



HEALTH LICENSING OFFICE

Kate Brown, Governor

Oregon
Health
Authority

1430 Tandem Ave. N.E. Suite 180
Salem, OR 97301
Phone: (503)378-8667
Fax: (503)585-9114
www.oregon.gov/oha/ph/hlo

WHO: Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board
TELEPHONE CONFERENCE CALL ONLY
1430 Tandem Ave. N.E. Suite 180 Salem, OR 97301

WHEN: October 9, 2020 at 9 a.m.

In order to limit the exposure and spread of the COVID-19 virus and adhere to the Governor's physical distancing measures the Health Licensing Office (Office) is prohibiting in-person audience attendance at the Board meeting. All audience members may attend the public meeting by telephone conference call. Directly following *Approval of Agenda*, the Board will enter the Executive Session, at which time the public telephone line will be muted. The Office anticipates finishing with the Executive Session at approximately 10 a.m. At approximately 10:05 a.m., the open session will commence. Any audience member interested in attending the open sessions of the meeting can call into the conference call line at the approximate times of the open sessions listed on the agenda. An executive session may take longer than expected and the Board may enter the open session at a time later than that listed on the agenda. (See call-in instructions below)

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A copy of the agenda is printed with this notice. Please visit <https://www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT-Meetings.aspx> for current meeting information.

May the public attend open sessions ONLY via teleconference meeting?

Yes, however, for the courtesy of all participants on the call all non-board members are asked to **mute** the call.

Approximately five minutes prior to the start of the meeting please follow the directions listed below:

- Dial 1(877)336-1831 and enter the following participants pass code: 4589476 to be connected to the meeting. This phone line will stay connected for the duration of the meeting.
- The teleconference system will notify you that you are connected. For the record, Office staff will do a roll call of all audience members prior to and after the Executive Sessions.

Audience members are asked to send email to April Fleming at april.fleming@dhsaha.state.or.us stating they are logged on to the conference call and whether they want to make a comment during the public and interested parties feedback period.

What if the board/council enters into executive session?

Prior to entering executive session, the board/council chairperson will announce the nature of and the authority for holding executive session. Board members, designated participants such as staff, and representatives of the news media shall be allowed to attend the executive session. All other audience members are not allowed to attend the executive session. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact April Fleming at april.fleming@dhsaha.state.or.us.

Approval of Agenda



Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board
TELEPHONE CONFERENCE CALL ONLY
1430 Tandem Ave. N.E. Suite 180 Salem, OR 97301
October 9, 2020 at 9 a.m.

1. **9:00 a.m. Open Session (this is an approximate time and subject to change)**
2. **Call to Order**
3. **Items for Board Action**
 - ◆ Approval of Agenda
4. **9:10 a.m. this is an approximate time and subject to change) Executive Session:** Pursuant to ORS 192.660(2)(f) and ORS 676.595 for the purpose of considering information exempt from public disclosure. (to consider information or records that are exempt by law from public inspection)
5. **10:05 a.m. Open Session (this is an approximate time and subject to change)**
6. **Items for Board Action**
 - ◆ Complaint investigation
 - ◆ Administrative Rule Deliberation
 - Rules Advisory Committee Recommendations
 - Proposed Rule Language
 - Fiscal Impact
 - ◆ 2021 Chair and Vice Chairperson
 - ◆ 2021 Meeting Dates
7. **Reports**
 - ◆ Director Report
 - ◆ Licensing and Fiscal Statistical Reports
 - ◆ Policy Report
 - 2021 Legislation – Fee Increase
 - ◆ Regulatory Report
 - ◆ COVID-19 Update
 - Rule Information
 - Out-of-State Authorization
8. **Public/Interest Parties Feedback**
9. **Other Board Business**

Agenda is subject to change. For the up to date information visit www.oregon.gov/oha/ph/hlo

Executive Session

~

Pursuant to ORS 192.660(2)(f) and ORS 676.595 for the purpose of considering information exempt from public disclosure. (to consider information or records that are exempt by law from public inspection)

Open Session

Items for Board Action

Complaint Investigation

Administrative Rules



Rules Advisory Committee Report
Proposed Rule Language
Fiscal Impact

Rules Schedule



ADMINISTRATIVE RULE SCHEDULE

HEALTH LICENSING OFFICE Respiratory Therapy and Polysomnographic Technicians Licensing Board

Date	Action	Time
November 22, 2019	Board meeting – approve rulemaking schedule and recommend Rules Advisory Committee membership	9 am
February 7, 2020	Rules Advisory Committee	9 am
March 13, 2020	Board meeting – approve rule schedule and proposed rules – CANCELLED DUE TO COVID-19	9 am
October 9, 2020	Board meeting – approve rule schedule and proposed rules	
November 1, 2020	Notice of proposed rules in Oregon Bulletin	
November 18, 2020	Public rule hearing	9 am to noon
November 30, 2020	Last day for public comment	5 pm
December 9, 2020	Board meeting – adopt permanent rules	9 am
January 1, 2021	Permanent rules filed and effective	

Please send all public comment or questions to:
Samie Patnode, Policy Analyst
1430 Tandem Ave NE, Suite 180, Salem OR 97301
Work phone – (503)3731917
Samie.patnode@state.or.us

For current information regarding administrative rules visit our website at
<https://www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT-Laws-Rules.aspx>

Meetings and hearings may be held by conference call visit our meetings website at
<https://www.oregon.gov/oha/PH/HLO/Pages/Board-RTPT-Meetings.aspx>

Administrative rule schedules are subject to change.

Rules Advisory Committee Report



HEALTH LICENSING OFFICE

Kate Brown, Governor

Oregon
Health
Authority

1430 Tandem Ave. N.E. Suite 180
Salem, OR 97301
Phone: (503)378-8667
Fax: (503)585-9114
www.oregon.gov/oha/ph/hlo

Date: October 5, 2020

To: Respiratory Therapist and Polysomnographic Technologist Licensing Board

From: Samie Patnode, Policy Analyst

Subject: Rules Advisory Committee Report

The Rules Advisory Committee met on February 2, 2020. Due to the COVID-19 pandemic rulemaking was put on hold.

Committee members were given Rules Advisory Committee training and questions were answered about the process. The following recommendations were made by the Rules Advisory Committee and the Health Licensing Office:

-In accordance with ORS 688.825 adopt rules for electing a Chair and Vice-chairperson and duties of chair and Vice-chairperson.

-Added specific terms to definitions including American Board of Sleep Medicine, Registered Sleep Technicians and Respiratory Therapist and Polysomnographic Technologists Licensing Board

-Delete reference to "Agency" and replace with Health Licensing Office (Office.)

Add the American Board of Sleep Medicine, Registered Sleep Technicians examination to polysomnography licensure under pathway-one academic degree and pathway-two Temporary Licensee (supervision throughout 18-month training and education experience.

Add American Board of Sleep Medicine, Registered Sleep Technicians examination to the list of approved examinations for polysomnography licensure.

-Recommendation was made to not accept the Board of Registered Polysomnographic Technicians, Certification in Clinical Sleep Health (CCSH) examination as an approved examination for polysomnography licensure. Generally, this advanced-level examination for healthcare providers and educators who work directly with sleep medicine patients, families, and practitioners to coordinate and manage patient care, improve outcomes, educate patients and the community, and advocate for the importance of good sleep. However, training and education in polysomnography is not required. Most medical professional would qualify to take the examination without specific training and education in polysomnography including but not limited to pharmacists and physical therapists.

-Require polysomnography temporary direct supervision licensees obtain their 30 sleep studies in a clinical setting.

-Allow polysomnography temporary indirect supervision licensees to obtain sleep studies in a clinical or home setting.

-Update links within the rule including American Academy of Respiratory Care and Board of Registered Polysomnographic Technology.

-In order to adhere to the requirement of HB 2011 (2019) the committee recommended that one continuing education hour of the required seven must be obtained in cultural competency annually for both respiratory care and polysomnography.

Draft Rules

**Division 705
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD
GENERAL ADMINISTRATION**

331-705-0010

Election of Chairperson and Vice Chairperson

The chairperson and vice chairperson must be elected by the Board. The elected Board chairperson and vice chairperson may serve continuously until the Board elects another chairperson and vice chairperson.

331-705-0020

Vacancies in Office

If the chairperson or vice chairperson are unable to complete their term, the Board must elect another chairperson or vice chairperson.

331-705-0030

Duties of Officers

(1) The chairperson must preside at all meetings. The chairperson must confer with the Office on matters that come up between meeting dates and matters that need to be placed on the agenda for Board meetings. The chairperson may order or reorder the agenda.

(2) In the absence of the chairperson from a meeting or a portion of a meeting, the Board must vote to elect another Board member to run the meeting.

(3) Decisions will be made by a vote of the Board and carried out with a motion and second and vote by majority.

331-705-0050

Definitions

The following definitions apply to OAR 331-705-0000 through 331-720-0020:

(1) "Affidavit of Licensure" means an original document or other approved means of verifying an authorization to practice (certification, licensure or registration) status and history, including information disclosing all unresolved or outstanding penalties and/or disciplinary actions. Refer to OAR 331-030-0040.

~~(2) "Agency" means the Oregon Health Licensing Agency.~~

(3) "AASM" means the American Academy of Sleep Medicine.

(4) "ABSM" means the American Board of Sleep Medicine.

~~(4)~~ (5) "A-STEP" means the Accredited Sleep Technology Education Program.

(6) "Board" means Respiratory Therapist and Polysomnographic Technologists Licensing Board

~~(5)~~ (7) "BRPT" means Board of Registered Polysomnographic Technologists.

~~(6)~~ (8) "CAAHEP" means Commission on Accreditation of Allied Health Education Programs.

~~(7)~~ (9) "CoARC" means Commission on Accreditation for Respiratory Care.

~~(8)~~ (10) "NBRC" means the National Board for Respiratory Care.

(11) "Office" means Health Licensing Office.

~~(9)~~ (12) "Official transcript" means an original document authorized by the appropriate office in the Oregon Department of Education and or certified by a college or university indicating applicant identity information, hours and types of course work, examinations and scores that the student has completed. Original documents must be submitted directly to the Agency Office from the college or university by United States Postal Service mail or other recognized mail service providers in a sealed envelope;

~~(10)~~ (13) "RPSGT" means Registered Polysomnographic Technologists.

~~(11)~~ (14) "RRT" means Registered Respiratory Therapist.

(15) "RST" Registered Sleep Technician.

~~(12)~~ (16) "Qualified Medical Director for Polysomnography" has the definition set forth in ORS Chapter 688.800.

~~(13)~~ (17) "Qualified Medical Director for Respiratory Care" has the definition set forth in ORS Chapter 688.800.

331-705-0080

Licensure Exemption for Supervisors and Polysomnography Students

(1) Students actively enrolled in the following education programs are exempt from polysomnographic technologist licensure pursuant to ORS 688.805(2)(b)(A):

(a) Associate's degree program in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college, or university; or

(b) Polysomnography course of study from a CAAHEP accredited institution;

(2) In accordance with ORS 688.805(2)(b)(B) to be exempt from licensure students in subsection (1) of this rule must be supervised by one of the following:

(a) A licensed polysomnographic technician;

(b) A qualified medical director for polysomnography;

(c) Respiratory therapist who holds a Sleep Disorder Specialty credential through the NBRC; or

(d) Respiratory therapist who holds a RSPGT credential through the BRPT.

(3) Direct supervision, for the purpose of this rule, is supervision of a student in polysomnography by an approved supervisor who is physically present with the student while the student is working. The supervisor must exercise direction and control over the student's work. An approved supervisor supervising a student may not supervise more than one student per shift.

**Division 710
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD
APPLICATION FOR LICENSURE**

331-710-0000

Training

Training, or formal education, required for licensure is a planned sequence of instruction of specific content, pursuant to ORS 688.815(1)(~~eb~~) and (c), structured to meet stated curriculum objectives which includes evaluation of attainment of those objectives, and offered by a post-secondary educational institution accredited by the Committee On Accreditation For Respiratory Care, or its successors, or recognized by the National Board for Respiratory Care.

331-710-0005

Respiratory Therapist License

(1) A respiratory therapist license holder, licensed under ORS 688.815, may perform respiratory care services and polysomnography services defined under ORS 688.800.

(2) A respiratory therapist license is good for one year and becomes inactive on the last day of the month one year from the date of issuance.

331-710-0010

Application Requirements for a Respiratory Therapist License

An individual applying for licensure to practice respiratory care must:

(1) Meet the requirements of OAR 331 division 30.

(2) Submit a completed application form prescribed by the ~~Agency Office~~, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees.

(3) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(4) Be at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or military/government identification;

(5) Submit proof of having a high school diploma or equivalent; and

(6) Submit satisfactory evidence of having an active credential as an RRT through the NBRC. Proof of having an active RRT credential must be submitted directly to the Office by the NBRC;

(7) Submit proof of having passed the Respiratory Therapy Oregon Laws and Administrative rules examination within two years before the date of application.

(8) An individual licensed prior to January 1, 2018 who obtained licensure with a Certified Respiratory Therapist (CRT) credential through the NBRC is not required to obtain the RRT credential.

NOTE: The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.

331-710-0015

Temporary Respiratory Therapist Licensure

(1) A respiratory therapist temporary license authorizes a holder to practice respiratory care under supervision and pending passage of the qualifying examination.

(2) For the purpose of this rule supervision means the required presence of a licensed respiratory therapist or qualified Medical Director for respiratory care within the work location at the same time as the respiratory therapist temporary license holder.

(3) A respiratory therapist temporary license holder must notify the Agency Office within 10 calendar days of changes in employment status or supervisor.

(4) A respiratory therapy temporary license is valid for six months and may not be renewed.

Commented [PS1]: Should an individual be able to reapply once they have completed both renewals, similar to body piercing trainees.

331-710-0020

Application Requirements for a Temporary Respiratory Therapist License

To qualify for a respiratory therapist temporary license ~~for~~ the applicant must:

(1) Meet the requirements of OAR 331 division 30;

(2) Submit a completed application form prescribed by the Agency Office, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees;

(3) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(4) Be at least 18 years of age, and provide official documentation confirming the applicant's date of birth, such as a copy of the birth certificate, driver's license, or passport;

(5) Submit official transcripts showing proof of having completed an Associate's degree in respiratory therapy or a statement, signed by the Registrar or a Dean of a college or university and sent directly to the Agency Office from that college or university, verifying the applicant has completed all work necessary to obtain a degree in respiratory care; and

(6) Provide information identifying supervisor pursuant to OAR 331-710-0015.

331-710-0045

Polysomnographic Technologist License

(1) A polysomnographic technologist, licensed under ORS 688.815, may perform polysomnography services defined under ORS 688.800.

(2) A polysomnographic technologist license is good for one year and becomes inactive on the last day of the month one year from the date of issuance.

331-710-0050

Application Requirements for Polysomnographic Technologist License

(1) An individual applying for licensure to practice polysomnography must:

(a) Meet the requirements of OAR chapter 331 division 30;

(b) Submit a completed application form prescribed by the Agency Office, containing the information listed in OAR 331-030-0000 and accompanied by payment of the required fees;

(c) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(d) Be at least 18 years of age, and must provide documentation, confirming date of birth, such as a copy of the birth certificate, driver's license or passport;

(e) Submit proof of having a high school diploma or equivalent;

(f) Submit all required fees; and

(2) Submit documentation of qualification through one of the following pathways:

(a) License Pathway One Academic Degree: An applicant under pathway one must:

(A) Submit official transcripts defined under OAR 331-705-0050 showing successful completion of an Associate's degree in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college or university, or successful completion of a polysomnography course of study from a CAAHEP accredited institution. In addition to an official transcript defined under 331-705-0050 an applicant who has obtained education through a CAAHEP accredited institution must submit a statement, signed by the Registrar or a Dean of a college or university and sent directly to the Agency-Office from that college or university, verifying the applicant has successfully completed a polysomnography course of study;

(B) Submit satisfactory evidence of passage a Board approved examination listed under OAR 331-712-0010(1) or (4) within two years before the date of application. Examination results must be submitted to the Agency-Office directly from the examination provider; examination results or other documentation provided directly by the applicant are not acceptable; and

(C) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application.

(b) License Pathway Two Polysomnographic Technologist Temporary Licensee: An applicant under pathway two ~~must~~ applying for permanent licensure must:

(A) Submit documentation showing completion of 18 months of training and work experience pursuant to OAR 331-710-0110, obtained under polysomnographic technologist temporary-DS licensure (See 331-710-0060) and temporary-IS licensure (See 331-710-0080), including verification by an approved supervisor pursuant to 331-710-0100, and certification of successful completion and satisfactory performance of such experience by a qualified medical director for polysomnography, all on forms provided by the Agency-Office;

(B) Submit satisfactory evidence of passage of a Board approved examination listed under OAR 331-712-0010(1), ~~or (2)~~ or (4) within two years before the date of application. Examination results must be submitted to the Agency-Office directly from the examination provider; examination results or other documentation provided directly by the applicant are not acceptable; and

(C) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application.

(c) License Pathway Three Reciprocity: An applicant under pathway three must:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040, from every state where the applicant has been licensed as a polysomnographic technologist, including an affidavit of licensure demonstrating proof of a current polysomnographic technologist license from another state, obtained through qualifications substantially equivalent to Oregon's requirements. At least one of the applicant's out-of-state licenses must be

active and all of the applicant's out-of-state licenses must not be subject to current or pending disciplinary action, and must be free from disciplinary history for three years before the date of application for Oregon polysomnographic licensure; and

(B) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application.

(d) License Pathway Four Endorsement: An applicant may qualify for licensure by endorsement if the applicant holds a qualifying professional credential in another field. An applicant under pathway four must:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040 demonstrating proof of a current license, which is active with no current or pending disciplinary action, and no disciplinary history for the three years before the date of application for Oregon polysomnographic licensure, as a:

(B) Physician (Doctor of Medicine or Doctor of Osteopathy) licensed under ORS Chapter 677;

(C) Respiratory therapist licensed under ORS chapter 688 with the RPSGT credential from the BRPT; or

(D) CRT or RRT who holds a Sleep Disorder Specialty credential through NBRC; and

(E) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application.

(e) License Pathway Five BRPT Credential: Pursuant to ORS 688.819 an applicant under pathway five must submit documentation showing completion of a combined education and training program required and approved by the BRPT as of March 1, 2013; and must:

(A) Prove successful passage of the RPSGT examination provided by the BRPT:

(i) After completing a combined education and training program required and approved by the BRPT as of March 1, 2013; or

(ii) Before the BRPT required an individual to complete a combined education and training program in order to take the examination, and has since met the education and training requirements established by the BRPT as of March 1, 2013;

(B) Submit satisfactory evidence of having passed the Oregon Laws and Rules examination for polysomnography listed under OAR 331-712-0010(3) within two years before the date of application.

(C) For the purpose of subsection (e) of this rule “education” includes a self-study education program approved by the BRPT as of March 1, 2013.

(D) For the purpose of subsection (e) of this rule combined education and training and examination results must be submitted to the Agency Office directly from the BRPT; examination results or other documentation provided directly by the applicant are not acceptable.

(E) A copy of the 2013 BRPT RPSGT Candidate Handbook is available at the Health Licensing Office or a PDF version is available at <https://www.brpt.org/rpsgt/rpsgt-handbook>.

~~http://www.brpt.org/downloads/exam/BRPT-RPSGT-Candidate-Handbook_2014_11-2014.pdf~~

331-710-0060

Polysomnographic Technologist Temporary-DS (Direct Supervision) Licensure

(1) A polysomnographic technologist Temporary-DS license authorizes the holder to temporarily practice polysomnography under direct supervision by an approved supervisor.

(2) Direct supervision is supervision of the Temporary-DS licensee by an approved supervisor who is immediately physically present with the Temporary-DS licensee while the Temporary-DS licensee is working, and who exercises direction and control over the Temporary-DS licensee’s work.

(3) A polysomnographic technologist Temporary-DS license holder must notify the Agency Office within 10 calendar days of changes in employment status and changes in supervisor.

(4) A polysomnographic technologist Temporary-DS license is valid for six months and may not be renewed.

331-710-0070

Application Requirements for Polysomnographic Technologist Temporary-DS License

An applicant for a polysomnographic technologist Temporary-DS license must:

(1) Meet the requirements of OAR chapter 331 division 30;

(2) Submit a completed application form prescribed by the agency Office, containing the information listed in OAR 331-030-0000 and accompanied by payment of all required fees;

(3) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(4) Be at least 18 years of age, and must provide documentation confirming date of birth, such as a copy of the birth certificate, driver's license, or passport;

(5) Submit proof of having a high school diploma or equivalent; and

(6) Submit a certificate of completion for the AASM A-STEP Self Study Modules; and

(7) Submit information identifying the applicant's approved supervisor pursuant to OAR 331-710-0100, on a form prescribed by the ~~Agency Office~~;

331-710-0080

Polysomnographic Technologist Temporary-IS (Indirect Supervision) Licensure

(1) A polysomnographic technologist Temporary-IS license authorizes the holder to temporarily practice polysomnography under indirect supervision by an approved supervisor.

(2) Indirect supervision is supervision of the Temporary-IS licensee by an approved supervisor who is physically present and onsite, but may not be immediately accessible at the sleep facility when the Temporary-IS licensee is working, who reasonably oversees the work of the Temporary-IS licensee, and who is available for questions and assistance when needed.

(3) A polysomnographic technologist Temporary-IS license holder must notify the ~~agency Office~~ within 10 calendar days of changes in employment status and changes in supervisor.

(4) A polysomnographic technologist Temporary-IS license obtained under OAR 331-710-0090(5)(a) of this rule is valid for one year and may be renewed once.

(5) A polysomnographic technologist Temporary-IS license obtained under OAR 331-710-0090(5)(b) of this rule is valid for one year and may not be renewed.

(6) A Temporary-IS licensee is prohibited from performing services on persons 12 and under.

(7) A polysomnographic technologist temporary-IS license is invalid after passage of all required written examinations listed under OAR 331-712-0010 for a full polysomnographic technologist license under 331-710-0040.

331-710-0090

Application Requirements for Polysomnographic Temporary-IS Licensure

Commented [PS2]: Should an individual be able to reapply once they have completed both renewals, like body piercing trainees.

An applicant for a polysomnographic technologist Temporary-IS license must:

- (1) Meet the requirements of OAR chapter 331 division 30;
- (2) Submit a completed application form prescribed by the ~~Agency Office~~, containing the information listed in OAR 331-030-0000 and accompanied by payment of all required fees;
- (3) Be at least 18 years of age, and provide official documentation confirming the applicant's date of birth, such as a copy of the birth certificate, driver's license, or passport;
- (4) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;
- (5) Submit documentation of ~~meetings-meeting~~ qualifications listed in ~~(6)(a) or (6)(b)~~ one of the following pathways of this rule:
 - (a) A Pathway One Temporary Licensee-DS: applying for Temporary-IS licensure the applicant must:
 - (A) Submit documentation of successful completion of 30 sleep tests as a polysomnographic technologist Temporary-DS licensee, which includes the signatures of an approved supervisor and certification by a qualified medical director for polysomnography of successful completion of 30 sleep studies and satisfactory performance;
 - (B) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application;
 - (C) Submit information identifying the applicant's approved supervisor on a form prescribed by the ~~Agency Office~~; and
 - (b) ~~An individual with an Pathway Two~~ Academic Degree: applying for Temporary-IS licensure the applicant must:
 - (A) Submit a statement, signed by the Registrar or a Dean of a college or university and sent directly to the ~~Agency Office~~ from that college or university, verifying the applicant has completed all work necessary to obtain an associate's degree in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college or university, or successful completion of a polysomnography course of study from a CAAHEP accredited institution;
 - (B) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application; and

(C) Submit information identifying the applicant's approved supervisor on a form prescribed by the ~~Agency Office~~.

331-710-0100

Supervision of a Temporary Polysomnographic Technologist

(1) To be approved as a supervisor of a polysomnographic temporary licensee, an individual must:

(a) Hold a valid polysomnographic technologist license under ORS chapter 688 or provide proof of being a "qualified medical director for polysomnography" as defined in ORS 688.800(3);

(b) Have no current or pending disciplinary action imposed by the ~~Agency Office~~ or other regulatory body; and

(c) Submit proof of having been actively practicing polysomnography for at least three years prior to requesting approval as a supervisor; and

(d) Submit a completed request for approval on a form prescribed by the ~~Agency Office~~;

(2) A polysomnography supervisor shall not supervise a temporary licensee until all ~~Agency Office~~ required documentation has been completed and submitted to the ~~Agency Office~~ and the supervisor has received ~~Agency Office~~ approval.

(3) A supervisor may supervise up to four patients per shift; whether they are the supervisor's own patients or patients of temporary DS or IS licensees.

(4) An approved supervisor of a Temporary-DS licensee must be immediately physically present with the Temporary-DS licensee while the Temporary-DS licensee is working, and must exercise direction and control over the Temporary-DS licensee's work.

(5) An approved supervisor of a Temporary-IS licensee must be physically present and onsite, but may not be immediately accessible at the sleep facility when the Temporary-IS licensee is working, and must reasonably oversee the work of the Temporary-IS licensee, and be available for questions and assistance when needed.

(6) An approved supervisor must notify the ~~Agency Office~~ in writing within 10 calendar days if a temporary polysomnographic technologist licensee is no longer being supervised, and must provide the number of hours of training and work experience completed on a form prescribed by the ~~Agency Office~~.

(7) A designated supervisor must exercise management, guidance, and control over the activities of the temporary polysomnographic technologist and must exercise professional judgment and be responsible for all matters related to the polysomnography.

(8) Approval of a temporary polysomnographic technologist's training and work experience under OAR 331-710-0110 must be documented by the handwritten signature of the approved supervisor, the supervisor's license number, and date of supervisor's review, placed beside the temporary polysomnographic technologist's signature, on a form prescribed by the ~~agency~~ Office.

(9) An approved supervisor's Agency-Office approval may be withdrawn if the supervisor provides incomplete or inadequate training during supervision or falsifies documentation.

(10) This rule is not intended for or required of purely administrative supervisors.

331-710-0110

Training and Work Experience Requirements for Polysomnography

(1) Training and work experience for polysomnography applicants must involve all of the following:

- (a) Patient interaction & professional behavior;
- (b) Patient assessment;
- (c) Polysomnography theory;
- (d) Performing polysomnography preparation and setup;
- (e) Performing polysomnography recording and monitoring;
- (f) Scoring sleep studies;
- (g) Artifacts, and arrhythmias;
- (h) Sleep related breathing disorders;
- (i) Positive airway pressure and oxygen;
- (j) Evaluation of sleepiness;
- (k) Movement disorders: disorders involving arousal and seizures;
- (l) Scoring waveforms;
- (m) Scoring sleep stages;
- (n) Scoring respiratory events;

(o) Scoring arousals, electroencephalography abnormalities, movements and cardiac events;

(p) Sleep deprivation;

(q) Insomnia;

(r) Medications and sleep;

(s) Circadian sleep and shift work

(t) Arrhythmia recognition;

(u) Emergency procedures and care;

(v) Patient education and mask fitting;

(w) Pediatric sleep; and

(2) For the purpose of this rule "Artifact" means an extraneous electrical signal in a recording channel on a polysomnograph, which originates from the patient, equipment, or external sources, and which may mask or interfere with the desired signal (E.g., snores that appear on the EEG channel, pulses of hypertensive patients that appear on the chin EMG channel, etc.).

(3) A Temporary-IS licensee is prohibited from performing services on persons 12 and under. See OAR 331-710-0080.

(4) Training and work experience do not include sleep studies performed in a home-setting for temporary DS licensees.

(5) Training and work experience may be obtained through sleep studies performed in a clinical or home setting for temporary IS licensees.

Division 712
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD
EXAMINATIONS

331-712-0010

Polysomnography Approved Examinations

The Board has approved the following examinations for qualification as a licensed polysomnographic technologist:

- (1) The RPSGT “registration examination” administered by the BRPT;
- (2) The SDS examination administered by the NBRC; ~~and~~
- (3) The Oregon Laws and Rules examination for polysomnography administered by the ~~Agency Office~~; ~~and~~
- (4) ~~The RST examination administered by the ABSM;~~

NOTE: An applicant is responsible for direct payment to the organization of all application, examination, national certification or other fees associated with any examination.

331-712-0020

General Examination Information

- (1) To be eligible for examination administered by the ~~Agency Office~~, an applicant must meet identification requirements listed under OAR 331-030-0000.
- (2) The examination is administered in English only, unless an ~~Agency Office~~ approved testing contractor or vendor provides the examination in languages other than English.
- (3) Examination candidates may be electronically monitored during the course of testing.
- (4) Examination candidates must adhere to the maximum time allowance for each section of the examination, as established by the Board.
- (5) Notes, notetaking, textbooks, notebooks, electronic equipment and communication devices, such as personal computers, pagers and cellular telephones or any other devices deemed inappropriate by the ~~Agency Office~~, are prohibited in the examination area.
- (6) Candidate conduct that interferes with the examination may result in the candidate’s disqualification during or after the examination, the candidate’s examination being

Commented [PS3]: ABSM Registered Sleep Technicians credential
https://absm.org/wp-content/uploads/2018/11/RST-Exam-Handbook_19.pdf

BRPT Certification in Clinical Sleep Health
<https://www.brpt.org/ccsh/>

deemed invalid, and forfeiture of the candidate's examination fees. Such conduct includes but is not limited to:

(a) Directly or indirectly giving, receiving, soliciting, attempting to give, receive or solicit aid during the examination process;

(b) Violations of subsections (1), (5), or (6) of this rule;

(c) Removing or attempting to remove any examination-related information, notes or materials from the examination site;

(d) Failing to follow directions relative to the conduct of the examination; and

(e) Exhibiting behavior that impedes the normal progress of the examination.

(7) If the candidate is disqualified from taking the examination or the candidate's examination is deemed invalid for reasons under subsection (6) of this rule, the candidate may be required to reapply, submit additional examination fees, and request in writing to schedule a new examination date, before being considered for another examination opportunity.

**Division 715
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD
LICENSURE; RENEWAL**

331-715-0000

License Display and Posting Requirements

- (1) A licensee must show proof of valid license with the ~~agency-Office~~ upon request or post the license document in public view at the ~~licensees~~~~licensee's~~ primary workplace.
- (2) A licensee may temporarily conceal the address printed on the license document with a covering that is removable.
- (3) A licensee must carry the license identification card (pocket card) with them, or post in plain view, the official license anytime services are being provided.

331-715-0010

License Issuance and Renewal

- (1) A licensee is subject to the provisions of OAR chapter 331, division 30 regarding the renewal of a license, and provisions regarding authorization to practice, identification, and requirements for issuance of a duplicate license.
- (2) License renewal under this rule is valid for one year.
- (3) LICENSE RENEWAL: To avoid delinquency penalties, license renewal must be made prior to the license entering inactive status. The licensee must submit the following:
 - (a) Renewal application form;
 - (b) Payment of required renewal fee pursuant to OAR 331-705-0060;
 - (c) Attestation of having obtained required ~~continuing education~~ CE under OAR 331-720-0010 or 331-720-0015, on a form prescribed by the ~~Agency-Office~~, whether license is current or inactive; and
 - (d) Attest to having provided the required information to the Oregon Health Authority pursuant to ORS 676.410;
 - (e) Pay fee established by Oregon Health Authority pursuant to ORS 676.410; and
 - (f) Information, on a form prescribed by the ~~Agency-Office~~, permitting the ~~Agency-Office~~ to perform a state criminal background check pursuant to OAR 331-030-0004;

(4) INACTIVE LICENSE RENEWAL: A license may be inactive for up to three years. A licensee who is inactive is not authorized to practice. When renewing after entering inactive status, the licensee must submit the following:

(a) Renewal application form;

(b) Payment of delinquency and license fees pursuant to OAR 331-705-0060;

(c) Attestation of having obtained required ~~continuing education CE~~ under OAR 331-720-0010 or 331-720-0015, on a form prescribed by the ~~Agency Office~~, whether license is current or inactive;

(d) Attest to having provided the required information to the Oregon Health Authority pursuant to ORS 676.410;

(e) Pay fee established by Oregon Health Authority pursuant to ORS 676.410; and

(f) Information, on a form prescribed by the ~~Agency Office~~, permitting the ~~Agency Office~~ to perform a state criminal background check pursuant to OAR 331-030-0004;

(5) EXPIRED LICENSE: A license that has been inactive for more than three years is expired and the licensee must reapply for licensure and meet the requirements listed in OAR 331-710-0010 or 331-710-0050.

**Division 718
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD
STANDARDS OF PRACTICE**

331-718-0000

Standards of Practice for Respiratory Care

(1) A licensee must comply with the prevailing community standards for professional conduct. The Board recognizes and adopts the American Association of Respiratory Care (AARC) Statement of Ethics and Professional Conduct effective April 2015 as its professional standards model. Documents are available on the AARC Website at <http://www.aarc.org/>- <https://www.aarc.org/wp-content/uploads/2017/03/statement-of-ethics.pdf>.

(2) At minimum, licensees are subject to directives and policies established by the medical facilities, businesses or agencies by which they are employed or regulated.

(3) A licensee must comply with the following safety and infection control requirements:

(a) All devices or items that come into direct contact with a client must be cleaned, sanitized or disinfected according to the manufacturer's instructions or Centers for Disease Control and Prevention (CDC) Standard Precautions;

(b) All items that come in direct contact with the client's skin that do not require disinfecting must be clean;

(c) All items that come in direct contact with the client's skin that cannot be cleaned or disinfected must be disposed of in a covered waste receptacle immediately after use;

(d) All disinfecting solutions and agents must be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times unless equipment is prepackaged and pre-sterilized;

(e) All high-level and low-level disinfecting agents must be approved by the United States Environmental Protection Agency registered. High-level disinfectant means a chemical agent which has demonstrated tuberculocidal activity. Low-level disinfectant means a chemical agent which has demonstrated bactericidal, germicidal, fungicidal and limited ~~virucidal~~viricidal activity;

(f) Before use, disposable prepackaged products and sterilized re-usable instruments must be stored in clean, sterilized containers that can be closed between treatments to maintain effective sterilization of the instrument until removed from the container.

(4) A licensee must observe and follow the Standard Precautions adopted by the CDC as defined in OAR 437 division 2, subdivision Z, and the CDC Standard Precautions for

Commented [PS4]: Should these items be disposed of or cleaned. What type of items would not be able to be sterilized? Checked AARC and Joint Commission and was unable to locate specific information.

public service workers regarding personal protection equipment and disposal of blood or bodily fluid contaminated articles, tools and equipment when providing services to patients.

331-718-0010

Pharmacological Agents for Respiratory Care

(1) A licensee administering intravenous narcotics, paralytics and opioids under ORS 688.800(3)(a) is prohibited from monitoring the patient and must have another qualified licensed individual present to monitor the patient throughout procedures with intravenous narcotics, paralytics and opioids.

(2) All policies, procedures and protocols for respiratory therapists related to administration of intravenous pharmacological agents must be made available to the Agency-Office if requested.

331-718-0020

Standards of Practice for Polysomnography

(1) A licensee must comply with the prevailing community standards for professional conduct. The Board recognizes and adopts the BRPT Standards of Conduct as its professional standards model. Documents are available on the BRPT Website at <http://www.brpt.org>.

Commented [P55]: Contacted BRPT for last year updated.

(2) At minimum, licensees are subject to directives and policies established by the medical facilities, businesses or agencies by which they are employed or regulated.

(3) A licensee must comply with the following safety and infection control requirements:

(a) All devices or items that come into direct contact with a client must be cleaned or disinfected according to the manufacturer's instructions or Centers for Disease Control and Prevention (CDC) Standard Precautions;

(b) All items that come in direct contact with the client's skin that do not require disinfecting must be clean;

(c) All items that come in direct contact with the client's skin that cannot be cleaned or disinfected must be disposed of in a covered waste receptacle immediately after use;

(d) All disinfecting solutions and agents must be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times unless equipment is prepackaged, pre-sterilized and within the expiration date listed on the label of the disinfecting solution;

(e) All high-level and low-level disinfecting agents must be EPA registered. High-level disinfectant means a chemical agent which has demonstrated tuberculocidal activity.

Low-level disinfectant means a chemical agent which has demonstrated bactericidal, germicidal, fungicidal and limited virucidal activity;

(f) Before use instruments must be stored in clean containers that can be closed between use to maintain effective cleanliness until removed from the container.

(g) Masks must be disinfected before each use on a client ~~by removing foreign and completely saturating the mask~~ with a ~~high-level~~high-level disinfectant ~~solution, spray or foam~~ used to manufacturer's instructions.

(4) A licensee must observe and follow the Standard Precautions adopted by the CDC as defined in OAR 437 division 2, subdivision Z, and the CDC Standard Precautions for public service workers regarding personal protection equipment and disposal of blood or bodily fluid contaminated articles, tools and equipment when providing services to patients.

Division 720
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD — CONTINUING EDUCATION

331-720-0010

Continuing Education Requirements for Respiratory Care

(1) To maintain licensure, a respiratory care practitioner must complete a minimum of seven hours of continuing education every year. At least 2.5 hours of the required continuing education must be related to clinical practice of respiratory care defined under ORS 688.800.

(2) A license holder must document compliance with the continuing education requirement through attestation on the license renewal application. A licensee is subject to provisions of OAR 331-720-0020 pertaining to periodic audit of continuing education.

~~(3) The subject matter of the continuing education listed in subsection (1) of this rule must be specifically related to respiratory care as outlined in ORS 688.800(5).~~

~~(3)-(4)~~ Satisfactory continuing education must be obtained by participation in or attendance at a course provided by:

(a) An institution of higher education accredited by the Northwest Association of Accredited Schools, the Northwest Commission on Colleges and Universities, the State Board of Higher Education, Oregon Higher Education Coordinating Commission, American Medical Association Committee on Allied Health Education and Accreditation in collaboration with the Committee on Accreditation for Respiratory Care, or its successor, or the Commission on Accreditation for Allied Health Education Programs offering an Associate Degree in Respiratory Care; or

(b) The NBRC, AARC, Oregon Medical Association, the Oregon Osteopathic Association, the American Medical Association Continuing Medical Education, the American Osteopathic Association, the American Nurses Association, or other professional or medical organizations or associations which conduct educational meetings, workshops, symposiums, and seminars where CEU-continuing education credit is offered and where subject matter meets the requirements under subsection ~~(34)~~ or (6) of this rule;

~~(4) The subject matter of the continuing education must be specifically related to respiratory care as outlined in ORS 688.800(5).~~

(5) Continuing education may include teaching a course sponsored by a continuing education provider listed in subsection ~~(34)~~ of this rule and where the subject matter

meets the requirements under subsection (43) of this rule ~~(provided that no more than half the required hours be in teaching).~~

(6) Notwithstanding any other continuing education requirements, in order to be eligible to renew a license, an authorization holder must obtain 1 unit of continuing education in cultural competency (CCCE) every other time the authorization is subject to renewal. The requirement of this paragraph is effective on and after July 1, 2021. The CCCE must be either:

(A) Approved by the Oregon Health Authority; or

(B) Meet the skills requirements established by the Oregon Health Authority by rule; or

(C) One of the educational institutions or organizations listed in subsection (4) of this rule which are in compliance with one of the requirements listed in subsection (7) of this rule.

Commented [PS6]: Find rule number.

(7) The Board encourages completion of required CCCE from the approved list promulgated by the Oregon Health Authority, available on the Board's website. The Board shall also accept CCCE that is not obtained from the Oregon Health Authority's approved list, to the extent the Board determines the CCCE meets the skills requirements established by the Oregon Health authority in rules that are effective at the time the CCCE is obtained. The Board must maintain a current list of cultural competency skills recognized in rule by the Oregon Health Authority.

(8) Section (6) does not apply to authorization holders who are:

(A) Retired and not practicing the profession in any state;

(B) Not practicing the profession in this state; or

(C) Residing in this state, but not practicing in the profession in any state.

~~(69)~~ Obtaining and maintaining proof of participation in required continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of attainment of required continuing education is available for audit or investigation or when otherwise requested by the agency. Adequate proof of participation is listed under OAR 331-720-0020(3).

~~(710)~~ Documentation of participation in continuing education requirements must be maintained for a period of two years following ~~renewal, and renewal and~~ must be available to the agency upon request.

~~(811)~~ For the purpose of this rule continuing education hours mean actual academic, classroom, or course work time, including but not limited to workshops, symposiums, or

seminars. Continuing education hours do not include travel time to or from the training site, registration or check-in periods, breaks or lunch periods.

331-720-0015

Continuing Education Requirements for Polysomnography

(1) To maintain licensure, a polysomnographic technologist must complete a minimum of seven hours of continuing education every year.

(2) A license holder must document compliance with the continuing education requirement through attestation on the license renewal application. A licensee is subject to provisions of OAR 331-720-0020 pertaining to periodic audit of continuing education.

(3) The subject matter of the continuing education must be specifically related to polysomnography as outlined in ORS 688.800(2).

~~(3)-(4)~~ Satisfactory continuing education must be obtained by participation in or attendance at a course provided by:

(a) An institution of higher education accredited by the Northwest Association of Accredited Schools, the Northwest Commission on Colleges and Universities, the State Board of Higher Education, Oregon Higher Education Coordinating Commission, American Medical Association Committee on Allied Health Education and Accreditation in collaboration with the Committee on Accreditation for Respiratory Care, or its successor, or the Commission on Accreditation of Allied Health Education Programs in Polysomnographic Technology; or

(b) The BRPT, AARC, Oregon Medical Association, the Oregon Osteopathic Association, the American Medical Association Continuing Medical Education, the American Osteopathic Association, the American Nurses Association, American Association of Sleep Technologists and its affiliates, or other professional or medical organizations or associations which conduct educational meetings, workshops, symposiums, and seminars where CEU credit is offered and where subject matter meets the requirements under subsection (4) of this rule;

(5) Continuing education may include teaching a course sponsored by a continuing education provider listed in subsection (3) of this rule and where the subject matter meets the requirements under subsection (4) of this rule (provided that no more than half the required hours be in teaching).

~~(4) The subject matter of the continuing education must be specifically related to polysomnography as outlined in ORS 688.800(2).~~

(5) Notwithstanding any other continuing education requirements, in order to be eligible to renew a license, an authorization holder must obtain 1 unit of continuing education in cultural competency (CCCE) every other time the authorization is subject to renewal.

The requirement of this paragraph is effective on and after July 1, 2021. The CCCE must be either:

(A) Approved by the Oregon Health Authority; or

(B) Meet the skills requirements established by the Oregon Health Authority by rule; or

(C) One of the educational institutions or organizations listed in subsection (4) of this rule which are in compliance with one of the requirements listed in subsection (7) of this rule.

Commented [PS7]: Find rule number.

(6) The Board encourages completion of required CCCE from the approved list promulgated by the Oregon Health Authority, available on the Board's website. The Board shall also accept CCCE that is not obtained from the Oregon Health Authority's approved list, to the extent the Board determines the CCCE meets the skills requirements established by the Oregon Health authority in rules that are effective at the time the CCCE is obtained. The Board must maintain a current list of cultural competency skills recognized in rule by the Oregon Health Authority.

(7) Section (5) does not apply to authorization holders who are:

(A) Retired and not practicing the profession in any state;

(B) Not practicing the profession in this state; or

(C) Residing in this state, but not practicing in the profession in any state.

~~.(5) Continuing education may include teaching a course sponsored by a continuing education provider listed in subsection (3) of this rule and where the subject matter meets the requirements under subsection (4) of this rule (provided that no more than half the required hours be in teaching).~~

~~(76)~~ Obtaining and maintaining proof of participation in required continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of attainment of required continuing education is available for audit or investigation or when otherwise requested by the agency. Adequate proof of participation is listed under OAR 331-720-0020(3).

~~(87)~~ Documentation of participation in continuing education requirements must be maintained for a period of two years following ~~renewal, and~~ renewal and must be available to the agency upon request.

~~(98)~~ For the purpose of this rule continuing education hours mean actual academic, classroom, or course work time, including but not limited to workshops, symposiums, or seminars. Continuing education hours do not include travel time to or from the training site, registration or check-in periods, breaks or lunch periods.

331-720-0020

Continuing Education: Audit, Required Documentation and Sanctions

(1) The Oregon Health Licensing Agency will audit a select percentage of licenses to verify compliance with continuing education requirements.

(2) Licensees notified of selection for audit of continuing education attestation must submit to the ~~agency~~ Office, within 30 calendar days from the date of issuance of the notification, satisfactory evidence of participation in required continuing education in accordance with OAR 331-720-0010, Continuing Education Requirements for Respiratory Care; or 331-720-0015, Continuing Education Requirements for Polysomnography

(3) Evidence of successful completion of the required continuing education must include the following:

(a) Name of continuing education sponsor/provider;

(b) Course agenda — including the date of the training and breakdown of hours for each agenda item, lunch and breaks;

(c) Course outline — including a detailed summary of each topic discussed and the learning objective or training goal of each agenda item; The content of the course must have a direct relationship between the course training and subject matter related to Respiratory Care as set forth in OAR 331-720-0010, or Polysomnography as set forth in 331-720-0015;

(d) Background resume of speakers or instructors; and

(e) Documentation of attendance or successful course completion. Examples include a certificate, transcript, sponsor statement or affidavit attesting to attendance, diploma.

(4) If documentation of continuing education is incomplete, the licensee has 30 calendar days from the date of the deficiency notice to correct the deficiency and submit further documentation of completion of the required continuing education.

(5) Misrepresentations of continuing education or failure to complete continuing education requirements may result in disciplinary action, which may include, but is not limited to assessment of a civil penalty and suspension or revocation of the license.

Division 735
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD
CIVIL PENALTIES

Schedule of Penalties for Licensees Obtaining an Initial License Licensees Renewing a License –

(1) Office has adopted the following presumptive penalty schedule for the 1st, 2nd, and 3rd violation of a licensee’s failure to report a misdemeanor or felony conviction when applying for an initial license or renewing a license. This schedule applies, except at the discretion of the Office pursuant to ORS 676.992. For the 4th and subsequent offenses, the provisions of ORS 676.992 apply.

(a) Failure to report a misdemeanor conviction is a violation of ORS 676.612(2)(k):

(A) 1st offense: \$500;

(B) 2nd offense: \$750;

(C) 3rd offense: \$1000;

(D) 4th offense: Monetary penalty and any other actions allowed by law including revocation of suspended authorization to practice and refusal to issue a new authorization to practice to a revoked authorization holder.

(b) Failure to report a felony conviction is a violation of ORS 676.612(2)(k):

(A) 1st offense: \$500;

(B) 2nd offense: \$750;

(C) 3rd offense: \$1000;

(D) 4th offense: Monetary penalty and any other actions allowed by law including revocation of suspended authorization to practice and refusal to issue a new authorization to practice to a revoked authorization holder.

Division 740
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD
FEES

331-740-0000

Fees

(1) An applicant or licensee are subject to the provisions of OAR 331-010-0010 and 331-010-0020 regarding the payment of fees, penalties and charges.

(2) Fees established by the ~~Oregon Health Licensing Agency Office~~ pursuant to ORS 676.607 are as follows:

(a) Application:

(A) License: \$50.

(B) Temporary license: \$50.

(b) Examination — Oregon laws & rules: \$50.

(c) Original issuance of authorization to practice:

(A) License: \$50.

(B) Temporary license: \$50.

(C) Temporary ~~six months~~six-month license: \$50

(d) Renewals:

(A) Licenses: \$50.

(B) Online license: \$45

(C) Temporary license: \$50

(e) Delinquent (late) renewal of license: \$50 for each year in inactive status up to three years.

(f) Replacement of license, including name change: \$25.

(g) Duplicate license document: \$25 per copy with maximum of three.

(h) Affidavit of licensure for reciprocity: \$50.

(i) Information packets: \$10

(j) An additional \$25 administrative processing fee will be assessed if a NSF or non-negotiable instrument is received for payment of fees, penalties and charges. Refer to OAR 331-010-0010.

Fiscal Impact

HEALTH LICENSING OFFICE

Fiscal Impact Considerations

According to provisions listed in ORS 183 a fiscal impact statement must be developed and submitted with proposed administrative rules. The following questions must be answered prior to submitting required documentation to the Secretary of State:

- 1) Are any state agencies likely to be economically affected by the rule change? If yes, which ones?**

- 2) Are any units of local government likely to be economically affected by this rule change? If yes, which ones?**

- 3) Are any members of the public likely to be economically affected by the rule change? If yes, which ones?**

- 4) Can you provide an estimate of the economic impact on state agencies, units of local government and members of the public? If yes, what is the estimate for each?**

5) Have you included a cost of compliance on small businesses¹ affected, including:

1. An estimate of the number of small businesses subject to the proposed rule.

2. An identification of the types of businesses and industries subject to the rule.

3. A description of expected reporting, recordkeeping, and administrative activities required to comply with the rule.

4. An estimate of the cost of professional services required to comply with the rule.

5. An identification of the equipment, supplies, and labor and increased administration required to comply with the rule.

6. A description of how small businesses were involved in developing the rule. This will be the advisory committee.

7. If you cannot provide an estimate of the economic impact on state agencies, units of local government or members of the public, does the statement of fiscal impact, explain why an estimate is not possible.

8. Is the fiscal impact statement sufficient to notify those who might be economically affected to evaluate their position?

9. Are there ways to reduce the economic impact on small businesses?

- **Consolidating compliance and reporting requirements?**
- **Objective criteria for standards?**
- **Exempting small business from parts of the rule?**
- **Other less intrusive or less costly alternatives?**

Organizations



[American Board of Sleep Medicine](#)

[Board of Reregistered Polysomnographic Technology](#)

[National Board of Respiratory Care](#)

Polysomnography Credentialing Comparison Chart

Credentialing Organization and Examination Type	
Board of Registered Polysomnographic Technologists – Registered Polysomnographic Technologist	BRPT/ RPSGT
Board of Registered Polysomnographic Technologists – Certification in Clinical Sleep Health	BRPT /CCHS
American Board of Sleep Medicine – Registered Sleep Technologist	ABSM/RST
National Board of Respiratory Care – Sleep Disorder Specialist	NBRC/ SDS

Qualification Comparison – BRPT/RPSGT				
Pathway 1 Clinical Experience	Pathway 2 Health Professionals	Pathway 3 Graduate of CAAHEP or CoARC Programs	Pathway 4 Focused Training	Pathway 5 International Option
Complete a STAR-designated self-study education program	Approved health care credential Physician, physician assistant, nurse, respiratory therapist (CRT or RRT), paramedic, radiology etc.	Commission on Accreditation of allied health education programs (CAAHEP) OR Commission on Accreditation for Respiratory Care (CoARC)	A minimum of 819 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed within the past 3 years.	International tertiary/post-secondary qualification in science/medical science related discipline with a major component of human anatomy and physiology included in the curriculum.
1,683 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring	A minimum of 546 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed with the past 3 years		A STAR-designated Focused education program OR both a STAR-designated self-study education program AND a STAR-designated focused 2 program.	A minimum of 546 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed within the past 3 years.

Polysomnography Credentialing Comparison Chart

Qualification Comparison – BRPT/CCHS				
Pathway 1 Clinical Experience	Pathway 2 Health Professionals	Pathway 3 Active RPSGT Credential		
A minimum of 1000 hours of cumulative direct experience in clinical sleep health that includes education, counseling, management, and coordination of patient care and outcomes	Approved health care credential Physician, physician assistant, nurse, pharmacist, physical therapist	An active RPSGT credential that has been recertified at least once		
A Bachelor's degree or above. International equivalents in the form of tertiary/post-secondary education or qualification are accepted	An Associate's degree or above. International equivalents in the form of tertiary/post-secondary education or qualification are accepted	Completed a CASH STAR-designated self-study education program		
Documentation of valid BLS certification for healthcare workers or international equivalent	Valid live/skills BLS certification for healthcare workers or international equivalent	Current live/skills BLS/CPR certification for healthcare workers or international equivalent		

Polysomnography Credentialing Comparison Chart

Qualification Comparison – ABSM/RST				
Pathway 1 Graduate of CAAHEP or CoARC Programs	Pathway 2 80 Didactic or CPSGT	Pathway 3 Health Professionals	Pathway 4 BRPT/RPSGT	Pathway 5 On-the-job Training
Commission on Accreditation of allied health education programs (CAAHEP) OR Commission on Accreditation for Respiratory Care (CoARC)	80 hours of didactic in A-STEP Introductory Program	Physician, physician assistant, nurse, respiratory therapist (CRT or RRT), paramedic, radiology etc..	Current candidates who hold the RPSGT credential from the BRPT	Attest to having worked in AASM-accredited sleep center and have knowledge of the 80-hour didactic A-STEP Introductory Program
	Complete the full A-STEP Online Modules	Independent Performance of 25 Overnight Sleep Studies Of the 25, 10 must include CPAP		Complete the full A-STEP Online Modules
	Independent Performance of 50 Overnight Sleep Studies Of the 50, 20 must include CPAP	Performance of one Multiple Sleep Latency Test		Take and pass the ABSM's Sleep Scoring Proficiency Exam OR participate in three months of the AASM's inter-scorer reliability program through the sleep center
	Performance of one Multiple Sleep Latency Test	Achieve of the minimum standard for three months of the inter-scorer reliability program		
	Achieve of the minimum standard for three months of the inter-scorer reliability program .			

Polysomnography Credentialing Comparison Chart

Qualification Comparison – NBRC/SDS				
Pathway 1	Pathway 2	Pathway 3		
Be a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) and have completed a CoARC accredited respiratory therapist education program that includes a sleep add-on track	Be a Certified Respiratory Therapist (CRT) for at least six months prior to applying for the SDS Examination	Be a Registered Respiratory Therapist (RRT) for at least three months prior to applying for the SDS Examination		

Polysomnography Credentialing Comparison Chart

Examination Comparison				
	BRPT/ RPSGT	BRPT /CCHS	ABSM/RST	NBRC/SDS
Entity	National	National	National	National
Qualifying Entity	BRPT	BRPT	ABSM	NBRC
Time Allotted	4 hours	4 hours	4 hours	4 hours
Number of Questions	175 (25 Pretest Items)	75 (25 Pretest Items)	150	180 (20 pretest items)
Passage Score	350 (Scale Score)	350 (Scale Score)	85%	N/A
Examination Fee	\$450 exam fee	\$450	\$250	\$300
Locations Administered	PearsonVUE Testing Centers (4 locations in Oregon)	PearsonVUE Testing Centers (4 locations in Oregon)	Kryterion Testing Centers (5 locations in Oregon)	PSI Testing Centers (13 locations in Oregon)

Polysomnography Credentialing Comparison Chart

Examination Domain Comparison

<u>BRPT/ RPSGT</u>	<u>BRPT /CCHS</u>	<u>ABSM/RST</u>	<u>NBRC/ SDS</u>
<p><u>Domain 1 - Clinical Overview, Education Patient Support (17.3%)</u> Task A: Patient information and clinical assessment Task B: Patient and caregiver education Task C: Support and compliance</p> <p><u>Domain 2 – Sleep Study Preparation and Performance (29.3%)</u> Task A: Technical preparation Task B: Calibrations Task B: Procedures and practice guidelines Task D: Identify, respond and document</p> <p><u>Domain 3 – Scoring, Reporting, and Data Verification (25.3%)</u> Task A: Adult PSG Task B: Pediatric and infant PSG Task C: Report generation</p> <p><u>Domain 4 – Therapeutic Treatment and Intervention (28%)</u> Task A: PAP therapy Task B: Oxygen therapy Task C: Alternative therapies</p>	<p><u>Domain 1 – Sleep Fundamentals (30%)</u> Task A: Describe normal sleep architecture and factors contributing to variations in normal sleep Task B: Identify and recognize the pathophysiology, epidemiology and clinical presentation of abnormal sleep Task C: Correlate and document sleep and medical history</p> <p><u>Domain 2 - Clinical Evaluation and Management (45%)</u> Task A: Correlate and document sleep and medical history Task B: Identify co-morbid conditions and impact on patient Task C: Utilize measurement tools and explain results in collaboration with a provider Task D: Evaluate treatment and/or therapy</p> <p><u>Domain 3 – Communication and Education (20%)</u> Task A: Provide education to patients, families, HCP and community Task B: Encourage and promote patient self-assessment and self-management</p> <p><u>Domain 4 – Program Administration (5%)</u> Task A: Develop and expand collaborative sleep programs Task B: Manage performance improvement and quality Task C: Promote sleep and wellness as a public health issue</p>	<p><u>Study performance (45%)</u> Electrode application Interventions Patient care Artifact recognition Diagnostic protocols Instrumentation and processing Sleep center emergencies Post-study activities</p> <p><u>Record scoring (30%)</u> Sleep staging Waveform recognition Respiratory event scoring Movement scoring Cardiac event scoring Pediatric scoring</p> <p><u>Understanding sleep disorders (25%)</u> Sleep related breathing disorders Sleep related movement disorders Hypersomnias Pediatric sleep disorders Insomnia Parasomnias</p>	<p><u>1. Pre-testing</u> A. Identification and care of at-risk individuals B. Study Preparations</p> <p><u>2. Sleep Disorders Testing</u> A. Signal maintenance during testing B. Sleep-related disorders and therapeutic interventions C. Documentation during testing D. Study conclusion</p> <p><u>3. Study Analysis</u> A. Record review B. Sleep staging C. Sleep event identification D. Sleep event reporting</p> <p><u>4. Administrative Functions</u> A. Data and equipment maintenance B. Management</p> <p><u>5. Treatment Plan</u> A. Development B. Implementation C. Evaluation</p>

Enrolled House Bill 2011

Sponsored by Representatives KENY-GUYER, KOTEK, Senator FREDERICK, Representative ALONSO LEÓN, Senator MONNES ANDERSON; Representatives BYNUM, GREENLICK, HAYDEN, MCLAIN, POWER, PRUSAK, SANCHEZ, SCHOUTEN, WILLIAMSON, Senators DEMBROW, FAGAN

CHAPTER

AN ACT

Relating to cultural competency continuing education; creating new provisions; amending ORS 676.850 and 676.855; and prescribing an effective date.

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

SECTION 1. ORS 676.850, as amended by section 24, chapter 61, Oregon Laws 2018, is amended to read:

676.850. (1) As used in this section, "board" means the:

(a) State Board of Examiners for Speech-Language Pathology and Audiology;

(b) State Board of Chiropractic Examiners;

(c) State Board of Licensed Social Workers;

(d) Oregon Board of Licensed Professional Counselors and Therapists;

(e) Oregon Board of Dentistry;

(f) Board of Licensed Dietitians;

(g) State Board of Massage Therapists;

(h) Oregon Board of Naturopathic Medicine;

(i) Oregon State Board of Nursing;

(j) Long Term Care Administrators Board;

(k) Oregon Board of Optometry;

(L) State Board of Pharmacy;

(m) Oregon Medical Board;

(n) Occupational Therapy Licensing Board;

(o) Physical Therapist Licensing Board;

(p) Oregon Board of Psychology;

(q) Board of Medical Imaging;

(r) State Board of Direct Entry Midwifery;

(s) State Board of Denture Technology;

(t) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(u) Home Care Commission;

(v) Oregon Health Authority, to the extent that the authority licenses emergency medical service providers; and

(w) Health Licensing Office, to the extent that the office licenses lactation consultants.

[(2)(a) In collaboration with the Oregon Health Authority, a board may adopt rules under which the board may require a person authorized to practice the profession regulated by the board to receive cultural competency continuing education approved by the authority under ORS 413.450.]

(2)(a) A board shall adopt rules to require a person authorized to practice the profession regulated by the board to complete cultural competency continuing education. Completion of the continuing education described in this subsection shall be a condition of renewal of an authorization to practice the profession regulated by the board every other time that the person's authorization is subject to renewal.

(b) Cultural competency continuing education courses may be taken in addition to or, if a board determines that the cultural competency continuing education fulfills existing continuing education requirements, instead of any other continuing education requirement imposed by the board.

(c) A board shall consider the availability of the continuing education described in this subsection when adopting rules regarding the required number of credits of continuing education.

(d) A board shall encourage, but may not require, the completion of continuing education approved by the Oregon Health Authority under ORS 413.450. A board shall accept as meeting the requirements of this subsection continuing education that meets the skills requirements established by the authority by rule.

(3) The requirements of subsection (2) of this section do not apply to a person authorized to practice a profession regulated by a board if the person is:

(a) Retired and not practicing the profession in any state;

(b) Not practicing the profession in this state; or

(c) Residing in this state but not practicing the profession in any state.

[(3)(a) A board, or the Health Licensing Office for those boards for which the office issues and renews authorizations to practice the profession regulated by the board, shall document participation in cultural competency continuing education by persons authorized to practice a profession regulated by the board.]

[(b) For purposes of documenting participation under this subsection, a board may adopt rules requiring persons authorized to practice the profession regulated by the board to submit documentation to the board, or to the office for those boards for which the office issues and renews authorizations to practice the profession regulated by the board, of participation in cultural competency continuing education.]

[(4) A board shall report biennially to the authority on the participation documented under subsection (3) of this section.]

[(5) The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (4) of this section.]

SECTION 2. ORS 676.855 is amended to read:

676.855. Each public university listed in ORS 352.002 and each community college, as defined in ORS 341.005, may require persons authorized to practice a profession regulated by a board, as defined in ORS 676.850, who provide services to students at health care facilities located on a campus of the public university or community college to provide proof of *[participating at least once every two years in a]* **completing cultural competency** continuing education *[opportunity relating to cultural competency]* approved by the Oregon Health Authority under ORS 413.450.

SECTION 3. The amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act apply to applicants for initial authorization and to persons applying for renewal of authorization on or after the operative date of this 2019 Act.

SECTION 4. (1) The amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act become operative on July 1, 2021.

(2) The Oregon Health Authority, the Health Licensing Office and a board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority, the office and the board to exercise, on and after the operative date

specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority, the office or the board by the amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act.

SECTION 5. This 2019 Act takes effect on the 91st day after the date on which the 2019 regular session of the Eightieth Legislative Assembly adjourns sine die.

Passed by House April 18, 2019

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Tina Kotek, Speaker of House

Passed by Senate May 22, 2019

.....
Peter Courtney, President of Senate

Received by Governor:

.....M,....., 2019

Approved:

.....M,....., 2019

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M,....., 2019

.....
Bev Clarno, Secretary of State

**2020 Chair &
Vice Chairperson**

**HEALTH LICENSING OFFICE
RESPIRATORY THERAPIST AND
POLYSOMNOGRAPHIC TECHNOLOGIST LICENSING
BOARD**

BACKGROUND AND DISCUSSION:

Jacob Espinoza had served as Chair for the Respiratory Therapist and Polysomnographic Technologist Licensing Board, and James Hulse has served as Vice-Chair during the year 2020.

ISSUE

In preparation of 2021, it is necessary for the Board to nominate and elect a Chair and Vice-Chairperson.

Role of the Chairperson in Meetings

- Officially call the meeting to order
- Keep order and impose any reasonable restrictions necessary for the efficient and orderly conduct of the meeting.
- Direct the “flow” of the meeting and to ensure the meeting is conducted in a professional manner. Some key points regarding meeting protocol include:
 - Board members wishing to speak need to wait to be addressed by the Chair
 - Once addressed by the Chair, the board member must state his or her last name prior to speaking for the record
 - The Chair guides members through the process of making motions
 - If public comment is being accepted by the board, audience members must wait to be addressed by the Chair and state their full name and affiliation to the board
 - Officially enter/ exit Executive Session
 - Officially adjourn the meeting

Role of the Chairperson Outside of the Meetings

- Collaborate with the Director regarding the board budget- On occasion, the Director may contact the Chair to discuss the board budget regarding current and future revenues and expenditures and possible fee increases or decreases.
- Assist in generating meeting agendas- On occasion, the board specialist or analyst may contact the Chair to discuss the agenda for an upcoming meeting. The Chair may be asked to comment on topics to be discussed and the format or order in which the topics should be presented at the meeting.

Role of the Vice-Chairperson

It is the responsibility of the Vice-Chair to assume the responsibilities of the Chair in the event of an absence, or if the chairperson is no longer a member of the board for any reason.

BOARD ACTION:

The Board nominates and elects a Chair and Vice-Chair for the year 2021.

2021 Meeting Dates

**HEALTH LICENSING OFFICE
RESPIRATORY THERAPIST AND
POLYSOMNOGRAPHIC TECHNOLOGIST LICENSING
BOARD**

BACKGROUND AND DISCUSSION:

The Board of Respiratory Therapist and Polysomnographic Technologist Licensing Board usually meets three times per year at 9 a.m. on Fridays.

ISSUE

With the end of 2020 approaching it is necessary for the Board to approve meeting dates for the year 2021.

- Friday, March 19, 2021 at 9 a.m.
- Friday, October 8, 2021 at 9 a.m.

BOARD ACTION

The Board approves 2021 meeting times and dates:

Reports

Director's Report

Licensing & Fiscal Statistical Reports

Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Report Date:

1-Oct-20

(data as of most recently closed month to Report Date)

Licensing Statistics

Fiscal Year	Quarter	Respiratory Therapist Licenses Issued	Polysomnographic Technologist Licenses Issued	Temporary Licenses Issued	Renewals Processed	PRV COVID	% Renewed Online
2019	Q1	44	5	7	658	-	86.9%
	Q2	28	4	3	523	-	88.3%
	Q3	34	3	-	384	-	82.0%
	Q4	27	10	3	493	-	89.0%
2020	Q1	33	12	7	659	-	91.3%
	Q2	51	9	5	487	-	88.9%
	Q3	56	4	6	372	-	85.2%
	Q4	30	-	5	503	5	85.2%
2021	Q1	43	4	10	264	-	87.1%
	Q2	-	-	-	-	-	0.0%
	Q3	-	-	-	-	-	0.0%
	Q4	-	-	-	-	-	0.0%
Total:		346	51	46	4,343	5	87.1%

2017-19
Bi

19-21 Bi

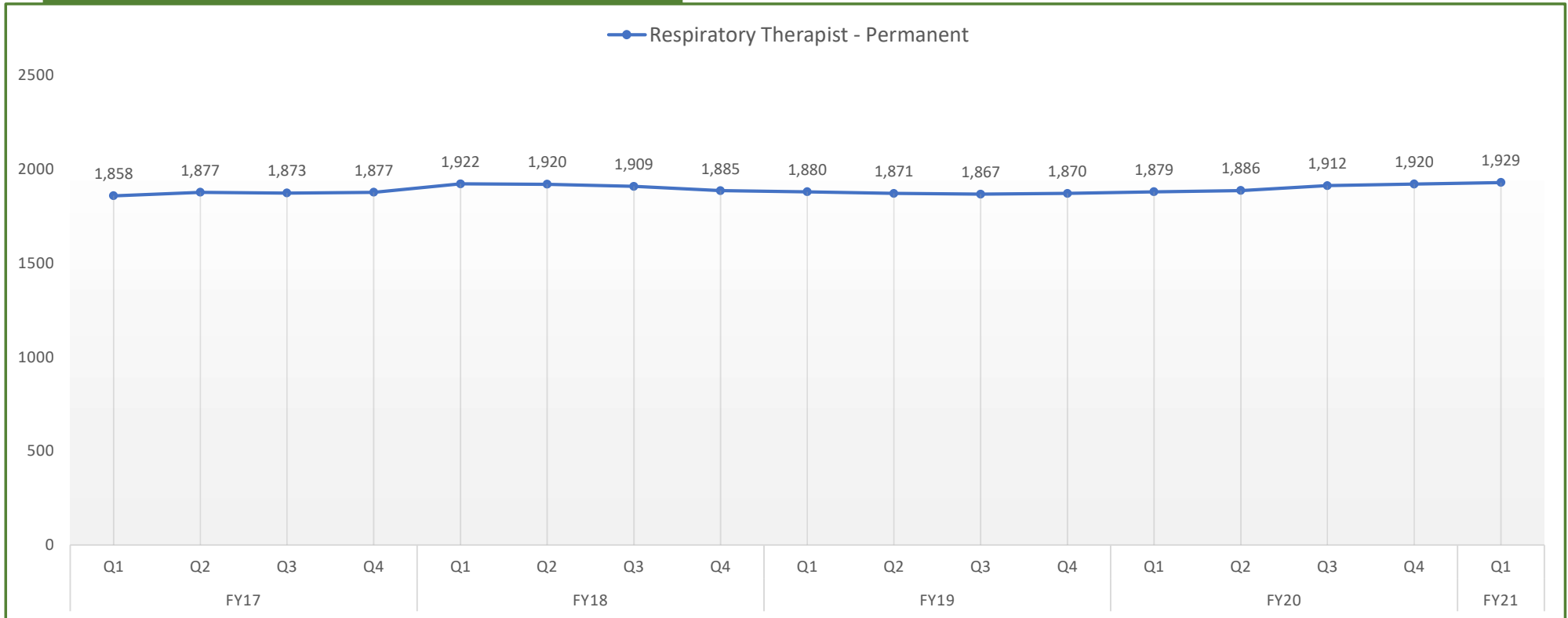
Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Report Date:

1-Oct-20

(data as of most recently closed month to Report Date)

License Volume Trends (averages by State Fiscal Year/Quarter)



License Volume Trends Year-to-Year Growth Rate

State Fiscal Year	2017 <i>(Jul16-Jun17)</i>	2018 <i>(Jul17-Jun18)</i>	2019 <i>(Jul18-Jun19)</i>	2020 <i>(Jul19-Jun20)</i>	2021 <i>(Jul20-Current)</i>
Respiratory Therapist - Permanent	2.7%	1.9%	-1.9%	1.2%	1.8%

Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Report Date:

1-Oct-20

(data as of most recently closed month to Report Date)

Active Licensees Grouped by Age and Gender (Resp Therapist -



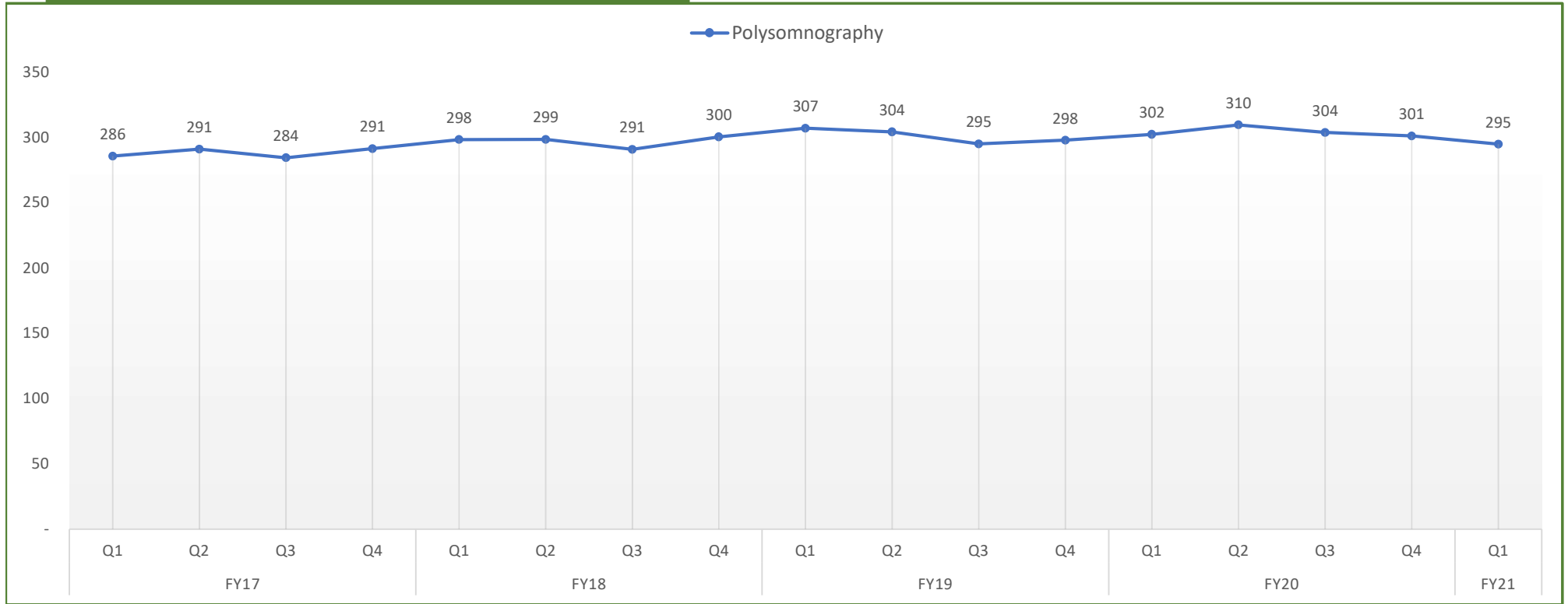
Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Report Date:

1-Oct-20

(data as of most recently closed month to Report Date)

License Volume Trends (averages by State Fiscal Year/Quarter)



License Volume Trends Year-to-Year Growth Rate

State Fiscal Year	2017 <i>(Jul16-Jun17)</i>	2018 <i>(Jul17-Jun18)</i>	2019 <i>(Jul18-Jun19)</i>	2020 <i>(Jul19-Jun20)</i>	2021 <i>(Jul20-Current)</i>
Polysomnography	4.4%	2.9%	1.7%	1.3%	-3.4%

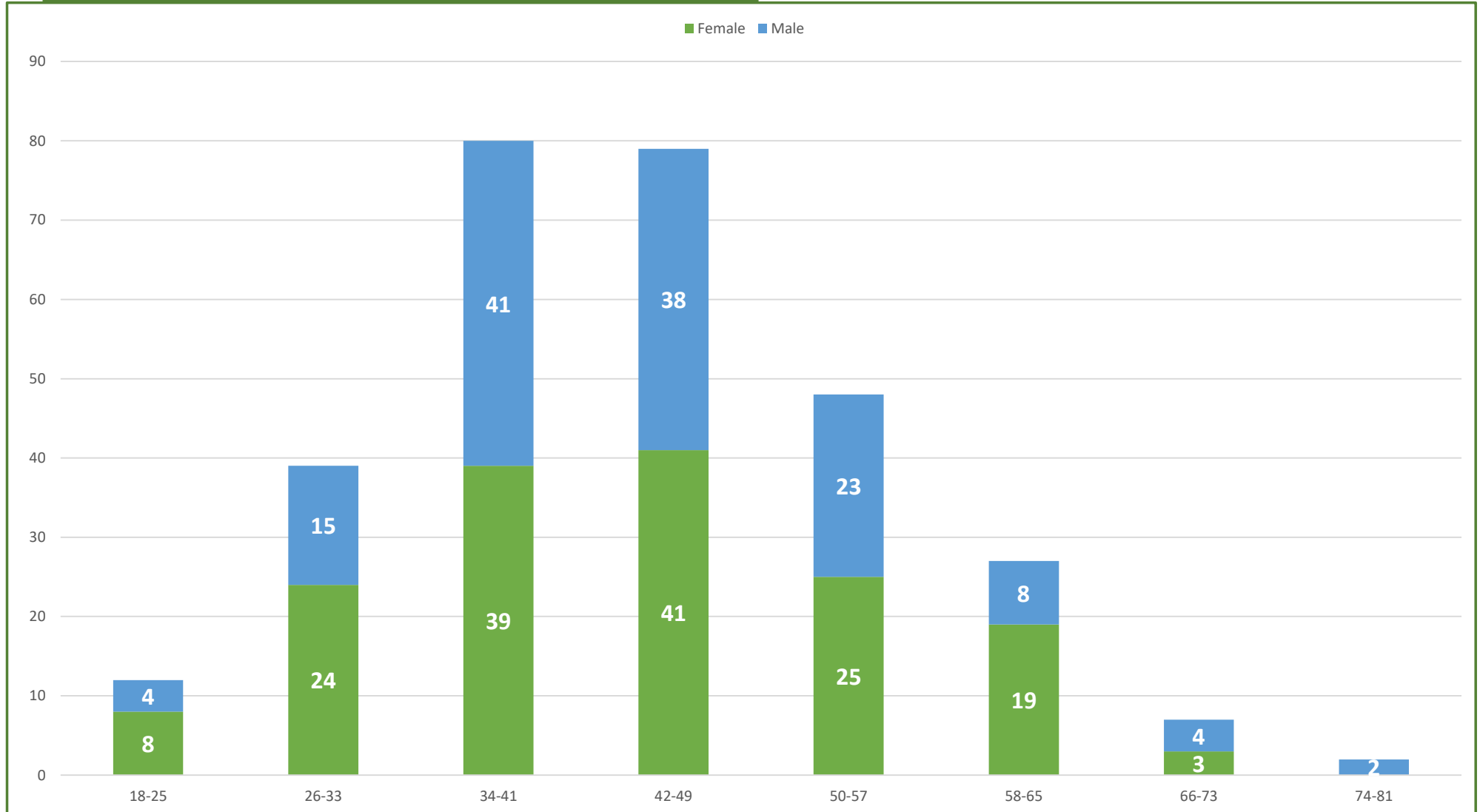
Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Report Date:

1-Oct-20

(data as of most recently closed month to Report Date)

Active Licensees Grouped by Age and Gender

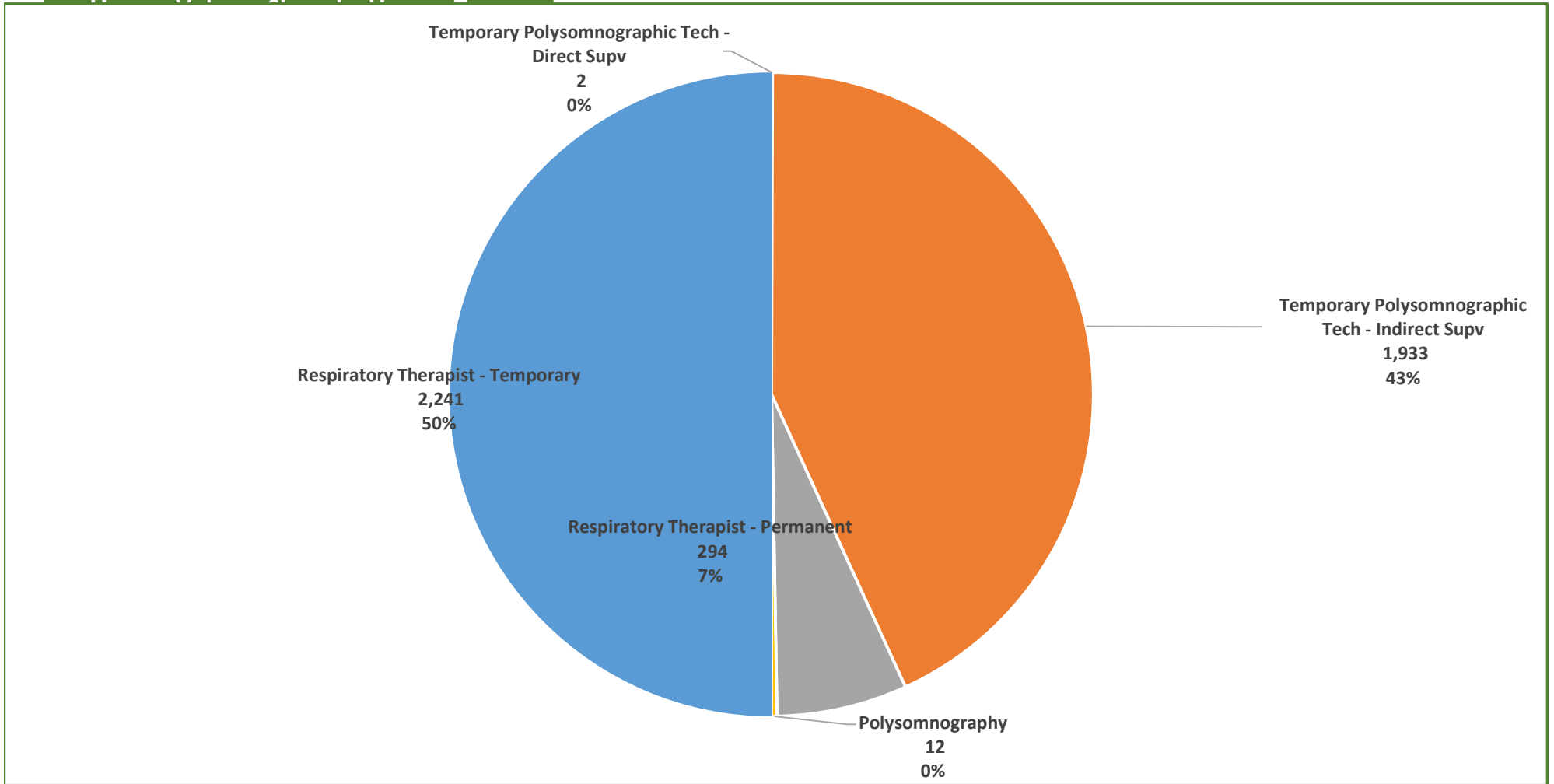


Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Report Date:

1-Oct-20

(data as of most recently closed month to Report Date)



Number of Licensees with both Perm Respiratory Therapist and Perm Polysom Technologist Licenses:

1,935

Respiratory Therapist and Polysomnographic Technologist Licensing Board (RTPT)

Report Date:

1-Oct-20

(data as of most recently closed month to Report Date)

Cash Flow by State Fiscal Year/Biennium

Biennium	< 2015-17		<2017-19 >		2019-21>	
State Fiscal Year	2017	2018	2019	2020	2021	
	(Jul16-Jun17)	(Jul17-June18)	(Jul8-Jun19)	(Jul19-Jun20)	(Jul20-Current*)	
Beginning Cash Balance	\$ 191,383	\$ 163,114	\$ 114,824	\$ 45,617	\$ (54,784)	
Revenues	\$ 135,114	\$ 127,541	\$ 137,937	\$ 143,499	\$ 29,484	
Expenditures	\$ 163,383	\$ 175,831	\$ 207,144	\$ 243,900	\$ 25,956	
Net Operations	\$ (28,269)	\$ (48,290)	\$ (69,207)	\$ (100,401)	\$ 3,528	
<i>(Rev - Exp Only)</i>						
Ending Cash Balance	\$ 163,114	\$ 114,824	\$ 45,617	\$ (54,784)	\$ (51,256)	
<i>(Beg Cash + Rev - Exp)</i>						

HLO Pooled Expenditures Allocation Share for Board (allocated based on average license volume and inspections/examinations counts)					
Shared Assessment	2.800%	3.000%	2.991%	2.901%	2.875%
Small Board	33.218%	30.035%	37.035%	24.307%	21.047%
Examinations	0.423%	0.709%	1.085%	2.572%	1.705%
Inspections					

* As noted in header, to ensure consistency 'Current' data in all reports are based on data from the most recently closed month to the report date.

Policy Report

2021 Legislation

~

Fee Increase

COVID-19 Update

Inactive & Expired Licensees - Provisional

Proposed Rule – effective 10/29/2020

OAR 331-710-0022

Respiratory Therapist - Inactive and Expired Provisional Authorizations in the Event of a Declared State of Emergency

(1) In the event of an emergency declared by the Governor of Oregon, the Office may allow respiratory therapists holding an inactive or expired authorization to practice in Oregon under special provisions during the period of the declared emergency, subject to such limitations and conditions as the Governor may prescribe.

(2) To qualify, the respiratory therapist must:

(a) Have had an active license with the Office as a respiratory therapist within the past five years;

(b) Have been in good standing at the time the respiratory therapist's license became inactive or expired.

(c) Current photographic federal or state identification; and

(d) Documentation demonstrating a request to provide services by an Office-recognized hospital, public health organization, Emergency Medical Service agency, county, state or federal entity as the result of the declaration of a disaster or emergency.

(3) Provisional authorization, renewal of dormant authorization, activation of inactive authorization, and verification of authorization fees are required pursuant to ORS 676.576. Notwithstanding OAR 331-740-0000, the entire fee for the authorization is \$50.00.

(4) The authorization holder may not practice in Oregon under the emergency provisions beyond the termination date of the declared emergency as prescribed by the Governor. The license may be returned to its previous status or to an inactive status prior to the license expiration date if the licensee is no longer providing care in response to the declared emergency.

(5) Any restrictions or requirements imposed against a licensee by the Respiratory Therapist and Polysomnographic Technologist Licensing Board, or its predecessor board, Order or Agreement remain in effect during the period of the declared emergency.

Compliance State of Emergency

331-020-0078

COVID-19 Compliance with Executive Orders and Guidance Required

In the event of a disaster or emergency declared by the Governor of Oregon and during the declared disaster or emergency, unprofessional conduct under ORS 676.612, includes, but is not limited to, failure to comply with an Executive Order issued by the Governor or failure to comply with state agency guidance applicable to the time and location where the authorization holder performs services.

Statutory/Other Authority: ORS 676.565, ORS 676.568(1)(o), (2) & ORS 676.615(1), (2)

Statutes/Other Implemented: ORS 676.568(1)(e), (i), (k), (o), (2), ORS 676.612 & ORS 676.992

History:

[HLO 6-2020, temporary adopt filed 05/15/2020, effective 05/15/2020 through 11/10/2020](#)

Late Fee Discount

331-010-0015

COVID-19 – Delinquency Fee Discount for Authorization Holders during Declared State of Emergency

(1) The Governor of the State of Oregon declared a state of emergency under ORS 401.165 *et seq.* on March 8, 2020. The Governor has imposed social distancing requirements and restricted certain activities because of the public health threat posed by the novel infectious coronavirus (COVID-19). The Office recognizes the financial burdens on authorization holders, including those with small businesses.

(2) Authorization holders are encouraged to renew timely when the requirements for renewal and circumstances allow them to complete the process. Operating with an inactive license is a sanctionable offense.

(3) A late renewal of authorization fee is required pursuant to ORS 676.576. Notwithstanding OAR 331-140-0000(2)(f), OAR 331-300-0020(2)(e), OAR 331-375-0020(2)(e), OAR 331-440-0000(2)(e), OAR 331-475-0010(2)(f), OAR 331-655-0005(2)(e), OAR 331-740-0000(2)(e), OAR 331-800-0020(2)(g), OAR 331-940-0000(2)(f)(A), OAR 332-040-0000(2)(f)(A), OAR 338-005-0030(2)(e)(A), OAR 817-040-0003(2)(f)(A), OAR 819-040-0005(2)(d), OAR 824-020-0040(1)(d)(A), OAR 834-040-0000(2)(d)(A), OAR 853-040-0000(2)(e)(A), and any other Office or ORS 676.565 board, council, or program rule, the delinquency fee for late renewal of an authorization is discounted to \$1.00 for an authorization holder with a renewal date that falls between March 8, 2020 and 30 days after the date on which the declared state of emergency, and any extension of the declaration, is no longer in effect, provided that:

(a) the authorization was current immediately before the 2020 renewal date; and

(b) all renewal requirements are completed between March 8, 2020 and 30 days after the date on which the declared state of emergency, and any extension of the declaration, is no longer in effect.

(4) In order to qualify for the delinquency fee discount in (3), an authorization holder must meet all other renewal requirements under the authorization holder's governing board, council, or program laws, including paying the applicable renewal fee:

(a) Board of Athletic Trainers: OAR 331-140-0000(2)(e).

(b) Board of Cosmetology: OAR 817-040-0003(2)(e).

(c) Board of Denture Technology: OAR 331-440-0000(2)(d).

(d) Board of Direct Entry Midwifery: OAR 332-040-0000(2)(d).

(e) Respiratory Therapist and Polysomnographic Licensing Board: OAR 331-740-0000(2)(d).

- (f) Environmental Health Registration Board: OAR 338-005-0030(2)(d).
- (g) Board of Electrologist and Body Art Practitioners: OAR 331-940-0000(2)(d) and (e).
- (h) Advisory Council on Hearing Aids: OAR 331-655-0005(2)(d).
- (i) Sexual Offense Treatment Board: OAR 331-800-0020(2)(c).
- (j) Long Term Care Administrators Board: OAR 853-040-0000(2)(d).
- (k) Board of Licensed Dietitians: OAR 834-040-0000(2)(c).
- (l) Behavior Analysis Regulatory Board: OAR 824-020-0040(1)(c).
- (m) Board of Certified Advanced Estheticians: OAR 819-040-0005(2)(c).
- (n) Art Therapy: OAR 331-375-0020(2)(c).
- (o) Lactation Consultation: OAR 331-475-0010(2)(c).
- (p) Music Therapy: OAR 331-300-0020(2)(c).

(5) In order to qualify for the discount for delinquency fees, authorization holders must meet all renewal requirements for the specific board, council and programs listed in ORS 676.565.

Statutory/Other Authority: ORS 676.568(1)(f), (1)(o), (2), ORS 676.572, ORS 676.576, ORS 676.615(1), (2), ORS 676.625, ORS 676.689, ORS 678.820 & ORS 681.730

Statutes/Other Implemented: ORS 676.568(1)(f), (1)(o), (2), ORS 676.572, ORS 676.576, ORS 676.615(1), (2), ORS 676.625, ORS 676.689, ORS 678.820 & ORS 681.730

History:

[HLO 8-2020, adopt filed 09/22/2020, effective 09/22/2020](#)

[HLO 5-2020, temporary adopt filed 04/10/2020, effective 04/10/2020 through 10/06/2020](#)

Continuing Education

331-030-0036

Continuing Education Hours Obtained During COVID-19 State of Emergency

(1) Notwithstanding OAR 331-385-0010(6), OAR 331-415-0010(3) and (9), OAR 331-485-0005(5), OAR 331-720-0010(3) and (8), OAR 331-720-0015(3) and (8), OAR 331-830-0010(5), OAR 331-900-0085(3) and (10), OAR 331-910-0055(3) and (9), OAR 331-915-0055(3) and (10), and OAR 824-070-0005(5), 332-020-0010(5) and (7), in the event of a disaster or emergency declared by the Governor of Oregon due to the public health threat posed by the novel infectious coronavirus (COVID-19), during and 60 days after the declared disaster or emergency ends, all authorization holders may obtain all required continuing education hours through online courses, remote access, webinars, or self-study. The subject matter of the continuing education hours must meet the requirements set forth in each individual profession's continuing education rules. For professions with a cultural competency continuing education subject matter requirement pursuant to ORS 676.850, this rule does not apply to the methods by which an authorization holder may obtain the cultural competency continuing education hours.

(2) Self-study includes the following:

(a) Completed online courses, webinars, and correspondence courses; and

(b) Review of publications, textbooks, journals or printed material; and

(c) Viewing of films, videos, or slides or listening to audio recordings; and

(d) Other activities similar to (a) – (c) and if in person, consistent with executive orders and state agency guidance applicable to the time and location where the authorization holder engages in the activity.

(3) In addition to (2), for respiratory care practitioners, nursing home administrators, residential care facility administrators, environmental health specialists, and waste water specialists "self-study" also includes: personal experience handling COVID-19 matters. The subject matter of the self-study continuing education hours done through personal experience must meet the subject matter requirements set forth in each individual profession's continuing education rules.

(4) For purposes of this rule, one hour of self-study fulfills one hour of continuing education.

Statutory/Other Authority: ORS 676.568(1)(o),(r),(t), and (2) & ORS 676.615(1) and (2)

Statutes/Other Implemented: ORS 676.568(1)(o),(r),(t) and (2) & ORS 676.615(1) and (2)

History:

[HLO 7-2020, adopt filed 08/28/2020, effective 09/01/2020](#)

Out-of-State Licensing



Date: March 13, 2020

To: Respiratory Therapist Stakeholders

From: Samie Patnode, Policy Analyst

Subject: Emergency Response to a Governor Declared State of Emergency

On March 8, 2020, Oregon Governor Kate Brown [declared a state of emergency](#) due to the coronavirus (COVID-19) outbreak in Oregon. Since then the Health Licensing Office (Office) has received inquiries regarding respiratory therapists from out-of-state mobilizing to Oregon to assist with outbreak.

In accordance with ORS 676.568(1)(o) and OAR 331-030-0025 the Office has authority to issue authorizations to individuals authorized to practice respiratory therapy in another state if the Governor of Oregon declares a state of emergency. (see full ORS and OAR text below)

Respiratory therapists from out-of-state who have been requested to provide respiratory therapist services in Oregon due to the Governor declared state of emergency must send specific information to HLO. The easiest way to do this is to send an email to hlo.info@state.or.us with the following information:

1. In the subject line of all emails: ***RT Emergency Response – Name of Respiratory Therapist.***
2. A copy of current photographic federal or state identification.
3. A copy of permanent, active and unrestricted authorization to practice respiratory therapy in another state with no pending investigation or disciplinary action by a state board, or another state or federal agency. Once received, the Office will verify if the authorization is permanent, active and unrestricted with no pending investigation or disciplinary action.
4. Documentation demonstrating a request to provide services by an Office-recognized public health organization, Emergency Medical Service agency, county, state or federal entity as the result of the declared state of emergency. This documentation may include but is not limited to letter or email from a hospital or county health department.

Once the Office receives and verifies all required documentation an email response will be sent directly to the respiratory therapist from an Office representative approving them to practice until the termination date of the declared disaster or emergency.

If you have any questions, or if you do not have email and need an alternative way to provide HLO with the required information for state of emergency licensure, contact:

Derek Fultz, Licensing Specialist
(503) 934-5009
Derek.j.fultz@state.or.us

Sarah Bye, Licensing Specialist
(503)373-1989
Sarah.e.bye@state.or.us

ORS 676.568(1)(o)

(1) The Health Licensing Office is responsible for the administration and regulatory oversight of the boards, councils and programs listed in [ORS 676.583](#). The responsibilities of the office include, but are not limited to:

(o) Adopting rules for the issuance of waivers or provisional authorizations to practice, and establishing special conditions of practice, during a state of emergency declared by the Governor under [ORS 401.165](#)

OAR 331-030-0025 Emergency Response

(1) In the event of a disaster or emergency declared by the Governor of Oregon, the Office may allow authorization holders who are licensed in another state, performing services in a field of professional practice regulated by the Office to practice in Oregon under special provisions during the period of the declared disaster or emergency, subject to such limitations and conditions as the Governor may prescribe.

(2) Out-of-state authorization holders must submit to the Office:

(a) Verification of a permanent, active and unrestricted authorization to practice in another state with no pending investigation or disciplinary action by a state board, or another state or federal agency; and

(b) Current photographic federal or state identification.

(c) Documentation demonstrating a request to provide services by an Office-recognized public health organization, Emergency Medical Service agency, county, state or federal entity as the result of the declaration of a disaster or emergency.

(3) The authorization holder may not practice in Oregon under the special disaster or emergency provisions beyond the termination date of the declared disaster or emergency as prescribed by the Governor.

Regulatory Report



HEALTH LICENSING OFFICE

1430 Tandem Ave. NE, Suite 180
Salem, OR 97301-2192
Phone: (503) 378-8667 | Fax: (503) 370-9004
Email: hlo.info@dhsosha.state.or.us
Web: www.oregon.gov/oha/ph/hlo

*Respiratory Therapist and
Polysomnographic Technologist
Licensing Board*

October 9, 2020

2017 – 2019 Biennium

Time Period:	Complaints Received:	Total Remaining Open:	Total Closed:
July 1, 2017 through June 30, 2019	84	11	73

Complaints Received By:

Anonymous = 0
Clients = 2
Other = 82

2019 – 2021 Biennium

Time Period:	Complaints Received:	Total Remaining Open:	Total Closed:
July 1, 2019 through September 15, 2020	9	6	3

Complaints Received By:

Anonymous = 1
Clients = 1
Other = 7

Other: General Public, Internal, Licensees or Law Enforcement
Information as of: September 15, 2020

Public/Interested Parties Feedback

Other Board Business