

SB 476

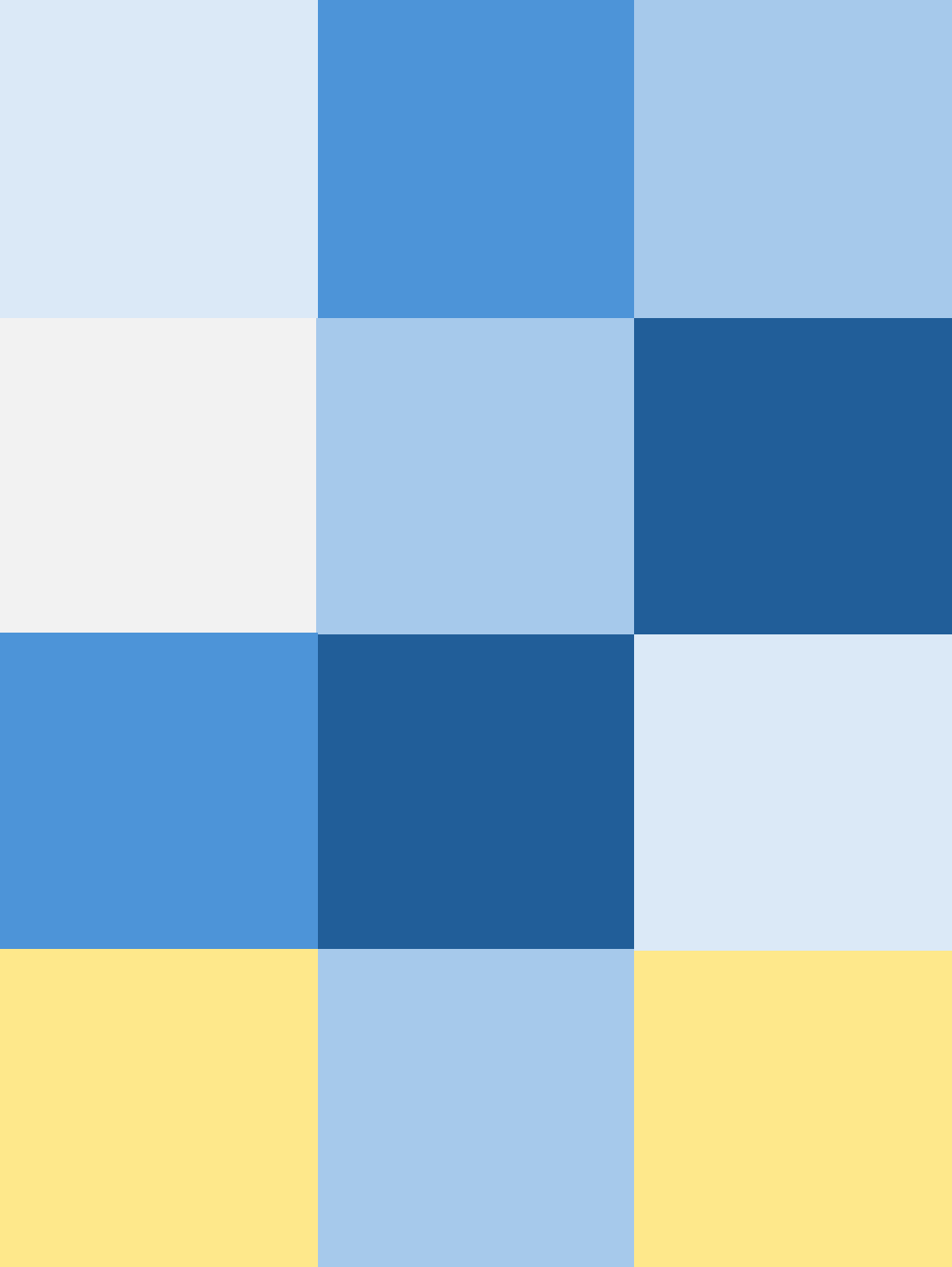
Internationally Trained Physicians (ITP) Workgroup

January 14, 2026

Meeting materials available at:
omb.oregon.gov/ITP

To display captions:
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Call to Order & Roll Call

(5:00-5:05PM)

**Jill Shaw, DO, Workgroup Chair
Oregon Medical Board Representative**



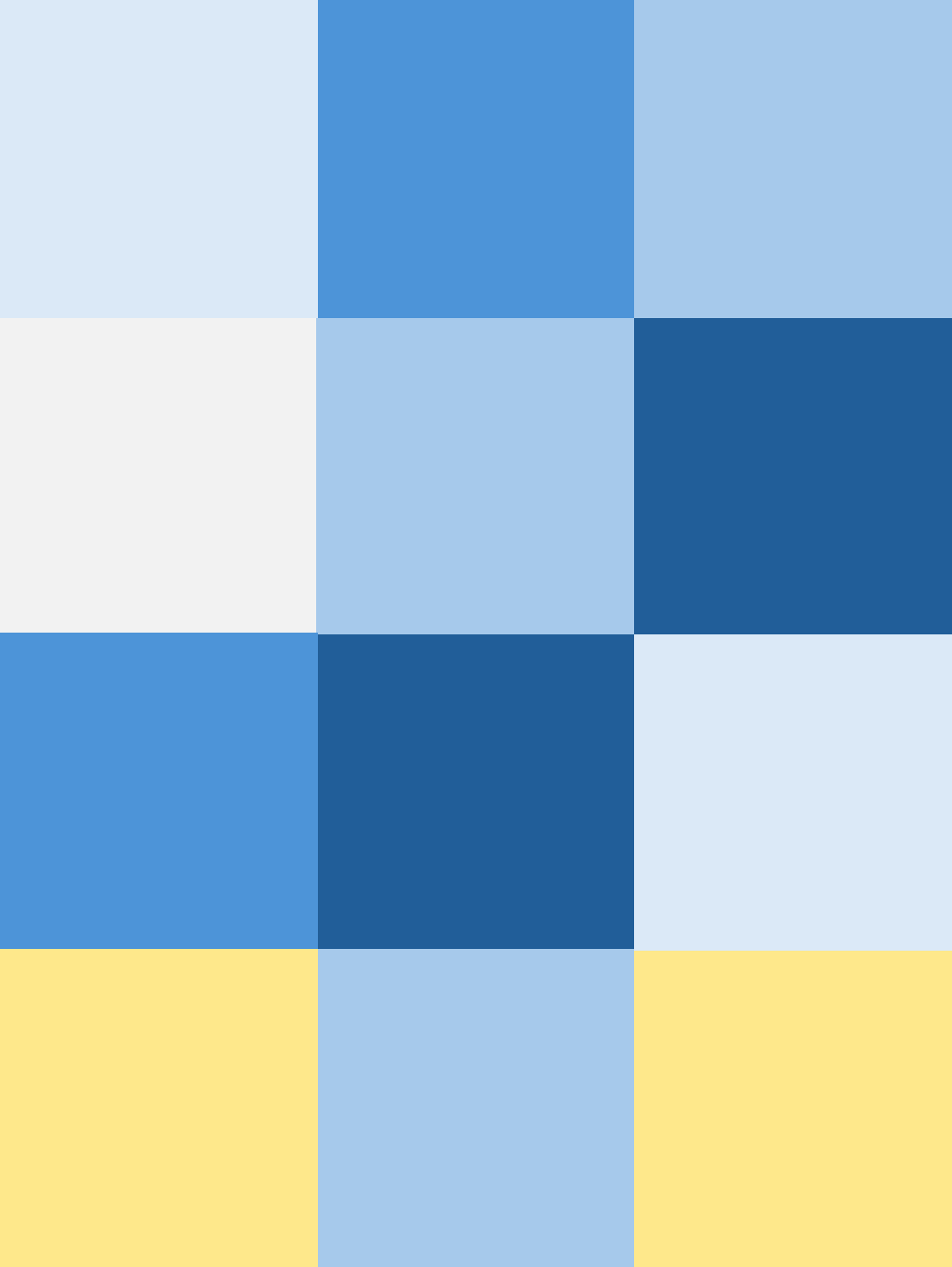


Meeting Overview

- This workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 473 (2025).
- The workgroup is advisory only—OMB makes final decisions and consensus is not required.
- Open, honest, and respectful communication is expected at all times.
- This is a public meeting and will be recorded.
- The public may attend and comment during designated times but will be muted otherwise.
- Additional comment opportunities will be available when draft rules are submitted to the Secretary of State.

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.





Introductions Workgroup Members & Charter Review

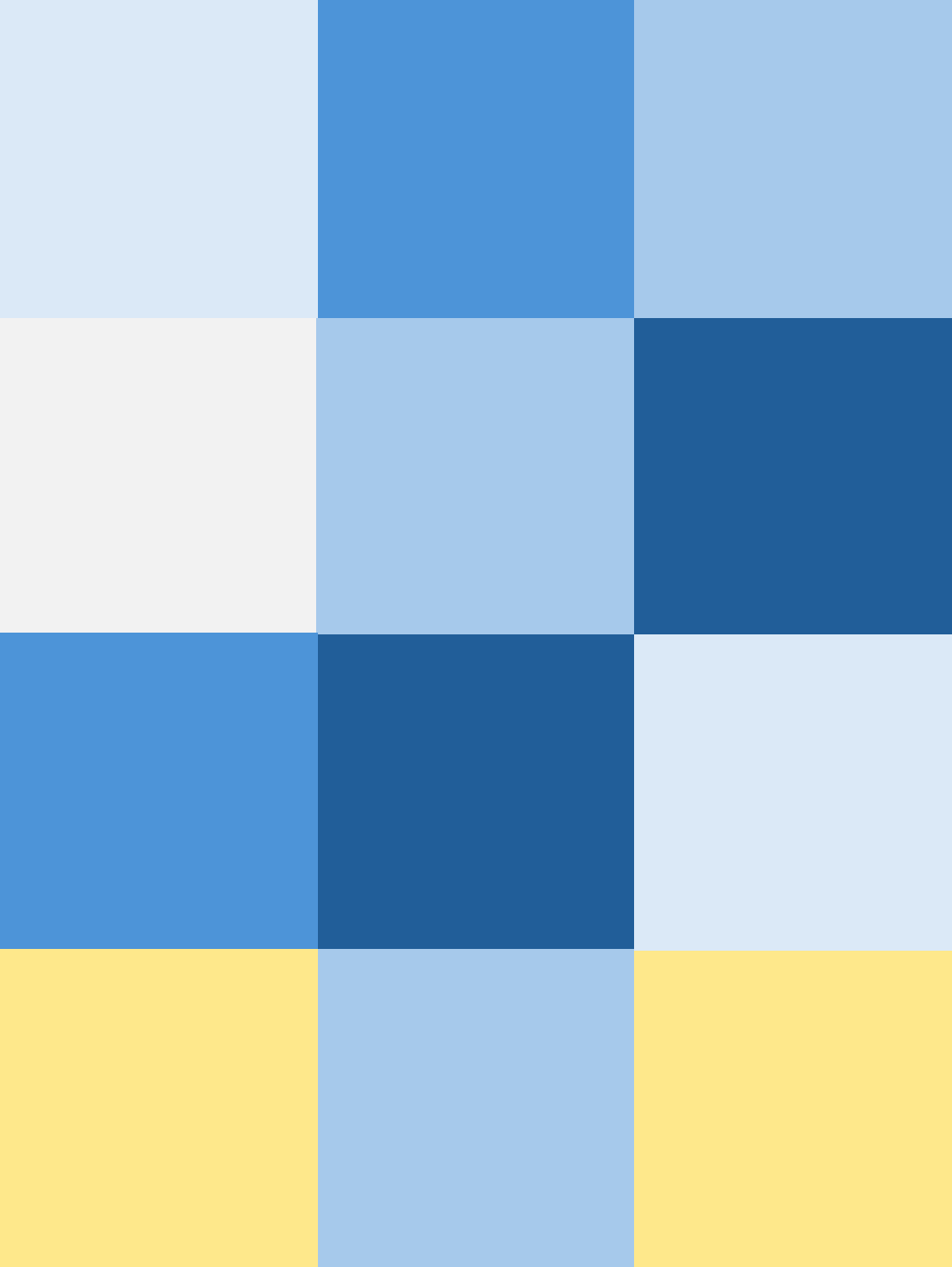
(5:05-5:20PM)

**Jill Shaw, DO, Workgroup Chair
Oregon Medical Board Representative**



Workgroup Members

- Jill Shaw, DO – Oregon Medical Board Representative, Workgroup Chair
- Thomas Cooney, MD, MACP, FRCP – American College of Physicians Representative
- Marianne Parshley, MD, MACP – Oregon Medical Association Representative
- Michelle Bowers, MS, CWDP – Oregon Primary Care Association Representative
- Ann Klinger, OHSU Health Medical Affairs – Facility Representative
- Erich Koch CMPE, FHFMA, Klamath Health Partnership – Facility Representative
- Marianne Calnan, MD, DrPH – Internationally Trained Physician
- Win Mar Lar Kyin, MB, BS, MPH, MBA – Internationally Trained Physician
- Theresa San Agustin, MD (retired) – Community Member
- Paula Heimberg, MD – ITP Physician Mentor
- Vipul Mahajan, MBBS, FACP, FHM, CPE – ITP Physician Mentor
- Lina deMorais, District Director, Senator Kayse Jama – Sponsoring Legislator (ex officio)



SB 476 Intent & Impact in Oregon

(5:20-5:30PM)

**Kayse Jama, Oregon State Senate Majority Leader
Kien Truong, Majority Office Policy Advisor**





Advisory Commission on Additional Licensing Models

(5:30-5:40PM)

Andrea Ciccone, JD
Chief of Staff, Federation of State Medical Board





Internationally Trained Physicians Workgroup Meeting

Andrea Ciccone, JD
Chief of Staff, FSMB
January 14, 2026

ABOUT FSMB

- At the Federation of State Medical Boards (FSMB), we proudly support state medical boards within the United States, its territories, and the District of Columbia. We serve our member boards as they fulfill their mandate of protecting the public's health, safety, and welfare through proper medical regulation, licensing, and disciplining of physicians, physician assistants/associates (PAs), and other healthcare professionals.

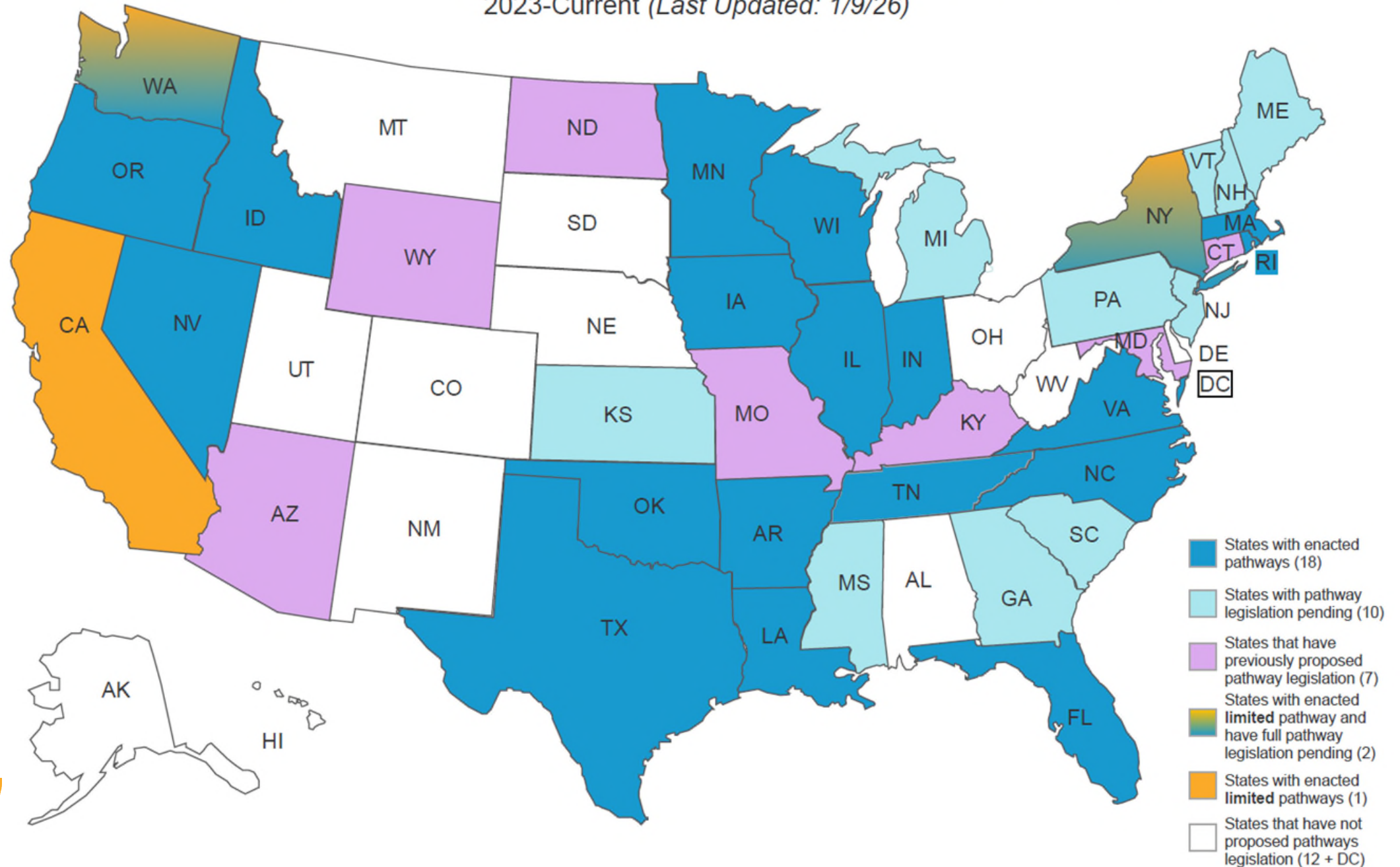


Objectives

1. Provide overview of ITP legislative landscape
2. Status of implementation
3. What we know and what we don't know
4. Discussion and questions

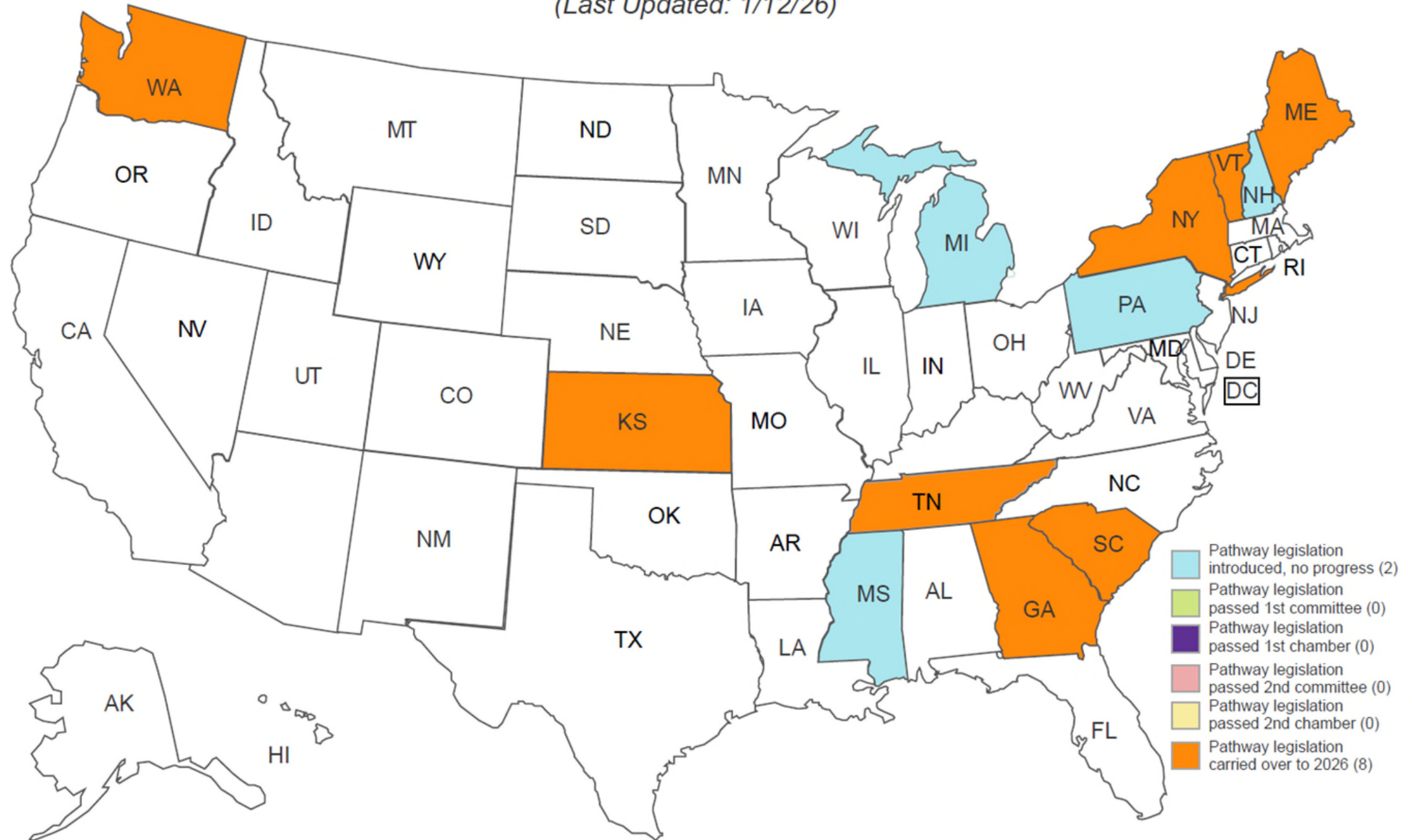
States with Enacted and Proposed Additional Licensure Pathways for ITPs

2023-Current (Last Updated: 1/9/26)

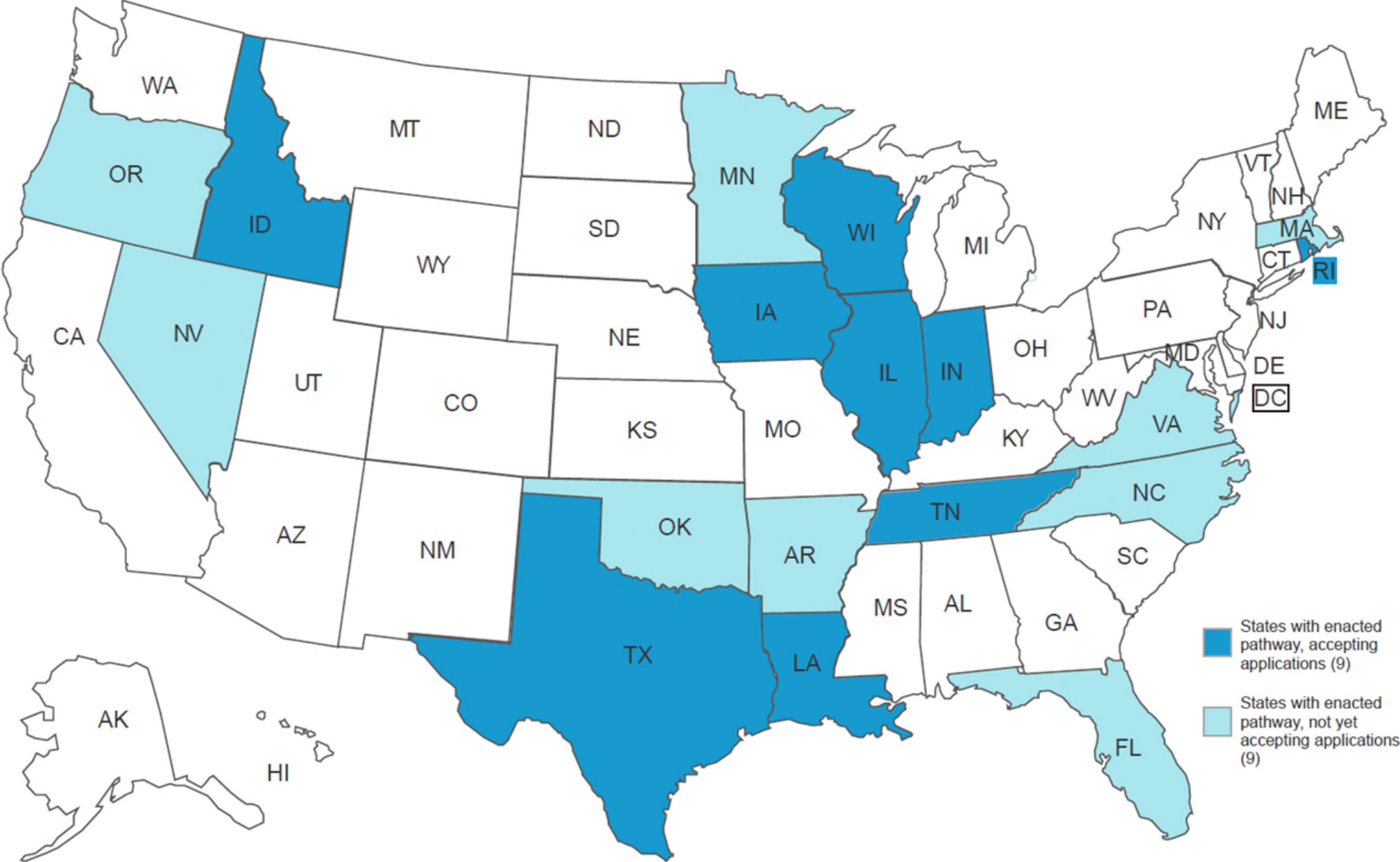


Additional Pathway Legislation Progress in 2026 Legislative Session

(Last Updated: 1/12/26)



States with Active ITP Pathways



Advisory Commission on Additional Licensing Models





Read the article!

Licensing Internationally Trained Physicians: Advisory Commission Leaders Share Initial Progress

Humayun J. Chaudhry, DO, MS; John R. Combes, MD; Eric S. Holmboe, MD; Katie L. Templeton, JD; and George M. Abraham, MD, MPH

On 20 November 2024, Massachusetts enacted a law to streamline the licensing of internationally trained physicians (ITPs) already practicing abroad (1). Designed to improve access to care in underserved areas, the law does not require U.S.-based residency training, a significant departure from prevailing requirements.

After passing steps 1 and 2 of the U.S. Medical Licensing Examination (USMLE) and certification by the Educational Commission for Foreign Medical Graduates (ECFMG), ITPs are offered a renewable 1-year limited license for employment by a supervising health care facility approved by the state's medical board. The next step is a renewable 2-year restricted license that allows independent practice in a "physician shortage area" in primary care, psychiatry, or another state

predicts a shortage of more than 187 000 physicians across all specialties by 2037 (2). Yet, state concerns about workforce must be balanced against 3 other concerns: safeguarding patient safety, codified in the mission of most boards (3); minimizing "brain drain" from the global south; and preventing exploitation of physicians for cheap labor.

FIRST SET OF RECOMMENDATIONS

In February 2025, after a public comment period, the Commission released its first set of recommendations (4), focused on eligibility criteria. First and foremost, we believe rule-making authority should be delegated to state boards, which have procedural experience. As with current requirements for international

Acknowledgment: The authors thank Andrea Ciccone, JD; David Johnson, MA; Lisa Robin, MLA; Mark Staz, MA; John Bremer; Andrew Smith; Kristin S. Hitchell, JD, LLM; Lauren J. Holton, EdD; Matthew Shick, JD; Kara Oley, JD; Tracy Wallowicz, MLS; Lyuba Konopasek, MD; Jessica Salt, MD, MBE; Joseph Knickrehm; and Susan Holub, MPH, for their assistance with this manuscript.

Advisory Commission Guidance

A collaboration of FSMB, Intealth, and ACGME

Released Part 1 of Guidance in February 2025 for ITP applicants:

1. Graduation from Medical School
2. Completion of Post-Graduate Training
3. License/Authorization to Practice in Another Country
4. Limitation on Time Out of Practice
5. Offer of Employment Prior to Application to an Additional Pathway
6. Temporary Provisional Licensure Prior to Eligibility to Apply for Full and Unrestricted Licensure
7. Eligibility for Full and Unrestricted Licensure
8. Rulemaking Authority Delegated to the State Medical Board
9. Standard Reporting Requirements



Full Guidance



Advisory Commission on Additional Licensing Models GUIDANCE DOCUMENT

Introduction

The *Advisory Commission on Additional Licensing Models*, co-chaired by the Federation of State Medical Boards (FSMB), the Accreditation Council for Graduate Medical Education (ACGME) and Intealth™ (which oversees the Educational Commission for Foreign Medical Graduates - ECFMG), was established in December 2023 to guide and advise state medical boards, state legislators, policymakers and others, to inform their development and/or implementation of laws specific to the licensing of physicians who have already trained and practiced medicine outside the United States or Canada. In this document, the commission offers its first set of recommendations for consideration by all relevant stakeholders.

Internationally-trained physicians (ITPs), as described in some of the state laws enacted to streamline medical licensure to increase access to care in underserved and rural communities, are usually referred to as physicians educated and trained abroad who *must* also be licensed and have practiced medicine in another jurisdiction. This cohort of physicians represents a relatively small category of international medical graduates (IMGs), the broader term used to describe physicians who received their medical degree outside the United States. Individuals who are ITPs, in most legislative descriptions, *must* have previously completed graduate medical education (also known as postgraduate medical education or postgraduate training) that is “substantially similar” to that which is recognized in the United States.

Advisory Commission Guidance

ACALM Guidance (Part 2) released Aug. 2025 for the transition from provisional to fully licensed ITPs:

1. Internationally-trained physicians (ITPs) should be assessed on all six general competencies:
 - Medical Knowledge (MK)
 - Patient Care and procedural skills (PC)
 - Interpersonal and communication skills (ICS)
 - Professionalism
 - Systems-based Practice (SBP)
 - Practice-based Learning and Improvement (PBLI)
2. ITPs should undergo a formative needs assessment at the beginning of the supervisory period to identify strengths and areas for improvement as part of learning plan
3. A specialty-specific exam, such as an in-training exam, should be used to inform an ITP's learning plan during the supervisory period.
4. Assessment should be longitudinal and periodic:
 - Knowledge assessment
 - Clinical skills (direct observation)
 - Multisource feedback
 - Review and audit of medical record

Full Guidance



Advisory Commission Guidance

ACALM Guidance (Part 2) released Aug. 2025 for the transition from provisional to fully licensed ITPs:

5. By the end of the supervisory period, an ITP should demonstrate the ability to engage in independent and unsupervised practice
6. The level of supervision for an ITP should be tailored to the competence of the individual ITP Scales
 - Not allowed to practice (observer only)
 - Allowed to practice only under proactive, full (direct) supervision
 - Allowed to practice only under reactive/on-demand (indirect) supervision
 - Allowed to practice unsupervised
7. Supervisors of ITPs should be physicians (MD, DO or equivalent)
8. The rights of ITPs as employees should be taken into consideration to ensure fair and equitable treatment during their supervision period



Accompanying the final guidance, **a toolkit**, of potential resources for the assessment of ITPs during the supervisory period



Implementation Considerations

- Pipeline of applicants has been minimal to date
 - Rulemaking can be a lengthy process so not an immediate solution to workforce
 - Many unanswered questions
 - Billing, Malpractice insurance, CMS and federal programs
- Immigration uncertainties and complexities
- Determinations of substantially similar training
- Quality of care assurance
 - Assessment and supervision resources and feasibility are employer dependent
 - What types of employers are seeking this workforce solution?
- Challenges in keeping physicians in underserved locations
 - Are there more effective levers to address workforce?

THANK YOU



**U.S. Medical Regulatory
Trends & Actions Report**



**FSMB Policies &
Regulatory
Resources**

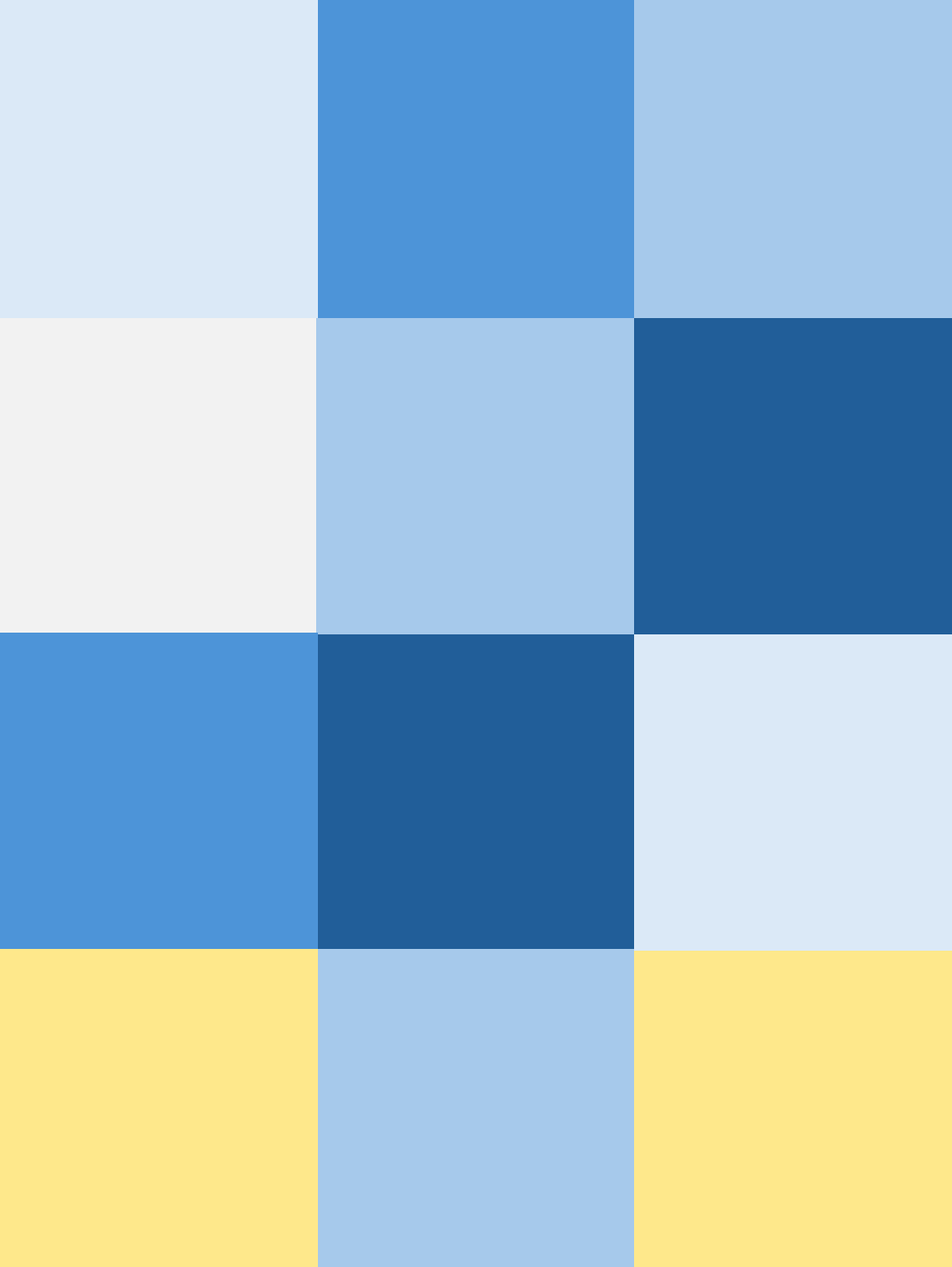


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SB 476

Overview

(5:40-5:50PM)

Elizabeth Ross
Legislative & Policy Analyst
Oregon Medical Board



SB 476 Overview



- **Sections 1-3:** Requires staff of professional licensing boards who interact with internationally educated individuals receive culturally responsive training.
- **Section 4:** Provides sections 5 and 6 will be added to ORS 677, the Medical Practice Act.
- **Section 5:** Requires OMB to report to the Legislature about the progress of provisional licensure of internationally trained physicians.
- **Section 6: Creates the pathway to provide a provisional license for internationally trained physicians.**
- **Section 7 & 7a:** Updates and adds definitions to align the ITP provisional license in an existing statute (using 7a because SB 874 became law).
- **Section 8:** Updates existing statute outlining qualifications for a full physician license to include a pathway for four (4) years of ITP provisional licensure.
- **Sections 9-11:** Outlines timeframes, section 6 becomes operative January 1, 2027



SB 476 Eligibility, Section 6(1)

To qualify for provisional licensure, an internationally trained physician must:

- Medical Degree: Graduate from a school of medicine with a degree substantially similar to a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), as determined by the Oregon Medical Board.
- Training Program: **Complete a training program substantially similar to approved training programs in the United States.**
- ECFMG Certification: Obtain certification from the Educational Commission for Foreign Medical Graduates (ECFMG), which requires passage of USMLE Steps 1 & 2.
- Practice Experience: **Practice a minimum of three years of full-time practice as a physician in another country or jurisdiction.**
- Good Standing: Provide proof of good moral character and verification of good standing in all countries or jurisdictions where they practiced, trained, or educated.



SB 476 Application, Section 6(2)

An applicant for a provisional license **must**:

- Apply to the board in the form and manner required by the board
- Pay the fee established by the board by rule;
- Provide to the board any further information required by the board.

SB 476 Practice Requirements, Section 6(3)



(a) A provisional licensee must practice under the supervision of an Oregon licensed physician:

- Who is in good standing with the OMB, and
- **Meets the requirements established by the board relating to supervision.**

(b) Limits the Oregon practice location of a provisional licensee:

- A facility with an approved training program,
- A federally qualified health center that provides primary care and other services to underserved populations, or
- **Other clinical locations that meets the requirements established by the OMB by rule.**

The clinical facility must provide **supervision and assessment** of the applicant in accordance with standards established by the board by rule.

SB 476 Provisional License, Section 6(4)



An internationally trained physician granted a provisional license:

- Is considered a fully licensed physician in this state for all purposes, including but not limited to credentialing and insurance billing.
- Is subject to all the provisions of ORS 677 and OMB rules; and
- Has the same duties and responsibilities, and is subject to the same penalties and sanctions, as any other Oregon licensed physician.

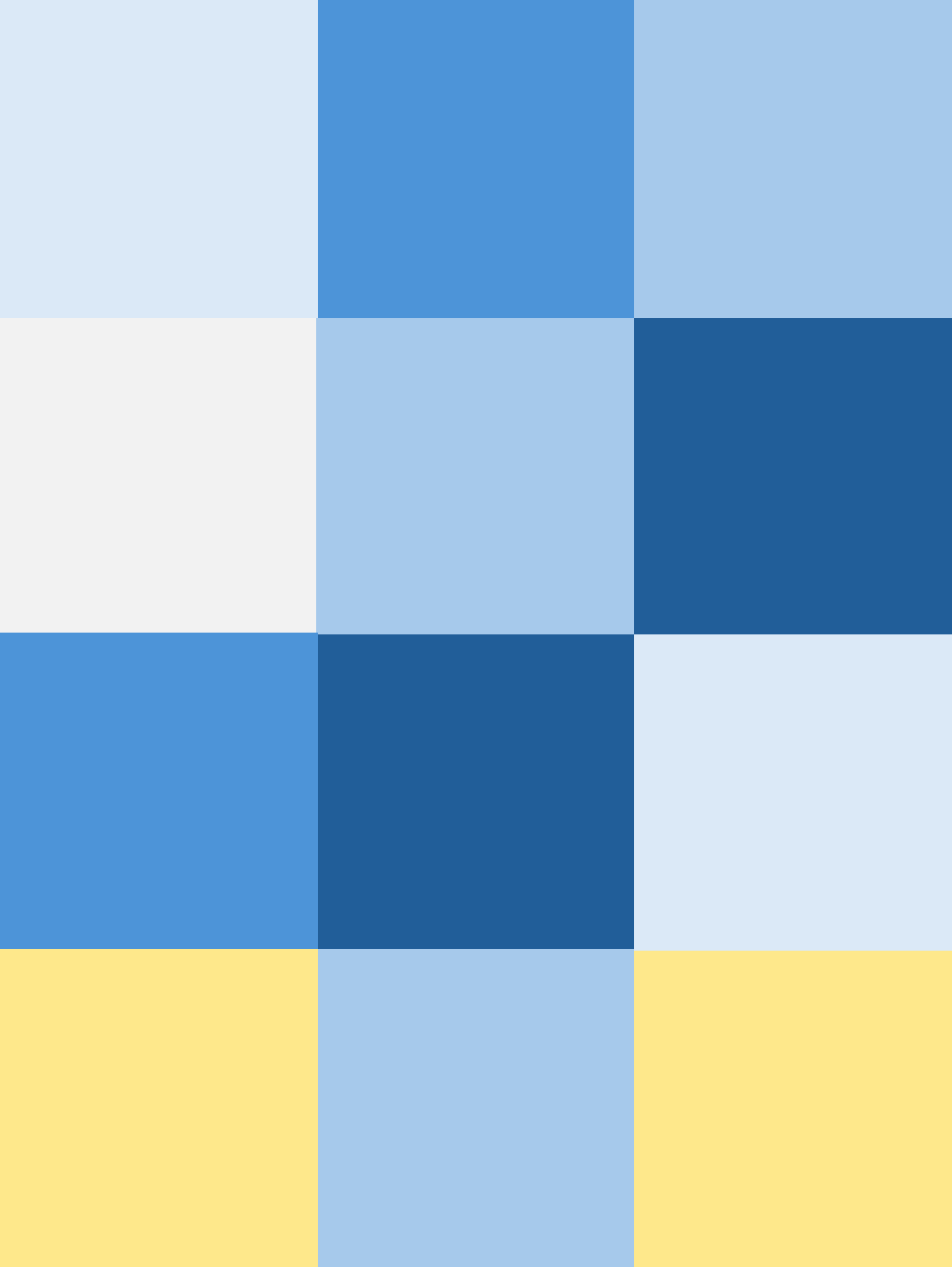
Establishing the ITP Program in Oregon



SB 476 establishes the basic framework and requirements, and the Oregon Medical Board will develop program regulations through rulemaking.

SB 476 authorizes the OMB to adopt rules for:

- **Application requirements and fees**
- **Licensure qualifications, including criteria for international training programs**
- **Supervision and assessment standards**
- **Clinical location requirements**
- **Clinical assessment evaluation for full licensure**
- **Other requirements necessary to carry out SB 476.**



Rulemaking Process & Public Meetings Law Overview

(5:50-5:55PM)

**Elizabeth Ross
Legislative & Policy Analyst
Oregon Medical Board**



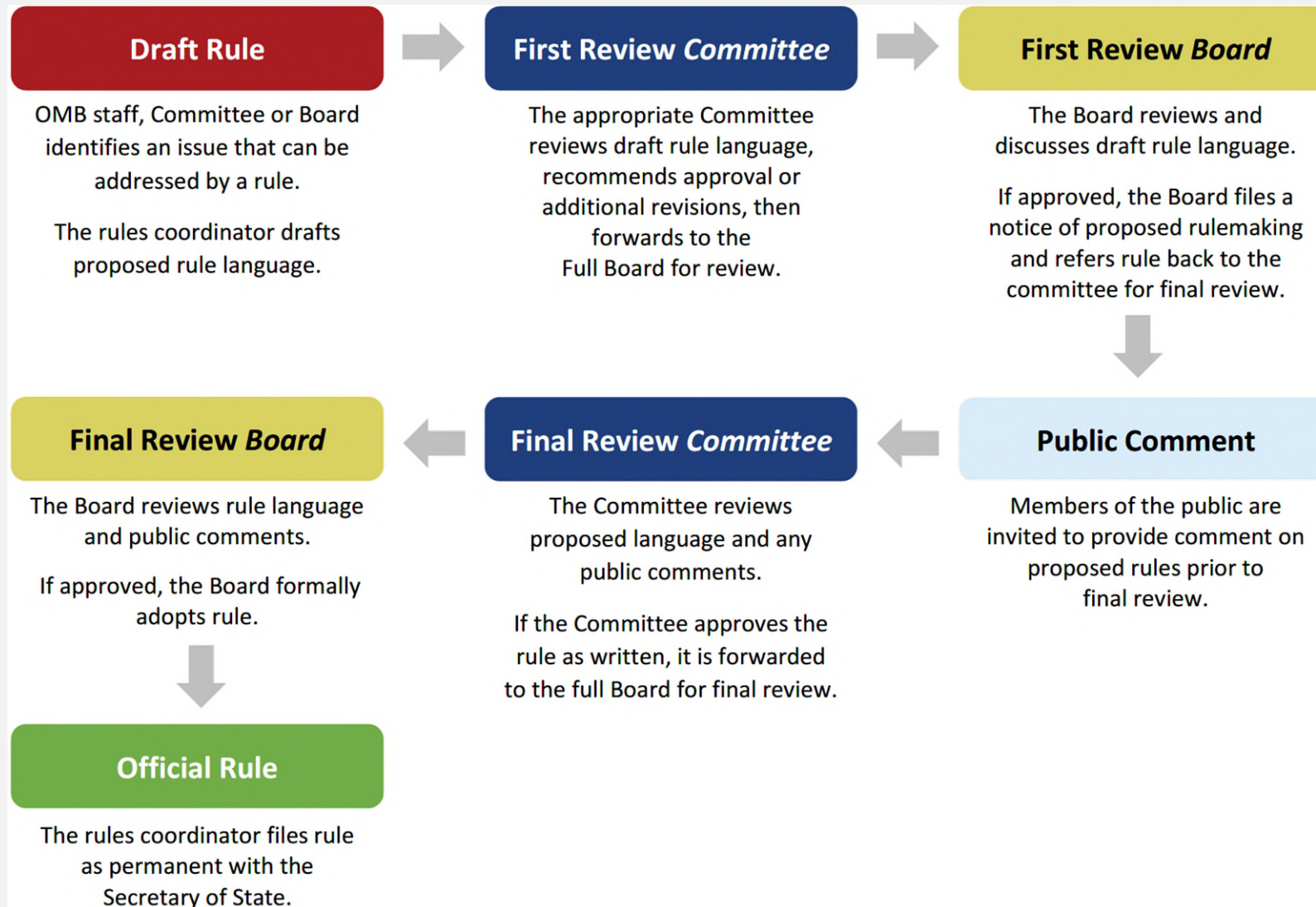
Tentative Timeline

Dates and times subject to change.

| | |
|---------------------------|--|
| July 31, 2025 | SB 476 signed by Governor Tina Kotek |
| January 14, 5-7PM | ITP Workgroup Meeting, Informational Session |
| January 28, 5-7PM | ITP Workgroup Meeting |
| February 25, 5-7PM | ITP Workgroup Meeting |
| March 11, 5PM | OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board |
| April 2 | Oregon Medical Board reviews all recommendations |
| April 15, 5-7PM | ITP Workgroup Meeting |
| May 13, 5-7PM | ITP Workgroup Meeting |
| June 10, 5PM | OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board |
| July 9 | Oregon Medical Board reviews all recommendations, initiates rulemaking |
| After July 9 | OMB files notice of proposed rules; formal public comment period opens |
| August 18 | Public hearing for members of the public to provide oral testimony |
| September 9 | Final review by the Administrative Affairs Committee |
| October 1 | Final review and possible adoption by the Oregon Medical Board |
| October-December | OMB staff develop program systems (IT, website, forms, etc.) |
| January 1, 2027 | SB 476 sections 4-9 and OMB rules become effective. |
| January 4, 2027 | OMB starts accepting ITP applications |



OMB Rulemaking Process



Public Meetings Law



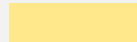
- Workgroup meetings will follow Oregon Public Meeting Law:
 - Post public notice
 - Ensure public access
 - Maintain meeting minutes
 - Prohibit private deliberations among Workgroup members
- All Workgroup review and consensus-building must occur during scheduled meetings.
- OMB will post online at **omb.oregon.gov/ITP**:
 - Meeting recordings
 - Meeting materials
 - Meeting minutes
 - Written public comments

A decorative graphic on the left side of the slide consists of a 3x3 grid of squares. The colors of the squares are: top row (light blue, medium blue, light blue), middle row (light blue, medium blue, dark blue), and bottom row (medium blue, dark blue, light blue).

J-1 Physician Visa Waiver Program

(5:55-6:05PM)

**Deepti Shuhart
Oregon Health Authority**





OREGON
HEALTH
AUTHORITY

January 14, 2026

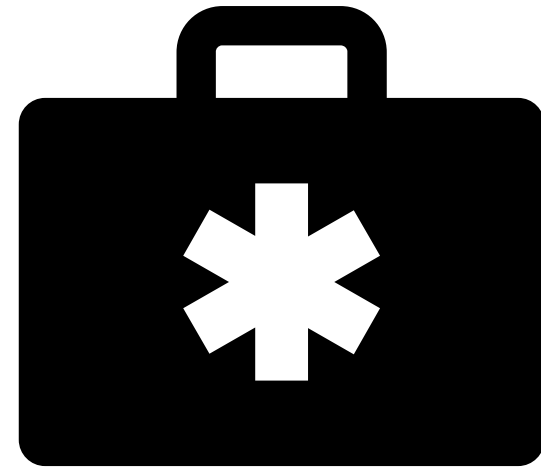
Physician Visa Waiver Program

Presentation to the Oregon Medical Board

Deepti Shinde and Neelam Gupta

Physician Visa Waiver Program background

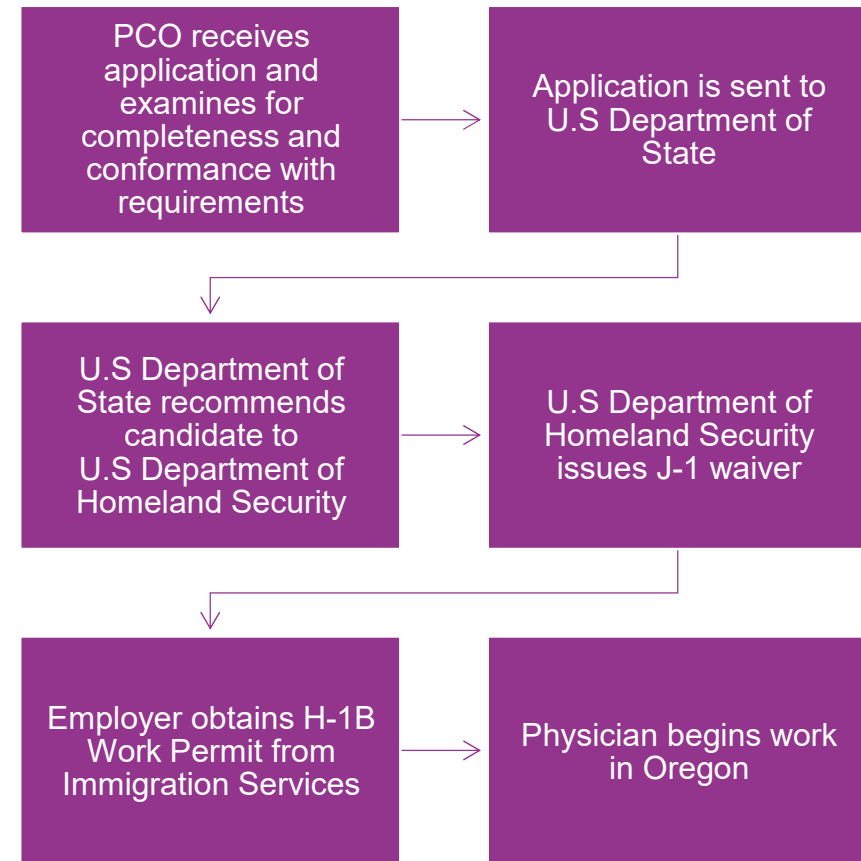
- Oregon Health Authority's Oregon Primary Care Office (PCO) helps coordinate the placement of internationally trained physicians in underserved areas of the state through the Physician Visa Waiver Program.
- International medical graduates (M.D. or D.O) who complete a U.S fellowship or residency must return home for two years afterward.
- This program allows internationally trained physicians to receive a J-1 visa waiver and remain in the U.S. if they work in a federally designated shortage area for a three-year service commitment.
- Each state is allowed to sponsor 30 waiver applications that are reviewed and approved by the federal government each fiscal year (October 1-September 30). The program usually fills all slots.



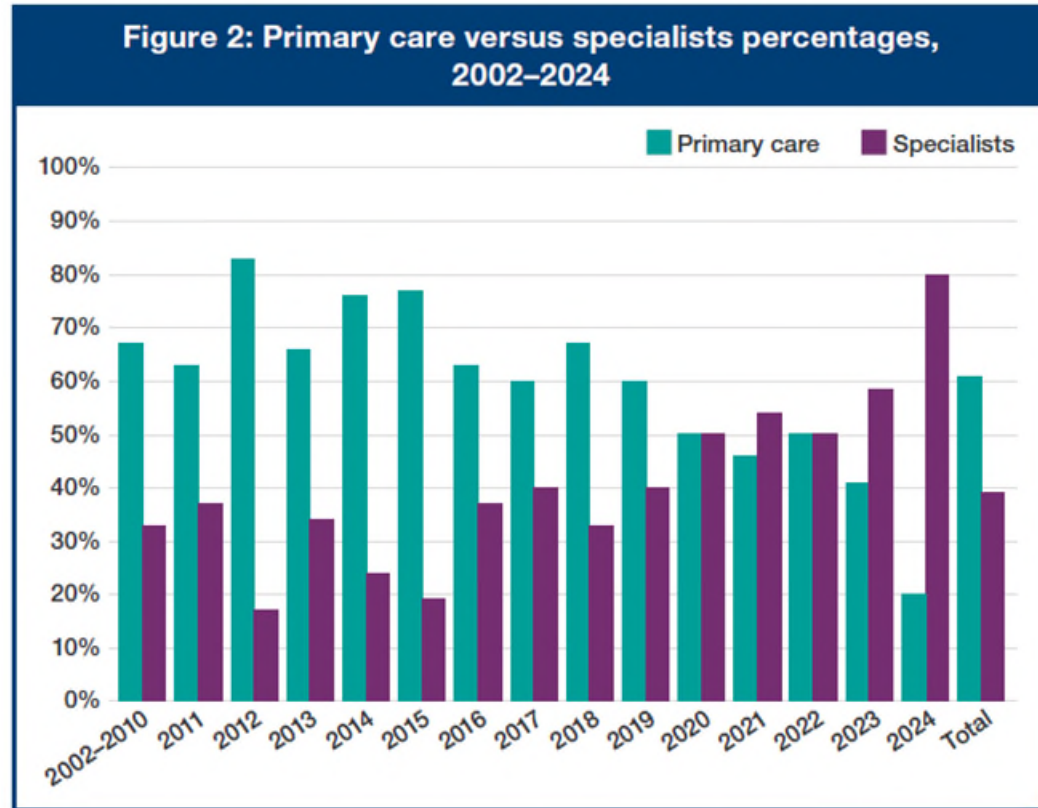
Physician Visa Waiver Program approval process

The program approval process, from the time the application is submitted to the PCO until the waiver is granted, typically takes around three months.

Figure 1: Overview of Approval Process



Physician Visa Waiver Program physician number and types



- From 2002-2024, 555 physicians have been placed in 40 cities and in 23 counties throughout the state.
 - Approximately 61% were primary care physicians (family medicine, internal medicine, pediatrics, OB/GYN, general psychiatry).
 - Approximately 39% were specialists. Most common specialties represented were Cardiology, Endocrinology, Hematology/Oncology, Infectious Diseases and Anesthesiology

Source: [Physician Visa Waiver Annual Program Report, 2002-2024](#), Oregon Health Authority, June 2025.

Physician Visa Waiver Program outcomes

Data since program inception shows that:

- 88% of physicians who started work three or more years ago completed their contractual obligations in Oregon.
- 87% of physicians remained with the same employer upon completion of their service contract.
- 57% of physicians who have worked under this program since 2002 are still practicing in Oregon.

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Health Policy and Analytics Division
Clinical Supports, Integration, and Workforce Unit
Dia Shuhart, Physician Visa Waiver Program Coordinator
dia.shuhart@oha.oregon.gov
[Physician Visa Waiver](#)





Oregon Higher Education Coordinating Commission and the Healthcare Industry Consortium

(6:05-6:15PM)

**Daria Curtis
Higher Education Coordination Commission**





INFORMATIONAL OVERVIEW: HIGHER EDUCATION COORDINATING COMMISSION AND THE HEALTHCARE INDUSTRY CONSORTIUM


Oregon Medical Board

Daria Curtis, Healthcare Industry Consortium
Strategist, Higher Education Coordinating
Commission

JANUARY 14, 2026

HECC's Vision and Scope

Advancing Equitable Access to Postsecondary Education for Oregonians



"The Oregon Higher Education Coordinating Commission (HECC) envisions a future where all people benefit from the economic, civic, and cultural impact of high-quality postsecondary education, training, and workforce development."

The HECC supports state goals for postsecondary education and training through a wide range of policy and funding strategies.

We also directly serve Oregonians by awarding grant and scholarship aid to students and connecting Oregonians with workforce and training resources.

Learn more about the HECC: www.oregon.gov/highered.aspx

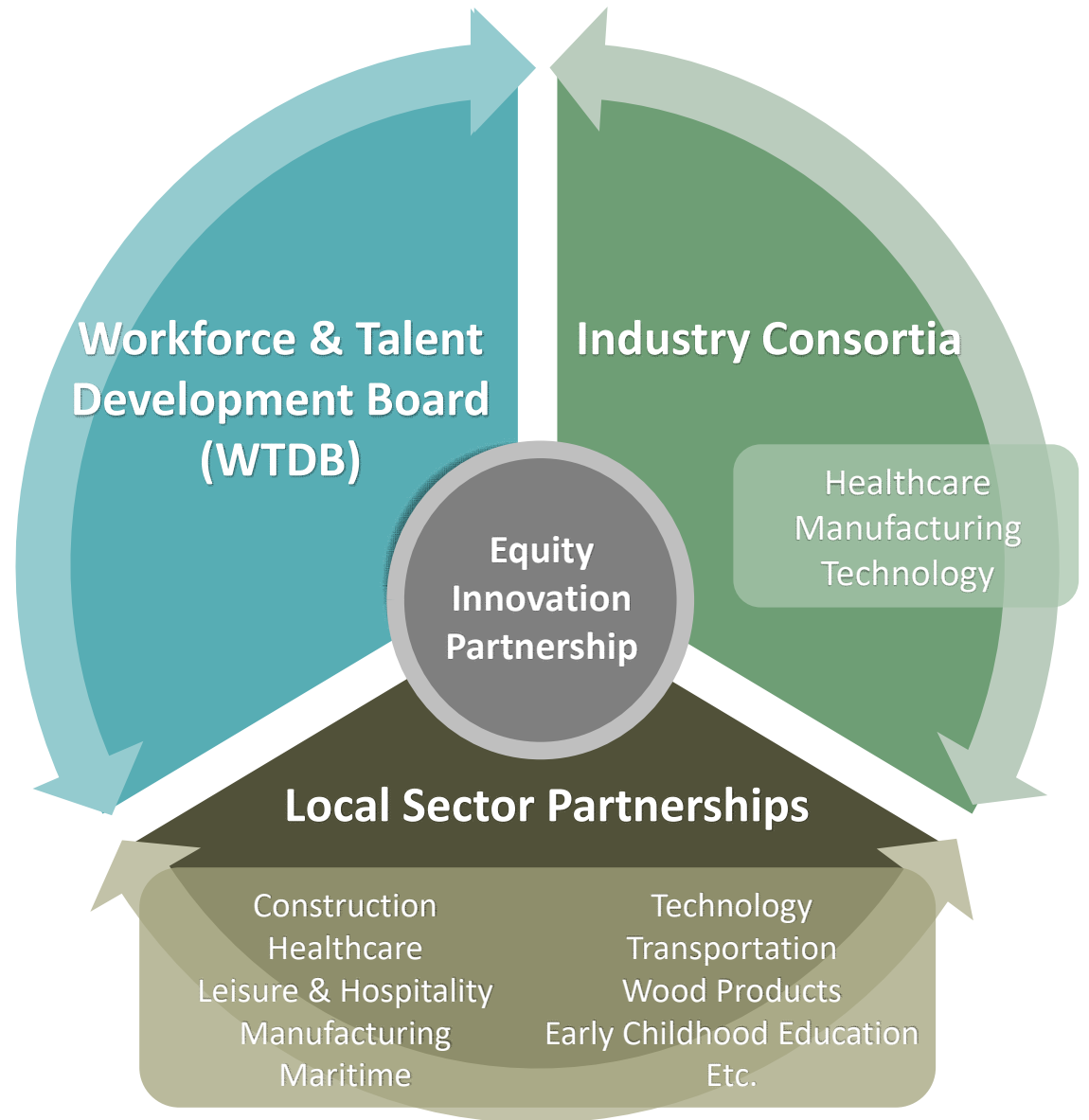
Addressing Industry Workforce Needs

HECC Convenes Industry Partners to Inform Policy and Program Development, Advance Strategies, and Build Ecosystem Alignment



Industry and Sector Partnerships

- **HECC convenes** employers, industry associations, education and training providers, community partners, labor, and others convene, collaborate, and co-create strategies to address regional and statewide workforce needs.
- **Conveners** include the **WTDB** and **Industry Consortia**, which are located in the HECC Office of Workforce Development.



Investing in Industry-Specific Workforce Development

HECC-administered grant programs



Industry and Sector-Specific Grant Programs

- HECC administers grant programs that invest in workforce development for the maritime, wildland, health care, manufacturing, technology, and semiconductor sectors and industries
- Example: Future Ready Oregon grant-funded programs, including Workforce Ready Grants.



HECC's Healthcare, Manufacturing, and Technology Industry Consortia

Inform Policy and Program Development, Advance Strategies, Build Ecosystem Alignment



Encouraging Innovation and New Ways of Working Together

Purpose of the Healthcare Consortium

Forum

Identify ways industry can innovate, co-invest, and implement workforce and talent development opportunities in alignment with economic strategies

Mechanism

Coordinate action and implementation by public, private, and community-based partners around shared issues and opportunities, including the curation of resources and investments that address workforce and talent development challenges

Vehicle

Develop and demonstrate a shared commitment to diversity and inclusion through talent development practices and investments supporting equitable recruitment, retention, and career advancement strategies

Healthcare Consortium Membership

- Consortium membership includes diverse perspectives and representation from executive-level healthcare industry leaders, community-based organizations, education institutions, and labor representatives.
- Legislatively Mandated partners include:
 - State Workforce and Talent Development Board
 - Racial Justice Council representative
 - Employer (healthcare)
 - Labor
 - Local workforce development boards
 - Economic Development representative

Healthcare-Specific Workforce Ready Grant-funded Projects

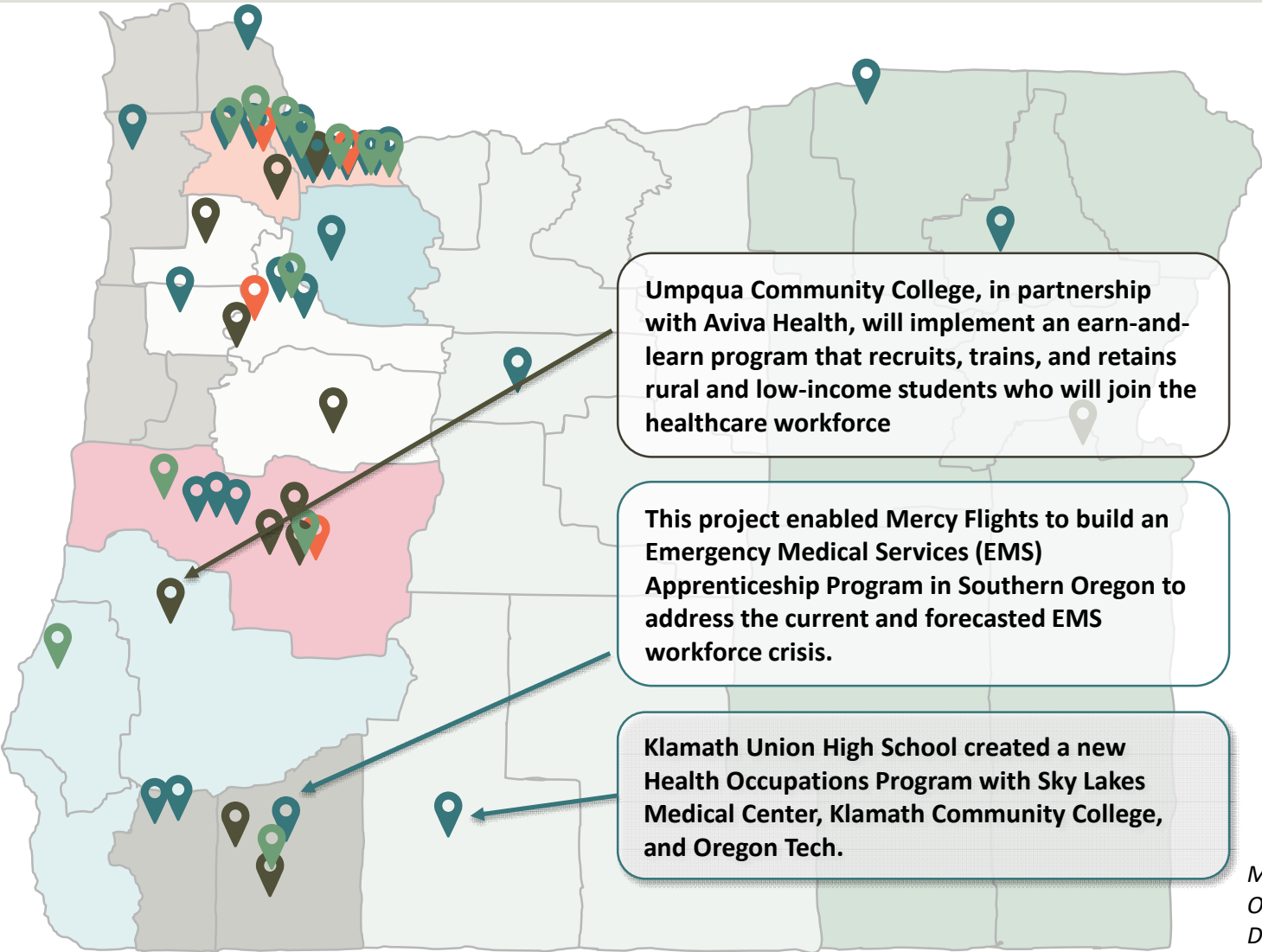
Approximately **\$38 million** awarded to **50 healthcare projects** across three funding rounds from 2022 through 2024. In addition, approximately \$11.4 million was awarded to 4 projects serving multiple sectors that included healthcare in the 2023 round.

Key: Projects by Round

- 12 projects (2022)
- 12 projects (2023)
- 26 projects (2024)
- 4 projects - multiple sectors including healthcare (2023)

Each pin represents a different grant-funded project. Pins are located approximately at the physical address of each grantee organization.

Each project serves a region larger than the pin location, whether a single county, multiple counties, or all counties across the state.



Map color-coded to represent Oregon's nine Local Workforce Development Board regions.

Services Provided Under Workforce Ready Grants

| Service Type | Number of Unique Participants | Percent of Unique Participants | Number of Services Received | Services Completion Rate |
|--|-------------------------------|--------------------------------|-----------------------------|--------------------------|
| Workforce Development Trainings | | | | |
| Career Coaching | 1,082 | 15% | 2,031 | 95% |
| Workforce Development Training | 1,998 | 27% | 3,331 | 88% |
| General Career Exploration | 2,519 | 34% | 2,706 | 96% |
| Job Placement Services | 576 | 8% | 599 | 78% |
| Early Career Skills | 552 | 7% | 699 | 99% |
| On-The-Job Training | 54 | 1% | 60 | 82% |
| Paid Work Experience | 336 | 5% | 400 | 83% |
| Unpaid Work Experience | 60 | 1% | 60 | 81% |
| Recruitment and Engagement Services | 211 | 3% | 258 | 83% |
| Other | 328 | 4% | 439 | 95% |

HECC Consortium

Looking Ahead at the Priorities for 2026 and Beyond

Conduct supply and demand analysis by local workforce development region

Conduct supply and demand analysis by local workforce development region

Publish updated wage data.

Identify replicable, scalable, and sustainable projects from the Future Ready Oregon Grant Proposal.

Engage with the Healthcare Consortium and the HECC

Attend Our Quarterly Meetings

- Quarterly meetings are free and open to the public to attend.

Subscribe to Our Email Lists

- **Industry Consortia public meeting notices** for the most up-to-date information on our quarterly public meetings, including meeting locations and related links.
- **Future Ready Oregon newsletter** for updates on the Industry Consortia and other Future Ready Oregon initiatives and activities.
- **HECC Collaborations and Newsclips** for updates on agency-wide initiatives and related media coverage.

Visit HECC's Industry Consortia web page for Industry Consortia resources and public meeting materials, including:

- Healthcare Occupation Profiles
- Behavioral Health Talent Assessment
- Healthcare Focus Group Findings

✦ Visit oregon.gov/highered/about/pages/future-ready-industry-consortia.aspx to learn more and subscribe!

Healthcare Consortium: 2026 Public Meeting Schedule

- Tuesday, January 22, 9:00 a.m.–1:00 p.m. (virtual)
Tuesday, April 23, 9:00 a.m.–1:00 p.m.
- Tuesday, June 25, 9:00 a.m.–1:00 p.m.
- Tuesday, September 1, 9:00 a.m.–1:00 p.m.





JANUARY 14, 2026

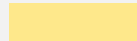
*Daria Curtis, Healthcare Industry Consortium
Strategist, HECC daria.curtis@hecc.oregon.gov*



Office of Immigrant & Refugee Advancement role, implementation status, and resource needs

(6:15-6:25PM)

**Jessica Ventura,
Director of the Office of Immigrant & Refugee
Advancement**





OREGON DEPARTMENT OF
Human Services



Office of Immigrant and Refugee Advancement

SB 476 Staffing Needs & Implementation

Jessica Ventura
Director

January 14, 2026

What SB 476 Requires

- Licensing boards are required to ensure culturally responsive training
- OIRA is responsible for:
 - Approving trainings
 - Developing criteria
 - Tracking compliance
 - Engaging community and boards
- Applies to 50+ licensing boards across health, education, trades, and more
- le content

What This Means for OIRA

- OIRA serves as an independent statutory role and cannot delegate SB 476 responsibilities to other ODHS Divisions.
- Not a one-time task — requires building an ongoing approval and accountability process
- Similar in scope to OHA's CCCE program (which has a dedicated PA4 and advisory structure)
- OIRA has no current staffing or infrastructure to meet this mandate

Proposed Staffing Solution

- Requesting a Program Analyst 4 to lead SB 476 implementation
- Position could be filled via:
 - 2026 short session approval
 - Interim LFO action
 - Job rotation or limited duration assignment
- Key duties include:
 - Project management
 - Criteria development
 - Board and community engagement
 - Submission tracking and reporting
 - Scope to align with current resources while meeting statutory requirements

Thank You!

Jessica Ventura

Director

Office of Immigrant & Refugee Advancement



OREGON DEPARTMENT OF
Human Services



Public Comment

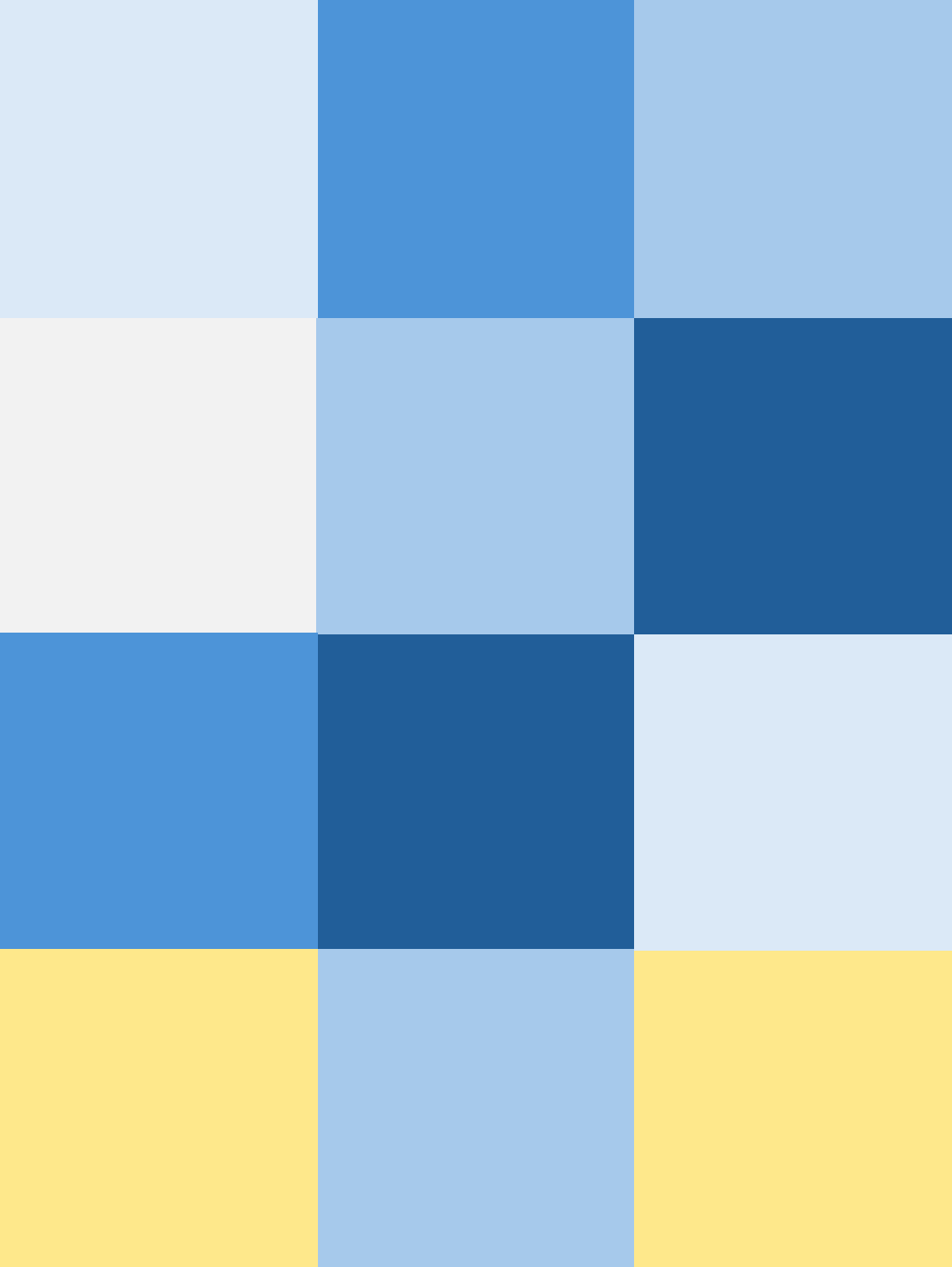
(6:25-6:45PM)

Public attendees may comment by raising their hand, and OMB staff will call on you.

Please state your name and organization (if applicable) and limit your comments to less than 3 minutes each.

Additional written comments may be emailed to **elizabeth.ross@omb.oregon.gov**.





Closing Discussion

(6:45-7:00PM)

Next Workgroup Meetings:

- Wednesday, January 28, 5-7PM
- Wednesday, February 25, 5-7PM
- Wednesday, April 15, 5-7PM
- Wednesday, May 13, 5-7PM

Information available at:
omb.oregon.gov/ITP