

## Division 63

# Standards and Authorized Duties for the Certified Nursing Assistant and Certified Medication Aide

### 851-063-0010

#### Purpose of Authorized Duties and Standards

- (1) To establish standards for the certified nursing assistant (CNA).
- (2) To identify the authorized duties which may be performed by the certified nursing assistant (CNA) and certified medication aide (CMA) in the process of assisting a licensed nurse; and
- (3) To establish conduct unbecoming for CNAs and CMAs.

**Statutory/Other Authority:** ORS 678.440, 678.442 & 678.444

**Statutes/Other Implemented:** ORS 678.440, 678.442 & 678.444

#### History:

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### 851-063-0021

#### Standards for Certified Nursing Assistants

In the process of client care the CNA must

- (1) Follow the plan of care as directed and supervised by the licensed nurse. A CNA may not work independently;
- (2) Report to the licensed nurse any observed changes in the client's condition;
- (3) Record observations and measurements, duties completed, and client statements about condition or care; and
- (4) Apply safety concepts in the workplace.

**Statutory/Other Authority:** ORS 678.440, 678.442 & 678.444

**Statutes/Other Implemented:** ORS 678.440, 678.442 & 678.444

#### History:

### 851-063-0030

#### Authorized Duties for Certified Nursing Assistants

As directed and supervised by a licensed nurse, the CNA may perform the following duties:

- (1) Duties associated with collaboration with the health care team:
  - (a) Accepting assignments;

- (b) Giving report to another team member; and
  - (c) Orienting other nursing assistants to workflow and environment.
- (2) Duties associated with communication and interpersonal skills:
- (a) Answering and placing call signals;
  - (b) Communicating with clients, clients' family members, and co-workers; and
  - (c) Maintaining confidentiality.
- (3) Duties associated with client-centered care:
- (a) Following the client's plan of care and providing feedback to a nurse on the plan of care;
  - (b) Organizing daily routines for a group of people according to each client's preferences and the individual plan of care;
  - (c) Protecting and respecting a client's rights;
  - (d) Promoting a client's independence utilizing strength-based care approaches;
  - (e) Providing holistic care and reporting any observed changes to the licensed nurse; and
  - (f) Assisting with complementary therapies such as aromatherapy and using pre-recorded media for guided imagery.
- (4) Duties associated with infection prevention:
- (a) Handwashing and hand hygiene;
  - (b) Utilizing personal protective equipment;
  - (c) Caring for the client's environment;
  - (d) Cleaning shared equipment;
  - (e) Bedmaking and handling of linen;
  - (f) Delivering and handling food and drinks;
  - (g) Implementing precautions designed to prevent or limit the transmission of communicable and infectious diseases;
  - (h) Handling of contaminated materials;
  - (i) Handling of disposal of hazardous wastes; and
  - (j) Applying a simple dressing to a dry, non-infected wound.
- (5) Duties associated with safety and emergency procedures:
- (a) Applying fall prevention techniques;
  - (b) Applying and removing restraints;
  - (c) Applying techniques to prevent harm to the client;
  - (d) Applying techniques helpful in preventing escalations in behaviors;
  - (e) Avoiding and managing hazards in the workplace;
  - (f) Implementing bleeding, cervical, hip, and sternal precautions;
  - (g) Moving and transferring a client;
  - (h) Transporting a client in a wheelchair, specialized chair, stretcher, or bed;
  - (i) Turning and positioning a client in bed, chair, or wheelchair; and
  - (j) Using lifts and safe handling devices.
- (6) Duties associated with activities of daily living (ADL):
- (a) Assisting with nutrition and hydration by:
    - (A) Assisting with eating and drinking;
    - (B) Following aspiration precautions; and
    - (C) Positioning a client for nutritional and fluid intake.

- (b) Assisting with elimination by:
  - (A) Administering bowel evacuation suppositories that are available without a prescription;
  - (B) Applying and removing external urinary catheters;
  - (C) Assisting with toileting including the use of bedpan and urinal;
  - (D) Changing a catheter bag;
  - (E) Connecting and disconnecting external urinary catheters to suction;
  - (F) Providing catheter care;
  - (G) Providing ostomy care for established, healthy ostomy:
    - (i) Emptying ostomy bag;
    - (ii) Changing ostomy dressing, appliance or bag; and
  - (H) Providing perineal and incontinence care.
- (c) Assisting with personal care and grooming for clients including individuals with tubes and special equipment by:
  - (A) Bathing;
  - (B) Dressing and undressing;
  - (C) For clients with no visually compromised skin or compromised circulation, soaking, washing, clipping, or filing fingernails and toenails;
  - (D) Implementing routines to promote sleep;
  - (E) Performing the following oral hygiene duties for responsive and non-responsive client:
    - (i) Brushing and flossing teeth and implants; and
    - (ii) Inserting, removing, and cleaning dentures.
  - (F) Providing the following skin care duties:
    - (i) Applying lotion;
    - (ii) Applying topical barrier creams and ointments;
    - (iii) Applying anti-fungal ointments and powders;
    - (iv) Preventing pressure, friction, and shearing; and
    - (v) Using pressure relieving devices.
  - (G) Removing, applying and caring for eyeglasses;
  - (H) Removing, applying, and caring for hearing aids;
  - (I) Shampooing and caring for hair; and
  - (J) Shaving with an electric or disposable razor.
- (d) Assisting with following restorative care duties:
  - (A) Ambulating;
  - (B) Applying techniques for good body alignment and positioning including extremity elevation;
  - (C) Assisting with bowel and bladder training;
  - (D) Performing range of motion exercises; and
  - (E) Using assistive devices for ambulating, dressing, eating, grooming, positioning, and transferring.
- (7) Duties associated with technical skills:
  - (a) Applying and removing anti-embolism elastic stockings, braces, orthotic or prosthetic devices;
  - (b) Applying oxygen therapy at a prescribed rate, discontinuing oxygen therapy, and transferring oxygen tubing from one oxygen source to another;
  - (c) Applying pediculicides;
  - (d) Applying, removing, and turning on and off sequential compression devices;
  - (e) Applying warm and cold therapy;
  - (f) Applying, removing, and turning on and off continuous positive airway pressure (CPAP)

- or bi-level positive airway pressure (BiPAP) devices;
  - (g) Assisting with coughing and deep breathing;
  - (h) Changing a suction canister;
  - (i) Collecting specimens (sputum, nasal swab, rectal swab, feces, urine, including clean catch);
  - (j) Emptying output from drainage devices and closed drainage systems;
  - (k) Manually and electronically measuring and recording temperature, apical and radial pulse, respiration, and blood pressure;
  - (l) Measuring and recording height and weight;
  - (m) Measuring and recording a blood pressure from the forearm;
  - (n) Measuring and recording an orthostatic blood pressure reading;
  - (o) Measuring and recording pulse oximetry reading;
  - (p) Performing fingerstick capillary blood glucose (CBG) test;
  - (q) Reinforcing the use of an incentive spirometer; and
  - (r) Turning off, removing, and rinsing nebulizer treatment equipment.
- (8) Duties associated with documentation including documentation of care provided, observations, and unusual occurrences.
- (9) Duties associated with end-of-life care:
- (a) Providing comfort care; and
  - (b) Providing care for the deceased.

**Statutory/Other Authority:** ORS 678.440, ORS 678.442 & ORS 678.444

**Statutes/Other Implemented:** ORS 678.440, ORS 678.442 & ORS 678.444

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**851-063-0035**

**Additional Authorized Duties for Certified Nursing Assistants**

- (1) A CNA may add a duty listed in section (2) of this rule as an individual authorized duty when an RN representing the CNA employment site teaches performance of the authorized duty and validates that the CNA is competent to perform the duty. Once authorized, the CNA may be assigned to perform the additional authorized duty by nurses in the employing organization.
- (2) The following duties are eligible to be added as an individual CNA's authorized duties as permitted in section (1) of this rule:
- (a) Duties associated with infection prevention:
    - (A) Obtaining urine specimen from port of catheter;
    - (B) Assisting with a chlorhexidine bath;
    - (C) Clipping hair in preparation for surgical procedure;
    - (D) Changing a wound VAC canister; and
    - (E) Performing clean intermittent straight urinary catheterization for chronic condition.
  - (b) Duties associated with ADL:
    - (A) Administering enemas;

- (B) Assisting with nutrition and hydration of infants and children:
  - (i) Assisting with breastfeeding by supporting and reinforcing instructions;
  - (ii) Assisting with human breast milk pumping;
  - (iii) Handling, storing, and transporting breast milk;
  - (iv) Preparing infant formula or breast milk for feeding; and
  - (v) Assisting with and feeding infants by bottle.
- (C) Assisting with established post pyloric, jejunostomy, and gastrostomy
  - (i) Adding fluid to tube feedings;
  - (ii) Changing feeding bags; and
  - (iii) Pausing and resuming tube feedings to provide personal care;
- (D) Discontinuing a urethrally inserted catheter;
- (E) Applying moisture barrier cream or ointment to treat topical skin irritation or non-intact skin due to incontinence or excess moisture;
- (F) Established traction equipment: removing and re-applying; and
- (G) Applying and removing continuous passive motion (CPM) machine.
- (c) Duties associated with technical skills:
  - (A) Adjusting oxygen rate of flow;
  - (B) Attaining transcutaneous bilirubin meter reading;
  - (C) Discontinuing a saline lock;
  - (D) Interrupting and re-establishing nasogastric (NG) suction;
  - (E) Irrigating ears;
  - (F) Measuring arm and leg circumference;
  - (G) Measuring blood pressure with a Doppler;
  - (H) Measuring and recording: blood pressure (lower leg, thigh);
  - (I) Obtaining a throat swab specimen;
  - (J) Performing fecal occult blood test;
  - (K) Performing urine dipstick test;
  - (L) Performing newborn critical congenital heart disease screening utilizing pulse oximetry;
  - (M) Placing electrodes or leads and run electrocardiogram (EKG);
  - (N) Placing electrodes or leads for telemetry;
  - (O) Removing casts in non-emergent situations;
  - (P) Scanning bladder;
  - (Q) Scanning glucometer sensor.
  - (R) Screening newborn hearing;
  - (S) Setting up traction equipment; and
  - (T) Suctioning nose or oral pharynx.
- (3) A CNA may add phlebotomy as an individual authorized duty when the CNA has a current phlebotomy certification from a nationally recognized certifying organization, or successful completion of phlebotomy specific military education program, demonstrated ongoing competency, and assigned the duty by nurses in the employing organization.
- (4) A CNA may add child safety seat check as an individual authorized duty when the CNA has successfully completed a national child passenger safety certification program, demonstrated ongoing competency, and assigned the duty by nurses in the employing organization.
- (5) A CNA may add telemetry monitoring as an individual authorized duty when the CNA has successfully completed a dysrhythmia recognition course, demonstrated ongoing competency, and assigned the duty by nurses in the employing organization.

**Statutory/Other Authority:** ORS 678.440 & ORS 678.442

**Statutes/Other Implemented:** ORS 678.440 & ORS 678.442

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### **851-063-0070**

#### **Authorized Duties and Standards for Certified Medication Aides (CMA)**

- (1) Under the supervision of a licensed nurse, a CMA may administer:
  - (a) Oral, sublingual and buccal medications;
  - (b) Eye medications;
  - (c) Ear medications;
  - (d) Nasal medications;
  - (e) Rectal medications;
  - (f) Vaginal medications;
  - (g) Skin ointments, topical medications including patches and transdermal medications;
  - (h) Medications by gastrostomy and jejunostomy tubes;
  - (i) Premeasured medication delivered by aerosol or nebulizer; and
  - (j) Medications delivered by metered hand-held inhalers.
- (2) A CMA may administer pro re nata (PRN) medications including controlled substances to stable clients according to the licensed independent practitioner's orders.
- (3) A CMA may:
  - (a) Administer regularly scheduled controlled substances;
  - (b) Jointly witness wasted controlled substances with a licensed nurse;
  - (c) Count controlled substances with a licensed nurse or another CMA;
  - (d) Perform fingerstick CBG test;
  - (e) Turn oxygen on and off at predetermined, established flow rate; and
  - (f) Add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags.
- (4) A CMA may not administer medications by the following routes:
  - (a) Central lines;
  - (b) Colostomy;
  - (c) Intramuscular;
  - (d) Intrathecal;
  - (e) Intravenous;
  - (f) Nasogastric;
  - (g) Nonmetered inhaler;
  - (h) Subcutaneous;
  - (i) Intradermal;
  - (j) Urethral;
  - (k) Epidural; or
  - (l) Endotracheal.
- (5) A CMA may not administer the following kinds of medications:
  - (a) Barium and other diagnostic contrast media; or



- (b) Chemotherapeutic agents except oral maintenance chemotherapy.
- (6) A CMA may not act as a clinical teaching associate to a student in a medication aide education program.

**Statutory/Other Authority:** ORS 678.440, ORS 678.442, ORS 678.444 & ORS 678.445

**Statutes/Other Implemented:** ORS 678.440, ORS 678.442 & ORS 678.444

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**851-063-0090**

**Conduct Unbecoming a Nursing Assistant**

Conduct unbecoming a nursing assistant is conduct that adversely affects the health, safety, and welfare of the public; that fails to conform to OAR Chapter 851, Division 63. Such conduct includes, but is not limited to:

- (1) Conduct related to general fitness to perform nursing assistant authorized duties:
  - (a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or
  - (b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.
- (2) Conduct related to achieving and maintaining clinical competency:
  - (a) Failing to conform to the essential standards of acceptable and prevailing nursing assistant performance of duties. Actual injury need not be established;
  - (b) Performing duties beyond those authorized duties.
- (3) Conduct related to client safety and integrity:
  - (a) Failing to take action to preserve or promote a client's safety based on the nursing assistant's knowledge, skills, and abilities;
  - (b) Failing to implement the plan of care developed by the registered nurse (RN);
  - (c) Failing to report changes in a client's status from the last plan of care made by the RN;
  - (d) Jeopardizing the safety of a client under the CNA's care;
  - (e) Leaving or failing to complete a nursing assistant assignment without properly notifying appropriate supervisory personnel and confirming that nursing assistant responsibilities will be met;
  - (f) Failing to make a report per ORS 676.150 of facts known regarding prohibited or unprofessional conduct of any health care provider;
  - (g) Failing to respect the dignity and rights of clients, inclusive of social or economic status, age, race, religion, gender, gender identity, sex, sexual orientation, national origin, nature of health needs, physical attributes, or disability;
  - (h) Failing to report actual or suspected incidents of abuse, neglect, or mistreatment;
  - (i) Engaging in or attempting to engage in sexual misconduct with a client in any setting;
  - (j) Engaging in sexual misconduct in the workplace; or

- (k) Failing to maintain professional boundaries.
- (4) Conduct related to communication:
  - (a) Failing to accurately document nursing assistant activities and duties;
  - (b) Failing to document nursing assistant activities and duties performed in a timely, accurate, thorough, and clear manner. This includes failing to document a late entry within a reasonable time period;
  - (c) Entering inaccurate, incomplete, falsified or altered documentation into a health record or into agency records. This includes but is not limited to:
    - (A) Documenting the provision of services that were not provided;
    - (B) Failing to document information pertinent to the client's care;
    - (C) Filling in someone else's charting omissions, or signing someone else's name;
    - (D) Falsifying data;
    - (E) Altering or changing words or characters within an existing document to mislead the reader; or
    - (F) Adding documentation to a health record or agency record without recording the date and time of the event being recorded. This includes late entry documentation that does not demonstrate the date and time of the initial event being documented, the date and time the late entry is being placed into the record, and the signature of the nursing assistant placing the documentation into the record.
  - (d) Destroying an agency record, a client's health record, or any document prior to the destruction date indicated for the type of recorded data or document;
  - (e) Directing another individual to falsify, alter or destroy an agency record, a client's health record, or any document prior to the destruction date indicated for type of recorded data or type of document;
  - (f) Failing to communicate information regarding a client's status to the supervising nurse or other appropriate member of the healthcare team in an on-going and timely manner and as appropriate to the context of care; or
  - (g) Failing to communicate information regarding the client's status to individuals who are authorized to receive the information and need to know.
- (5) Conduct related to interactions with the client's family:
  - (a) Failing to respect the client's family and the client's relationship with their family;
  - (b) Using one's title or position as a nursing assistant to exploit a client's family for personal gain or for any other reason;
  - (c) Stealing money, property, services or supplies from the family;
  - (d) Soliciting or borrowing money, materials or property from the family; or
  - (e) Engaging in unacceptable behavior towards or in the presence of the client's family. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language.
- (6) Conduct related to relationships with co-workers and health care team members:
  - (a) Engaging in violent, abusive or threatening behavior towards a co-worker; or
  - (b) Engaging in violent, abusive or threatening behavior that relates to the performance of safe care to a client.
- (7) Conduct related to safe performance of authorized duties:
  - (a) Performing authorized duties when unable or unfit to perform nursing assistant activities or duties due to:
    - (A) Physical impairment as evidenced by documented deterioration of functioning in



- the work setting or by the assessment of an individual qualified by law to diagnose physical condition or status; or
- (B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of an individual qualified by law to diagnose mental condition or status.
- (b) Performing authorized duties when physical or mental ability to perform is impaired by use of a prescription or non-prescription medication, alcohol, or a mind-altering substance; or
- (c) Using a prescription or non-prescription medication, alcohol, or a mind-altering substance to an extent or in a manner dangerous or injurious to the nursing assistant or others, or to an extent that such use impairs the ability to perform the authorized duties safely.
- (8) Conduct related to other federal or state statutes or rule violations:
  - (a) Aiding, abetting or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of the nursing assistant or other healthcare provider;
  - (b) Violating the rights of privacy, confidentiality of information, or knowledge concerning the client, unless required by law to disclose such information;
  - (c) Discriminating against a client on the basis of age, race, religion, gender, gender identity, sex, sexual preference, national origin or disability;
  - (d) Abusing a client;
  - (e) Neglecting a client;
  - (f) Failing to report actual or suspected incidents of abuse through the proper channels in the workplace;
  - (g) Failing to report actual or suspected incidents of abuse to the appropriate state agency;
  - (h) Engaging in other unacceptable behavior towards or in the presence of the client. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language;
  - (i) Soliciting or borrowing money, materials, or property from the client;
  - (j) Stealing money, property, services or supplies from the client;
  - (k) Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled medications to any client, including self, except as directed by an individual authorized by law to prescribe medications;
  - (l) Unauthorized removal or attempted removal of medications, supplies, property, or money from any client or setting;
  - (m) Unauthorized removal of client records, client information, or facility property, policies or written standards from the workplace;
  - (n) Using one's role or title as a nursing assistant to defraud a client of their personal property or possessions;
  - (o) Violating a client's rights of privacy and confidentiality of information by accessing or sharing information without proper authorization to do so or without a demonstrated need to know;
  - (p) Engaging in unsecured transmission of protected client data;
  - (q) Failure to report to the Board the CNA's own arrest for a felony crime within ten days of the arrest; or
  - (r) Failure to report to the Board the CNA's own conviction of a misdemeanor or a felony crime within ten days of the conviction.
- (9) Conduct related to certification violations:

- (a) Resorting to fraud, misrepresentation, or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, while obtaining initial licensure or certification or renewal of licensure or certification;
  - (b) Functioning as a certified nursing assistant without current certification as a nursing assistant except as permitted by ORS 678.448(3);
  - (c) Functioning as a CMA without current certification as a medication assistant;
  - (d) Representing oneself as a CNA without current, valid CNA certification;
  - (e) Allowing another person to use one's nursing assistant certificate for any purpose;
  - (f) Using another licensee's nursing license or nursing assistant certificate for any purpose;
  - (g) Impersonating any applicant or acting as a proxy for the applicant in any nursing assistant examination;
  - (h) Disclosing contents of the competency examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration; or
  - (i) Altering educational documentation submitted for nursing assistant certification.
- (10) Conduct related to the certification holder's relationship with the Board:
- (a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to waiver of confidentiality, except attorney-client privilege.
  - (b) Failing to answer truthfully and completely any question asked by the Board on an application for certification, renewal of certification, during the course of an investigation, or any other question asked by the Board;
  - (c) Failing to provide the Board with any documents requested by the Board; or
  - (d) Violating the terms and conditions of a Board order.

**Statutory/Other Authority:** ORS 678.442 & ORS 670.280

**Statutes/Other Implemented:** ORS 678.442 & ORS 670.280

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**851-063-0100**

**Conduct Unbecoming Certified Medication Aides**

A certified medication aide is subject to discipline as a CNA as described in these rules. In addition, a CMA is subject to discipline for conduct unbecoming a medication aide. Such conduct includes but is not limited to:

- (1) Failing to administer medications as ordered by an individual authorized by law to prescribe medications;
- (2) Failing to document a medication as administered, withheld, wasted, or refused as well as the reason a medication was withheld, wasted, or refused.
- (3) Violating the individual's rights, including the right to refuse medication;

- (4) Altering or falsifying medication administration record;
- (5) Altering educational documentation submitted for CNA or CMA certification;
- (6) Diverting medications for use by self or others;
- (7) Accepting a verbal order or telephone order for medication from an individual authorized by law to prescribe medications, except as allowed in authorized duties;
- (8) Performing duties beyond those authorized for the CMA;
- (9) Working as a CMA without CMA certification; or
- (10) Representing oneself as a CMA without current CMA certification.

**Statutory/Other Authority:** ORS 678.442

**Statutes/Other Implemented:** ORS 678.442

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