



Respiratory Therapist and Polysomnographic Technologist Licensing Board

OREGON REVISED STATUTES
(UNOFFICIAL COPY)
CHAPTER 688.800 – 840 & 688.995
& 676.150 & 676.410 & 676.850
2017 EDITION



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RESPIRATORY THERAPISTS AND
POLYSOMNOGRAPHIC TECHNOLOGISTS

688.800 Definitions for ORS 688.800 to 688.840. As used in ORS 688.800 to 688.840:

(1) “Polysomnographic technologist” means a person licensed under ORS 688.819.

(2) “Polysomnography” means the treatment, management, diagnostic testing, education and care of patients with disorders related to sleep. “Polysomnography” includes, but is not limited to:

(a) The use of the following during treatment, management, diagnostic testing, education and care of patients with disorders related to sleep:

(A) Supplemental low-flow oxygen therapy, using up to six liters per minute of oxygen;

(B) Continuous or bilevel positive airway pressure titration on spontaneously breathing patients using a mask or oral appliance, if the mask or oral appliance does not extend into the trachea or attach to an artificial airway;

(C) Capnography;

(D) Cardiopulmonary resuscitation;

(E) Pulse oximetry;

(F) Sleep staging, including surface electroencephalography, surface electrooculography and submental surface electromyography;

(G) Electrocardiography;

(H) Respiratory effort monitoring, including thoracic and abdominal movement monitoring;

(I) Plethysmography blood flow monitoring;

(J) Snore monitoring;

(K) Audio or video monitoring of movement or behavior;

(L) Body movement monitoring;

(M) Nocturnal penile tumescence monitoring, when performed in a facility approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(N) Nasal and oral airflow monitoring;

(O) Body temperature monitoring; or

(P) Portable monitoring devices and other medical equipment used to treat sleep disorders;

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(b) Analyzing data for the purpose of assisting a physician who diagnoses and treats disorders related to sleep;

(c) Implementation and monitoring of durable medical equipment used in the treatment of sleep disorders; and

(d) Educating patients and immediate family members of patients regarding testing and treatment of sleep disorders.

(3) “Qualified medical director for polysomnography” means the medical director of an inpatient or outpatient polysomnography facility who is a physician licensed under ORS chapter 677, has special interest and knowledge in the diagnosis and treatment of sleep disorders and is actively practicing in the field of sleep disorders.

(4) “Qualified medical director for respiratory care” means the medical director of any inpatient or outpatient respiratory care service, department or home care agency who is a physician licensed under ORS chapter 677 and who has special interest and knowledge in the diagnosis and treatment of respiratory problems.

(5) “Respiratory care” means the treatment, management, diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. “Respiratory care” includes, but is not limited to:

(a) Direct and indirect respiratory care services, including but not limited to the administration of pharmacological, diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative or diagnostic regimen prescribed by a physician;

(b) Transcription and implementation of the written or verbal orders of a physician pertaining to the practice of respiratory care;

(c) Observing and monitoring signs and symptoms, reactions, general behaviors, general physical responses to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, general behaviors or general physical responses exhibit abnormal characteristics;

(d) Implementation based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state; and

(e) The initiation of emergency procedures under the rules of the board or as otherwise permitted under ORS 688.800 to 688.840.

(6) “Respiratory care practitioner” means a person licensed under ORS 688.815.

(7) “Respiratory care services” means cardiopulmonary care services including, but not limited to, the diagnostic and therapeutic use of the following:

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(a) Except for the purpose of anesthesia, administration of medical gases, aerosols and humidification;

(b) Environmental control mechanisms and hyperbaric therapy;

(c) Pharmacologic agents related to respiratory care procedures;

(d) Mechanical or physiological ventilatory support;

(e) Bronchopulmonary hygiene;

(f) Cardiopulmonary resuscitation;

(g) Maintenance of the natural airway;

(h) Maintenance of artificial airways;

(i) Specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment and research of pulmonary abnormalities, including measurements of ventilatory volumes, pressures and flows, collection of specimens of blood and blood gases, expired and inspired gas samples, respiratory secretions and pulmonary function testing; and

(j) Hemodynamic and other related physiologic measurements of the cardiopulmonary system. [1997 c.792 §1; 1999 c.885 §32; 2005 c.648 §42; 2011 c.715 §1]

688.802 License required to practice respiratory care. A person may not practice respiratory care or claim to be a respiratory care practitioner unless the person is licensed under ORS 688.815. [2011 c.715 §6]

688.803 License required to practice polysomnography. A person may not practice polysomnography or claim to be a polysomnographic technologist unless the person is licensed under ORS 688.819. [2011 c.715 §7]

688.805 Exceptions to license requirements; practice requirements. (1) Nothing in ORS 688.800 to 688.840 is intended to limit, preclude or otherwise interfere with the practices of other persons and health providers licensed by appropriate agencies of this state.

(2) Nothing in ORS 688.800 to 688.840 prohibits:

(a) The practice of respiratory care by a student enrolled in a respiratory care education program approved by the American Medical Association in collaboration with the Joint Review Committee for Respiratory Therapy Education or their successors or equivalent organizations, as approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board.

(b) The practice of polysomnography by a student who is:

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(A) Enrolled in an educational program for polysomnography approved by the board; and

(B) In the physical presence of a supervisor approved by the board.

(c) Self-care by a patient, or gratuitous care by a friend or family member who does not claim to be a respiratory care practitioner.

(d) Respiratory care services rendered in the course of an emergency.

(3) Persons in the military services or working in federal facilities are exempt from the provisions of ORS 688.800 to 688.840 when functioning in the course of assigned duties.

(4) Nothing in ORS 688.800 to 688.840 is intended to permit the practice of medicine by a person licensed to practice respiratory care or polysomnography unless the person is also licensed to practice medicine.

(5) The practice of respiratory care:

(a) May be performed in any clinic, hospital, skilled nursing facility, private dwelling or other setting approved by the board.

(b) Must be performed in accordance with the prescription or verbal order of a physician or naturopathic physician and shall be performed under a qualified medical director for respiratory care.

(6) The practice of polysomnography:

(a) May be performed in a clinic, hospital, skilled nursing facility, sleep center, sleep laboratory, physician's office, naturopathic physician's office, private dwelling or other setting approved by the board.

(b) Must be performed in accordance with the prescription or verbal order of a physician, naturopathic physician or physician assistant licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375 to 678.390 and under the direction of a qualified medical director for polysomnography. [1997 c.792 §7; 2011 c.715 §2; 2017 c.356 §91]

688.807 Exemptions for practice of polysomnography and respiratory care by licensed individuals. Notwithstanding ORS 688.805:

(1) ORS 688.800 to 688.840 do not prohibit a respiratory care practitioner from practicing polysomnography in accordance with the prescription or verbal order of a physician or naturopathic physician and under the direction of a qualified medical director for respiratory care or for polysomnography.

(2) A polysomnographic technologist may not practice respiratory care without a license issued under ORS 688.815, unless the act is within the scope of practice of a polysomnographic technologist. [2011 c.715 §9; 2017 c.356 §92]

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688.810 Use of titles. (1) A respiratory care practitioner may use the title “Licensed Respiratory Care Practitioner” and the abbreviation “LRCP.”

(2) A polysomnographic technologist may use the title “Licensed Polysomnographic Technologist” and the abbreviation “LPSGT.” [1997 c.792 §8; 2011 c.715 §3]

688.815 License to practice respiratory care. The Health Licensing Office may issue a license to practice respiratory care to an applicant who:

(1) Submits to the office written evidence that the applicant:

(a) Is at least 18 years of age;

(b) Has completed an approved four-year high school course of study or the equivalent as determined by the appropriate educational agency; and

(c) Holds an active credential conferred by the National Board for Respiratory Care, or its successor organization, as a Registered Respiratory Therapist; and

(2) Passes any examinations approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board, including but not limited to an examination regarding Oregon law and administrative rules related to the practice of respiratory care. [1997 c.792 §6; 2001 c.40 §1; 2003 c.547 §32; 2005 c.21 §9; 2005 c.648 §43; 2009 c.701 §27; 2011 c.715 §4; 2012 c.43 §20; 2013 c.314 §31; 2013 c.568 §69; 2017 c.401 §1]

688.817 [2001 c.40 §5; repealed by 2003 c.547 §118]

688.818 [2001 c.40 §6; repealed by 2003 c.547 §118]

688.819 Polysomnographic technologist license; license by endorsement. (1) An applicant for a polysomnographic technologist license shall:

(a) Submit to the Health Licensing Office written evidence that the applicant:

(A) Is at least 18 years of age;

(B) Has completed an approved four-year high school course of study or the equivalent as determined by the appropriate educational agency; and

(C) Has completed a polysomnography program that is approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board and that is:

(i) An education program;

(ii) A training program; or

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(iii) A program that combines education and training, including a program that combines education and training to qualify the applicant for a credential specified in subsection (4) of this section; and

(b) Pass an examination approved by the board.

(2) An applicant meets the requirements of subsection (1)(a)(C) of this section if the applicant provides the office with documentation of military training or experience that the board determines is substantially equivalent to the education or training required by subsection (1)(a)(C) of this section.

(3)(a) For purposes of this subsection, “education” includes a self-study education program approved by the Board of Registered Polysomnographic Technologists as of March 1, 2013.

(b) An applicant meets the requirements of subsection (1)(a)(C) of this section if the applicant is actively credentialed as a registered polysomnographic technologist by the Board of Registered Polysomnographic Technologists and has:

(A) Passed the registered polysomnographic technologist examination provided by the Board of Registered Polysomnographic Technologists after completing a combined education and training program required and approved by the Board of Registered Polysomnographic Technologists as of March 1, 2013; or

(B) Passed the registered polysomnographic technologist examination provided by the Board of Registered Polysomnographic Technologists before the Board of Registered Polysomnographic Technologists 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 Board of Registered Polysomnographic Technologists as of March 1, 2013.

(4) The office may issue a polysomnographic technologist license by endorsement or reciprocity to:

(a) An applicant who is currently licensed to practice polysomnography under the laws of another state, territory or country if the qualifications of the applicant are considered by the office to be equivalent to those required in this state; or

(b) An applicant holding an active credential approved by the Respiratory Therapist and Polysomnographic Technologist Licensing Board. [2011 c.715 §8; 2012 c.43 §21; 2013 c.82 §2; 2013 c.314 §32; 2013 c.568 §70; 2015 c.78 §1]

688.820 Respiratory Therapist and Polysomnographic Technologist Licensing Board; qualification of members; terms; compensation. (1) There is established within the Health Licensing Office the Respiratory Therapist and Polysomnographic Technologist Licensing Board. The board consists of seven members appointed by the Governor and subject to

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confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. All members of the board must be residents of this state.

(2) Of the members of the board:

(a) Three must be respiratory care practitioners;

(b) Two must be individuals who practice polysomnography;

(c) One must be a qualified medical director for polysomnography or for respiratory care;
and

(d) One must be a member of the general public.

(3) Board members required to be respiratory care practitioners or individuals who practice polysomnography must have engaged in the practice of respiratory care or polysomnography for a period of five or more years immediately preceding appointment to the board.

(4)(a) Board members may be selected by the Governor from a list of three to five nominees for each vacancy, submitted by the Oregon Society for Respiratory Care or another professional organization representing respiratory care practitioners or polysomnographic technologists.

(b) In selecting the members of the board, the Governor shall strive to balance the representation on the board according to:

(A) Geographic areas of this state; and

(B) Ethnic group.

(5)(a) The term of office of each member of the board is four years, but a member serves at the pleasure of the Governor. The terms must be staggered so that no more than two terms end each year. Vacancies shall be filled by the Governor by appointment for the unexpired term. A member shall hold the member's office until the appointment and qualification of a successor. A member is eligible for reappointment. If a person serves two consecutive full terms, a period of at least four years must elapse before the person is again eligible for appointment to serve on the board.

(b) A board member shall be removed immediately from the board if, during the member's term, the member:

(A) Is not a resident of this state;

(B) Has been absent from three consecutive board meetings, unless at least one absence is excused;

(C) Is not a respiratory care practitioner or a retired respiratory care practitioner whose license was in good standing at the time of retirement, if the member was appointed to serve as a respiratory care practitioner; or

(D) Is not an individual who practices polysomnography, if the member was appointed to serve as an individual who practices polysomnography.

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(6) A member of the board is entitled to compensation and expenses as provided in ORS 292.495. The office may provide by rule for compensation to board members for the performance of official duties at a rate that is greater than the rate provided in ORS 292.495. [1997 c.792 §2; 1999 c.885 §33; 2005 c.648 §44; 2009 c.535 §28; 2009 c.701 §28a; 2011 c.715 §10; 2013 c.568 §71]

688.825 Selection of board chairperson; quorum; meetings. (1) The Respiratory Therapist and Polysomnographic Technologist Licensing Board shall select one of its members as chairperson and another as vice chairperson, for those terms and with duties and powers necessary for the performance of the functions of those offices as the board determines.

(2) A majority of the members of the board constitutes a quorum for the transaction of business.

(3) The board shall meet at times and places specified by the call of the chairperson or of a majority of the members of the board. [1997 c.792 §3; 2011 c.715 §11]

688.830 Duties of Health Licensing Office and of board; rules. (1) The Health Licensing Office shall:

(a) Determine the qualifications and fitness of applicants for licensure, renewal of license and reciprocal licenses under ORS 688.800 to 688.840.

(b) Adopt rules that are necessary to conduct its business related to, carry out its duties under and administer ORS 688.800 to 688.840.

(c) Examine, approve, issue, deny, revoke, suspend and renew licenses to practice respiratory care and polysomnography under ORS 688.800 to 688.840.

(d) Maintain a public record of persons licensed by the office to practice respiratory care and polysomnography.

(2) The Respiratory Therapist and Polysomnographic Technologist Licensing Board shall:

(a) Establish standards of practice and professional responsibility for persons licensed by the office.

(b) Provide for waivers of examinations, grandfathering requirements and temporary licenses as considered appropriate. [1997 c.792 §5; 2001 c.40 §2; 2003 c.547 §36; 2005 c.648 §45; 2007 c.71 §224; 2011 c.715 §12; 2013 c.314 §33; 2013 c.568 §72]

688.834 [2003 c.547 §30; 2005 c.648 §46; 2009 c.701 §29; 2011 c.715 §13; repealed by 2013 c.314 §65]

688.835 [1997 c.792 §4; 2001 c.40 §3; repealed by 2003 c.547 §118]

688.836 Disciplinary authority of Health Licensing Office. In the manner prescribed in ORS chapter 183 for contested cases, the Health Licensing Office may impose a form of discipline specified in ORS 676.612 against any person practicing respiratory care or polysomnography for any of the grounds listed in ORS 676.612 and for any violation of the provisions of ORS 688.800 to 688.840, or the rules adopted thereunder. [2003 c.547 §34; 2005 c.648 §47; 2011 c.715 §14; 2013 c.568 §74]

688.838 Duty to report prohibited conduct. Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a respiratory care practitioner or polysomnographic technologist who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150. [2009 c.536 §30; 2011 c.715 §15]

688.840 Immunity from civil liability. The Respiratory Therapist and Polysomnographic Technologist Licensing Board and its members and the Health Licensing Office and its employees and contractors are immune from any civil liability arising from good faith actions taken pursuant to ORS 688.800 to 688.840. [2001 c.40 §7; 2005 c.648 §48; 2011 c.715 §16; 2013 c.568 §75]

PENALTIES

688.995 Criminal penalty for violation of ORS 688.800 to 688.840. Violation of any provision of ORS 688.800 to 688.840, or of any rule adopted thereunder, is a Class B misdemeanor. [1997 c.792 §9; 2003 c.547 §37]

REPORTING OBLIGATIONS

676.150 Duty to report prohibited or unprofessional conduct, arrests and convictions; investigation; confidentiality; immunity from liability. (1) As used in this section:

- (a) "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;

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- (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) Oregon Health Authority, to the extent that the authority licenses emergency medical services providers;
 - (V) Oregon State Veterinary Medical Examining Board; or
 - (W) State Mortuary and Cemetery Board.
- (b) “Licensee” means a health professional licensed or certified by or registered with a board.
- (c) “Prohibited conduct” means conduct by a licensee that:
- (A) Constitutes a criminal act against a patient or client; or
 - (B) Constitutes a criminal act that creates a risk of harm to a patient or client.
- (d) “Unprofessional conduct” means conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety or welfare of a patient or client.

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(2) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct shall report the conduct to the board responsible for the licensee who is believed to have engaged in the conduct. The reporting licensee shall report the conduct without undue delay, but in no event later than 10 working days after the reporting licensee learns of the conduct.

(3) A licensee who is convicted of a misdemeanor or felony or who is arrested for a felony crime shall report the conviction or arrest to the licensee's board within 10 days after the conviction or arrest.

(4) The board responsible for a licensee who is reported to have engaged in prohibited or unprofessional conduct shall investigate in accordance with the board's rules. If the board has reasonable cause to believe that the licensee has engaged in prohibited conduct, the board shall present the facts to an appropriate law enforcement agency without undue delay, but in no event later than 10 working days after the board finds reasonable cause to believe that the licensee engaged in prohibited conduct.

(5) A licensee who fails to report prohibited or unprofessional conduct as required by subsection (2) of this section or the licensee's conviction or arrest as required by subsection (3) of this section is subject to discipline by the board responsible for the licensee.

(6) A licensee who fails to report prohibited conduct as required by subsection (2) of this section commits a Class A violation.

(7) Notwithstanding any other provision of law, a report under subsection (2) or (3) of this section is confidential under ORS 676.175. A board may disclose a report as provided in ORS 676.177.

(8) Except as part of an application for a license or for renewal of a license and except as provided in subsection (3) of this section, a board may not require a licensee to report the licensee's criminal conduct.

(9) The obligations imposed by this section are in addition to and not in lieu of other obligations to report unprofessional conduct as provided by statute.

(10) A licensee who reports to a board in good faith as required by subsection (2) of this section is immune from civil liability for making the report.

(11) A board and the members, employees and contractors of the board are immune from civil liability for actions taken in good faith as a result of a report received under subsection (2) or (3) of this section. [2009 c.536 §1; 2011 c.630 §21; 2011 c.703 §44; 2011 c.715 §19; 2011 c.720 §213; 2017 c.6 §22]

676.410 Information required for renewal of certain licenses; confidentiality; data collection; fees; rules. (1) As used in this section, “health care workforce regulatory 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) Respiratory Therapist and Polysomnographic Technologist Licensing 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; and
- (q) Board of Medical Imaging.

(2) An individual applying to renew a license with a health care workforce regulatory board must provide the information prescribed by the Oregon Health Authority pursuant to subsection (3) of this section to the health care workforce regulatory board. Except as provided in subsection (4) of this section, a health care workforce regulatory board may not approve an application to renew a license until the applicant provides the information.

(3) The authority shall collaborate with each health care workforce regulatory board to adopt rules establishing:

(a) The information that must be provided to a health care workforce regulatory board under subsection (2) of this section, which may include:

- (A) Demographics, including race and ethnicity.

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(B) Education and training information.

(C) License information.

(D) Employment information.

(E) Primary and secondary practice information.

(F) Anticipated changes in the practice.

(G) Languages spoken.

(b) The manner and form of providing information under subsection (2) of this section.

(4)(a) Subject to paragraph (b) of this subsection, a health care workforce regulatory board shall report health care workforce information collected under subsection (2) of this section to the authority.

(b) Except as provided in paragraph (c) of this subsection, personally identifiable information collected under subsection (2) of this section is confidential and a health care workforce regulatory board and the authority may not release such information.

(c) A health care workforce regulatory board may release personally identifiable information collected under subsection (2) of this section to a law enforcement agency for investigative purposes or to the authority for state health planning purposes.

(5) A health care workforce regulatory board may adopt rules to perform the board's duties under this section.

(6) In addition to renewal fees that may be imposed by a health care workforce regulatory board, the authority shall establish fees to be paid by individuals applying to renew a license with a health care workforce regulatory board. The amount of fees established under this subsection must be reasonably calculated to reimburse the actual cost of obtaining or reporting information as required by subsection (2) of this section.

(7) Using information collected under subsection (2) of this section, the authority shall create and maintain a health care workforce database that will provide data, including data related to the diversity of this state's health care workforce, upon request to state agencies and to the Legislative Assembly. The authority may contract with a private or public entity to establish and maintain the database and to perform data analysis. [2009 c.595 §1175; 2011 c.630 §23; 2013 c.14 §9; 2015 c.318 §40; 2015 c.380 §1; 2017 c.6 §24]

Note: Section 3, chapter 380, Oregon Laws 2015, provides:

Sec. 3. (1) For individuals applying to renew a license to practice a regulated profession with the Oregon Board of Dentistry, Board of Licensed Dietitians, Oregon State Board of Nursing, State Board of Pharmacy, Oregon Medical Board, Occupational Therapy Licensing Board and Physical Therapist Licensing Board, the amendments to ORS 676.410 by section 1, chapter

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380, Oregon Laws 2015, apply to applications to renew a license to practice a regulated profession that are submitted on or after January 1, 2016.

(2) For individuals applying to renew a license to practice a regulated profession with the State Board of Examiners for Speech-Language Pathology and Audiology, State Board of Chiropractic Examiners, State Board of Licensed Social Workers, Oregon Board of Licensed Professional Counselors and Therapists, State Board of Massage Therapists, Oregon Board of Naturopathic Medicine, Respiratory Therapist and Polysomnographic Technologist Licensing Board, Oregon Board of Optometry, Oregon Board of Psychology and Board of Medical Imaging, the amendments to ORS 676.410 by section 1, chapter 380, Oregon Laws 2015, apply to applications to renew a license to practice a regulated profession that are submitted on or after the date on which rules are adopted for health care workers regulated by a health care workforce regulatory board pursuant to ORS 676.410 (3). [2015 c.380 §3; 2017 c.6 §25]

CULTURAL COMPETENCY CONTINUING EDUCATION

676.850 Authority of regulatory boards to require cultural competency continuing education; documentation of participation; rules. (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;

For an official copy of the Revised Statutes, please go to the Oregon State Legislature website: https://www.oregonlegislature.gov/bills_laws or call 1-800-332-2313.

**Health Licensing Office, Respiratory Therapist and
Polysomnographic Technologist Licensing Board**
Oregon Revised Statutes, Chapter 688.800 – 840 & 688.995 & 676.150 & 676.410 & 676.850
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(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.

(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.

(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. [2013 c.240 §1; 2017 c.6 §28; 2017 c.499 §19]