(b), 430.560 - 430.590

RULE SUMMARY: Remove language requiring 2 years "continuous sobriety" for management staff, treatment staff and clinical supervisors. Updating contract hours for clinical supervisors for alignment and consistency with behavioral health. Updating rule language around substance use.

CHANGES TO RULE:

415-020-0075

Staffing-specific Staff Qualifications and Competencies

(1) Medical Director Qualifications: The Medical Director must be a physician licensed by the Oregon Board of Medical Examiners and whose license enables him or her to order, dispense, and administer opioid agonist medications. In addition, the program shall document that the Medical Director has completed a minimum of 12 hours per year of continuing education specific to the treatment of addiction disorder.¶

(2) Administrator - Qualifications: Each ~~O~~pioid ~~T~~treatment ~~P~~program shall be directed by a person with the following qualifications at the time of hire and continuously throughout employment as the program administrator:¶

(a) Five years of paid full-time experience in the field of ~~alcohol and drug substance use~~ treatment, including experience in an opioid treatment program with at least one year in a paid administrative capacity; or¶

(b) A Bachelor's ~~D~~egree in a relevant field and four years of paid full-time experience in the field of alcohol and drug treatment, including experience in an opioid treatment program with at least one year in a paid administrative capacity; or¶

(c) A Master's degree in a relevant field and three years of paid full-time experience in the field of alcohol and drug treatment, including experience in an opioid treatment program with at least one year in a paid administrative capacity.¶

(3) Management Staff - Competency: The program administrator shall:¶

(a) Have knowledge and experience demonstrating competence in the performance of the following essential job functions: program planning and budgeting, fiscal management, supervision of staff, personnel management, employee performance assessment, data collection, reporting, program evaluation, quality assurance, and developing and maintaining community resources;¶

(b) Demonstrate by his or her conduct the competencies required by this rule and compliance with the program policies and procedures implementing these rules.¶

~~(4) Management Staff - Recovering Individuals: For an individual recovering from a substance abuse related disorder, the performance of a program administrator's essential job functions in connection with staff and patients who themselves may be trying to recover from a substance abuse related disorder demands that an applicant or person hired as program administrator be able to demonstrate continuous sobriety under nonresidential, independent living conditions for the immediate past two years.¶~~

(5) Clinical Supervisor - Qualifications: Each ~~O~~pioid ~~T~~treatment ~~P~~program shall have an identified clinical supervisor who has one of the following qualifications at the time of hire:¶

(a) Five years of paid full-time experience in the field of alcohol and other drug treatment, including experience in an opioid treatment program, with a minimum of two years of direct alcohol and other drug treatment experience; or¶

(b) A Bachelor's degree in a relevant field and four years of paid full-time experience, with a minimum of two years of direct alcohol and other drug treatment experience including experience in an opioid treatment program; or¶

(c) A Master's degree in a relevant field and three years of paid full-time experience, with a minimum of two years of direct alcohol and other drug treatment experience including experience in an opioid treatment program.¶

~~(6)~~ Clinical Supervisor - Competency: All supervisors shall:¶

(a) Have knowledge and experience demonstrating competence in the performance of the following essential job functions: supervision of treatment staff including staff development, treatment planning, case management, and utilization of community resources including self-help groups; preparation and supervision of patient assessment procedures; preparation and supervision of case management procedures for client treatment; conducting of individual, group, family, and other counseling; and assurance of the clinical integrity of all patient records for cases under their supervision, including timely entry or correctness of records and requiring adequate clinical rationale for decisions in admission and assessment records, treatment plans and progress notes, and discharge records;¶

(b) Demonstrate by his or her conduct the competencies required by this rule and compliance with the program policies and procedures implementing these rules; and¶

(c) Except as provided in ~~section (9)~~ of this rule, hold a current certification or license in addiction counseling or hold a current license as a health or allied provider issued by a state licensing body.¶

(76) Clinical Supervisors - Certification: For supervisors holding a certification or license in addiction counseling, qualifications for the certificate or license must have included at least:¶

- (a) 4,000 hours of supervised experience in ~~alcohol/drug~~ substance use counseling;¶
- (b) ~~27300~~ 300 contact hours of education and training in ~~alcoholism and drug~~ substance use related subjects; and¶
- (c) Successful completion of a written objective examination or portfolio review by the certifying or licensing body.¶

(87) Clinical Supervisor - Licensure: For supervisors holding a health or allied provider license, such license shall have been issued by one of the following state bodies and the supervisor must possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of ~~alcohol and drug-~~ related substance use disorders:¶

- (a) Board of Medical Examiners;¶
- (b) Board of Psychologist Examiners;¶
- (c) Board of Clinical Social Workers;¶
- (d) Board of Licensed Professional Counselors and Therapists; or¶
- (e) Board of Nursing.¶

(98) Clinical Supervisors - Existing Staff: Supervisors not having a credential or license that meets the standards identified in ~~section (7) or (8)~~ of this rule must apply to a qualified credentialing organization or state licensing board within 90 days of the effective date of this rule, and achieve certification or licensure meeting the standards of ~~section (7) or (8)~~ of this rule, within 24 months of the application date.¶

(10) ~~Clinical Supervisors – Recovering Individuals: For an individual recovering from the disease of alcoholism /or from other drug dependence, the performance of a clinical supervisor's essential job functions in connection with staff and patients who themselves may be trying to recover from the disease of addiction demands that an applicant or person hired as clinical supervisor be able to demonstrate continuous sobriety under non-residential, independent living conditions for the immediate past two years.¶~~

(119) Administrator as Clinical Supervisor: If the program's administrator meets the qualifications of the clinical supervisor, the administrator may be the clinical supervisor.¶

(120) Treatment Staff - Competency: All treatment staff shall:¶

(a) Have knowledge, skills, and abilities demonstrating competence in the following essential job functions: treatment of ~~substance-related~~ use disorders including patient assessment and individual, group, family, and other counseling techniques; program policies and procedures for client case management and record keeping; and accountability for recording information in the patient files assigned to them consistent with those policies and procedures and these rules;¶

(b) Demonstrate by conduct the competencies required by this rule and compliance with the program policies and procedures implementing these rules;¶

(c) Except as provided in ~~section (15) or (16)~~ of this rule, hold a current certification or license in addiction counseling or hold a current license as a health or allied provider issued by a state licensing body.¶

(131) Treatment Staff - Certification: For treatment staff holding a certification or license in addiction counseling, qualifications for the certificate or license must have included at least:¶

- (a) 1,000 hours of supervised experience in ~~alcohol/drug~~ substance use counseling;¶
- (b) 150 contact hours of education and training in ~~alcoholism and drug~~ substance use related subjects; and¶
- (c) Successful completion of a written objective examination or portfolio review by the certifying body.¶

(142) Treatment Staff - Licensure: For treatment staff holding a health or allied provider license, such license shall have been issued by one of the following state bodies and the staff person must possess documentation of at least 60 contact hours of academic or continuing professional education in the treatment of ~~alcohol and drug-~~ related substance use disorders:¶

- (a) Board of Medical Examiners;¶
- (b) Board of Psychologist Examiners;¶
- (c) Board of Clinical Social Workers;¶
- (d) Board of Licensed Professional Counselors and Therapists; or¶
- (e) Board of Nursing.¶

(153) Treatment Staff - Existing Staff: Existing staff who do not hold a certificate or license that meets the standards identified in ~~section (13) or (14)~~ of this rule must apply to a qualified credentialing organization or state licensing board within 90 days of the effective date of this rule and achieve certification or licensure meeting the standards of ~~section (13) or (14)~~ of this rule within 36 months of the application date.¶

(164) Treatment Staff - New Hires: New hires need not hold a qualified certificate or license, but those who do not must make application within six months of employment and receive the credential or license within 36 months of the application.¶

(175) ~~Treatment Staff – Recovering Individuals: For an individual recovering from the disease of alcoholism or from other drug dependence, the performance of a counselor's essential job functions demands that an applicant~~

~~or person hired as a counselor be able to demonstrate continuous sobriety under non-residential, independent living conditions for the immediate past two years.~~¶

(18) ~~The Opioid Treatment P~~he opioid treatment program shall provide a minimum of two hours per month of clinical supervisor consultation for each staff person or volunteer who is responsible for the delivery of treatment services. One hour of the supervision must be individual, face-to-face, and address clinical skill development. The supervision or consultation is to assist staff and volunteers to increase their treatment skills, improve quality of services to patient, and ensure compliance with program policies and procedures implementing these rules.

Statutory/Other Authority: ORS 430.256

Statutes/Other Implemented: ORS 430.010(4)(b), 430.560 - 430.590