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A Word from the Executive Director

Greetings everyone as we welcome yet another spring season. For those with severe allergies, I hope that you can find some comfort from the pollen and the aromatic cottonwoods.

The 82nd Oregon Legislative Assembly short session was fast and furious this year, lasting only 32 days, counting weekends. Short sessions are typically meant to address urgent or time-sensitive matters and budgetary adjustments; however, this session saw several bills introduced that affected health licensing boards and this newsletter provides a summary of the bills we at MHRA were tracking. Personally, I was hoping that we would get through the session without being called upon to testify as we have a sound budget with no budgetary issues. But this was not the case, and we were called upon to testify on HB 4071 with only 24 hours advance notice. HB 4071 had potentially significant impacts on health licensing boards, and I'd like to provide our licensees with an overview of this bill as it relates to you professionally and to MHRA.

House Bill 4071 (chief sponsors: Representatives Diehl, Pham and Senator Bonham) would have required health professional regulatory boards to issue a temporary practice authorization to practice a health profession to applicants within 10 days of receiving an application for licensure. Applicants would then have one year to meet the licensure requirements. Several boards (Oregon Medical Board, Oregon Board of Nursing, Oregon Board of Social Workers, Oregon Board of Physical Therapy), including MHRA, provided neutral oral and written testimony that reflected public safety concerns. I am providing links for [HB 4071 testimony](#), and I would urge readers of this newsletter to click on the links to read the [testimony](#) of Executive Directors from these health licensing boards. HB 4071 moved very fast and quickly morphed into what is termed a "gut and stuff". The original language of HB4071 was stripped and replaced with a series of amendments, the -3 amendment was most relevant to MHRA and the BLPCT. But before I get into the -3 amendment, I want to briefly discuss the potential of devastating financial consequences of the original language in HB 4071 to MHRA. Had HB 4071 passed, our Boards would have been required issue temporary practice authorization to BOP and BLPCT applicants (including out of state applicants) for up to a year while we went through the normal licensure review practice of issuing a license. The devil is always in the details, and this is no exception with HB 4071. After issuing a temporary authorization to practice as would have been required under HB 4071, had we discovered that an applicant, due to various reasons was not fit to practice in Oregon, MHRA would have been obligated to revoke their license. It is common knowledge that licensees who run into problems in their home state often jump state lines to practice in other states. HB 4071, had it passed, would have opened the floodgates, and would have forced MHRA into issuing temporary authorizations to practice before we could have had time to practice our due diligence in reviewing applications. Revoking a license can at times can get very expensive because a licensee has the right to contest a board's decision to revoke. HB 4071, had it passed would have placed MHRA under significant risk of losing hundreds of thousands of dollars in contested case hearings to

Director's Update, Continued

revoke unscrupulous licensees. This would have had a significant upward impact upon licensee fees and renewal fees for all BOP and BLPCT applicants and licensees, not to mention the safety threat to thousands of members of the public.

Now, getting back to the -3 amendment. The -3 amendment under HB 4071 would have directed MHRA to establish a counseling compact under the BLPCT that would have become effective on the 91st day following the adjournment of the 82nd Oregon Legislative Assembly sine die. I believe this would have been disastrous to MHRA as an Agency, but also to BLPCT licensees. As explained in my [-3 amendment testimony](#), there are constitutional, statutory and BLPCT Oregon Administrative Rules that would have been in direct conflict with the HB 4071, -3 amendment. The Oregon Social Workers Board and their licensees would also have been significantly impacted under the -2 amendment which would have required a social worker compact. As it turned out, we managed to buy some time. The bill ended up passing out of the House Behavioral Health and Health Care Committee during a 2/19/24 work session with a [-7 amendment](#) that removed (guttled) the introduced bill language entirely and replaced (stuffed) it with new provisions for establishment of a 20 member Task Force on Health Professional Licensing Modernization. Ultimately, HB 4071 did not pass, as it remained in committee upon session adjournment.

MHRA recognizes that there is considerable interest among legislators, licensees, and respective associations to establish counseling COMPACTS and PSYPACTS. We also realize that this needs to be done in a thoughtful and deliberate manner to avoid disastrous results. For this reason, the BLPCT and the BOP will be initiating legislative concepts for the 2025-2027 legislative session where a more thoughtful approach can be taken and acted upon by the Oregon legislators and the Governor.

In summary, HB 4071 would have been a disaster for Oregon health licensing boards and the consuming public, had the original bill and the -2 and -3 amendments passed as written. However, I believe the time has come for Oregon mental health boards to consider joining other states through COMPACTS. The legislators and the Governor will need to solve the constitutional and statutory hurdles that stand in the way. My hope is that the legislators can pass a well-conceived thought out bill during the 83rd Oregon Legislative Assembly.

–Charles Hill, Executive Director, Mental Health Regulatory Agency

“Plans are nothing, but planning is everything” – Dwight D. Eisenhower



MHRA Feedback on House Bill 4071 (Introduced)

February 9, 2024

Thank you for considering information provided by the health professional regulatory boards that would be impacted by HB 4071.

MHRA oversees two health boards- the Board of Psychology (BOP) and the Board of Licensed Professional Counselors and Therapists (BLPCT). The operations of MHRA and the Boards are fully funded by Other Funds, meaning fees from licensing. In 2023, these Boards issued 131 psychologist licenses, 647 professional counselor licenses, and 167 marriage and family therapist licenses. During this time period, we tracked our licensing timeliness (Key Performance Measure #4) and found that it took our staff an average of two calendar days to approve an application from the time the file was completed. We are aware that many legislators have recently received complaints from constituents regarding licensing timeliness with ours and other boards, and we have appreciated the opportunity to research these situations and respond in detail. As we have been able to demonstrate, the situation is typically not as it appears.

Testimony was heard during the House Interim Committee on Behavioral Health and Health Care informational meeting on January 10, 2024 which included an apparent misunderstanding about the

Director's Update, Continued

licensing process that you may hear clarified from other boards as well. MHRA's Boards do not have any requirement for an applicant to have physical presence in Oregon or possess an Oregon driver's license as a prerequisite to licensure. We license those who live and work in other states on a daily basis, and this has become more common as teletherapy practice becomes more widespread. Section 1, (2)(e) of HB 4071 would add a residency requirement that the Boards do not currently contemplate, which stands in opposition to current licensure processes. For those licensure applicants who do intend to relocate to Oregon, many begin the process well before their relocation to avoid delays in the beginning of their practice, and we

highly encourage this. Additionally, both Boards offer limited permits (HB 3300 just added this authority for BLPCT in 2023) for licensees of other states to practice in Oregon on a limited basis. BOP issued 132 permits in 2023, one greater than the number of licenses it issued.

It was appropriately noted that individuals who have committed crimes or are under scrutiny with other licensing entities for serious misconduct can and do attempt to hop states to avoid detection. As part of their public protection charge, health professional regulatory boards carefully screen for fitness concerns during the licensing process. Per Oregon law, if a board proposes to deny or revoke a practice authorization, the respondent is entitled to a hearing, and it tends to be a more significant burden to remove an already issued authorization than to deny one up front, in particular if an administrative law judge opines that the conduct which forms the basis for the action is one that the board should have discovered prior to issuing the authorization. It is possible that those practicing under a temporary authorization may be more likely to request hearings, which can be costly, since they are already practicing and have become established in Oregon. Perceivably, unqualified individuals (or those who fail to document qualifications) could simply reapply for licensure 10 days before their allotted one year practice authorization has tolled, be granted another authorization with 10 days, and continue to practice in Oregon without paying renewal fees, reporting continuing education, or being held to other standards required of licensees.

We recognize that there are outliers to our average

two calendar days to approve completed application files. There are added review processes that apply to applicants who disclose (or fail to disclose) criminal history, and for those who hold degrees from unaccredited programs which require a more detailed review by staff. There are also factors that preclude completion of the application, such as applicants submitting incomplete information, failing required examinations, or less frequently, pending investigations being completed in other states. However, from a consumer protection standpoint, authorizing a person to practice in Oregon without processing the complete application and ensuring standards are met may be considered reckless, placing the public at risk for harm by bad actors. The small additional time to fully vet an application is minimal compared to the risk of harm perpetrated by unethical or incompetent mental health providers who serve our most vulnerable populations, often in unsupervised private practice settings.

MHRA's boards have been engaged in significant work to reduce barriers to licensure following the completion of the [Diversity Study](#) by Keen Independent Research in December of 2022, followed by MHRA's [Written Report](#) of its plan to review the Study's recommendations. In 2024 alone, these initiatives include new licensing fee reductions for both boards, a change from annual to biennial license renewals for BLPCT, and BOP's significant streamlining of the process for licensure by endorsement (out-of-state licenses), including reductions in the paperwork required. Similarly, BLPCT filed a [Notice of Proposed Rulemaking](#) on February 7, 2024 that proposes to reduce the licensing burden for reciprocity applicants and help facilitate interjurisdictional mobility while maintaining strong consumer protection standards consistent with the Board's mission. We continue to strive for positive change while maintaining our mission by ensuring that Oregonians have access to mental health providers who are qualified, competent, and safe.

Finally, the timeframes set forth in HB 4071 will be challenging to implement and maintain. The measure becomes effective on the 91st day following adjournment sine die, or mid-June of 2024. This is a short turnaround time for MHRA to implement a new practice authorization within its three regulated license types, which includes administrative rulemaking, system development, establishment of

Director's Update, Continued

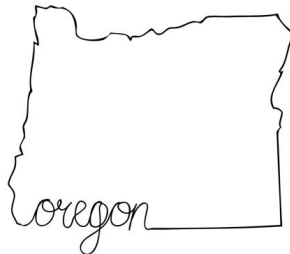
procedures and staff roles, and web updates. The measure's requirement that boards issue a practice authorization within 10 days of receipt of an application would be challenging to maintain, even if documentation of most of the statutory and rule required licensure requirements were disregarded. This is insufficient time for the Board to receive licensure verifications from other states, which may reveal allegations or findings of misconduct in those states. The 10-day timeframe only allows boards to require limited demonstration of competency within the four corners of the application submitted by the applicant themselves, without external verification safeguards like the background check (of which the timing depends on when the applicant chooses to complete their fingerprinting). Also as mentioned above, Section 1, (2)(e) adds a new residency requirement that would need verification. These additional requirements will result in the need for additional staffing resources, which may result in licensing fee increases.

Again, thank you for allowing us to provide information. Please let me know if you have questions.

Respectfully,



Charles Hill
Executive Director



charles.j.hill@mhra.oregon.gov

MHRA Feedback on the -3 Amendment to HB 4071

February 13, 2024

Over the past several years, the Board of Licensed Professional Counselors (BLPCT) has generally heard interest and support from the professional counseling community regarding the adoption of the Counseling Compact in Oregon, which is what the -3 amendment to House Bill 4071 seeks. However, we have identified challenges that render this initiative more complicated than what appears on the surface.

Conflicts with Oregon Constitution

A state that simply enacts statutes to proclaim that it is joining the Counseling Compact does not guarantee it will join the Compact. The Compact's Executive Committee must determine that a state's adopted statutes are *substantively the same* as the [Compact Model Legislation](#). We have identified two constitutional conflicts that will require review. First, the Oregon Constitution prohibits liabilities over \$50,000 (Article XI, section 7); however, HB 4071-3, Section 5 inserts the financial liabilities associated with the Compact into the Board's general State Treasury account, allowing such liabilities to potentially extend to all funds within the Board's account. Second, at Section 3, Section 12.I.2., it allows the Counseling Compact Commission to initiate legal action for damages against the State of Oregon, which may not conform with the Oregon Constitution, Article IV, section 24.

Conflicts with Oregon Law

Regarding *statutory* conflicts, the preface to the Model Legislation states: "No substantive changes should be made to the model language. Substantive changes may jeopardize the enacting state's participation in the Compact." Under the Compact, a counselor has a Home State (in which they are based) and may practice in any other member state, called the Remote State. Counselors must comply with the laws of the Remote State where their client is located, rather than the Home State in which the counselor is located (see HB 4071-3 Section 3, Section 7.B. on page 12 lines 5-7). This means that other states would have the ability to investigate Oregon counselors for violating their state laws, and may take adverse action and sanction Oregon counselors' ability to practice under the Compact if they find a violation of their laws or treatment standards (see HB 4071-3, Section 3, Section 7.B. and Section 8.A.1. on page 12, lines 5-7 and 9-13). Other state laws can vary significantly from Oregon laws. Oregon would be required to honor investigatory subpoenas from other member states and disclose confidential investigatory information, including protected health information (see HB 4071-3, Section 3, Section 8.A.2. on page 12, lines 16-21).



Director's Update, Continued

MHRA recommends a deliberate and careful review of Compact requirements and existing and proposed Oregon state statutes to avoid conflicts and prevent unforeseen issues that might occur with a hasty adoption. This is complex task, and difficult to accomplish during the short session.

Conflicts with Board Rule

The Counseling Compact is also unforgiving when it comes to conflicts with the Board's Oregon Administrative Rules. It requires states to adhere to any adopted [Compact Rule](#), which the Model Legislation defines as "a regulation promulgated by the Commission that has the force of law" (found in HB 4071-3, Section 3, Section 2.V. on page 5, lines 15-16). While there may be other unforeseen problems yet to be identified, MHRA has identified several conflicts with the Board's educational requirements for licensure as a professional counselor found in [OAR 833-030-0011](#). This includes "grandfathering" provisions for those with less

recently conferred master's degrees and reciprocity application provisions that allow for substitution of



coursework and experience for duration of licensure in other states, which help streamline the licensing process for counselors coming from other states to apply in Oregon.

Notably, the Board is currently proposing a change that would pose further conflict with Compact requirements via its recently filed [Notice of Proposed Rulemaking](#) (February 7, 2024). The [Diversity Study](#) presented in December of 2022 by Keen Independent Research recommended that the Board explore removing unnecessary procedural hurdles related licensing that may cause confusion and/or add little or no value. Challenges related to the BLPCT reciprocity application process- the complexity and time to document the education and experience requirements for licensure- have recently resulted in frustrated applicants complaining to legislators and the Governor's Office. The Board's proposal would expand the existing substitution provision to allow

three years of active licensure in another state to substitute for all specific coursework and supervised experience requirements. The Oregon Legislature may not wish to unwind BLPCT's progress towards streamlining counselor licensure by reciprocity in order to join the Counseling Compact.

Again, there are significant policy implications here that warrant a thorough review.

Unknown Cost Factor

The early stage of the Counseling Compact introduces various unknown risks to adopting states. As of the date of this writing, the Counseling Commission has not yet began accepting applications for compact privileges from practitioners, and has adopted only three rules that cover rulemaking, definitions, and examination requirements. The Compact makes many references to rules that will be promulgated by the Commission; however, the majority of such rules have not yet been proposed. This includes rules requiring annual assessments and other fees imposed on member states and participating licensees (see HB 4071-3, Section 3, Section 9.F.3.a. on page 19, lines 14-21).

The -3 amendment to HB 4071 is expected to result in significant costs to BLPCT from legal fees, added personnel needs, and necessary systems updates. BLPCT's operations are solely funded by Other Funds which come from licensing fees. Since HB 4071-3 imposes all costs of the State's participation in the Counseling Compact on BLPCT without any General Fund support (see HB 4071-3, Section 5, page 30-31), this is likely to necessitate BLPCT licensing fee increases, especially considering the workload associated with other pending short session mandates on health boards.

The -3 amendment- which MHRA just learned of- constitutes a significant program and policy changes to be considered during a short session, and with a quick turnaround time to implement by the Board in 91 days following adjournment sine die (mid-June 2024). This is particularly challenging for a smaller agency with fewer resources that was not provided any courtesy advance notice of this proposal. We hope that future endeavors to can be approached more collaboratively.

Director's Update, Continued

Again, thank you for allowing us to provide information. Please let me know if you have questions.

Respectfully,



Charles Hill
Executive Director
charles.j.hill@mhra.oregon.gov



Message from Outgoing Chair

By way of a brief introduction, I am the outgoing chair of the Board of Psychology and I will end my six year term on the Board this June. One of my last acts is to write this message to all my psychologists peers.

Being close to retirement after a 52 year professional career, it has been an excellent experience working with the Board. I have been able to work on various committees in addition to six years on the Consumer Protection Committee. Currently I have helped with the process to hire the next Executive Director of MHRA with Charles Hill stepping down in July, after nine years of excellent management.

Part of wanting to write this is to give my observations of the Board of Psychology having read the feedback each year from licensed psychologists. Many of you let us know that you value and appreciate the work volunteer Board members give to the profession. However, there are many others with misperceptions of the people and the motives of Board members. Over my six years on the Board, I have worked with over twenty psychologists and public members on the Board. Although different personalities and backgrounds, I have found every one of them committed to protecting the public and advancing mental health services in Oregon. A few comments from some psychologists question the intentions of Board members. In this year's survey comments described Board members as: adversarial, punitive, secretive, vindictive and wanting to make the job of psychologists as difficult as possible. The reality could not be further from such inaccurate perceptions. I have found Board members to understand how difficult it is to help often challenging clients, as well as making recommendations that impact individuals and families. The Board reviews hundreds of complaints from a wide variety of sources, and members come to see the difference between legitimate concerns and unhappy individuals who did not get what they wanted. For example, in the Consumer Protection Committee the complaints and the subsequent investigations are carefully considered, and the majority are dismissed. The priority of the Board is to have licensees

improve their professional work when they can, and not on reprimanding or handing out fines. However, if any of you question the need for the public to be protected from unscrupulous psychologists and unlicensed actors in our state, you must not be reading the newsletter with cases of unprofessional emotional, financial and even sexual behavior. Most of us have high ethical professional standards but unfortunately not all do.

The most frequent complaint with each consumer survey is wanting more responsiveness from MHRA staff. Please know this comes through loud and clear and is a priority for the Board and staff. At the same time improvement requires all of us and not just staff. Many detailed questions, some involving interpretation of laws, cannot be answered by staff. The majority of questions that come to staff can be found on the MHRA website. Because MHRA is charged with serving over 12,000+ licensed individuals, if we all first look for answers before calling the office, the staff will be more able to do their important work.

My priorities on the Board have included: diversity, lower license fees, minimizing punishment and allowing flexible ways to obtain continuing education. At the same time the Board is constrained by laws coming from the legislature and must function within an environment of State regulations. Even given this many of these priorities have materialized.

It has taken time and effort, but I can say it has been a valuable experience to serve on the Oregon Board of Psychologist and I highly recommend it for those who want to give back to the profession.

Dave Ziegler, Ph.D.
Board Chair



Administrative Rulemaking

On April 9, 2024, the Board filed a Notice of Proposed Rulemaking for the following rule amendment:

Professional disclosure statement submission to the Board; renewal information.

- Amend OAR 833-020-0011: Removes requirement to submit a professional disclosure statement to the Board as part of licensure application.
- Amend OAR 833-020-0061: Removes requirement to submit a professional disclosure statement to the Board as part of re-licensure application.
- Amend OAR 833-050-0021: Removes requirement to submit a professional disclosure statement to the Board as part of associate registration application.
- Amend OAR 833-050-0031: Removes requirement for registered associates to submit to the Board additional or updated professional disclosure statements and deletes submission exemptions.
- Amend OAR 833-050-0131: Removes requirement for registered associates to submit to the Board updated professional disclosure statements at renewal. Updates and clarifies online renewal submission process.
- Amend OAR 833-050-0161: Removes requirement for registered associates to provide to the Board updated professional disclosure statements.
- Amend OAR 833-075-0020: Removes requirement for licensees to submit to the Board updated professional disclosure statements at renewal. Updates and clarifies online renewal submission process.
- Amend OAR 833-075-0050: Removes requirement for licensees and temporary practitioners to submit to the Board additional or updated professional disclosure statements, and for applicants to submit professional disclosure statement to the Board for approval along with the application. Deletes professional disclosure statement submission exemptions.
- Amend OAR 833-075-0060: Removes requirement for licensees to provide to the Board up-

dated professional disclosure statements.

This proposal only removes the requirement to submit PDS to the Board for review. It will NOT change the requirement that licensees and registered associates, unless exempt by rule, must distribute a PDS to clients.

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. Please email your comments to la-ree.stashek@mhra.oregon.gov or mail them to the Board's office at 3218 Pringle Road SE, Ste. 120, Salem, OR 97302. All comments must be received no later than 5:00 p.m. on May 21, 2024.

On April 10, 2024, the Board filed a Permanent Administrative Order for the following rule adoption (effective April 10, 2024):

Reciprocity method licensure application amendments.

- Amend OAR 833-020-0051: Amends qualification and documentation requirements for licensure as a professional counselor or marriage and family therapist for those who hold a comparable license in another state. Removes detailed information gathered from and about other state. Clarifies requirement for and meaning of primary source verification of applications materials.
- Amend OAR 833-030-0011: For reciprocity applicants, amends educational requirements for licensure as a professional counselor by expanding the existing substitution provision to allow three years (reduced from five years) of active licensure in another state to substitute for all specific coursework and supervised experience requirements of non-programmatically accredited programs that are at regionally accredited institutions or foreign programs.
- Amend OAR 833-030-0021: For reciprocity applicants, amends experience requirements for licensure as a professional counselor by expanding the existing substitution provision to allow three years (reduced from five years) of active licensure in another state to be presumed to meet the experience requirements with no further documentation required.

Administrative Rulemaking, Continued

- Amend OAR 833-040-0011: For reciprocity applicants, amends educational requirements for licensure as a marriage and family therapist by allowing three years of active licensure in another state to substitute for all specific coursework and supervised experience requirements of non-programmatically accredited programs that are at regionally accredited institutions or foreign programs. Makes minor rule reference correction.
- Amend OAR 833-040-0021: For reciprocity applicants, amends experience requirements for licensure as a marriage and family therapist by expanding the existing substitution provision to allow three years (reduced from five years) of active licensure in another state to be presumed to meet the experience requirements with no further documentation required.

Please visit our [Administrative Rulemaking Webpage](#) for more information.



Proxy Falls, Oregon

2024 Legislative Session

The 82nd Oregon Legislative Assembly convened on February 5 and adjourned on March 7, 2024. Short legislative sessions like this one have occurred in even-numbered years since 2012 following a 2010 constitutional amendment. As the name implies, these are much shorter than long sessions that occur in odd-numbered years (maximum 35 days versus 160 days), and typically address urgent or time-sensitive matters and budgetary adjustments. This session was unusually busy for the Boards, as an atypical volume of complex and impactful proposals were considered. The following is a summary of legislation that passed:

- [House Bill 4002](#) (effective 4/1/24). This measure changes some of the provisions of Ballot Measure 110 (2020), the Drug Addiction Treatment and Recovery Act. Related to licensing boards, it amends ORS 670.280 by removing the “rebuttable presumption” that decriminalized possession of controlled

substances does not make a person unfit to receive or hold a license or to practice a licensed profession. When reviewing criminal history, the MHRA Boards carefully consider nexus to the practice and rarely deny applications or impose sanctions based on criminal conduct. Therefore, this is not expected to impact Board outcomes.

- [House Bill 4010](#) (effective 6/6/24). This measure makes various amendments related to health care. Relevant to the Board of Licensed Professional Counselors and Therapists, it removes the requirement that applicants and licensees submit to the Board their professional disclosure statement for review and approval.



2024 Legislative Session, Continued

- [House Bill 4151](#) (effective 4/4/24). This measure directs the System of Care Advisory Council to establish a subcommittee on the youth behavioral health workforce, which must report findings and recommendations to the Legislature. The subcommittee will consist of representatives from the Board of Psychology, the Board of Licensed Professional Counselors and Therapists, and the Board of Licensed Social Workers.
- [Senate Bill 1552](#) (operative 7/1/25). At Section 44, this measure requires licensing boards, commissions, and agencies, upon petition, to render a pre-determination as to whether a criminal conviction will prevent a person from receiving a license. Such petition must be made prior to the person beginning an education, a training or an apprenticeship program for an occupational or a professional license.

Also worth mention is a measure that did not pass but was closely monitored by MHRA and other health boards- [House Bill 4071](#). This measure would have required health professional regulatory boards to issue a temporary practice authorization to practice a health profession to applicants within 10 days of receiving an application for licensure. Applicants would then have one year to meet the licensure requirements. Several boards, including MHRA, provided oral and written testimony that reflected public safety concerns. There were various proposed amendments to the bill, including proposals to adopt the Counseling and Social Work Compacts in Oregon. The bill ended up passing out of the House Behavioral Health and Health Care Committee during a 2/19/24 work session with a [-7 amendment](#) that removed the introduced bill language entirely and replaced it with new provisions for establishment of a 20 member Task Force on

Health Professional Licensing Modernization. Ultimately, HB 4071 did not pass, as it remained in committee upon session adjournment.

[This is provided for informational purposes only. Please note that the Board cannot answer questions about the outside bills and must not take any position. If you are interested in getting involved, you may contact your legislator and/or submit written or verbal testimony to the Legislature. Each Bill above includes a hyperlink where you can find more information on the Oregon State Legislature website.](#)

–LaRee Stashek, MHRA Policy Advisor



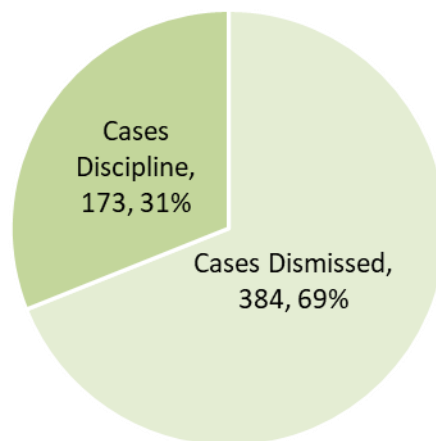
Reminder! Contact information changes are now made in the [Licensee Portal](#). Please make sure to update your email address if it changes so that you continue to receive correspondence. You can view and download your license card and receipts, update your qualified person designation, and complete your renewal via the Portal.

Investigative Case Outcomes

Below is a yearly breakdown of investigative case outcome for all cases with final decisions from 2020 to 2023.

| | 2020 | 2021 | 2022 | 2023 |
|--|------------|-------------|------------|-------------|
| Dismissal vs. Discipline | | | | |
| Cases with final decision | 88 | 144 | 118 | 207 |
| Cases Dismissed | 53 (60.2%) | 114 (79.2%) | 86 (72.9%) | 131 (63.3%) |
| Cases Discipline | 35 (39.8%) | 30 (20.8%) | 32 (27.1%) | 76 (36.7%) |
| Discipline Breakdown | | | | |
| Cases resulting in civil penalties under 250 | 8 (9.1%) | 5 (3.5%) | 6 (5.1%) | 2 (1%) |
| Cases resulting in civil penalties 250 - 999 | 1 (1.1%) | 4 (2.8%) | 3 (2.5%) | 24 (11.6%) |
| Cases resulting in civil penalties 1,000- 4,999 | 1 (1.1%) | 3 (2.1%) | 5 (4.2%) | 5 (2.4%) |
| Cases resulting in civil penalties 5,000 - 9,999 | 0 | 0 | 0 | 0 |
| Cases resulting in civil penalties 10,000 and up | 0 | 0 | 0 | 0 |
| Cases resulting in costs under 250 | 4 (4.6%) | 4 (2.8%) | 1 (.9%) | 6 (2.9%) |
| Cases resulting in costs 250 - 999 | 7 (8%) | 11 (7.6%) | 11 (9.3%) | 42 (20.3%) |
| Cases resulting in costs 1,000- 4,999 | 7 (8%) | 7 (4.9%) | 12 (10.2%) | 12 (5.8%) |
| Cases resulting in costs 5,000 - 9,999 | 3 (3.4%) | 1 (.7%) | 1 (.9%) | 7 (3.4%) |
| Cases resulting in costs 10,000 and up | 2 (2.3%) | 1 (.7%) | 1 (.9%) | 1 (.5%) |
| Revoked/Surrendered | 7* (8%) | 4* (2.8%) | 1 (.9%) | 7* (3.4%) |

Investigative Case Outcomes
2020-2023



*The volume of revoked/surrendered disciplinary actions accounts for individual licensees/registrants. Some of these individuals had more than one investigative case number that led to imposition of the sanction.

Investigative Case Outcomes, Continued

Licensure Denials Based on Criminal History – Five Year Review

The Mental Health Regulatory Agency's [2022 Diversity Study](#) recommended that the Boards compile and share data regarding licensure denials based on criminal history to monitor for potential disparate impacts and to help dispel misperceptions about Board practices.

In response to this recommendation, the Board's newly formed Education / Diversity, Equity, and Inclusion (DEI) Committee, which assumed its DEI role in June 2023, has undertaken a comprehensive review of application denial data spanning the past five years.

The results of this review affirm the Board's commitment to fairness and transparency in the licensure process. During the five-year period from 2019 to 2023, the Board received 6,461 licensure applications. Of these applications, only eight (0.124%) were denied for any reason, and only one denial (0.015%) was because of the applicant's criminal history, specifically related to sex crimes.

While some of the eight denials included misrepresentations related to criminal history, only one of the licensure denials that occurred during this five-year period was based on the criminal history itself. In this one case ([#2017-066](#)), the applicant was convicted of two felonies- Second Degree Rape and Attempted Sodomy in the First Degree- and omitted and provided misleading information to the Board regarding their criminal history. This individual did not represent an underserved racial or ethnic group. The applicant requested a contested case hearing which was held on May 21, 2019, and the administrative law judge determined that the evidence in the case supported the Board's decision to deny a license. The Final Order denying the licensure application was issued on August 21, 2019.

The Board's Education / DEI Committee looks forward to sharing more useful information like this in future newsletters.

~ Dr. Chung-Fan Ni, LPC; Lory Henry, LMFT; Dr. Tom Ayala, LPC; LaReé Stashek, MHRA Policy Advisor.

Between **2019 and 2023**, the Board denied **1 out of 6,461** licensure applications because of a criminal conviction.

Upcoming Events

May 2024

- 5/03: **Board Meeting**
- 5/17: Education & DEI Committee Meeting
- 5/27: Office Closed, Memorial Day

June 2024

- 6/19: Office Closed, Juneteenth
- 6/20: Consumer Protection Committee Meeting
- 6/21: Education & DEI Committee Meeting

July 2024

- 7/04: Office Closed, Independence Day
- 7/05: **Board Meeting**
- 7/19: Education & DEI Committee Meeting

August 2024

- 8/15: Consumer Protection Committee Meeting
- 8/16: Education & DEI Committee Meeting

September 2024

- 9/02: Office Closed, Labor Day
- 9/06: **Board Meeting**
- 9/20: Education Committee Meeting

October 2024

- 10/17: Consumer Protection Committee Meeting
- 10/18: Education & DEI Committee Meeting

Important Reminders!

The Board made various rule changes that became effective on January 1, 2024. Some highlights of these include:

Licensing Fee Reductions. As approved in the Agency 2023-25 budget (House Bill 5024), licensee [fee reductions](#) took effect on January 1, 2024.

Biennial Renewals for Licensees. License renewal frequency (LPCs and LMFTs) will change from annual to biennial (every two years). This will help reduce the paperwork burden on licensees, reduce the opportunity for late renewals and license lapses, and reduce the agency workload, helping to keep staffing costs down. Since renewals will be tied to continuing education reporting, this will reduce confusion on reporting periods. Please see our helpful [Rulemaking Q&A](#) for more information.

Registered Associate Supervision Reporting. Registrant supervision reports will move from six-month to annual reports, and will also be submitted at the conclusion of supervision. The reports will be tied to renewals, and uploaded as part of the renewal process in the Licensee Portal. We are hopeful that with less opportunity to miss submissions, there will be a lower frequency of late reports. This change also removes the requirement for the Board to deny all clinical hours when the supervision report is submitted past the due date. Please see [Registration Renewal & Supervision Reports - 2024 Information](#) for additional detail.

Professional Disclosure Statement. There are new exemptions to the PDS distribution and submission requirements for licensees and registered associates. Please see our helpful [Guidance Chart](#).

Licensees who renew on or after July 1, 2022 are subject to the new requirement for a minimum **2 clock hours of Suicide Risk Assessment, Treatment and Management** pursuant to HB 2315. Please visit the [CE Webpage](#) for more information.

The amendments to the LPC and LMFT **supervised clinical experience requirements** for licensure became effective on July 1, 2023. Please refer to the [Experience Rule Q&A](#).

The [OHA Health Care Interpreter Registry](#) contains a listing of OHA **registered interpreters** and explains the qualifications and process to become an interpreter. Questions about the requirements of [ORS 413.559](#) or [OAR 333-002-0250](#), should be directed to [OHA](#).



OBOP News is the official newsletter of the Oregon Board of Psychology and is edited by board staff. Please visit our website at [Oregon.gov/psychology](https://www.oregon.gov/psychology), email, or contact us with any comments or suggestions.

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