OREGON BOARD OF PHYSICAL THERAPY
BOARD MEETING AGENDA

October 14, 2022 8:30 am - until end of business

Meeting by web conference

Members of the public may attend this meeting remotely by registering via the link posted on our website at: https://www.oregon.gov/pt/Pages/meetings.aspx

I Call to Order -- Public Session

A Board Motions - *Board actions as result of Executive Session.*

B Consent Agenda Items – *These items are being presented as a consent agenda; the Board members review the consent agenda items ahead of the meeting and will adopt the items as a single motion unless specific items are flagged for discussion and/or individual motion.*

1 Board Meeting Minutes, Draft—July 28/29, 2022.
2 Ratification of PT/PTA Licenses & Temp Permits issued July 20th, 2022 – September 30th, 2022.
3 Executive Director's Report for October 2022.
4 2023-2025 **Draft** Agency Affirmative Action Statement.
5 Presentation to House Interim Health Care Committee—09/21/2022.

C Public Comments

The Board welcomes public comments. At this point in the meeting, the Board Chair will ask if anyone attending would like to make comment—speakers will be asked to identify themselves for the record when speaking.

D Board Member/Committee/Delegate Reports

1 PT Compact Commission and FSBPT Delegate Updates
2 Board Appointments; Recognition of Service
3 Strategic Plan Progress Review
4 Open Roundtable

E Board General Discussion & Action Items

1 Review and Discussion of 2022 Renewals—*Staff will present a follow up report on the data analysis of the 2022 renewal period.*

2 OAR Division 35 Rulemaking—*Review of public comment and possible adoption of proposed rule amendments.*

3 Initiate Rulemaking relating to implementation of HB 2359 (2021) *—The Board will consider initiating both temporary and permanent rulemaking for the adoption of rules relating to use of health care interpreters due to changes in statute.*

4 2023 Board Meeting Calendar—*The Board will establish meeting schedule for 2023.*

F Other Business

II Adjournment

This proposed agenda subject to last minute changes without prior notice. A request for an interpreter or other accommodations for persons with disabilities should be made at least 48 hours before the meeting to 971-673-0200 or physical.therapy@oregon.gov

Oregon Board of Physical Therapy
Board Meeting Minutes
July 28 and July 29, 2022
DRAFT

Thursday, July 28, 2022:

Board Members Present: Phil Haworth, PT, Chair; Erica Shanahan, PTA, Vice Chair; Aubree Benson, PT; Sandra Hahn; Hoku Okumura, PT; Susan Reynolds, PT.

Board Members Absent: Becca Reisch, PT, PhD, excused. Andrea Muzikant left meeting at 6:49 PM.

Staff: Michelle Sigmund-Gaines, Executive Director; Sherri Paru, PT, Clinical Advisor/Investigator; Gayla Goodwin, Licensing Coordinator, Sarah Casey, Operations and Project Analyst.

Legal Counsel: Angie Hunt, AAG.

PUBLIC (OPEN) SESSION
Chair Haworth convened the Board into Public Session at 4:35 PM for the purpose of roll call. No members of the public were present.

EXECUTIVE (CLOSED) SESSION
After roll call, the meeting was convened into Executive Session at 4:37 PM pursuant to ORS 192.660(2)(f) and ORS 192.660(2)(L).

At 8:19 PM, Chair Haworth adjourned Executive Session.

Friday, July 29, 2022:

PUBLIC (OPEN) SESSION
Chair Haworth convened the Board into Public Session at 8:42 AM.

Board Members Present: Phil Haworth, PT, Chair; Erica Shanahan, PTA, Vice Chair; Aubree Benson, PT; Sandra Hahn; Hoku Okumura, PT; Susan Reynolds, PT.

Board Members Absent: Becca Reisch, PT, PhD excused, Andrea Muzikant, excused.

Staff: Michelle Sigmund-Gaines, Executive Director; Sherri Paru, PT, Clinical Advisor/Investigator; Gayla Goodwin, Licensing Coordinator, Sarah Casey, Operations and Project Analyst.

Legal Counsel: Angie Hunt, AAG.

Members of the Public Present (in person or via web conference): Michael Rennick, PT; Ruggiero (Ruggie) Canizares, PT; Diana Godwin, Prenda Sidebeh.

Chair Haworth recognized new Board member Susan Reynolds, PT, appointed 6/10/2022. Everyone introduced themselves.

Board Motions:

Case PT 757-05/22
Motion by Member Shanahan of finding of sufficient evidence of violation of ORS 688.140(2)(a) and (i) and OAR 848-045-0020(2)(g)(h) and (i).
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 743-03/22
Motion by Member Shanahan to close case.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 767-06/22
Motion by Member Shanahan of finding of sufficient evidence of violation of ORS 688.140(2)(a) and OAR 848-045-0020(2)(s).
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 762-06/22
Motion by Member Shanahan to issue license.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 769-07/22
Motion by Member Shanahan to issue license with a finding of sufficient evidence of violation of ORS 688.140(2)(a)(j) and OAR 848-045-0020(2)(b).
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 763-06/22
Motion by Member Shanahan to issue license.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 764-06/22
Motion by Member Shanahan to issue license.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 773-07/22
Motion by Member Shanahan to issue license.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 768-06/22
Motion by Member Shanahan to issue license.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 728-09/21
Motion by Member Shanahan of finding of sufficient evidence of violation of ORS 688.140(2)(a) and (j) and OAR 848-045-0020(2)(b)(c).
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 765-06/22
Motion by Member Shanahan to close case.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 766-06/22
Motion by Member Shanahan to close case.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

Case PT 774-07/22
Motion by Member Shanahan to close case.
Motion seconded by Member Hahn.
Motion passed unanimously by a vote of 6-0.

For the record, the Board reviewed Agency case PT 749-03/22 and took no action.
For the record, the Board reviewed Agency case PT 208-03/06 and took no action.

Consent Agenda Items
The following items were presented as a consent agenda. Board members reviewed the items prior to the meeting.

1. Board Meeting Minutes, Draft for April 21 and 22, 2022 and June 2, 2022.
2. Ratification of PT/PTA Licenses & Temporary Permits issued April 19, 2022 – July 19, 2022.
3. Executive Director's Report for July 2022.
4. 2021-22 Fiscal Year Budget to Actuals Report.

Director Sigmund-Gaines provided an overview of the items on the consent agenda. With no questions or comments, Member Shanahan moved to approve the consent agenda items as written. Member Hahn seconded the motion. Motion passed unanimously by a vote of 6-0.

Public Comments:
None.

Board Member/Committee/Delegate Reports

PT Compact Commission Report and FSBPT Delegate Report:
Director Sigmund-Gaines explained that previously elected Member Reisch was unable to accept the position of FSBPT Alternate Delegate. Member Benson moved to elect Vice Chair Shanahan as the FSBPT Alternate Delegate. Member Hahn seconded the motion. Motion passed unanimously by a vote of 6-0.

FSBPT Leadership Issues Forum Report:
Chair Haworth and Director Sigmund-Gaines reported on the FSBPT LIF (Leadership Issues Forum). The forum brings together delegates and board administrators from each jurisdiction and serves as a platform to share ideas, problem solve and network. Delegates had the opportunity to meet the candidates for the upcoming election for the FSBPT Board. Members were encouraged to review candidate statements and to relay any questions or recommendations for Oregon's vote to our delegates. Director Sigmund-Gaines and Chair Haworth shared information on the various topics discussed at the meeting.

Trauma Informed Sexual Misconduct Investigations Training Report:
Training was coordinated by the Oregon Medical Board, who opened it up to other professional Boards to co-sponsor and attend. Director Sigmund-Gaines, and Members Hahn and Shanahan attended. All provided insights from the training. Members continued with discussion about Trauma informed care, boundaries, and prevention and requested follow up at future meetings.

Strategic Plan Progress Review
Director Sigmund-Gaines provided an update on strategic plan progress. It was suggested that we start using the term Educational Pathway rather than Educational Pipeline for that strategic initiative. The OHA (Oregon Health Authority) is experiencing a backlog due to staffing turnover which has delayed data collection. The committee will pick back up work in the Fall. Director Sigmund-Gaines also noted that we are still waiting to hear from OBMI (Oregon Board of Medical Imaging) regarding imaging questions posed in January. The Board then reviewed the planning document to determine if anything should be modified or added. No major items were added. The revised document with minor updates will be presented at the next meeting.

Board General Discussion and Action Items

OAR 848 Div-35 Rulemaking Continuing Competence
Director Sigmund-Gaines reviewed committee recommendations and proposed changes to Div-35 rules. Topics included: online exam requirements, synchronous versus asynchronous, online versus in-person, carry-over of credits to the next renewal, hardship waiver deadline, and course eligibility for workplace trainings and adjunct faculty. Committee will be meeting in the future.
Member Shanahan moved to direct staff to work with Rule Advisory Committee to finalize proposed changes and delegate authority to initiate the public administrative rulemaking process related to OAR 848 Division 35. Member Hahn seconded the motion. Motion passed unanimously by a vote of 6-0.

Re-Entry to Practice
The Board is seeing an increase in therapists wanting to renew their license after taking a period of time away from practice. These individuals have not held a current license and have not practiced for 5 years or more. Director Sigmund-Gaines explained the challenges with our current rule. The FSBPT has recently formed a committee looking into the Re-Entry of practice. It was suggested to defer this item to allow time to review the research coming out of the committee.

Applicants from Non-CAPTE Accredited Programs
Director Sigmund-Gaines reviewed current requirements for Non-CAPTE Accredited graduates for both exam and endorsement applicants. They noted that requirements vary across the jurisdictions and recommended the Board form a RAC to address the rules.
Member Shanahan moved to form a rules advisory committee to review and make recommendations related to applicants who are graduates of non-CAPTE accredited educational programs. Member Hahn seconded the motion. Motion passed unanimously by a vote of 6-0.
Chair Haworth asked Ruggie Canizares, PT to chair the Rules Advisory Committee, who agreed to do so.

Other Business
None.

Recognition of Service:
Director Sigmund-Gaines and Chair Haworth presented Sherri Paru with an award celebrating 20 years of service as the Board Investigator/Clinical Advisor.

Chair Haworth presented a certificate of appreciation to Member Alan McAvoy for his 8 years of service as Board Member and Board Vice-Chair.

Meeting Adjourned at 12:16 PM.

Oregon Board of Physical Therapy

Ratification Report: Licenses Temporary Permits Issued 7/20/2022 - 9/30/2022

License Number	First Name	Last Name	License Status	License Type	Initial Registration Date	License Effective Date	License Method
3328	Colleen	McElhenny	Active	PT	11/12/1996	8/2/2022	Exam
3949	Jolene	Faught	Active	PT	2/2/2000	8/16/2022	Endorsement
8434	Laura	Van Fleet	Active	PTA	7/24/2006	9/16/2022	Exam
5697	Ryan	Nall	Active	PT	6/23/2008	7/25/2022	Endorsement
8873	Susan	Williams	Active	PTA	8/29/2012	8/31/2022	Endorsement
60634	Sarah	Williams	Active	PT	6/2/2014	7/29/2022	Endorsement
60813	Tyler	Patrick	Active	PT	10/2/2014	7/20/2022	Endorsement
61449	Bryan	Kwon	Active	PT	11/4/2015	7/27/2022	Exam
61775	Susan	Connell	Active	PT	6/20/2016	7/26/2022	Endorsement
9493	Elizabeth	Black	Active	PTA	5/31/2017	9/6/2022	Endorsement
62448	Trevin	Fritschka	Active	PT	8/1/2017	8/18/2022	Endorsement
62620	Anna	Knorr	Active	PT	2/5/2018	8/16/2022	Exam
62807	Chelsey	Hoglund	Active	PT	5/30/2018	8/30/2022	Exam
62842	Dorsey	Williams Iii	Active	PT	6/18/2018	9/28/2022	Endorsement
62881	Laura	Goll	Active	PT	7/19/2018	9/26/2022	Endorsement
62932	Christine	Huxley	Active	PT	8/2/2018	8/9/2022	Endorsement
9672	Sativa	Braddock	Active	PTA	10/11/2018	9/14/2022	Exam
9912	Lisa	Armstrong	Active	PTA	10/12/2020	8/19/2022	Endorsement
64469	Jaime	Ball	Active	PT	5/2/2022	8/4/2022	Exam
64497	Ami	Hanks	Active	PT	5/16/2022	8/4/2022	Exam
64518	Michaela	Corbitt	Active	PT	5/24/2022	8/4/2022	Exam
64524	Nam	Tran	Active	PT	5/25/2022	8/4/2022	Exam
64551	Patrick	Arville	Active	PT	6/2/2022	8/4/2022	Exam
64552	Hanna	Pedego	Active	PT	6/3/2022	8/4/2022	Exam
64564	Tiffany	Robertson	Active	PT	6/9/2022	8/4/2022	Exam
64574	John	Bohard	Active	PT	6/16/2022	8/4/2022	Exam
64583	Dustin	Nading	Active	PT	6/23/2022	8/4/2022	Exam
64593	Nicole	Holm	Active	PT	7/6/2022	8/4/2022	Exam
64606	Aliaa	Bekhit	Active	PT	7/20/2022	7/20/2022	Exam
10105	Rhiannon	Isaacson-Booker	Active	PTA	7/20/2022	7/20/2022	Exam
64607	Gina	Gaustad	Active	PT	7/21/2022	7/21/2022	Endorsement
64608	Taylor	Doeden	Active	PT	7/21/2022	7/21/2022	Endorsement
64609	Tori	Kieler	Active	PT	7/22/2022	7/22/2022	Endorsement
64610	Stacey	Henderson	Active	PT	7/25/2022	7/25/2022	Endorsement
64611	Anthony	Barnes	Active	PT	7/25/2022	7/25/2022	Endorsement
64612	Jessica	Wyker	Active	PT	7/25/2022	7/25/2022	Endorsement
10106	Kelsey	Tierney	Active	PTA	7/26/2022	7/26/2022	Endorsement
64613	Doug	Sarver	Active	PT	7/29/2022	7/29/2022	Endorsement
10107	Diane	Sampson	Active	PTA	7/29/2022	7/29/2022	Endorsement
64615	Joseph	Indrieri	Active	PT	7/29/2022	7/29/2022	Endorsement
64614	Anthony	Agostini	Active	PT	7/29/2022	8/4/2022	Exam
10108	Tim	Turk	Active	PTA	8/1/2022	8/1/2022	Exam
64616	Sarah	Kotel	Active	PT	8/1/2022	8/1/2022	Exam
64617	Theresa	Weber	Active	PT	8/1/2022	8/1/2022	Endorsement
64618	Allison	Guerin	Active	PT	8/2/2022	8/2/2022	Endorsement
64623	Sean	Studer	Active	PT	8/4/2022	8/4/2022	Exam
64630	Amy	Hope	Active	PT	8/4/2022	8/4/2022	Exam

64619	Luke	Munizza	Active	PT	8/4/2022	8/4/2022	Endorsement
64627	Kordell	McPherson	Active	PT	8/4/2022	8/4/2022	Exam
64626	Timothy	Quinlan	Active	PT	8/4/2022	8/4/2022	Endorsement
64622	Alyson	Galler	Active	PT	8/4/2022	8/4/2022	Exam
64632	Alison	Yang	Active	PT	8/4/2022	8/4/2022	Exam
64620	Christopher	Choi	Active	PT	8/4/2022	8/4/2022	Exam
64633	Alanna	Orlando	Active	PT	8/4/2022	8/4/2022	Exam
64625	Haley	Evashenk	Active	PT	8/4/2022	8/4/2022	Exam
64634	Peibei	Li	Active	PT	8/4/2022	8/4/2022	Exam
64629	Megan	Oleson	Active	PT	8/4/2022	8/4/2022	Exam
10109	Joseph	Guerin	Active	PTA	8/4/2022	8/4/2022	Endorsement
64628	Caitlyn	Nelson	Active	PT	8/4/2022	8/4/2022	Exam
64631	Sydney	Finnegan	Active	PT	8/4/2022	8/4/2022	Exam
64624	Arianne Daphne	Rosca	Active	PT	8/4/2022	8/4/2022	Endorsement
64621	Tran	Nguyen	Active	PT	8/4/2022	8/4/2022	Exam
64636	Carolyn	Grimm	Active	PT	8/5/2022	8/5/2022	Exam
64635	Lillie	Koehler	Active	PT	8/5/2022	8/5/2022	Exam
64637	Annette	Bassetti	Active	PT	8/5/2022	8/5/2022	Exam
64639	Patrick	Jansa	Active	PT	8/8/2022	8/8/2022	Endorsement
64638	Ann	Graziano	Active	PT	8/8/2022	8/8/2022	Exam
64640	Shane	Snyder	Active	PT	8/8/2022	8/8/2022	Endorsement
64642	Rebecca	Wymer	Active	PT	8/9/2022	8/9/2022	Exam
64644	Thomas	Bertoni	Active	PT	8/9/2022	8/9/2022	Endorsement
64643	Kristen	Curtis	Active	PT	8/9/2022	8/9/2022	Endorsement
64645	Alysse	Charlesworth	Active	PT	8/9/2022	8/9/2022	Exam
64641	Ann	Eckel	Temp - MS	PT	8/9/2022	8/9/2022	Endorsement
64649	Daniel	Vodzak	Active	PT	8/10/2022	8/10/2022	Exam
64646	Talita	Pessoa	Active	PT	8/10/2022	8/10/2022	Exam
64647	Jamie	Sugai	Active	PT	8/10/2022	8/10/2022	Exam
64651	Karen	Fan	Active	PT	8/10/2022	8/10/2022	Exam
64648	Lisa	Gonzalez	Temp	PT	8/10/2022	8/10/2022	Exam
64650	Hollie	Brown	Active	PT	8/10/2022	8/10/2022	Exam
64655	Kendra	Woodson	Active	PT	8/11/2022	8/11/2022	Exam
64656	Nevin	Masri	Active	PT	8/11/2022	8/11/2022	Exam
10110	Audrey	Bennett	Active	PTA	8/11/2022	8/11/2022	Endorsement
64653	Maggie	Brown	Active	PT	8/11/2022	8/11/2022	Endorsement
64654	Erin	Rowland	Active	PT	8/11/2022	8/11/2022	Exam
64652	Sara	Duran	Temp	PT	8/11/2022	8/11/2022	Exam
64658	Melanie	Thierfelder	Active	PT	8/12/2022	8/12/2022	Endorsement
64659	Cameron	Allen	Active	PT	8/12/2022	8/12/2022	Exam
64657	Sarah	Jones	Active	PT	8/12/2022	8/12/2022	Exam
64663	Jennifer	Crane	Active	PT	8/15/2022	8/15/2022	Endorsement
64660	Thomas	Rigby	Active	PT	8/15/2022	8/15/2022	Exam
64664	Megan	Amneus	Active	PT	8/15/2022	8/15/2022	Exam
64662	Elizabeth	Macksey	Active	PT	8/15/2022	8/15/2022	Endorsement
64661	Charles Reuben	Villero	Active	PT	8/15/2022	8/15/2022	Endorsement
10111	Jillian	Goldstein	Active	PTA	8/16/2022	8/16/2022	Endorsement
10112	Nichole	Sappe	Active	PTA	8/16/2022	8/16/2022	Endorsement
64669	Isaac	Schraad	Active	PT	8/16/2022	8/16/2022	Exam
64667	Anthony	Ventura	Active	PT	8/16/2022	8/16/2022	Endorsement

Ratification Report: Licenses Temporary Permits Issued 7/20/2022 - 9/30/2022

64668	George	Rear	Active	PT	8/16/2022	8/16/2022	Exam
64666	Erika	Simburger	Active	PT	8/16/2022	8/16/2022	Exam
64665	Ryan	McAllister	Probation	PT	8/16/2022	8/16/2022	Endorsement
64670	Hannah	George	Active	PT	8/17/2022	8/17/2022	Exam
64672	Hannah	Seely	Active	PT	8/17/2022	8/17/2022	Endorsement
64671	Natalie	Keefe	Active	PT	8/17/2022	8/17/2022	Endorsement
64673	Joshua	Todd	Active	PT	8/18/2022	8/18/2022	Exam
64674	Matthew	Hanley	Active	PT	8/22/2022	8/22/2022	Endorsement
64676	Mary	Gilmore	Active	PT	8/22/2022	8/22/2022	Endorsement
64675	Matthew	Haglund	Temp	PT	8/22/2022	8/22/2022	Exam
64677	Kayla	Lazaro	Active	PT	8/23/2022	8/23/2022	Endorsement
64678	Jacob	Hodges	Active	PT	8/23/2022	8/23/2022	Exam
64679	Taylor	Carman	Active	PT	8/23/2022	8/23/2022	Exam
10113	Ian	Cone	Active	PTA	8/24/2022	8/24/2022	Endorsement
64680	Richard	Mraz	Active	PT	8/24/2022	8/24/2022	Endorsement
64682	Sara	Peterson	Active	PT	8/24/2022	8/24/2022	Endorsement
64681	Leah	Thomas	Active	PT	8/24/2022	8/24/2022	Endorsement
64684	Bryce	Downen	Active	PT	8/25/2022	8/25/2022	Endorsement
64685	Dylan	Lodowski	Active	PT	8/25/2022	8/25/2022	Endorsement
64683	Alana	Durand	Active	PT	8/25/2022	8/25/2022	Endorsement
64688	Marie	Long	Active	PT	8/26/2022	8/26/2022	Endorsement
64686	Benjamin	Miscavage	Active	PT	8/26/2022	8/26/2022	Exam
64687	Annika	Hayman	Active	PT	8/26/2022	8/26/2022	Endorsement
64689	Juliana	Brotzman	Active	PT	8/26/2022	8/26/2022	Endorsement
64690	Amy	Tsoumas	Active	PT	8/29/2022	8/29/2022	Endorsement
64691	Katrina	Tan	Active	PT	8/29/2022	8/29/2022	Endorsement
64693	Kari	Lindegren	Active	PT	8/31/2022	8/31/2022	Endorsement
64695	Katelyn	Hughes	Active	PT	8/31/2022	8/31/2022	Endorsement
64692	Andrew	Lake	Temp	PT	8/31/2022	8/31/2022	Exam
64694	Kiana	Ramirez	Active	PT	8/31/2022	8/31/2022	Endorsement
64698	Paul	Erlebach	Active	PT	9/6/2022	9/6/2022	Endorsement
64697	Sameen	Husain	Active	PT	9/6/2022	9/6/2022	Endorsement
64696	Megan	Quan	Active	PT	9/6/2022	9/6/2022	Exam
10114	Ann	McAdams	Active	PTA	9/7/2022	9/7/2022	Endorsement
64699	Katie	Kayser	Active	PT	9/7/2022	9/7/2022	Endorsement
64701	Jennifer	Ivey	Active	PT	9/7/2022	9/7/2022	Endorsement
64700	Sarah	Zamora	Active	PT	9/7/2022	9/7/2022	Exam
10115	Randy	Jailani	Active	PTA	9/8/2022	9/8/2022	Endorsement
64703	Elizabeth	Sitterley	Active	PT	9/12/2022	9/12/2022	Endorsement
64702	David	Dalzell	Active	PT	9/12/2022	9/12/2022	Exam
10116	Jeremy	Jones	Active	PTA	9/12/2022	9/12/2022	Endorsement
64704	Michaela	Hauer	Active	PT	9/13/2022	9/13/2022	Endorsement
64705	Helen	Carey	Active	PT	9/13/2022	9/13/2022	Endorsement
10117	Allison	Lindsey	Active	PTA	9/14/2022	9/14/2022	Endorsement
64706	Karen	Bienenstock	Active	PT	9/15/2022	9/15/2022	Endorsement
64707	Kristen	Harvey	Active	PT	9/15/2022	9/15/2022	Endorsement
64708	Dana	Kernan	Active	PT	9/15/2022	9/15/2022	Endorsement
10118	Elizabeth	Tucker	Active	PTA	9/16/2022	9/16/2022	Endorsement
64709	James	Ablang	Active	PT	9/16/2022	9/16/2022	Exam
64710	Cerise	Witherby	Active	PT	9/16/2022	9/16/2022	Exam

Oregon Board of Physical Therapy

Ratification Report: Licenses Temporary Permits Issued 7/20/2022 - 9/30/2022

64713	Thalia	Brenan	Active	PT	9/19/2022	9/19/2022	Exam
10119	Ellen	Ferrenburg	Active	PTA	9/19/2022	9/19/2022	Endorsement
64711	Lauren	Petrisin	Active	PT	9/19/2022	9/19/2022	Endorsement
64712	Amber	Korb	Active	PT	9/19/2022	9/19/2022	Endorsement
64714	Allison	Hildreth	Active	PT	9/22/2022	9/22/2022	Endorsement
64715	Joshua	Lizar	Active	PT	9/27/2022	9/27/2022	Endorsement
64716	Landon	Peterson	Active	PT	9/28/2022	9/28/2022	Endorsement

Count Row Labels	Endorsement	Exam	Grand Total
PT	**68**	**66**	**134**
Active	66	62	128
Probation	1		1
Temp		4	4
Temp - MS	1		1
PTA	**16**	**4**	**20**
Active	16	4	20
Grand Total	**84**	**70**	**154**

EXECUTIVE DIRECTOR'S REPORT

OCTOBER 2022 | FOR THE PERIOD 7/20/2022 – 09/30/2022

21-23 BIENNIUM BUDGET VS. ACTUAL PERFORMANCE

Actuals to Budget for period **(July 2021-Sept 2022).**

	Jul '21 –Sept '22	Budget (to date)	$ Variance	% of Budget (to date)
Income	$ 1,475,176.38	$ 1,495,935.04	$ -20,758.66	98.6%
Expense	$ 935,887.78	$ 1,088,490.57	$ -152,602.79	86.0%

Income–Overall income is now just under budget by 1.4% (previously by 2.3%).

Expenses –Expenses continue to trend below projections, offsetting lower than budgeted income. .

ATTACHED FINANCIAL REPORTS

- July 2021-Sept 2022 Profit and Loss Budget Vs. Actual

LICENSE COUNTS BY STATUS AS OF SEPTEMBER 30, 2022

License Status	PT	PTA	TOTAL
Active	4,969	1,173	6,142
Restricted	1	1	2
Probation	2	0	0
Suspended	3	0	3
Total Licensed	**4,975**	**1,174**	**6,149**
Net change since last	+128	+20	+148

License Status	PT	PTA	TOTAL
Lapsed (five or fewer years)	2,300	782	3,082
Change since last	(9)	(5)	(14)
Expired (more than five years)	4,129	1,223	5,352
	(4)	(0)	(4)
Total Previously Licensed	**6,429**	**2,005**	**8,434**

Temp Permit	4	0	4
Temp-Military Spouse	2	0	2

Applications *Submitted* by Type 7/20/2022-09/30/2022	PT	PTA	TOTAL
Exam	38	4	42
Endorsement	63	10	73
TOTAL	**101**	**14**	**115**

EDUCATION & OUTREACH ACTIVITIES - Between 7/20/2022 AND 9/30/2022

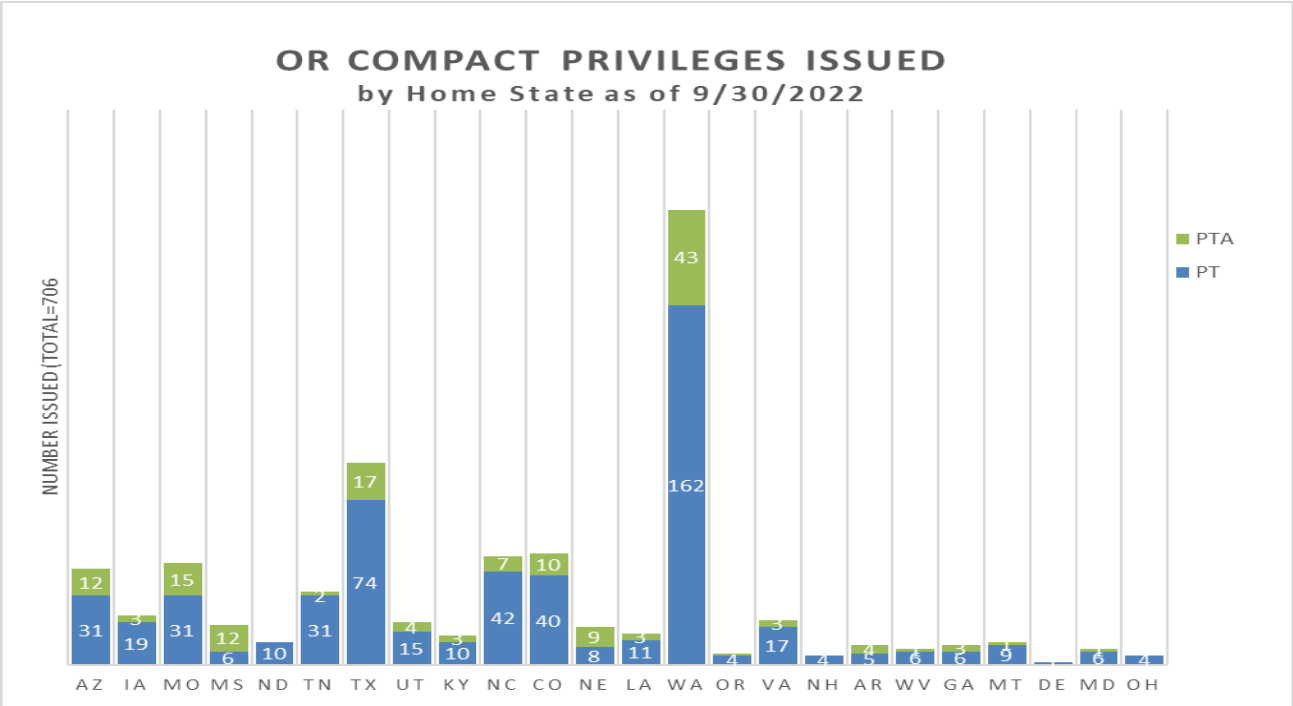
08/24/2022 – Preliminary Planning Meeting with Non-CAPTE Rule Advisory Committee Chair

09/12/2022 – Educational Pathway Workgroup Meeting

09/21/2022 – Invited testimony to Interim House Health Care Committee on Workforce; Chair Haworth & Sigmund-Gaines.

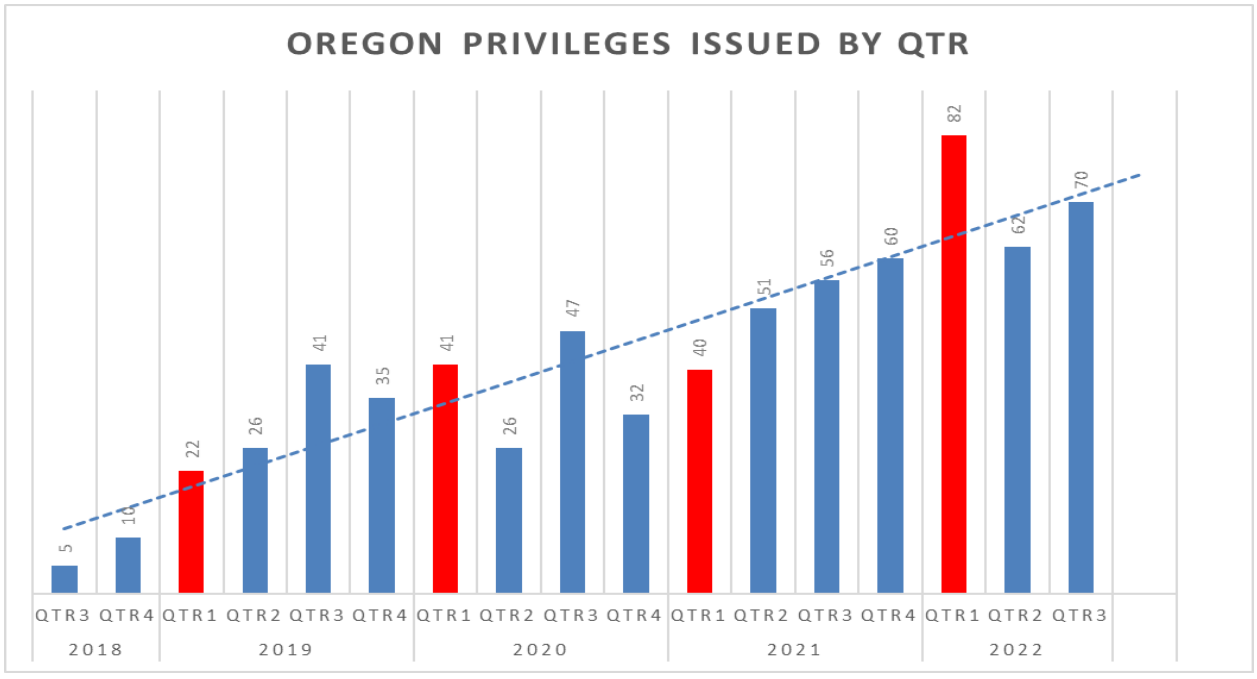
09/24/2022- Prepared short presentation for APTA fall business meeting- info delivered by Jeremy Hilliard; Paru

PT COMPACT OREGON PRIVILEGE HOLDERS – AS OF SEP 30, 2022



Oregon Privileges Issued	AZ	IA	MO	MS	ND	TN	TX	UT	KY	NC	CO	NE	LA	WA	OR	VA	NH	AR	WV	GA	MT	DE	MD	OH	Grand Total
Initial	31	19	39	13	9	29	84	18	12	40	47	13	12	139	5	20	4	9	5	8	8	1	6	4	575
Renewal	12	3	7	5	1	4	7	1	1	9	3	4	2	66					2	1	2		1		131
Grand Total	**43**	**22**	**46**	**18**	**10**	**33**	**91**	**19**	**13**	**49**	**50**	**17**	**14**	**205**	**5**	**20**	**4**	**9**	**7**	**9**	**10**	**1**	**7**	**4**	**706**

NOTES: Cumulative total since Oregon began issuing privileges. Oregon privileges have been purchased in 24 of the currently issuing 25 states (none currently from OK). WI begins issuing 10/3/2022, bringing total states to 26.



NOTES: 2019 total 124 privileges; 2020 total 146; 2021 total 207. 2022 has total of 214 through Sept 30th.

INVESTIGATIONS: OPEN CASES & AGING REPORT

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OBPT Open Cases & Complaint Aging

15	Total Open Cases
8	Presenting to Board October 2022 Meeting
2	*Post Board Meeting (Notice/Hearing Process)*
5	Remaining Open Cases

Complaint Aging (date of complaint thru presentation to Board)

1	Case(s) currently over four months (120 days)
3	Additional case(s) will be over four months (120 days) by Dec 2022 meeting
1	Case(s) that will be under four months (120 days) by Dec 2022 meeting
5	Total

Based on case tracking status on 10/6/2022.

NOTE: Approval of the Executive Director's Report will also authorize extension(s) of investigation period for case reporting to the Board under ORS 676.165 where case(s) will exceed 120 days based on the date of the next available scheduled meeting

UPCOMING ADMINSTRATIVE ACTIVITIES

Information Technology:

- FSBPT API Integration and Data Clean Up Efforts (Oct – Nov).
- Cybersecurity Assessment as required under ORS 276A.203(4)(g), ORS 276A.300(3) and 276A.306(3); they are a shared responsibility of EIS/CSS and executive branch agencies, boards, and commissions (Oct – Dec).

Budget & Financial:

- 2023-2025 Preliminary Budget Development (Oct – Jan).

Legislative:

- Workgroup participation on bill development for "expanding occupational licensing for people with criminal histories" (prior concept SB1512(2021)); Senator Dembrow and Council for State Governments.
- December Legislative Days – Dec 7-9
- 2023 Legislative Session expected to start mid-January.

Administrative Rulemaking | Rule Advisory Committees:

- Non-CAPTE Graduates RAC (Dec—June)
- Anticipated Initial rulemaking activities
  - Healthcare Interpreters (Oct – Dec)
  - Physical Therapy Compact Commission Updated Rules (Oct – Dec)
  - Preparation of other possible OAR amendments for Board consideration in Dec/Jan

Education & Outreach:

- FSBPT Annual Meeting Presentations (Oct)
- Educational Pathway Workgroup (Nov-Dec)

Oregon Board of Physical Therapy
Profit & Loss Budget vs. Actual
July 2021 through September 2022

	Jul '21 - Sep 22	Budget	$ Over Budget	% of Budget
Ordinary Income/Expe...				
Income	1,475,176.38	1,495,935.04	-20,758.66	98.6%
Gross Profit	1,475,176.38	1,495,935.04	-20,758.66	98.6%
Expense	935,887.78	1,088,490.57	-152,602.79	86.0%
Net Ordinary Income	539,288.60	407,444.47	131,844.13	132.4%
Net Income	539,288.60	407,444.47	131,844.13	132.4%

Oregon Board of Physical Therapy
Profit & Loss Budget vs. Actual
July 2021 through September 2022

	Jul '21 - Sep 22	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
4000 · Income				
4100 · Physical Therapists				
4132 · PT Renewal Ver & Proc Fees	116,400.00	258,823.53	-142,423.53	45.0%
4112 · PT App Ver & Proc Fees	33,642.00	32,963.25	678.75	102.1%
4126 · PT Temp Mil SP/DP	198.00			
4110 · PT Exam Applications	45,872.00	35,145.00	10,727.00	130.5%
4120 · PT Endorsement Applications	62,349.00	62,103.00	246.00	100.4%
4125 · PT Temporary Permits	1,600.00	1,170.00	430.00	136.8%
4130 · PT Renewals	933,230.00	833,404.00	99,826.00	112.0%
4140 · PT Delinquent Renewals	2,400.00	2,603.00	-203.00	92.2%
4150 · PT Duplicate Licenses	0.00	0.00	0.00	0.0%
4170 · PT Civil Penalties	2,500.00	1,300.00	1,200.00	192.3%
Total 4100 · Physical Therapists	1,198,191.00	1,227,511.78	-29,320.78	97.6%
4200 · Physical Therapist Assistants				
4232 · PTA Renewal Ver & Proc Fees	25,254.00	50,427.27	-25,173.27	50.1%
4212 · PTA App Ver & Proc Fees	7,875.00	6,710.55	1,164.45	117.4%
4227 · PTA Temp-EOBED	0.00	0.00	0.00	0.0%
4210 · PTA Exam Applications	15,376.00	11,700.00	3,676.00	131.4%
4220 · PTA Endorse Applications	12,179.00	10,403.00	1,776.00	117.1%
4225 · PTA Temporary Permits	500.00	0.00	500.00	100.0%
4230 · PTA Renewals	143,830.00	134,363.00	9,467.00	107.0%
4240 · PTA Delinquent Renewals	1,050.00	907.00	143.00	115.8%
4250 · PTA Duplicate Licenses	0.00	0.00	0.00	0.0%
4270 · PTA Civil Penalties	1,172.50	0.00	1,172.50	100.0%
Total 4200 · Physical Therapist Assistants	207,236.50	214,510.82	-7,274.32	96.6%
4300 · PT & PTA Combined				
4360 · OHA Workforce Data Survey ...	23,016.00	23,514.44	-498.44	97.9%
4350 · PT Compact Fees	16,272.00	12,503.00	3,769.00	130.1%
4330 · PTand/or PTA Mailing Diskette	7,800.00	5,197.00	2,603.00	150.1%
Total 4300 · PT & PTA Combined	47,088.00	41,214.44	5,873.56	114.3%
4400 · PT/PTA License Verification Fee	15,700.00	12,503.00	3,197.00	125.6%
4500 · Miscellaneous Income	6,872.07	195.00	6,677.07	3,524.1%
4900 · Bank Interest Income	88.81	0.00	88.81	100.0%
Total 4000 · Income	1,475,176.38	1,495,935.04	-20,758.66	98.6%
Total Income	1,475,176.38	1,495,935.04	-20,758.66	98.6%
Gross Profit	1,475,176.38	1,495,935.04	-20,758.66	98.6%
Expense				
5100 · Payroll Costs	698,594.27	730,684.57	-32,090.30	95.6%

Oregon Board of Physical Therapy
Profit & Loss Budget vs. Actual
July 2021 through September 2022

	Jul '21 - Sep 22	Budget	$ Over Budget	% of Budget
5600 · Travel Costs				
5610 · Instate Travel				
5612 · Lodging	1,000.25	3,750.00	-2,749.75	26.7%
5614 · Airfare/Mileage	959.35	5,003.00	-4,043.65	19.2%
5616 · Meals	243.34	2,497.00	-2,253.66	9.7%
5618 · OtherTravel Costs	0.00	622.00	-622.00	0.0%
Total 5610 · Instate Travel	2,202.94	11,872.00	-9,669.06	18.6%
5620 · Out of State Travel				
5622 · Lodging	0.00	6,247.00	-6,247.00	0.0%
5624 · Airfare/Mileage	0.00	6,000.00	-6,000.00	0.0%
5626 · Meals	0.00	2,497.00	-2,497.00	0.0%
5628 · Other Travel Costs	38.00	0.00	38.00	100.0%
Total 5620 · Out of State Travel	38.00	14,744.00	-14,706.00	0.3%
Total 5600 · Travel Costs	2,240.94	26,616.00	-24,375.06	8.4%
6100 · General Office Expenses				
6110 · Copier	493.71	1,200.00	-706.29	41.1%
6120 · Printing/Copying	75.30	4,097.00	-4,021.70	1.8%
6140 · Office Supplies	1,912.55	2,653.00	-740.45	72.1%
6145 · Other	467.79	5,533.00	-5,065.21	8.5%
6150 · Board Meeting Expenses	1,260.35	1,500.00	-239.65	84.0%
6155 · Parking Validation Stickers	0.00	2,058.00	-2,058.00	0.0%
6180 · Telecommunications	8,158.08	9,247.00	-1,088.92	88.2%
6185 · Bank Charges/Fees	1,459.60	5,003.00	-3,543.40	29.2%
6186 · Liability Insurance (Risk Mgmt)	34,663.00	17,500.00	17,163.00	198.1%
Total 6100 · General Office Expenses	48,490.38	48,791.00	-300.62	99.4%
6190 · Dues and Subscriptions	2,324.00	12,503.00	-10,179.00	18.6%
6200 · Postage	408.64	2,497.00	-2,088.36	16.4%
6300 · Publications	0.00	397.00	-397.00	0.0%
6400 · Contracted Services				
6405 · Merchant Account Fees	39,411.15	33,500.00	5,911.15	117.6%
6410 · Investigators	0.00	1,875.00	-1,875.00	0.0%
6420 · Computer Support	1,545.90	30,000.00	-28,454.10	5.2%
6430 · Attorney General-Legal Counsel	33,558.60	50,003.00	-16,444.40	67.1%
6440 · Audit Charges	8,500.00	9,247.00	-747.00	91.9%
6450 · Accountant / CPA	0.00	622.00	-622.00	0.0%
6460 · Payroll Service Charges	3,349.06	3,750.00	-400.94	89.3%
6470 · Payroll Expenses	178.77			
6490 · DAS Charges (Miscellaneous)	0.00	2,165.00	-2,165.00	0.0%

Oregon Board of Physical Therapy
Profit & Loss Budget vs. Actual
July 2021 through September 2022

	Jul '21 - Sep 22	Budget	$ Over Budget	% of Budget
6495 · EmplDept/HearingOfficerPanel	0.00	3,128.00	-3,128.00	0.0%
6499 · Other Services	644.90	6,000.00	-5,355.10	10.7%
Total 6400 · Contracted Services	87,188.38	140,290.00	-53,101.62	62.1%
6500 · Rent and Occupancy	32,747.55	27,503.00	5,244.55	119.1%
6600 · Background Checks	34,068.75	53,003.00	-18,934.25	64.3%
6650 · Investigation Expenses	0.00	200.00	-200.00	0.0%
6800 · Computers & Accessories	29,824.87	46,006.00	-16,181.13	64.8%
Total Expense	935,887.78	1,088,490.57	-152,602.79	86.0%
Net Ordinary Income	539,288.60	407,444.47	131,844.13	132.4%
Net Income	539,288.60	407,444.47	131,844.13	132.4%

Oregon
Kate Brown, Governor

Board of Physical Therapy
800 NE Oregon St Suite 407
Portland, OR 97232-2187
971-673-0200
physical.therapy@state.or.us
www.oregon.gov/pt

September 16, 2022

Julie Valdez, Affirmative Action Manager
The Governor's Office of Diversity and Inclusion/Affirmative Action
900 Court Street NE. Suite 254
Salem, OR 97301

RE: Oregon Board of Physical Therapy
2023-2025 Affirmative Action/Diversity & Inclusion Statement-Draft

Please find enclosed our draft submittal for review and feedback for the 2023-2025 Affirmative Action/Diversity & Inclusion Statement.

Thank you for your continued direction and support.

Regards,

Signature on File

Michelle Sigmund Gaines, Executive Director
Affirmation Action Representative

9/16/2022
Date

AFFIRMATIVE ACTION STATEMENT

OREGON BOARD OF PHYSICAL THERAPY

2023-2025 BIENNIUM (DRAFT)

Questions:
Michelle Sigmund-Gaines, Executive Director
Oregon Board of Physical Therapy
800 NE Oregon Street, Suite 407
Portland, OR 97232
obpt.exec@oregon.gov
971.673.0203

September 2022

AGENCY OVERVIEW

The Oregon Board of Physical Therapy (OBPT)* is a semi-independent agency of the State of Oregon that operates under Chapters 688, 676, 240 and 182-454-472 of the Oregon Revised Statutes (ORS). The OBPT was created by the Oregon Legislature in 1971 to regulate the practice of physical therapy in Oregon. Its primary purpose is the protection of the public health, safety, and welfare, which it achieves by establishing and regulating professional standards of practice which ensure physical therapists and physical therapist assistants are properly educated, hold valid and current licenses, practice within their scope of practice, and continue to receive ongoing training throughout their careers. Physical therapy practice is governed by state statutes and rules that define the scope of practice. The Board issues licenses, promulgates rules, monitors continuing competency, investigates complaints, issues civil penalties for violations, and may revoke, suspend, or impose probation on a licensee or place limits on a licensee's practice.

The Board is comprised of eight volunteer members: five physical therapists, one physical therapist assistant, and two public members. Each member is appointed by the Governor and confirmed by the Senate. Members serve a four-year term and may be reappointed to subsequent terms.

The agency has a total staff of four individuals for a total of 3.6 FTE. Human Resources is managed within the agency.

**The Board was renamed in the 2019 legislative session, effective January 1, 2020. Previously, the Board was named the Physical Therapist Licensing Board (OPTLB),*

AFFIRMATIVE ACTION STATEMENT

Affirmative Action Policy Statement

The Oregon Board of Physical Therapy is committed to:

- Maintain an open and welcoming working environment that honors and values all individuals,
- Employ within our own operations and policies a culturally responsive lens that advances equity, diversity, and inclusion, and removes structural and cultural barriers to individual achievement, and,
- Always engage multiple voices and perspectives on the issues of equity, diversity, and inclusion.

The Oregon Board of Physical Therapy will not tolerate discrimination or harassment on the basis of age, color, marital status, mental or physical disability, national origin, race, religion, sex, sexual orientation, or any reason prohibited by state or federal statute. Nor shall the Board do business with any vendor/provider for the State of Oregon who discriminates or harasses in the above-described manner. All employment and personnel actions of the Board, all licensing and disciplinary actions, all outsourcing and contracts shall be administered according to this policy.

All staff of the Board shall adhere to the Affirmative Action Policy Statement. Management staff, in particular, shall assure that the intent, as well as the requirements, are implemented in all employee relationships and personnel practices. In addition, it is the duty of every employee of the Board to create a job environment atmosphere which is conducive to non-discrimination policies and free of any form of discrimination or harassment. The application of this policy is the individual responsibility of all administrative and professional staff, and each shall be evaluated on his/her performance in achieving this Affirmative Action Policy, as well as in other job performance criteria. The Affirmative Action Policy and Summary Statements are posted on the Board's website, and a hard copy is available at the Board office. Failure to meet Affirmative Action standards is subject to disciplinary action.

All employees shall be advised of the procedure for lodging a discrimination/harassment complaint, and all employees with concerns of any kind related to affirmative action shall be encouraged to bring them to the attention of the Executive Director.

It is further the policy of the Board to establish and maintain this program of affirmative action to provide for a method of eliminating any effects of past or present discrimination, intended or unintended, which may be indicated by analysis of present employment patterns, practices, or policies.

This Affirmative Action Policy Statement was originally approved/adopted by the Board at its January 5, 2017 Board meeting and was effective July 1, 2017, and be evaluated biannually. The Statement was most recently evaluated and confirmed in July 2020.

PROGRESS ON 2021-2023 AFFIRMATIVE ACTION GOALS

Affirmative Action 2021-23 Objectives Progress and Status

1. Internal: Implement lens of 'culturally responsive interaction' into all policies and procedures in order to operationally integrate in a way that transcends individual personnel. Review agency policies and procedures; identify opportunities to improve/modify language/steps/practices, adopt new policies and procedures; train staff in new policies and procedures.

   Progress: Preliminary review of policies and procedures by all staff members complete and language updated where appropriate based on collective feedback. Policies and procedures reviewed and discussed as reviewed, thereby enabling discussion and in-context training.

2. External: Increase opportunities to relay information from other state sources to licensees about training, resources, and other opportunities available relating to equity, cultural competency, diversity, and inclusion via Board publications and website.

   Progress: Added reference information for cultural competency courses to public website in support of licensees during 2022 renewals.

3. External: Continue community strategic planning process addressing the diversification of the PT workforce. Partner with associations and PT schools to evaluate and make recommendations to improve the educational pipeline (renamed pathway) process.

   Progress: Initiative discussed at all strategic planning sessions; workgroup formed with membership from PT schools and professional association specifically to address the physical therapy educational pipeline (pathway).

4. Internal: The next Board member opening will be in 2022 for practitioner members. Work with Governor's office and external stakeholders to identify and recruit candidates from under-represented communities to fill these positions.

   Progress: Worked with Governor's office, performed outreach to professional association and licensee base with an emphasis on outreach to licensees from underserved groups and from communities outside the Willamette Valley.

2023-2025 AFFIRMATIVE ACTION GOALS

2023-2025 Affirmative Action Goals

1. Continue progress on Board strategic initiative to increase the diversity of the physical therapy workforce by working with the educational pipeline (renamed educational pathway) workgroup. Specifically for 23-25, complete the establishment of the common dataset project to be able to track data from educational program application through post-licensure in order to quantify change over time.

2. Continue to provide DEIB training opportunities for staff and Board members with focus in this biennium on bias, anti-racism, trauma-informed regulation and intersectionality. Specific training to be discussed with each staff member and formalized on annual training plan. Debrief and sharing of learnings to be standing item at staff meetings and Board meetings to further amplify learnings and discussion.

3. Create more inclusive communications by providing core content in audio/video format in addition to written language on the Board's website. Focus on application process, continuing competence requirements, and the complaint process for initial content offerings.

AGENCY MISSION AND OBJECTIVES

Statutory Purpose

ORS 676.303(2) All health professional regulatory boards shall operate with the primary purposes of:
- promoting the quality of health services provided,
-protecting the public health, safety and welfare by ensuring that licensees practice with professional skill and safety and
-addressing impairment among licensees.

ORS 676.400 Racial and ethnic composition of regulated health professions; findings; duties of health professional regulatory boards.
(3) Health professional regulatory boards shall establish programs to increase the representation of people of color and bilingual people on the boards and in the professions that they regulate.
Such programs must include activities to promote the education, recruitment and professional practice of members of these targeted populations in Oregon.
(4) Each health professional regulatory board shall maintain records of the racial and ethnic makeup of applicants and professionals regulated by the board. Such information shall be requested from applicants and the professionals regulated who shall be informed in writing that the provision of such information is voluntary and not required.

ORS 676.410 Information required for renewal of certain licenses.
(2) An individual applying to renew a license with a health care workforce regulatory board must provide the information prescribed by the Oregon Health Authority pursuant to subsection (3) of this section to the health care workforce regulatory board. Except as provided in subsection (4) of this section, a health care workforce regulatory board may not approve an application to renew a license until the applicant provides the information.

ORS 676.440 Duty of health professional regulatory boards to encourage multidisciplinary pain management services.
(1) Health professional regulatory boards shall encourage the development of state-of-the-art multidisciplinary pain management services and the availability of these services to the public.

ORS 688.015 Findings and purpose.
(1) The Legislative Assembly finds and declares that providing for state administrative control, supervision, licensure and regulation of the practice of physical therapy in this state serves the purpose of protecting the public health, safety and welfare.
(2) It is the intent of the Legislative Assembly that only individuals who meet and maintain prescribed standards of competence may engage in the practice of physical therapy as authorized by ORS 688.010 to 688.201 and implemented by the Oregon Board of Physical Therapy.

Mission
The board's purpose is public protection and to establish professional standards of practice which assure that physical therapists and physical therapist assistants are properly educated, hold valid/current licenses, practice within their scope of practice and continue to receive ongoing training throughout their careers.

Agency Staffing & Contacts

Agency director or administrator:

Michelle Sigmund-Gaines
Executive Director

Governor's policy advisor:

Jackie Yerby

Policy Advisor for Behavioral Health and Health Licensing
Office of Governor Kate Brown

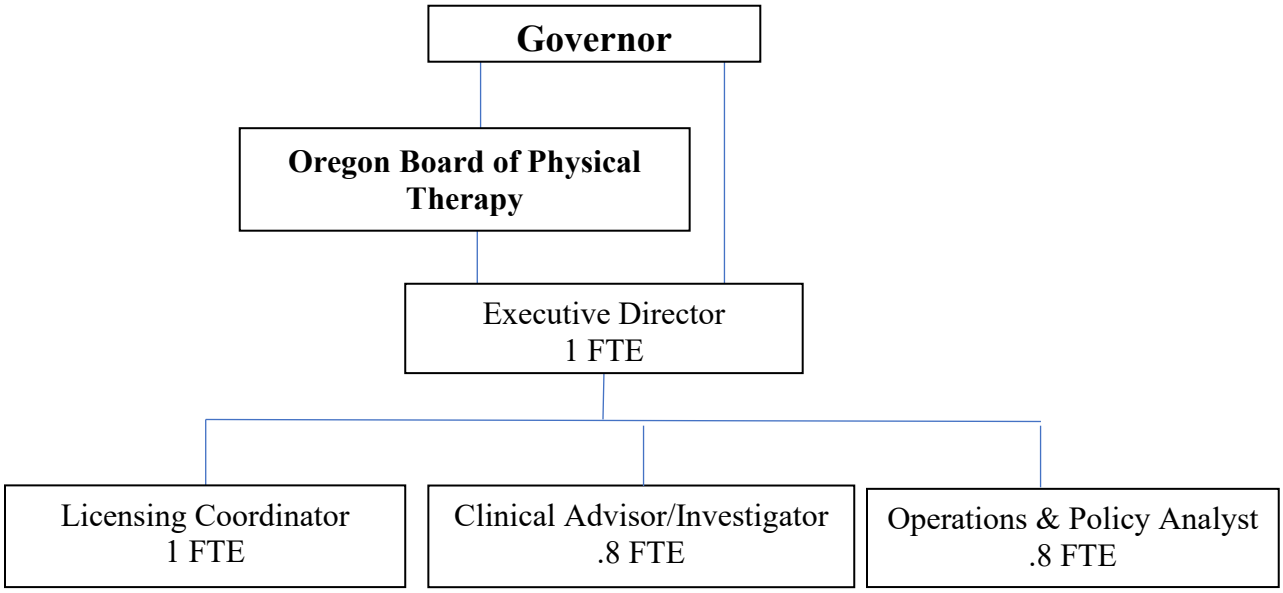
HR/Affirmative Action Representative/Contract Equity:
Michelle Sigmund-Gaines, Executive Director
(971) 673-0203
800 NE Oregon Street, Suite 407
Portland, OR 97232
Web site: www.oregon.gov/pt

Leadership Evaluation

ORS 659A.012 has the following requirement for agencies: *To achieve the public policy of the State of Oregon for persons in the state to attain employment and advancement without discrimination because of race, religion, color, sex, marital status, national origin, disability or age, every state agency shall be required to include in the evaluation of all management personnel the manager's or supervisor's effectiveness in achieving affirmative action objectives as a consideration of the manager's or supervisor's performance.*

The Executive Director serves as the HR manager and Affirmative Action Representative for the agency, and is the only staff position in a management or supervisory position. The promotion of equity is a core competency identified in the position description, and a specific topic for evaluation during each review.

AGENCY ORGANIZATIONAL CHART



The Agency is governed by an 8-member board appointed by the Governor and confirmed by the Senate. The Board appoints an Executive Director who serves at the pleasure of the Governor, under the direct supervision of the Board.

DEMOGRAPHIC ANALYSIS: AGENCY WORKFORCE VS BOARD VS LICENSEE VS OREGON POPULATION COMPOSITION

Agency Workforce Composition Compared to Board, Licensee and Oregon General Population Composition

Race & Ethnicity Category	Agency Workforce	Board*	Physical Therapists**	Physical Therapist Assistants**	Oregon**
American Indian/Alaska Native			0.1%	0.3%	0.9%
Asian		17%	6.9%	2.3%	6.9%
Black/African American			0.5%	0.5%	1.8%
Hispanic or Latino	36%		2.4%	2.8%	12.8%
Native Hawaiian/ Other Pacific Islander			0.3%	0.3%	0.4%
Two Or More Races			1.9%	2.8%	3.7%
Other Race			0.2%	0.1%	0.2%
White	64%	83%	87.7%	91%	76%

*The above data for board members is based on original applications to Governor's office.

**Licensee data is based on data from the Oregon workforce survey data reported as of January 2020 by licensees renewing license. Approximately 10.5% of licensees declined to answer. Oregon population data also taken from the same Oregon workforce survey data; based on five-year ACS estimates (data collected over 60-month period, 2014-2018). UPDATED INFO NOT YET AVAILABLE FOR DRAFT

Governing Process & Laws

Discrimination or Harassment Complaint Process

Individuals should follow the complaint process described in OBPT policy for Harassment-free Workplace if they feel they have been subjected to unlawful discriminatory actions. They may contact the Executive Director or Board Chair or may alternatively contact DAS CHRO.

Individuals may also contact the Governor's Affirmative Action Office, (503) 373-7444. The Governor's Affirmative Action Office cannot comment regarding claims that are in litigation.

Additionally, if your concern is not resolved, you can follow this step:

File a complaint with The Civil Rights Division of the Bureau of Labor and Industries (BOLI); in Salem call (503) 731-4075 ext. 1; in Portland call (971) 673-0761 or you mail email them at BOLI.MAIL@state.or.us

Governing State and Federal Employment Laws, Policies and References

ORS 182.100	The requirement for all appointive authorities for state boards, commissions, and advisory bodies shall implement this policy of affirmative action in their appointments, subject to the legal requirements for each appointment.
ORS 243.305	The policy defines affirmative action as fair and equal employment opportunities and advancement.
ORS 243.315	Directs and monitors affirmative action programs in all state agencies to implement the public policy.
ORS 659A	This statute prohibits unlawful discrimination in employment, public accommodations, and real property transactions; administrative and civil enforcement.
ORS 659A.012	Every state agency shall be required to include in the evaluation of all management personnel, the manager's or supervisor's effectiveness in achieving affirmative action objectives as a consideration of the manager's or supervisor's performance.
ORS 659A.015	Requires affirmative action reports to include information on awards of construction, service, and personal service contracts awarded to minority businesses.
Oregon Executive Order No. 16-09	Promotes diversity and inclusion opportunities for Oregon minority-owned, women-owned, service-disabled veteran-owned, and emerging small businesses.
Oregon Executive Order	Affirms commitment to promote diversity, equity, and inclusion in the workplace and eliminate past and present discrimination, intended, or unintended.
Section 503 of the Rehabilitation Act of 1973	Prohibits federal contractors and subcontractors from discriminating in employment against individuals with disabilities and requires employers to take affirmative action to recruit, hire, promote, and retain these individuals.
Title VII of the 1964 Civil Rights Act	This federal law outlaws discrimination based on race, color, religion, sex, or national origin. It prohibits unequal application of voter registration requirements and racial segregation in schools, employment, and public accommodations.

- Statewide Diversity, Equity, and Inclusion Action Plan
- Executive Order 22-11
- ADA and Reasonable Accommodation Policy *(Statewide policy 50.020.10)*
- Discrimination and Harassment Free Workplace *(Statewide policy 50.010.01)*
- Employee Development and Implementation of Oregon Benchmarks for Workforce Development *(Statewide policy 50.045.01)*
- Duties of Administrator (*ORS 240.145*)

- Rules Applicable to Management Services (*ORS 240.250*)
- Recruitment and Selection (*Statewide policy 40.010.02*)
- Veterans Preference in Public Employment *(ORS 408.230)*
- Equal Opportunity and Affirmative Action Rule *(105.040.0001)*
- Age Discrimination in Employment Act of 1967 (ADEA)
- Disability Discrimination Title I of the Americans with Disability Act of 1990
- Genetic Information Discrimination Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)
- Equal Pay and Compensation Discrimination Equal Pay Act of 1963
- Title VII of the Civil Rights Act of 1964
- Retaliation Title VII of Civil Agency Affirmative Action Policy

PRESENTATION TO THE HOUSE INTERIM COMMITTEE ON HEALTH CARE

SEPTEMBER 21, 2022

Oregon Board of Physical Therapy

The statutory purpose of the Board is to protect the public health, safety and welfare for all Oregonians by maintaining standards for quality care, professional skill and competence through the effective regulation of the practice of physical therapy.

Enabling Statutes & Rules

ORS 688.010-688.240, ORS 676 (health boards generally) & ORS 182.454 (semi-independent agencies)

OAR 848

Professionals Regulated

~5,000 Physical Therapists (PTs)

Doctorate Level Degree

~1,200 Physical Therapist Assistants (PTAs)

Associates Level Degree

Core Functions

Licensing

Complaint Investigation

Education & Outreach

Planning & Partnership

8 Member Board

5 Physical Therapists

1 Physical Therapist Assistant

2 Public Members

Budget & Staff

$1.77 M 21-23 BI Budget

3.6 FTE

The Practice of Physical Therapy

Physical therapists and physical therapist assistants help you maximize your movement, manage pain, avoid surgery and prescription drugs, manage chronic (long-term) conditions, and recover from and prevent injury.

Source: APTA

Variety of Specializations

Orthopedic, Neurology, Pediatric, Geriatric, Oncology, Women's Health, Cardiovascular & Pulmonary, Sports, Wound Management & Animal Therapy.

Variety of Practice Settings

Acute Care, Skilled Nursing, Outpatient, Home Health, Private Clinic, Schools, Sports Teams; Workplaces, etc.

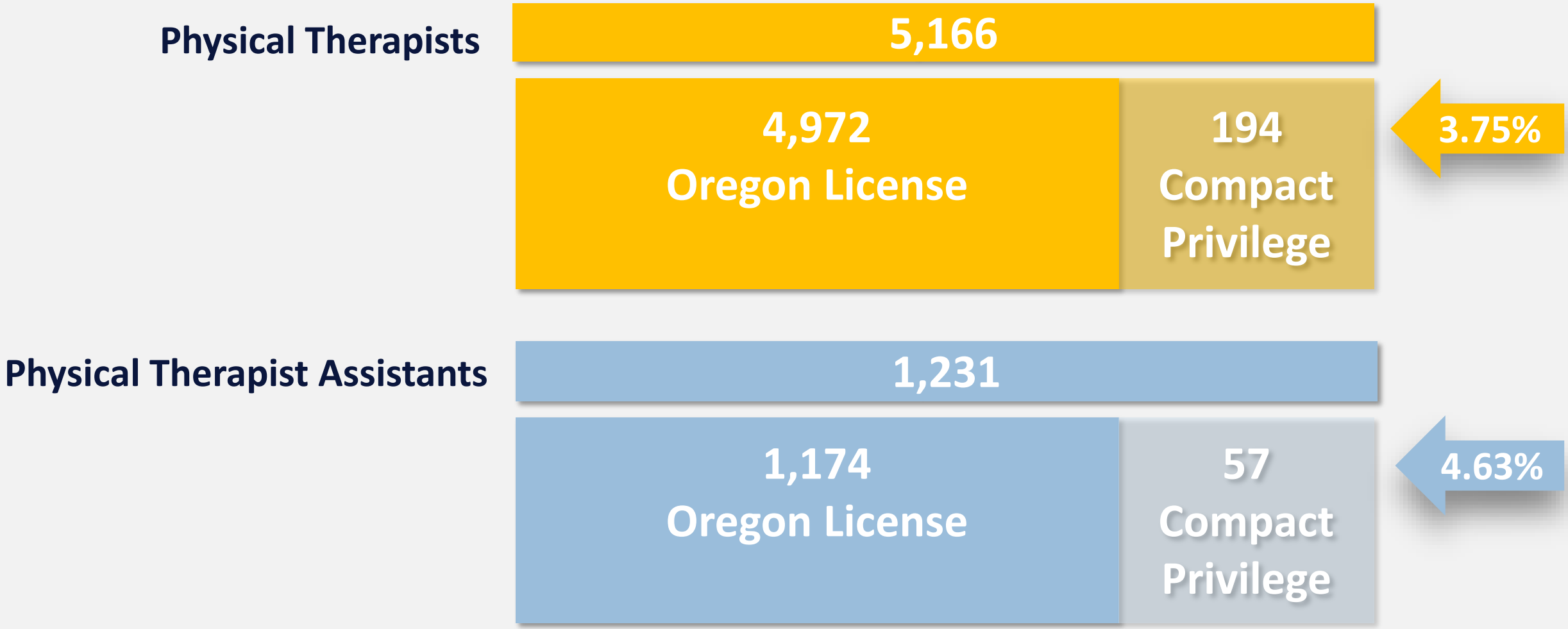
Access to Care

Self-Referral or Provider Referral

Commercial Insurance, Medicare/Medicaid, Third-Party, Private Pay.

OBPT
OREGON BOARD OF PHYSICAL THERAPY

Oregon Physical Therapy Workforce – Current Practitioner Counts

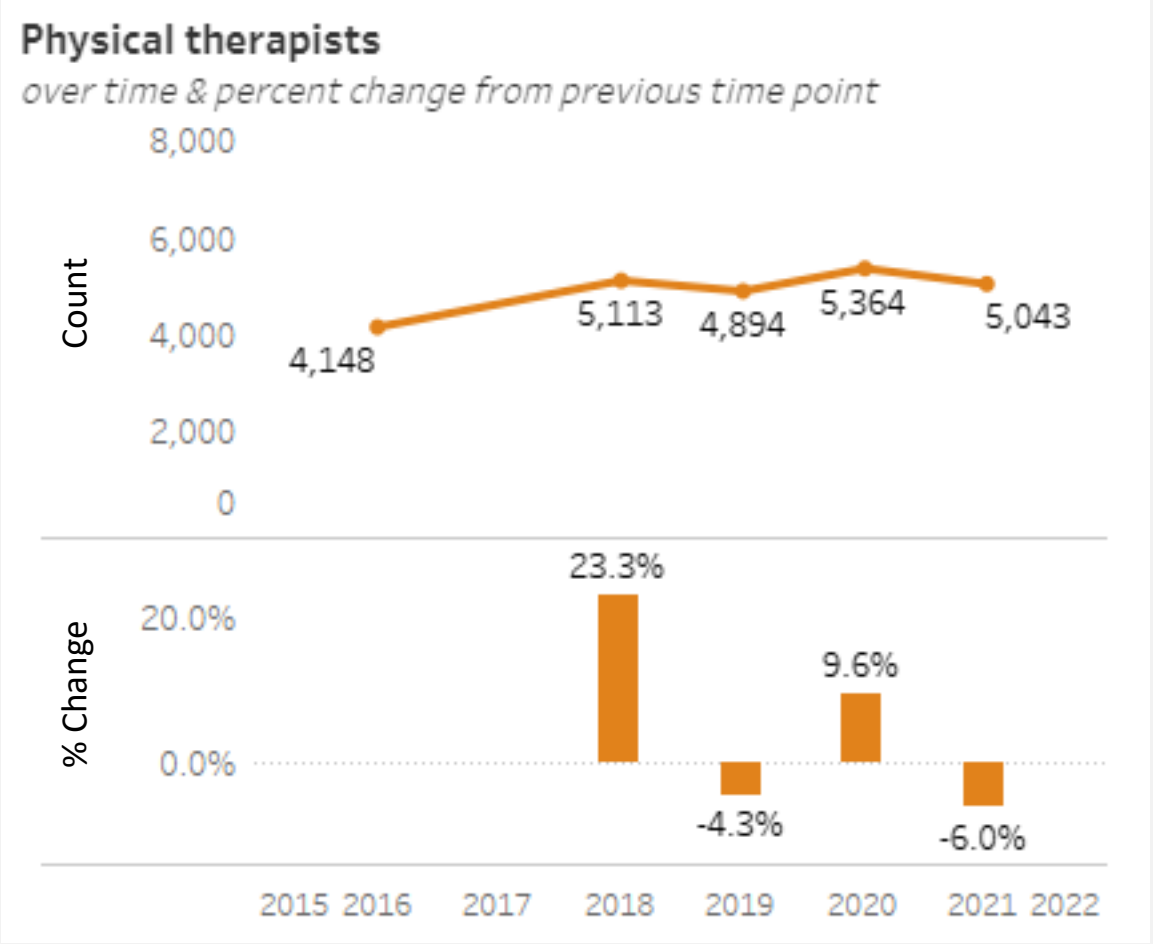


Total: 6,397 (*with Compact*)

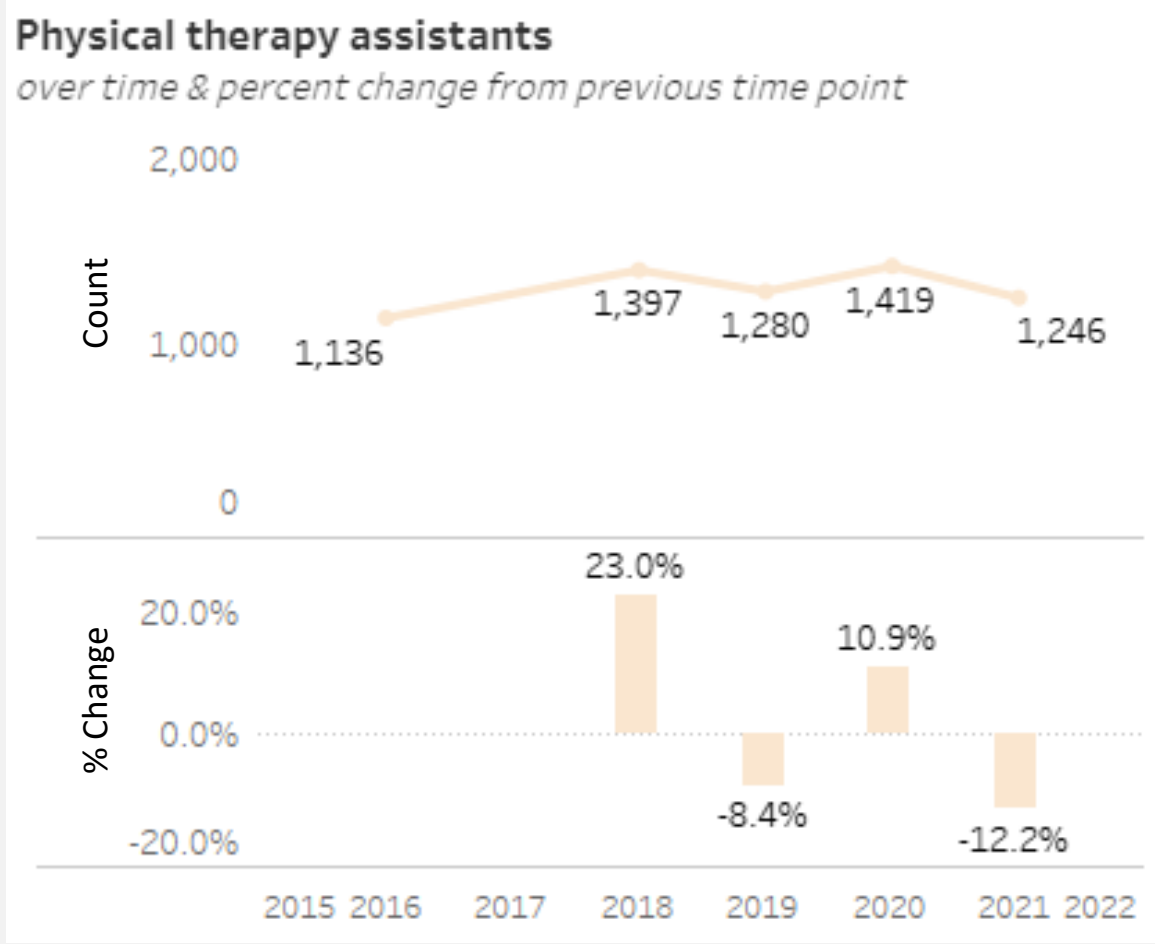
Source: OBPT Licensing System as of 9/19/2022

Oregon Physical Therapy Workforce – Practitioner Counts Over Time

Current = 5,166



Current = 1,231



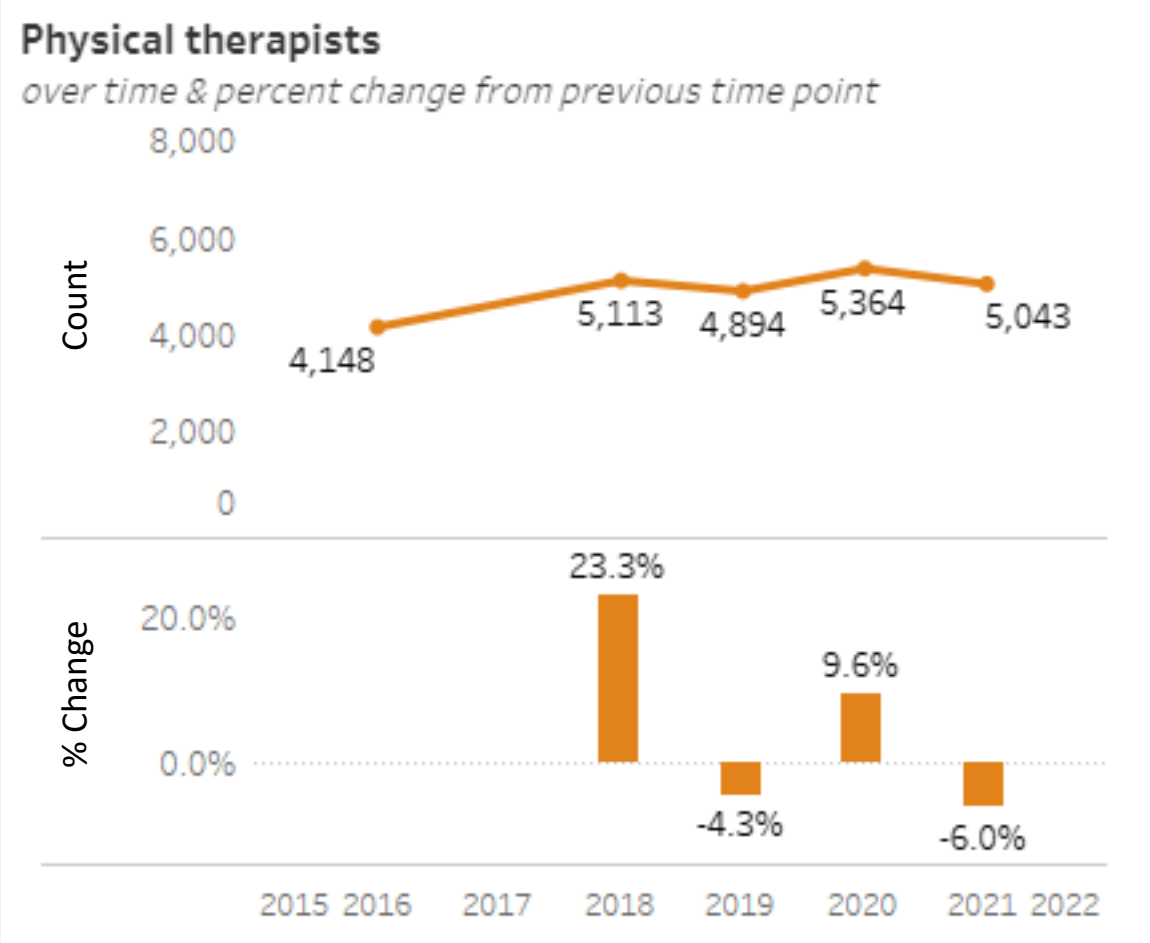
2022 OHA Data Not Yet Avail

Source: Oregon Health Authority Healthcare Workforce Reporting Data

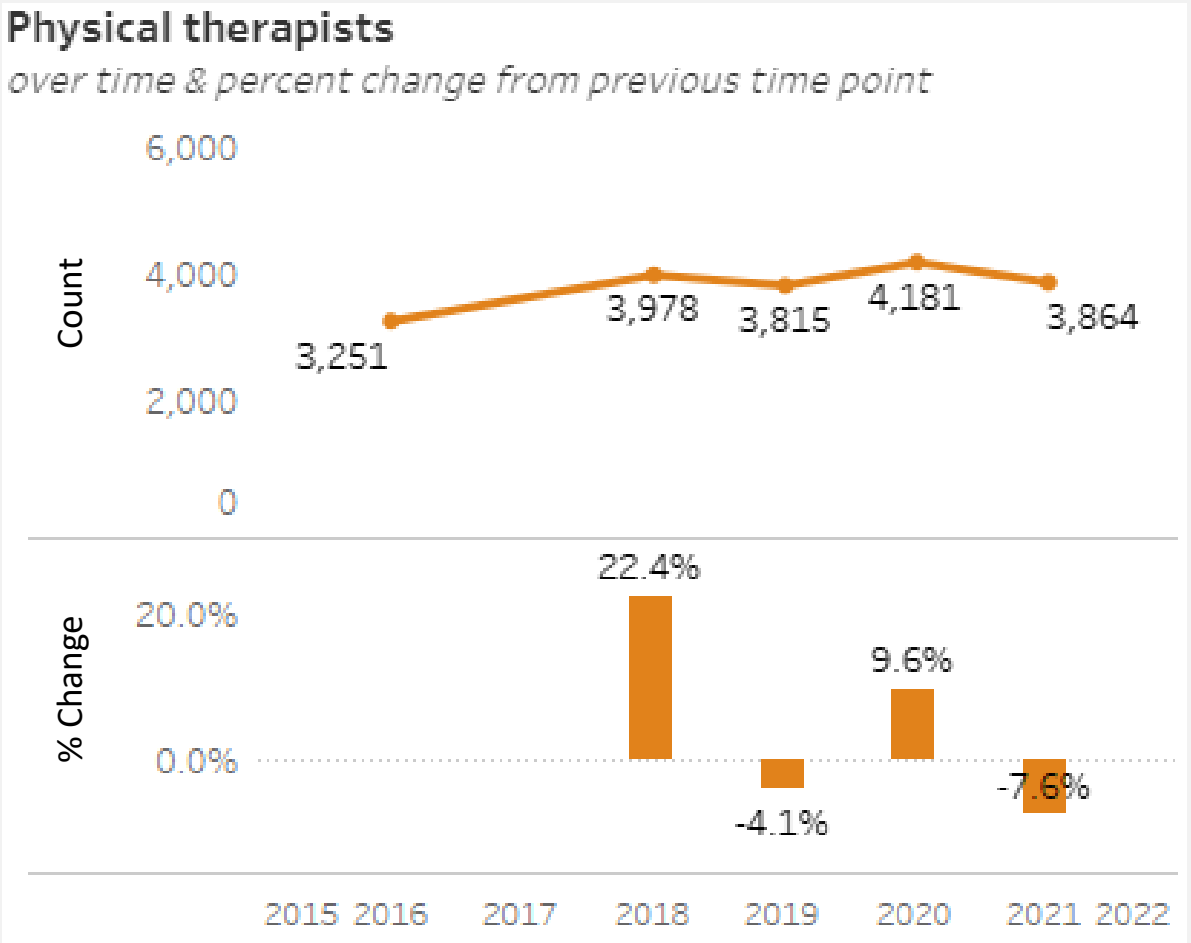
Data as of January of reported year; OBPT renewals each even year.

Oregon Physical Therapy Workforce – Licenses vs Active Practice

License Holders (PT)



Est. Actively Practicing in Oregon (PT)



2022 OHA Data Not Yet Avail

Source: Oregon Health Authority Healthcare Workforce Reporting Data

Data as of January of reported year; OBPT renewals each even year.

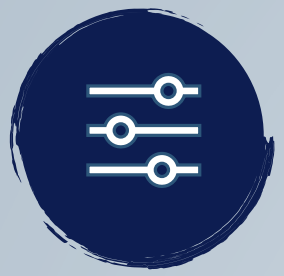
Oregon Physical Therapy Workforce – Reported Barriers

- Devaluation over time; reduced reimbursement.
- Availability of specific specialists/practitioners where/when needed.
- Practitioner burnout/Practice hour reductions.

Source: Stakeholder Feedback

- (Lack of) Diversity of workforce.
- Need for better data.

Oregon Physical Therapy Workforce – Current Strategic Initiatives



Diversifying Workforce

Educational Pathway Workgroup – partnership with all Oregon PT/PTA schools and APTA-OR chapter..

Data Analysis

Creating greater understanding of and visibility into workforce.

Partnership

Outreach initiatives to employers to understand workforce barriers/potential for partnership.

Supporting Licensees

Providing resources for maintaining healthy practice; wellness, continuing education options.

Requirements Review

Removing unnecessary barriers to licensure. Improving systems, reviewing requirements.

OBPT Application Processing

Majority of applications* processed within 1-2 business days of all application materials being received.

Applicant Provides

Demographics; Questions; Declarations; Completes Pain Course.

+

Requests/Completes External Items

Application

Externally Sourced

Typically received within 1-15 days of being requested.

- Clinical Exam
- OR Laws Exam
- Transcripts
- Background Check
- License Verifications
- NPTE
- OR-JAM
- Schools
- OSP/FBI /Other
- Other States

**Including renewals, which require applicant responses and submittal of CE, and Board-performed LEDS-check.*

OBPT Application Processing – Other Factors & Context

Application

Recent System Improvements

- Shifted from paper to online applications in 2020, reducing lead times.
- Applicant portal shows status of all components in real-time.
- Outreach to applicants if external items not received in expected timeframes.
- ***Non-linear submittal allowed***—can submit external items before application.

Applications with Longer Timeframes

- Exam applicants allowed to start process prior to graduation and testing (up to six months).
- Foreign credentialing and licensure verification can take several months.
- Background verifications/case reviews for failure to disclose or where possible nexus to practice can delay processing.

Compact Privileges

- Issued by Physical Therapy Compact Commission.
- Based on Home State qualification and licensure expiration date.
- Privilege State can have jurisprudence requirement.
- Privilege State investigates complaints in that jurisdiction.
- Privilege State receives portion of fee to offset expenses.

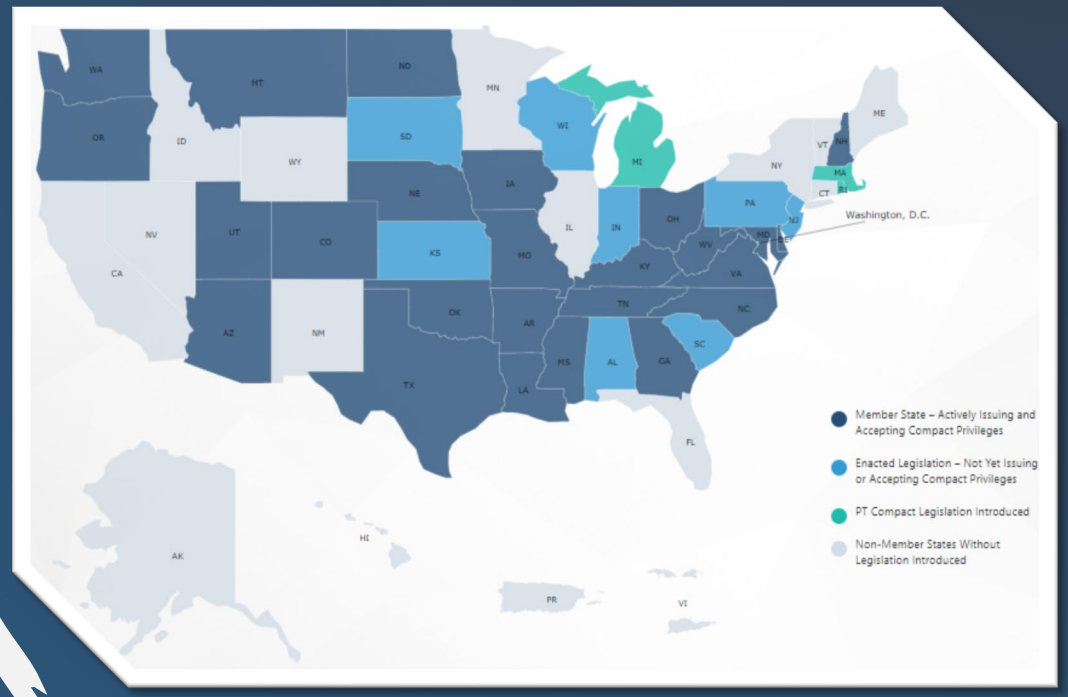
Benefits

- Improved public protection via Interstate collaboration & data-sharing.
- Reduced burden for travelers; short-term practice through streamlined management.

PT Compact

Oregon is one of 34 participating states; 1st state to enact legislation in 2016; issuing since mid-2018.

25 states actively issuing privileges.



https://ptcompact.org/

For Consideration

Possible legislative topics to help address workforce/patient access "pain points".

- Addressing reimbursement.
- Encouraging greater Oregon Health Plan participation in underserved areas.
- Supporting wellness programs offered for more health professionals.
- Adding PTs/PTAs to loan forgiveness and/or regional incentive programs; scholarships.
- Supporting acquisition, analysis and sharing of health practitioner data; finding ways to incorporate new applicants, compact privilege holders, or other license types not currently captured.
- Minor modernization of PT Practice Act (and rulemaking) to address barriers for some endorsement applicants.

Based on Stakeholder Feedback

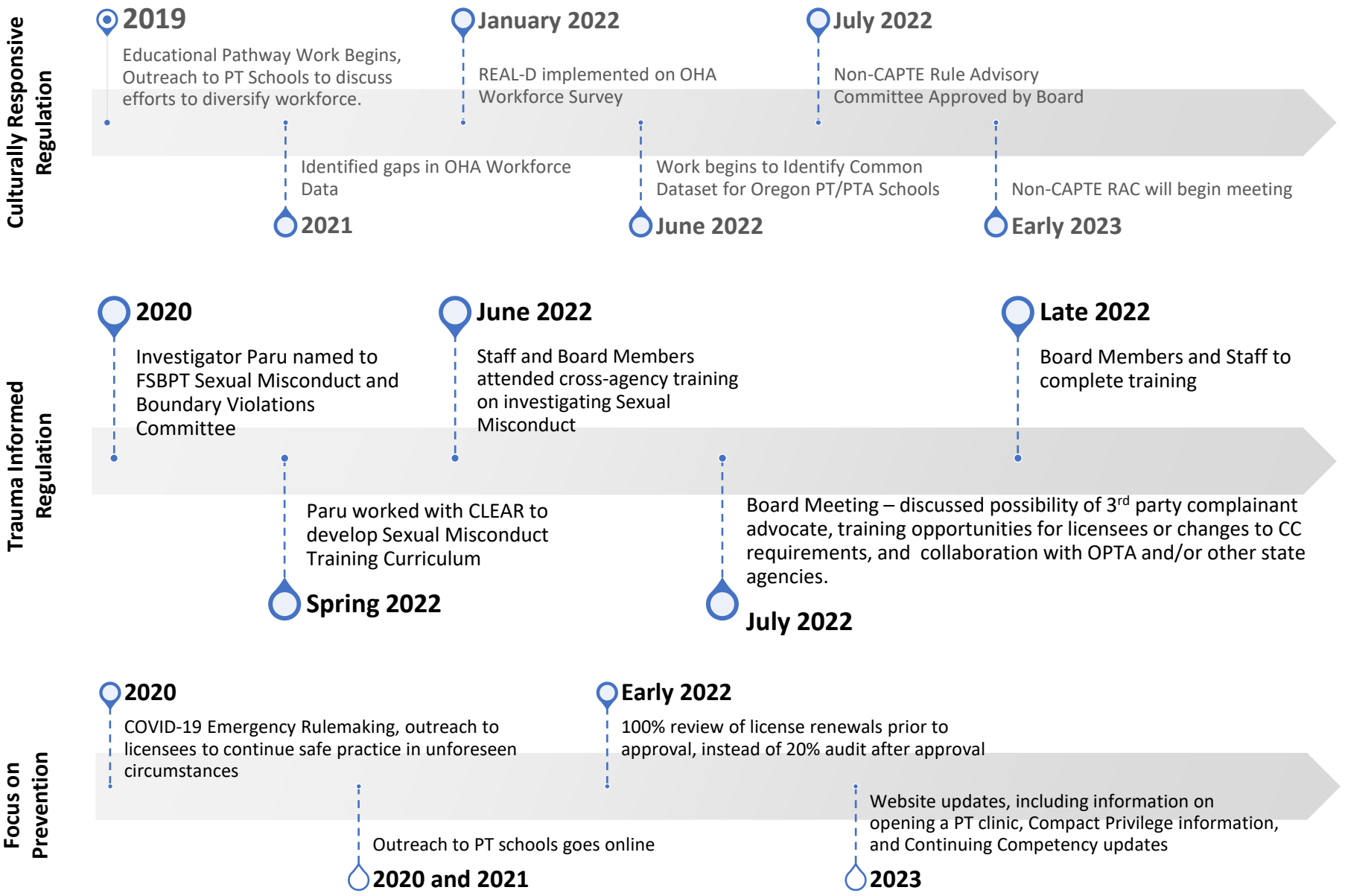
Thank you

physical.therapy@obpt.oregon.gov

Phil Haworth, PT
Board Chair

Michelle Sigmund-Gaines
Board Director

OBPT Strategic Planning Initiatives



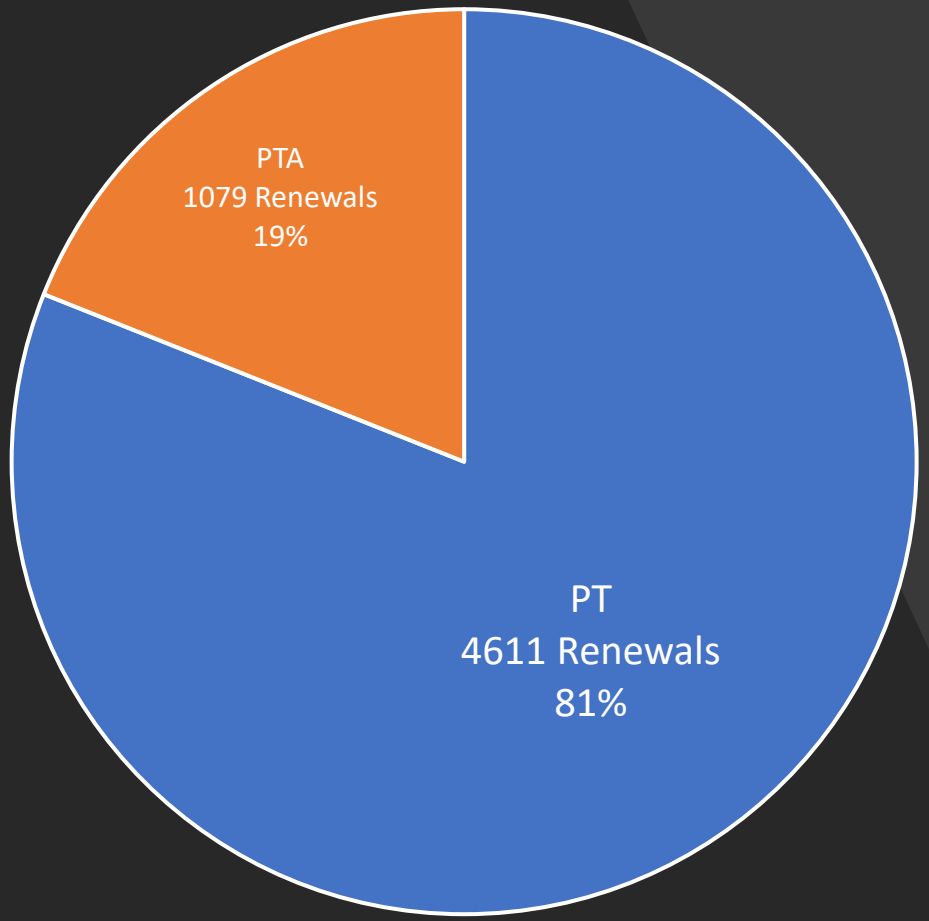
2022 Renewal Season in Review

Oregon Board of Physical Therapy

October 14, 2022

2022 Renewal Season

- 5393 renewal applications were submitted in January, February and March.
- 5390 applications were approved.
  3 applications submitted in February and March were withdrawn or voided.
- 57 additional renewal applications were submitted between April 1 and September 30 (not shown in chart, but may be reflected in later data)



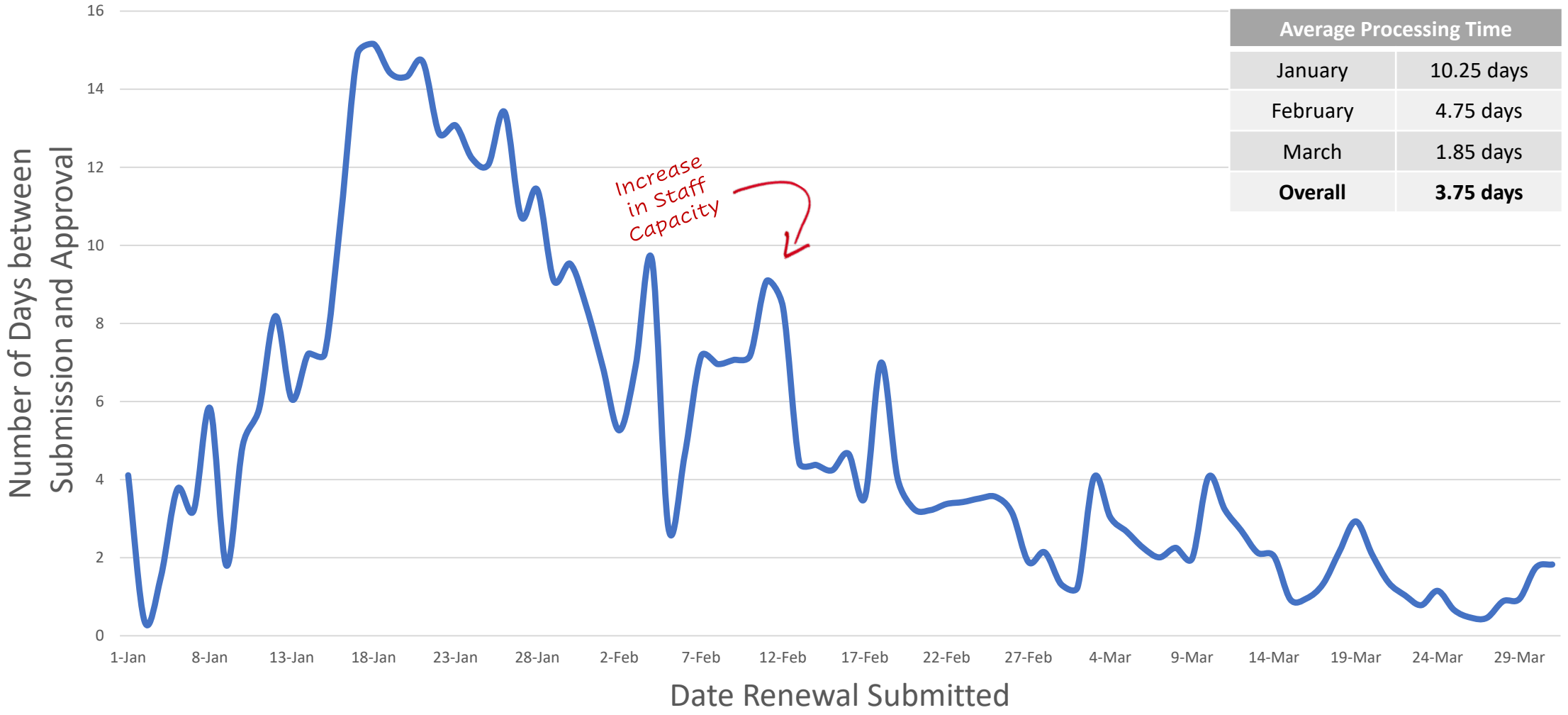
Renewal Processing

- For each renewal application, staff:
  - Confirmed Payment.
  - Confirmed completion of OHA Workforce Data Survey.
  - Reviewed responses to renewal questions regarding actions taken against their license in other states, any arrests or convictions, or any conditions that impact their ability to practice safely.
  - Reviewed Continuing Competency Activities, including reviewing each certificate and confirming that both mandatory requirements were completed.
  - Ran a non-fingerprint-based Oregon Background Check.

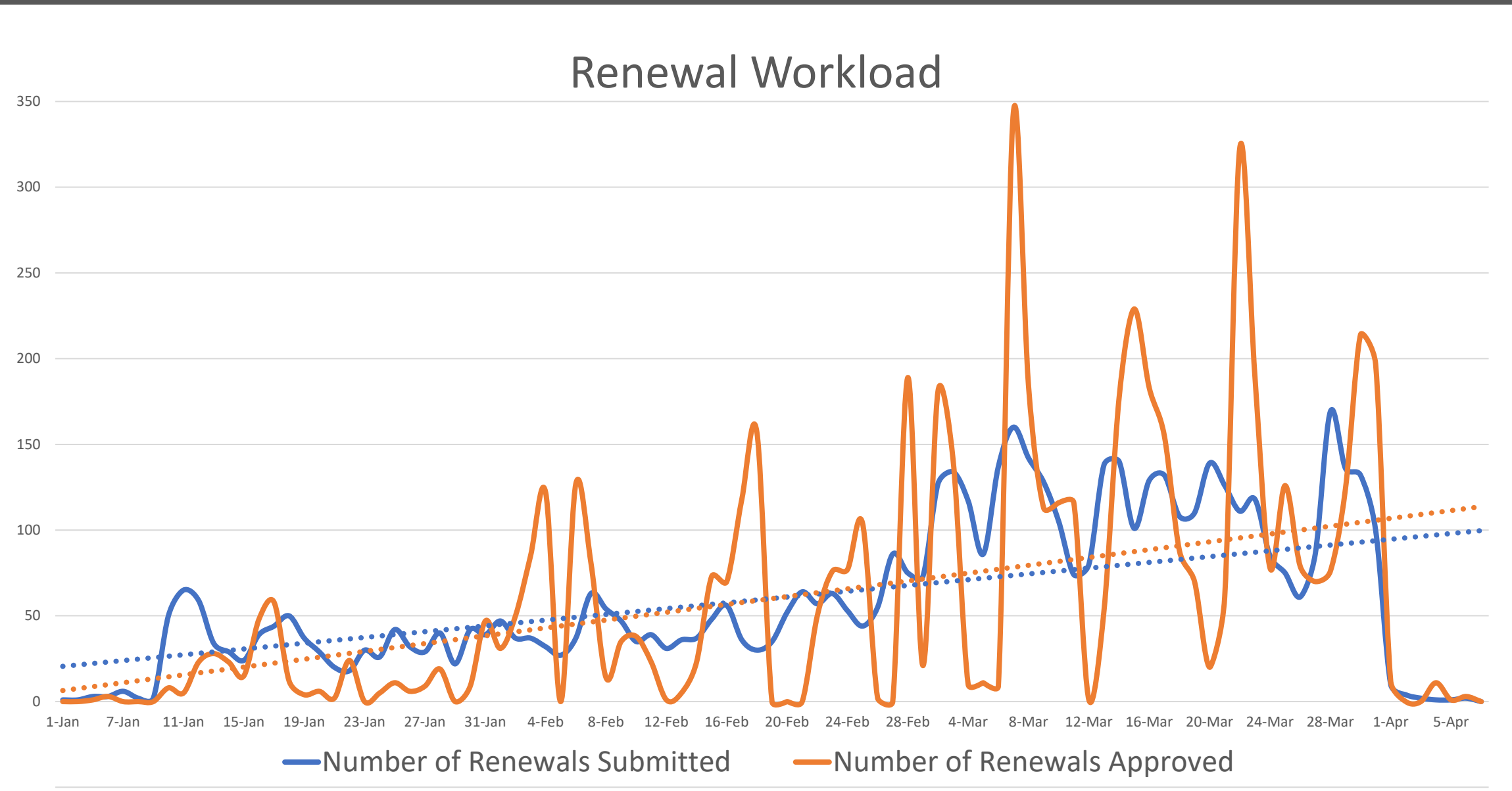
Applications that Required Extra Staff Processing Efforts

- 19 licensees answered “YES” to at least one Declaration Question, requiring additional review. (>0.5% of renewals)
- 102 licensees required additional review of their background checks, to confirm that anything found had previously been disclosed. (2% of renewals)
- On average, 1 out of every 5 licensees required contact with staff after renewal application submission to correct incomplete Continuing Competency requirements. (20% of renewals)

Renewal Staff Processing Time



Average Processing Time	
January	10.25 days
February	4.75 days
March	1.85 days
Overall	**3.75 days**


Renewal Workload
350
300
250
200
150
100
50
0
1-Jan
7-Jan
11-Jan
15-Jan
19-Jan
23-Jan
27-Jan
31-Jan
4-Feb
8-Feb
12-Feb
16-Feb
20-Feb
24-Feb
28-Feb
4-Mar
8-Mar
12-Mar
16-Mar
20-Mar
24-Mar
28-Mar
1-Apr
5-Apr
Number of Renewals Submitted
Number of Renewals Approved

Continuing Competency

2 new mandatory requirements for Continuing Competency in 2022.

- ***Changing the Conversation About Pain:*** a 1.5-hour course presented by Oregon Pain Management Commission. In 2021 the legislature changed this from a course required at initial licensure to a course required at every renewal. Required of licensees of 14 different boards.
- **Cultural Competency**: any course that met criteria set by OHA Office of Equity and Inclusion. Minimum course length was 1 hour. OHA maintains a list of 16 courses that meet this requirement. OBPT staff maintained an additional list of 10 courses that were reviewed by staff and found to meet the criteria. Required of licensees of 23 different boards.

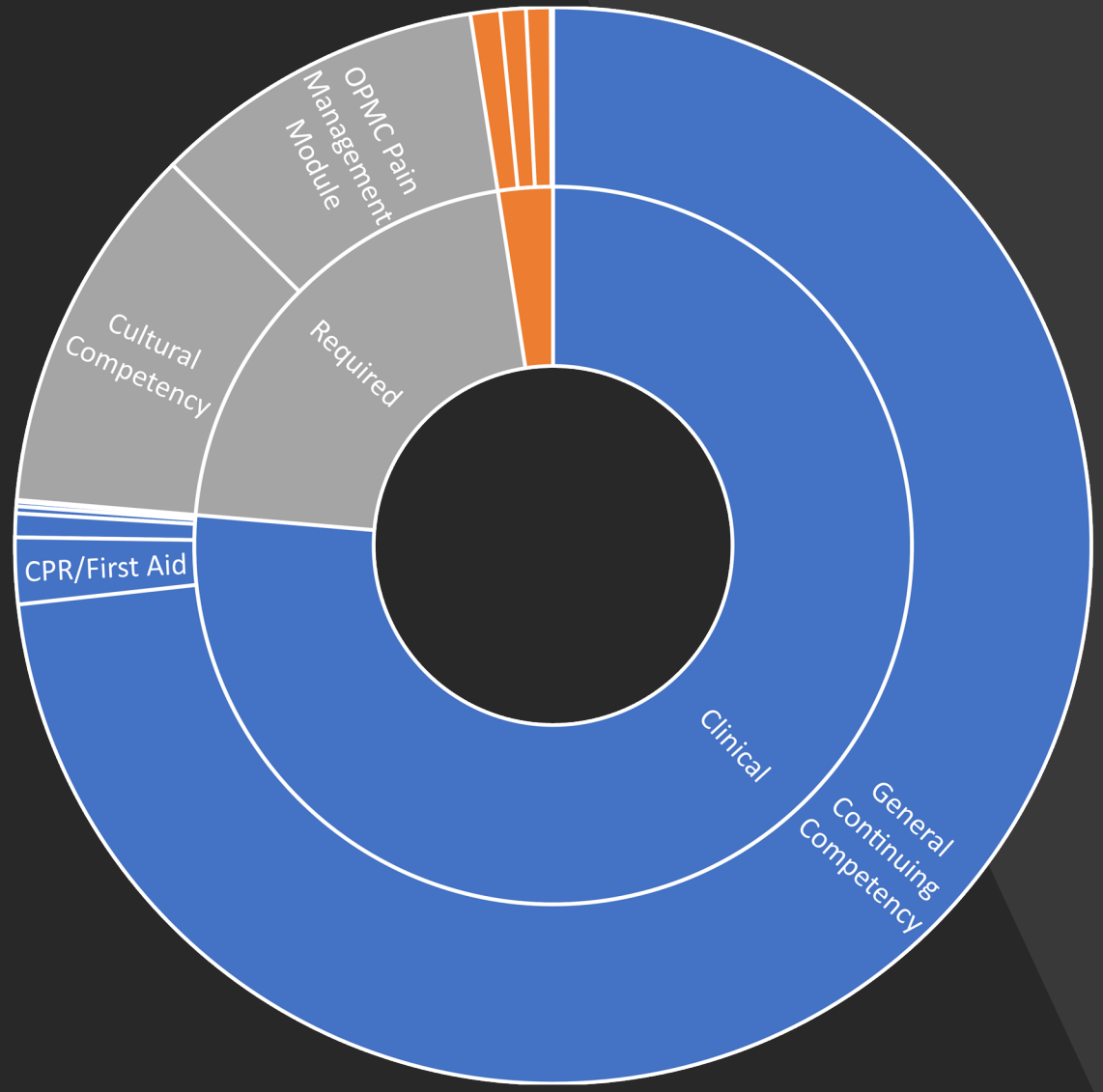
Types of Continuing Competency Taken

	Course Type	Number of Courses or Activities Taken	Percentage of Courses or Activities Taken	Total Hours Taken
Clinical	General Continuing Competency	41,410	73%	147,899
	Clinical Instructor	402	1%	4,033
	CPR/First Aid	1,122	2%	1,276
	Fellowships or Residencies	78	0%	1,152
	Presenting a Course or Lecture	118	0%	504
	Publications	29	0%	187
Non-Clinical	Business - Leadership	417	1%	1,252
	Personal Development/Self Care	504	1%	1,128
	Jurisprudence - Ethics	431	1%	1,008
	Committee Work/Serving Office	40	0%	123
Required	OPMC Pain Management Module	5,673	10%	8,347
	Cultural Competency	6,306	11%	8,933
	Grand Total	**56,530**	**100%**	**175,842**

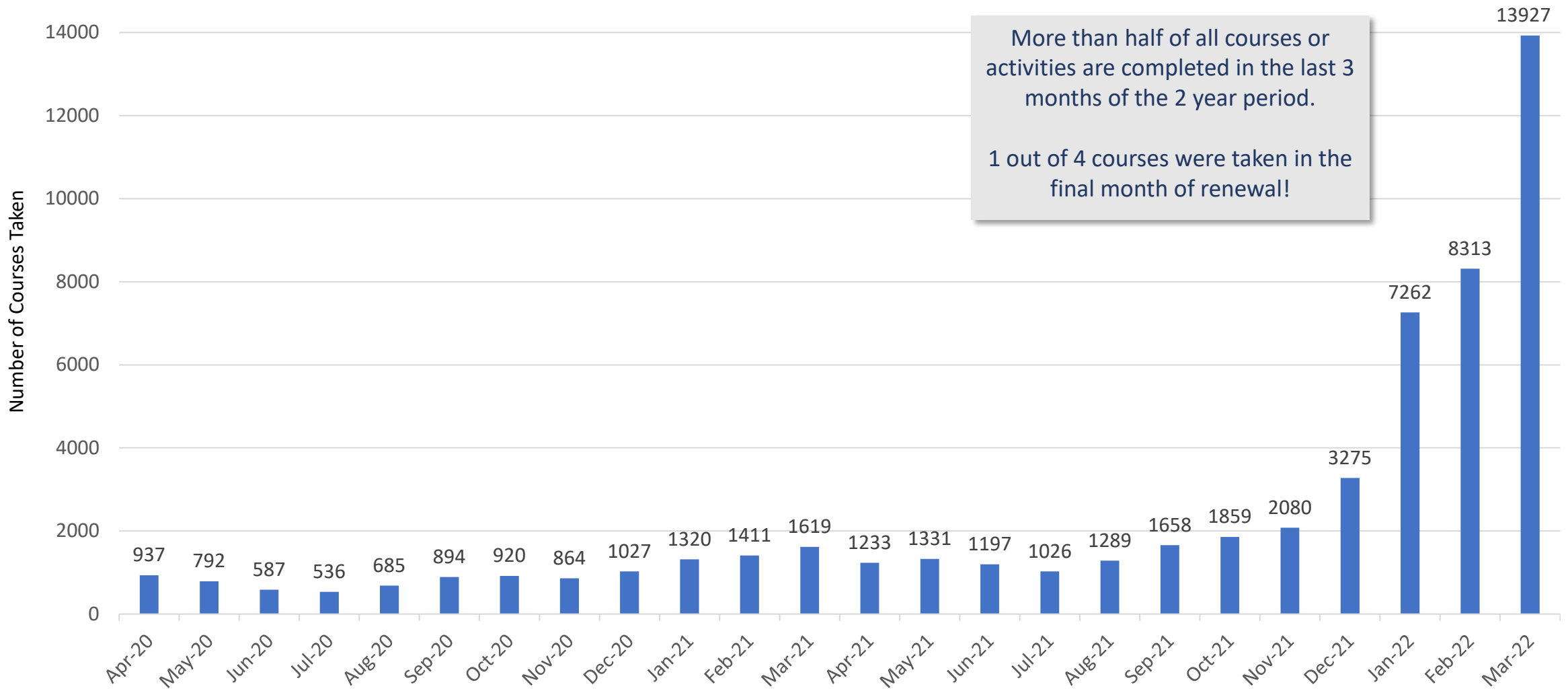
Over 20 YEARS!

Types of Continuing Competency Taken

	Course Type	Percentage of Courses or Activities Taken
Clinical	General Continuing Competency	73%
	Clinical Instructor	1%
	CPR/First Aid	2%
	Fellowships or Residencies	~0%
	Presenting a Course or Lecture	~0%
	Publications	~0%
Non-Clinical	Business - Leadership	1%
	Personal Development/Self Care	1%
	Jurisprudence - Ethics	1%
	Committee Work/Serving Office	~0%
Required	OPMC Pain Management Module	10%
	Cultural Competency	11%
	Grand Total	**100%**



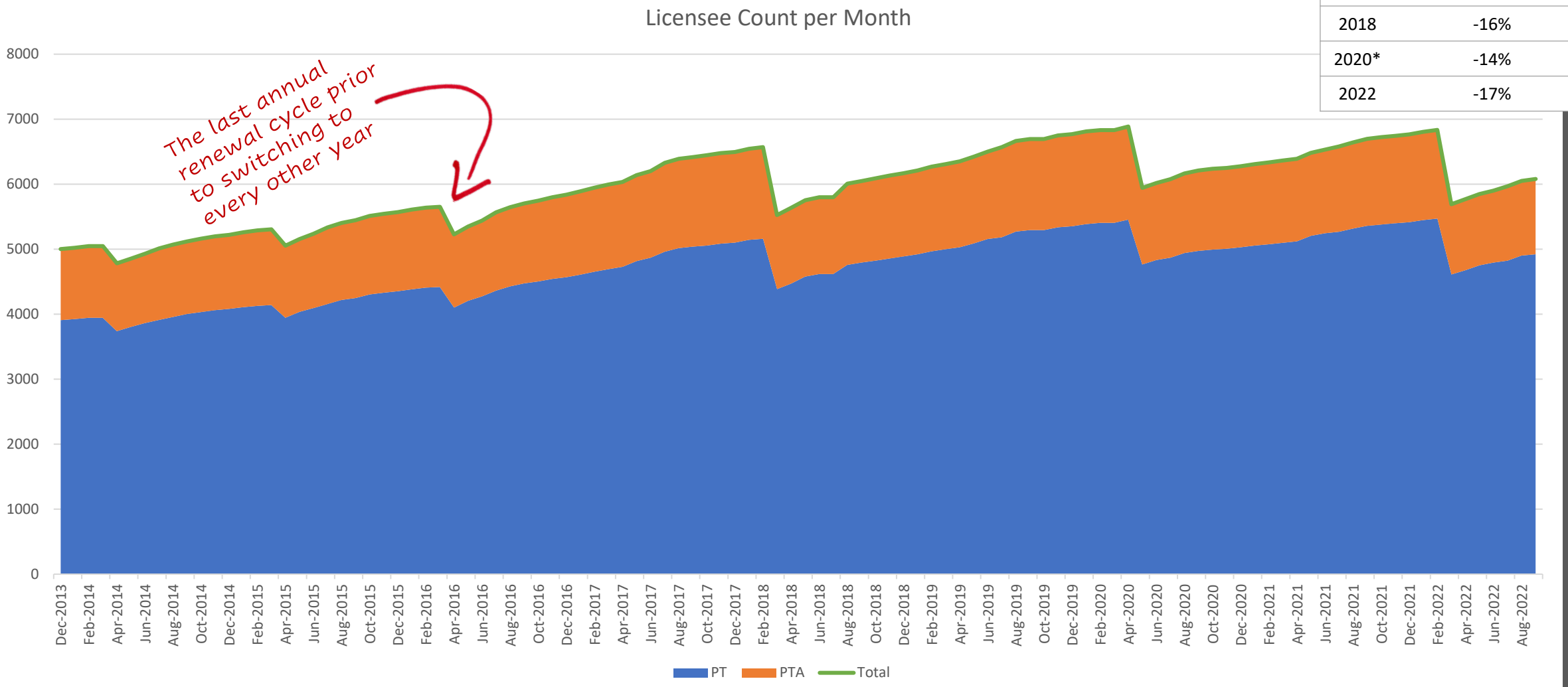
When Are Licensees Completing Continuing Competency?



What Continuing Competency Topics are Licensees Taking?

Renewal Trends and History

Year	Decrease in Licensee Count on April 1
2014	-5%
2015	-5%
2016	-7%
2018	-16%
2020*	-14%
2022	-17%

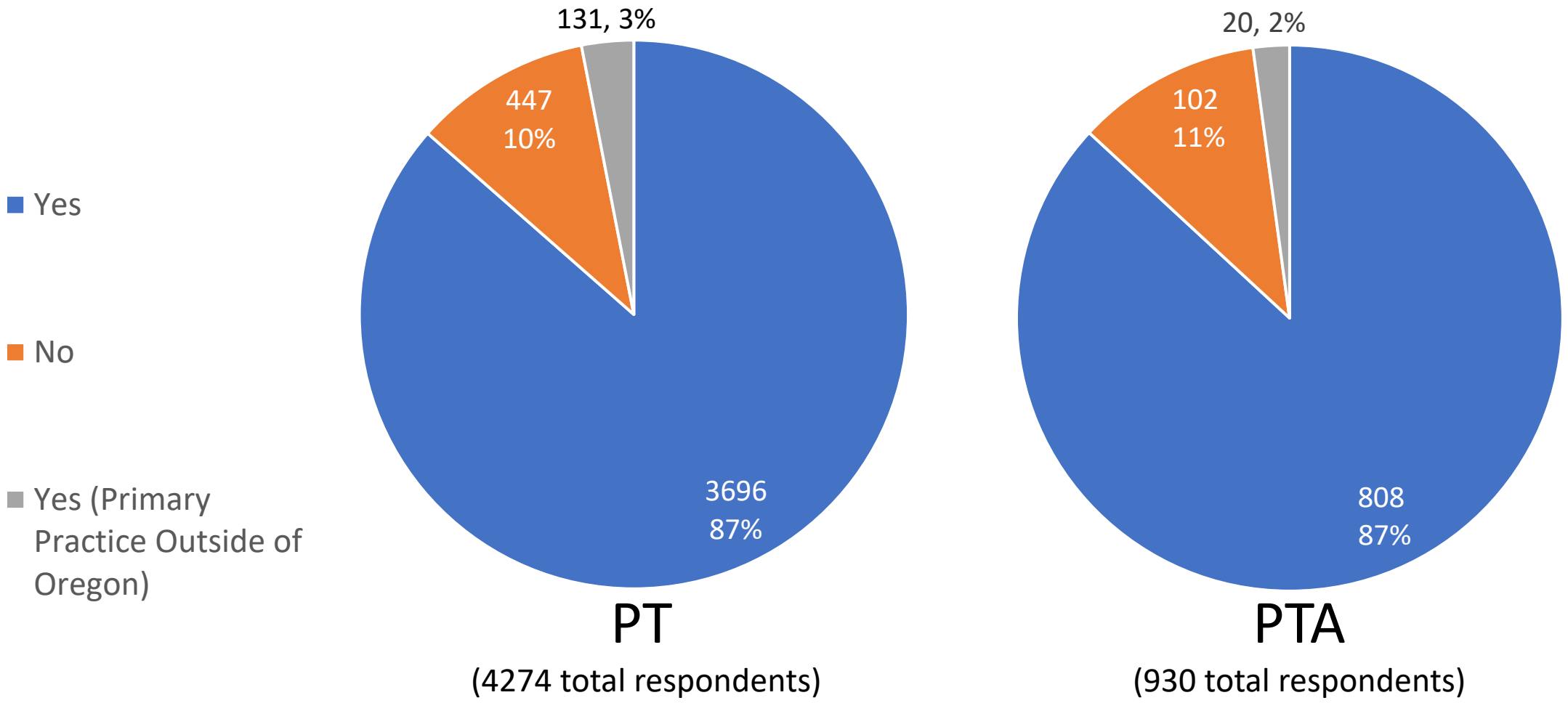


* Count is from June 1, 2020. License expiration dates were extended by 2 months in 2020 by emergency rule.

Oregon Health Authority (OHA) Workforce Survey

- Completion of the survey at renewal has been required by statute since 2009.
- OHA compiles and publishes the Workforce Dashboard annually in January. Because of this, the results shown should be considered preliminary results.
- The survey asks if the licensee works in Oregon or intends to work in Oregon within the next two years. If the answer is No, the survey does not ask the full set of questions, meaning that we do not get data on practice setting, specialization, etc. for these licensees.
- Data is not collected for new licensees or anyone not renewing.

Working in Oregon



Licensees per County

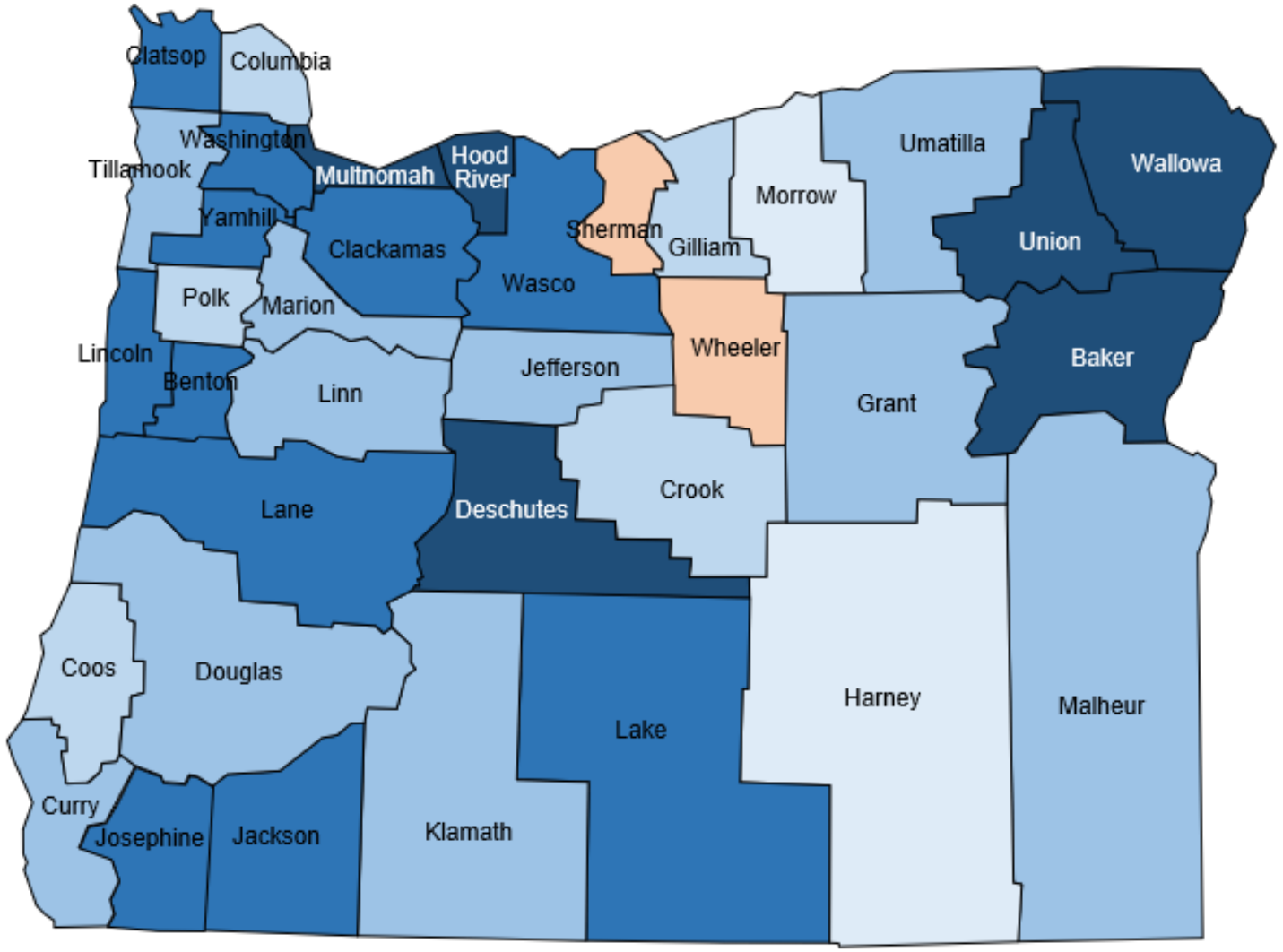
- Based on Primary Practice Location for Licensees working in Oregon.
- 166 licensees listed a secondary practice location in a different county than their primary practice. Of these 166 licensees, 129 were working in a second county within the Willamette Valley, north of Lane County-- many were working in multiple Portland Metro counties.

County	# of PTs	#of PTAs	Total Licensees	County Population*	PTs per Capita	PTAs per Capita
Baker	18	4	22	16,847	936	4,212
Benton	86	5	91	96,017	1,116	19,203
Clackamas	330	68	398	422,537	1,280	6,214
Clatsop	33	5	38	41,810	1,267	8,362
Columbia	21	7	28	53,074	2,527	7,582
Coos	26	20	46	64,999	2,500	3,250
Crook	12	3	15	25,739	2,145	8,580
Curry	15	6	21	23,683	1,579	3,947
Deschutes	334	33	367	204,801	613	6,206
Douglas	59	25	84	111,978	1,898	4,479
Gilliam	1	0	1	2,005	2,005	N/A
Grant	4	1	5	7,272	1,818	7,272
Harney	2	1	3	7,575	3,788	7,575
Hood River	40	5	45	24,057	601	4,811
Jackson	208	64	272	223,734	1,076	3,496
Jefferson	16	2	18	25,068	1,567	12,534
Josephine	69	33	102	88,346	1,280	2,677
Klamath	44	10	54	70,164	1,595	7,016

County	# of PTs	#of PTAs	Total Licensees	County Population*	PTs per Capita	PTAs per Capita
Lake	8	0	8	8,276	1,035	N/A
Lane	355	103	458	383,189	1,079	3,720
Lincoln	34	7	41	50,862	1,496	7,266
Linn	86	19	105	129,839	1,510	6,834
Malheur	17	8	25	31,693	1,864	3,962
Marion	224	71	295	347,119	1,550	4,889
Morrow	2	0	2	12,303	6,152	N/A
Multnomah	848	174	1022	803,377	947	4,617
Polk	30	6	36	89,164	2,972	14,861
Sherman	0	0	0	1,907	N/A	N/A
Tillamook	18	4	22	27,748	1,542	6,937
Umatilla	44	9	53	79,988	1,818	8,888
Union	32	8	40	26,212	819	3,277
Wallowa	9	2	11	7,545	838	3,773
Wasco	25	5	30	26,726	1,069	5,345
Washington	553	83	636	600,811	1,086	7,239
Wheeler	0	0	0	1,451	N/A	N/A
Yamhill	93	17	110	108,239	1,164	6,367

Population to Provider Ratio per county

Lighter shades of Blue have *fewer PTs per person.* Darker shades of blue have more PTs per person.



Who isn't represented in these numbers?

Compact Privilege Holders!

561 Privileges have been issued to 547 individuals since Oregon began issuing privileges.

432 Privilege Holders have never held an Oregon License

- 249 hold a current Oregon CP.
- 183 have allowed their CPs to expire.

115 have held an Oregon License.

- 51 people who have previously held a compact privilege *now hold an active Oregon license.*
- 6 Have been licensed in the past and now hold a Compact Privilege.
- 58 individuals have held both Oregon Licenses AND Oregon Compact Privileges, but currently hold neither and are not able to practice in Oregon currently.

OFFICE OF THE SECRETARY OF STATE
SHEMIA FAGAN
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 848
OREGON BOARD OF PHYSICAL THERAPY

FILED
08/31/2022 10:31 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Amending sections of Division 35 to clarify language and permanently remove online content exam requirement.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/03/2022 5:00 PM

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.

CONTACT: Michelle Sigmund-Gaines
971-673-0203
OBPT.Exec@oregon.gov

800 NE OREGON STREET, SUITE 407
PORTLAND,OR 97232

Filed By:
Michelle Sigmund-Gaines
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 10/03/2022
TIME: 10:00 AM - 11:00 AM
OFFICER: Michelle Sigmund-Gaines
ADDRESS: Zoom Web Conference
800 NE Oregon St, Suite 407
Portland, OR 97232
SPECIAL INSTRUCTIONS:
Please register to attend the virtual hearing at the Board's website: https://www.oregon.gov/pt/Pages/Laws.aspx

NEED FOR THE RULE(S)

These amendments clarify rule language, permanently remove the exam requirement for online content, and increase equity.

Continuing competence options are increasingly available online, including content previously only available in person. With improvements in virtual delivery platforms, these learning options can provide equivalent content and create greater access by eliminating need for physical travel, and allowing completion of content on the licensee's preferred schedule, and the ability to find options best suited to the individual's learning style. The permanent removal of the exam requirement for online content will support the increased access to content.

The amendments also clarify the deadline for requesting carryover credits, and remove a minimum 60-day lead time for hardship requests, which unnecessarily penalized individuals experiencing an unanticipated hardship in the last 60 days of the certification period.

Other changes include amendments to the cultural competency course requirements to align with the recent changes in the governing OHA rules, and inclusion of the OHA citations directly in the Board's rule for easier access, and,

clarification of certificate documentation retention requirement applicability based on stakeholder feedback.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Working papers, meeting notes, board meeting minutes; available at the Board office.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The removal of the online content exam requirement will allow for a broader range of continuing competence content to qualify, which will allow for broader choice and control for the cost of, and timing for completion of courses. The requirement was determined to bias in-person content, which can be more expensive, require time away from work during business hours, and/or require travel. These factors disproportionately impacted individuals currently experiencing lower socio-economic status, as well as those in rural communities needing to travel further to in-person events. By removing these barriers, the change will also have a net positive impact on racial equity.

The other changes clarify language or remove unnecessary deadlines, which will make the rules generally more accessible to all parties.

FISCAL AND ECONOMIC IMPACT:

The changes and clarifications to rule may result in reduced costs to licensees as the changes allow for a greater variety of online content to count toward requirements, which may allow for lower cost content. All other requirements are clarified without substantive change in reporting or administrative requirements.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The rules will not have impact on agencies, governments or members of the public unless they are licensees.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

The Board regulates individual practitioners not facilities, however some licensees own their own practices. All licensees were notified of the rulemaking and provided opportunity to comment.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
848-035-0020, 848-035-0030, 848-035-0040

AMEND: 848-035-0020

RULE SUMMARY: Removing 60 day written request window cutoff for hardship requests to the Board from part (7). A request may be made in writing at any time.

CHANGES TO RULE:

848-035-0020
Required Hours and Period for Completion ¶

(1) All licensed physical therapists and physical therapist assistants are required within each certification period to complete 24 hours of continuing competence consistent with the requirements, minimums and maximums as defined in OAR 848-035-0030. No single qualifying continuing competence activity may be less than .5 hours.¶
(2) Except as provided in parts (3), (4) and (5) of this rule, for purposes of determining whether a licensee has satisfied the continuing competence requirement under this rule, the Board will accept all qualifying continuing competence hours completed any time within the current certification period in which the license was issued or renewed, regardless of the specific date the license was issued or renewed. This includes continuing competence taken by student physical therapists or student physical therapist assistants, outside their program requirements, while they are enrolled in a physical therapy program.¶
(3) Notwithstanding the provisions of part (2) of this rule, a licensee must complete and document pursuant to OAR 848-035-0040, all 24 hours of continuing competence hours prior to renewal of license.¶
(4) Notwithstanding the provisions of part (1) of this rule, any person who is first issued a license, or who renews a license that lapsed at the end of the prior certification period, must complete continuing competence hours in the current certification period as follows:¶
(a) If initially licensed or renewed anytime during the first year of a certification period (April 1st of an even numbered year through March 31st of an odd numbered year), the individual must complete the full 24 hours of continuing competence required for that certification period. A licensee whose license lapses on April 1st of an even numbered year, regardless of the reason, and who subsequently renews the lapsed license during the first 12 months of a new certification period, shall provide documentation of completion of the continuing competence requirements for the immediately prior certification period before the license will be renewed. For this purpose, the continuing competence activities may be completed in the prior or current certification period, however, any specific activity can only be applied once.¶
(b) If initially licensed or renewed anytime during the second year of a certification period (April 1st of an odd numbered year through March 31st of an even numbered year), the individual must complete one-half (12 hours) of the continuing competence required for that certification period.¶
(c) Thereafter, such licensees must complete the same continuing competence requirements as other licensees.¶
(5) Notwithstanding the provisions of this rule and OAR 848-010-0033(6), a physical therapist or physical therapist assistant who is first licensed between January 1st to and including March 31st of an even numbered year and is renewing a license during an even numbered year is not required to complete continuing competence for the current certification period. Thereafter, such licensee shall be subject to the continuing competence requirement for all subsequent certification periods.¶
(6) Failure to complete the required continuing competence by March 31st of an even-numbered year shall constitute a violation of this Division 35.¶
(7) In individual cases involving physical disability or illness, undue hardship, or active military duty, the Board may grant waivers of the continuing competency requirements or extensions of time to fulfill the requirement. Requests for waiver or extension shall be made to the Board, in writing~~, at least 60 days prior to license expiration~~.
Statutory/Other Authority: ORS 688.160
Statutes/Other Implemented: ORS 688.160(6)(g)

AMEND: 848-035-0030

RULE SUMMARY: Amending rule to clarify language, remove online content exam requirement, and aligning rule language with recent OHA rule changes.

CHANGES TO RULE:

848-035-0030
Continuing Competence Requirements and Restrictions ¶

(1) Mandatory Requirements: Of the 24 required hours of continuing competence, all licensees must complete the following mandatory course requirements as follows, when applicable:¶
(a) Pain Management: All Oregon physical therapists and physical therapist assistants must complete the online pain management module provided by the Oregon Pain Management Commission as follows:¶
(A) At initial licensure.¶
(B) At each renewal, unless the date course was completed for initial licensure was within one year of the renewal date.¶
(b) Cultural Competence: Effective April 1, 2020, all licensed physical therapists and physical therapist assistants must complete a minimum of one hour of continuing competence that meets the criteria established by the Oregon Health Authority pursuant to OAR 943-090-0020 for cultural competency education. This requirement must be completed each certification period.¶
(A) The Board shall accept courses approved by the Oregon Health Authority (OHA) under ORS 413.450.¶
(B) The Board may accept other courses to the extent that the course ~~addresses attitudes and skills that enhance a licensee's ability to~~includes content that addresses the examination of practitioner values and beliefs, developing and applying skills supporting an inclusive approach to health care practice that improves health outcomes by reducing health disparities and inequities, and which recognizes the context and complexities of provider-patient communicate~~e~~ion and interact ~~effectively with individuals across various cultures, group~~ion and preserving the dignity of individuals, familie~~s~~ and communities.¶
(2) Clinical Courses or Activities: In addition to the mandatory requirements in part (1) of this rule, the continuing competence requirements of this Division 35 may be satisfied through clinical courses or activities, directly related to the delivery or provision of physical therapy which may include:¶
(a) Courses, seminars, activities, and workshops sponsored, certified, or approved by an established and recognized health related organization or professional association recognized by the Board, ~~excluding webinars or online courses that do not require an examination or that would otherwise be excluded under part (4). The examination requirement is waived for the 2020-2022 certification period;~~unless excluded under part (4).¶
(b) Courses, seminars or activities approved for continuing education or competency by other states which require continuing education or competency for physical therapists or physical therapist assistants, excluding other state jurisprudence exams~~, webinars, or online courses that do not require an examination or that would otherwise be excluded under part (4). The examination requirement is waived for the 2020-2022 certification period;~~ and other content excluded under part (4).¶
(c) Courses provided by an accredited institution of higher education, which may include but are not limited to, courses leading to an advanced degree in physical therapy or other courses that advance the licensee's physical therapy competence. For purposes of this rule, one college credit is equal to 10 (ten) contact hours;¶
(d) Individual home study courses approved by an entity under (a), (b) or (c) above which require an examination;¶
(e) Courses in cardiopulmonary resuscitation (CPR), Basic Life Support (BLS), or Advanced Cardiac Life Support (ACLS), will be limited to one hour of continuing competence credit, regardless of the length of the course. A licensee may receive credit for completion of a CPR, BLS, or ACLS course only one time during any certification period, however, a course may be repeated during each subsequent certification period;¶
(f) Courses or lectures which a licensee presents if the course or lecture awards continuing competence hours to participants and the licensee requests continuing competence credit from the Board;¶
(A) The licensee may receive continuing competence hours equivalent to the actual credit hours awarded to participants for that portion of the program which the licensee presents;¶
(B) The maximum cumulative credit granted for presenting courses or lectures shall be no more than one third of the total continuing competence requirement during any certification period and;¶
(C) A licensee may receive credit for presenting a particular course or lecture only one time during any certification period, regardless of how many times the licensee presents that course or lecture;¶
(g) Publishing an article in a peer review journal;¶
(A) The maximum credit granted for publishing an article shall be one third of the total continuing competence requirement during any certification period, up to 8 hours and;¶
(B) A licensee may receive credit for publishing an article only one time during any certification period;¶

(h) Serving as a certified clinical instructor as follows:¶
(A) A licensee who has completed a Board-approved clinical instructor certification program prior to supervising a student may receive continuing competence credit equivalent to 1 credit hour for each 40 hours of direct clinical instruction to a physical therapist student or physical therapist assistant student enrolled in a physical therapy or physical therapy assistant program.¶
(B) The maximum cumulative credit granted for serving as a clinical instructor shall be no more than one-third of the total continuing competence requirement during any certification period, up to 8 hours.¶
(C) The licensee must obtain a letter or certificate from the student's academic institution verifying that the student has completed the course of clinical instruction;¶
(i) Completion of a specialty certification through the American Board of Physical Therapy Specialists (ABPTS), which shall qualify for a maximum 24 hours of continuing competence during the period in which the specialist certification is awarded;¶
(j) Completion of a clinical residency or fellowship program accredited or recognized by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), which shall qualify for a maximum of 24 hours of continuing competence during the period in which the residency or fellowship was completed;¶
(k) Passing the Board approved Oregon jurisprudence examination which shall qualify for 3 hours of continuing competence. A licensee may receive credit for completion of the jurisprudence examination only one time during any certification period, however, the course may be repeated each certification period;¶
(l) Successful completion of the Oregon Pain Management Commission's web based pain management module which shall qualify for the amount of continuing competence credit shown on the certificate. A licensee may receive credit for completion of the pain management module only one time during any certification period and;¶
(m) Courses or activities approved by the Board by special request. Request for approval shall be made to the Board, in writing, at least 60 days prior to license expiration.¶
(3) Non-clinical courses or activities; optional: A portion of the continuing competence requirements of this Division 35 may be satisfied through the following non-clinical courses or activities recognized by an accredited institution or recognized health-related organization or professional association recognized by the Board. Courses completed under this part (3) may qualify for up to a maximum of 8 hours total, with no more than 4 hours maximum from any single category of coursework (a) to (d) within a certification period. A licensee initially licensed or whose lapsed license is renewed in the second year of a certification period, may complete up to 4 maximum hours total from any or all category of coursework (a) to (d).¶
(a) Personal Development/Self Care¶
(b) Business/Leadership¶
(c) Professional Conduct/Ethics¶
(d) Committee work or serving as an officer for the following: Oregon Board of Physical Therapy (OBPT), Oregon Physical Therapy Association (OPTA), American Physical Therapy Association (APTA) or the Federation of State Boards of Physical Therapy (FSBPT). Each meeting will count as one hour and must be documented with a certificate or letter signed by the Chair, Vice Chair, or officer of the organization.¶
(4) Notwithstanding part (2) or (3) of this rule, activities which will not satisfy the continuing competence requirement include:¶
(a) Courses provided by an accredited institution of higher education taken as part of the curriculum requirements of a CAPTE accredited physical therapy program;¶
(b) Workplace non-clinical employee orientation programs or trainings completed as a condition of employment;¶
(c) Courses, seminars or activities for which continuing competence hours were applied to an individual's license renewal during the most immediate prior certification period;¶
(5) A licensee may receive credit for completing a course, seminar or activity only one time during a certification period regardless of how many times the licensee attends that course, seminar or activity.¶
(6) A licensee who completes more than the required number of continuing competency hours during a certification period, may request to carryover a maximum of 8 hours to the next immediate certification period. Requests to carryover hours shall be made to the Board, in writing, ~~at least 60 days prior to license expiration~~by February 1st of the even-numbered year prior to the end of the certification period into which the licensee wishes to carryover credits from the prior period.
Statutory/Other Authority: ORS 688.160
Statutes/Other Implemented: ORS 688.160(6)(g)

AMEND: 848-035-0040

RULE SUMMARY: Clarifying part (3) to remove reference to renewals in even-numbered years as some late renewals are made in odd-numbered years. Further clarifying that the documentation referenced in part (3) would be in addition to documentation in part (2).

CHANGES TO RULE:

848-035-0040
Documentation of Continuing Competence ¶

(1) In order to qualify for credit against the required hours, a continuing competence course, seminar or activity must include a completion certificate. The certificate must include the title of the course or activity, the name of the sponsor or speaker, date of completion, number of hours and licensee's name.¶
(2) The licensee is responsible for obtaining a completion certificate from the sponsor or speaker. The licensee is further responsible for retaining the certificate and submitting a legible copy to the Board in the manner designated by the Board before or during renewal of license. All completion certificates shall be retained by the licensee for a minimum of four (4) years from the certificate date.¶
(3) The Board may require all or any percentage of physical therapists and physical therapist assistants who are renewing their licenses ~~in the even numbered year to provide~~to provide additional documentation of completion of the continuing competence requirements of this Division 35.
Statutory/Other Authority: ORS 688.160
Statutes/Other Implemented: ORS 688.160(6)(g)

OBPT October Board Meeting: Item E3 – Proposed OAR Language – New Rule to Implement HB 2359 (2021)

DRAFT OAR Language | Section to Be Determined in Chapter 848

(1) Except as provided in subsection (a) of this section, a licensee who is reimbursed with public funds shall work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 when communicating with a patient who prefers to communicate in a language other than English, unless the licensee is proficient in the patient's preferred language.

(a) A licensee who is otherwise required to work with a health care interpreter from the health care interpreter registry may work with a health care interpreter who is not listed on the health care interpreter registry only if the provider:

(A) Is employed by an education provider that provides education services to children from birth through age 21 and the interpreter is provided by the education provider in accordance with the education provider's requirements;

(B) Verifies, in writing, that the licensee has taken the appropriate steps needed to obtain a health care interpreter from the health care interpreter registry in accordance with the rules adopted by the Oregon Health Authority under ORS 413.558; or

(C) Has offered the patient the services of a health care interpreter from the health care interpreter registry and the patient declined the offer and chose a different interpreter.

(b) A licensee shall give personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the health care interpreter and may not suggest to the health care interpreter that the health care interpreter should procure the health care interpreter's own personal protective equipment as a condition of working with the licensee.

(c) A licensee shall maintain records of each patient encounter in which the provider worked with a health care interpreter from the health care interpreter registry. The records must include:

(A) The name of the licensee;

(B) The health care interpreter's registry number; and

(C) The language interpreted.

(2) For the purposes of this rule, education provider is defined as:

(a) A school district, as defined in ORS 332.002.

(b) The Oregon School for the Deaf.

(c) An educational program under the Youth Corrections Education Program.

(d) A public charter school, as defined in ORS 338.005.

(e) An education service district, as defined in ORS 334.003.

(f) Any state-operated program that provides educational services to students.

(g) A private school.

September 16, 2022

To the Directors of Oregon's medical licensing boards:

As you are likely aware, Oregon's 197 school districts and 19 education service districts (ESDs) employ a number of individuals who are licensed by your boards, including but not limited to: school nurses, speech language pathologists, occupational therapists, school psychologists, and social workers. While school nurses may address incidental injuries and illnesses, our medically-licensed staff are primarily providing support to students who qualify for an Individualized Education Plan (IEP; i.e.," special education"), or who otherwise require accommodations in order to access a Free Appropriate Public Education (FAPE), per the Individuals with Disabilities Education Act (IDEA) and the Rehabilitation Act of 1973.

You may be less familiar with the supports that exist within Oregon's education system for those who are not native English speakers. Statewide, there are over 160 unique home languages spoken by our students and their families. Our districts take very seriously their responsibility to provide information to their communities in a variety of languages. Additionally, there are specific federal requirements for providing parents with adequate translation/interpretation to participate in their student's IEP meetings. Many districts employ cultural or language liaisons who provide in-house interpretation services for commonly spoken languages, such as Spanish and Russian. For less common languages, outside language services are used.

In 2021, it was our understanding from legislators that HB 2359 would not impact Oregon's schools, as the intent of the legislation was for interpretation needed in a *medical* setting. However, in recent weeks, we've received questions from our medically-licensed staff about new requirements being passed by their licensing boards with regard to the use of health interpreters from OHA's registry. These questions have included whether school health/special education staff are no longer allowed to use the district's in-house interpreters, or whether the staff member must have an interpreter off of the registry every time they attend an IEP meeting, where the bulk of discussion is about a student's educational progress, any further accommodations they may need, and the parents' rights within the K-12 system.

Thus far, we've not had good answers to these questions as it seems that the requirements in HB 2359, which make sense in a medical setting, don't have clear applicability in a school setting. We've reviewed the requirements to be added to the registry and determined that 60 hours of health care interpreter training is not practical for our staff, given that they are primarily helping families understand K-12 policies, systems, and procedures. We also don't believe that a health care interpreter who has no background in the education system is the appropriate person to assist parents in ensuring their student's access to FAPE.

That said, we have made a good-faith effort to explore the feasibility of helping our medically-licensed staff comply with the rules passed thus far, and we have generally found that there are not enough interpreters on the registry to meet existing demand. Many of our districts in the metro region utilize the

IRCO Language Bank and IRCO also provides training for individuals who are seeking to get on the registry. When we reached out to them regarding their ability to supply interpreters from the registry we received the following response:

> *During the pandemic, the interpretation industry was heavily impacted. Interpreters who wanted to become qualified or certified couldn't register because the Healthcare Interpreter Courses were canceled. We work with the Oregon Health Authority and CareOregon to make the classes available again. We also partnership [sic] with OHCIA to recruit interpreters with credential from their registry. Unfortunately, the shortage is severe because many interpreters had quit due to a lack of work and language agencies in the area share the same pool of interpreters. Even with medical appointments, we try our best to provide qualified/certified interpreters in good faith.*
>
> *The schools may specify that they need a qualified/certified interpreter when they send us their interpretation request. If asked, we can provide the interpreter's credential and registry #. However, the appointment is less likely to be filled if it's only available to interpreters with credential. Currently, our fill rates for appointments that require credential is about 48%.*

With that context, it seems that requiring school staff to use health care interpreters off the state registry could not only cause delays in our ability to schedule required meetings with parents, but could cause further capacity issues in an already strained system. It simply does not make sense to have schools competing for health care interpreters with the hospitals and clinics where they are truly needed. Moreover, schools already provide culturally appropriate and proficient language services when needed.

We understand the Department of Justice has advised that your licensing bodies have the discretion to exempt licensees working in school settings from the requirements of HB 2359. We strongly urge you to do so. To us, this is a situation where the distinctions between the health care system and the education system clearly justify a nuanced set of rules that take the work setting of the licensee into account. We hope you will agree with us, and that your boards take action accordingly.

We appreciate your consideration. Thank you.

COALITION OF OREGON SCHOOL ADMINISTRATORS

OREGON SCHOOL BOARDS ASSOCIATION

OAESD Oregon Association of Education Service Districts

OREGON EDUCATION ASSOCIATION

A Member's Union OSEA AFT Local 6732

Northwest Regional Education Service District

PPS

EAST MULTNOMAH COUNTY SCHOOLS

Enrolled
House Bill 2359

Sponsored by Representatives SALINAS, RUIZ, Senator FREDERICK; Representatives ALONSO LEON, BYNUM, CAMPOS, DEXTER, GRAYBER, LEIF, NOSSE, PHAM, REYNOLDS, SANCHEZ, SCHOUTEN, SOLLMAN, VALDERRAMA (Presession filed.)

CHAPTER .....

AN ACT

Relating to health care interpreters; creating new provisions; amending ORS 413.550, 413.552, 413.556, 413.558, 414.572, 656.027 and 657.046; repealing ORS 657.048; and declaring an emergency.

Whereas current law contains a loophole for health care providers and interpretation service companies to justify working with untrained health care interpreters despite the availability of health care interpreters who are qualified or certified by the Oregon Health Authority; and

Whereas current law does not hold accountable health care providers and interpretation service companies for failing to work with qualified or certified interpreters or for failing to work with best practices in providing health care interpretation services; and

Whereas there is currently no complaint process for health care interpreters who experience wage or other labor violations; and

Whereas there is a growing demand for health care interpreters in rural communities in this state, especially for interpreters capable of interpreting languages of limited diffusion in those areas; and

Whereas health care interpreters suffer from the inequitable business practices of interpretation service companies; and

Whereas due to the low payment rates and the rising cost of training and testing, current and potential health care interpreters are reluctant to invest in training, testing, qualification or certification because of the low return on their investment; and

Whereas there is a lack of uniformity statewide in the quality of health care interpretation services; and

Whereas there is a lack of a uniform training curriculum statewide; now, therefore,

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

SECTION 1. Section 2 of this 2021 Act is added to and made a part of ORS 413.550 to 413.558.

SECTION 2. (1) Except as provided in subsection (2) of this section, a health care provider shall work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 when communicating with a patient who prefers to communicate in a language other than English, unless the health care provider is a doctor or clinician who is proficient in the patient's preferred language.

(2) A health care provider who is otherwise required to work with a health care interpreter from the health care interpreter registry may work with a health care interpreter who is not listed on the health care interpreter registry only if the provider:

(a) Verifies, in the manner prescribed by rule by a board or agency described in section 3 of this 2021 Act, that the provider has taken appropriate steps needed to obtain a health care interpreter from the health care interpreter registry in accordance with rules adopted by the authority under ORS 413.558; or

(b) Has offered the patient the services of a health care interpreter from the health care interpreter registry and the patient declined the offer and chose a different interpreter.

(3) A health care provider shall give personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the health care interpreter and may not suggest to the health care interpreter that the health care interpreter should procure the health care interpreter's own personal protective equipment as a condition of working with the health care provider.

(4) A health care provider shall maintain records of each patient encounter in which the provider worked with a health care interpreter from the health care interpreter registry. The records must include:

(a) The name of the health care interpreter;

(b) The health care interpreter's registry number; and

(c) The language interpreted.

(5) The boards and agencies described in section 3 of this 2021 Act shall adopt rules to carry out the provisions of this section, which may include additional exemptions under subsection (2) of this section.

SECTION 3. Section 2 of this 2021 Act may be enforced by any means permitted under law by:

(1) A health professional regulatory board with respect to a health care provider under the jurisdiction of the board.

(2) The Oregon Health Authority or the Department of Human Services with regard to health care providers or facilities regulated by the authority or the department and health care providers enrolled in the medical assistance program.

(3) The authority with regard to emergency medical services providers licensed under ORS 682.216 and clinical laboratories licensed under ORS 438.110.

SECTION 4. (1) An interpretation service company operating in this state:

(a) Except as provided in paragraph (b) of this subsection, may not arrange for a health care interpreter to provide interpretation services in health care settings if the health care interpreter is not listed on the health care interpreter registry described in ORS 413.558.

(b) May arrange for a health care interpreter who is not listed on the health care interpreter registry to provide interpretation services in health care settings only if:

(A) A health care provider represents to the interpretation service company that the health care provider:

(i) Has taken appropriate steps necessary to arrange for a health care interpreter from the health care interpreter registry in the manner prescribed by rule under section 2 of this 2021 Act; and

(ii) Was unable to arrange for a health care interpreter from the health care interpreter registry; and

(B) The interpretation service company does not employ a health care interpreter listed on the health care interpreter registry who is available to provide interpretation services to the health care provider.

(c) May not represent to a health care provider that a contracted or employed health care interpreter referred by the company is a certified health care interpreter unless the interpreter has met the requirements for certification under ORS 413.558 and has been issued a valid certification by the authority.

(d) May not require or suggest to a health care interpreter that the health care interpreter procure the health care interpreter's own personal protective equipment as a condition of receiving a referral.

(2) An interpretation service company shall maintain records of each encounter in which the company refers to a health care provider worked with a health care interpreter from the health care interpreter registry or a health care interpreter who is not on the registry. The records must include:

(a) The name of the health care interpreter; and

(b) The health care interpreter's registry number, if applicable.

SECTION 5. Section 6 of this 2021 Act is added to and made a part of ORS chapter 414.

SECTION 6. (1) As used in this section:

(a) "Certified health care interpreter" has the meaning given that term in ORS 413.550.

(b) "Qualified health care interpreter" has the meaning given that term in ORS 413.550.

(2) The Oregon Health Authority shall adopt rules to ensure that a coordinated care organization, in accordance with ORS 414.572 (2)(e), and any other health care provider that is reimbursed for the cost of health care by the state medical assistance program:

(a) Works with a certified health care interpreter or a qualified health care interpreter when interacting with a recipient of medical assistance, or a caregiver of a recipient of medical assistance, who has limited English proficiency or who communicates in signed language; and

(b) Is reimbursed for the cost of the certified health care interpreter or qualified health care interpreter.

SECTION 7. (1) As used in this section, "health care interpreter" has the meaning given that term in ORS 413.550.

(2) The Oregon Health Authority shall, in collaboration with the Oregon Council on Health Care Interpreters and health care interpreters, conduct a study:

(a) Of the best model for an online platform for patients and health care providers to contract with health care interpreters and on how to use state and federal funds to finance the platform, to be completed no later than July 1, 2022; and

(b) Regarding sight translation as it pertains to the definition of "health care interpreter" in ORS 413.550 and related best practices.

(3) No later than January 1, 2022, the authority shall report to the interim committees of the Legislative Assembly related to health the results of the studies described in subsection (2) of this section and recommendations for legislative changes, if necessary, to implement the findings of the studies.

SECTION 8. ORS 413.550 is amended to read:

413.550. As used in ORS 413.550 to 413.558:

(1) "Certified health care interpreter" means an individual who has been approved and certified by the Oregon Health Authority **under ORS 413.558.**

(2) "Coordinated care organization" has the meaning given that term in ORS 414.025.

[*(2)*] **(3)** "Health care" means medical, surgical**, oral** or hospital care or any other remedial care recognized by state law, including physical and behavioral health care.

[*(3)*] **(4)(a)** "Health care interpreter" means an individual who is readily able to:

[*(a)*] **(A) Communicate in English and** communicate with a person with limited English proficiency **or who communicates in signed language**;

[*(b)*] **(B)** Accurately interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in [*sign*] **signed** language, into English;

(C) Accurately interpret oral statements in English to a person with limited English proficiency or who communicates in signed language;

[*(c)*] **(D)** Sight translate documents from a person with limited English proficiency; **and**

[*(d)*] **(E)** Interpret the oral statements of other persons into the language of the person with limited English proficiency or into [*sign*] **signed** language[*; and*]**.**

[*(e) Sight translate documents in English into the language of the person with limited English proficiency.*]

(b) "Health care interpreter" also includes an individual who can provide the services described in paragraph (a) of this subsection using relay or indirect interpretation.

(5) "Health care interpreter registry" means the registry described in ORS 413.558 that is administered by the authority.

(6) "Health care provider" means any of the following that are reimbursed with public funds, in whole or in part:

(a) An individual licensed or certified by the:

(A) State Board of Examiners for Speech-Language Pathology and Audiology;

(B) State Board of Chiropractic Examiners;

(C) State Board of Licensed Social Workers;

(D) Oregon Board of Licensed Professional Counselors and Therapists;

(E) Oregon Board of Dentistry;

(F) State Board of Massage Therapists;

(G) Oregon Board of Naturopathic Medicine;

(H) Oregon State Board of Nursing;

(I) Oregon Board of Optometry;

(J) State Board of Pharmacy;

(K) Oregon Medical Board;

(L) Occupational Therapy Licensing Board;

(M) Oregon Board of Physical Therapy;

(N) Oregon Board of Psychology;

(O) Board of Medical Imaging;

(P) State Board of Direct Entry Midwifery;

(Q) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(R) Board of Registered Polysomnographic Technologists;

(S) Board of Licensed Dietitians; and

(T) State Mortuary and Cemetery Board;

(b) An emergency medical services provider licensed by the Oregon Health Authority under ORS 682.216;

(c) A clinical laboratory licensed under ORS 438.110;

(d) A health care facility as defined in ORS 442.015;

(e) A home health agency licensed under ORS 443.015;

(f) A hospice program licensed under ORS 443.860; or

(g) Any other person that provides health care or that bills for or is compensated for health care provided, in the normal course of business.

(7) "Interpretation service company" means an entity, or a person acting on behalf of an entity, that is in the business of arranging for health care interpreters to work with health care providers in this state.

[*(4)*] **(8)** "Person with limited English proficiency" means a person who, by reason of place of birth or culture, [*speaks*] **communicates in** a language other than English and does not [*speak*] **communicate in** English with adequate ability to communicate effectively with a health care provider.

(9) "Prepaid managed care health services organization" has the meaning given that term in ORS 414.025.

[*(5)*] **(10)** "Qualified health care interpreter" means an individual who has [*received*] **been issued** a valid letter of qualification from the authority **under ORS 413.558**.

[*(6)*] **(11)** "Sight translate" means to translate a written document into spoken or [*sign*] **signed** language.

SECTION 9. ORS 413.552 is amended to read:

413.552. (1) The Legislative Assembly finds that persons with limited English proficiency, or who communicate in [*sign*] **signed** language, are often unable to interact effectively with health care providers. Because of language differences, persons with limited English proficiency, or who communicate in [*sign*] **signed** language, are often excluded from health care services, experience delays or denials of health care services or receive health care services based on inaccurate or incomplete information.

(2) The Legislative Assembly further finds that the lack of competent health care interpreters among health care providers impedes the free flow of communication between the health care provider and patient, **negatively impacting health outcomes and** preventing clear and accurate communication and the development of empathy, confidence and mutual trust that is essential for an effective relationship between health care provider and patient.

(3) It is the policy of the Legislative Assembly to require [*the use of*] **working with** certified health care interpreters or qualified health care interpreters [*whenever possible*] to ensure the accurate and adequate provision of health care to persons with limited English proficiency and to persons who communicate in [*sign*] **signed** language.

(4) It is the policy of the Legislative Assembly that health care for persons with limited English proficiency be provided according to the guidelines established under the policy statement issued August 30, 2000, by the U.S. Department of Health and Human Services, Office for Civil Rights, entitled, "Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency," and the 1978 Patient's Bill of Rights.

SECTION 10. ORS 413.556 is amended to read:

413.556. The Oregon Council on Health Care Interpreters shall work in cooperation with the Oregon Health Authority to:

(1) Develop **and approve** testing, qualification and certification standards**, consistent with national standards,** for health care interpreters for persons with limited English proficiency and for persons who communicate in [*sign*] **signed** language.

[*(2) Coordinate with other states, the federal government or professional organizations to develop and implement educational and testing programs for health care interpreters.*]

[*(3) Examine operational and funding issues, including but not limited to the feasibility of developing a central registry and annual subscription mechanism for health care interpreters.*]

[*(4)*] **(2)** Do all other acts as shall be necessary or appropriate under the provisions of ORS 413.550 to 413.558.

SECTION 11. ORS 413.558 is amended to read:

413.558. (1) In consultation with the Oregon Council on Health Care Interpreters, the Oregon Health Authority shall by rule establish procedures for testing, qualification and certification of health care interpreters for persons with limited English proficiency or for persons who communicate in [*sign*] **signed** language, including but not limited to:

(a) Minimum standards for qualification and certification as a health care interpreter, **which may be modified as necessary,** including:

(A) Oral [*and written*] **or signed** language skills in English and in the language for which health care interpreter qualification or certification is granted; and

(B) Formal education or training in **interpretation,** medical **behavioral or oral health** terminology, anatomy and physiology[*, medical interpreting ethics and interpreting skills*];

(b) Categories of expertise of health care interpreters based on the English and non-English skills, or interpreting skills, and the medical terminology skills of the person seeking qualification or certification;

(c) Procedures for receiving applications and for examining applicants for qualification or certification;

(d) The content and administration of required examinations;

(e) The requirements and procedures for reciprocity of qualification and certification for health care interpreters qualified or certified in another state or territory of the United States or by another certifying body in the United States; and

(f) Fees for application, examination, initial issuance, renewal and reciprocal acceptance of qualification or certification as a health care interpreter if deemed necessary by the authority.

(2) Any person seeking qualification or certification as a health care interpreter must submit an application to the authority. If the applicant meets the requirements for qualification or certification established by the authority under this section, the authority shall issue a letter of qualification or a certification to the health care interpreter. **The authority shall notify a person of the authority's determination on the person's application no later than 60 days after the date the application is received by the authority.**

(3) The authority shall work with other states, the federal government or professional organizations to develop educational and testing programs and procedures for the qualification and certification of health care interpreters.

(4) In addition to the requirements for qualification established under subsection (1) of this section, a person may be qualified as a health care interpreter only if the person:

(a) Is able to fluently interpret [*the dialect,*] slang**, idioms and specialized vocabulary in English and the slang, idioms** or specialized vocabulary of the non-English language for which qualification is sought; and

(b) Has had at least 60 hours of health care interpreter training that includes anatomy and physiology and concepts of [*medical*] **health care** interpretation.

(5) A person may not use the title of "qualified health care interpreter" in this state**, or any other title, designation, words, letters, abbreviation, sign or device tending to indicate that the person is a qualified health care interpreter,** unless the person has met the requirements for qualification established under subsections (1) and (4) of this section and has been issued a valid letter of qualification by the authority.

(6) In addition to the requirements for certification established under subsection (1) of this section, a person may be certified as a health care interpreter only if:

(a) The person has met all the requirements established under subsection (4) of this section; and

(b) The person has passed written and oral examinations required by the authority in English, in a non-English language or [*sign*] **signed** language and in medical terminology.

(7) A person may not use the title of "certified health care interpreter" in this state**, or any other title, designation, words, letters, abbreviation, sign or device tending to indicate that the person is a certified health care interpreter,** unless the person has met the requirements for certification established under subsections (1) and (6) of this section and has been issued a valid certification by the authority.

(8) The authority shall:

(a) Provide health care interpreter training and continuing education in accordance with standards adopted by the Oregon Council on Health Care Interpreters under ORS 413.556 to professionalize the health care interpreter workforce in this state. The training may be provided at no cost or, if not, must be affordable.

(b) Maintain a record of all health care interpreters who have completed an approved training program.

(c) Establish and maintain a central registry for all health care interpreters who are qualified or certified by the authority and establish a process for health care interpreters to biennially update their contact information and confirm their participation in the registry.

(d) Adopt rules to carry out the provisions of this section.

(9) The authority shall provide the notice described in ORS 183.335 (1) to all certified and qualified health care interpreters listed on the registry prior to the adoption, amendment or repeal of any rule concerning qualified or certified health care interpreter services.

SECTION 12. The amendments to ORS 413.558 by section 11 of this 2021 Act do not require the Oregon Health Authority or the Oregon Council on Health Care Interpreters to

establish a new health care interpreter registry in addition to the health care interpreter registry in effect on the effective date of this 2021 Act.

SECTION 13. ORS 414.572 is amended to read:

414.572. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and requirements for a coordinated care organization and shall integrate the criteria and requirements into each contract with a coordinated care organization. Coordinated care organizations may be local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two. Coordinated care organizations may contract with counties or with other public or private entities to provide services to members. The authority may not contract with only one statewide organization. A coordinated care organization may be a single corporate structure or a network of providers organized through contractual relationships. The criteria and requirements adopted by the authority under this section must include, but are not limited to, a requirement that the coordinated care organization:

(a) Have demonstrated experience and a capacity for managing financial risk and establishing financial reserves.

(b) Meet the following minimum financial requirements:

(A) Maintain restricted reserves of $250,000 plus an amount equal to 50 percent of the coordinated care organization's total actual or projected liabilities above $250,000.

(B) Maintain capital or surplus of not less than $2,500,000 and any additional amounts necessary to ensure the solvency of the coordinated care organization, as specified by the authority by rules that are consistent with ORS 731.554 (6), 732.225, 732.230 and 750.045.

(C) Expend a portion of the annual net income or reserves of the coordinated care organization that exceed the financial requirements specified in this paragraph on services designed to address health disparities and the social determinants of health consistent with the coordinated care organization's community health improvement plan and transformation plan and the terms and conditions of the Medicaid demonstration project under section 1115 of the Social Security Act (42 U.S.C. 1315).

(c) Operate within a fixed global budget and, by January 1, 2023, spend on primary care, as defined in section 2, chapter 575, Oregon Laws 2015, at least 12 percent of the coordinated care organization's total expenditures for physical and mental health care provided to members, except for expenditures on prescription drugs, vision care and dental care.

(d) Develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(e) Coordinate the delivery of physical health care, [*mental health and chemical dependency services*] **behavioral health care**, oral health care and covered long-term care services.

(f) Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

(2) In addition to the criteria and requirements specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.

(e) Members [*receive*] **are provided:**

(A) Assistance in navigating the health care delivery system**;**

(B) Assistance [*and*] in accessing community and social support services and statewide resources[*, including through the use of certified health care interpreters and qualified health care interpreters, as those terms are defined in ORS 413.550*]**;**

(C) Meaningful language access as required by federal and state law including, but not limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act of 1964, Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services; and

(D) Qualified health care interpreters or certified health care interpreters listed on the health care interpreter registry, as those terms are defined in ORS 413.550.

(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.

(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.

(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.605.

(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.575.

(j) Each coordinated care organization prioritizes working with members who have high health care needs, multiple chronic conditions[*, mental illness or chemical dependency*] **or behavioral health conditions** and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services, including the services described in ORS 414.766, to reduce the use of avoidable emergency room visits and hospital admissions.

(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:

(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.

(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.

(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

(D) Are permitted to participate in the networks of multiple coordinated care organizations.

(E) Include providers of specialty care.

(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

(G) Work together to develop best practices for culturally **and linguistically** appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.372 and 442.373.

(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

(o) Each coordinated care organization has a governing body that complies with ORS 414.584 and that includes:

(A) At least one member representing persons that share in the financial risk of the organization;

(B) A representative of a dental care organization selected by the coordinated care organization;

(C) The major components of the health care delivery system;

(D) At least two health care providers in active practice, including:

(i) A physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375, whose area of practice is primary care; and

(ii) A [*mental health or chemical dependency treatment*] **behavioral health** provider;

(E) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

(F) At least two members of the community advisory council, one of whom is or was within the previous six months a recipient of medical assistance and is at least 16 years of age, or a parent, guardian or primary caregiver of an individual who is or was within the previous six months a recipient of medical assistance.

(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

(q) Each coordinated care organization publishes on a website maintained by or on behalf of the coordinated care organization, in a manner determined by the authority, a document designed to educate members about best practices, care quality expectations, screening practices, treatment options and other support resources available for members who have mental illnesses or substance use disorders.

(r) Each coordinated care organization works with the Tribal Advisory Council established in ORS 414.581 and has a dedicated tribal liaison, selected by the council, to:

(A) Facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization;

(B) Participate in the community health assessment and the development of the health improvement plan;

(C) Communicate regularly with the Tribal Advisory Council; and

(D) Be available for training by the office within the authority that is responsible for tribal affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located within the area served by the coordinated care organization and operated by an urban Indian organization pursuant to 25 U.S.C. 1651.

(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

(a) For members and potential members, optimize access to care and choice of providers;

(b) For providers, optimize choice in contracting with coordinated care organizations; and

(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

SECTION 14. ORS 414.572, as amended by section 14, chapter 489, Oregon Laws 2017, section 4, chapter 49, Oregon Laws 2018, section 8, chapter 358, Oregon Laws 2019, section 2, chapter 364, Oregon Laws 2019, section 58, chapter 478, Oregon Laws 2019, and section 7, chapter 529, Oregon Laws 2019, is amended to read:

414.572. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and requirements for a coordinated care organization and shall integrate the criteria and requirements into each contract with a coordinated care organization. Coordinated care organizations may be

local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two. Coordinated care organizations may contract with counties or with other public or private entities to provide services to members. The authority may not contract with only one statewide organization. A coordinated care organization may be a single corporate structure or a network of providers organized through contractual relationships. The criteria and requirements adopted by the authority under this section must include, but are not limited to, a requirement that the coordinated care organization:

(a) Have demonstrated experience and a capacity for managing financial risk and establishing financial reserves.

(b) Meet the following minimum financial requirements:

(A) Maintain restricted reserves of $250,000 plus an amount equal to 50 percent of the coordinated care organization's total actual or projected liabilities above $250,000.

(B) Maintain capital or surplus of not less than $2,500,000 and any additional amounts necessary to ensure the solvency of the coordinated care organization, as specified by the authority by rules that are consistent with ORS 731.554 (6), 732.225, 732.230 and 750.045.

(C) Expend a portion of the annual net income or reserves of the coordinated care organization that exceed the financial requirements specified in this paragraph on services designed to address health disparities and the social determinants of health consistent with the coordinated care organization's community health improvement plan and transformation plan and the terms and conditions of the Medicaid demonstration project under section 1115 of the Social Security Act (42 U.S.C. 1315).

(c) Operate within a fixed global budget and spend on primary care, as defined by the authority by rule, at least 12 percent of the coordinated care organization's total expenditures for physical and mental health care provided to members, except for expenditures on prescription drugs, vision care and dental care.

(d) Develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(e) Coordinate the delivery of physical health care, [*mental health and chemical dependency services*] **behavioral health care**, oral health care and covered long-term care services.

(f) Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

(2) In addition to the criteria and requirements specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.

(e) Members [*receive*] **are provided:**

(A) Assistance in navigating the health care delivery system**;**

(B) Assistance [*and*] in accessing community and social support services and statewide resources[*, including through the use of certified health care interpreters and qualified health care interpreters, as those terms are defined in ORS 413.550*]**;**

(C) Meaningful language access as required by federal and state law including, but not limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act of 1964, Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services; and

(D) Qualified health care interpreters or certified health care interpreters listed on the health care interpreter registry, as those terms are defined in ORS 413.550.

(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.

(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.

(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.605.

(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.575.

(j) Each coordinated care organization prioritizes working with members who have high health care needs, multiple chronic conditions[*, mental illness or chemical dependency*] **or behavioral health conditions** and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services, including the services described in ORS 414.766, to reduce the use of avoidable emergency room visits and hospital admissions.

(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:

(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.

(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.

(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

(D) Are permitted to participate in the networks of multiple coordinated care organizations.

(E) Include providers of specialty care.

(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

(G) Work together to develop best practices for culturally **and linguistically** appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.372 and 442.373.

(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

(o) Each coordinated care organization has a governing body that complies with ORS 414.584 and that includes:

(A) At least one member representing persons that share in the financial risk of the organization;

(B) A representative of a dental care organization selected by the coordinated care organization;

(C) The major components of the health care delivery system;

(D) At least two health care providers in active practice, including:

(i) A physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375, whose area of practice is primary care; and

(ii) A [*mental health or chemical dependency treatment*] **behavioral health** provider;

(E) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

(F) At least two members of the community advisory council, one of whom is or was within the previous six months a recipient of medical assistance and is at least 16 years of age or a parent, guardian or primary caregiver of an individual who is or was within the previous six months a recipient of medical assistance.

(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

(q) Each coordinated care organization publishes on a website maintained by or on behalf of the coordinated care organization, in a manner determined by the authority, a document designed to educate members about best practices, care quality expectations, screening practices, treatment options and other support resources available for members who have mental illnesses or substance use disorders.

(r) Each coordinated care organization works with the Tribal Advisory Council established in ORS 414.581 and has a dedicated tribal liaison, selected by the council, to:

(A) Facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization;

(B) Participate in the community health assessment and the development of the health improvement plan;

(C) Communicate regularly with the Tribal Advisory Council; and

(D) Be available for training by the office within the authority that is responsible for tribal affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located within the area served by the coordinated care organization and operated by an urban Indian organization pursuant to 25 U.S.C. 1651.

(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

(a) For members and potential members, optimize access to care and choice of providers;

(b) For providers, optimize choice in contracting with coordinated care organizations; and

(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

SECTION 15. ORS 656.027 is amended to read:

656.027. All workers are subject to this chapter except those nonsubject workers described in the following subsections:

(1) A worker employed as a domestic servant in or about a private home. For the purposes of this subsection "domestic servant" means any worker engaged in household domestic service by private employment contract, including, but not limited to, home health workers.

(2) A worker employed to do gardening, maintenance, repair, remodeling or similar work in or about the private home of the person employing the worker.

(3)(a) A worker whose employment is casual and either:

(A) The employment is not in the course of the trade, business or profession of the employer; or

(B) The employment is in the course of the trade, business or profession of a nonsubject employer.

(b) For the purpose of this subsection, "casual" refers only to employments where the work in any 30-day period, without regard to the number of workers employed, involves a total labor cost of less than $500.

(4) A person for whom a rule of liability for injury or death arising out of and in the course of employment is provided by the laws of the United States.

(5) A worker engaged in the transportation in interstate commerce of goods, persons or property for hire by rail, water, aircraft or motor vehicle, and whose employer has no fixed place of business in this state.

(6) Firefighter and police employees of any city having a population of more than 200,000 that provides a disability and retirement system by ordinance or charter.

(7)(a) Sole proprietors, except those described in paragraph (b) of this subsection. When labor or services are performed under contract, the sole proprietor must qualify as an independent contractor **to be a nonsubject worker**.

(b) Sole proprietors actively licensed under ORS 671.525 or 701.021. When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the sole proprietor must qualify as an independent contractor. Any sole proprietor licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(8) Except as provided in subsection (23) of this section, partners who are not engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving or demolition of an improvement on real property or appurtenances thereto. When labor or services are performed under contract, the partnership must qualify as an independent contractor **to be a nonsubject worker**.

(9) Except as provided in subsection (25) of this section, members, including members who are managers, of limited liability companies, regardless of the nature of the work performed. However, members, including members who are managers, of limited liability companies with more than one member, while engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving or demolition of an improvement on real property or appurtenances thereto, are subject workers. When labor or services are performed under contract, the limited liability company must qualify as an independent contractor **to be a nonsubject worker**.

(10) Except as provided in subsection (24) of this section, corporate officers who are directors of the corporation and who have a substantial ownership interest in the corporation, regardless of the nature of the work performed by such officers, subject to the following limitations:

(a) If the activities of the corporation are conducted on land that receives farm use tax assessment pursuant to ORS chapter 308A, corporate officer includes all individuals identified as directors in the corporate bylaws, regardless of ownership interest, and who are members of the same family, whether related by blood, marriage or adoption.

(b) If the activities of the corporation involve the commercial harvest of timber and all officers of the corporation are members of the same family and are parents, daughters or sons, daughters-in-law or sons-in-law or grandchildren, then all such officers may elect to be nonsubject workers. For all other corporations involving the commercial harvest of timber, the maximum number of exempt corporate officers for the corporation shall be whichever is the greater of the following:

(A) Two corporate officers; or

(B) One corporate officer for each 10 corporate employees.

(c) When labor or services are performed under contract, the corporation must qualify as an independent contractor **to be a nonsubject worker**.

(11) A person performing services primarily for board and lodging received from any religious, charitable or relief organization.

(12) A newspaper carrier utilized in compliance with the provisions of ORS 656.070 and 656.075.

(13) A person who has been declared an amateur athlete under the rules of the United States Olympic Committee or the Canadian Olympic Committee and who receives no remuneration for performance of services as an athlete other than board, room, rent, housing, lodging or other reasonable incidental subsistence allowance, or any amateur sports official who is certified by a recognized Oregon or national certifying authority, which requires or provides liability and accident insurance for such officials. A roster of recognized Oregon and national certifying authorities will be maintained by the Department of Consumer and Business Services, from lists of certifying organizations submitted by the Oregon School Activities Association and the Oregon Park and Recreation Society.

(14) Volunteer personnel participating in the ACTION programs, organized under the Domestic Volunteer Service Act of 1973, P.L. 93-113, known as the Foster Grandparent Program and the Senior Companion Program, whether or not the volunteers receive a stipend or nominal reimbursement for time and travel expenses.

(15) A person who has an ownership or leasehold interest in equipment and who furnishes, maintains and operates the equipment. As used in this subsection "equipment" means:

(a) A motor vehicle used in the transportation of logs, poles or piling.

(b) A motor vehicle used in the transportation of rocks, gravel, sand, dirt or asphalt concrete.

(c) A motor vehicle used in the transportation of property by a for-hire motor carrier that is required under ORS 825.100 or 825.104 to possess a certificate or permit or to be registered.

(16) A person engaged in the transportation of the public for recreational down-river boating activities on the waters of this state pursuant to a federal permit when the person furnishes the equipment necessary for the activity. As used in this subsection, "recreational down-river boating activities" means those boating activities for the purpose of recreational fishing, swimming or sightseeing utilizing a float craft with oars or paddles as the primary source of power.

(17) A person who receives no wage other than ski passes or other noncash remuneration for performing volunteer:

(a) Ski patrol activities; or

(b) Ski area program activities sponsored by a ski area operator, as defined in ORS 30.970, or by a nonprofit corporation or organization.

(18) A person 19 years of age or older who contracts with a newspaper publishing company or independent newspaper dealer or contractor to distribute newspapers to the general public and perform or undertake any necessary or attendant functions related thereto.

(19) A person performing foster parent or adult foster care duties pursuant to [*ORS 412.001 to 412.161 and 412.991 or*] ORS chapter [*411,*] 418, 430 or 443.

(20) A person performing services on a volunteer basis for a nonprofit, religious, charitable or relief organization, whether or not such person receives meals or lodging or nominal reimbursements or vouchers for meals, lodging or expenses.

(21) A person performing services under a property tax work-off program established under ORS 310.800.

(22) A person who performs service as a caddy at a golf course in an established program for the training and supervision of caddies under the direction of a person who is an employee of the golf course.

(23)(a) Partners who are actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in a partnership. If all partners are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such partners may elect to be nonsubject workers. For all other partnerships licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt partners shall be whichever is the greater of the following:

(A) Two partners; or

(B) One partner for each 10 partnership employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the partnership qualifies as an independent contractor. Any partnership licensed under

ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(24)(a) Corporate officers who are directors of a corporation actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in the corporation, regardless of the nature of the work performed. If all officers of the corporation are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such officers may elect to be nonsubject workers. For all other corporations licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt corporate officers shall be whichever is the greater of the following:

(A) Two corporate officers; or

(B) One corporate officer for each 10 corporate employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the corporation qualifies as an independent contractor. Any corporation licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(25)(a) Limited liability company members who are members of a company actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in the company, regardless of the nature of the work performed. If all members of the company are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such members may elect to be nonsubject workers. For all other companies licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt company members shall be whichever is the greater of the following:

(A) Two company members; or

(B) One company member for each 10 company employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the company qualifies as an independent contractor. Any company licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(26) A person serving as a referee or assistant referee in a youth or adult recreational soccer match whose services are retained on a match-by-match basis.

[*(27) A person performing language translator or interpreter services that are provided for others through an agent or broker.*]

[*(28)*] **(27)** A person who operates, and who has an ownership or leasehold interest in, a passenger motor vehicle that is operated as a taxicab or for nonemergency medical transportation. As used in this subsection:

(a) "Lease" means a contract under which the lessor provides a vehicle to a lessee for consideration.

(b) "Leasehold" includes, but is not limited to, a lease for a shift or a longer period.

(c) "Passenger motor vehicle that is operated as a taxicab" means a vehicle that:

(A) Has a passenger seating capacity that does not exceed seven persons;

(B) Is transporting persons, property or both on a route that begins or ends in Oregon; and

(C)(i) Carries passengers for hire when the destination and route traveled may be controlled by a passenger and the fare is calculated on the basis of any combination of an initial fee, distance traveled or waiting time; or

(ii) Is in use under a contract to provide specific service to a third party to transport designated passengers or to provide errand services to locations selected by the third party.

(d) "Passenger motor vehicle that is operated for nonemergency medical transportation" means a vehicle that:

(A) Has a passenger seating capacity that does not exceed seven persons;

(B) Is transporting persons, property or both on a route that begins or ends in Oregon; and

(C) Provides medical transportation services under contract with or on behalf of a mass transit or transportation district.

SECTION 16. ORS 657.046 is amended to read:

657.046. (1) As used in this chapter, "employment" does not include service performed in the operation of a passenger motor vehicle that is operated as a taxicab or a passenger motor vehicle that is operated for nonemergency medical transportation, by a person who has an ownership or leasehold interest in the passenger motor vehicle, for an entity that is operated by a board of owner-operators elected by the members of the entity.

(2) As used in this section:

(a) "Leasehold" has the meaning given that term in ORS 656.027 [*(28)*] **(27)**.

(b) "Passenger motor vehicle that is operated as a taxicab" means a vehicle that:

(A) Has a passenger seating capacity of at least three persons and not more than seven persons;

(B) On a route that begins or ends in Oregon, is used primarily to transport persons;

(C)(i) Carries passengers for hire when the destination and route traveled may be controlled by a passenger and the fare is calculated on the basis of any combination of an initial fee, distance traveled or waiting time; or

(ii) Is in use under a contract to provide specific service to a third party to transport designated passengers to locations selected by the third party; and

(D) Is not used more than secondarily or incidentally for errand services or to transport property, instead of or in addition to transporting passengers.

(c) "Passenger motor vehicle that is operated for nonemergency medical transportation" means a vehicle that:

(A) Has a passenger seating capacity of at least three persons and not more than seven persons;

(B) On a route that begins or ends in Oregon, is used primarily to transport persons;

(C) Provides medical transportation services under contract with or on behalf of a mass transit or transportation district; and

(D) Is not used more than secondarily or incidentally for errand services or to transport property, instead of or in addition to transporting passengers.

(3) The provisions of this section do not apply to service performed for:

(a) A nonprofit employing unit;

(b) This state;

(c) A political subdivision of this state; or

(d) An Indian tribe.

SECTION 17. ORS 657.048 is repealed.

SECTION 18. (1) Section 4 of this 2021 Act and the amendments to ORS 413.550, 413.552 and 413.556 by sections 8 to 10 of this 2021 Act become operative on September 1, 2022.

(2) Sections 2, 3 and 6 of this 2021 Act and the amendments to ORS 414.572 by section 13 of this 2021 Act become operative on July 1, 2022.

SECTION 19. Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (3), chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), for the biennium beginning July 1, 2021, for central services, state assessments and enterprise-wide costs, is increased by $670,664 for carrying out the provisions of this 2021 Act.

SECTION 20. Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 2 (3), chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), for the biennium beginning July 1, 2021, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, tobacco tax receipts, marijuana tax receipts, beer and wine tax receipts, provider taxes and Medicare receipts, but excluding lottery funds and federal funds not described in section 2, chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), collected or received by the Oregon Health Authority, for central services, state assessments and enterprise-wide costs, is increased by $66,812 for carrying out the provisions of this 2021 Act.

SECTION 21. Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 5 (3), chapter _____, Oregon Laws 2021 (Enrolled House

Bill 5024), for the biennium beginning July 1, 2021, as the maximum limit for payment of expenses from federal funds, excluding federal funds described in section 2, chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), collected or received by the Oregon Health Authority, for central services, state assessments and enterprise-wide costs, is increased by $118,194 for the purpose of carrying out the provisions of this 2021 Act.

SECTION 22. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect on its passage.

Passed by House June 17, 2021

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Tina Kotek, Speaker of House

Passed by Senate June 22, 2021

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2021

Approved:

.....M.,....., 2021

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2021

.....
Shemia Fagan, Secretary of State

OBPT Board Meeting: Item E4-Proposed 2023 Board Meeting Calendar

2023 Board Meeting Schedule – Establishing 3rd Week of Every Other Month Pattern

January -- Virtual

- Wednesday, Jan 18th: Executive Session 2pm
- Friday, January 20th: Public Session 8:30am

March -- Virtual

- Wednesday, March 15th: Executive Session 2pm
- Friday, March 17th: Public Session 8:30am

May – In Person

- Friday, May 19th: Executive and Public Sessions 8:30am

July -- Virtual

- Wednesday, July 19th: Executive Session 2pm
- Thursday*, July 20th: Public Session 8:30am

**The FSBPT LIF meeting was moved and would conflict with the typical Friday Public Session; proposing Thursday*.

September – Virtual or In Person

- Wednesday, Sept 20th: Executive Session 2pm
- Friday, Sept 22nd: Public Session 8:30am

-or-

- Friday, Sept 22nd: Executive and Public Session 8:30am

November – Virtual

- Wednesday, Nov 15th: Executive Session 2pm
- Friday, Nov 17th: Public Session 8:30am