



WHO: Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board

WHEN: October 16, 2015 at 10 a.m.

WHERE: Health Licensing Office
Rhoades Conference Room
700 Summer St. NE, Suite 320
Salem, Oregon

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/OHLA/RTPT/Pages/meetings.aspx> for current meeting information.

May the public attend the meeting?

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

May the public attend a teleconference meeting?

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

What if the board/council enters into executive session?

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. 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 a board specialist at (503) 373-2049.

Approval of Agenda

REVISED

3:05 pm, Oct 06, 2015



Health Licensing Office

Respiratory Therapist and Polysomnographic Technologist Licensing Board



October 16, 2015 at 10 a.m.
700 Summer St. NE, Suite 320
Salem, Oregon

1. Call to Order

2. Items for Board Action

- ◆ Approval of agenda
- ◆ Approval of minutes – May 1, 2015 and August 5, 2015
- ◆ Approval of 2016 meeting dates
- ◆ Approval of 2016 chair and vice chairperson
- ◆ Adopt permanent administrative rules
- ◆ Approve administrative rulemaking schedule – SB 230

Working Lunch

3. Reports

- ◆ Director Report
- ◆ Licensing and Fiscal Statistical Reports
- ◆ Policy Report
 - OHA OHPR Student clinical training
 - OHA Healthcare Workforce Reporting – Review SB 230 & Survey Questions
 - Practice clarification process
 - Communications
- ◆ Regulatory Report

4. Public/Interest Parties Feedback

5. Executive Session – Pursuant to ORS 192.660(2)(f) for the purpose of considering information or records exempt from public inspection. (Investigative files) case number 14-7431, 14-77667, 14-7711, 15-7718, and 15-7883.

6. Items for Board Action – Investigative Files

7. Other Board Business

8. Agenda Items for Next Regular Board Meeting

Agenda is subject to change.

For the most up to date information visit www.oregon.gov/OHLA

Approve Meeting Minutes

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May 1, 2015
August 5, 2015



Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board

◆ ◆ ◆
May 1, 2015
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Joel Glass, chair
Mark Olsen, vice-chair
Tony Garberg
Dr. Michael Lefor
Nicholas Gaffney
Joe Dwan (phone)

STAFF PRESENT

Holly Mercer, Director
Sylvie Donaldson, fiscal services and licensing manager
Bob Bothwell, regulatory operations manager
Samie Patnode, policy analyst
Maria Gutierrez, board specialist
Sarah Kelber, Communications Coordinator

MEMBERS ABSENT

None

GUESTS PRESENT

None

Call to Order

Mark Olsen called the meeting of the Respiratory Therapist and Polysomnographic Technologist Licensing Board (Board) to order at 10:00 a.m. Roll was called. Joe Dwan was present by phone.

Holly Mercer, Director made the following revisions to the agenda:

- Moved upcoming 2015 NBRC changes up on the agenda to allow Joe Dwan's expertise on the topic.

Approval of Agenda

Nicholas Gaffney made a motion with a second by Dr. Michael Lefor to approve the agenda. Motion passed unanimously.

Approval of Minutes:

Tony Garberg made a motion with a second by Nicholas Gaffney to approve the minutes for October 17, 2014. Motion passed unanimously.

Joel Glass arrived at 10:07 a.m.

2015 NBRC Examination Changes:

Joe Dwan, explained that in January 2015 changes were made by the National Board for Respiratory Care (NBRC) regarding the certified respiratory therapist (CRT) and registered respiratory therapist (RRT) examinations. The new Therapist Multiple Choice Examination has two-cut scores if the candidate reaches the lower score they will obtain the CRT credential and if they achieve the higher cut score they are eligible to earn the RRT credential. In order to obtain the RRT credential the candidate must pass the Clinical Simulation Examination.

In June 2015 the NBRC will roll out new examination for pulmonary function technologists which will contain 115 multiple-choice (100 scored, 15 pretest), four-option items, which candidates will take within a two- hour time limit.

Samie Patnode, policy analyst provided a chart pertaining to licensing qualifications by credential and reciprocity from January 1, 2013 through April 14, 2015 noting 252 respiratory therapists had been licensed by credential and 126 licensed by reciprocity.

Members, suggested making changes to the licensing requirements in order to align with NBRC's requirements. Mercer, recommended that the office reach out to hospitals, and other provider before making any changes to the current rules regarding licensing requirements.

Director Report:

Holly Mercer, Director, reported on the following:

- During the initial transition to Oregon Health Authority the Health Licensing Office (HLO) was placed y under Director's Office. New leadership has determined that HLO will move to Public Health Division which is scheduled to occur on July 1, 2015.
- Update on staffing.
- Moving into new minutes and recording system – Granicus
- The office is looking into moving to a new building location to help provide more testing areas for the licensees, and parking as professions continue to grow.

Licensing and Fiscal Statistical Reports:

Sylvie Donaldson, fiscal services and licensing manager, presented an overview of statistics elated to the Board. Statistics include licensing and examination, active license trends and license volumes.

Donaldson, fiscal services and licensing manager, presented an overview of statistics related to the Board. Statistics included licensing and examination, active license trends and license volumes.

The statement of cash flow for the period 07/01/2013 – 4/17/2015 was reviewed with an actual ending cash balance of \$212,719.55. The ending cash balance for the period of 07/01/2013 – 6/30/2015 is

projected to be \$202,393.25

Mercer, informed the members that, Cosmetology is the highest authorization volume board which generally means the cosmetology revenue helps sustain other programs within HLO.

Policy Report:

Samie Patnode, policy analyst, reported on:

- **HB 2296** would change the name of the Board of Body Art Practitioners to the Board of Body Art Practitioners to Board of Electrologist and Body Art Practitioners. The bill had a public hearing and work session in both the House and Senate Health Care Committees with do pass recommendations and had a third reading on the Senate Floor.
- **HB 2642** with the -4 amendment establishes the nine-member Board of Certified Advanced Estheticians (BCAE) within HLO in the Oregon Health Authority (OHA). The bill authorizes the HLO to certify the practice of advanced nonablative esthetics. Certification must be renewed biennially. The bill contains an emergency clause and is effective on passage. HLO is authorized to take action before the July 1, 2016 operative date. The bill allows HLO to begin certifying individuals as of July 1, 2016, and reduces the grandfathering period from two years to 18 months. The – 4 amendment clarifies the definition of “nonablative,” adds two physicians or physician assistants as members of the BCEA, specifies that certificates holders are required to disclose existence of professional liability insurance as part of their client records, and stipulates that a certificate holder must enter into an agreement with a health care professional who has schedule III, IV or V prescriptive authority. The – 4 amendment does not change the fiscal determination.
- **HB 2305** Permits individuals who complete polysomnographic program that combines education and training program to apply for polysomnographic technologist license. The bill had a public hearing and work session in both the House and Senate Health Care Committees with do pass recommendations and had a third reading on the Senate Floor. If passed the implementation would be after January 1, 2016.
- **Arterial Line Placement Venous Cannulation Question Request**
Patnode stated that scope of practice questions had been submitted by Tuality Health Care, and Tuality Pulmonary and Sleep Medicine. Patnode said that in most cases HLO and the Board do not provide individualized legal advice on how the law applies to the practice of respiratory care. In recent history when HLO has been asked a question the specific laws, rules and past policies related to the question have been provided for the individual to arrive at their own conclusion or to seek legal advice on their own. However since a similar question had been reviewed and answered in 2011 staff reviewed the past answer for relevancy with the current question. During HLOs review it was determined that further clarification and expertise from the Board was needed to move forward with the question. The questions asked are as follows:
 1. Arterial Line placement done by respiratory therapist- Are there restrictions on placing arterial lines in the ICU? The meeting minutes discuss pulmonary and cardiac abnormalities, and according to the minutes, some indications (ex- arterial lines for stress tests) were felt as out of scope of RT practice. What about critically ill patients in the ICU that can have both complications? ICU patients frequently have respiratory failure .Please comment if there was a

decision of this differentiation.

2. In reference to venous cannulation, does this include CVC insertion (i.e., right/left Internal jugular/femoral vein)? This practice has been instituted in other hospitals outside of Oregon in placing PICC, IJ, Subclavian, temporary hemodialysis catheter lines (examples of such are Banner Health Arizona, Washington, Colorado, Wisconsin, Texas, Alabama, North Carolina). I am attaching a peer reviewed journal article (Ramirez et al) discussing a "successful RT driven multi-disciplinary vascular access team" placing PICC, CVC, HD Catheters. The authors have concluded that it was a safe and cost effective intervention with very good outcomes. Additionally, I have communicated directly with Chuck Ramirez and updated me that Banner Health program is doing great and has expanded throughout their organization. Additionally, it is my understanding that respiratory therapist are placing umbilical venous central lines and arterial lines at OHSU and Legacy Randall's in Portland.

Board members discussed the appropriateness of a respiratory therapist inserting an arterial line for purposes that are not directly related to respiratory care. Questions were raised that if a registered nurse placed an arterial line for the purpose of pain medication would a respiratory therapist have to place a second arterial line to push respiratory therapy medications. Members argued that placement of an arterial line is within the scope of practice of a respiratory therapist as long as it is prescribed by a physician. The scope of practice question that comes into play is what medications are being administered and for what purpose.

Lefor provided a detailed overview in context of the entire procedure of arterial line placement including the initial placement, monitoring, resolving complications and managing the arterial line. The placement of the arterial line is just one part of a much larger procedure to manage which in its entirety is outside the scope of practice of respiratory care. Board members continued the discussion regarding specialized training which is outside of initial respiratory care education. Patnode provided a historical overview of previous scope of practice decisions regarding respiratory care where respiratory therapists were performing services outside their specific scope of practice because they had obtained additional training.

Mercer asked if the practice clarification for 2011 regarding arterial venous cannulation is still accurate and relevant. Board members agreed that the 2011 practice clarification provides broad guidance to perform services if the purpose of the service is for respiratory care. Board members agreed the role of the board is not to answer specific questions but rather provide general guidance specified in statutes and rules.

- **Health Evidence Review Commission:**
Coverage Guidance Sleep Apnea Patnode provided an overview of the updated guidance on coverage of sleep apnea.
- **Health Policy & Research- Student Clinical Training Review:**
Passage of SB 879 2011 mandated the Oregon Health Authority, Office for Oregon Health Policy and Research to develop administrative rules for students in specific health professions, including denture technology, which became effective on July 1, 2014. The rules establish consistent standards for certain health professional students placed in clinical training settings

within the state of Oregon including immunizations, criminal background checks, insurance coverage and drug screening.

In early 2015, the Oregon Health Authority will convene an advisory committee to discuss implementation of the rules and recommend any needed changes

Regulatory Report:

Bob Bothwell, regulatory operations manager, reported on enforcement activity including:

2011-2013 Biennium

Between July 1, 2011 and June 30, 2013, 8 complaints were received. Of the 8 complaints 0 remain open. A summary of allegations received by type of complainant was provided as stated below.

Anonymous	Client	Other
1	0	7

2013-2015 Biennium

Between July 1, 2013 and March 31, 2015, 13 complaints were received. Of the 13 complaints 8 remain open. A summary of allegations received by type of complainant was provided as stated below.

Anonymous	Client	Other
1	1	11

Public Comment

No public comment was received.

Leaving Public Meeting:

- The Respiratory Therapist and Polysomnographic Technologist Licensing Board left the public meeting to deliberate on a contested case under ORS 192.690(1) at 12:14 p.m. on May 1, 2015
- The public meeting reconvened at 12:20 p.m. It was noted that no decision were made and no votes were made.

Mercer and members of the board outlined the following recommendations:

In regards to investigation file 41-2796

- The board accept a voluntary surrender of license.

MOTION:

Mark Olsen made a motion, with a second by Tony Garberg. Motion passed unanimously.

In regards to investigation file 13-17170

- The board accept the course taken.

MOTION:

Nicholas Gaffney made a motion, with a second by Michael Lefor. Motion passed unanimously.

Other Board Business

Joel Glass adding “For the good of the order” after the meeting to discuss other board business.

The meeting adjourned at approximately 12:35 p.m.

Minutes prepared by: Maria Gutierrez, Board Specialist

DRAFT



Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board



August 5, 2015
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Joel Glass, chair
Tony Garberg
Michael Lefor
Nicholas Gaffney

STAFF PRESENT

Sylvie Donaldson, fiscal services and licensing manager
Samie Patnode, policy analyst
Maria Gutierrez, board specialist

MEMBERS ABSENT

Mark Olsen, vice-chair
Joe Dwan

GUESTS PRESENT

Call to Order

Joel Glass called the meeting of the Respiratory Therapist and Polysomnographic Technologist Licensing Board to order at 8:05 a.m... Roll was called.

Approval of Proposed rules:

- Legislature passed HB 2305 allowing applicants to obtain polysomnography licensure if they have education and training, if the applicant holds an active credential from passing the registered polysomnographic technologist examination administered by the Board of Registered Polysomnographic Technologists. Education may be obtained through self-study as of March 1, 2013. Also, if the applicant passed the registered polysomnographic technologist before the Board of Registered Polysomnographic Technologists required certain education or training, but the applicant has since obtained the education or training a license may be issued. The requirements of HB 2305 become effective on January 1, 2016.

MOTION:

Michael Lefore made a motion with a second by Tony Garberg to approve the proposed rules. Motion passed unanimously.

The meeting adjourned at approximately 8:12 a.m.

Minutes prepared by: Maria Gutierrez, board specialist

2016 Meeting Dates

**HEALTH LICENSING OFFICE
Respiratory Therapist and Polysomnographic Technologist
Licensing Board**

BACKGROUND AND DISCUSSION:

The Respiratory Therapist and Polysomnographic Technologist Licensing Board generally meets approximately three times per year at 10 a.m. on Fridays.

ISSUE:

With the end of 2015 approaching it is necessary for the Board to approve meeting dates for the year 2016.

The Health Licensing Office proposes the following meeting dates:

- March 18, 2016 at 10 a.m.
- June 3, 2016 at 10 a.m.
- October 14, 2016 at 10 a.m.

(Note: If the need arises additional meetings may be scheduled during the interim including conference calls.)

BOARD ACTION:

The Board approves meeting dates for the year 2016. Approved meeting dates:

_____, 2016 at 10 a.m.

_____, 2016 at 10 a.m.

_____, 2016 at 10 a.m.

**2016 Chair & Vice
Chair Person**

BACKGROUND AND DISCUSSION:

Joel Glass has served as Chair for the Respiratory Therapist and Polysomnographic Technologist Licensing Board, and Mark Olsen has served as Vice-Chair during the year 2015.

ISSUE:

With recent changes in board membership and also preparing for 2016, it is necessary for the Board to nominate and elect a Chair and Vice-Chair.

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 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 remainder of 2015 and the year 2016.

Chair:

Vice-Chair:



Respiratory Therapist and Polysomnographic Technologist Licensing Board
Member Appointment Status Update

Board Membership in General:

Pursuant to ORS 688.820 the Respiratory Therapist and Polysomnographic Technologist Licensing Board consists of seven members appointed by the governor including:

- Three respiratory care practitioners;
- Two individuals who practice polysomnography;
- One qualified medical director for polysomnography or for respiratory care; and
- One member of the general public.

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.

Terms in office are four years; with an appointee eligible to serve a maximum of two consecutive terms or until a successor is appointed.

Current Appointment Information:

Member Position Type	Member Name	Full Term # or Partial Term	Start of Current Term	Term Expiration
Respiratory Care Practitioner	Tony Garberg	1 st Full	06/05/2013	05/31/2017
Polysomnographic Technologist	Nick Gaffney	2 nd Full	03/01/2015	02/28/2019
Polysomnographic Technologist	Joel Glass	1 st Full	03/01/2012	02/29/2016
Medical Director for PS or RC	Mike Lefor	1 st Full	03/01/2012	02/29/2016
Respiratory Care Practitioner	Joe Dwan	1 st Full	10/01/2014	9/30/2018
Respiratory Care Practitioner	Mark Olsen	2 nd Full	12/01/2011	11/30/2015
Public Member	VACANT			

*Highlight indicates that member is not eligible to reappoint at end of term or the position is vacant.

How to Apply to be a Member:

Helpful information on how to apply to be a member is available online at:

<http://www.oregon.gov/gov/admin/Pages/Boards-and-Commissions.aspx>

In general, interested applicants are asked to review the membership handbook and submit a completed interest form to the Governor’s Office of Executive Appointments. (Interest form attached) Completed interest forms can be submitted by any of the following methods:

- Fax interest form to 503-373-0840 (secure fax);

- Email scanned interest form to executive.appointments@das.state.or.us; or

- Mail interest form to:

Office of the Governor

Executive Appointments

900 Court Street NE, Room 160

Salem, OR 97301-4075

Please contact the Office of Executive Appointments if you have questions about the appointment process or about the status of your application.

Adopt Permanent Administrative Rules

HEALTH LICENSING OFFICE RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGIST LICENSING BOARD

BACKGROUND AND DISCUSSION:

Review amendments to the administrative rules, hearing officer report and public comment received.

ISSUE:

The 2015 Legislature passed HB 2305 which allows applicants to obtain a polysomnographic technologist license if the applicant meets a combination of education or training as of March 1, 2013 and holds an active credential as a registered polysomnographic technologist (RPSGT) through the Board of Registered Polysomnographic Technologists (BRPT).

The proposed amendment would add an additional pathway to licensure for individuals who have obtained the RPSGT credential through the BRPT either before or after meeting the combined education and training requirements established by the BRPT as of March 1, 2013.

This will allow individuals who are coming into Oregon from other states where there is no licensing requirements for polysomnography to obtain licensure in Oregon without have to retake the RPSGT examination or be supervised for 18 months.

The proposed rule also requires information be sent directly to the Health Licensing Office from the BRPT including examination results and completion of education and training and defines education as including self-study.

Within the proposed rule the BRPT RPSGT Candidate Handbook is referenced as a resource for applicants seeking licensure through credentialing. BRPT provided written authorization allowing HLO to distribute, reference and link to the candidate handbook.

Proposed rules were published in the Oregon Bulletin on September 1. A public administrative rule hearing was held on September 18, 2015. Public comment was open from September 1 through September 28, 2015.

BOARD ACTION:

Recommend adoption of permanent administrative rules an effective date of January 1, 2016.

OREGON HEALTH AUTHORITY, HEALTH LICENSING OFFICE

DIVISION 710

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

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, containing the information listed in OAR 331-030-0000 and accompanied by payment of the required fees;

(c) Submit 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 current certification in cardiopulmonary resuscitation by an Agency approved provider; 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 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) within two years before the date of application. Examination results must be submitted to the Agency directly from the examination provider; examination results or other documentation provided directly by the applicant are not acceptable;

(C) Submit examination fees;

(D) 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; and

(E) Submit licensing fees.

(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;

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

(C) Submit examination fees;

(D) 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; and

(E) Submit licensing fees.

(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;

(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; and

(C) Submit licensing fees.

(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;

(E) Submit examination fees;

(F) 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; and

(G) Submit licensing fees.

(e) License Pathway Five BRPT Credential – Pursuant to Oregon Law 2015, Chapter 78 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 examination fees; and

(C) 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.

(D) 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.

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

(F) A copy of the 2013 BRPT RPSGT Candidate Handbook is available at the Health Licensing Office or a PDF version is available at

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

Stat. Auth.: ORS 676.605, 676.615, 688.815 & 688.830

Stats. Implemented: ORS 676.605, 676.615, 688.815 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12; HLA 4-2013, f. 3-12-13, cert. ef. 4-1-13; HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

**Hearing Officer
Report**

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September 18, 2015

**OREGON HEALTH AUTHORITY
HEALTH LICENSING OFFICE
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC LICENSING BOARD
ON RULEMAKING HEARING**

DATE: October 8, 2015

TO: Health Licensing Office and Respiratory Therapist
and Polysomnographic Licensing Board

FROM: Samantha Patnode, Hearing Officer

SUBJECT: Report on Rulemaking Hearing

Background

In the matter of amending Oregon Administrative Rule (OAR) 331-710-0050, a public hearing was held for the purpose of receiving comments allowing applicants to obtain a polysomnographic technologist license if the applicant meets a combination of education or training as of March 1, 2013 and holds an active credential as a registered polysomnographic technologist (RPSGT) through the Board of Registered Polysomnographic Technologists (BRPT).

Prior to the hearing the Health Licensing Office (HLO) filed Notice of Proposed Rulemaking Hearing and Statement of Need and Fiscal Impact with the Secretary of State which was published in the September 2015 Oregon Bulletin. Interested persons were invited to offer oral testimony and written comment on the proposed amendments. The Notice provided that the last day to submit comments was September 28, 2015. Four written comments were submitted.

The public hearing was conducted on September 28, 2015, beginning at 9:01 a.m. and closed at 9:02 a.m. at the Health Licensing Office, Rhoades Conference Room located at 700 Summer Street in Salem, Oregon. The hearing was conducted by Samantha Patnode, policy analyst who served as the Hearing Officer.

Summary of Proposed Rules

The amended rule would add an additional pathway to licensure for individuals who have obtained the RPSGT credential through the BRPT either before or after meeting the combined education and training requirements established by the BRPT as of March 1, 2013. This will allow individuals who are coming into Oregon from other states where there is no licensing requirements for polysomnography to obtain licensure in Oregon without having to retake the RPSGT examination or be supervised for 18 months. The proposed rule also requires information be sent directly to the Health Licensing Office from the BRPT including examination results and completion of education and training.

Written Comments and Documents

HLO received four written submissions from large health care systems in Oregon related to proposed rule adoptions.

Legacy Health, Oregon Association of Hospitals and Health Systems, Providence Health Services and Salem Health were all in support of adding pathway five to allow certain individuals to obtain licensure without having to work under supervision if they have previously passed the RPSGT examination and obtained certain education and training.

Summary of Oral Comments

HLO received no oral testimony on the proposed rule adoptions.

Public Comment



Legacy Health
1919 N.W. Lovejoy St.
Portland, OR 97209
503.415.5600 *phone*
50.415.5777 *fax*

September 18, 2015

Samie Patnode
Policy Analyst
Health Licensing Office
Oregon Health Authority
700 Summer Street NE, Suite 320
Salem, OR 97301-1287

**Re: Proposed Administrative Rule Change for Polysomnographic Technologist Licensing
OAR 331-710-0050**

Dear Ms. Patnode:


Legacy Health is a major nonprofit health care provider in Oregon and Southwest Washington. With six medical centers throughout the Portland-Vancouver region, Legacy treats more than half a million outpatients annually and admits more than 56,000 people each year to our facilities.

Legacy is home to five Sleep Disorders Centers and employs more than 20 Polysomnographic Technologists. As such, we have a significant interest in the implementation of HB 2305B and the administrative rules governing Polysomnographic Technologist licensure.

The addition of licensure Pathway Five for Polysomnographic Technologists aligns Oregon's education and training requirements with those of the profession's gold-standard certifying body: The Board of Registered Polysomnographic Technologists. While it ensures that Oregon licensees are educated and trained in accordance to national standards it avoids unnecessarily denying access to the State to highly skilled, educated professionals whose experience in the polysomnography field predates the existence of polysomnography Associate's degree and CAAHEP-accredited programs.

Legacy Health fully supports the creation of this new licensure pathway. We appreciate the opportunity to comment on the proposed rule.

Sincerely,


Everett W. Newcomb III, D.O., FACC, FACP
Chief Operating Officer
Legacy Health



September 25, 2015

Samie Patnode
Oregon Health Authority
Health Licensing Office
700 Summer St. NE, Suite 320
Salem, OR 97301-1287

Sent electronically

Re: Proposed Administrative Rule Change for Polysomnographic Technologist Licensing, OAR 331-710-0050

Dear Ms. Patnode,

On behalf of Oregon's 62 acute care hospitals and the patients they serve, the Oregon Association of Hospitals and Health Systems (OAHHS) appreciates the opportunity to comment regarding the proposed administrative rule change addressing Polysomnographic Technologist Licensing directed by HB 2305B.

The creation of a new licensure Pathway Five for Polysomnographic Technologists aligns Oregon's education and training with those of the preeminent certifying body for the profession, The Board of Registered Polysomnographic Technologists. While it ensures that Oregon licensees are educated and trained in accordance with national standards, it avoids unnecessarily denying Oregon access to highly skilled professionals whose professional experience predates the existence of a polysomnography Associate's degree and CAAHEP-certified programs.

OAHHS is strongly supportive of the addition of this new licensure pathway.

Thank you again for the opportunity to comment on this rule.

Sincerely,

A handwritten signature in black ink that reads 'Robin J. Moody'. The signature is written in a cursive, flowing style.

Robin J. Moody

OAHHS Senior Director of Policy Development

Providence Health & Services
4400 N.E. Halsey St., Building 2
Suite 599
Portland, OR 97213
www.providence.org/oregon



September 22, 2015

Samie Patnode
Policy Analyst, Health Licensing Office
Oregon Health Authority
700 Summer Street NE, Suite 320
Salem, OR 97301

Re: Proposed Administrative Rule Changes for Polysomnographic Technologist Licensing

Dear Ms. Patnode:

Providence Health & Services has over 25 years of experience diagnosing and treating individuals that struggle with sleep disorders in Oregon. Recruiting and retaining skilled caregivers to serve these patients has become increasingly challenging, making the passage of House Bill 2305 an important milestone.

The implementation of HB 2305 as proposed through administrative rules OAR 331-710-0050 is strongly supported by Providence. Aligning Oregon's education and training requirements for Polysomnographic Technologists with national best practices, ensures that experienced and highly-qualified professionals are able to serve our communities.

Thank you for your continued commitment to this process. We appreciate the opportunity to comment on the proposed rule.

Sincerely,

A handwritten signature in black ink, appearing to read "Jessica Adamson".

Jessica Adamson
Director of Government Relations
Providence Health & Services - Oregon

September 15, 2015

Samie Patnode
Policy Analyst
Health Licensing Office
Oregon Health Authority
700 Summer Street NE, Suite 320
Salem, OR 97301-1287

**Re: Proposed Administrative Rule Change for Polysomnographic Technologist
Licensing OAR 331-710-0050**

Dear Ms. Patnode:

Salem Health is comprised of Salem Hospital, West Valley Hospital, Willamette Health Partners and other affiliated health care organizations offering exceptional care to people in and around Oregon's mid-Willamette Valley since 1896. Salem Hospital is one of the largest of Oregon's 59 acute care hospitals and operates the busiest emergency department in Oregon. It is a not-for-profit hospital, licensed for 454 acute-care beds.

Salem Health supported HB 2305 during the 2015 Legislative Session and appreciates the opportunity to participate in the implementation process.

The addition of licensure Pathway Five for Polysomnographic Technologists aligns Oregon's education and training requirements with the Board of Registered Polysomnographic Technologists. While it ensures that Oregon licensees are educated and trained in accordance to national standards, it avoids unnecessarily denying access to the State to highly skilled, educated professionals whose experience in Polysomnography field predates the existence of Polysomnography Associate's degree and CAAHEP-accredited programs.

Salem Health supports the creation of this new licensure pathway. Thank you for the opportunity to comment.

Sincerely,



Norman F. Gruber
President and CEO
Salem Health

**Approve
Administrative
Rulemaking Schedule**

~

Sb 230



ISSUE STATEMENT

HEALTH LICENSING OFFICE
BOARD OF COSMETOLOGY

BACKGROUND:

During the 2015 Legislative Session SB 230 was enacted adding respiratory therapists and polysomnographic technologists to the list of health care professionals who must provide certain demographic and practice information prescribed by Oregon Health Authority (OHA) in order to renew their license.

SB 230 specifies the type of information that may be collected including but not limited to demographics, education, training, employment information and specialty practice information. This information is collected through an online survey which is sent directly to OHA. Currently other health care professionals, including licensed dietitians, who are required to provide this information pay a \$2.50 annually and is collected at time of renewal.

In order to require the online survey be completed at the time of renewal administrative rules must be opened and amended.

ISSUE:

Review and approve administrative rule schedule with public comment from May 1, 2016 through May 28, 2016. A public administrative rule hearing is scheduled for May 20, 2016 at 9 am at HLO, Rhoades Conference Room. The board is expected to adopt permanent administrative rules at the June 3, 2016 board meeting.

RECOMMENDATION:

Approve administrative rules schedule.



ADMINISTRATIVE RULE SCHEDULE

HEALTH LICENSING OFFICE RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGIST LICENSING BOARD

Date	Action	Time
October 16, 2015	Approve administrative rulemaking schedule	10 am
March 18, 2016	Approve administrative proposed rules	10 am
May 1, 2016	Notice of proposed rules in Oregon Bulletin	
May 20, 2016	Public rule hearing	10 am
May 28, 2016	Last day for public comment	5 pm
June 3, 2016	Board meeting review public comment, hearing officer report and adopt permanent rules	10 am
July 1, 2016	Effective date of permanent rule	

Comments received prior to May 1, 2016 will not be considered by the Health Licensing Office or the Respiratory Therapist and Polysomnographic Technologist Licensing Board.

Please send all public comment or questions to:
Samie Patnode, Policy Analyst
700 Summer St NE, Suite 320, Salem, OR 97301-1287
samie.patnode@state.or.us . Work: (503) 373-1917

All meetings are held at the Health Licensing Office, Rhoades Conference Room, 700 Summer St, Suite 320, Salem, OR 97301, unless otherwise specified. Members of the public are invited and encouraged to attend all board and committee meetings. However, audience members will not be allowed to participate.

For current information regarding administrative rules or the rulemaking process visit the Web at http://www.oregon.gov/OHLA/RTPT/Pages/laws_rules.aspx

DIVISION 715

RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS LICENSING BOARD LICENSURE; RENEWAL

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 biannual continuing education under OAR 331-720-0010 or 331-720-0015, on a form prescribed by the Agency, 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

~~(d)~~ **(f)** Information, on a form prescribed by the Agency, permitting the Agency 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 biannual continuing education under OAR 331-720-0010 or 331-720-0015, on a form prescribed by the Agency, 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

~~(d)~~ **(f)** Information, on a form prescribed by the Agency, permitting the Agency 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.

(6) A licensee failing to meet continuing education requirements listed under OAR 331-720-0010 or 331-720-0015 is considered to have an expired license and must reapply and meet requirements pursuant to OAR 331-710-0010 or 331-710-0050.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98; HDLP 1-1998(Temp), f. & cert. ef. 3-20-98 thru 4-1-98; HDLP 2-1998, f. & cert. ef. 6-15-98; HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04; HLO 10-2004(Temp), f. & cert. ef. 11-8-04 thru 3-31-05; HLO 1-2005, f. 2-28-05 cert. ef. 3-1-05; HLA 7-2010, f. & cert. ef. 11-1-10; HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

Director Report

Licensing and Fiscal Statistical Reports

Respiratory Therapist and Polysomnographic Technologist Licensing Board

*Licensing Division Statistics as of **June 30**, 2015 **

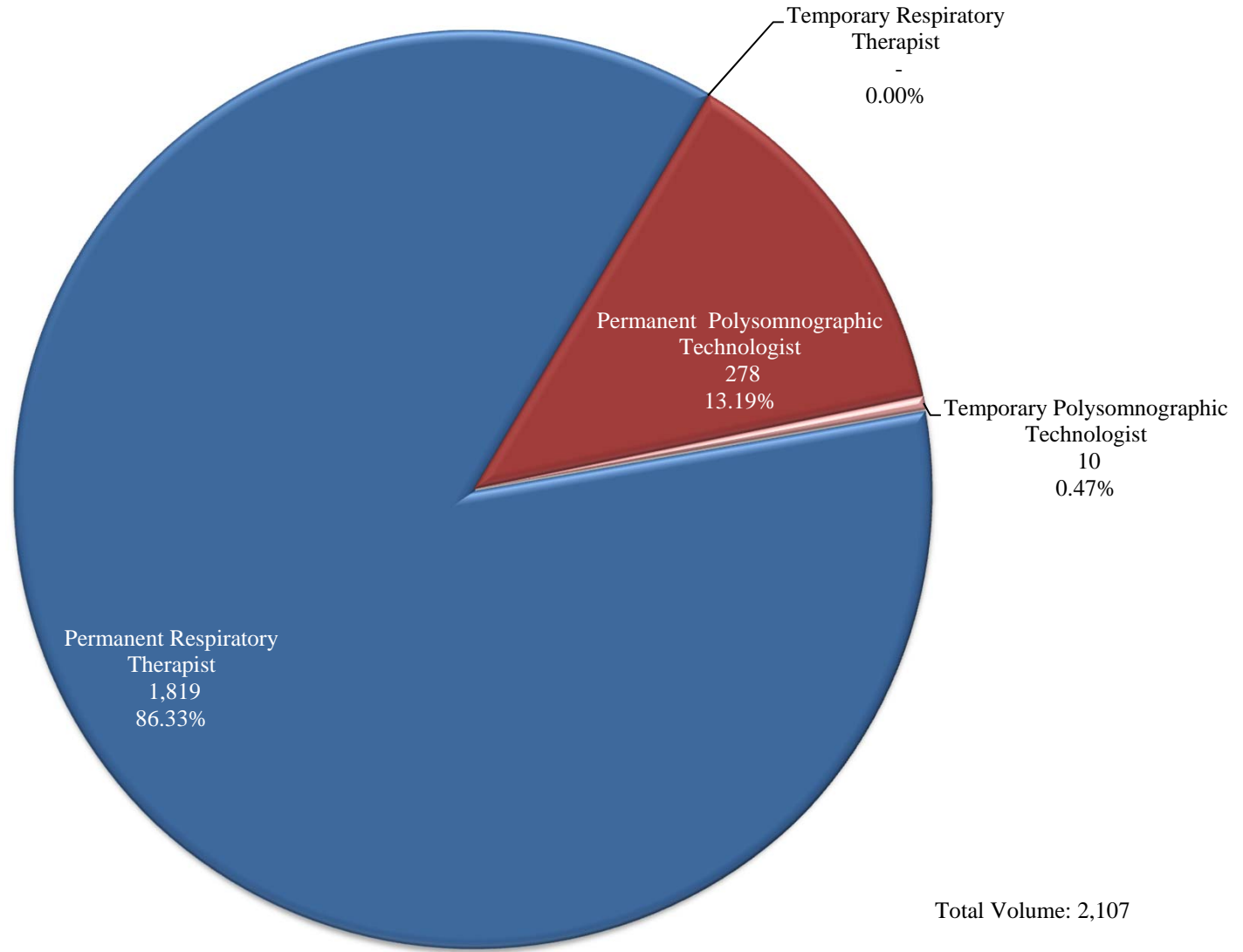
2013 - 2015 Biennium

Quarter	Respiratory Therapist Licenses Issued	Polysomnographic Technologist Licenses Issued	Temporary Licenses Issued	Renewals Processed	% Renewed Online
1st	47	11	1	486	72.63%
2nd	40	2	1	540	79.81%
3rd	41	7	-	341	70.38%
4th	29	6	-	400	79.25%
5th	77	7	-	542	76.94%
6th	49	5	-	549	81.24%
7th	45	5	1	342	75.44%
8th	46	5	-	429	79.25%
Total:	374	48	3	3,629	77.21%

** Note that the licensing table reflects activities through June 30, 2015 only since it is based on the 2013-15 biennium, and the remaining charts and graphs in this report are more current, including activity on through October 2nd. Licensing activities for the July timeframe forward will be included in the next update to this table once we shift to the 2015-17 biennium.*

Active License Volume *as of October 2, 2015*

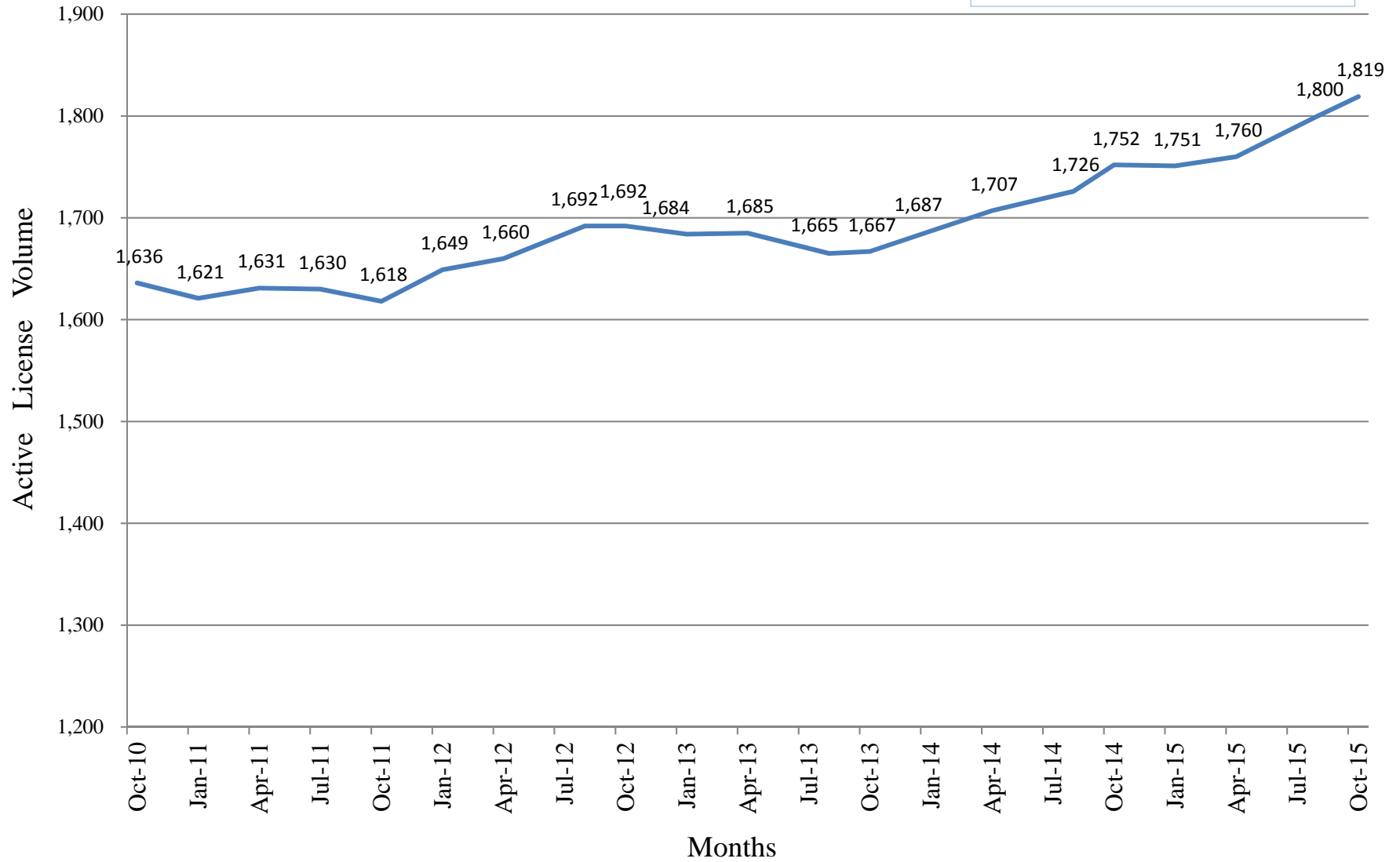
2013-2015 Biennium



Active Permanent Respiratory Therapists

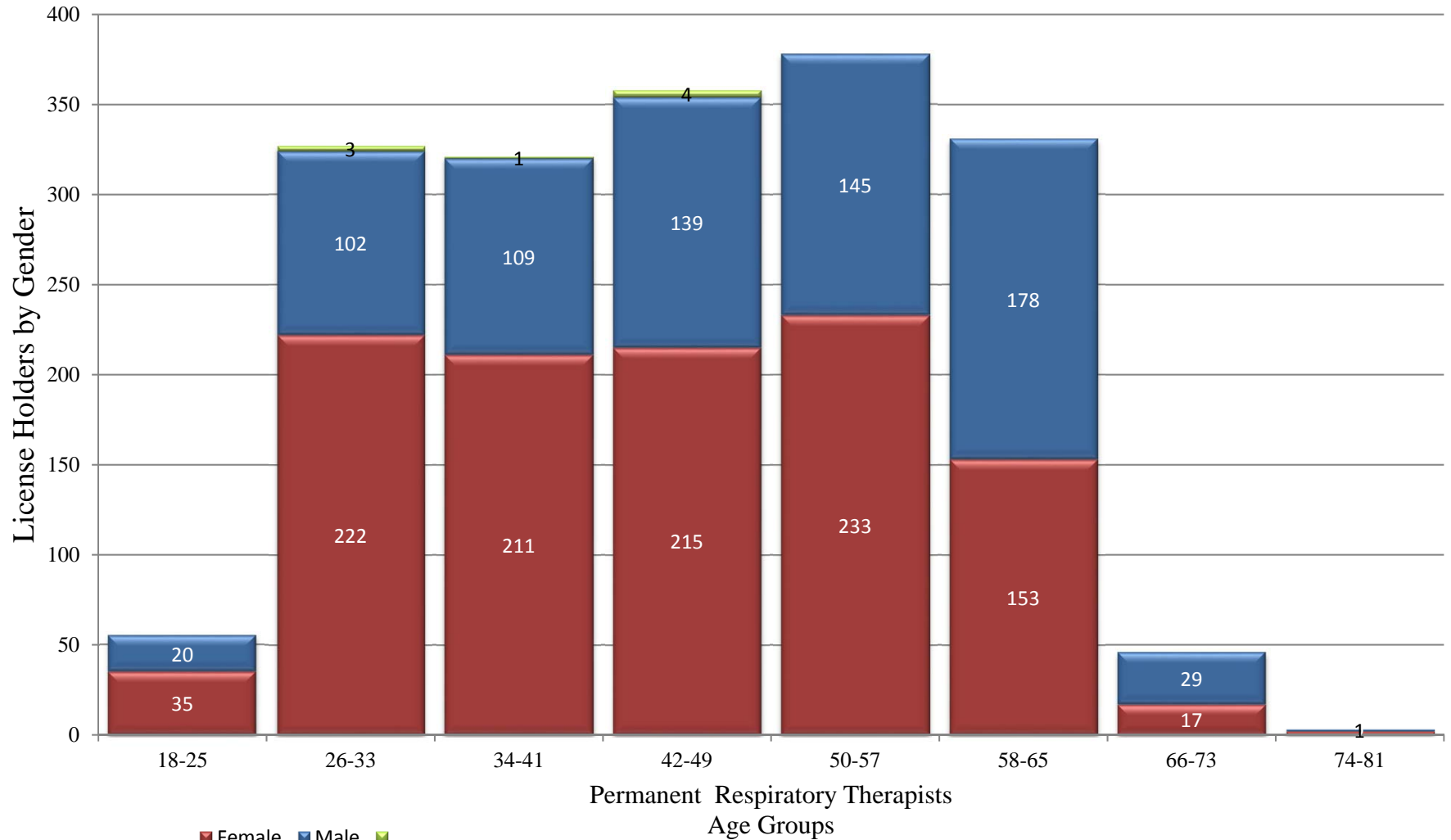
October 2010 - October 2015

+3.82% change in growth over 1 year
+11.19% change in growth over 5 years



Active Permanent Respiratory Therapists

Statistics grouped by Gender and Age Group as of October 2, 2015
2013 - 2015 Biennium



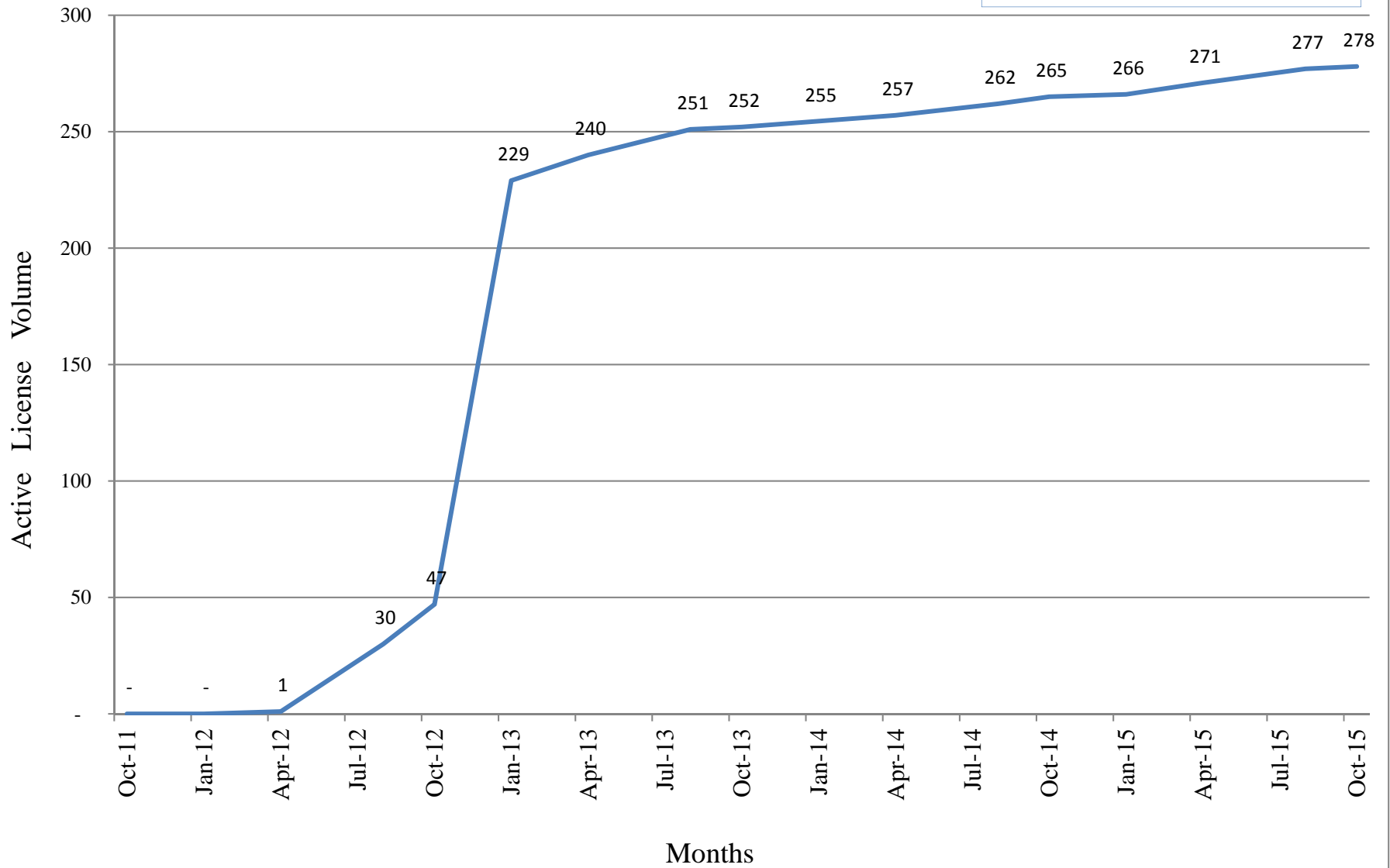
■ Female 1,088
 ■ Male 723
 ■ 8

Total Volume: 1,819

Active Permanent Polysomnographic Technologists

October 2011 - October 2015

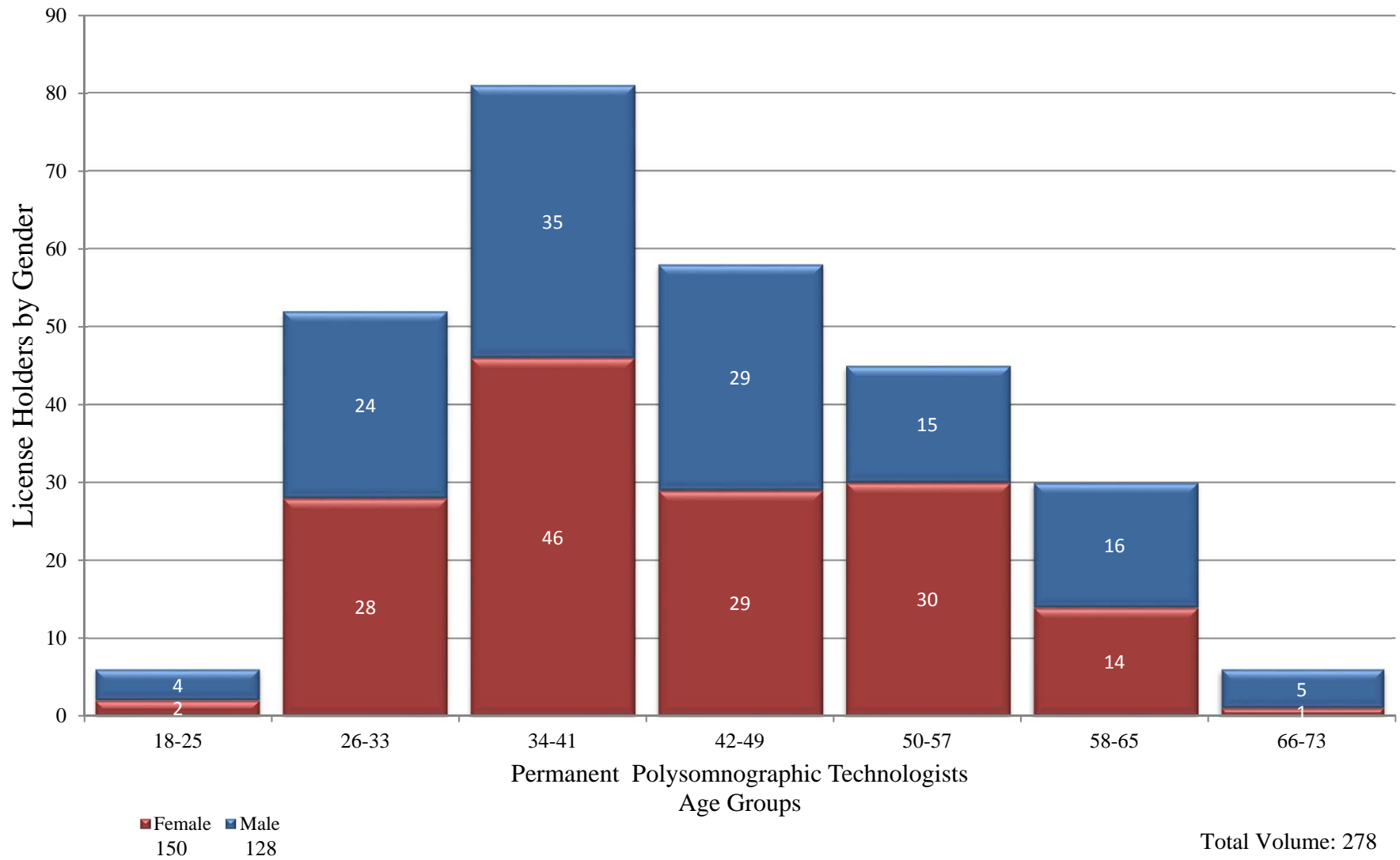
+4.91% change in growth over 1 year



Active Permanent Polysomnographic Technologists

Statistics grouped by Gender and Age Group as of October 2, 2015

2013 - 2015 Biennium



**HEALTH LICENSING OFFICE
Fund 7540 - RESPIRATORY THERAPY
STATEMENT OF CASH FLOW
FOR THE PERIOD 07/01/13 - 06/30/15**

CURRENT

13-15' Beginning Cash Balance	\$ 235,219.62
Revenues	\$ 237,704.79
Expenditures	\$ 251,181.00
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (251,181.00)
Subtotal: Resources Available	\$ 221,743.41
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Actual)	\$ 221,743.41

Indirect Charges are calculated using the following rates:

*Based on Licensee Volume as of May 20, 2013

Shared Assessment %	2.70%
Examination %	2.80%
Small Board Qualification %	32.45%
Inspection %	0.00%

**HEALTH LICENSING OFFICE
Fund 7540 - RESPIRATORY THERAPY
STATEMENT OF CASH FLOW
FOR THE PERIOD 07/01/13- 06/30/15**

PROJECTED

13-15' Beginning Cash Balance	\$ 235,219.62
Revenues	\$ 237,704.79
Expenditures	\$ 251,181.00
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (251,181.00)
Subtotal: Resources Available	\$ 221,743.41
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Projection)	\$ 221,743.41

Indirect Charges are calculated using the following rates:

*Based on Licensee Volume as of May 20, 2013

Shared Assessment %	2.70%
Examination %	2.80%
Small Board Qualification %	32.45%
Inspection %	0.00%

Policy Report

Oregon Health Authority

~

Administrative Requirements for Health Profession Student Clinical Training

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

FILED 5-14-15 2:34 PM ARCHIVES DIVISION SECRETARY OF STATE
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Oregon Health Authority, Office for Oregon Health Policy and Research
Agency and Division

409
Administrative Rules Chapter Number

Zarie Haverkate
Rules Coordinator

(503) 931-6420
Telephone

Oregon Health Authority, Office for Oregon Health Policy and Research, 1225 Ferry St. SE, Salem, OR 97301
Address

RULE CAPTION

Amendment of Administrative Standards for Health Professional Student Clinical Training

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
6-24-15	1:00 p.m.	Human Services Building, Room 554, 500 Summer Street NE, Salem,	Zarie Haverkate, 503-931

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

- ADOPT:**
- AMEND:**
OAR 409-030-0110, 409-030-0140, 409-030-0150, 409-030-0160, 409-030-0170, 409-030-0180, 409-030-0190, 409-030-0210, 409-030-0220, and 409-030-0230.

- REPEAL:**
- RENUMBER:** Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.
- AMEND AND RENUMBER:** Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:
ORS 413.435

Other Authority:

Statutes Implemented:
ORS 413.435

RULE SUMMARY

The Administrative Standards for Health Professional Student Clinical Training rules need to be amended to address issues that were brought up by the advisory committee during the first year of implementation. Issues include adding a time frame for drug testing and criminal background checks, adding specificity to the training standards for CPR/BLS and removing the option for non-medical exemptions from immunizations.

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

<u>06-26-2015 5:00 p.m.</u>	<u>Zarie Haverkate</u>	<u>zarie.haverkate@state.or.us</u>
Last Day (m/d/yyyy) and Time for public comment	Rules Coordinator Name	Email Address

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED
5-14-15 2:34 PM
ARCHIVES DIVISION
SECRETARY OF STATE

Oregon Health Authority, Office for Oregon Health Policy and Research
Agency and Division

409
Administrative Rules Chapter Number

Amendment of Administrative Standards for Health Professional Student Clinical Training

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

The amendment of OAR 409-030-0110, 409-030-0140, 409-030-0150, 409-030-0160, 409-030-0170, 409-030-0180, 409-030-0190, 409-030-0210, 409-030-0220, and 409-030-0230.

Statutory Authority:

ORS 413.435

Other Authority:

Statutes Implemented:

ORS 413.435

Need for the Rule(s):

These rules need to be amended to address issues that were brought up by the advisory committee during the first year of implementation. Issues include adding a time frame for drug testing and criminal background checks, adding specificity to the training standards for CPR/BLS and removing the option for non-medical exemptions from immunizations.

Documents Relied Upon, and where they are available:

The Oregon Health Care Workforce Committee SB 879 Workgroup Recommendations for the Oregon Health Policy Board, June 30, 2012 is available from The Office for Oregon Health Policy and Research (OHPR) (1225 Ferry Street SE, First Floor, Salem, Oregon 97301) and online at: <http://www.oregon.gov/OHA/OHPR/HPB/Pages/workforce/HealthCareWorkforceCommittee.aspx>. The proposed rule changes are available on the OHPR rules website at: <http://www.oregon.gov/OHA/OHPR/pages/rulemaking/index.aspx>.

Fiscal and Economic Impact:

There is no expected fiscal or economic impact from amending these rules.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

Amending these rules will have no fiscal impact on the Authority, other state agencies, units of local government, the public, businesses, including small businesses.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

None

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

N/A

c. Equipment, supplies, labor and increased administration required for compliance:

N/A

How were small businesses involved in the development of this rule?

Small businesses were not involved in development of the proposed amendment because there is no anticipated impact on small businesses.

Administrative Rule Advisory Committee consulted?: Yes

If not, why?:

Last Day (m/d/yyyy) and Time
for public comment

Printed Name

Email Address

**CHAPTER 409
OREGON HEALTH AUTHORITY,
OFFICE FOR OREGON HEALTH POLICY AND RESEARCH**

**DIVISION 30
ADMINISTRATIVE REQUIREMENTS FOR HEALTH PROFESSION STUDENT CLINICAL TRAINING**

409-030-0110

Definitions

The following definitions apply to OAR 409-030-0100 to 409-030-0250:

- (1) "Administrative requirements" means those requirements that must be documented and verified before health professions program students may begin clinical placements, and includes criminal background checks, drug testing for substance abuse, health screenings, immunizations, and basic training standards.
- (2) "Advanced practice nurse" means nursing practice areas inclusive of nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists.
- (3) "Authority" means the Oregon Health Authority.
- (4) "CDC" means the federal Centers for Disease Control and Prevention.
- (5) "Clinical placement" means any clinical rotations, internships, ~~residencies, fellowships,~~ and any other clinical training experience that a student undergoes as part of their health professions program.
- (6) "Clinical setting" or "clinical site" means the clinical facility at which a student undergoes training during a clinical placement.
- (7) "Direct contact with patients" means clinical or therapeutic interaction with a patient, in a one-on-one or group setting at the clinical placement setting or an associated location, including but not limited to meetings, examinations, or procedures.
- (8) "Evidence of Immunization" means a statement signed and dated by a licensed practitioner who has within the scope of the practitioner's license the authority to administer immunizations or a representative of the local health department certifying the immunizations the student has received.
- (9) "For cause" means that the behavior of a student or instructor gives the health profession program or clinical site reason to believe that the individual is not complying with established standards set forth in these rules.
- (10) "Health profession program" means a post-secondary course of study that concentrates on a health profession discipline as described in OAR 409-030-0130 and offers students instruction and training for becoming a health care professional.
- (11) "Immunization" means receipt of any vaccine licensed by the United States Food and Drug Administration or the foreign equivalent for the prevention of a disease; proof of immunity to the disease via titer; or confirmed history of the disease.
- (12) "Individually identifiable health information" has the meaning given that term in ORS 433.443.
- (13) "Instructor" means a teacher, trainer, or advisor ~~on the faculty of the educational institution~~ who is overseeing a student onsite during clinical training on behalf of the training program which the

student attends. The degree of involvement of instructors in a student's clinical training experience may vary between programs, and may include but is not limited to observation, demonstration of technique, modeling of behavior, and regular feedback.

- (14) "Licensed independent practitioner" means an individual permitted by Oregon law to independently provide care and services, without direction or supervision, within the scope of the individual's license.
- (15) "Matriculated" means to be enrolled or registered for classes, as a student.
- (16) "Patient" means an individual who is seeking care, guidance or treatment options at a clinical location.
- (17) "School" or "educational institution" means the post-secondary college, university or other training program in which the student is matriculated for a health professions program.
- (18) "Student" means an individual enrolled as a student or registered for a post-secondary school or training programs required minimum credit hours in an accredited health professions program of study.
- (19) "Supervisor" means a staff member at a clinical facility who is delegated to provide supervision, to monitor student performance and to provide feedback to the student and the clinical educator and other educational training program faculty.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

409-030-0140

Clinical Settings

- (1) Except as provided in ~~section~~ OAR 409-030-0140 [section](#) (2) and 409-030-0150, these rules apply to the following clinical facilities hosting health professions students in the disciplines described in OAR 409-030-0130:
 - (a) Ambulatory care settings, including but not limited to clinics, private practices, Federally Qualified Health Centers, and primary care homes;
 - (b) Ambulatory surgical centers, as defined in ORS 442.015;
 - (c) Hospice, as defined in ORS 443.860;
 - (d) Hospitals and emergency departments, as defined in ORS 442.015;
 - (e) Long term care facilities, as defined in ORS 442.015;
 - (f) Residential care facilities, as defined in ORS 443.400; and
 - (g) Skilled nursing facilities, as defined in ORS 442.015.
- (2) In addition to the exceptions provided in OAR 409-030-0150, these rules do not apply to the following clinical facilities hosting health professions students in the disciplines described in OAR 409-030-0130 for a clinical placement:
 - (a) Chiropractic, acupuncture, and massage therapy clinics ~~or offices~~ that are independent and not associated with a clinical placement setting listed in OAR 409-030-0140(1).

- (b) Federal facilities, including Department of Veterans' Affairs facilities, Indian Health Service facilities, and federal prisons. Standards for clinical placement in federal facilities are set at the federal level.
 - (c) Health management or administration departments.
 - (d) Public elementary and secondary schools (grades K-12).
 - (e) Radiosurgery clinical placements. The Nuclear Regulatory Commission sets requirements for students involved in radiosurgery.
 - (f) State prisons and correctional facilities.
 - (g) [Oregon State Hospital.](#)
- (3) Completion of the administrative requirements in these rules only ensures administrative clearance for students. Clinical placement settings shall make all final clearance and placement decisions.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

409-030-0150

Exceptions

- (1) In addition to the exceptions listed in OAR 409-030-0130(2) and 409-030-0140(2), the standards in these rules ~~do~~ not apply to:
- (a) Students who will not have direct patient contact as part of their clinical placement.
 - (b) Students who are undergoing training overseen by their employer, academic institution, or training program at facilities that are located on the premises of or operated solely by the employer, academic institution or training program, or are otherwise considered "in-house" clinics.
- (2) Clinical placement sites that have fewer or less stringent administrative requirements for newly hired non-student employees may request exemption from specific provisions of OAR 409-030-0170 through 409-030-0240 for students performing clinical placements at that site. For example, a clinical placement site that does not require regular employees to take a drug screen prior to being hired may request exemption from the section of these rules that require students to take a drug screen prior to being placed at that clinical site. However:
- (a) All exemptions must be documented with the Authority prior to implementation of the exemption; and
 - (b) Clinical placement sites may only request exemptions from the specific category or section of these rules in which their requirements for newly-hired non student employees are less (such as immunizations, screenings, trainings or other listed in Table 1). Clinical placement sites with an exemption to a specific category of the administrative requirements must still comply with ~~abide by~~ all other sections of these rules.
- (3) Exemption requests may be submitted by:
- (a) Clinical placement sites; or

- (b) Educational institutions, on behalf of and in consultation with the clinical placement sites with which they contract and place students for clinical training.
- (4) A request for exemption must include:
- (a) The name and mailing address of the clinical placement setting.
 - (b) The supervisor or manager of student clinical placements on site, and email address and a phone number.
 - (c) A request for exemption from a specific section of the rules, that includes a description of the clinical placement setting's requirements for newly hired non-student employees, and how they differ from the requirements set forth in these rules.
- (5) Clinical placement settings may temporarily institute a site-specific variation or change to a requirement listed in OAR 409-030-0170 through 409-030-0240 in extenuating circumstances including but not limited to a public health emergency situation, such as an outbreak that requires new or different vaccination or a safety breach that requires immediate action, provided that the clinical placement setting clearly notifies all affected parties and the Authority in advance of the changes.
- (6) Once instituted, a change or variation of these rule requirements may remain in place at the ~~individual~~ clinical training placement setting until the next annual review of the rules, at which point ~~the Authority shall decide if a decision will be made that:~~
- (a) The change or variation is one mandated by a federal or state regulatory agency and will therefore be incorporated into these rules for all affected clinical placement settings and health profession students; or
 - (b) The change or variation would improve student and patient safety significantly and should be applied widely to clinical placement settings and health profession students in the state of Oregon, through an amendment to these rules; or
 - (c) The change or variation is not appropriate for widespread application to clinical placement settings and health professions students in the state of Oregon. In this case, the change or variation may not be re-instated by the clinical placement site after the annual review of the rules.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

409-030-0160

Regular Review of Clinical Placement Standards

- (1) The Authority shall convene an advisory group that may include representatives of affected students, health profession programs, clinical settings, and healthcare boards that regulate health profession programs. The Authority and the advisory group shall review the standards set forth in sections OAR 409-030-0170 through 409-030-0240 of these rules annually. Affected parties may bring proposed changes to the annual review process.
- (2) Standards for immunizations are based on the CDC Advisory Committee on Immunization Practices guidance and other state and federal regulatory bodies overseeing immunization and vaccinations. Rules shall be updated as needed to remain in compliance with suggested vaccination schedules and other recommendations from these regulatory bodies related to the applicable immunizations and screenings listed in Table 1.

- (3) State and nationwide criminal background check standards are based on rules determined by authorized state and federal regulatory bodies, including but not limited to the Joint Commission.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

409-030-0170

Administrative Requirements for Clinical Placement

- (1) To qualify for a clinical placement at a covered site within the state of Oregon, covered students must satisfy requirements for each of the following categories prior to the start of the intended placement period. See Table 1 for an expanded list relating to:
- (a) Immunizations; ~~and~~
 - (b) Screenings;
 - (c) Trainings; and
 - (d) Evidence of coverage for professional liability and general liability.
- (2) Health profession programs and clinical placement settings are not required to pay for or otherwise administer any screenings or tests listed in these rules.
- (3) Health profession programs must verify and retain evidence demonstrating that a student has completed all requirements listed in these rules prior to starting a placement for the student at a clinical setting. The health profession program shall provide evidence of completed requirements to clinical sites, as requested.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

409-030-0180

Immunization Standards

- (1) Table 1 lists the diseases and the corresponding required immunizations that students must have in order to receive a clinical placement or the immunizations that students are recommended to have but that are not required in order to receive a clinical placement.
- (2) Evidence of immunization may be demonstrated through the following:
- (a) A document appropriately signed or officially stamped and dated by a qualified medical professional or an authorized representative of the local health department, which must include the following:
 - (A) The month and year of each dose of each vaccine received; or
 - (B) Documentation of proof of immunity to the disease via titer; or
 - (C) Written documentation by a qualified medical professional indicating t~~he~~ month and year the diagnosis of the disease was confirmed.
 - (b) An official record from the Oregon ALERT Immunization Information System.
- (3) Individual student medical exemptions from ~~to~~-specific immunizations requests are possible and must be maintained by health profession programs as part of the overall record of the student.

Documentation for exemption requires [a written statement of exemption signed by a qualified medical professional. Non-medical exemptions from immunizations are not allowed.](#) ~~one or more of the following:~~

~~(a) A written statement of exemption signed by a licensed independent practitioner; or~~

~~(b) A written statement of religious exemption, signed by the student.~~

Stat. Auth.: ORS 413.435
Stats. Implemented: ORS 413.435

409-040-0190 Screening Standards

Table 1 provides detailed information related to required screenings for students' clinical placements. Required screenings consist of:

- (1) Tuberculosis (OAR 409-030-0200);
- (2) Substance abuse or misuse (OAR 409-030-0210); and
- (3) State and nationwide criminal background check (OAR 409-030-0220).

Stat. Auth.: ORS 413.435
Stats. Implemented: ORS 413.435

409-030-0210 Drug Testing for Substance Abuse and Misuse

- (1) A student must undergo a drug test prior to the start date of initial placement at a covered clinical setting. [Drug testing must take place prior to initial placement, but no more than three months before entry into the health profession training program requiring clinical training experience. A drug test is considered current while the student is enrolled and progressing in the health profession training program.](#) Subsequent drug ~~tests~~ ~~screenings~~ may not be required except for cause, [or at re-entry into a program from which the student has taken leave or fallen out of progression.](#) These rules do not aim to define an "acceptable" result to a drug screen. These rules ensure completion of the administrative requirements necessary for administrative clearance for students. Clinical placement settings shall make all final clearance and placement decisions.
- (2) At a minimum, a covered student seeking a clinical placement at a covered clinical site must undergo a standard 10-panel drug test and must sign any necessary authorizations. Screens for the following eight ~~(8)~~ substances must be included in the 10-panel drug screen:
 - (a) Amphetamines (including methamphetamines);
 - (b) Barbiturates;
 - (c) Benzodiazepines;
 - (d) Cocaine;
 - (e) Marijuana;
 - (f) Methadone;

- (g) Opiates; and
 - (h) Phencyclidine.
- (3) All drug testing must be conducted by a laboratory licensed and operated in accordance with ORS 438.010 and OAR 333-024-0305 through 333-024-0350. The health profession program must verify that screening is performed by a reputable vendor.

Stat. Auth.: ORS 413.435
Stats. Implemented: ORS 413.435

409-030-0220
State and Nationwide Criminal Background Checks

- (1) Students must undergo a state and nationwide criminal background check in advance of the start of their initial clinical placements, but no more than three months before entry into the health profession training program requiring clinical training experience. A criminal background check is considered current while the student is enrolled and progressing in the health profession training program. Subsequent criminal background checks may not be required except for cause, or at re-entry into a program from which the student has taken leave or fallen out of progression.
- (2) These rules do not aim to establish or define the composition of an “acceptable” result to a state and nationwide criminal background check. These rules ensure completion of the administrative requirements necessary for administrative clearance for students. Clinical placement settings shall make all final clearance and placement.
- (3) State and nationwide criminal background checks must be:
- (a) Performed by a vendor that is accredited by the National Association of Professional Background Screeners (NAPBS); or
 - (b) Performed by a vendor that meets the following criteria:
 - (A) Has been in the business of criminal background checks for at least two years;
 - (B) Has a current business license and private investigator license, if required in the company’s home state; and
 - (C) Maintains an errors and omissions insurance policy in an amount not less than \$1 million; or
 - (c) Conducted through an Oregon health professional licensing board, if required for students by such Board. (For example students of pharmacy are required by the Oregon Board of Pharmacy to obtain an intern license prior to engaging in clinical training and must undergo a national fingerprint-based background check.)
- (4) A criminal records check must include the following:
- (a) Name and address history trace;
 - (b) Verification that the students’ records have been correctly identified, using date of birth and a Social Security number trace;
 - (c) A local criminal records check, including city and county records for the student’s places of residence for the last seven years;

- (d) A nationwide multijurisdictional criminal database search, including state and federal records;
- (e) A nationwide sex offender registry search;
- (f) A query with the Office of the Inspector General's List of Excluded Individuals/Entities (LEIE);
- (g) The name and contact information of the vendor who completed the records check;
- (h) Arrest, warrant and conviction data, including but not limited to:
 - (A) Charges;
 - (B) Jurisdictions; and
 - (C) Date.
- (i) Sources for data included in the report.

Stat. Auth.: ORS 413.435
Stats. Implemented: ORS 413.435

409-030-0230
Training Standards

- (1) Students must complete all listed trainings in advance of the start date of the students' initial clinical placement. See Table 1 for additional descriptions and recommended training resources.
- (2) Students must complete the following steps for trainings that require certification:
 - (a) Complete [an in-person](#) training program in cardiopulmonary resuscitation (CPR), also known as Basic Life Support (BLS), at the healthcare provider level. [On-line training will not meet this requirement. Recommended trainings programs for CPR/BLS should comply with the standards set by the American Heart Association, must include the following components:](#)
 - (A) [1-Rescuer CPR and AED for adult, child and infant;](#)
 - (B) [2-Rescuer CPR and AED for adult, child and infant;](#)
 - (C) [Differences between adult, child and infant rescue techniques;](#)
 - (D) [Bag-mask techniques for adult, child and infant;](#)
 - (E) [Rescue breathing for adult, child and infant;](#)
 - (F) [Relief of choking for adult, child and infant;](#)
 - (G) [CPR with an advanced airway; and](#)
 - (H) [Skills testing.](#)
 - (b) Provide verified documentation as to the successful completion of CPR/BLS training, and

- (c) Maintain current certification for CPR/BLS during the clinical placement.
- (3) Health profession programs must provide documentation or a signed statement that the student has received prior training, taken educational courses, or is otherwise familiar with the following:
 - (a) The Health Insurance Portability and Accountability Act (HIPAA)
 - (b) Bloodborne Pathogen training that is compliant with the federal Occupational Safety and Health Administration (OSHA) requirements.
 - (c) Federal OSHA recommended safety guidelines, including:
 - (A) Fire and electrical safety;
 - (B) Personal protective equipment;
 - (C) Hazard communications; and
 - (D) Infection prevention practices.
- (4) Health profession programs shall provide documentation of completed trainings, as requested by clinical sites.
- (5) Clinical sites may require students to complete additional site-specific trainings or on-boarding procedures, including:
 - (a) Site-specific privacy and confidentiality trainings.
 - (b) Site-specific orientation trainings and on-boarding procedures, such as facility-specific protocols for safety, security, documentation systems, and standards of behavior or signing a non-disclosure statement.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

Table 1. Standards that health professions students must meet before clinical placements

Standard	Timing	Notes
Immunizations (documented receipt of vaccine or documented immunity via titer or valid history of disease, or via a record from the Oregon ALERT Immunization Information System)		
Hepatitis B (Hep B)	Per CDC guidelines ¹ – follow child and adolescent schedules for students 0-18 years of age; follow health care professional schedule for students greater than or equal to 18 years of age. ²	
Measles, mumps and rubella (MMR)		
Tetanus, diphtheria, pertussis (Tdap)		
Varicella		
<i>Recommended but not required</i> -- Polio		CDC recommends for healthcare workers treating patients who could have polio or have close contact with a person who could be infected with poliovirus. ³
<i>Recommended but not required</i> -- Influenza (seasonal flu)	Follow state law requirements ⁴ /recommend mask or other precaution if not immunized.	
Screenings		
Tuberculosis (TB)	Prior to initial placement; after that only in case of known exposure.	Facility choice of skin test or IGRA Blood test in accordance with CDC guidelines. ⁵
Substance Abuse - 10-panel drug screen	Prior to initial placement; <u>but no more than three months before entry into a training program;</u> subsequent screens only for cause <u>or at re-entry into a program after</u>	School/training program is responsible for verifying that screening is performed by a reputable vendor

¹The full list of CDC guidelines can be found at: <http://www.cdc.gov/vaccines/schedules/index.html>

² The CDC guidelines for recommended vaccinations for healthcare professionals can be found at: <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

³ Explanation of CDC recommendations can be found at: <http://www.cdc.gov/vaccines/vpd-vac/polio/in-short-both.htm#who>

⁴ Currently, Oregon law (ORS 433.407) states that facilities employing healthcare workers must offer flu vaccine but may not require employees to be immunized unless a state or federal rule requires it.

⁵ <http://www.cdc.gov/tb/topic/testing/>

AMEND

Standard	Timing	Notes
	falling out of progression.	
Criminal Background Check (including Social Security Number trace, state/national criminal background history, sex offender registry check, and OIG LEIE check)	Prior to initial placement; but no more than three months before entry into a training program; subsequent screens only for cause or at re-entry into a program after falling out of progression.	Elements of check should be standardized and check should be performed by a reputable vendor (per OAR 409-030-0220)
Training		
CPR/Basic Life Support (BLS) for healthcare providers	Prior to initial placement; maintain current certification during placement	Recommend trainings that comply with the American Heart Association standards
Bloodborne Pathogen training (OSHA)	Prior to initial placement	
OSHA recommended safety guidelines (including fire and electrical safety; personal protective equipment; hazard communications; and infection prevention practices).	Prior to initial placement	Schools must verify student familiarity or exposure to topics
<i>Site-specific</i> privacy and confidentiality practices	With <i>each</i> placement	May include review of clinical site policies and procedures, phone numbers, and emergency codes, signing a non-disclosure agreement, etc.
<i>Site-specific</i> orientation (facility-specific protocols for safety, security, standards of behavior, etc.)		
Insurance and Liability Coverage and Other Standards		
Professional liability insurance	Prior to initial placement	If student is covered by school, school can provide written statement and documentation of insurance or self-insurance
General liability insurance		If student is covered by school, school can provide written statement and documentation of insurance or self-insurance

AMEND

Standard	Timing	Notes
<i>Recommended but not required --</i> Current health insurance (or coverage via Workers' Compensation insurance extended to students by school)		Coverage must protect student against on the job accidents, illness, or injury.

**Oregon Health
Authority**

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**Healthcare
Workforce Reporting
SB 230**

Enrolled
Senate Bill 230

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Governor John A. Kitzhaber, M.D., for Oregon Health Authority)

CHAPTER

AN ACT

Relating to health care workforce information; creating new provisions; amending ORS 676.410; repealing ORS 442.468; and declaring an emergency.

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

SECTION 1. ORS 676.410 is amended to read:

676.410. [(1) As used in this section, “healthcare workforce regulatory board” means the:]

[(a) Occupational Therapy Licensing Board;]

[(b) Oregon Medical Board;]

[(c) Oregon State Board of Nursing;]

[(d) Oregon Board of Dentistry;]

[(e) Physical Therapist Licensing Board;]

[(f) State Board of Pharmacy; and]

[(g) Health Licensing Office for dietitians licensed under ORS 691.435.]

(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) State Board of Psychologist Examiners; and

(q) Board of Medical Imaging.

[(2)(a)] **(2)** [An applicant for a license from a healthcare workforce regulatory board or renewal of a license by a healthcare workforce regulatory board shall] **An individual applying to renew a**

license with a health care workforce regulatory board must provide the information prescribed by the [Office for Oregon Health Policy and Research] **Oregon Health Authority** pursuant to subsection (3) of this section **to the health care workforce regulatory board.**

[(b)] Except as provided in subsection (4) of this section, a [healthcare] **health care** workforce regulatory board may not approve [a subsequent application for a license or renewal of a license] **an application to renew a license** until the applicant provides the information.

(3) [The Administrator for The Office for Oregon Health Policy and Research shall collaborate with the healthcare workforce regulatory boards to adopt rules for the manner, form and content for reporting, and] **The authority shall collaborate with each health care workforce regulatory board to adopt rules establishing:**

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

[(a)] **(A)** Demographics, including race and ethnicity.

[(b)] **(B)** Education **and training** information.

[(c)] **(C)** License information.

[(d)] **(D)** Employment information.

[(e)] **(E)** Primary and secondary practice information.

[(f)] **(F)** Anticipated changes in the practice.

[(g)] **(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 [healthcare] **health care** workforce regulatory board shall report [healthcare] **health care** workforce information collected under subsection (2) of this section to the [Office for Oregon Health Policy and Research] **authority.**

[(b) A healthcare workforce regulatory board shall keep confidential and not release personally identifiable data collected under this section for a person licensed, registered or certified by a board.]

(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) [This paragraph does not apply to the release of information] **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 release to the Office for Oregon Health Policy and Research] **to the authority** for state health planning purposes.

[(5) The requirements of subsection (2) of this section apply to an applicant for issuance or renewal of a license who is or who is applying to become:]

[(a) An occupational therapist or certified occupational therapy assistant as defined in ORS 675.210;]

[(b) A physician as defined in ORS 677.010;]

[(c) A physician assistant as defined in ORS 677.495;]

[(d) A nurse or nursing assistant licensed or certified under ORS 678.010 to 678.410;]

[(e) A dentist or dental hygienist as defined in ORS 679.010;]

[(f) A physical therapist or physical therapist assistant as defined in ORS 688.010;]

[(g) A pharmacist or pharmacy technician as defined in ORS 689.005; or]

[(h) A licensed dietitian, as defined in ORS 691.405.]

[(6) **(5)** A [healthcare] **health care** workforce regulatory board may adopt rules [as necessary] to perform the board's duties under this section.

[(7) **(6)** In addition to [licensing] **renewal** fees that may be imposed by a [healthcare] **health care** workforce regulatory board, the [Oregon Health Policy Board] **authority** shall establish fees to be paid by [applicants for issuance or renewal of licenses] **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.

SECTION 2. ORS 442.468 is repealed.

SECTION 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 of this 2015 Act apply to applications to renew a license to practice a regulated profession that are submitted on or after the operative date specified in section 4 of this 2015 Act.

(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, State Board of Psychologist Examiners and Board of Medical Imaging, the amendments to ORS 676.410 by section 1 of this 2015 Act 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).

SECTION 4. (1) The amendments to ORS 676.410 by section 1 of this 2015 Act and the repeal of ORS 442.468 by section 2 of this 2015 Act become operative on January 1, 2016.

(2) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all the duties, powers and functions conferred on the authority by the amendments to ORS 676.410 by section 1 of this 2015 Act.

SECTION 5. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Passed by Senate February 19, 2015

Repassed by Senate June 2, 2015

.....
Lori L. Brocker, Secretary of Senate

.....
Peter Courtney, President of Senate

Passed by House May 28, 2015

.....
Tina Kotek, Speaker of House

Received by Governor:

.....M,....., 2015

Approved:

.....M,....., 2015

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M,....., 2015

.....
Jeanne P. Atkins, Secretary of State

Workforce Questionnaire

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Respiratory Therapy

Workforce Questionnaire: Respiratory Therapy



Health Licensing Agency



Page 1 - INTRODUCTION

HEALTH CARE WORKFORCE QUESTIONNAIRE FOR RESPIRATORY THERAPISTS

This information is collected by the Oregon Health Authority in collaboration with the Respiratory Therapist and Polysonmographic Technologist Licensing Board, as part of legislatively mandated Health Care Workforce Database reporting, ORS 442.468 and Oregon Administrative Rules (OARs) 409-026-0100 through 409-026-0140.

The questionnaire should take approximately 5-8 minutes to complete. The data gathered in this questionnaire are not connected to your license renewal application and are not stored by the Respiratory Therapist and Polysonmographic Technologist Licensing Board. All personally identifiable information from this data collection will be kept confidential and only reported in aggregate.

If you accidentally close the questionnaire before submitting it, just hit the questionnaire link again and it should take you back where you left off and your answers to all previous pages won't be lost. To navigate the form, use "Next" and "Back" buttons at the top or bottom of the window. At the end of the questionnaire you will be redirected to the Licensing Board webpage to continue with your license renewal.

If you need technical assistance, please contact Suzanne Yusem by phone at (971) 673-3362 or by e-mail at

suzanne.h.yusem@state.or.us

License Number

Last Name

First Name

Middle Name

Date of Birth



These five data elements are invisible to licensees; they are used to link the license renewal system and the workforce database.



Page 2 - DEMOGRAPHIC INFO

DEMOGRAPHIC INFORMATION

What is your gender?

- Male
- Female
- Decline to answer

What is your ethnicity?

- Hispanic/Latino
- Not Hispanic/Latino
- Decline to answer

What is your race? (Please check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Decline to answer
- Other- specify

Do you speak languages other than English?

- Yes No



Page 3 - LANGUAGES

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH

What other language(s) besides English do you speak? Select up to 2 languages. If it not listed in the drop down menu, select "Other" and specify it in the space provided. In LANGUAGE 1, indicate the language other than English you speak most frequently. Click on the "i" button to learn about the levels of language proficiency.

LANGUAGE 1 (required)

Select a language - (the one you speak *most frequently*)

Other (specify)

What is your proficiency level?

Have you received training in medical terminology in this language?

(This training may have been taken in or outside the US)

Do you use this language at work while providing care to patients?

Are you certified as a bilingual provider or medical interpreter?

Please indicate certifying entity:



Page 4 - LANGUAGES 2

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH - *continued*

Do you speak a second language other than English? If it not listed in the drop down menu, select "*Other*" and specify it in the space provided. Click on the "i" button to learn about the levels of language proficiency.

LANGUAGE 2 (optional)

Select a language - (the one you speak *most frequently*)

Arabic

Other (specify)

What is your proficiency level?

Beginner

Have you received training in medical terminology in this language?

(This training may have been taken in or outside the US)

Do you use this language at work while providing care to patients?

Yes

Are you certified as a bilingual provider or medical interpreter?

Yes

Please indicate certifying entity:



Page 5 - EDUCATION

EDUCATION AND TRAINING

Please indicate your **highest level of education** in respiratory therapy:

- Training program in the field
- Certificate in the field
- Associate degree in the field
- Bachelor's degree in the field
- Master's degree in the field
- Doctoral degree in the field
- Other



Please list the levels of education that are appropriate for respiratory therapists.

Do you hold other degrees or certifications that are not directly related to respiratory therapy? For example, Master's in Public Health (MPH), Juris Doctor (JD), etc.

- Yes
- No

Please specify:



Page 6 - EMPLOYMENT

EMPLOYMENT INFORMATION

What is your employment status?

- Employed in the field (by an entity such as a health system, an educational institution, etc.)
- Self-employed in the field
- Employed in other field
- Unemployed
- Volunteer (if retired and volunteering, choose this option)
- Retired - not practicing
- Other

Please specify your employment type:

- Full-time
- Part-time
- Per-diem
- Other



Page 7 - SERVICES OREGON

SERVICES FOR OREGON RESIDENTS

Just to confirm,

Do you currently **work in Oregon or provide services to Oregon residents**? (Please include any kind of work related to respiratory therapy, including patient care, teaching, administration, volunteer work, etc.)

Yes

No



Page 8 - SPECIALTY EXIT

SPECIALTY

Please select your specialty (choose up to *2 specialties that you most commonly practice*):

Specialty 1 (required)

Specialty 2 (optional)



Please list specialties that are common for respiratory therapists. These are also collected by practice on pages 9 and 12.



Page 9 - LOC 1: GENERAL INFO

PRIMARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your primary practice location (where you spend the *majority of your time* in the field)

Business name (optional):

Street address (Please do NOT enter a PO Box or a billing address)

City:

State:

Zip code:

Country: (Please do NOT enter a *county name*)

Please select your specialty (choose up to **2 specialties** that you **most commonly practice**, listing the one you practice the most as Specialty 1)

Specialty 1 (required)

Specialty 2 (optional)

Listed below are some practice settings used in other health professions. Please list the ones that are common for respiratory therapists. These are also collected on page 12.

What best describes the *practice setting* for this location?



- | | | | |
|---|--|---|--|
| <input type="radio"/> Private outpatient practice/clinic | <input type="radio"/> Hospital: Inpatient | <input type="radio"/> Hospital: outpatient | <input type="radio"/> Hospital: emergency room |
| <input type="radio"/> Skilled nursing facility/long term care | <input type="radio"/> Private dwelling | <input type="radio"/> Indian Health Services or tribal clinic | <input type="radio"/> Military or VA health facility |
| <input type="radio"/> Locum tenens/Traveler/Temp agency | <input type="radio"/> Military or VA health facility | <input type="radio"/> Military or VA health facility | <input type="radio"/> Other <input type="text"/> |
| <input checked="" type="radio"/> ??? | <input type="radio"/> ???? | | |



Page 10 - LOC 1: TOTAL HOURS

PRIMARY PRACTICE LOCATION: TOTAL HOURS

On average, how many **hours per week** do you work at this location?
(Please round to the nearest hour; click on the "i" button for help)

Please enter total hours, not FTE.

What percentage of your total hours at this location do you spend on the following activities? (The total percentage for all activities should add up to 100)

Distribution of time by activity	Percent of your total hours
Direct Patient Care	<input type="text"/>
Teaching/Training	<input type="text"/>
Research	<input type="text"/>
Management/Administration	<input type="text"/>
Other	<input type="text"/>
Total %:	100



Page 11 - LOC 1: FUTURE PLANS

PRIMARY PRACTICE LOCATION: FUTURE PRACTICE PLANS

On the next two years, what best describes **your plans** for this practice location?

- Maintain practice hours as is
- Reduce practice hours
- Increase practice hours
- Move to another practice location in Oregon
- Move to Oregon to practice in the field
- Move to practice out of state
- Leave the field (with intention to work in a different field)
- Retire
- Other

Is there another practice location where you're currently working?

- Yes
- No



Page 12 - LOC 2: GENERAL INFO

SECONDARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your secondary practice location:

Business name (optional):

Street address (Please do NOT enter a PO Box or a billing address)

City:

State:

Zip code:

Country: (Please do NOT enter a *county name*)

Please select your specialty (choose up to 2 specialties that you most commonly practice, listing the one you practice the most as Specialty 1)

Specialty 1 (required)

Specialty 2 (optional)

What best describes the *practice setting* for this location?

- | | | | |
|---|--|---|--|
| <input type="radio"/> Private outpatient practice/clinic | <input type="radio"/> Hospital: Inpatient | <input type="radio"/> Hospital: outpatient | <input type="radio"/> Hospital: emergency room |
| <input type="radio"/> Skilled nursing facility/long term care | <input type="radio"/> Private dwelling | <input type="radio"/> Indian Health Services or tribal clinic | <input type="radio"/> Military or VA health facility |
| <input type="radio"/> Locum tenens/Traveler/Temp agency | <input type="radio"/> Military or VA health facility | <input type="radio"/> Military or VA health facility | <input type="radio"/> Other <input type="text"/> |
| <input checked="" type="radio"/> ??? | <input type="radio"/> ???? | | |



Page 13 - LOC 2: TOTAL HOURS

SECONDARY PRACTICE LOCATION: TOTAL HOURS

On average, how many **hours per week** do you work at this location?
(Please round to the nearest hour; click on the "i" button for help)

Please enter total hours, not FTE.

What percentage of your total hours at this location do you spend on the following activities? (The total percentage for all activities should add up to 100)

Distribution of time by activity	Percent of your total hours
Direct Patient Care	<input type="text"/>
Teaching/Training	<input type="text"/>
Research	<input type="text"/>
Management/Administration	<input type="text"/>
Other	<input type="text"/>
Total %:	100



Page 14 - LOC 2: FUTURE PLANS

SECONDARY PRACTICE LOCATION: FUTURE PRACTICE PLANS

On the next two years, what best describes **your plans** for this practice location?

- Maintain practice hours as is
- Reduce practice hours
- Increase practice hours
- Move to another practice location in Oregon
- Move to Oregon to practice in the field
- Move to practice out of state
- Leave the field (with intention to work in a different field)
- Retire
- Other



Health Licensing Agency



Thank You Page

Thank you for answering this questionnaire!

**You are now being redirected to your Licensing Board Renewal page,
please do not click anywhere..., it may take a moment!**

If you have any questions related to this questionnaire, please contact:

Suzanne Yusem, Research Analyst
Office of Health Analytics
Oregon Health Authority
Phone: 971-673-3362
suzanne.h.yusem@state.or.us

Workforce Questionnaire

~

Polysomnography

Workforce Questionnaire: Polysomnography



Health Licensing Agency



Page 1 - INTRODUCTION

HEALTH CARE WORKFORCE QUESTIONNAIRE FOR POLYSONMOGRAPHY TECHNOLOGISTS

This information is collected by the Oregon Health Authority in collaboration with the Respiratory Therapist and Polysomnographic Technologist Licensing Board, as part of legislatively mandated Health Care Workforce Database reporting, ORS 442.468 and Oregon Administrative Rules (OARs) 409-026-0100 through 409-026-0140.

The questionnaire should take approximately 5-8 minutes to complete. The data gathered in this questionnaire are not connected to your license renewal application and are not stored by the Respiratory Therapist and Polysomnographic Technologist Licensing Board. All personally identifiable information from this data collection will be kept confidential and only reported in aggregate.

If you accidentally close the questionnaire before submitting it, just hit the questionnaire link again and it should take you back where you left off and your answers to all previous pages won't be lost. To navigate the form, use "Next" and "Back" buttons at the top or bottom of the window. At the end of the questionnaire you will be redirected to the Licensing Board webpage to continue with your license renewal.

If you need technical assistance, please contact Suzanne Yusem by phone at (971) 673-3362 or by e-mail at

suzanne.h.yusem@state.or.us

License Number

Last Name

First Name

Middle Name

Date of Birth



These five data elements are invisible to licensees; they are used to link the license renewal system and the workforce database.



Page 2 - DEMOGRAPHIC INFO

DEMOGRAPHIC INFORMATION

What is your gender?

- Male
- Female
- Decline to answer

What is your ethnicity?

- Hispanic/Latino
- Not Hispanic/Latino
- Decline to answer

What is your race? (Please check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Decline to answer
- Other- specify

Do you speak languages other than English?

- Yes No



Page 3 - LANGUAGES

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH

What other language(s) besides English do you speak? Select up to 2 languages. If it not listed in the drop down menu, select "Other" and specify it in the space provided. In LANGUAGE 1, indicate the language other than English you speak most frequently. Click on the "i" button to learn about the levels of language proficiency.

LANGUAGE 1 (required)

Select a language - (the one you speak *most frequently*)

Other (specify)

What is your proficiency level?

Have you received training in medical terminology in this language?

(This training may have been taken in or outside the US)

Do you use this language at work while providing care to patients?

Are you certified as a bilingual provider or medical interpreter?

Please indicate certifying entity:



Page 4 - LANGUAGES 2

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH - *continued*

Do you speak a second language other than English? If it not listed in the drop down menu, select "*Other*" and specify it in the space provided. Click on the "i" button to learn about the levels of language proficiency.

LANGUAGE 2 (optional)

Select a language - (the one you speak *most frequently*)

Arabic

Other (specify)

What is your proficiency level?

Beginner

Have you received training in medical terminology in this language?
(This training may have been taken in or outside the US)

Do you use this language at work while providing care to patients?

Yes

Are you certified as a bilingual provider or medical interpreter?

Yes

Please indicate certifying entity:



Page 5 - EDUCATION

EDUCATION AND TRAINING

Please indicate your **highest level of education** in polysomnography:

- Training program in the field
- Certificate in the field
- Associate degree in the field
- Bachelor's degree in the field
- Master's degree in the field
- Doctoral degree in the field
- Other



Please list the levels of education that are appropriate for polysomnographic technologists.

Do you hold other degrees or certifications that are not directly related to polysomnography? For example, Master's in Public Health (MPH), Juris Doctor (JD), etc.

- Yes
- No

Please specify:



Page 6 - EMPLOYMENT

EMPLOYMENT INFORMATION

What is your employment status?

- Employed in the field (by an entity such as a health system, an educational institution, etc.)
- Self-employed in the field
- Employed in other field
- Unemployed
- Volunteer (if retired and volunteering, choose this option)
- Retired - not practicing
- Other

Please specify your employment type:

- Full-time
- Part-time
- Per-diem
- Other



Page 7 - SERVICES OREGON

SERVICES FOR OREGON RESIDENTS

Just to confirm,

Do you currently **work in Oregon or provide services to Oregon residents? (Please include any kind of work related to polysomnography, including patient care, teaching, administration, volunteer work, etc.)**

Yes

No



Page 8 - SPECIALTY EXIT

SPECIALTY

Please select your specialty (choose up to *2 specialties that you most commonly practice*):

Specialty 1 (required)

Specialty 2 (optional)



Please list specialties that are common for polysomnographic technologists. These are also collected by practice on pages 9 and 12.



Page 9 - LOC 1: GENERAL INFO

PRIMARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your primary practice location (where you spend the *majority of your time* in the field)

Business name (optional):

Street address (please do NOT enter a PO Box or a billing address)

City:

State:

Zip code:

Country: (Please do NOT enter a *county name*)

Please select your specialty (choose up to **2 specialties** that you **most commonly practice**, listing the one you practice the most as Specialty 1)

Specialty 1 (required)

Specialty 2 (optional)

Listed below are some practice settings used in other health professions. Please list the ones that are common for polysomnographers. These are also collected on page 12.



What best describes the *practice setting* for this location?

- | | | | |
|---|--|---|--|
| <input type="radio"/> Private outpatient practice/clinic | <input type="radio"/> Sleep Center | <input type="radio"/> Hospital: emergency room | <input type="radio"/> Home health |
| <input type="radio"/> Skilled Nursing facility/long term care | <input type="radio"/> Private dwelling | <input type="radio"/> Military or VA health facility | <input type="radio"/> Hospice |
| <input type="radio"/> Locum tenens/Traveler/Temp agency | <input type="radio"/> Hospital: Inpatient | <input type="radio"/> Indian Health Services or tribal clinic | <input type="radio"/> Inpatient Rehab facility |
| <input type="radio"/> Sleep Laboratory | <input type="radio"/> Hospital: outpatient | <input type="radio"/> Educational or research | <input type="radio"/> Other <input type="text"/> |

institution



Health Licensing Agency



Page 10 - LOC 1: TOTAL HOURS

PRIMARY PRACTICE LOCATION: TOTAL HOURS

On average, how many **hours per week** do you work at this location?
(Please round to the nearest hour; click on the "i" button for help)

Please enter total hours, not FTE.

What percentage of your total hours at this location do you spend on the following activities? (the total percentage for all activities should add up to 100)

Distribution of time by activity	Percent of your total hours
Direct Patient Care	<input type="text"/>
Teaching/Training	<input type="text"/>
Research	<input type="text"/>
Management/Administration	<input type="text"/>
Other	<input type="text"/>
Total %:	100



Page 11 - LOC 1: FUTURE PLANS

PRIMARY PRACTICE LOCATION: FUTURE PRACTICE PLANS

On the next two years, what best describes **your plans** for this practice location?

- Maintain practice hours as is
- Reduce practice hours
- Increase practice hours
- Move to another practice location in Oregon
- Move to Oregon to practice in the field
- Move to practice out of state
- Leave the field (with intention to work in a different field)
- Retire
- Other

Is there another practice location where you're currently working?

- Yes
- No



Page 12 - LOC 2: GENERAL INFO

SECONDARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your secondary practice location:

Business name (optional):

Street address (please do NOT enter a PO Box or a billing address)

City:

State:

Zip code:

Country: (Please do NOT enter a *county name*)

Please select your specialty (choose up to **2 specialties** that you **most commonly practice**, listing the one you practice the most as Specialty 1)

Specialty 1 (required)

Specialty 2 (optional)

What best describes the *practice setting* for this location?

- | | | | |
|---|--|---|---|
| <input type="radio"/> Private outpatient practice/clinic | <input type="radio"/> Sleep Center | <input type="radio"/> Hospital: emergency room | <input type="radio"/> Home health |
| <input type="radio"/> Skilled Nursing facility/long term care | <input type="radio"/> Private dwelling | <input type="radio"/> Military or VA health facility | <input type="radio"/> Hospice |
| <input type="radio"/> Locum tenens/Traveler/Temp agency | <input type="radio"/> Hospital: Inpatient | <input type="radio"/> Indian Health Services or tribal clinic | <input type="radio"/> Inpatient Rehab facility |
| <input type="radio"/> Sleep Laboratory | <input type="radio"/> Hospital: outpatient | <input type="radio"/> Educational or research | <input type="radio"/> Other
<input type="text"/> |

institution



Health Licensing Agency



Page 13 - LOC 2: TOTAL HOURS

SECONDARY PRACTICE LOCATION: TOTAL HOURS

On average, how many **hours per week** do you work at this location?
(Please round to the nearest hour; click on the "i" button for help)

Please enter total hours, not FTE.

What percentage of your total hours at this location do you spend on the following activities? (The total percentage for all activities should add up to 100)

Distribution of time by activity	Percent of your total hours
Direct Patient Care	<input type="text"/>
Teaching/Training	<input type="text"/>
Research	<input type="text"/>
Management/Administration	<input type="text"/>
Other	<input type="text"/>
Total %:	100



Page 14 - LOC 2: FUTURE PLANS

SECONDARY PRACTICE LOCATION: FUTURE PRACTICE PLANS

On the next two years, what best describes **your plans** for this practice location?

- Maintain practice hours as is
- Reduce practice hours
- Increase practice hours
- Move to another practice location in Oregon
- Move to Oregon to practice in the field
- Move to practice out of state
- Leave the field (with intention to work in a different field)
- Retire
- Other



Health Licensing Agency



Thank You Page

Thank you for answering this questionnaire!

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please do not click anywhere..., it may take a moment!**

If you have any questions related to this questionnaire, please contact:

Suzanne Yusem, Research Analyst
Office of Health Analytics
Oregon Health Authority
Phone: 971-673-3362
suzanne.h.yusem@state.or.us

Practice Clarification Process Revisions



HEALTH LICENSING OFFICE

Kate Brown, Governor

Oregon
Health
Authority

700 Summer St NE, Suite 320

Salem, OR 97301-1287

Phone: (503)378-8667

Fax: (503)585-9114

<http://www.oregon.gov/OHLA>

Date

Name

Adrs

City, State, Zip

Dear Name:

Health Licensing Office (HLO) and the (Board Name) do not provide individualized advice on how the law applies to practice in the field. If you do not have an attorney and need one to provide you with legal advice about the statutes and rules governing your licensure, the [Oregon State Bar](#) has information on how to hire a lawyer in Oregon.

If you wish to make a complaint against a person for violating HLO and the Board's statutes or rules, a [complaint form](#) is available on the HLO website or by mail.

If you wish to make a public comment on the statutes and rules governing your licensure, interested party feedback is encouraged at all [public meetings](#).

Information on how to obtain a [license](#) is available on the HLO website.

If you believe HLO and the Board's rules need to be amended, you may file a rule petition with HLO for consideration. Please note that any rules must fit within HLO and Board's current statutory authority. Please also know that the Board will consider your petition but may not adopt your proposed rule. The statute that governs rule petitions is [ORS 183.390](#).

If you believe HLO and the Board's statutes need to be amended, information about the legislative process is also available on the [Oregon Legislative](#) website.

Please know that HLO and its Boards remain neutral on substantive bills proposing changes to its laws and cannot act on your behalf in any proposals to change the governing statutes.

If you have further questions please contact me at (503) 373-1917 or at samie.patnode@state.or.us or visit the [HLO web page](#).

Sincerely,

Samantha Patnode
Policy Analyst



Board of Cosmetology



Agency / Boards ▾

Scope of Practice

About Us

Contact Us

Fees

Forms

How to Get Licensed

Laws and Rules

License Look-up

Meeting Information

Opportunities

Publications

Related Links

Scope of Practice

Consumer Help

License Update

Financial Aid Available

Tools for Schools

[Fields of Practice](#)

[Scope of practice questions](#)

[Practice Clarification, FAQs, and Response Letters](#)

[More information](#)

Fields of Practice

Applicants may obtain certification in one or more of four individual fields of practice as defined in [Oregon Revised Statutes \(ORS\) 690.005](#):

Barbering

Barbering is a separate discipline from hair design. Barbers shampoo, cut, style, condition and singe (lightly burn hair ends with a lighted wax taper) hair, but they cannot provide chemical hair treatments (see *Hair Design*).

Barbers also shave, trim and cut the beard, and massage the scalp, face and neck, applying facial and scalp treatments with creams, lotions, oils and other cosmetic preparations, either by hand or mechanical appliances, but such appliances shall not be galvanic (direct electrical current) or faradic (interrupted, or alternating, electrical current).

Esthetics

Estheticians provide services to keep skin healthy and attractive. Estheticians use their hands or mechanical or electrical apparatuses or appliances for cleansing, stimulating, manipulating, exfoliating or applying lotions or creams and for the temporary removal of hair, makeup artistry, facial and body wrapping, and facial and body waxing.

Hair Design

Hair designers shampoo, cut, style, condition and singe (see *Barbering*) hair and apply chemical treatments such as coloring, dyeing, relaxing and permanent waves. They also temporarily curl and braid hair as well as shave, trim and cut the beard or mustache.

Hair designers also massage the scalp and neck, but not the face, if in conjunction with the above services.

Nail Technology

Nail technicians cut, trim, clean, polish, color or tint the natural nails on hands and feet and massage, cleanse, treat and beautify the hands, arms (below the elbow) and legs (below the knee). They also apply, sculpt and remove artificial nails.

Natural Hair Care

"Natural hair care" means the braiding, cornrowing, extending, lacing, locking, sewing, twisting, weaving or wrapping of human hair, natural fibers, synthetic fibers or hair extensions through the use of hands or simple devices such as clips, combs, hairpins or needle and thread.

Scissors may be used to trim synthetic fibers, hair extensions or sewn-in weave extensions as is necessary to perform natural hair care activities or to make customized wigs from natural hair, natural fibers, synthetic fibers or hair extensions.

Natural hair care does not include the use of scissors except when trimming synthetic fibers, hair extensions or sewn-in weave extensions as is necessary to perform natural hair care activities or to make customized wigs from natural hair, natural fibers, synthetic fibers or hair extensions.

Natural hair care also does not include the use of penetrating chemical hair treatments, chemical hair coloring agents, chemical hair straightening agents, chemical hair joining agents, permanent wave styles or chemical hair bleaching agents.

[▲ Back to the top](#)

Scope of practice questions

Do you have a question about how a law or rule impacts your

individualized practice?

Please know that the Health Licensing Office (HLO) and its boards do not provide individualized advice on how the law applies to practice in the field. Here are some resources:



- If you are looking for an attorney to provide you with legal advice about the statutes and rules governing your licensure, the [Oregon State Bar](#) has information on how to hire a lawyer.
- If you wish to make a complaint against a person for violating HLO and the board's statutes or rules, you may use this [complaint form](#).
- If you wish to make a public comment on the statutes and rules governing your licensure, interested party feedback is encouraged at all [public meetings](#).
- Guidance on how to obtain [a license](#) is available on the [HLO website](#).
- If you believe HLO and the board's rules need to be amended, you may file a rule petition with HLO for consideration. Please note that any rules must fit within HLO and the board's current statutory authority. Please also know that the board will consider your position but might not adopt your proposed rule. The statute that governs rule petitions is [ORS 183.390](#).
- If you believe HLO and the board's statutes need to be amended, information about the legislative process is also available on the [Oregon Legislature's website](#).

Please know the HLO and its boards remain neutral on substantive bills proposing changes to its laws and cannot act on your behalf in any proposals to change the governing statutes.

If you have further questions, please contact Board Specialist Maria Gutierrez at 503-373-1906.

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Practice Clarification, FAQs, and Response Letters

[Providing cosmetology services within a hospital, long term care or residential facility](#)

[Nail technology: Nail pterygium](#)

[Cosmetology student volunteer services](#)

[Service animals in cosmetology facilities](#)

[Clarification regarding eyelash services](#)

[Clarification regarding mobile units](#)

[Clarification regarding cosmetology exemptions: pageants and weddings](#)

[Airbrush Tanning - April 2012](#)

[Face Painting & Application of Temporary Tattoos - April 2012](#)

[Hair Extensions & Attaching Hair Feathers - April 2012](#)

[Skin & Micro Needling - April 2012](#)

[Removal of Permanent Tattoos by use of Laser Therapy, Dermabrasion or ElimInk - April 2012](#)

[Cosmetic Injectables e.g. Botox - April 2013](#)

[Back to the top](#)

More information

For more information contact Samie Patnode, Policy Analyst at (503) 373-1917 or samie.patnode@state.or.us.

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OREGON.GOV

- State Directories
- Agencies A to Z
- Oregon Administrative Rules
- Oregon Revised Statutes

WEB SITE LINKS

- Text Only Site
- Accessibility
- Oregon.gov
- File Formats

PDF FILE ACCESSIBILITY

Adobe Reader, or equivalent, is required to view PDF files. Click the "Get Adobe Reader" image to get a free download of the reader from Adobe.

Communications

Regulatory Report

Health Licensing Office



700 Summer St. NE, Suite 320
Salem, OR 97301-1287
Phone: (503) 378-8667
Fax: (503) 370-9004
Web: www.oregon.gov/oha/hlo
E-mail: hlo.info@state.or.us

Respiratory Therapist and Polysomnographic Technologist Licensing Board

October 16, 2015

2013 - 2015 Biennium

Between July 1, 2013 and June 30, 2015, 15 complaints were received by the Office. Total open 6. Total closed 9.

ANONYMOUS	CLIENT	OTHER
1	1	13

2015- 2017 Biennium

Between July 1, 2015 and August 31, 2015, 3 complaints were received by the Office. Total open 3. Total closed 0.

ANONYMOUS	CLIENT	OTHER
0	1	2

Other: Mandatory Reporter
Internal
Public

Interested Parties Feedback

Executive Session



ORS 192.660(2)(f) for the purpose of considering
information or records exempt from public inspection.

Items for Board Action

Investigative Files

Other Board Business

**Agenda Items for
next regular board
meeting**