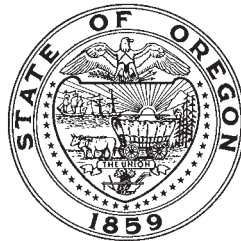


OREGON BULLETIN

Supplements the 2013 *Oregon Administrative Rules Compilation*

Volume 52, No. 4
April 1, 2013

For February 16, 2013–March 15, 2013



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Secretary of State
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INFORMATION AND PUBLICATION SCHEDULE

General Information

The Administrative Rules Unit, Archives Division, Secretary of State publishes the *Oregon Administrative Rules Compilation* and the on-line *Oregon Bulletin*. The *Oregon Administrative Rules Compilation* is an annual print publication containing the complete text of Oregon Administrative Rules (OARs) filed during the previous year through November 15, or the last workday before that if the 15th falls on a weekend or holiday. The *Oregon Bulletin* is a monthly on-line supplement that contains rule text amended after publication of the print *Compilation*, as well as proposed rulemaking and rulemaking hearing notices. The *Bulletin* also publishes certain non-OAR items such as Executive Orders of the Governor, Opinions of the Attorney General, and Department of Environmental Quality cleanup notices.

Background on Oregon Administrative Rules

ORS 183.310(9) defines “rule” as “any agency directive, standard, regulation or statement of general applicability that implements, interprets or prescribes law or policy, or describes the procedure or practice requirements of any agency.” Agencies may adopt, amend, repeal or renumber rules, permanently or temporarily (up to 180 days), using the procedures outlined in the *Oregon Attorney General’s Administrative Law Manual*. The Administrative Rules Unit assists agencies with the notification, filing and publication requirements of the administrative rulemaking process.

How to Cite

Every administrative rule uses the same numbering sequence of a three-digit chapter number followed by a three-digit division number and a four-digit rule number (000-000-0000). Example: Oregon Administrative Rules, chapter 166, division 500, rule 0020 (short form: OAR 166-500-0020).

Understanding an Administrative Rule’s “History”

State agencies operate in a dynamic environment of ever-changing laws, public concerns and legislative mandates which necessitate ongoing rulemaking. To track changes to individual rules and organize the rule filing forms for permanent retention, the Administrative Rules Unit has developed for each rule a “history” which is located at the end of the rule text. An administrative rule “history” outlines the statutory authority, statutes implemented and dates of each authorized modification to the rule text. Changes are listed in chronological order and identify in abbreviated form the agency, filing number, year, filing date and effective date. For example: “OSA 4-1993, f. & cert. ef. 11-10-93” documents a rule change made by the Oregon State Archives (OSA). The history notes this was the 4th filing from the Archives in 1993, it was filed on November 10, 1993 and the rule changes became effective on the same date. The most recent change to each rule is listed at the end of the “history.”

Locating the Most Recent Version of an Administrative Rule

The on-line *OAR Compilation* is updated on the first of each month to include all rule actions filed with the Administrative Rules Unit, Secretary of State’s office by the 15th of the previous month, or by the last workday before the 15th if that date falls on a weekend or holiday. The annual printed *OAR Compilation* contains the full text of all rules filed during the previous year through November 15, or the last workday before that if the 15th falls on a weekend or holiday. Subsequent changes to individual administrative rules are listed by rule number in the OAR Revision Cumulative Index which is published monthly in the on-line *Oregon Bulletin*. These listings include the effective date, the specific rulemaking action, and the

issue of the *Bulletin* that contains the full text of the amended rule. The *Bulletin* contains the full text of permanent and temporary rules filed for publication.

Locating Administrative Rules Unit Publications

The *Oregon Administrative Rules Compilation* and the *Oregon Bulletin* are available on-line at <<http://arcweb.sos.state.or.us/pages/rules/index.html>>. Printed volumes of the *Compilation* are deposited in Oregon’s Public Documents Depository Libraries listed in OAR 543-070-0000. Complete sets and individual volumes of the *Compilation* may be ordered by contacting: Administrative Rules Unit, Archives Division, 800 Summer Street NE, Salem, OR 97310, (503) 373-0701, Julie.A.Yamaka@state.or.us

2012–2013 Oregon Bulletin Publication Schedule

The Administrative Rules Unit accepts rulemaking notices and filings through its on-line filing system accessible on the OAR web site at <<http://arcweb.sos.state.or.us/pages/rules/index.html>>. To expedite the rulemaking process agencies are encouraged file a Notice of Proposed Rulemaking Hearing specifying hearing date, time and location, and submit their filings early in the submission period to meet the following deadlines:

Submission Deadline — Publishing Date

December 14, 2012	January 1, 2013
January 15, 2013	February 1, 2013
February 15, 2013	March 1, 2013
March 15, 2013	April 1, 2013
April 15, 2013	May 1, 2013
May 15, 2013	June 1, 2013
June 14, 2013	July 1, 2013
July 15, 2013	August 1, 2013
August 15, 2013	September 1, 2013
September 13, 2013	October 1, 2013
October 15, 2013	November 1, 2013
November 15, 2013	December 1, 2013

Reminder for Agency Rules Coordinators

Each agency that engages in rulemaking must appoint a rules coordinator and file an “Appointment of Agency Rules Coordinator” form, ARC 910-2011, with the Administrative Rules Unit, Archives Division, Secretary of State. Agencies which delegate rulemaking authority to an officer or employee within the agency must also file a “Delegation of Rulemaking Authority” form, ARC 915-2005. It is the agency’s responsibility to monitor the rulemaking authority of selected employees and to keep the appropriate forms updated. The Administrative Rules Unit does not verify agency signatures as part of the rulemaking process. Forms are available from the Administrative Rules Unit, Archives Division, 800 Summer Street NE, Salem, Oregon 97301, (503) 373-0701, or are downloadable at <<http://arcweb.sos.state.or.us/pages/rules/index.html>>

Publication Authority

The *Oregon Bulletin* is published pursuant to ORS 183.360(3). Copies of the original Administrative Orders may be obtained from the Archives Division, 800 Summer Street, Salem, Oregon, 97310; (503) 373-0701. The Archives Division charges for such copies.

Note: The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division. Any discrepancies with the published version are satisfied in favor of the Administrative Order.

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OTHER NOTICES

REQUEST FOR COMMENT PROPOSED CONSENT ORDER FOR PROSPECTIVE PURCHASE AGREEMENT COLUMBIA MEMORIAL HOSPITAL, CLATSOP COUNTY, OREGON

COMMENTS DUE: April 30, 2013

PROJECT LOCATION: 2615 Marine Drive, Astoria, Oregon

PROPOSAL: The Oregon Department of Environmental Quality is proposing to enter into a Consent Order for a Prospective Purchaser Agreement with Columbia Lutheran Charities d.b.a. Columbia Memorial Hospital concerning its acquisition of real property located at 2615 Marine Drive in Astoria, Oregon. The property, located east of the hospital, was historically occupied by a gasoline and automobile service station called Bob's Texaco. Columbia Memorial Hospital plans to demolish existing structures and develop the property for productive use as surface parking for the nearby hospital.

In 1991, based on reports of gasoline vapors in the storm sewer adjacent to the property and in the basement of a nearby commercial building, the city of Astoria reported a release to DEQ. Beyond the collection of a single soil sample from an exploratory borehole in the adjacent sidewalk, subsurface conditions at the property remained largely uncharacterized following reporting of the release. In May 2012, Columbia Memorial Hospital decommissioned by removal four underground storage tanks at the property. Analytical data collected during the decommissioning and during two subsequent phases of investigation at the property revealed soil and/or groundwater impacted by elevated concentrations of gasoline, associated volatile organic compounds and lead.

Columbia Memorial Hospital is acquiring the property and has agreed to perform the following scope of work: 1) demolish the existing structure and develop the property for surface parking use; 2) install an asphalt and/or concrete surface ("cap") at the property; 3) prior to development, submit construction and contaminated media management plans for the property to DEQ for review and/or comment; 4) provide consideration to DEQ in the amount of \$4,000 to fund (in whole or in part) a soil-gas investigation of residential/commercial properties within 100 feet of the property; 5) coordinate with the city of Astoria to permanently decommission the cased borehole in the sidewalk north of the property; 6) provide consideration to DEQ in an amount up to \$16,000 for DEQ's documentable cost recovery expenses and 7) execute an Easement and Equitable Servitudes that would prohibit future construction of buildings for human occupation at the property and requiring maintenance of the "cap".

Columbia Memorial Hospital's development and remediation plans will provide a substantial public benefit to the community by evaluating public health risks from residual contamination, restoring the Property to productive use, increasing available parking and preventing area employees and residents from exposure to shallow soil contamination.

DEQ's Prospective Purchaser Agreement program was created in 1995 through amendments to Oregon's environmental cleanup laws. The prospective purchase agreement is a tool that expedites the cleanup of contaminated property and encourages property transactions that would otherwise not likely occur because of the liabilities associated with purchasing a contaminated site.

The proposed Consent Order will provide Columbia Memorial Hospital with a release from liability for claims by the State of Oregon under ORS 465.200 to 465.545 and 465.990, 466.640, and 468B.310 regarding existing hazardous substance releases at or from the property. The proposed Consent Judgment will also provide Columbia Memorial Hospital with third party liability protection.

HOW TO COMMENT: The project file may be reviewed by appointment at DEQ's Northwest Region office at 2020 SW 4th Ave., Suite 400, Portland, Oregon 97201. To schedule an appointment to review the file or to ask questions, please contact Jeff Schatz at 503-229-5024. Summary information and copies of the documents referenced above are available in DEQ's Leaking Underground Stor-

age Tank (LUST) Cleanup Site database on the DEQ's website. To review this material, go to www.deq.state.or.us/lq/tanks/lust/LustPublicLookup.asp, then enter "04-91-0170" in the LUST Number box and click "Lookup" at the bottom of the page. Next, click the link labeled "04-91-0170" in the Log Number column. To be considered, written comments should be sent to Jeff Schatz, Project Manager, at the address listed above or by email at schatz.jeff@deq.state.or.us and must be received by 5:00 PM on April 30, 2013. A public meeting will be held upon written request by ten or more persons or by a group with a membership of 10 or more.

THE NEXT STEP: DEQ will consider all public comments received by the date and time stated above before making a final decision regarding the proposed remedial actions taken at the site. A public notice of DEQ's final decision will be issued in this publication.

ACCESSIBILITY INFORMATION: DEQ is committed to accommodating people with disabilities. Please notify DEQ of any special physical or language accommodations or if you need information in large print, Braille or another format. To make these arrangements, contact DEQ Communications & Outreach (503) 229-5696 or toll free in Oregon at (800) 452-4011; fax to 503-229-6762; or e-mail to deqinfo@deq.state.or.us. People with hearing impairments may call DEQ's TTY number, (800) 735-2900 or 711.

REQUEST FOR COMMENTS PROPOSED CLEANUP FOR OLD TOWN-BLOCK 8L

COMMENTS DUE: Tuesday, April 30, 2013

PROJECT LOCATION: 60 NW Davis Street, Portland, OR

PROPOSAL: The Department of Environmental Quality is proposing cleanup action to address soil and groundwater contamination at the Block 8L property located in Portland's Old Town district. Current use of the property is a surface paved parking lot. The proposed cleanup consists of soil removal and disposal, and installation of a soil vapor collection system as part of future site redevelopment.

HIGHLIGHTS: Investigation at the Block 8L property has identified elevated concentrations of petroleum hydrocarbons and metals in soil. Petroleum has also been detected in shallow groundwater in the northeast site corner exceeding DEQ risk-based concentrations. Soil contamination is principally from historical contaminated fill. Groundwater contamination has migrated on to the site from a separate property to the northeast. The proposed cleanup consists of excavation and landfill disposal of approximately 3,400 tons of contaminated soil, and installing of a soil vapor collection system. Both would be completed as part of site redevelopment.

HOW TO COMMENT: The project file may be reviewed by appointment at DEQ's Northwest Region office at 2020 SW Fourth Ave., Suite 400, Portland, Oregon 97201. To access site summary information including a DEQ staff report discussing the proposed remedy in DEQ's ECSI database on the Internet, go to <http://www.deq.state.or.us/lq/ECSI/ecsiquery.asp>, then enter 5768 in the Site ID box and click "Submit" at the bottom of the page. Next, click the link labeled 5768 in the Site ID/Info column. Send written comments by 5 p.m. Tuesday, April 30, 2013 to Daniel Hafley, Senior Project Manager, at the address listed above. If ten or more people or by a group with a membership of 10 or more submit a request, DEQ will hold a public meeting to receive verbal comments.

THE NEXT STEP: DEQ will consider all public comments received by the close of the comment period before making a final decision regarding the proposed site remedy.

ACCESSIBILITY INFORMATION: DEQ is committed to accommodating people with disabilities. Please notify DEQ of any special physical or language accommodations or if you need information in large print, Braille or another format. To make these arrangements, contact DEQ Communications and Outreach 503-229-5696 or toll free in Oregon at 800-452-4011; fax to 503-229-6762; or e-mail to deqinfo@deq.state.or.us.

People with hearing impairments may call 711.

OTHER NOTICES

A CHANCE TO COMMENT ON A PROPOSED AMENDMENT TO A RECORD OF DECISION FOR L.D. MCFARLAND WOOD TREATING FACILITY, EUGENE, OREGON

COMMENTS DUE: April 30, 2013

PROJECT LOCATION: 90049 Highway 99 North Eugene, Oregon

PROPOSAL: The Department of Environmental Quality (DEQ) proposes to revise the 1996 Record of Decision (ROD) for the L.D. McFarland Wood Treating Facility located at 90049 Highway 99 in Eugene, Oregon. The ROD prescribes the remedial action which L.D. McFarland must implement to address the presence of soil and groundwater contamination beneath the site. Since issuance of the ROD, significant advances have occurred in the design of environmental remediation systems. The purpose of the proposed ROD amendment is to select a more effective remedy based on an evaluation of currently available remedial options.

HIGHLIGHTS: L.D. McFarland operates a wood treating and preserving facility ("Facility") on approximately 25 acres at 90049 Highway 99 North in Eugene. The Facility has operated continuously since about 1953. Facility operation involves pressure treating wood products with pentachlorophenol dissolved in a light carrier oil. Historically, open vats were used for unpressurized thermal treatment of wood products. A spill of 10,000 to 30,000 gallons of PCP treating oil reportedly occurred from one of the full-length vats in the 1960's. Other historical releases resulting from boil over and malfunction of the Facility's recycling system are also believed to have occurred.

In 1986, evidence of environmental contamination was identified during a subsurface investigation. In November 1989, DEQ required L.D. McFarland to conduct a Remedial Investigation/Feasibility Study ("RI/FS") to characterize subsurface impact and to evaluate alternatives for remedial action. The remedial investigation confirmed the presence of pentachlorophenol ("PCP") and polynuclear aromatic hydrocarbons ("PAHs") in soil and groundwater. Light non-aqueous phase liquid ("LNAPL") PCP was also identified beneath the northwest portion of the Facility. Groundwater appears to seasonally discharge to recreational fishing ponds located at the Eugene Lakes Safety Rest Area west of the facility. Fish kills occurred at these ponds in 1991, 1992, and 1993 which are believed to be related to influxes of contaminated groundwater.

In 1993 L.D. McFarland implemented an interim remedial action measure ("IRAM) consisting of a groundwater extraction and treatment system which is intended to provide LNAPL recovery, hydraulic plume containment, and groundwater removal and treatment. In March 1995, L.D. McFarland submitted the final RI/FS to DEQ. In June 1996, DEQ issued a ROD which selected a final remedy for the site and established remedial action objectives for impacted media. The selected remedy includes: 1) continued operation of the IRAM; 2) enhanced LNAPL recovery using soil flushing; 3) in-situ air sparging; 4) natural attenuation; 5) groundwater monitoring; 6) institutional controls; and 7) contingency measures.

The IRAM has operated continuously since 1993 and has had a positive effect on groundwater quality. Through September 2012, the treatment system has processed more than 385 million gallons of groundwater and recovered more than 6,500 gallons of PCP. PCP concentrations in groundwater are near historic low levels at most locations. At the two sampling locations in Eugene Lakes Safety Rest Area, dissolved PCP concentrations have been near or below laboratory reporting limits for about 10 years. While LNAPL recovery continues, recovery rates have decreased in recent years.

In February 2013, L.D. McFarland prepared a Focused Feasibility Study ("FFS") to re-evaluate remedial alternatives considering recent advances in site remediation technology. The FFS determined that continued use of the IRAM coupled with enhanced LNAPL recovery using vacuum enhanced recovery ("VER") would provide greater environmental benefit than the existing remedy elements. In March 2013, DEQ concurred with these findings. DEQ further determined that substitution of the remedy represented a "significant modification" which required an amendment of the 1996 ROD. In

March 2013, DEQ prepared an amended ROD which identifies continued operation of the IRAM coupled with LNAPL recovery using VER as the selected remedy. The ROD also updates the numeric cleanup goals for the remedial action objectives based on current toxicological data.

The proposed remedy is consistent with Oregon Rule and statute and, if properly implemented, will be protective of public health and the environment pursuant to Oregon Revised Statutes 465.200 *ets seq.* and Oregon Administrative Rules 340, Division 122.

HOW TO COMMENT: Written comments concerning the proposed ROD Amendment should be sent to Christopher Stine, stine.chris@deq.state.or.us, at DEQ's Western Region Office, 165 East 7th Avenue, Suite 100, Eugene, Oregon, 97401. Comments must be received by DEQ by 5:00 pm April 30, 2013. Questions may be directed to Mr. Stine at that address or by calling (541) 686-7810. The proposed ROD Amendment and DEQ file on the Property may be reviewed at DEQ's Western Region office in Eugene by contacting Denise Miller at (541) 686-7809. To access information online: <http://www.deq.state.or.us/Webdocs/Forms/Output/FPController.ashx?SourceIdType=11&SourceId=63&Screen=Load>

Upon written request by ten or more persons, or by a group having ten or more members, a public meeting will be held to receive verbal comments on the proposed ROD Amendment.

THE NEXT STEP: DEQ will consider all public comments. A final decision concerning the proposed ROD Amendment will be made after consideration of public comments.

REQUEST FOR COMMENTS PROPOSED CERTIFICATION OF COMPLETION FOR DOANE ENTERPRISES/PORABLE EQUIPMENT SALVAGE

COMMENTS DUE: 5 p.m., April 30, 2013.

PROJECT LOCATION: 10215 and 10281 SE Mather Road, Clackamas, Oregon.

PROPOSAL: The Department of Environmental Quality invites comments on the proposed Certification of Completion for environmental investigation and cleanup work performed at the property owned by Doane Enterprises and formerly identified as the Portable Equipment Salvage Corporation site, Environmental Cleanup Site Information database file # 149.

HIGHLIGHTS: The site is approximately 6.94 acres and has been redeveloped as part of the expanded Doane Enterprises/R.S. Davis Properties recycling facility. Soil and groundwater at the site were contaminated with lead, polychlorinated biphenyls (commonly known as PCBs), and volatile organic compounds (commonly known as VOCs) from the salvage of transformers and other electrical equipment by the Portable Equipment Salvage Corporation. A soil cleanup was completed on the property in 1993 under a Record of Decision issued to the Portable Equipment Salvage Corporation by DEQ in 1991. The 1991 Record of Decision did not address groundwater contamination.

In 2007 the neighboring Doane metal recycling operation approached DEQ with the intent of acquiring the property under a Prospective Purchaser Agreement in the form of a Consent Judgment for expansion of their business. Under the terms of the Consent Judgment, Doane would be protected from liability for historic groundwater contamination in return for the completion of specific measures that provided significant public benefits. These benefits included the gathering of additional data on the extent of historic soil and groundwater contamination, investigation of more recent potential on-site sources, and expanded employment and tax revenue opportunities provided by the expansion of the Doane facility.

The additional investigative activities specified in the Consent Judgment have been completed, along with removal and disposal of PCB- and VOC-contaminated soils that were discovered during investigation. The site has been redeveloped in accordance with the 1991 Record of Decision and the Consent Judgment. Conditions at the site are protective of human health for site users and the DEQ intends to issue a Certification of Completion to this effect.

OTHER NOTICES

HOW TO COMMENT: Send written comments on the proposed Certificate of Completion to the DEQ Project Manager, Michael Greenburg at Oregon DEQ, Northwest Region, 2020 SW 4th Ave., Suite 400, Portland, Oregon 97201, or email to greenburg.michael@deq.state.or.us by 5 p.m., April 1, 2013. To view the project files please call Dawn Weinberger, File Review Specialist, at (503) 229-6729 to schedule an appointment. If you have any questions, please contact the project manager at 503 229-5153.

THE NEXT STEP: Once the public comment period has closed DEQ will consider all comments before making a decision.

ACCESSIBILITY INFORMATION: DEQ is committed to accommodating people with disabilities. Please notify DEQ of any special physical or language accommodations or if you need information in large print, Braille or another format. To make these arrangements, contact DEQ Communications and Outreach 503-229-5696 or toll free in Oregon at 800-452-4011; fax to 503-229-6762; or email to deqinfo@deq.state.or.us.

People with hearing impairments may call 711.

NOTICES OF PROPOSED RULEMAKING

Notices of Proposed Rulemaking and Proposed Rulemaking Hearings

The following agencies provide Notice of Proposed Rulemaking to offer interested parties reasonable opportunity to submit data or views on proposed rulemaking activity. To expedite the rulemaking process, many agencies have set the time and place for a hearing in the notice. Copies of rulemaking materials may be obtained from the Rules Coordinator at the address and telephone number indicated.

Public comment may be submitted in writing directly to an agency or presented orally at the rulemaking hearing. Written comment must be submitted to an agency by 5:00 p.m. on the Last Day for Comment listed, unless a different time of day is specified. Oral comments may be submitted at the appropriate time during a rulemaking hearing as outlined in OAR 137-001-0030.

Agencies providing notice request public comment on whether other options should be considered for achieving a proposed administrative rule's substantive goals while reducing negative economic impact of the rule on business.

In Notices of Proposed Rulemaking where no hearing has been set, a hearing may be requested by 10 or more people or by an association with 10 or more members. Agencies must receive requests for a public rulemaking hearing in writing within 21 days following notice publication in the *Oregon Bulletin* or 28 days from the date notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received by an agency, notice of the date and time of the rulemaking hearing must be published in the *Oregon Bulletin* at least 14 days before the hearing.

**Auxiliary aids for persons with disabilities are available upon advance request. Contact the agency Rules Coordinator listed in the notice information.*

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Board of Examiners for Engineering and Land Surveying Chapter 820

Rule Caption: Adopt Board's 2013–2015 budget and clarify rules related to modifying designs and CPD requirements.

Date: 5-14-13 **Time:** 2 p.m. **Location:** 670 Hawthorne Ave. SE, Suite 220 Salem, OR 97301

Hearing Officer: Dan Linscheid

Stat. Auth.: ORS 672.255

Other Auth.: ORS 182.462 & 670.310

Stats. Implemented: ORS 672.002–672.325

Proposed Adoptions: 820-050-0001

Proposed Amendments: 820-010-0325, 820-010-0622

Proposed Repeals: 820-050-0001(T)

Last Date for Comment: 5-14-13, Close of Hearing

Summary: OAR 820-050-0001 — Adopts the language to clarify the professional development requirements for Certified Water Right Examiners. Repeals the temporary rule.

OAR 820-010-0325 — Adopts the budget of the Board for the 2013–2015 biennium.

OAR 820-010-0622 — Clarifies the process to modify documents prepared and sealed by an architect.

Rules Coordinator: Mari Lopez

Address: Board of Examiners for Engineering and Land Surveying, 670 Hawthorne Ave. SE, Suite 220, Salem, OR 97301

Telephone: (503) 362-2666, ext. 26

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Board of Massage Therapists Chapter 334

Rule Caption: Adopt Board budget; clarify internal cavity, discipline, exempt practices, initial license and applicants rules.

Date: 5-16-13 **Time:** 9 a.m. **Location:** 748 Hawthorne Ave. NE Salem, OR 97301

Hearing Officer: Kate Coffey

Stat. Auth.: ORS 687.011, 687.051, 687.081 & 687.121

Other Auth.: ORS 182.456–182.472 & 183

Stats. Implemented: ORS 687.011, 687.031, 687.051, 687.081 & 687.121

Proposed Amendments: 334-001-0012, 334-010-0027, 334-010-0029, 334-040-0010, 334-010-0005, 334-010-0015

Last Date for Comment: 5-16-13, Close of Hearing

Summary: The proposed rule amendments adopts the 2013–15 budget; adds Ortho-Bionomy to the exempt practices; clarifies the internal cavity rule based on comments from the LMT community; specifies rules addressing discipline, applicants, and initial license.

Rules Coordinator: Christine West

Address: Board of Massage Therapists, 748 Hawthorne Ave. NE, Salem, OR 97301

Telephone: (503) 365-8657, ext. 302

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Board of Nursing Chapter 851

Rule Caption: Clarifies certification categories and licensure renewal status for advanced practice nurses

Date: 4-25-13 **Time:** 9 a.m. **Location:** 17938 SW Upper Boones Ferry Rd. Portland, OR

Hearing Officer: Kay Carnegie, Board President

Stat. Auth.: ORS 678.101, 678.150, 678.380 & 678.395

Stats. Implemented: ORS 678.380

Proposed Amendments: 851-050-0005, 851-050-0006, 851-050-0008, 851-050-0138

Last Date for Comment: 4-23-13, 5 p.m.

Summary: Offering a bridge for licensure in various NP categories who are in the process of changing their national certification and titling.

Consistently using the term “active” license/certificate instead of “current.”

Removing requirements in Division 50, 52 and 54 for an “unencumbered” registered nurse license in order to renew an advanced nursing license/certificate.

Updating the criteria for evaluating NP national certification exams based on new NCSBN criteria.

Rules Coordinator: Peggy A. Lightfoot

Address: Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224

Telephone: (971) 673-0638

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Rule Caption: Clarifies certification categories and licensure renewal status for advanced practice nurses.

Date: 4-25-13 **Time:** 9 a.m. **Location:** 17938 SW Upper Boones Ferry Rd. Portland, OR

Hearing Officer: Kay Carnegie, Board President

Stat. Auth.: ORS 678.285

Stats. Implemented: ORS 678.285

Proposed Amendments: 851-052-0020, 851-052-0030

Last Date for Comment: 4-23-13, 5 p.m.

Summary: Consistently using the term “active” license/certificate instead of “current.”

Removing requirements in Division 50, 52 and 54 for an “unencumbered” registered nurse license in order to renew an advanced nursing license/certificate.

Changing the name of the national certification board for CRNAs to reflect current titling.

Rules Coordinator: Peggy A. Lightfoot

Address: Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224

Telephone: (971) 673-0638

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Rule Caption: Clarifies licensure renewal status for Clinical Nurse Specialists.

NOTICES OF PROPOSED RULEMAKING

Date: 4-25-13
Time: 9 a.m.
Location: 17938 SW Upper Boones Ferry Rd.
Portland, OR

Hearing Officer: Kay Carnegie, Board President
Stat. Auth.: ORS 678.050, 678.101, 678.370 & 678.372
Stats. Implemented: ORS 678.050, 678.370 & 678.372
Proposed Amendments: 851-054-0040, 851-054-0050
Proposed Repeals: 851-054-0055
Last Date for Comment: 4-23-13, 5 p.m.
Summary: Consistently using the term “active” license/certificate instead of “current.”

Removing requirements in Division 50, 52 and 54 for an “unencumbered” registered nurse license in order to renew an advanced nursing license/certificate.

Removing the section on “reactivation” from the CNS section of rules (Division 54) to be consistent with other divisions.

Changing delinquent renewal from 30 to 60 days in the CNS section of rules to be consistent with Division 50.

Rules Coordinator: Peggy A. Lightfoot
Address: Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224
Telephone: (971) 673-0638

Board of Parole and Post-Prison Supervision Chapter 255

Rule Caption: Reorganize Rules on Inmate Accompaniment to Board Hearings

Stat. Auth.: ORS 144.123 & 144.120(7), 144.750, & 192.690
Stats. Implemented: ORS 144.123, 144.750 & 144.120(7) & 192.630

Proposed Amendments: 255-030-0025, 255-030-0026

Last Date for Comment: 4-30-13, Close of Business

Summary: Reorganization of the rules that relate to inmate accompaniment to Board hearings is necessary to separate the rules that require joint rule-making with the Department of Corrections into a discrete section to promote efficiency and clarity.

Rules Coordinator: Shawna Harnden
Address: Board of Parole and Post-Prison Supervision, 2575 Center St. NE, Salem, OR 97301
Telephone: (503) 945-0913

Board of Psychologist Examiners Chapter 858

Rule Caption: Modifies definitions, applied psychology educational requirements, application procedure, inactive status, and supervised work experience requirements.

Stat. Auth.: ORS 675.010–675.150.
Stats. Implemented: ORS 675.030, 675.045, 675.070 & 675.110
Proposed Amendments: 858-010-0001, 858-010-0005, 858-010-0011, 858-010-0012, 858-010-0013, 858-010-0017, 858-010-0020, 858-010-0025, 858-010-0030, 858-010-0036, 858-010-0037, 858-010-0050, 858-010-0060, 858-010-0080, 858-020-0015, 858-020-0025, 858-020-0035, 858-020-0045, 858-020-0055, 858-020-0085, 858-020-0105, 858-030-0005, 858-040-0015, 858-040-0035, 858-040-0036

Last Date for Comment: 4-30-13, 5 p.m.

Summary: The proposed amendment reorganizes and adds general definitions; makes various clarifying language and grammar housekeeping changes; modifies the applied psychology core program education requirements to be consistent with the clinical psychology core program education requirements, including a requirement for a minimum quantity of graded coursework, and changes to the substantive content area descriptions; makes some clarifying changes to the supervised work experience requirements; creates a retention period of three years for a residency supervisor’s records and notes; adds a requirement that the residency supervisor notify the board within fourteen days of any significant interruption or expected termination of a resident supervision contract; modifies

and adds definitions to the process for application review; updates the examination procedures; adds a clear definition of inactive status; specifies that a license will revert to inactive status if a licensee fails to pay the prorated reactivation fee in 30 days.

Rules Coordinator: LaRee Felton
Address: Board of Psychologist Examiners, 3218 Pringle Rd. SE, Suite 130, Salem, OR 97302
Telephone: (503) 373-1196

Construction Contractors Board Chapter 812

Rule Caption: Division 6 — update cite references, change pre-licensure training, provider experience, and change record retention

Date: 4-23-13
Time: 11 a.m.
Location: West Salem Roths IGA
Santiam Rm.
425 Glen Creek Rd.
Salem, OR

Hearing Officer: Rob Yorke
Stat. Auth.: ORS 670.310, 701.122, 701.235 & 701.992
Stats. Implemented: ORS 670.310, 701.005, 701.056, 701.063, 701.068, 701.073, 701.088, 701.102, 701.105, 701.122, 701.131 & 701.238

Proposed Amendments: 812-002-0640, 812-005-0180, 812-006-0100, 812-006-0150, 812-006-0200, 812-006-0250, 812-006-0300, 812-006-0350, 812-006-0400, 812-006-0450

Last Date for Comment: 4-23-13, Close of Hearing

Summary: Note: This rule hearing was originally scheduled for February 26, 2013; however, due to the canceling of the Board meeting for February 26, 2013, the rulemaking hearing has been rescheduled to April 23, 2013.

OAR 812-002-0640, 812-005-0180, Div. 6 heading, 812-006-0150, 812-006-0250, 812-006-0300, 812-006-0350, and 812-006-0400 are amended to make it clear the training is needed before a new contractor becomes licensed. This helps clearly differentiate between the continuing education required for renewal and the pre-licensure education required prior to licensure.

812-006-0100 and 812-006-0450 are amended to revise cite references and to make it clear the training is needed before a new contractor becomes licensed. This helps clearly differentiate between the continuing education required for renewal and the pre-licensure education required prior to licensure.

812-006-0200 is amended to make it clear the training is needed before a new contractor becomes licensed. This helps clearly differentiate between the continuing education required for renewal and the pre-licensure education required prior to licensure. And is amended to change the length of time a pre-licensure training provider must keep their records from five years to six years to match the Pre-Licensure Training Authorization Agreements providers sign and to match current contracting statutes. The rule is also amended to require that trainers have at least four years work experience or four years of education, or any combination of both, in the subject areas that they instruct. The amendment is consistent with the rule for residential continuing education (see OAR 812-021-0025(6)(b)).

Rules Coordinator: Catherine Dixon
Address: Construction Contractors Board, 700 Summer St. NE, Suite 300, Salem, OR 97310
Telephone: (503) 934-2185

Department of Agriculture Chapter 603

Rule Caption: Amends rule to require notification of shipments from Maricopa County, Arizona.

Stat. Auth.: ORS 561 & 571
Stats. Implemented: ORS 561.190, 561.510–561.600, 570.305, 570.405 & 570.410–570.415
Proposed Amendments: 603-052-0347

NOTICES OF PROPOSED RULEMAKING

Last Date for Comment: 4-22-13, 5 p.m.

Summary: The proposed amendment requires recipients of onion bulbs, sets, or seedlings from Maricopa county, Arizona to notify the department of the incoming shipments. This amendment codifies into rule what is already in practice by the industry.

Rules Coordinator: Sue Gooch

Address: Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301

Telephone: (503) 986-4583

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**Department of Agriculture,
Oregon Processed Vegetable Commission
Chapter 647**

Rule Caption: Amend rules related to assessment rates.

Date:	Time:	Location:
4-25-13	7:30 p.m.	3415 Commercial St. SE Salem, Oregon

Hearing Officer: Scott Setniker

Stat. Auth.: ORS 576.051-576.595

Stats. Implemented: ORS 576.051-576.595

Proposed Amendments: 647-010-0010

Last Date for Comment: 4-25-13, 5:30 p.m.

Summary: The proposed rule amendments set the assessment rates for the six processed vegetable crops governed by the commission.

Rules Coordinator: John McCulley

Address: Department of Agriculture, Processed Vegetable Commission, PO Box 2042, Salem, OR 97308-2042

Telephone: (503) 370-7019

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**Department of Agriculture,
Oregon Strawberry Commission
Chapter 668**

Rule Caption: Change the assessment on strawberries from 1 percent to 1.25 percent.

Date:	Time:	Location:
4-24-13	2 p.m.	4845 B. SW Dresden Ave. Corvallis, OR 97333

Hearing Officer: Philip Gutt

Stat. Auth.: ORS 576.304

Stats. Implemented: ORS 576.325 & 576.335

Proposed Amendments: 668-010-0010

Last Date for Comment: 4-24-13, 5 p.m.

Summary: Amend OAR 668-010-0010(1) to increase the assessment by .25% in order to fund an endowment dedicated to a berry professorship at Oregon State University. Due to reductions in state funds to Oregon State University, continuance of a dedicated berry professorship is only guaranteed through industry support of an endowed professorship. The berry industry benefits from the research and education provided by a professor dedicated to berries.

The increased assessment will ensure the berry professorship, thus allowing the Commission to continue to conduct and fund research, such as those set forth in ORS 576.304 (11) (a), (c), and (d).

This proposed rule change will allow the commodity commission to collect assessments of 1.25 percent of the gross value of the raw product, rather than 1 percent of the gross value of the raw product.

Rules Coordinator: Rachel Denué

Address: Department of Agriculture, Oregon Strawberry Commission, 4845 B SW Dresden Ave., Corvallis, OR 97333

Telephone: (541) 758-4043

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**Department of Consumer and Business Services,
Building Codes Division
Chapter 918**

Rule Caption: Exempts certain permit applications from plan review by a certified individual.

Stat. Auth.: ORS 455.030, 455.055, 455.110, 455.720 & 455.730

Stats. Implemented: ORS 455.030, 455.055, 455.110, 455.720 & 455.730

Proposed Adoptions: Rules in 918-098

Proposed Amendments: Rules in 918-098

Proposed Repeals: Rules in 918-098

Last Date for Comment: 4-26-13, 5 p.m.

Summary: This rule allows permit technicians employed by a municipality administering and enforcing a building inspection program to review and approve certain "simple permit" applications related to one- and two-family dwellings. Permit technicians must utilize a division approved checklist when reviewing a "simple permit" application. This rule does not create any new exemptions from review.

Rules Coordinator: Richard J. Baumann

Address: Department of Consumer and Business Services, Building Codes Division, PO Box 14470, Salem, OR 97309-0404

Telephone: (503) 373-7559

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**Department of Consumer and Business Services,
Workers' Compensation Division
Chapter 436**

Rule Caption: Self-insured employer groups, common claims fund balance

Date:	Time:	Location:
4-22-13	9 a.m.	Labor & Industries Bldg. 350 Winter St. NE, Rm. E Salem, OR

Hearing Officer: Fred Bruyns

Stat. Auth.: ORS 656.704 & 656.726(4)

Stats. Implemented: ORS 656.430

Proposed Amendments: 436-050-0003, 436-050-0300

Last Date for Comment: 4-24-13, Close of Business

Summary: The agency proposes to amend OAR chapter 436, division 050, "Employer/Insurer Coverage Responsibility," to decrease the funding requirement for the common claims fund, for self-insured employer groups that are not made up of governmental subdivisions, from 100 percent to 30 percent of the average of the group's paid losses for the previous four years. The 30-percent funding level is consistent with rules in effect before Jan. 1, 2013, and with temporary rules currently in effect.

Rules Coordinator: Fred Bruyns

Address: Department of Consumer and Business Services, Workers' Compensation Division, PO Box 14480, Salem, OR 97309-0405

Telephone: (503) 947-7717

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**Department of Energy
Chapter 330**

Rule Caption: Amending BETC rules for pass-through, transfers and sunset provisions.

Date:	Time:	Location:
4-24-13	1 a.m.	Oregon Department of Energy 625 Mation St. NE Salem, OR 97301

Hearing Officer: Elizabeth Ross

Stat. Auth.: ORS 469.040, 469B.148 & 469B.161

Stats. Implemented: ORS 469B.130-469B.171, 315.354-315.357 & 2012 OL Ch.45, Sec. 16

Proposed Amendments: 330-090-0133, 330-090-0140, 330-090-0150, 330-090-0160

Proposed Repeals: 330-090-0140(T), 330-090-0160(T)

Last Date for Comment: 4-26-13, 5 p.m.

Summary: Although the 2011 Oregon Legislature replaced the Business Energy Tax Credit (BETC) program with the new Energy Incentives Program, the Oregon Department of Energy still must carry out its obligations to BETC participants before that program officially ends in 2014. The proposed rule amendments address the application deadline for the July 1, 2014 program sunset, expand the

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transfer process and make permanent the November 16, 2012, temporary rule defining what constitutes "use" of the tax credit rendering the tax credit nontransferable. The proposed rule provides that for projects subject to the July 1, 2014 sunset date, applicants should submit final applications at least 60 days before the expiration of their preliminary certification but no later than May 1, 2014. The proposed rule expands the transfer process to include all projects unable to find a pass-through partner prior to the sunset date. Lastly, the amendments make permanent the temporary rule that defines "use" as any time the tax credit offsets any portion of the applicant's tax liability. A call-in number is available for the public hearing, please see website for details: <http://www.oregon.gov/energy/CONS/BUS/Pages/BETC-Rulemaking-for-Pass-through,-Transfer-and-Sunset-Provisions.aspx>

Rules Coordinator: Kathy Stuttaford

Address: Department of Energy, 625 Marion St. NE, Salem, OR 97301

Telephone: (503) 373-2127

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Department of Environmental Quality Chapter 340

Rule Caption: Corrections and Clarifications to Nonpoint Source Regulations

Date: 4-16-13 **Time:** 5 p.m. **Location:** EQC A,
Oregon DEQ
811 SW 6th Ave.
Portland, OR, 97204

Hearing Officer: Koto Kishida

Stat. Auth.: ORS 468.020, 468B.030, 468B.035, 468B.048 & 468.065

Other Auth.: Stipulated Order on Nonpoint Source & Endangered Species Act Remedies

Stats. Implemented: ORS 468B.030, 468B.035 & 468B.048

Proposed Amendments: 340-041-0007, 340-041-0028, 340-041-0061

Last Date for Comment: 4-22-13, 5 p.m.

Summary: To meet obligations under a stipulated order and a legal agreement, DEQ proposes deleting the following provisions that describe how nonpoint sources comply with water quality standards.

Statewide Narrative Criteria — OAR 340-041-0007(5)

The proposed amendment would remove the description of how logging and forest management activities are subject to water quality standards and load allocations. Including this section would honor an agreement signed Jan. 31, 2013.

Temperature Rule — OAR 340-041-0028(12)

Proposed amendments would remove portions of the rule that describe how:

- Nonpoint sources would implement water quality standards for temperature on private, state and federal agricultural lands and forests; and

- Nonpoint sources, except forestry and agriculture that comply with their temperature management plans, are considered in compliance with the temperature rule.

Other Implementation of Water Quality Criteria — OAR 340-041-0061

The proposed amendments would remove portions of the rule that describe how nonpoint sources would implement water quality standards on private, state and federal agricultural lands and forests.

The proposed amendments to the water quality standard would be consistent with the original intent of applicable federal and state regulations.

Rules Coordinator: Maggie Vandehey

Address: Department of Environmental Quality, 811 SW Sixth Ave., Portland, OR 97204-1390

Telephone: (503) 229-6878

Department of Fish and Wildlife Chapter 635

Rule Caption: Salmon Seasons for Commercial and Sport Fisheries In the Pacific Ocean

Date: 5-10-13 **Time:** 8 a.m. **Location:** Oregon Dept. of Fish & Wildlife
3406 Cherry Ave.
Salem, OR 97303

Hearing Officer: Oregon Fish & Wildlife Commission

Stat. Auth.: ORS 496.138, 496.146, 506.036, 506.119, 506.129 & 506.750 et Seq.

Other Auth.: Magnusson-Stevens Sustainable Fisheries Act.

Stats. Implemented: ORS 496.162, 506.036, 506.109, 506.129 & 506.750 et Seq.

Proposed Adoptions: Rules in 635-003, 635-013

Proposed Amendments: Rules in 635-003, 635-013

Proposed Repeals: Rules in 635-003, 635-013

Last Date for Comment: 5-10-13, 8 a.m.

Summary: Amend rules related to commercial and sport salmon fishing in the Pacific ocean. Housekeeping and technical corrections to the regulations may occur to ensure rule consistency.

Rules Coordinator: Therese Kucera

Address: Department of Fish and Wildlife, 3406 Cherry Ave. NE, Salem, OR 97303

Telephone: (503) 947-6033

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Rule Caption: Amend rule to authorize citing registered owner for unattended vehicle parked in violation of rules.

Date: 5-10-13 **Time:** 8 a.m. **Location:** Oregon Dept. of Fish & Wildlife
3406 Cherry Ave.
Salem, OR 97303

Hearing Officer: Fish & Wildlife Commission

Stat. Auth.: ORS 496.012, 496.138, 496.146 & 497.071

Stats. Implemented: ORS 496.012, 496.138, 496.146 & 497.071

Proposed Amendments: 635-008-0151

Proposed Repeals: 635-008-0151(T)

Last Date for Comment: 5-9-13, Close of Business

Summary: Rule amendment will give law enforcement the authority to cite the registered owner of an unattended vehicle parked in violation of Commission rules.

Rules Coordinator: Therese Kucera

Address: Department of Fish and Wildlife, 3406 Cherry Ave. NE, Salem, OR 97303

Telephone: (503) 947-6033

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Rule Caption: Amend Rules for Sport and Commercial Halibut, Sardine, Prawn, and Groundfish Fisheries

Date: 5-10-13 **Time:** 8 a.m. **Location:** Oregon Dept. of Fish & Wildlife
3406 Cherry Ave.
Salem, OR 97303

Hearing Officer: Oregon Fish & Wildlife Commission

Stat. Auth.: ORS 496.138, 496.146, 496.162, 497.121, 506.036, 506.109, 506.119 & 506.129

Stats. Implemented: ORS 496.004, 496.009, 496.162, 506.109, 506.129, 508.306 & 508.535

Proposed Adoptions: Rules in 635-004, 635-005, 635-006, 635-039
Proposed Amendments: Rules in 635-004, 635-005, 635-006, 635-039

Proposed Repeals: Rules in 635-004, 635-005, 635-006, 635-039

Last Date for Comment: 5-10-13, 8 a.m.

Summary: Amendments to Oregon's regulations for sport and commercial halibut, sardine and groundfish fisheries will bring the State of Oregon concurrent with federally adopted regulations. Modifications establish 2013 seasons and/or quotas for these halibut and sardine fisheries, and allow a landing of groundfish under the federal Trawl Rationalization Program to be split between Washington

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and Oregon or California and Oregon wholesale fish dealers. Amendments to regulations for commercial prawn fisheries will disallow landing of prawns taken off Washington into Oregon if the vessel does not have the appropriate Washington State licenses and permits, and disallow targeted fishing of prawns using shrimp trawl or groundfish trawl gears. Housekeeping and technical corrections to the regulations may occur to ensure rule consistency.

Rules Coordinator: Therese Kucera

Address: Department of Fish and Wildlife, 3406 Cherry Ave. NE, Salem, OR 97303

Telephone: (503) 947-6033

Rule Caption: Rules for Commercial and Recreational Fisheries in the Columbia River and Tributaries

Date:	Time:	Location:
5-10-13	8 a.m.	Oregon Dept. of Fish & Wildlife 3406 Cherry Ave. Salem, OR 97303

Hearing Officer: Oregon Fish & Wildlife Commission

Stat. Auth.: ORS 183.325, 496.138, 496.146, 497.121, 506.036, 506.109, 506.119, 506.129 & 513.020

Stats. Implemented: ORS 496.004, 496.009, 496.162, 506.109, 506.129, 507.030, 508.025, 508.040 & 508.550

Proposed Adoptions: Rules in 635-004, 635-005, 635-006, 635-007, 635-014, 635-016, 635-023, 635-039, 635-042, 635-500

Proposed Amendments: Rules in 635-004, 635-005, 635-006, 635-007, 635-014, 635-016, 635-023, 635-039, 635-042, 635-500

Proposed Repeals: Rules in 635-004, 635-005, 635-006, 635-007, 635-014, 635-016, 635-023, 635-039, 635-042, 635-500

Last Date for Comment: 5-10-13, 8 a.m.

Summary: These rules, amended or adopted as determined justified, modify commercial and recreational fisheries in the Columbia River and its tributaries and establish management measures for future fisheries. Additional time to comment on these rules, first adopted on December 7, 2012, is being provided in part to address alleged deficiencies in either the process or economic analysis of that rulemaking, articulated for the first time by the petitioners on appeal in *Fick v. Oregon Department of Fish and Wildlife*, CA# A153317. Housekeeping and technical corrections to the regulations may occur to ensure consistency within these rules.

Rules Coordinator: Therese Kucera

Address: Department of Fish and Wildlife, 3406 Cherry Ave. NE, Salem, OR 97303

Telephone: (503) 947-6033

Department of Forestry Chapter 629

Rule Caption: Amends requirements for written plans near streams and wetlands; process includes FPA housekeeping updates.

Date:	Time:	Location:
4-22-13	5 p.m.	Oregon Department of Forestry, Bldg. D, Santiam Rm. 2600 State St. Salem, OR 97310

Hearing Officer: Ashley Probst

Stat. Auth.: ORS 526.016, 527, 527.640, 527.670, 527.700, 527.710, 527.710(1), 527.710(2), 527.710(10), 527.715, 527.730, 527.765, 919.3 & 919.9

Other Auth.: ORS 526.016(4), 527.630(3) & 527.714

Stats. Implemented: ORS 527.630(3), 527.630(5), 527.640, 527.670, 527.670(8), 527.670(10-12), 527.674, 527.765, 527.685, 527.700(2), (5), (6), (8) & (9), 527.710, 527.710(3)(a)(D), 527.714, 527.715, 527.745, 527.750(5), 527.765 & 919(9)

Proposed Adoptions: 629-600-0050, 629-650-0005

Proposed Amendments: 629-600-0100, 629-605-0150, 629-605-0160, 629-605-0170, 629-605-0173, 629-605-0180, 629-610-0000, 629-610-0020, 629-610-0070, 629-610-0090, 629-615-0100, 629-615-0300, 629-620-0000, 629-623-0100, 629-623-0200, 629-623-

0400, 629-625-0000, 629-625-0500, 629-625-0600, 629-625-0650, 629-630-0800, 629-635-0100, 629-635-0200, 629-640-0000, 629-640-0100, 629-640-0105, 629-640-0200, 629-645-0000, 629-645-0030, 629-645-0040, 629-645-0050, 629-650-0000, 629-660-0050, 629-665-0230, 629-670-0214, 629-680-0020

Proposed Repeals: 629-635-0130

Last Date for Comment: 4-28-13, 5 p.m.

Summary: The Oregon Department of Forestry has initiated permanent rulemaking for the above administrative rules adopted under the Forest Practices Act (FPA). The primary rule change within this rulemaking process is reflected in Oregon Administrative Rule (OAR) 629-605-0170 Written Plans. These proposed rule amendments also include associated supporting edits within the adopted administrative rules. In 1988 a 100 foot distance was set to define an area in which a statutory written plan was required near certain protected resources, not the area to be protected (Oregon Revised Statute (ORS) 527.670(4)). In 2011 House Bill (HB) 2165 passed allowing the State Forester, acting under the authority of the Oregon Board of Forestry (BOF), to waive the requirement for statutory written plans if the operation activity will not directly affect riparian management areas (RMA) of a fish or domestic use stream, or a significant wetland that is not classified as an estuary (ORS 527.670). These resource types have varying RMAs of 100 feet or less. Entry to the RMA requires compliance with Division 635 the Water Protection Rules adopted by the FPA. The implementation of HB 2165 will promote efficiency within the Department and allow Stewardship Foresters to focus on statutory written plans for operations that will be applying specific rules to work within the RMA.

This rulemaking process will also include general FPA housekeeping edits to a number of rules. The general FPA housekeeping changes correct grammatical errors, update outdated references and establish a title for the forest practice rules. They do not change the intent or effect of the rules adopted under the FPA. All of these updates and proposed rule changes have been reviewed by the Regional Forest Practices Committees and the Committee for Family Forestland which are advisory committees to the Board of Forestry.

Review of this proposed rulemaking package may be accessed on the Department's web page at: http://www.oregon.gov/ODF/Pages/lawsrules.aspx#Proposed_Rules or at the office of the State Forester, and are available upon request. Associated supporting materials presented at the January 2012, November 2012 and March 2013 Board of Forestry meetings are available online. They may be accessed through the Board of Forestry website: www.oregonforestry.gov

Written comments must be received by 5:00 p.m. on April 28th, 2013. Submissions should be addressed to:

Private Forest HB 2165 Rulemaking, Oregon Department of Forestry, 2600 State Street, OR 97310; or send to ODFPF Comments@odf.state.or.us, or via fax 503-945-7490.

Comments received by 5:00 p.m. on April 28th, 2013 will be compiled and incorporated into information presented to the Board of Forestry for their review. From this information and the prior work with this rulemaking process, the Board of Forestry will decide whether to approve this proposed rulemaking package. The Department is planning to present this information at the June Board of Forestry meeting. The Department will propose an effective date for these rules which will be announced in the Secretary of State's Oregon Bulletin if the Board gives approval.

Rules Coordinator: Sabrina Perez

Address: Department of Forestry, 2600 State St., Salem, OR 97310

Telephone: (503) 945-7210

NOTICES OF PROPOSED RULEMAKING

Department of Human Services, Aging and People with Disabilities and Developmental Disabilities Chapter 411

Rule Caption: Oregon Project Independence (OPI)
Date: 4-23-13 **Time:** 3:30 p.m. **Location:** Human Services Bldg.
500 Summer St. NE, Rm. 160
Salem, OR 97301

Hearing Officer: Staff
Stat. Auth.: ORS 410.070 & 410.435
Other Auth.: HB 3037 (2011 Legislative Session)
Stats. Implemented: ORS 410.410–410.480
Proposed Amendments: 411-032-0000, 411-032-0001, 411-032-0005, 411-032-0010, 411-032-0015, 411-032-0020, 411-032-0044
Proposed Repeals: 411-032-0013
Last Date for Comment: 4-25-13, 5 p.m.
Summary: The Department of Human Services (Department) is proposing to amend the Oregon Project Independence (OPI) rules in OAR chapter 411, division 032 to reflect statutory changes made by House Bill 3037, passed during the 2011 Legislative Session.

The proposed rules include updates to the authorized services list and provide for statewide consistency in prioritization of authorized services. Additional changes include updates to the fee-for-services to allow for administrative efficiency regarding fee collection as well as general housekeeping language clean-up.

Rules Coordinator: Christina Hartman
Address: Department of Human Services, Seniors and People with Disabilities Division, 500 Summer St. NE, E-10, Salem, OR 97301-1074
Telephone: (503) 945-6398

Department of Transportation Chapter 731

Rule Caption: Notice of Proposed Rulemaking Update
Stat. Auth.: ORS 183.341, 184.616 & 184.619
Stats. Implemented: ORS 183.335 & 183.341
Proposed Amendments: 731-001-0000
Last Date for Comment: 4-22-13, Close of Business
Summary: ODOT is updating its rulemaking notice rule to include electronic mailing and align the rule with current practice.
Text of proposed and recently adopted ODOT rules can be found at web site <http://www.oregon.gov/ODOT/CS/RULES/>
Rules Coordinator: Lauri Kunze
Address: Department of Transportation, 355 Capitol St. NE, MS 51, Salem, OR 97301
Telephone: (503) 986-3171

Department of Transportation, Driver and Motor Vehicle Services Division Chapter 735

Rule Caption: Future Responsibility Filing Following a Mandatory Suspension or Revocation
Stat. Auth.: ORS 184.616, 184.619 & 802.010
Stats. Implemented: ORS 806.240, 806.245, 809.235, 809.409, 809.411, 809.415, 809.417 & 813.400
Proposed Amendments: 735-050-0100
Last Date for Comment: 4-22-13, Close of Business
Summary: Before DMV may reinstate driving privileges following a mandatory suspension or revocation for conviction of certain crimes, a person must file proof of future financial responsibility. OAR 735-050-0100 establishes when the requirement to file future responsibility following a mandatory suspension or revocation will begin. DMV proposes to amend OAR 735-050-0100 to update the requirements for a future responsibility filing to include ORS 809.411(7) (suspension for a conviction of gasoline theft) and (10) (suspension for a conviction of assault in the second, third or fourth

degree resulting from the operation of a motor vehicle), and court-ordered restoration of driving privileges following a permanent revocation under ORS 809.235.

Other changes are made for clarity. Text of proposed and recently adopted ODOT rules can be found at web site <http://www.oregon.gov/ODOT/CS/RULES/>
Rules Coordinator: Lauri Kunze
Address: Department of Transportation, Driver and Motor Vehicle Services Division, 355 Capitol St. NE, MS 51, Salem, OR 97301
Telephone: (503) 986-3171

Rule Caption: Requirement for Installation of an Ignition Interlock Device following a DUI Conviction
Stat. Auth.: ORS 184.616, 184.619, 802.010 & 813.602
Stats. Implemented: ORS 813.602
Proposed Amendments: 735-070-0080
Last Date for Comment: 4-22-13, Close of Business
Summary: Chapter 66, Oregon Laws 2012 (HB 4017) amends ORS 813.602 to include a five year requirement for installing and using an ignition interlock device (IID) at the end of a suspension or revocation under specified circumstances. This requires DMV to amend OAR 735-070-0080 which currently refers to the one year and a two year IID requirement. DMV proposes to delete references to specific time requirements in the rule and to state that the requirements are as specified in ORS 813.602(1) or (2).

Other changes are made for clarity. Text of proposed and recently adopted ODOT rules can be found at web site <http://www.oregon.gov/ODOT/CS/RULES/>
Rules Coordinator: Lauri Kunze
Address: Department of Transportation, Driver and Motor Vehicle Services Division, 355 Capitol St. NE, MS 51, Salem, OR 97301
Telephone: (503) 986-3171

Rule Caption: DMV Snowmobile Rule Updates
Stat. Auth.: ORS 184.616, 184.619, 802.010 & 821.080
Stats. Implemented: ORS 821.080
Proposed Amendments: 735-164-0000, 735-164-0010, 735-164-0020
Last Date for Comment: 4-22-13, Close of Business
Summary: This rulemaking amends DMV snowmobile rules OAR 735-164-0000, 735-164-0010 and 735-164-0020 to update fee amounts to be consistent with statutory requirements, and to correct references to repealed rules. Other non-substantive changes simplify rule language to improve readability.
Text of proposed and recently adopted ODOT rules can be found at web site <http://www.oregon.gov/ODOT/CS/RULES/>
Rules Coordinator: Lauri Kunze
Address: Department of Transportation, Driver and Motor Vehicle Services Division, 355 Capitol St. NE, MS 51, Salem, OR 97301
Telephone: (503) 986-3171

Department of Transportation, Highway Division Chapter 734

Rule Caption: Maximum allowed tow length for mobile homes
Stat. Auth.: ORS 184.616, 184.619, 810.060 & 823.011
Stats. Implemented: ORS 818.200 & 818.220
Proposed Amendments: 734-075-0010, 734-075-0011
Last Date for Comment: 4-22-13, Close of Business
Summary: These rules describe the transportation of mobile homes and modular building units on highways under the authority of the Oregon Department of Transportation. A petition for rulemaking was received from the Oregon Manufactured Housing Association requesting a revision to OAR 734-075-0010 and 734-075-0011 to extend the lengths mobile homes from 75 feet to 80 feet (including the tongue). Nevada, California, Idaho and Washington have recently extended permit actions that authorize the movement of mobile

NOTICES OF PROPOSED RULEMAKING

homes to not exceed 80 feet in length. The proposed rule amendment follows suit with Oregon's neighbors to extend the length to 80 feet and will promote administrative efficiency and the efficiency of movement of manufactured building through Oregon and the adjacent states. In addition, OAR 734-070-0010 and 734-082-0021 provides the Administrator of MCTD with the same authority granted the Chief Engineer in regards to oversight of the movement of oversized loads or vehicles; the language has been updated to reflect this change.

Text of proposed and recently adopted ODOT rules can be found at web site <http://www.oregon.gov/ODOT/CS/RULES/>

Rules Coordinator: Lauri Kunze

Address: Department of Transportation, Highway Division, 355 Capitol St. NE, MS 51, Salem, OR 97301

Telephone: (503) 986-3171

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**Department of Transportation,
Motor Carrier Transportation Division
Chapter 740**

Rule Caption: Change in Fee Basis

Stat. Auth.: ORS 184.616, 184.619 & 823.011

Stats. Implemented: ORS 319.020, 319.530, 825.017, 825.474 & 825.490

Proposed Adoptions: 740-055-0035

Last Date for Comment: 4-22-13, Close of Business

Summary: These rules describe payment of weight-mile tax and reporting period variations. The proposed new rule clarifies a long standing procedure describing when a change in fee basis has changed. A fee basis is the method a carrier elects to use to report and pay Highway Use Tax. A carrier's fee basis eligibility is determined by the declared weight of the vehicle, configuration of the vehicle and commodity to be transported. The new rule is necessary to define and clarify when a change of fee basis has occurred.

Text of proposed and recently adopted ODOT rules can be found at web site <http://www.oregon.gov/ODOT/CS/RULES/>

Rules Coordinator: Lauri Kunze

Address: Department of Transportation, Motor Carrier Transportation Division, 355 Capitol St. NE, MS 51, Salem, OR 97301

Telephone: (503) 986-3171

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**Landscape Architect Board
Chapter 804**

Rule Caption: Adoption of 2013–2015 Operating Budget

Date:	Time:	Location:
4-18-13	9 a.m.	Association Center 707 13th St. SE Salem, OR

Hearing Officer: Christine Valentine

Stat. Auth.: ORS 671.415, 182.462 & 670.310

Stats. Implemented: ORS 671.415 & 182.462

Proposed Amendments: 804-001-0002

Last Date for Comment: 4-18-13, 5 p.m.

Summary: This rule revision will adopt the 2013–2015 biennial budget of the Board with a spending limit of \$388,635. The Board approved the 2013–2015 budget on March 6, 2013. The Board is now presenting the budget for review by its registrants and other interested parties. Individuals may view a copy of the budget rule and details on the Board's web page or may request copies by contacting the Board's administrative office.

Rules Coordinator: Christine Valentine

Address: Landscape Architect Board, 707 13th St. SE, Suite 114, Salem, OR 97301

Telephone: (503) 589-0093

**Landscape Contractors Board
Chapter 808**

Rule Caption: Amends exam section titles to more clearly show the exam content

Stat. Auth.: ORS 670.310 & 671.760

Stats. Implemented: ORS 183 & 671.570

Proposed Amendments: 808-003-0045, 808-003-0060

Last Date for Comment: 4-22-13, Close of Business

Summary: Amends exam section titles to more clearly show the exam content

Rules Coordinator: Kim Gladwill-Rowley

Address: Landscape Contractors Board, 2111 Front Street NE, Suite 2-101, Salem, OR 97301

Telephone: (503) 967-6291, ext. 223

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**Oregon Board of Dentistry
Chapter 818**

Rule Caption: Amends Rules regarding Practice, Additional Equipment, Anesthesia, Orthodontic Assistants, Hygienists, Fees and Additional Populations Served.

Date:	Time:	Location:
4-18-13	7 p.m.	OHSU Center for Health & Healing 3303 SW Bond Ave. Conference Rm. #4, 3rd Floor Paul Kirk Conference Center Portland, OR 97239

Hearing Officer: Board President

Stat. Auth.: ORS 181, 183, 679, 680

Stats. Implemented: ORS 670.280, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.250, 679.010, 679.170, 680.050, 680.072, 680.075, 680.082, 680.100, 680.200 & 680.205

Proposed Amendments: 818-001-002, 818-001-0087, 818-012-0005, 818-026-0000, 818-026-0020, 818-026-0060, 818-026-0065, 818-026-0070, 818-035-0020, 818-035-0066, 818-035-0072, 818-042-0090, 818-042-0095, 818-042-0110

Last Date for Comment: 4-18-13, 4 p.m.

Summary: The Board is amending 818-001-0002 Definitions to clarify the term Dentist of Record.

The Board is amending 818-001-0087 Fees to clarify the fees for specialty dental exams.

The Board is amending 818-012-0005 Scope of Practice to replace current rule, correct a lettering mistake and clarify the use of Botulinum Toxic Type A.

The Board is amending 818-026-0000 Purpose to remove language from the rule that had designated where sedation could occur.

The Board is amending 818-026-0020 Presumption of Degree of Central Nervous System Depression will address sedation to children 6 yrs or younger.

The Board is amending 818-026-0060 Moderate Sedation Permit to add an equipment requirement.

The Board is amending 818-026-0065 Deep Sedation Permit to remove language from the rule.

The Board is amending 818-026-0065(2)(h) and (7)(a) Deep Sedation Permit to add an additional equipment requirement.

The Board is amending 818-026-0070 General Anesthesia Permit to add an additional equipment requirements.

The Board is amending 818-035-0020 Authorization to Practice Clarifies the duties a hygienist may perform.

The Board is amending 818-035-0066 Additional Populations for Expanded Practice Dental Hygiene Permit Holders clarify rule and additional population to serve.

The Board is amending 818-035-0072 Restorative Functions of Dental Hygienists to delete the word anterior from rule.

The Board is amending 818-042-0090 Additional Functions of EFDAs

Allow hygienists to authorize EFDAs to apply sealants and soft relines.

NOTICES OF PROPOSED RULEMAKING

The Board is amending 818-042-0095 Restorative Functions of Dental Assistants to delete the word anterior from rule.

The Board is amending 818-042-0110 Certification - Expanded Function Orthodontic Assistant to clarify the on the job requirement.

Rules Coordinator: Stephen Prisby

Address: Oregon Board of Dentistry, 1600 SW 4th Ave., Suite 770, Portland, OR 97201

Telephone: (971) 673-3200

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Oregon Business Development Department
Chapter 123

Rule Caption: Amendments include language for first loss insurance, add language for collateral support insurance premiums.

Stat. Auth.: ORS 285A.075

Stats. Implemented: ORS 285B.200–285B.218

Proposed Adoptions: 123-021-0010, 123-021-0015, 123-021-0080, 123-021-0090, 123-021-0110

Proposed Repeals: 123-021-0010(T), 123-021-0015(T), 123-021-0080(T), 123-021-0090(T), 123-021-0110(T)

Last Date for Comment: 4-22-13, 5 p.m.

Summary: The Credit Enhancement Fund rules are being amended to increase the First Loss Insurance from \$300,000 to \$500,000.

The First Loss Collateral Support Insurance is established which is only intended to mitigate collateral shortfall and is not intended to mitigate other or additional credit deficiencies. Collateral Support Insurance will only be provided to the extent necessary to facilitate making a qualified loan, not on a maximum allowable basis for each loan. Limits are \$500,000 and up to 25% of an enrolled loan, or for insurance between \$500,000 and \$1,000,000, 20% of the enrolled loan.

Amendments also updates the Insurance Premium to reflect the newly introduced Collateral Support Insurance.

Rules Coordinator: Mindee Sublette

Address: Oregon Business Development Department, 775 Summer St. NE, Suite 200, Salem, OR 97301

Telephone: (503) 986-0036

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Oregon Department of Education
Chapter 581

Rule Caption: Modifies special education rules relating parental consent for public benefits and insurance.

Date:	Time:	Location:
4-4-13	9 a.m.	255 Capitol St. NE, Rm. 200A Salem OR

4-24-13	9 a.m.	255 Capitol St. NE, Rm. 251A Salem, OR
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Hearing Officer: Cindy Hunt

Stat. Auth.: ORS 343.041, 343.045, 343.055, 343.155 & 343.164

Stats. Implemented: ORS 343.055, 343.155, 343.159, 343.475, 343.527 & 343.531

Proposed Amendments: 581-015-2090, 581-015-2310, 581-015-2530, 581-015-2735, 581-015-2745, 581-015-2885

Last Date for Comment: 4-30-13, 5 p.m.

Summary: The revisions to the rules implement recent federal changes in IDEA, Part B, that apply to children ages three to twenty-one. The OARs concern the use of a family's public insurance/Medicaid funds to support special education and related services in schools and ECSE programs, as permitted under federal law. Specifically the changes are needed to ensure parents are fully informed and agree to the use of their insurance while simplifying the school district/program procedures. The rule revisions do not go beyond what is required in federal law.

Rules Coordinator: Cindy Hunt

Address: Oregon Department of Education, 255 Capitol St. NE, Salem, OR 97310

Telephone: (503) 947-5651

Oregon Education Investment Board Chapter 705

Rule Caption: Regarding Achievement Compact Advisory Committees

Date:	Time:	Location:
4-15-13	9 a.m.	Oregon State Library 250 Winter St. NE Salem, OR 97301

Hearing Officer: Seth Allen

Stat. Auth.: Chapter 36, Oregon laws, Section 14 (SB 1581)

Stats. Implemented: Chapter 36, Oregon laws, Section 14 (SB 1581)

Proposed Amendments: 705-010-0070

Last Date for Comment: 4-8-13, 12 p.m.

Summary: 705-010-0070 Achievement Compact Advisory Committees

(1) Each school district, as defined in ORS 332.022, and each education service district operated under ORS Chapter 334 shall form an achievement compact advisory committee no later than September 30, 2012.

(2) An achievement compact advisory committee shall be responsible for ensuring that the district's achievement compact is implemented for the 2012–13 school year and annually thereafter and for ensuring that achievement compacts for subsequent school years are developed with input from educators and staff of the district.

(3) An achievement compact advisory committee shall:

(a) Develop plans for achieving the district's outcomes, measures of progress, goals and targets expressed in an achievement compact, including methods of assessing and reporting progress toward the achievement of goals and targets; and

(b) Recommend outcomes, measures of progress, goals and targets to be contained in the district's achievement compact for the next fiscal year.

(4) Each achievement compact advisory committee shall present its recommendations in a report to the governing board of the district no later than February 1 of each year. An achievement compact advisory committee's report and recommendations shall be considered by the governing board of the district when entering into an achievement compact for the next fiscal year. The governing board shall file the achievement compact advisory committee's report with each achievement compact it adopts and forwards to the Board.

(5) Parent engagement is an important component in the advancement of Achievement Compacts. Each district needs to ensure that they have a process for allowing a diverse group of parents to share their perspectives and their recommendations about:

(a) District services that contribute to student success and instructional program quality;

(b) Student, school, and district progress toward the state's 40-40-20 educational goals; and

(c) The type of academic program they believe will help students in their district succeed and support the state in reaching the 40-40-20 goal.

All materials, not containing confidential student information, available to the Achievement Compact committee shall be available to parent and community members. The narrative that will accompany the district compact should include a brief description of the parent engagement strategy and a summary of the recommendations they received from parents and the community.

Rules Coordinator: Seth Allen

Address: Oregon Education Investment Board, 155 Cottage St. NE, 3rd Floor, Salem, OR 97301

Telephone: (503) 378-8213

NOTICES OF PROPOSED RULEMAKING

**Oregon Health Authority,
Addictions and Mental Health Division:
Addiction Services
Chapter 415**

Rule Caption: 415-012 — Standards for Approval and Licensure of Alcohol and Other Drug Abuse Programs

Date: 4-25-13 **Time:** 9:30 a.m. **Location:** Human Services Bldg., Rm 352
500 Summer St. NE
Salem, OR 97301

Hearing Officer: Nola Russell

Stat. Auth.: ORS 413.042 & 430.256

Stats. Implemented: ORS 430.010, 430.397, 430.405, 430.450, 430.590, 430.630, 430.850, 443.400, 813.020, 813.260 & 813.500

Proposed Adoptions: 415-012-0032, 415-012-0035, 415-012-0055, 415-012-0065, 415-012-0067

Proposed Amendments: 415-012-0000, 415-012-0010, 415-012-0020, 415-012-0030, 415-012-0050, 415-012-0060

Last Date for Comment: 4-30-13, Close of Business

Summary: These rules establish procedures for approval of the following:

- (1) Alcohol or substance abuse service providers;
- (2) Any service provider using public funds in the provision of alcohol or substance abuse prevention, intervention, or treatment services in Oregon;
- (3) Providers performing under OAR 309-016-0000 through 309-016-0120;
- (4) Organizations that provide substance alcohol or drug abuse treatment services seeking approval from AMH as provided in ORS 430.065;
- (5) Organizations seeking approval from the AMH for provision of residential services as provided in ORS 430.010 and 443.400 or detoxification services under ORS 430.306; or
- (6) Alcohol and drug evaluation specialists referenced in ORS 813.020 and 813.260.

This current rule activity is intended to clarify the language regarding distance requirements subject to ORS 430.590.

Rules Coordinator: Nola Russell

Address: Oregon Health Authority, Addictions and Mental Health Division: Addiction Services, 500 Summer St. NE, E86, Salem, OR 97301-1118

Telephone: (503) 945-7652

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Rule Caption: Permanent amendments to OAR 415-020 entitled "Standards For Outpatient Synthetic Opiate Treatment Programs."

Date: 4-25-13 **Time:** 9:30 a.m. **Location:** Human Services Building,
500 Summer St. NE, Rm. 352
Salem OR

Hearing Officer: Donna Smith

Stat. Auth.: ORS 409.410, 409.420 & 413.042

Other Auth.: Interested parties may read information regarding the Substance Abuse & Mental Health Services Administration (SAMHSA) authorization regarding use of buprenorphine at the following website: <http://buprenorphine.samhsa.gov/>

Stats. Implemented: ORS 430.010(4)(b) & 430.560–430.590

Proposed Adoptions: 415-020-0017

Proposed Amendments: 415-020-0005, 415-020-0015, 415-020-0053, 415-020-0060, 415-020-0075, 415-020-0085

Last Date for Comment: 4-30-13, Close of Business

Summary: These rules prescribe standards for the development and operation of Opioid Treatment Programs approved by the Addictions and Mental Health Division (AMH) of the Oregon Health Authority (OHA).

Rules Coordinator: Nola Russell

Address: Oregon Health Authority, Addictions and Mental Health Division: Addiction Services, 500 Summer St. NE, E86, Salem, OR 97301-1118

Telephone: (503) 945-7652

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**Oregon Health Authority,
Division of Medical Assistance Programs
Chapter 410**

Rule Caption: Authority requirements for approving transfer of 500 or more members from one CCO to another.

Date: 4-15-13 **Time:** 10:30 a.m. **Location:** 500 Summer St. NE, Room 137C
Salem, OR 97301

Hearing Officer: Cheryl Peters

Stat. Auth.: ORS 414.032, 414.615, 414.635 & 414.651

Stats. Implemented: ORS 414.032 & 414.615, 414.635 & 414.651

Proposed Amendments: 410-141-3080

Last Date for Comment: 4-19-13, 5 p.m.

Summary: This rule sets for the requirements as to when the Authority may approve the transfer of 500 or more members from one CCO to another CCO. This rule also sets for the timeframes for providing notice of transfer and prohibits members from transferring from one CCO to another no more than once during each enrollment period.

Rules Coordinator: Cheryl Peters

Address: Oregon Health Authority, Division of Medical Assistance Programs, 500 Summer St. NE, Salem, OR 97301

Telephone: (503) 945-6527

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Rule Caption: Targeted Case Management Retroactive Payments

Date: 4-17-13 **Time:** 10:30 a.m. **Location:** 500 Summer St. NE, Rm. 137C
Salem, OR 97301

Hearing Officer: Cheryl Peters

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Proposed Amendments: 410-138-0390

Last Date for Comment: 4-19-13, 5 p.m.

Summary: The Division's (Division 410) Targeted Case Management (TCM) administrative rules govern payments for services provided to eligible clients. The Division needs to amend rules to allow providers to adjust claims reimbursed retroactively to align with new rate changes, when CMS approval for the new rates is delayed past the effective date as follows:

- 410-138-0390
- Remove item number "(2) For all programs, except the Substance Abusing Pregnant Women and Substance Abusing Parents With Children Under Age 18 program, TCM claims already paid by the Division of Medical Assistance Programs (Division) with a prior rate may not be adjusted or resubmitted for the sole purpose of receiving a different rate."
- Re codify subsequent numbered paragraphs accordingly

Rules Coordinator: Cheryl Peters

Address: Oregon Health Authority, Division of Medical Assistance Programs, 500 Summer St. NE, Salem, OR 97301

Telephone: (503) 945-6527

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Rule Caption: Amend CCO rules to include Authority's intent for member's options to file grievance or complaint

Date: 4-17-13 **Time:** 10:30 a.m. **Location:** 500 Summer St. NE, Rm. 137C
Salem, OR 97301

Hearing Officer: Cheryl Peters

Stat. Auth.: ORS 414.32 & 414.615, 414.635 & 414.651

Stats. Implemented: ORS 414.32 & 414.615, 414.635 & 414.651

Proposed Amendments: 410-141-3260

Last Date for Comment: 4-19-13, 5 p.m.

Summary: This rule establishes that the grievance and appeal process is available for Authority Members to file as a result of the

NOTICES OF PROPOSED RULEMAKING

Authority Member being transferred from their current Coordinated Care Organization (CCO) to a new CCO for their covered services. CCOs will improve health, increase the quality, reliability, availability and continuity of care, as well as to reduce costs. CCOs will provide medical assistance recipients with health care services that are supported by alternative payment methodologies that focus on prevention and that use patient-centered primary care homes, evidence-based practices and health information technology to improve health and reduce health disparities. The Authority needs to amend these rules to ensure the Authority's intent for member choice and notification to align closely with those outlined in Senate Bill 201. This rule change needs to be in effect as soon after August 1, 2012 as possible, the start date of CCO implementation.

Rules Coordinator: Cheryl Peters

Address: Oregon Health Authority, Division of Medical Assistance Programs, 500 Summer St. NE, Salem, OR 97301

Telephone: (503) 945-6527

Oregon Health Authority, Oregon Educators Benefit Board Chapter 111

Rule Caption: Amendments update rule language to allow for composite rate Long Term Disability to continue

Date:	Time:	Location:
4-22-13	10 a.m.	PEBB/OEBB Boardroom 1225 Ferry St. SE Salem, OR 97301

Hearing Officer: Staff

Stat. Auth.: ORS 243.860–243.886

Stats. Implemented: ORS 243.864(1)(a)

Proposed Amendments: 111-030-0050

Last Date for Comment: 4-30-13, 5 p.m.

Summary: Amendments to 111-030-0050 reflect the Oregon Educators Benefit Board's decision to continue to allow Employee Groups who are currently using a composite rate structure for Long Term Disability for both employer-paid and employee-paid plans. In addition, the amendments to this rule also reflect the OEBB Board's decision to expand the availability of the composite rate structure to those Employee Groups who choose to elect an employer-paid plan option on Long Term Disability.

Rules Coordinator: April Kelly

Address: Oregon Health Authority, Oregon Educators Benefit Board, 1225 Ferry St. SE, Salem, OR 97301

Telephone: (503) 378-6588

Oregon Health Licensing Agency Chapter 331

Rule Caption: Amend requirements for specialty body piercing education, training and licensing.

Date:	Time:	Location:
6-10-13	9 a.m.	Oregon Health Licensing Agency Veteran's Affairs Auditorium 700 Summer St. NE Salem, OR 97301

Hearing Officer: Samie Patnode

Stat. Auth.: ORS 676.615

Stats. Implemented: ORS 390.365 & 690.405

Proposed Amendments: 331-905-0000, 331-905-0005, 331-905-0010, 331-905-0040, 331-905-0050, 331-905-0080

Proposed Repeals: 331-905-0070

Last Date for Comment: 6-24-13, 5 p.m.

Summary: The proposed rule would amend specialty level 1 genital piercing education and training to remove the requirement of 10 hours of theory. The rule would retain the requirement of 36 hours of practical education or training including practical operations where the student or trainee observes 6 practical operations, participates in 10 practical operations and performs 20 practical operations under direct supervision. The school or approved supervisor is

required to submit documentation to the Agency showing proof of having performed the 36 practical operations.

The proposed rule would amend specialty level 2 genital piercing education and training to remove the requirement of 5 hours of theory. The rule would retain the requirement of 26 hours of practical education or training including practical operations where the student or trainee observes 6 practical operations, participates in 10 practical operations and performs 10 practical operations under direct supervision. The school or approved supervisor is required to submit documentation to the Agency showing proof of having performed the 26 practical operations.

The proposed rule would remove the requirement of taking a written examination regarding genital piercing for both specialty level 1 and 2 genital piercing. The proposal requires that if the written standard body piercing examination is not passed within 2 years of application for a specialist level 1 or 2 genital piercing license the applicant would have to take and pass the examination again.

Repeal rule related to approved specialty body piercing examinations and amend retake requirements to align with standard body piercing retake requirements.

Rules Coordinator: Samantha Patnode

Address: Oregon Health Licensing Agency, 700 Summer St. NE, Suite 320, Salem, OR 97301-1287

Telephone: (503) 373-1917

Rule Caption: Adopt qualifications for temporary licensure; align rules with current standards including informed consent documentation.

Date:	Time:	Location:
5-13-13	9 a.m.	Oregon Health Licensing Agency Veteran's Affairs Auditorium 700 Summer St. NE Salem, OR 97301

Hearing Officer: Samantha Patnode

Stat. Auth.: ORS 676.607 & 676.615

Stats. Implemented: ORS 676.607, 676.615, 680.500, 680.510, 680.515, 680.520, 680.527, 680.530, 680.545, 680.550 & 680.565

Proposed Adoptions: 331-410-0002, 331-410-0015, 331-410-0025, 331-410-0035, 331-410-0045, 331-410-0055

Proposed Amendments: 331-405-0020, 331-410-0010, 331-410-0020, 331-410-0030, 331-410-0050, 331-410-0060, 331-410-0065, 331-410-0080, 331-410-0090, 331-415-0010, 331-415-0020, 331-420-0000, 331-420-0010, 331-420-0020, 331-430-0030

Proposed Repeals: 331-405-0045, 331-410-0040, 331-415-0000, 331-425-0010

Proposed Ren. & Amends: 331-410-0000 to 331-407-0000

Last Date for Comment: 6-1-13, 5 p.m.

Summary: Adopt, amend and repeal rules to align with current industry, agency and statewide rulemaking standards and principles. Administrative rules have been streamlined to be consistent with statutory authority and Agency protocol.

Amendments provide requirements for approval of educational institutions with associate degree in denture technology or its equivalent including the specific courses required and the minimum number of credit hours per course. The rule also specifies education programs which may have associated clinical practice experience (1,000 hours) within the program.

Amend rules which define a denture technology temporary trainee registration (1,000 hours of supervised clinical practice in denture technology), following completion of an approved denture technology education program. The trainee would work under direct when provide direct patient care and indirect supervision when performing laboratory duties. Amendments include timeline, supervision requirements and notification of changes. Proposed changes also outline the minimum number of hours in direct patient care and number of removable dentures which must be constructed within the 1,000 hours of supervised clinical practice in denture technology.

NOTICES OF PROPOSED RULEMAKING

Adopt rules which allow an individual who has completed an approved education program, 1,000 of supervised clinical practice in denture technology and the written examination to obtain a temporary license. Rule includes directives for indirect supervision, timeline for notification, supervision requirements and notification of changes.

Adopt rules which specify requirements for being an approved supervisor for temporary licensees. Rule also provides supervision requirements for individuals obtaining additional work experience in order to qualify to retake the practical examination.

Licensing requirements for a full denture technology license has been streamlined to be consistent with statutory authority and agency protocol. The proposed rules address application requirements, including examinations, for the following pathways to become licensed as a denture technologist:

1) Pathway 1: Pathway 1: Qualification through Associate's Degree and Clinical Practice Experience 1,000 hours with Examination

2) Pathway 2: Equivalent Education and Clinical Practice Experience 1,000 hours with Examination

3) Pathway 3: Reciprocity with Two Years Experience

Amend general examination information including the written and practical examinations

approved by the Board which is available on the agency Website. Rule provides for requirements to retake the written and practical examination.

Proposed rule specifies certain requirements be met to be scheduled to take the practical examination including meeting education and clinical practice experience requirements, paying fees, providing form prescribed by the agency to the agency 60 days before the practical examination is scheduled. Rule also requires practical examination candidates provide certain information at the time of the practical examination including photographic identification for candidate and patient, an interpreter if the patient does not speak English and an oral health certificate for the patient on a form prescribed by the agency.

Rule changes include standardizing renewal requirements to describe a license as active, inactive or expired and the process for renewal including continuing education requirements. Adopt rule delineating licensure posting requirements and align continuing education requirements with current agency and industry standards including automatic approval of continuing education which has been accepted by the Oregon State Denturist Association or the National Denturist Association.

Amend practice standards, to include providing written and verbal information and obtain informed consent to patients purchasing teeth whitening trays. Prohibit denturists from providing teeth whitening solutions which are prescription strength. Eliminate minimum standards of acceptability for full dentures to allow flexibility to denturists to provide appropriate services to clients and allow the agency to use the current industry standards when investigating a complaint for full or partial dentures.

Amend business premises requirements to include surface materials and appropriate surface disinfecting, maintenance of service areas, equipment, restrooms and other public areas. Require standards for disposal of contaminated waste and sharp objects. Align sterilization and disinfection process with current denture technology standards.

Repeal certain administrative rules which are generally handled through the contested case process or other agency/board policy.

Rules Coordinator: Samantha Patnode

Address: Oregon Health Licensing Agency, 700 Summer St. NE, Suite 320, Salem, OR 97301-1287

Telephone: (503) 373-1917

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Rule Caption: Allow respiratory therapists with credential from Board of Registered Polysomnographic Technologists to supervise students.

Stat. Auth.: ORS 676.615 & 688.805

Stats. Implemented: ORS 688.805 & 688.830

Proposed Amendments: 331-705-0080

Proposed Repeals: 331-705-0072, 331-710-0040

Last Date for Comment: 4-28-13, 5 p.m.

Summary: Add a respiratory therapists with the registered polysomnographic technologist credential from the Board of Registered Polysomnographic Technologists to supervise students pursuant to ORS 688.807 allows the Board to determine who may supervise students in an education program for polysomnography.

Repeal the sleep lab exemption due to required licensing for all individuals performing polysomnography services, as of January 1, 2013, unless exempt under the law.

Repeal polysomnographic technologist grandfathering requirements. In order to qualify for grandfathering all individuals were required to meet the grandfathering application requirements and obtain licensure on or before January 1, 2013

Rules Coordinator: Samantha Patnode

Address: Oregon Health Licensing Agency, 700 Summer St. NE, Suite 320, Salem, OR 97301-1287

Telephone: (503) 373-1917

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Oregon Housing and Community Services Department Chapter 813

Rule Caption: Establishes the Oregon Hunger Response Fund and designates the Oregon Food Bank to coordinate activities

Date:	Time:	Location:
4-24-13	9 a.m.	725 Summer St. NE, Conference Rm. 124B Salem, OR 97301

Hearing Officer: Ernie Kirchner

Stat. Auth.: ORS 456.555

Stats. Implemented: ORS 456.625 & 458.525-458.545

Proposed Amendments: 813-250-0000, 813-250-0020, 813-250-0030, 813-250-0040

Proposed Repeals: 813-250-0010, 813-250-0050

Last Date for Comment: 5-6-13, 5 p.m.

Summary: 813-250-0000 The rules change the name of the Food Assistance Fund to the Oregon Hunger Response Fund and designate the Oregon Food Bank to coordinate distribution of food in Oregon under the fund.

813-250-0010 This rule has been repealed. Definitions for programs will be consolidated within the general rules for the agency.

813-250-0020 Sets forth how the Oregon Food Bank will carry out the activities of the fund at the local level. The proposed amendments more clearly outline existing language within the rules, but provides a definition for a recipient agency.

813-250-0030 Sets forth the eligible activities for use of the funds. The proposed changes are administrative in nature.

813-250-0040 This rule sets out the fiscal control and reporting requirements. The proposed amendments are administrative in nature and do not include any substantive changes.

813-250-0050 This rule has been repealed. The waiver rule will be incorporated within the department's general rules.

Rules Coordinator: Sandy McDonnell

Address: Oregon Housing and Community Services Department, 725 Summer St. NE, Suite B, Salem, OR 97301

Telephone: (503) 986-2012

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Oregon Patient Safety Commission Chapter 325

Rule Caption: Updates the Oregon Patient Safety Commission 2011-2013 biennial budget by amending OAR 325-005-0015

Date:	Time:	Location:
4-22-13	10 a.m.	1020 SW Taylor St., Suite 700 Portland, OR 97205

Hearing Officer: Shannon O'Fallon

Stat. Auth.: ORS 442.820-442.835

NOTICES OF PROPOSED RULEMAKING

Other Auth.: 2003 OL Ch. 686, Sec. 9
Stats. Implemented: ORS 182.462(1) & 182.462(2)
Proposed Amendments: 325-005-0015
Last Date for Comment: 4-22-13, 5 p.m.
Summary: In accordance with the rules governing semi-independent state agencies, this action amends the Oregon Patient Safety Commission 2011-2013 biennial budget from \$1,933,351 to \$2,245,271 by amending OAR 325-005-0015.
Rules Coordinator: Bethany A. Walmsley
Address: Oregon Patient Safety Commission, PO Box 285, Portland, OR 97204
Telephone: (503) 224-9226

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Oregon State Treasury
Chapter 170

Rule Caption: Clarifies DMD fees for state agency bond sales, MDAC fees, and overlapping debt report
Stat. Auth.: ORS 286A.014, 287A.370, & 287A.634
Stats. Implemented: ORS 286A & 287A
Proposed Amendments: 170-061-0015
Last Date for Comment: 4-22-13, 4 p.m.
Summary: • Modifies and clarifies the OAR language related to state agency conduit bond transactions.
• Modifies the OAR to clarify that fees charged to state agencies apply to SWAP or liquidity replacement transactions.
• Eliminates the fee charged to a state agency for an advance refunding review, as the Division no longer provides this service separately from the general fee charged to an agency for a bond transaction.
• Eliminates the Municipal Debt Advisory Commission fee charged to a local government body for a bond issuance of less than \$1 million par.
• Modifies the language relating to fee charged by customized reports, clarifying that the fee applies to overlapping debt reports only for prior years. For current year reports there is no charge.
Rules Coordinator: Curtis Hartinger
Address: Oregon State Treasury, 350 Winter St. NE, Suite 100, Salem, OR 97301
Telephone: (503) 378-3150

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Oregon University System
Chapter 580

Rule Caption: Supersede all prior Academic Year and Summer Session Fee Book rules
Date: 5-2-13 **Time:** 10 a.m. **Location:** Board Rm., Memorial Union
Oregon State University
Corvallis, OR
5-3-13 10 a.m. Board Rm., Erb Memorial Union
University of Oregon
Eugene, OR
Hearing Officer: Barbara Russell, Marcia Stuart
Stat. Auth.: ORS 351.070
Stats. Implemented: ORS 351.070
Proposed Amendments: 580-040-0040
Last Date for Comment: 5-10-13, 5 p.m.
Summary: To establish tuition and fees for both Academic Year 2013–14 and Summer Session 2014; supersedes all prior fee book rules. Online public comment website will be available 4/29/13 and can be accessed at www.ous.edu/factreport/tuition
Rules Coordinator: Marcia M. Stuart
Address: Oregon University System, PO Box 3175, Eugene, OR 97403-0175
Telephone: (541) 346-5749

Oregon University System,
Oregon Institute of Technology
Chapter 578

Rule Caption: To amend the schedule of Special Institutional Fees and Charges and Parking Fees.
Date: 4-30-13 **Time:** 5 p.m. **Location:** 3201 Campus Dr., Mt. Bailey Rm.
Klamath Falls, OR 97601
Hearing Officer: Sara Reuter
Stat. Auth.: ORS 51
Stats. Implemented: ORS 351.070
Proposed Amendments: 578-041-0030, 578-072-0030
Last Date for Comment: 4-30-13, Close of Hearing
Summary: 578-041-0030 Amends the Schedule of Special Institution Fees and Charges. Amendments allow for increases, revisions, additions, or deletions of special course fees, and general service fees for fiscal year 2013–2014. The schedule of subject fees may be obtained from the Oregon Institute of Technology Business Affairs Office.
578-072-0030 Amends the Parking Permit and Fees. Amendments allow for increases, revisions, additions, or deletions of parking permit fees for fiscal year 2013–2014. The schedule of subject fees may be obtained from the Oregon Institute of Technology Business Affairs Office.
Rules Coordinator: Denise Reid
Address: Oregon University System, Oregon Institute of Technology, 3201 Campus Drive, Klamath Falls, OR 97601
Telephone: (541) 885-1240

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Oregon University System,
Southern Oregon University
Chapter 573

Rule Caption: Special Fees
Date: 4-30-13 **Time:** 3 p.m. **Location:** Hannon Library, Rm. 329
Southern Oregon University
1250 Siskiyou Blvd.
Ashland, Oregon 97520
Hearing Officer: Victoria Vannice
Stat. Auth.: ORS 351.070
Stats. Implemented: ORS 351.070
Proposed Amendments: 573-040-0005
Last Date for Comment: 5-3-13, 5 p.m.
Summary: The proposed rule amendments eliminate fees that are no longer necessary and establish, increase, or decrease fees to more accurately reflect the actual costs of instruction for certain courses and special services not otherwise funded through the institution's operating budget.
Rules Coordinator: Treasa Sprague
Address: Oregon University System, Southern Oregon University, 1250 Siskiyou Blvd., Ashland, OR 97520
Telephone: (541) 552-6319

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Physical Therapist Licensing Board
Chapter 848

Rule Caption: Amend current rule expense budget figure to reflect 2013–2015 Board approved expenditures.
Date: 5-17-13 **Time:** 8:30 a.m. **Location:** PSOB 800 NE Oregon St.,
Rm. 445
Portland OR 97232
Hearing Officer: James D. Heider
Stat. Auth.: ORS 182.462
Stats. Implemented: ORS 182.462
Proposed Amendments: 848-005-0010
Last Date for Comment: 5-15-13, Close of Business
Summary: The Physical Therapist Licensing Board hereby adopts by reference the Physical Therapist Licensing Board 2013–2015

NOTICES OF PROPOSED RULEMAKING

Biennium Budget of \$1,000,000 covering the period from July 1, 2013 through June 30, 2015. The Executive Director of the Board will amend budgeted accounts as necessary within the approved budget of \$1,000,000 for the effective operation of the Board. The Board will not exceed the approved 2013–2015 Biennium Budget without amending this rule, notifying holders of licenses, and holding a public hearing thereon as required by ORS Chapter 182.462(1) and (2). Copies of the budget are available on the Board website or by contacting the Board's office.

Rules Coordinator: James Heider

Address: Physical Therapist Licensing Board, 800 NE Oregon St, Suite 407, Portland, OR 97232

Telephone: (971) 673-0203

Psychiatric Security Review Board
Chapter 859

Rule Caption: PSRB Conditional Release of Clients with a Department of Corrections Detainer

Date:	Time:	Location:
5-2-13	10 a.m.	610 SW Alder Ave., Suite 420 Portland, OR 97205

Hearing Officer: Juliet Follansbee

Stat. Auth.: ORS 161 & 161.336–161.346

Stats. Implemented: ORS 161.295–161.400

Proposed Amendments: 859-070-0010, 859-070-0015

Proposed Repeals: 859-070-0010(T), 859-070-0015(T)

Last Date for Comment: 5-3-13, 5 p.m.

Summary: (1) Amends existing rules regarding conditional release of clients. ORS 161.346(1)(b) directs the PSRB to conditionally release clients who can be adequately treated and controlled in the community. Some PSRB clients who are committed to the state hospital who are appropriate for conditional release to a community mental health agency also have a Department of Corrections (DOC) detainer. The DOC detainer prevents the Board from conditionally releasing those clients into the community under the supervision of a county mental health program until their DOC sentence is served. Consequently, the Board's practice has been to conditionally release these clients to DOC after conducting a hearing and determining they can be adequately treated and controlled at DOC. Additionally, there are instances when a PSRB client commits a new crime which results in a conviction with a DOC sentence. Some courts immediately transport these individuals directly from court to Department of Corrections although technically still committed to the state hospital. This rule would establish the written policy to conditionally release these clients to DOC.

(2) Repealing duplicative temporary rules 859-070-0010 and 859-070-0015.

(3) Comments can be emailed to psrb@psrb.org or mailed at the above address.

Rules Coordinator: Mary Claire Buckley

Address: Psychiatric Security Review Board, 610 SW Alder St., Suite 420, Portland, OR 97205

Telephone: (503) 229-5596

Public Utility Commission
Chapter 860

Rule Caption: In the Matter of a Rulemaking to Adopt Federal Pipeline Safety Regulation Amendments.

Stat. Auth.: ORS Ch. 183, 756.040 & 757.039

Stats. Implemented: ORS 757.039

Proposed Amendments: 860-024-0020, 860-024-0021

Last Date for Comment: 4-23-13, 5 p.m.

Summary: The proposed rules adopt published US Department of Transportation (USDOT) amendments associated with the construction, operation and maintenance of intrastate gas pipelines and

liquefied natural gas facilities. The amendments being adopted are from the Code of Federal Regulations, CFR Title 49, Part 191 (amendments through No. 22), Part 192 (amendments through No. 117), Part 199 (amendments through No. 25) and Part 40 (amendments through No. 29).

Per ORS 757.039(3), the commission has agreements with the USDOT to enforce federal pipeline safety regulations pertaining to pipeline facilities in Oregon. As a condition of those agreements, the Commission must annually certify to the USDOT that the Commission adopted or is in the process of adopting all current federal pipeline safety regulations applicable to intrastate gas pipelines and liquefied natural gas facilities. These rule amendments update the Oregon pipeline safety rules to be current with the federal gas pipeline safety regulations and to comply with USDOT certification requirements.

The commission encourages participants to file written comments as early as practicable in the proceeding so that other participants have the opportunity to consider and respond to the comments before the deadline. Please reference Docket No. AR 569 on comments and file them by e-mail to the Commissions Filing Center at PUC. FilingCenter@state.or.us and also send a signed hard copy to the Filing Center at PO Box 2148, Salem, Oregon 97308-2418. For more information about the Commissions Filing Center, please see <http://www.puc.state.or.us/PUC/eFiling/fcindex.shtml>. Interested persons may review all filings online at <http://apps.puc.state.or.us/edockets/docket.asp?DocketID=18226>

Rules Coordinator: Diane Davis

Address: Public Utility Commission of Oregon, PO Box 2148, Salem, OR 97308

Telephone: (503) 378-4372

Rule Caption: In the Matter of Amendments to OAR 860-027-0050, 860-034-0393 and 860-034-0730, Uniform System of Accounts

Stat. Auth.: ORS Ch. 183, 756, & 759

Stats. Implemented: ORS 756.105, 759.120, 759.125, & 759.130

Proposed Amendments: 860-027-0050, 860-034-0393, 860-034-0730

Last Date for Comment: 4-23-13, 5 p.m.

Summary: The current Oregon Administrative Rules and the report forms based upon those rules require reporting of Universal Service Fund (USF) collections and contributions in ways that are inconsistent with federal requirements set out in 47 CFR 32.4010 and the Federal Communications Commission RAO Letter 27. The proposed changes to the rules allow telecommunications utilities and cooperatives to record the state USF collections and contributions in balance sheet accounts as liabilities instead of assets and to record the federal USF collections and contributions in income statement accounts as revenues and expenses, consistent with federal requirements.

The commission encourages participants to file written comments as early as practicable in the proceeding so that other participants have the opportunity to consider and respond to the comments before the deadline. Please reference Docket No. AR 570 on comments and file them by e-mail to the Commissions Filing Center at PUC. FilingCenter@state.or.us and also send a signed hard copy to the Filing Center at PO Box 2148, Salem, Oregon 97308-2418. For more information about the Commissions Filing Center, please see <http://www.puc.state.or.us/PUC/eFiling/fcindex.shtml>. Interested persons may review all filings online at <http://apps.puc.state.or.us/edockets/docket.asp?DocketID=18243>

Rules Coordinator: Diane Davis

Address: Public Utility Commission of Oregon, PO Box 2148, Salem, OR 97308

Telephone: (503) 378-4372

ADMINISTRATIVE RULES

Board of Examiners for Engineering and Land Surveying Chapter 820

Rule Caption: Amend rules related to renewal and application. Adopt rules for contracting and SB 126 (2011 session).

Adm. Order No.: BEELS 1-2013

Filed with Sec. of State: 3-13-2013

Certified to be Effective: 3-13-13

Notice Publication Date: 2-1-2013

Rules Adopted: 820-001-0025, 820-050-0010

Rules Amended: 820-010-0200, 820-010-0204, 820-010-0205, 820-010-0206, 820-010-0207, 820-010-0208, 820-010-0212, 820-010-0213, 820-010-0214, 820-010-0215, 820-010-0225, 820-010-0226, 820-010-0415, 820-010-0425, 820-010-0427, 820-010-0480, 820-010-0520, 820-010-0635, 820-010-0720, 820-015-0026, 820-020-0040

Subject: OAR 820-001-0025 — Adopts language to state that the Board adopted the Department of Justice Public Contracts Manual including reference to ORS 279A, B, and C, and OAR chapter 137, divisions 46 and 47 as its purchasing and contracting policies and became effective May 8, 2012.

OAR 820-050-0010 — Adopts language to define “water right examination” and adopts requirement for a CWRE to obtain 10 PDH units (SB 126, 2011 Session).

OAR 820-010-0200 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to \$75.00 effective with the June 2012 biennial renewal period) and renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0204 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to \$75.00 effective with the June 2012 biennial renewal period) and renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0205 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to \$75.00 effective with the June 2012 biennial renewal period) and renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0206 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to \$75.00 effective with the June 2012 biennial renewal period) and renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0207 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to \$75.00 effective with the June 2012 biennial renewal period) and renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0208 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to \$75.00 effective with the June 2012 biennial renewal period) and renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0212 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to Secretary of State.

OAR 820-010-0213 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to \$75.00 effective with the June 2012 biennial renewal period) and renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0214 — Housekeeping; Revises the total fee for application as a result of the decrease in annual renewal fee (from \$90.00 to \$75.00 effective with the June 2012 biennial renewal peri-

od) and renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0215 — Housekeeping; Renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0225 — Adds language to clarify if all necessary documents are not received by the deadline, the application package will be considered withdrawn.

OAR 820-010-0226 — Adds language to clarify if all necessary documents are not received by the deadline, the application package will be considered withdrawn.

OAR 820-010-0415 — Housekeeping; Renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0425 — Housekeeping; Renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0427 — Housekeeping; Renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0480 — Revises language to clarify examinees are subject to the NCEES 2012 version of the Examination Administration Policies.

OAR 820-010-0520 — Housekeeping; Renames the “take-home” examination to a “take at home” examination.

OAR 820-010-0635 — Deletes language related to the NCEES Registered Continuing Education Providers Program as they no longer exist.

OAR 820-010-0720 — Revises language to include that a licensee, firm, or other organization advertising for or offering to perform the services provided in ORS Chapter 537 must employ a Certified Water Right Examiner (CWRE).

OAR 820-015-0026 — Revises language to clarify the process to request a grace period if a registrant has failed to satisfy the Continuing Professional Development requirements by 15 PDH or fewer.

OAR 820-020-0040 — Revises language to clarify prohibited examination conduct.

Rules Coordinator: Mari Lopez—(503) 362-2666, ext. 26

820-001-0025

Purchasing and Contracting

Effective May 8, 2012, the Board adopted the Department of Justice Public Contracts Manual that includes reference to ORS 279A, B, and C, and OAR chapter 137, divisions 46 and 47 as its purchasing and contracting policies.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 1-2013, f. & cert. ef. 3-13-13

820-050-0010

Continuing Professional Development Requirements: Failure to Comply

(1) Requirements:

(a) Certified Water Right Examiners are required to obtain 10 professional development hour (PDH) units in subjects related to the practice of water right examination. As used in this rule, “Water Right Examination” includes: courses or study related to water right applications and claims of beneficial use, Water Resources Department programs, water law, or other subjects related to the work of a Water Right Examiner.

(b) For persons who hold registration as an engineer, land surveyor, or both, the number of PDH units required shall remain 30 PDH units per renewal period and may include the 10 PDH units required in OAR 820-050-0010(1)(a).

(c) Any Certified Water Right Examiner who fails to satisfy the Continuing Professional Development requirements in subsection (1)(a) shall be subject to suspension. Failure to satisfy the Continuing Professional Development requirements shall not be the sole basis for revocation of certificate.

(2) Before suspending the certificate of a Water Right Examiner, the Board may allow a grace period of up to one year for a certificate holder to satisfy these Continuing Professional Development requirements. When a grace period is allowed under subsection (3), the certificate holder must complete all deficient Continuing Professional Development requirements and satisfy all current Continuing Professional Development requirements within the grace period. If the certificate holder fails to obtain all required

ADMINISTRATIVE RULES

deficient and current PDH units within the grace period, the Board shall suspend the registrant's certificate.

(3) The Board shall grant a grace period to a certificate holder who responds to any Board notification, completes a Continuing Education Request for a Grace Period Form, is not otherwise subject to Board investigation, audit, or discipline, and has failed to satisfy the Continuing Professional Development requirements by 5 or fewer PDH units related to the practice of water right examination.

Stat. Auth.: ORS 670.310 & 672.255
Stats. Implemented: ORS 672.002 - 672.325
Hist.: BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0200

Application for Registration as Professional Engineers (PE) Based on Licensure by Another Jurisdiction (Comity)

(1) Professional engineers registered in other jurisdictions may file applications for registration on the basis of comity as provided in ORS 672.148. NCEES records, current within the two years prior to application, may be accepted to document registration.

(2) In lieu of a NCEES record, application will consist of:

(a) Experience Details form including active practice in engineering;

(b) Five references that meet the requirements of OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

(A) Qualifying experience accrued by the applicant must be accompanied by a reference that verifies the applicant's work meets the definition of engineering as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(c) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

(d) Official verification of EI and current registration in another NCEES jurisdiction.

(3) The other jurisdiction that issued the certificate of registration must have had substantially equivalent requirements for registration as Oregon had at the time the other jurisdiction issued the certificate of registration.

(4) The Board may require the applicant to provide documentation of the requirements for registration by such other jurisdiction in effect at the time the applicant obtained a certificate of registration.

(5) Before receiving a certificate of registration to practice professional engineering in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(6) Application must be accompanied by the \$360.00 fee.

Stat. Auth.: ORS 670.310, 672.095, 672.157, & 672.255
Stats. Implemented: ORS 672.002 - 672.325
Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 16, f. 3-5-74, ef. 3-25-74; EE 20, f. & ef. 12-15-77; EE 1-1992, f. & cert. ef. 2-3-92; EE 1-1993, f. 1-28-93, cert. ef. 2-1-93; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; BEELS 1-1998, f. & cert. ef. 2-10-98; BEELS 1-2000, f. & cert. ef. 1-14-00; BEELS 3-2001, f. & cert. ef. 11-26-01; BEELS 1-2003, f. & cert. ef. 1-28-03; BEELS 1-2004, f. & cert. ef. 1-26-04; BEELS 1-2005, f. & cert. ef. 3-16-05; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0204

Applications for Registration as Professional Engineers (PE) Based on Examination by Another Jurisdiction or by NCEES (1st Registration)

(1) Applicants who are not registered in another jurisdiction but who meet all the requirements for registration in Oregon may be considered for registration if the application is submitted within five years following passing the practical examination as a professional engineer in another jurisdiction or by NCEES. This includes, for example, applicants who have passed the FE and PE examinations in another jurisdiction or by NCEES, but who are not registered in a jurisdiction. This rule does not apply to applicants who are not currently registered due to expired, delinquent, or otherwise invalid certificates of registration.

(2) Application must include:

(a) Experience Details form including active practice in engineering;

(b) Five references that meet the requirements of the OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

(A) Qualifying experience accrued by the applicant must be accompanied by a reference that supervised the work product as meeting the definition of engineering as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(c) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

(d) Official verification of successful completion of the NCEES Fundamentals of Engineering examination and the NCEES Principles and Practice of Engineering examination.

(3) Before receiving a certificate of registration to practice professional engineering in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(4) Application must be accompanied by the \$360.00 fee.

Stat. Auth.: ORS 670.310, 672.095, & 672.255
Stats. Implemented: ORS 672.002 - 672.325
Hist.: BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0205

Applications for Registration as Professional Land Surveyors (PLS) Based on Licensure by Another Jurisdiction (Comity)

(1) Professional land surveyors registered in other jurisdictions may file applications for registration on the basis of comity as provided in ORS 672.148. NCEES records, current within the two years prior to application, may be accepted to document registration.

(2) In lieu of a NCEES record, application will consist of:

(a) Experience Details form including active practice in land surveying;

(b) Five references that meet the requirements of OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

(A) Qualifying experience accrued by the applicant must be accompanied by a reference that verifies the applicant's work meets the definition of land surveying as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(c) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

(d) Official verification of LSI and current registration in another NCEES jurisdiction.

(3) The other jurisdiction that issued the certificate of registration must have had substantially equivalent requirements for registration as Oregon had at the time the other jurisdiction issued the certificate of registration.

(4) The Board may require the applicant to provide documentation of the requirements for registration by such other jurisdiction in effect at the time the applicant obtained a certificate of registration.

(5) Before receiving a certificate of registration to practice professional land surveying in Oregon, each applicant must successfully pass a state specific examination covering Oregon law relating to land surveying.

(6) Before receiving a certificate of registration to practice professional land surveying in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(7) Application must be accompanied by the \$360.00 fee.

Stat. Auth.: ORS 670.310, 672.095, 672.157, & 672.255
Stats. Implemented: ORS 672.002 - 672.325
Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 20, f. & ef. 12-15-77; EE 1-1992, f. & cert. ef. 2-3-92; BEELS 3-2001, f. & cert. ef. 11-26-01; BEELS 5-2005(Temp), f. & cert. ef. 9-23-05 thru 3-21-06; BEELS 6-2005, f. & cert. ef. 12-13-05; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0206

Applications for Registration as a Professional Land Surveyors (PLS) Based on Examination by Another Jurisdiction or by NCEES (1st Registration)

(1) Applicants who are not registered in another jurisdiction but who meet all the requirements for registration in Oregon may be considered for registration if the application is submitted within five years following passing the practical examination as a professional land surveyor in another jurisdiction or by NCEES. This includes, for example, applicants who have passed the FLS and PLS examinations in another jurisdiction or by NCEES, but who are not registered in a jurisdiction. This rule does not apply to applicants who are not currently registered due to expired, delinquent, or otherwise invalid certificates of registration.

(2) Application must include:

(a) Experience Details form including active practice in land surveying;

(b) Five references that meet the requirements of the OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

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(A) Qualifying experience accrued by the applicant must be accompanied by a reference that supervised the work product as meeting the definition of land surveying as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(c) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

(d) Official verification of successful completion of the NCEES Fundamentals of Land Surveying examination and the NCEES Principles and Practice of Land Surveying examination.

(3) Before receiving a certificate of registration to practice professional land surveying in Oregon, each applicant must successfully pass a state specific examination covering Oregon law relating to land surveying.

(4) Before receiving a certificate of registration to practice professional land surveying in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(5) Application must be accompanied by the \$360.00 fee.

Stat. Auth.: ORS 670.310, 672.095, 672.157, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0207

Applications for Registration as Professional Photogrammetrists Based on Licensure by Another Jurisdiction (Comity)

(1) Professional photogrammetrists registered in other jurisdictions may apply for registration on the basis of comity as provided in ORS 672.148. NCEES records, current within the two years prior to application, may be accepted to document registration.

(2) In lieu of a NCEES record, application will consist of:

(a) Experience Details form including active practice in photogrammetric mapping;

(b) Five references that meet the requirements of OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

(A) Qualifying experience accrued by the applicant must be accompanied by a reference that verifies the applicant's work meets the definition of photogrammetric mapping as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(c) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

(d) Official verification of LSI and current registration in another NCEES jurisdiction.

(3) The other jurisdiction that issued the certificate of registration must have had substantially equivalent requirements for registration as Oregon had at the time the other jurisdiction issued the certificate of registration.

(4) The Board may require the applicant to provide documentation of the requirements for registration by such other jurisdiction in effect at the time the applicant obtained a certificate of registration.

(5) Before receiving a certificate of registration to practice photogrammetric mapping in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(6) Application must be accompanied by the \$360.00 fee.

Stat. Auth.: ORS 670.310, 672.095, 672.157 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 6-2005, f. & cert. ef. 12-13-05; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0208

Applications for Registration as a Professional Photogrammetrists Based on Examination by Another Jurisdiction or by NCEES (1st Registration)

(1) Applicants who are not registered in another jurisdiction but who meet all the requirements for registration in Oregon may be considered for registration if the application is submitted within five years following passing the examination as a photogrammetrist in another jurisdiction or by NCEES. This rule does not apply to applicants who are not currently registered due to expired, delinquent, or otherwise invalid certificates of registration.

(2) Application must include:

(a) Experience Details form including active practice in photogrammetric mapping;

(b) Five references that meet the requirements of the OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

(A) Qualifying experience accrued by the applicant must be accompanied by a reference that supervised the work product as meeting the definition of photogrammetric mapping as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(c) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

(d) Official verification of successful completion of the NCEES Fundamentals of Land Surveying examination and a professional photogrammetry examination recognized by the Board.

(3) Before receiving a certificate of registration to practice professional photogrammetric mapping in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(4) Application must be accompanied by the \$360.00 fee.

Stat. Auth.: ORS 670.310, 672.095, 672.157, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0212

Applications for Registration as Professional Engineers (PE) Based on Examination

(1) Applicants for registration as a professional engineer must submit documentation, compliant with OAR 820-010-0215, to include:

(a) Application for Registration by Examination;

(b) Experience Details form including active practice in engineering;

(c) Five references that meet the requirements of the OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

(A) Qualifying experience accrued by the applicant must be accompanied by a reference that supervised the work product as meeting the definition of engineering as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(d) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

(e) Official verification of successful completion of the Fundamentals of Engineering examination.

(2) Before receiving a certificate of registration to practice professional engineering in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(3) Application must be accompanied by the \$210.00 fee.

(4) Application for readmission must be accompanied by the \$90.00 fee.

Stat. Auth.: ORS 670.310, 672.095, 672.157, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 1-2010, f. & cert. ef. 5-12-10; BEELS 1-2011, f. & cert. ef. 1-14-11; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0213

Applications for Registration as Professional Land Surveyors (PLS) Based on Examination

(1) Applicants for registration as a professional land surveyor must submit documentation to include:

(a) Application for Registration by Examination;

(b) Experience Details form including active practice in land surveying;

(c) Five references that meet the requirements of the OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

(A) Qualifying experience accrued by the applicant must be accompanied by a reference that supervised the work product as meeting the definition of land surveying as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(d) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

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(e) Official verification of successful completion of the Fundamentals of Land Surveying examination.

(2) Before receiving a certificate of registration to practice professional land surveying in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(3) Application must be accompanied by the \$250.00 fee.

(4) Applications for readmission:

(a) Applications for readmission for both the National (6-hour) examination and the Oregon Specific (4-hour) examination must be accompanied by the \$130.00 fee.

(b) Application for readmission for the National (6-hour) examination must be accompanied by the \$75.00 fee.

(c) Application for readmission for the Oregon Specific (4-hour) examination must be accompanied by the \$55.00 fee.

Stat. Auth.: ORS 670.310, 672.095, 672.157, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 1-2010, f. & cert. ef. 5-12-10; BEELS 1-2011, f. & cert. ef. 1-14-11; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0214

Applications for Registration as Professional Photogrammetrists (RPP) Based on Examination

(1) Applicants for registration as a professional photogrammetrist must submit documentation to include:

(a) Application for Registration by Examination;

(b) Experience Details form including active practice in photogrammetric mapping;

(c) Five references that meet the requirements of the OAR 820-010-0255, three of whom hold registration in a NCEES jurisdiction;

(A) Qualifying experience accrued by the applicant must be accompanied by a reference that supervised the work product as meeting the definition of photogrammetric mapping as defined in the OAR 820-010-0010.

(B) References must be submitted on the Board approved Reference Details form.

(C) The Board may, for good cause upon written application, reduce the number of references required.

(d) Official transcripts or evaluation of degree credentials for those degrees not from an ABET accredited program.

(e) Official verification of successful completion of the Fundamentals of Land Surveying examination.

(2) Before receiving a certificate of registration to practice professional photogrammetric mapping in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

(3) Application must be accompanied by the \$230.00 fee.

(4) Application for readmission must be accompanied by the \$110.00 fee.

Stat. Auth.: ORS 670.310, 672.095, 672.157, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 1-2010, f. & cert. ef. 5-12-10; BEELS 1-2011, f. & cert. ef. 1-14-11; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0215

Form of Applications

(1) Applications for registration as professional engineers, professional land surveyors, professional photogrammetrists and for enrollment as an EI, an LSI, or an application for certification as a water right examiner will be made on printed forms issued by the Board in accordance with Board instructions.

(2) All applications must be accompanied by the appropriate fee.

(3) The following must be submitted to the Board in a single package by the application deadline in OAR 820-010-0442:

(a) Application;

(b) Experience Details form;

(c) Reference Details forms;

(d) Request for Reasonable Accommodations to Oregon Specific Examinations; and

(e) Explanation of any work performed in conjunction with any educational program as defined in OAR 820-010-0010.

(f) If applicable, any evidence of further preparation for readmission to a subsequent examination as required by OAR 820-010-0465.

(4) Applications for registration as professional engineers, professional land surveyors, or professional photogrammetrists must be accompanied by a completed take at home examination on the laws and rules in Oregon.

(5) The following documents may be submitted by the issuer to the Board office and received no later than December 15 for the Spring exam-

ination administration or no later than June 15 for the Fall examination administration:

(a) Official verification of examinations and/or substantially equivalent examinations successfully passed;

(b) Official verification of current registration by another jurisdiction;

(c) Official transcripts or course-by-course evaluations; or

(d) NCEES Records.

(6) Applicants who do not comply with this rule will be considered failing to complete the application process, subject to OAR 820-010-0300, and not eligible to forward fees.

Stat. Auth.: ORS 670.310, 672.095, 672.157, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 20, f. & ef. 12-15-77; EE 1-1983, f. 2-28-83, ef. 3-1-83; EE 2-1986, f. 3-26-86, ef. 3-31-86; EE 4-1987, f. & ef. 12-1-87; EE 1-1992, f. & cert. ef. 2-3-92; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; Renumbered from 820-010-0220; BEELS 6-2005, f. & cert. ef. 12-13-05; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 4-2008, f. & cert. ef. 12-12-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 1-2010, f. & cert. ef. 5-12-10; BEELS 2-2010(Temp), f. & cert. ef. 12-28-10 thru 6-26-11; BEELS 1-2011, f. & cert. ef. 1-14-11; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 4-2012, f. & cert. ef. 9-14-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0225

Educational Qualifications to Take the Fundamentals of Engineering (FE) Examination for Enrollment as an Engineering Intern (EI)

Applicants for admission to examination for enrollment as an EI will be required to submit the following evidence to show eligibility to take the FE examination:

(1) Official transcripts that document the degree and date awarded, demonstrating completion of an engineering curriculum satisfactory to the Board, as described in (3) below.

(2) If taking the examination prior to graduation, a statement signed by an official from the school, university or college that all work necessary to obtain a degree in a curriculum satisfactory to the Board has been or will be completed within four months following the examination as provided in ORS 670.010. Official transcript(s) that document the degree and date awarded, verifying completion must be received within 6 months of taking the examination to release examination scores and to allow enrollment as an EI. Scores will only be released if the official transcript(s) that documents the degree and date awarded is received within 6 months of taking the examination. When the official transcript(s) that documents the degree and date awarded is not received within 6 months of taking the examination, the application shall be considered withdrawn. This rule shall apply to applications from the April 2012 examination administration forward.

(3) For entrance to the FE examination, a curriculum satisfactory to the Board shall include:

(a) Graduation from an EAC of ABET accredited engineering program;

(b) Graduation from a TAC of ABET baccalaureate engineering program;

(c) Graduation from an ACCE accredited four-year baccalaureate construction engineering management program;

(d) Graduation from a graduate degree program in engineering at a college or university that has an EAC of ABET accredited undergraduate degree program in the same field as the graduate degree program, combined with completion of 21 semester/32 quarter hours of engineering related technical course work. The courses shall include at least six of the following nine subjects: Differential Equations, Physics, Statistics, Statics, Dynamics, Thermodynamics, Fluid Mechanics, Electrical Fundamentals and Strength of Materials.

(e) Graduation from TAC of ABET accredited two-year Engineering Technology program or graduation from a two-year Associate of Applied Science program in Engineering Technology that includes the following:

(A) A total of at least 64 semester/96 quarter hours;

(B) At least 32 semester/48 quarter hours in technical courses. (Skills and knowledge of appropriate methods, procedures and techniques; experience in carrying out established engineering procedures);

(C) At least 16 semester/24 quarter hours in math and science, including:

(i) 4 semester/6 quarter hours in basic science (physics, chemistry, earth and life sciences);

(ii) 8 semester/12 quarter hours in mathematics (not including courses below the level of college algebra or courses in computer programming);

(D) At least 9 semester/13 quarter hours in social science, humanities and communications; and

(E) In addition to the educational requirements set forth in paragraph (e) of subsection (3), graduates from two-year programs shall complete two or more years of engineering work before qualifying to take the FE exam-

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ination for enrollment as an EI. In the alternative, graduates from two-year programs may complete additional course work consisting of 21 semester/32 quarter hours in Differential Equations, Physics, Statistics, Statics, Dynamics, Thermodynamics, Fluid Mechanics, Electrical Fundamentals and Strength of Materials.

(f) Completion of a curriculum that the Board finds has adequately prepared the application for enrollment as an EI.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 16, f. 3-5-74, ef. 3-25-74; EE 20, f. & ef. 12-15-77; EE 1-1986, f. 2-4-86, ef. 2-15-86; EE 1-1992, f. & cert. ef. 2-3-92; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; EE 2-1996, f. & cert. ef. 10-3-96; BEELS 1-1998, f. & cert. ef. 2-10-98; BEELS 1-1999, f. 5-27-99, cert. ef. 7-1-99; BEELS 1-2001, f. & cert. ef. 5-22-01; BEELS 1-2004, f. & cert. ef. 1-26-04; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 2-2008, f. & cert. ef. 7-9-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 4-2012, f. & cert. ef. 9-14-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0226

Educational Qualifications to Take the Fundamentals of Land Surveying (FLS) Examination for Enrollment as a Land Surveying Intern (LSI)

Applicants for admission to examination for enrollment as an LSI will be required to submit the following evidence to show eligibility to take the FLS examination:

(1) Official transcripts that document the degree and date awarded, demonstrating completion of a land surveying curriculum satisfactory to the Board, as described in (3) below.

(2) If taking the examination prior to graduation, a statement signed by an official from the school, university or college that all work necessary to obtain a degree in a curriculum satisfactory to the Board has been or will be completed within four months following the examination as provided in ORS 670.010. Official transcript(s) that document the degree and date awarded, verifying completion must be received within 6 months of taking the examination to release examination scores and to allow enrollment as an LSI. Scores will only be released if the official transcript(s) that documents the degree and date awarded is received within 6 months of taking the examination. When the official transcript(s) that documents the degree and date awarded is not received within 6 months of taking the examination, the application shall be considered withdrawn. This rule shall apply to applications from the April 2012 examination administration forward.

(3) For entrance to the FLS Examination, a curriculum satisfactory to the Board shall include:

(a) Graduation from an EAC of ABET accredited four-year baccalaureate land surveying program;

(b) Graduation from an ASAC of ABET accredited four-year baccalaureate land surveying program;

(c) Graduation from a TAC of ABET accredited four-year baccalaureate land surveying program;

(d) Graduation from an EAC of ABET accredited four-year baccalaureate engineering program with 11 semester/16 quarter hours of surveying instruction and surveying law.

(e) Graduation from a TAC of ABET accredited four-year baccalaureate engineering program with 11 semester/16 quarter hours of surveying instruction and surveying law.

(f) Graduation from an ACCE accredited four-year baccalaureate engineering program with 11 semester/16 quarter hours of surveying instruction and surveying law.

(g) Graduation from a graduate degree program in land surveying at a college or university that has an ABET accredited undergraduate degree program in the same field, combined with completion of 11 semester/16 quarter hours of surveying instruction.

(h) Graduation from an ASAC of ABET accredited two-year Surveying Technology program, a TAC of ABET accredited two-year Surveying Technology program, or a two-year Association of Applied Science program in Surveying Technology or Engineering Technology that includes the following:

(A) A total of at least 64 semester/96 quarter hours;

(B) At least 32 semester/48 quarter hours in technical courses, of which a minimum of 11 semester/16 quarter hours shall be in surveying instruction;

(C) At least 16 semester/24 quarter hours in subjects such as math, science, basic electricity, hydraulics, road design, construction management and estimating engineering economics with college level algebra, trigonometry and statistics;

(D) At least 9 semester/13 quarter hours in social science, humanities and communications; and

(E) In addition to the educational requirements set forth in paragraph (h) of subsection (3), graduates from two-year education programs shall

complete two or more years of active practice in land surveying work before qualifying to take the FLS examination for enrollment as an LSI. Graduation from a degree program related to engineering or land surveying that includes the following:

(A) 21 semester/32 quarter hours of coursework with a direct geomatics focus that requires the application of geomatics knowledge and skills. One of these courses must be surveying law related;

(B) 27 semester/40 quarter hours that requires the application of mathematics for problem solving. At least one of these courses must focus on the application of differential and integral calculus;

(C) 24 semester/35 quarter hours related to physical and natural science with laboratory applications; and

(D) 4 semester/6 quarter hours of capstone or integrating experience that develops student competencies in applying both technical and non-technical skills in solving problems.

(j) Completion of a curriculum that the Board finds adequately prepared the applicant for enrollment as an LSI.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 2-2008, f. & cert. ef. 7-9-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 4-2012, f. & cert. ef. 9-14-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0415

Nature of the Examination for Professional Engineer (PE)

(1) An applicant to qualify for registration must obtain a passing grade for:

(a) A written examination in engineering fundamentals for qualification as an EI as covered in OAR 820-010-0420, unless exempted from this examination under 820-010-0455. Such examination may be taken at any scheduled examination period but must be passed in order to be admitted to the branch examination as covered in subsection (1)(b) of this rule; and

(b) A written examination in a professional branch of engineering, other than structural engineering, covering practical engineering problems in branches listed in OAR 820-010-0450.

(2) The uniform, national examinations are written and scored by the NCEES and administered by NCEES Exam Administration Services. Acoustical and Forest examinations are written, scored and administered by the Board.

(3) Before receiving a certificate of registration to practice professional engineering in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 16, f. 3-5-74, ef. 3-25-74; EE 20, f. & ef. 12-15-77; EE 2, f. 12-4-85, ef. 12-16-85; EE 1-1992, f. & cert. ef. 2-3-92; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 1-2008, f. & cert. ef. 3-12-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 4-2012, f. & cert. ef. 9-14-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0425

Nature of Examination for Professional Land Surveyor (PLS)

(1) An applicant to qualify for registration must obtain a passing grade for:

(a) A written examination in land surveying fundamentals as covered in OAR 820-010-0430 unless exempted for this examination under 820-010-0455. Such examination may be taken at any scheduled period but must be passed in order to be admitted to the examination in subsection (1)(b) of this rule;

(b) A written examination in practical land surveying problems; and

(c) A four-hour Oregon specific examination covering the U. S. Public Land Survey system, Oregon laws relating to land surveying, and other matters.

(2) The uniform, national examinations referenced in sections (1)(a) and (1)(b) are written and scored by the NCEES and administered by NCEES Exam Administration Services. The four-hour Oregon specific examination is written, scored and administered by the Board.

(3) Before receiving a certificate of registration to practice professional land surveying in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 16, f. 3-5-74, ef. 3-25-74; EE 20, f. & ef. 12-15-77; EE 2, f. 12-4-85, ef. 12-16-85; EE 1-1992, f. & cert. ef. 2-3-92; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 1-2008, f. & cert. ef. 3-12-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 1-2013, f. & cert. ef. 3-13-13

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820-010-0427

Nature of Examination for Registered Professional Photogrammetrist (RPP)

(1) An applicant to qualify for registration must obtain a passing grade for:

(a) A written examination in land surveying fundamentals as covered in OAR 820-010-0430. Such examination may be taken at any scheduled period but must be passed in order to be admitted to the examination as covered in subsection (1)(b) of this rule;

(b) A written examination in practical photogrammetric mapping problems.

(2) The fundamentals of land surveying examination is written and scored by NCEES and administered by NCEES Exam Administration Services.

(3) The practical photogrammetric mapping examination is written and scored by the Colonial States Boards of Surveyor Registration (CSBSR) pursuant to a contract entered into between the Oregon Board and the CSBSR. The Oregon Board administers the examination in Oregon.

(4) Before receiving a certificate of registration to practice professional photogrammetric mapping in Oregon, each applicant must pass a take at home examination on the laws and rules in Oregon.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 6-2005, f. & cert. ef. 12-13-05; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 1-2008, f. & cert. ef. 3-12-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 1-2011, f. & cert. ef. 1-14-11; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0480

NCEES Examinations

(1) As NCEES does not facilitate examination reviews and appeals, NCEES examination reviews are not permitted.

(2) Examinees are subject to the NCEES 2012 Examination Administration Policies. For the purposes of investigations of potential violations of OAR 820-020-0040, the Board will consider recommendations from NCEES for any breach of examination security and examination subversion.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0520

Registrants or Certificate Holders Not Qualified to Practice

Registrants or certificate holders who are delinquent, retired, inactive, suspended or revoked by the Board, are not authorized to engage in the professional practice of engineering, land surveying, photogrammetric mapping, or the professional activities of a certified water right examiner as defined in ORS Chapter 537 and OAR chapter 690. Except as provided in section (2), registrants or certificate holders who are delinquent, retired, inactive, suspended or revoked may not hold out as professional engineers, professional land surveyors, professional photogrammetrists, or certified water right examiners.

(1) Delinquent registrants or certificate holders. Registrants or certificate holders become delinquent because they fail, within a period of five years from the renewal date, to renew their certificate of registration or to pay their renewal fees or satisfy the required PDH units. A delinquent registrant or certificate holder may return to active status:

(a) Upon application to the Board;

(b) By paying the delinquent renewal fee required by OAR 820-010-0305(3);

(c) By paying the biennial renewal fee required by OAR 820-010-0505; and

(d) By satisfying and submitting proof of completion on a form approved by the Board of all delinquent PDH units, at a rate of 15 PDH units per year delinquent, to a maximum of 30 PDH units as stated in OAR 820-010-0635.

(2) Retired registrants or certificate holders. Registrants or certificate holders may retire once they notify the Board that they are not providing engineering, land surveying, photogrammetric mapping services, or professional activities of a certified water right examiner to the public and they request retired status. Registrants or certificate holders who are retired may not use their seal. However, retired registrants may sign documents, listing after their name the designation "PE (Retired)," "SE (Retired)," "PLS (Retired)," "Photogrammetrist (Retired)," or "CWRE (Retired)," as appropriate. A retired registrant or certificate holder may, within a period of 5 years from retirement, return to active status:

(a) Upon application to the Board,

(b) Successfully pass a take at home examination on the laws and rules in Oregon;

(c) By paying the reinstatement fee required by OAR 820-010-0305(3);

(d) By paying the biennial renewal fee required by OAR 820-010-0505; and

(e) By satisfying and submitting proof of completion on a form approved by the Board of 15 PDH units per year for each year (or part of a year) retired, to a maximum of 30 PDH units as stated in OAR 820-010-0635.

(3) Inactive registrants or certificate holders. Registrants or certificate holders may place their license or certification on inactive status if the registrant or certificate holder has suffered a debilitating mental or physical illness, injury or disease that prevents the registrant or certificate holder from engaging in the professional practice. Registrants or certificate holders must request to be placed on inactive status. Registrants or certificate holders making such requests must provide documentation prepared by a licensed physician that the registrant or certificate holder suffers from a specific, named debilitating mental or physical illness, injury or disease that prevents the registrant or certificate holder from engaging in the professional practice, and an estimate of the period of time during when the illness, injury or disease will last or whether it is of an unlimited duration. An inactive registrant or certificate holder may, within a period of 5 years from inactive, return to active status:

(a) Upon application to the Board;

(b) Successfully pass a take at home examination on the laws and rules in Oregon;

(c) By paying the reinstatement fee required by OAR 820-010-0305(3);

(d) By paying the biennial renewal fee required by OAR 820-010-0505; and

(e) By satisfying and submitting proof of completion on a form approved by the Board of 15 PDH units per year for each year (or part of a year) inactive, to a maximum of 30 PDH units as stated in OAR 820-010-0635.

Stat. Auth.: ORS 672.255(1)(g)

Stats. Implemented: ORS 672.170(4), 672.180 & 672.255(1)(g)

Hist.: BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 2-2008, f. & cert. ef. 7-9-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 1-2011, f. & cert. ef. 1-14-11; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0635

Continuing Professional Development

The purpose of professional development requirements is to demonstrate a continuing level of competency of professional engineers, land surveyors, and photogrammetrists.

(1) Requirements:

(a) Every registrant is required to obtain 30 professional development hour (PDH) units during the registrant's current biennial renewal period in order to renew for the next biennial renewal period.

(b) Every registrant will report their PDH units on the Continuing Professional Development (CPD) Organizational form and submit to the Board office with the renewal form and fee. The CPD Organizational form must be completed in its entirety.

(c) Supporting documentation to verify the PDH units recorded on the CPD Organizational form must be submitted to the Board office when requested to participate in an audit. Supporting documentation may include, but are not limited to:

(A) Completion certificate(s);

(B) Paid receipt(s);

(C) Attendance log;

(D) Other documents supporting evidence of attendance.

(d) The CPD Organizational form and supporting documentation must be submitted to the Board in English or translated to English.

(e) Records must be retained for five (5) years.

(2) PDH units must be obtained in qualifying activities related to the individual's registration. A qualifying activity is any course or activity with a clear purpose and objective which improves, or expands the skills and knowledge relevant to the registrant's field of practice or practices.

(3) Non-qualifying activities may include, but are not limited to:

(a) Regular employment;

(b) Real estate licensing courses;

(c) Personal, estate, or financial planning;

(d) Personal self improvement;

(e) Service club meetings or activities;

(f) Equipment demonstrations or trade show displays;

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- (g) Topics not relevant to engineering, land surveying, or photogrammetry professions;
- (h) Enrollment without attendance at courses, seminars, etc.
- (i) Repetitive attendance at the same course;
- (j) Repetitive teaching of the same course;
- (k) Attending committee meetings or general business meetings of any organization;

(4) Units — The conversion of other units of credit to PDH units is as follows:

- (a) 1 College Semester hour equals 45 PDH;
 - (b) 1 College Quarter hour equals 30 PDH;
 - (c) 1 Continuing Education unit equals 10 PDH.
- (5) Sources of PDH units — One (1) PDH unit may be obtained for each contact hour of instruction or presentation. Unless otherwise noted, there is no maximum amount of PDH units a registrant may earn per biennial renewal period. Sources of PDH units include, but are not limited to the following:

- (a) Successful completion of college courses;
- (b) Successful completion of short courses, tutorials, correspondence, web based courses, televised and videotaped courses;
- (c) Active participation in seminars, in-house courses, workshops, and professional conventions;
- (d) Teaching or instructing a course, seminar, or workshop one time only. (This does not apply to full-time faculty teaching college courses);
- (e) Authoring or co-authoring published papers, articles or books.

Maximum of 10 PDH units per biennial renewal period;

- (f) Active participation in professional or technical society, committee, or board. Maximum of 8 PDH units per biennial renewal period;

- (g) Self study. Maximum of 6 PDH units per biennial renewal period;
- (h) Mentoring of engineering, land surveying, or photogrammetry topics to a nonregistered individual not under your supervision. Each 10 hours spent mentoring equals 1 PDH unit. Maximum of 4 PDH units per biennial renewal period;

- (i) Non-technical educational activities related to the registrant's employment;

- (j) Developing, writing, or scoring an engineering, land surveying, or photogrammetric mapping examination for licensure or certification. Maximum of 15 PDH units per biennial renewal period.

(6) Determination of Credit — The Board has final authority with respect to approval of courses, credit, PDH units for courses and other methods of earning credit.

- (a) The Board will approve without listing courses which are sponsored by nationally recognized technical societies and those technical societies listed in 820-001-0000(4)(b)(A) through (E) and (4)(c)(A) through (H).

- (b) Credit determination for activities is the responsibility of the registrant and is subject to review by the Board.

(7) If a registrant exceeds the requirement in any renewal period, a maximum of 15 PDH units in courses/activities may be carried forward into the next renewal period.

(8) Delinquent, retired or inactive registrants must complete PDH requirements as outlined in OAR 820-010-0520 in order to attain active status.

(9) In the event a registrant holds a license in another state that has a lesser PDH requirement than Oregon or no PDH requirement, the registrant will need to satisfy Oregon's 30 PDH requirement to renew the Oregon license.

(10) Multiple Registrants. The number of PDH units required shall remain a total of 30 PDH per renewal period for persons who hold registration as an engineer, land surveyor, and/or photogrammetrist.

Stat. Auth.: ORS 670.310 & 672.255
Stats. Implemented: ORS 672.002 - 672.375
Hist.: BEELS 2-2000, f. & cert. ef. 2-17-00; BEELS 5-2000, f. & cert. ef. 10-19-00; BEELS 3-2002, f. & cert. ef. 11-13-02; BEELS 1-2003, f. & cert. ef. 1-28-03; BEELS 6-2005, f. & cert. ef. 12-13-05; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 2-2007, f. & cert. ef. 4-5-07; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 1-2009, f. & cert. ef. 5-15-09; BEELS 1-2010, f. & cert. ef. 5-12-10; BEELS 2-2011, f. & cert. ef. 5-12-11; BEELS 1-2013, f. & cert. ef. 3-13-13

820-010-0720

Advertising for or Offering to Perform Services without Employing a Licensee or Certificate Holder; Engineering, Land Surveying and Photogrammetry Offices

(1) A licensee or firm, partnership, corporation, limited liability company, joint stock company, or other organization shall not advertise for or offer to perform or perform professional services for which a license or cer-

tificate is required unless the licensee or organization has a full-time partner, manager, officer or employee licensed and certified to practice in the discipline for which a license is required or certificate to practice in accordance with Oregon Revised Statute Chapter 537.

(2) Licensees and organizations shall not advertise for or offer to perform or perform professional services for which a license is required but for which they do not hold, or have a qualified person who holds, a license and thereafter seek to employ persons who hold a qualifying license.

(3) As used in this rule, a "full-time partner, manager, officer or employee" refers to a person who:

(a) Is physically present at least one half of the person's working time in the offices of the licensee or organization during normal business hours unless the full-time partner's, manager's, officer's or employee's professional duties require that the person be elsewhere; and

(b) Is not working for the licensee or organization under a contract or as a consultant for specific projects.

(4) A licensee or person employing or having a licensee as its partner, manager, or officer, may operate a project office for which no licensed professional engineer, land surveyor or photogrammetrist is physically present at least one half of the person's working time, provided that the project office qualifies under this section and that no services are advertised or offered making reference to or in connection with the project office, its address or phone number. For purposes of this section, a project office is a workstation for a specific project, the use of which will not extend beyond the scope or duration of the specific project.

Stat. Auth.: ORS 670.310 & 672.255
Stats. Implemented: ORS 672.002 - 672.325
Hist.: EE 2-1980, f. & ef. 5-14-80; EE 2-1985, f. 12-4-85, ef. 12-16-85; EE 4-1987, f. & ef. 12-1-87; EE 1-1992, f. & cert. ef. 2-3-92; BEELS 1-1998, f. & cert. ef. 2-10-98; Renumbered from 820-010-0016, BEELS 3-2001, f. & cert. ef. 11-26-01; BEELS 2-2007, f. & cert. ef. 4-5-07; BEELS 1-2013, f. & cert. ef. 3-13-13

820-015-0026

Failure to Comply with Continuing Professional Development Requirements

(1) Any registrant who fails to satisfy the Continuing Professional Development requirements in OAR 820-010-0635 will be subject to suspension of the registrant's license. Failure to satisfy the Continuing Professional Development requirements will not be the sole basis for license revocation.

(2) Before suspending a registrant's license, the Board may allow a grace period of up to one year for a registrant to satisfy the requirements of OAR 820-010-0635(1). When a grace period is allowed, the registrant must complete all deficient Continuing Professional Development requirements and satisfy all current Continuing Professional Development requirements within the grace period. If the registrant fails to obtain all required deficient and current PDH units within the grace period, the Board will suspend the registrant's license.

(3) The Board shall grant a grace period to a registrant who responds to any Board notification, completes a Continuing Education Request for a Grace Period Form, is not otherwise subject to Board investigation, audit, or discipline, and has failed to satisfy the Continuing Professional Development requirements by 15 or fewer PDH units.

Stat. Auth.: ORS 670.310 & 672.255
Stats. Implemented: ORS 672.002 - 672.325
Hist.: BEELS 2-2000, f. & cert. ef. 2-17-00; BEELS 1-2004, f. & cert. ef. 1-26-04; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 1-2013, f. & cert. ef. 3-13-13

820-020-0040

Examination Subversion: Grounds for Invalidation of Examination Results

(1) Examination subversion is the use of any means to alter the results of an examination to cause the results to inaccurately represent the competence of an examinee.

(2) The Board may invalidate the examination results of an examinee who engages in examination subversion. Examination subversion may include, but is not limited to:

(a) Communication between examinees inside of the examination room.

(b) Giving or receiving any unauthorized assistance on the examination while an examination is in process.

(c) Having any unauthorized printed or written matter or other devices in the examinee's possession that might serve to aid the examinee on the examination.

(d) Obtaining, using, buying, selling, distributing, having possession of, or having unauthorized access to secured examination questions or other secured examination material prior to, during or after the administration of the examination.

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(e) Copying another examinee's answers or looking at another examinee's materials while an examination is in progress.

(f) Permitting anyone to copy answers to the examination.

(g) Removing any secured examination materials from the examination facility.

(h) Allowing another person to take the examination in the examinee's place.

(i) Placing any identifying mark upon the examinee's examination papers other than the examinee's identification number or other identifiers as directed by the examination administrator.

(j) Use by an examinee of any written material, audio material, video material, digital material, or any other mechanism not specifically authorized during the examination for the purpose of assisting an examinee in the examination.

(k) Writing on anything other than designated examination material.

(l) Writing or erasing anything after time is called.

(m) Having a cell phone in the examinee's possession.

(n) Having a device with copying, recording, or communication capabilities in the examinee's possession. These include but are not limited to cameras, pagers, PDAs, radios, headsets, tape players, calculator watches, electronic dictionaries, electronic translators, transmitting devices, and digital media players.

(o) Having a calculator in the examinee's possession that is not on the NCEES approved list.

(p) Removing pages from an exam booklet.

(q) Leaving the exam room without authorization.

(r) Engaging in any other act of examination collusion not listed above.

(3) The Board may invalidate the examination results of an examinee who engages in any other conduct for which NCEES invalidates the examinee's examination results.

(4) In addition to subsections 2 and 3 of this rule, the Board may invalidate the examination results for any examinee who engages in prohibited examination conduct, which includes but is not limited to:

(a) Having loose papers, legal pads, writing tablets, or unbound notes in the examinee's possession.

(b) Using a non-NCEES writing instrument or eraser to complete any portion of an NCEES exam.

(c) Beginning the exam before the proctor instructs the examinee to do so.

(d) Failing to stop writing immediately when time is called.

(e) Writing on anything other than the exam booklet or answer sheet; writing in the FE Supplied-Reference Handbook.

(f) Violating any other terms contained in the testing regulations provided by the examination's administrator or proctor that are cause for dismissal or exam invalidation by the examination's administrator or proctor.

(5) At the discretion of the Board or its designee, if there is evidence of examination subversion by an examinee prior to, during, or after the administration of the examination, one or more of the following may occur:

(a) The examinee may be denied the privilege of taking the examination if examination subversion is detected before the administration of the examination.

(b) If the examination subversion detected has not yet compromised the integrity of the examination, such steps as are necessary to prevent further examination subversion shall be taken, and the examinee may be permitted to continue with the examination.

(c) The examinee may be requested to leave the examination facility if examination subversion is detected during the examination. If the examinee does not leave the facility, the examinee will be deemed a trespasser.

(d) The examinee's examination results may be voided and the application fee forfeited.

(e) The examinee may not be allowed to sit for an examination for up to three years.

(6) If examination subversion is detected after the administration of the examination, the Board or its designee shall make appropriate inquiry to determine the facts concerning the examination subversion and the Board or its designee may take any of the actions described in section (1) through (3) herein.

(7) Notwithstanding OAR 820-010-0440, 820-010-0470, or any other rule, the Board or its designee may choose not to release or make available the examination results to examinee or any other person pending the outcome of an investigation into examination subversion.

(8) Removal of the examinee from or voiding the examinee's examination of any one part of a multiple part examination shall constitute removal from or voiding of all other parts of the multiple part examination.

(9) Applicants are required to sign statements regarding examination subversion in order to take an examination. Applicants who refuse to sign statements regarding examination subversion will be denied the privilege of taking the examination. The application fees for the examination paid to the Board are forfeited.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 1-2005, f. & cert. ef. 3-16-05; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 4-2012, f. & cert. ef. 9-14-12; BEELS 1-2013, f. & cert. ef. 3-13-13

Board of Nursing

Chapter 851

Rule Caption: To bring language in line with previous versions of Rule and intent of the Board

Adm. Order No.: BN 1-2013

Filed with Sec. of State: 2-28-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 2-1-2013

Rules Amended: 851-062-0100

Subject: The purpose of the revision to Division 62 is to bring the language in line with previous versions of the Rule, and the intent of the Board.

Rules Coordinator: Peggy A. Lightfoot—(971) 673-0638

851-062-0100

CMA Examination

(1) The medication aide examination shall be administered and evaluated only by the Board or by a Board-approved entity.

(2) Examination sites and dates shall be determined by the Board or a Board-approved entity.

(3) An applicant shall be eligible for examination for one year from the date of completion of the medication aide training program.

(4) An application shall be valid for the period of eligibility to test.

(5) An applicant who fails to pass the Board-administered medication aide examination within one year of completion of the training program and within three attempts shall not be eligible to re-apply for the examination except that the applicant may re-enroll and successfully complete a Board-approved medication aide training program.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 10-2010, f. & cert. ef. 6-25-10; BN 1-2013, f. 2-28-13, cert. ef. 4-1-13

Rule Caption: To eliminate references to the third-party monitoring entity that is part of HPSP

Adm. Order No.: BN 2-2013

Filed with Sec. of State: 2-28-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 2-1-2013

Rules Amended: 851-070-0005, 851-070-0030, 851-070-0040, 851-070-0050, 851-070-0100

Subject: The purpose of these revisions is to eliminate references to the third-party monitoring entity that is part of the Health Professionals' Services Program (HPSP) which was removed from statute in 2012 HB 4009.

Rules Coordinator: Peggy A. Lightfoot—(971) 673-0638

851-070-0005

Definitions

The following definitions apply to OAR chapter 851, division 070, except as otherwise stated in the definition:

(1) "Abstinence" means the avoidance of all intoxicating substances, including but not limited to prescription or over-the-counter drugs with a potential for abuse or dependence;

(2) "Assessment or evaluation" means the process an independent third-party evaluator uses to diagnose the licensee and to recommend treatment options for the licensee.

(3) "Board" means the Oregon State Board of Nursing.

(4) "Business day" means Monday through Friday, except legal holidays as defined in ORS 187.010 (or 187.020).

(5) "Diagnosis" means the principal mental health or substance use diagnosis listed in the DSM. The diagnosis is determined through the assessment and any examinations, tests or consultations suggested by the assessment and is the medically appropriate reason for services.

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(6) "Division" means the Department of Human Services, Addictions and Mental Health Division.

(7) "DSM" means the Diagnostic and Statistical Manual of Mental Disorders, commonly referred to as DSM-IV-TR published by the American Psychiatric Association.

(8) "Federal regulations" means:

(a) As used in ORS 676.190(1)(f)(D), a "positive toxicology test result as determined by federal regulations pertaining to drug testing" means test results meet or exceed the cutoff concentrations shown in 49 CFR § 40.87 (2009) must be reported as substantial non-compliance, but positive toxicology results for other drugs and for alcohol may also constitute and may be reported as substantial non-compliance.

(b) As used in ORS 676.190(4)(i), requiring a "licensee to submit to random drug or alcohol testing in accordance with federal regulations" means licensees are selected for random testing by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with licensees' unique identification numbers or other comparable identifying numbers. Under the selection process used, each covered licensee shall have an equal chance of being tested each time selections are made, as described in 40 CFR § 199.105(c)(5) (2009). Random drug tests must be unannounced and the dates for administering random tests must be spread reasonably throughout the calendar year, as described in 40 CFR § 199.105(c)(7) (2009).

(9) "Fitness to practice evaluation" means the process a qualified, independent third-party evaluator uses to determine if the licensee can safely perform the essential functions of the licensee's health practice.

(10) "Final enrollment" means a self-referred licensee has provided all documentation required by OAR 851-070-0040 and has met all eligibility requirements to participate in the HPSP.

(11) "Independent third-party evaluator" means an individual who is approved by a licensee's Board to evaluate, diagnose, and offer treatment options for substance use disorders, mental health disorders or co-occurring disorders.

(12) "Individual service record" means the official permanent HPSP documentation, written or electronic, for each licensee, which contains all information required by these rules and maintained by the HPSP to demonstrate compliance with these rules.

(13) "Licensee" means a licensed practical nurse, registered nurse, or advanced practice registered nurse who is licensed or certified by the Oregon State Board of Nursing.

(14) "Mental health disorder" means a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom that is identified in the DSM. "Mental health disorder" includes gambling disorders.

(15) "Monitoring agreement" means an individualized agreement between a licensee and the vendor that meets the requirements for a diversion agreement set by ORS 676.190.

(16) "Non-treatment compliance monitoring" means the non-medical, non-therapeutic services employed by the vendor to track and report the licensee's compliance with the monitoring agreement.

(17) "Nurse Monitoring Program" (NMP) refers to the alternative to the Board of Nursing's discipline program prior to July 1, 2010.

(18) "Self-referred licensee" means a licensee who seeks to participate in the program without a referral from the board

(19) "Peer" means another licensee currently enrolled in the program.

(20) "Provisional enrollment" means temporary enrollment, pending verification that a self-referred licensee meets all HPSP eligibility criteria.

(21) "Substance use disorder" means a disorder related to the taking of a drug of abuse (including alcohol); to the side effects of a medication; and to a toxin exposure, including: substance use disorders (substance dependence and substance abuse) and substance-induced disorders (including but not limited to substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorders and mood disorders), as defined in DSM criteria.

(22) "Substantial non-compliance" means that a licensee is in violation of the terms of his or her monitoring agreement in a way that gives rise to concerns about the licensee's ability or willingness to participate in the HPSP. Substantial non-compliance and non-compliance include, but are not limited to, the factors listed in ORS 676.190(1)(f). Conduct that occurred before a licensee entered into a monitoring agreement does not violate the terms of that monitoring agreement.

(23) "Successful completion" means that for the period of service deemed necessary by the vendor or by the licensee's Board by rule, the

licensee has complied with the licensee's monitoring agreement to the satisfaction of the HPSP.

(24) "Toxicology testing" means urine testing or alternative chemical monitoring including blood, saliva, breath or hair as conducted by a laboratory certified, accredited or licensed and approved for toxicology testing.

(25) "Treatment" means the planned, specific, individualized health and behavioral health procedures, activities, services and supports that a treatment provider uses to remediate symptoms of a substance use disorder, mental health disorder or both types of disorders.

(26) "Vendor" means the entity that has contracted with the Division to conduct the HPSP.

Stat. Auth.: ORS 676.200

Stats. Implemented: ORS 676.200

Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10; BN 19-2010, f. & cert. ef. 12-2-10; BN 2-2013, f. 2-28-13, cert. ef. 4-1-13

851-070-0030

Procedure for Board Referrals

(1) When a complaint is received involving a licensee who may have a substance use disorder, a mental disorder, or both types of disorders, the Board staff will investigate and complete a report to be presented at a Board meeting.

(2) The Board will review the report and determine if the licensee meets the eligibility criteria for the HPSP.

(3) If licensee meets eligibility criteria and the board approves entry into the HPSP, the Board will provide a written referral. The referral must include:

(a) A copy of the report from the independent, third-party evaluator who diagnosed the Licensee;

(b) The treatment options developed by the independent third-party evaluator;

(c) A statement that the Board has investigated the licensee's professional practice and conduct, and has determined whether the licensee's professional practice, while impaired, presents or has presented a danger to the public;

(d) A description of any restrictions recommended or imposed by the Board on the licensee's professional practice; including those specific to prescribing and dispensing medications (for licensees with prescriptive authority).

(e) A written statement from the licensee agreeing to enter the HPSP in lieu of or in addition to discipline and agreeing to abide by all terms and conditions established by the vendor; and

(f) A statement that the licensee has agreed to report any arrest for or conviction of a misdemeanor or felony crime to the board within three business days after the licensee is arrested or convicted.

(4) A Board-referred licensee is enrolled in the program effective on the date the licensee signs the consents and the monitoring agreement required by ORS 676.190.

(5) Upon enrollment into the program, the vendor will notify the Board and the Board will dismiss without prejudice the pending complaint at the next Board meeting.

Stat. Auth.: ORS 676.200

Stats. Implemented: ORS 676.200

Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10; BN 19-2010, f. & cert. ef. 12-2-10; BN 2-2013, f. 2-28-13, cert. ef. 4-1-13

851-070-0040

Procedure for Self- Referred Licensees

(1) Self-referred licensees may participate in the HPSP as permitted by ORS 676.190(5). Provisional Enrollment. To be provisionally enrolled in the program, a self-referred licensee must:

(a) Sign a written consent allowing disclosure and exchange of information between the vendor, the licensee's employer, independent third-party evaluators, and treatment providers, including other health care providers;

(b) Sign a written consent allowing disclosure and exchange of information between the vendor, the Board, the licensee's employer, independent third-party evaluators and treatment providers in the event the vendor determines the licensee to be in substantial non-compliance with his or her monitoring agreement as defined in OAR 851-070-0090. The purpose of the disclosure is to permit the vendor to notify the Board if the vendor determines the licensee to be in substantial non-compliance with his or her monitoring agreement;

(c) Attest that the licensee is not, to the best of the licensee's knowledge, under investigation by his or her Board; and

(d) Agree to and sign a monitoring agreement.

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(2) Final Enrollment: To move from provisional enrollment to final enrollment in the program, a self-referred licensee must:

(a) Obtain at the licensee's own expense and provide to the vendor, an independent third-party evaluator's written evaluation containing a DSM diagnosis and diagnostic code and treatment recommendations;

(b) Agree to cooperate with the vendor's investigation to determine whether the licensee's practice while impaired presents or has presented a danger to the public; and

(c) Enter into an amended monitoring agreement, if required by the vendor.

(3) Once a self-referred licensee seeks enrollment in the HPSP, failure to complete final enrollment may constitute substantial non-compliance and may be reported to the Board.

Stat. Auth.: ORS 676.200

Stats. Implemented: ORS 676.200

Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10; BN 19-2010, f. & cert. ef. 12-2-10; BN 2-2013, f. 2-28-13, cert. ef. 4-1-13

851-070-0050

Disqualification Criteria

Licensees, either Board-referred or self-referred, may be disqualified from entering the HPSP for factors including, but not limited to:

(1) Licensee's disciplinary history;

(2) Severity and duration of the licensee's impairment;

(3) Extent to which licensee's practice can be limited or managed to eliminate danger to the public;

(4) Likelihood that licensee's impairment can be managed with treatment;

(5) Evidence of criminal history that involves injury or endangerment to others;

(6) A diagnosis requiring treatment because of sexual offenses or sexual misconduct;

(7) Evidence of non-compliance with a monitoring program from other state;

(8) Pending investigations with the Board or boards from other states;

(9) Previous Board investigations with findings of substantiated abuse or neglect; and

(10) Failure to successfully complete, either the Nurse Monitoring Program or HPSP.

Stat. Auth.: ORS 676.200

Stats. Implemented: ORS 676.200

Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10; BN 19-2010, f. & cert. ef. 12-2-10; BN 2-2013, f. 2-28-13, cert. ef. 4-1-13

851-070-0100

Substantial Non-Compliance Criteria

(1) The HPSP will report substantial non-compliance within one business day after the HPSP learns of non-compliance, including but not limited to information that a licensee:

(a) Engaged in criminal behavior;

(b) Engaged in conduct that caused injury, death or harm to the public, including engaging in sexual impropriety with a patient;

(c) Was impaired in a health care setting in the course of the licensee's employment;

(d) Received a positive toxicology test result as determined by federal regulations pertaining to drug testing;

(e) Violated a restriction on the licensee's practice imposed by the HPSP or the licensee's Board;

(f) Was admitted to the hospital for mental illness or adjudged to be mentally incompetent;

(g) Entered into a diversion agreement, but failed to participate in the HPSP;

(h) Was referred to the HPSP, but failed to enroll in the HPSP;

(i) Forged, tampered with, or modified a prescription;

(j) Violated any rules of prescriptive/dispensing authority;

(k) Violated any provisions of OAR 851-070-0080;

(l) Violated any terms of the diversion agreement; or

(m) Failed to complete the monitored practice requirements as stated in OAR 851-070-0090.

(2) The Board, upon being notified of a licensee's substantial non-compliance will investigate and determine the appropriate sanction, which may include a limitation of licensee's practice and any other sanction, up to and including termination from the HPSP and formal discipline.

Stat. Auth.: ORS 676.200

Stats. Implemented: ORS 676.200

Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10; BN 19-2010, f. & cert. ef. 12-2-10; BN 2-2013, f. 2-28-13, cert. ef. 4-1-13

Rule Caption: To clarify and add language related to faculty and preceptor qualification requirements

Adm. Order No.: BN 3-2013

Filed with Sec. of State: 2-28-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 2-1-2013

Rules Amended: 851-050-0000, 851-050-0009

Rules Repealed: 851-050-0000(T), 851-050-0009(T)

Subject: The purpose of these revisions is to clarify the definition of an Oregon Based Nurse Practitioner Program, remove name of registration form, and to add language to clarify faculty and preceptor qualification requirements for clinical practicum in Oregon for Nurse Practitioner students enrolled in a non-Oregon based graduate program.

Rules Coordinator: Peggy A. Lightfoot—(971) 673-0638

851-050-0000

Definitions

(1) "Assessment" means a process of collecting information regarding a client's health status including, but not limited to, illness; response to illness; health risks of individuals, families and groups; resources; strengths and weaknesses, coping behaviors; and the environment. The skills employed during the assessment process may include, but are not limited to: obtaining client histories, conducting physical examinations, ordering, interpreting and conducting a broad range of diagnostic procedures (e.g., laboratory studies, EKGs, and x rays).

(2) "Asynchronous learning" means using multiple media for students to access the curriculum without the need to be onsite at the education site.

(3) "Client(s) or patient(s)" means a family, group or individual who has been assessed by and has a client/patient record established by the nurse practitioner.

(4) "Clinical Practice Experience" means the supervised provision of direct patient care in a clinical setting that complements course work and ensures acquisition of advanced practice nursing skills.

(5) "Clinical Preceptor" means health care provider qualified by education and clinical competency to provide direct supervision of the clinical practice experience of students in an Oregon nurse practitioner program.

(6) "Collaboration" means working with another health care provider to jointly provide client care.

(7) "Consultation" means discussion with another health care provider for the purpose of obtaining information or advice in order to provide client care.

(8) "Counseling" means a mutual exchange of information through which advice, recommendations, instruction, or education is provided to the client.

(9) "Delinquent Renewal" means the renewal of a nurse practitioner certificate previously held in Oregon which is expired.

(10) "Diagnosis" means identification of actual or potential health problems or need for intervention, based on analysis of the data collected.

(11) "Direct Supervision" means the clinical preceptor or faculty member physically present at the practice site who retains the responsibility for patient care while overseeing the student and if necessary, redirecting or intervening in patient care and is able to intervene if necessary.

(12) "Evaluation" means the determination of the effectiveness of the intervention(s) on the client's health status.

(13) "Holistic Health Care" means an approach to diagnosis and treatment of clients, which considers the status of the whole person (physical, emotional, social, spiritual, and environmental).

(14) "Initial certification" means the first certification granted by the Board. This may follow the applicant's completion of a nurse practitioner program or be granted to an applicant in Oregon who has been recognized by and has practiced as a nurse practitioner in another state or jurisdiction.

(15) "Intervention" means measures to promote health, to protect against disease, to treat illness in its earliest stages, and to manage acute and chronic conditions and/or illness. Interventions may include, but are not limited to: issuance of orders, direct nursing care, prescribing or administering medications or other therapies, and consultation or referral.

(16) "Major curriculum change" means a change that results in a re-focus of purpose and objectives or a substantive change in program structure or method of instructional delivery.

(17) "Management" means the provision and/or coordination of the care that the client receives related to physical and psycho-social health-illness status;

ADMINISTRATIVE RULES

(18) "National Board Certification" means current certification as an advanced Nurse Practitioner in a role and population focus through testing accredited by the National Commission on Certifying Agencies or the American Boards of Nursing Specialties, as approved by the Board.

(19) "Nurse Practitioner Educator" refers to a licensed Nurse Practitioner faculty member, who has responsibility for developing and implementing the curriculum, policies, and practices associated with student advising and evaluation, mentoring and collaborating with clinical preceptors and other health care professionals.

(20) "Nurse Practitioner Program Administrator" refers to a licensed Nurse Practitioner appointed by the Dean or Director of the Nursing school who is assigned the responsibility and accountability for the nursing educational program within an accredited academic institution, including those functions aligned with program and curricular design and resource acquisition and allocation.

(21) "Nurse Practitioner" (NP) means an advanced practice registered nurse who is certified by the Board to independently assume responsibility and accountability for the care of clients. The title nurse practitioner and population foci of practice shall not be used unless the individual is certified by the Board.

(22) "Nurse Practitioner Orders" means written or verbal instructions or directions by the nurse practitioner for interventions, diagnostic tests, evaluations, drugs, or treatment modalities. Nurse practitioners may establish protocols and standing orders.

(23) "Oregon Based Nurse Practitioner Program" means an academic program that is physically located in Oregon and accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree or graduate level certificate to qualified students.

(24) "Practice requirement" in an expanded specialty role means independent clinical practice in the specialty role of certification providing health care or other such activities, which have a clinical focus and are at an advanced nursing level. These activities include, but are not limited to, teaching, consulting, supervision and research related to the specialty area of certification.

(25) "Provision of Care" means holistic health care, which is continuous and comprehensive. Health care includes:

- (a) Health promotion;
- (b) Prevention of disease and disability;
- (c) Health maintenance;
- (d) Rehabilitation;
- (e) Identification of health problems;
- (f) Management of health problems;
- (g) Referral.

(26) "Referral" means directing the client to other resources for the purpose of assessment or intervention.

(27) "State Certification" means certification to practice as a Nurse Practitioner authorized by the Oregon State Board of Nursing.

Stat. Auth.: ORS 678.375, 678.380, 678.385, 678.390
Stats. Implemented: ORS 678.375, 678.380, 678.385
Hist.: NB 3-1987, f. & ef. 3-12-87; NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96; BN 5-2000, f. & cert. ef. 4-24-00; BN 6-2001, f. & cert. ef. 4-24-01; BN 10-2003, f. & cert. ef. 10-2-03; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04; BN 13-2006, f. & cert. ef. 10-5-06; BN 9-2009, f. 12-17-09, cert. ef. 1-1-10; BN 14-2012(Temp), f. & cert. ef. 11-15-12 thru 5-1-13; BN 3-2013, f. 2-28-13, cert. ef. 4-1-13

851-050-0009

Clinical Practicum in Oregon for Nurse Practitioner Students Enrolled in a Non-Oregon Based Graduate Program

(1) A nurse practitioner student enrolled in a Non-Oregon Based Graduate Program may not participate in a clinical practicum in Oregon without prior Board authorization.

(2) Prior authorization will be predicated upon approval of the following:

- (a) A completed registration form;
- (b) Verification of a current, unencumbered registered nurse license in Oregon;
- (c) Verification of enrollment in a graduate program accredited by a United States Department of Education or the Council of Higher Education Accreditation approved national accrediting body;
- (d) Verification of regional accreditation and/or Board of Nursing approval from the state in which the program originates;
- (e) Proof of approval by the Office of Degree Authorization of the Non-Oregon Based Graduate Program;
- (f) Submission of a written signed agreement between the Non-Oregon Based Graduate Program responsible for the student and the Oregon licensed preceptor;

(g) Identification of the faculty advisor accountable for general supervision from the Non-Oregon Based Graduate Program; and

(h) Identification of the Oregon licensed nurse practitioner faculty providing direct clinical evaluation of the nurse practitioner student.

(3) Oregon licensed preceptors are responsible for validating that the student has registered and received Board authorization prior to participating in a clinical practicum in Oregon.

(4) A nurse practitioner student shall practice under the direct supervision of an approved Oregon licensed nurse practitioner, clinical nurse specialist, medical physician, or doctor of osteopathy who agrees to serve as preceptor, and general supervision of a faculty member as approved in the clinical practicum registration.

(5) Oregon faculty will be approved by the Board based on congruence of clinical scope and expertise to the student's clinical placement.

(6) The student's assigned preceptor may not simultaneously serve as their designated faculty of record. The faculty of record must provide on-site evaluation of both the student and the preceptor.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150
Hist.: BN 6-2012, f. 5-7-12, cert. ef. 6-1-12; BN 14-2012(Temp), f. & cert. ef. 11-15-12 thru 5-1-13; BN 3-2013, f. 2-28-13, cert. ef. 4-1-13

Rule Caption: To clarify and add language related to faculty and preceptor qualification requirements

Adm. Order No.: BN 4-2013

Filed with Sec. of State: 2-28-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 2-1-2013

Rules Amended: 851-052-0040

Rules Repealed: 851-052-0040(T)

Subject: The purpose of these revisions is to remove name of registration form, and to add language to clarify faculty and preceptor qualification requirements for clinical practicum in Oregon for Certified Registered Nurse Anesthetist students enrolled in a non-Oregon based graduate program.

Rules Coordinator: Peggy A. Lightfoot—(971) 673-0638

851-052-0040

Clinical Practicum in Oregon for Certified Registered Nurse Anesthetist Students Enrolled in a Non-Oregon Based Graduate Program

(1) A nurse anesthesia student enrolled in a Non-Oregon Based Graduate Program may not participate in a clinical practicum in Oregon without prior Board authorization.

(2) Prior authorization will be predicated upon approval of the following:

- (a) A completed registration form;
- (b) Verification of a current, unencumbered registered nurse license in Oregon;
- (c) Verification of enrollment in a graduate program accredited by a United States Department of Education or the Council of Higher Education Accreditation approved national accrediting body;
- (d) Verification of regional accreditation and/or Board of Nursing approval from the state in which the program originates;
- (e) Proof of approval by the Office of Degree Authorization of the Non-Oregon Based Graduate Program;
- (f) Submission of a written signed agreement between the Non-Oregon Based Graduate Program responsible for the student and the Oregon licensed preceptor;

(g) Identification of the faculty advisor accountable for general supervision from the Non-Oregon Based Graduate Program; and

(h) Identification of the Oregon licensed nurse anesthesia faculty providing direct clinical evaluation of the nurse anesthesia student.

(3) Oregon licensed preceptors are responsible for validating that the student has registered and received Board authorization prior to participating in a clinical practicum in Oregon.

(4) A nurse anesthesia student shall practice under the direct supervision of a CRNA or anesthesiologist who agrees to serve as preceptor, and general supervision of a faculty member as approved in the clinical practicum registration.

(5) Oregon faculty will be approved by the Board based on congruence of clinical scope and expertise to the student's clinical placement.

(6) The student's assigned preceptor may not simultaneously serve as their designated faculty of record. The faculty of record must provide on-site evaluation of both the student and the preceptor.

ADMINISTRATIVE RULES

Stat. Auth.: ORS 678.285
Stats. Implemented: ORS 678.285
Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98; BN 7-2012, f. 5-7-12, cert. ef. 6-1-12; BN 15-2012(Temp), f. & cert. ef. 11-15-12 thru 5-1-13; BN 4-2013, f. 2-28-13, cert. ef. 4-1-13

Rule Caption: To clarify and add language related to faculty and preceptor qualification requirements

Adm. Order No.: BN 5-2013

Filed with Sec. of State: 2-28-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 2-1-2013

Rules Amended: 851-054-0060, 851-054-0100

Rules Repealed: 851-054-0060(T), 851-054-0100(T)

Subject: The purpose of these revisions is to remove name of registration form, to add language to clarify faculty and preceptor qualification requirements for clinical practicum in Oregon for Clinical Nurse Specialist students enrolled in a non-Oregon based graduate program, and to remove references to repealed rules.

Rules Coordinator: Peggy A. Lightfoot—(971) 673-0638

851-054-0060

Clinical Practicum in Oregon for Clinical Nurse Specialist Students Enrolled in a Non-Oregon Based Graduate Program

(1) A clinical nurse specialist student enrolled in a Non-Oregon Based Graduate Program may not participate in a clinical practicum in Oregon without prior Board authorization.

(2) Prior authorization will be predicated upon approval of the following:

(a) A completed registration form;

(b) Verification of a current, unencumbered registered nurse license in Oregon;

(c) Verification of enrollment in a graduate program accredited by a United States Department of Education or the Council of Higher Education Accreditation approved national accrediting body;

(d) Verification of regional accreditation and/or Board of Nursing approval from the state in which the program originates;

(e) Proof of approval by the Office of Degree Authorization of the Non-Oregon Based Graduate Program;

(f) Submission of a written signed agreement between the Non-Oregon Based Graduate Program responsible for the student and the Oregon licensed preceptor;

(g) Identification of the faculty advisor accountable for general supervision from the Non-Oregon Based Graduate Program; and

(h) Identification of the Oregon licensed clinical nurse specialist faculty providing direct clinical evaluation of the clinical nurse specialist student.

(3) Oregon licensed preceptors are responsible for validating that the student has registered and received Board authorization prior to participating in a clinical practicum in Oregon.

(4) A clinical nurse specialist student shall practice under the direct supervision of an approved Oregon licensed clinical nurse specialist, nurse practitioner, medical physician, or doctor of osteopathy who agrees to serve as preceptor, and general supervision of a faculty member as approved in the clinical practicum registration.

(5) Oregon faculty will be approved by the Board based on congruence of clinical scope and expertise to the student's clinical placement.

(6) The student's assigned preceptor may not simultaneously serve as their designated faculty of record. The faculty of record must provide on-site evaluation of both the student and the preceptor.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: BN 8-2012, f. 5-7-12, cert. ef. 6-1-12; BN 16-2012(Temp), f. & cert. ef. 11-15-12 thru 5-1-13; BN 5-2013, f. 2-28-13, cert. ef. 4-1-13

851-054-0100

Disciplinary Action on Clinical Nurse Specialist Certification

(1) The Board may deny, suspend or revoke the authority of a Clinical Nurse Specialist (CNS) to practice under a limited or full certificate for the causes identified in ORS 678.111(1).

(2) Revocation, suspension, or any other encumbrance of a registered nurse license, or any special authority to practice as a CNS, in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of Clinical Nurse Specialist certification in Oregon.

(3) It shall be conduct derogatory to nursing standards for the CNS to:

(a) Charge the client or any third-party payer in a grossly negligent manner;

(b) Use ordering or prescriptive authority without sufficiently documented evidence of advanced nursing assessment and establishment of the client/provider relationship;

(c) Prescribe or dispense medications without specific authority under state or federal law;

(d) Practice as a CNS in a specialty area or scope of practice not supported by the licensee's clinical and didactic training.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150, 678.370, 678.372, 678.385 & 678.390

Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 11-2006, f. & cert. ef. 10-5-06; BN 16-2012(Temp), f. & cert. ef. 11-15-12 thru 5-1-13; BN 5-2013, f. 2-28-13, cert. ef. 4-1-13

Board of Parole and Post-Prison Supervision

Chapter 255

Rule Caption: Update rules Governing conduct of Board Hearings

Adm. Order No.: PAR 2-2013

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13

Notice Publication Date: 11-1-2012

Rules Adopted: 255-030-0046

Rules Amended: 255-030-0010, 255-030-0013, 255-030-0021, 255-030-0023, 255-030-0024, 255-030-0025, 255-030-0026, 255-030-0027, 255-030-0032, 255-030-0035, 255-030-0040, 255-030-0055

Subject: These amendments: (1) remove outdated formatting and grammar; (2) reflect current and future technology changes that relate to holding hearings; (3) expand language to provide clear information on agency procedures for holding hearings; (4) clarify who may attend hearings and the manner in which individuals may submit information to the Board; (5) and increase opportunities for inclusion in hearings of district attorneys, victims and/or their representatives, as well as others who may have a substantial interest in the case, or who may be able to provide information to assist the Board in its deliberations.

Rules Coordinator: Shawna Harnden—(503) 945-0913

255-030-0010

Scheduling Prison Term Hearings

(1) The Board shall conduct a hearing to establish a prison term for each new inmate whose crime was committed prior to November 1, 1989, within:

(a) Six months of admission to a Department of Corrections facility for those sentenced to five years or less;

(b) Eight months of admission to a Department of Corrections facility for those sentenced to more than five years but less than fifteen years; or

(c) Twelve months of admission to a Department of Corrections facility for those sentenced to life or fifteen years or more.

(2) The Board shall follow section 1 of this rule to schedule a prison term hearing for any additional sentence received while in custody of a Department of Corrections facility.

(3) For those prison term hearings which must be conducted within six months, the Board may defer setting a prison term for ninety days to obtain additional information.

(4) The Board may establish prison terms after a hearing or as an administrative action without a hearing, pursuant to 255-030-0024.

Stat. Auth.: ORS 144.120(1)

Stats. Implemented: ORS 144.120

Hist.: 2PB 1-1979, f. & ef. 2-1-79; 2PB 7-1985, f. & ef. 5-31-85; 2PB 4-1986(Temp), f. & ef. 12-2-86; PAR 3-1987, f. & ef. 4-28-87; PAR 6-1988, f. & ef. 5-19-88; PAR 4-1989, f. & ef. 11-1-89; PAR 8-1992, f. & cert. ef. 10-9-92; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 6-2000, f. & cert. ef. 6-9-00; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0013

Notification of Hearing

(1) The Board shall send written notice of the hearing and its purpose to the inmate. The inmate shall receive a copy of the Board Review Packet, including the notice of rights (Exhibit NOR-1), at least 14 days prior to the hearing.

(2) If the inmate did not receive 14 days notice, the Board may reschedule the hearing or the inmate may waive the notice and the Board shall conduct the hearing.

(3) The Board shall attempt to notify the victim, if the victim requests notification and furnishes the Board a current address, and the District Attorney of the committing county at least ninety (90) days before all hearings by sending written notice to the current addresses of both parties.

ADMINISTRATIVE RULES

Stat. Auth.: ORS 144.120(7) & 144.130
Stats. Implemented: ORS 144.120(7) & 144.130
Hist.: 2PB 4-1986(Temp), f. & ef. 12-2-86; PAR 3-1987, f. & ef. 4-28-87; PAR 6-1988, f. & ef. 5-19-88; PAR 4-1989, f. & ef. 11-1-89; PAR 1-1990(Temp), f. & cert. ef. 2-20-90; PAR 2-1990, f. & cert. ef. 4-5-90; PAR 8-1992, f. & cert. ef. 10-9-92; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 7-2010, f. & cert. ef. 9-3-10; PAR 8-2010, f. & cert. ef. 9-29-10; PAR 2-2012(Temp), f. & cert. ef. 6-28-12 thru 12-25-12; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 4-2012, f. & cert. ef. 10-15-12; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0021

Manner of Hearing

At the chairperson's discretion, the Board or its designated representative may conduct any hearing by teleconference call, videoconference call, or other electronic medium that ensures the inmate, the Board, and other participants the opportunity to hear and be heard.

Stat. Auth.: ORS 144.035(5)
Stats. Implemented: ORS 144.035(5)
Hist.: 2PB 7-1985, f. & ef. 5-31-85; 2PB 4-1986(Temp), f. & ef. 12-2-86; PAR 3-1987, f. & ef. 4-28-87; PAR 6-1988, f. & ef. 5-19-88; PAR 4-1989, f. & ef. 11-1-89; PAR 8-1992, f. & cert. ef. 10-9-92; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0023

Inmate Appearance at Board Hearing

(1) The inmate shall be present in person, by telephone or videoconference, or by any other electronic medium that ensures the inmate, the Board, and other participants the opportunity to hear and be heard.

(2) If an inmate refuses to appear at a hearing, the refusal will be considered to be the inmate's waiver of appearance.

(3) The Board may compel an inmate's appearance when the inmate refuses to appear.

(4) The Board may choose not to compel the inmate to attend the hearing. The Board may then reschedule the hearing, or hold the hearing and make a decision in the inmate's absence.

Stat. Auth.: ORS 144.035(5) & 144.120
Stats. Implemented: ORS 144.035(5) & 144.120
Hist.: PAR 6-1988, f. & ef. 5-19-88; PAR 4-1989, f. & ef. 11-1-89; PAR 1-1990(Temp), f. & cert. ef. 2-20-90; PAR 3-1990, f. 6-29-90, cert. ef. 7-1-90; PAR 8-1992, f. & cert. ef. 10-9-92; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0024

Prison Term Hearing Waiver

(1) Notwithstanding OAR 255-030-0023(3), an inmate may waive his/her right to a prison term hearing based on the following criteria:

- (a) Sentence of less than 15 years; and
- (b) Non-person felony (The non-person felonies are designated on Exhibit A-I of these rules.); and
- (c) Matrix range of up to 14–20 months; and
- (d) Completed Prison Term Hearing Packet.

(2) Within the time limits provided by OAR 255-030-0010, the Board, at its discretion, may notify the inmate in writing of:

- (a) His/her eligibility to waive the prison term hearing; and
- (b) The proposed prison term and conditions of parole.

(3) A Department of Corrections counselor will review the waiver form with the inmate.

(4) Upon receipt of a signed waiver, the Board shall make the findings required by OAR 255-035-0013 or 255-035-0014 and shall send the final Board order to the inmate.

(5) If the Board is not satisfied that the waiver was made knowingly and intelligently or if it needs more information before making its decision, the Board may deny the waiver and order a hearing.

Stat. Auth.: ORS 144.120(1)(b)
Stats. Implemented: ORS 144.120(1)(b)
Hist.: PAR 8-1988, f. & ef. 7-1-88; PAR 9-1988(Temp), f. & ef. 7-14-88; PAR 12-1988(Temp), f. & ef. 7-20-88; PAR 13-1988(Temp), f. & ef. 8-5-88; PAR 18-1988, f. & ef. 12-6-88; PAR 4-1989, f. & ef. 11-1-89; PAR 1-1990(Temp), f. & cert. ef. 2-20-90; PAR 3-1990, f. 6-29-90, cert. ef. 7-1-90; PAR 5-1991, f. & cert. ef. 10-15-91; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 6-2000, f. & cert. ef. 6-9-00; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0025

Inmate Accompaniment to Board of Parole and Post-Prison Supervision Hearing

(1) Purpose: The purpose of these rules is to jointly establish with the Department of Corrections policies and procedures governing who may accompany an inmate in a hearing before the Board of Parole and Post-Prison Supervision.

(2) Policy: It is the joint policy of the Department of Corrections and Board of Parole and Post-Prison Supervision that inmates be permitted to have a person accompany them in hearings before the Board in accordance with ORS 144.123, as provided in these rules. The decision to approve a

person's physical access to a Board hearing held within a Department of Corrections facility will be made by the functional unit manager or designee of the facility in which the inmate is confined, in accordance with the department's rules on Facility Access (OAR 291-016) and Visiting (Inmate) (OAR 291-127). A person's physical access to a Department of Corrections facility may be prohibited or restricted by the functional unit manager or designee consistent with these rules; the health, safety and security of staff, inmates, and the public; and with the safe, secure, and orderly operation and management of the facility.

Stat. Auth.: ORS 144.123 & 144.120(7)
Stats. Implemented: ORS 144.120(7), 144.123 & 192.630
Hist.: 2PB 1-1979, f. & ef. 2-1-79; 2PB 10-1981(Temp), f. & ef. 11-4-81; 2PB 1-1982, f. & ef. 5-19-82; 2PB 4-1986(Temp), f. & ef. 12-2-86; PAR 3-1987, f. & ef. 4-28-87; PAR 6-1988, f. & ef. 5-19-88; PAR 4-1989, f. & ef. 11-1-89; PAR 2-1990, f. & cert. ef. 4-5-90; PAR 8-1992, f. & cert. ef. 10-9-92; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 6-2000, f. & cert. ef. 6-9-00; PAR 4-2004(Temp), f. & cert. ef. 5-14-04 thru 11-10-04; PAR 10-2004, f. & cert. ef. 11-2-04; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0026

Who May Appear at a Board of Parole and Post-Prison Supervision Hearing

(1) Inmate Accompaniment: When appearing before the Board of Parole and Post-Prison Supervision in a hearing, an inmate may be accompanied at the Department of Corrections facility in which the inmate is confined, subject to the prior approval of the facility functional unit manager or designee, by:

(a) A person who has been approved for privileged visiting in accordance with the Department of Corrections rule on Visiting (Inmate) (OAR 291-127);

(b) An assigned inmate legal assistant, selected in accordance with the Department of Corrections rule on Legal Affairs (Inmate) (OAR 291-139), from the Department of Corrections facility where the inmate is confined; or

(c) The inmate's attorney.

(2) In addition to those persons specified in subsection (1) of this rule, the inmate may be accompanied at the hearing via telephone or videoconference by such other person or persons as the Board of Parole and Post-Prison Supervision, in its discretion, may approve by prior arrangement.

(a) The inmate may select one person to speak on his/her behalf. The statement shall not exceed 15 minutes. The presiding Board member may grant the support person additional time upon a finding that further testimony is likely to be relevant to the Board's decision. The presiding Board member may exclude or limit irrelevant, immaterial or unduly repetitious testimony and evidence.

(3) The Department of Corrections, if requested by the inmate or the Board, will assign an approved inmate legal assistant from the Department of Corrections facility where the inmate is confined to accompany an inmate at a Board hearing.

(a) The selection of the inmate legal assistant shall be governed by the policies and rules of the Department of Corrections.

(4) Others Who May Attend/Appear at a Board Hearing:

(a) Victim: The victim(s), personally, or by counsel or other representative, may attend Board of Parole and Post-Prison Supervision Hearings and may submit written and oral statements, including supporting documents, expressing any views concerning the crime and the offender.

(b) District attorney: the district attorney from the committing jurisdiction or his/her representative or designee, may attend Board hearings and may submit written and oral statements, including supporting documents, expressing any views concerning the crime and the offender.

(c) Public: Members of the public may attend, but not participate in, Board of Parole and Post-Prison Supervision hearings.

(d) Media Representatives: Approved media representatives may attend, but not participate in, Board of Parole and Post-Prison Supervision hearings.

(e) Department of Corrections Employees, Volunteers, and Contractors: Department of Corrections employees, volunteers, and contractors may attend, but not participate in, Board of Parole and Post-Prison Supervision hearings, except as requested or approved by the Board in order to provide testimony in the hearing.

(f) Other: The Board retains the discretion to allow oral statements at hearings from one or more persons not otherwise identified in OAR 255-030-0026, if the Board deems the person(s) to have a substantial interest in the case, or to be able to provide information that may assist the Board in its deliberations.

(5) Means and Manner of Appearance/Attendance:

(a) Board Hearings Conducted With Inmate in Person Within a Department of Corrections Facility:

ADMINISTRATIVE RULES

(A) If the inmate will appear before the Board of Parole and Post-Prison Supervision in person within a Department of Corrections facility, the person(s) accompanying the inmate, the victim, the district attorney, and/or their representatives, members of the public, and approved media representatives, may attend the hearing in person at the Department of Corrections facility, subject to the approval by the functional unit manager of the facility in which the hearing is being conducted, or if arranged in advance with the Board, via telephone, videoconference call, or other electronic medium that ensures the inmate, the Board, and other participants the opportunity to hear and be heard.

(B) A person who wants to attend a Board of Parole and Post-Prison Supervision hearing in a Department of Corrections facility must contact the Board at least two weeks in advance of the hearing to arrange.

(C) A person's access to a Department of Corrections facility is subject to the Department of Corrections rules on Facility Access (OAR 291-016) and Visiting (Inmate) (OAR 291-127), and may be prohibited or restricted by the functional unit manager or designee of the facility in which the hearing is being conducted consistent with the health, safety and security of staff, inmates, and the public, and with the safe, secure, and orderly operation and management of the facility.

(D) A person who attends a Board of Parole and Post-Prison Supervision hearing in a Department of Corrections facility is subject to the rules of conduct, and the terms and conditions of visiting set forth in the department's rules on Facility Access (OAR 291-016) and Visiting (Inmate) (OAR 291-127).

(b) Board Hearings Conducted With Inmate via Telephone, Videoconference, or Other Electronic Medium: If the inmate will appear before the Board of Parole and Post-Prison Supervision via telephone, videoconference, or other electronic medium, the person(s) accompanying the inmate, the victim(s), and the district attorney, and/or their representatives, members of the public, and approved media representatives, may appear/attend the hearing at the place in which the Board is conducting the hearing, or via telephone, videoconference, or other electronic medium, as arranged in advance with the Board.

(6) Conduct of Hearing: The Board of Parole and Post-Prison Supervision may eject any disruptive person from a hearing. The Board may require all persons to leave the designated hearing area during deliberations.

Stat. Auth.: ORS 144.123, 144.750, 144.120(7) & 192.690

Stats. Implemented: ORS 144.123, 144.750 & 144.120(7)

Hist.: PAR 10-2004, f. & cert. ef. 11-2-04; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0027

Victim, District Attorney and Inmate Statements

(1) During the hearing, the victim(s), personally, by counsel, or by representative, and the district attorney from the committing jurisdiction may make statements not to exceed 15 minutes. The presiding Board member may grant the representative of the victim or the district attorney additional time upon a finding that further testimony is likely to be relevant to the Board's decision. The presiding Board member may exclude or limit irrelevant, immaterial, or unduly repetitious testimony and evidence.

(a) Following the statement(s) by the victim(s) and/or district attorney, the inmate may address the Board with his/her response.

(2) One person selected by the inmate may make a statement not to exceed 15 minutes. The presiding Board member may grant the witness additional time upon a finding that further testimony is likely to be relevant to the Board's decision. The presiding Board member may exclude or limit irrelevant, immaterial, or unduly repetitious testimony and evidence.

Stat. Auth.: ORS 144.750 & 144.120(7)

Stats. Implemented: ORS 144.750 & 144.120(7)

Hist.: 2PB 4-1986(Temp), f. & ef. 12-2-86; PAR 3-1987, f. & ef. 4-28-87; PAR 6-1988, f. & ef. 5-19-88; PAR 1-1992, f. & cert. ef. 1-13-92; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 6-2000, f. & cert. ef. 6-9-00; PAR 5-2010(Temp), f. 7-2-10, cert. ef. 7-6-10 thru 1-1-11; PAR 12-2010, f. & cert. ef. 12-1-10; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0032

Evidence

(1) The presiding Board member at a Board hearing shall explain the issues to be decided. In the case of a prison term hearing, those issues are set forth in OAR 255-035-0013. In the case of other types of hearings, the issues are set forth in the applicable division of the Board's administrative rules.

(2) Evidence of a type that reasonably prudent persons would commonly rely upon in the conduct of their serious affairs shall be admissible in Board hearings, including:

(a) The information set forth in OAR 255-030-0035;

(b) Other relevant evidence concerning the inmate that is available.

(3) Reliable, probative, and substantial evidence shall support Board orders. Substantial evidence is found when the record, viewed as a whole, would permit a reasonable person to make a particular finding.

(4) The Board may exclude evidence if it is:

(a) Unduly repetitious;

(b) Not of a type commonly relied upon by reasonably prudent persons in the conduct of their serious affairs;

(c) Provided by a person, other than a justice system official, without first hand knowledge of the circumstances of the crime that is the subject of the proceeding before the Board;

(d) Provided by a person, other than a justice system official, without first hand knowledge of the character of the inmate;

(e) Addressing only guilt or innocence; or

(f) Irrelevant or immaterial to the decision(s) to be made at that particular hearing.

(5) The Board may receive evidence to which the inmate objects. If the presiding Board member does not make rulings on its admissibility during the hearing, the Board shall make findings on the record at the time a final order is issued.

(6) Erroneous rulings on evidence shall not preclude Board action on the record unless shown to have substantially prejudiced the rights of the inmate.

Stat. Auth.: ORS 144.050 & 144.140

Stats. Implemented: ORS 144.050 & 144.140

Hist.: PAR 4-1989, f. & ef. 11-1-89; PAR 5-1990, f. & cert. ef. 10-5-90; PAR 1-1992, f. & cert. ef. 1-13-92; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 6-2000, f. & cert. ef. 6-9-00; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0035

Information the Board Shall Consider at a Prison Term Hearing

(1) The Board Review Packet shall contain information relevant to the purpose of the hearing, which may include, but is not limited to:

(a) Inmate's notice of rights and notice of administrative appeal;

(b) Presence Investigation (PSI), Postsentence Investigation Report (PSR), Parole Analyst Report (PAR), or report of similar content;

(c) Sentencing/judgment orders;

(d) Department of Corrections Inmate Face sheet;

(e) Certification of time served credits;

(f) Board Action Forms;

(g) Information pursuant to Ballot Measure 10;

(h) Material submitted by the inmate or representative relating to the calculation of the prison term, or to the subject matter of the hearing;

(i) Current psychological/psychiatric evaluations;

(j) Other relevant material selected at the Board's discretion.

(2) The Board Review Packet need not include all documents in the inmate's file.

(3) At its discretion, the Board may consider additional written information and recommendations from those with a special interest in the case. If considered, the Board Review Packet shall include the information. The Board must receive any information submitted pursuant to this section at least fourteen days prior to the hearing. The Board may waive the fourteen-day requirement.

Stat. Auth.: ORS 144.185 & 144.223

Stats. Implemented: ORS 144.185, 144.125(1) & 144.223

Hist.: 2PB 1-1979, f. & ef. 2-1-79; 2PB 16-1981(Temp), f. & ef. 11-25-81; 2PB 1-1982, f. & ef. 5-19-82; 2PB 7-1985, f. & ef. 5-31-85; 2PB 4-1986(Temp), f. & ef. 12-2-86; PAR 3-1987, f. & ef. 4-28-87; PAR 6-1988, f. & ef. 5-19-88; PAR 4-1989, f. & ef. 11-1-89; PAR 1-1992, f. & cert. ef. 1-13-92; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0040

Inmate's Access to Written Materials/Rebuttal and Deadlines for Receiving Materials

(1) The inmate shall have access to all the material in the Board Review Packet except that exempted by OAR 255-015-0010 (Criteria for Denial of Disclosure of Records).

(2) The inmate shall have access to all the victim and district attorney's responses pursuant to OAR 255-030-0035 except as exempted by the Board pursuant to OAR 255-015-0010. The Board shall include the responses in the Board Review Packet or shall give the responses to the inmate as soon as they are available to the Board.

(3) If the victim, his/her representative, or the district attorney wishes to rebut any of the material in the Board Review Packet, the Board must receive the response seven days prior to the hearing. The Board shall notify the victim that the Board will include the response in the Board Review Packet sent to the inmate unless the victim requests confidentiality.

ADMINISTRATIVE RULES

(4) The inmate or representative shall submit any relevant information at least fourteen days prior to the hearing.

(5) The Board may waive deadline requirements if it finds good cause to do so.

Stat. Auth.: ORS 144.050, 144.130, 144.223, 192.502(4) or (5)

Stats. Implemented: ORS 144.130

Hist.: 2PB 1-1979, f. & ef. 2-1-79; 2PB 7-1985, f. & ef. 5-31-85; 2PB 4-1986(Temp), f. & ef. 12-2-86; PAR 3-1987, f. & ef. 4-28-87; PAR 6-1988, f. & ef. 5-19-88; PAR 4-1989, f. & ef. 11-1-89; PAR 8-1992, f. & cert. ef. 10-9-92; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 6-2000, f. & cert. ef. 6-9-00; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0046

Continuance of Hearings: Cancellation of Hearings

(1) Upon the request of any party or on its own motion, the Board may, for good cause, continue a hearing for a reasonable period of time.

(2) A request for cancellation or postponement of a hearing must be for good cause, in writing, and at least seven days before the hearing.

(3) A hearing may not be postponed or cancelled if that action would violate any statute or rule requiring the hearing to be held.

(4) If the Board cancels a hearing at an inmate's request, the inmate shall not be eligible to request another hearing for 90 days from the date of the scheduled hearing. The decision to grant a hearing is at the discretion of the Board.

Stat. Auth.: ORS 144.050

Stats. Implemented: ORS 144.185

Hist.: PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

255-030-0055

Notice of Decision Following Prison Term Hearing

(1) Following a Board decision concerning the prison term of an inmate, the Board shall send written notice of the Board's final order to the inmate, district attorney, sheriff or arresting agency, the Department of Corrections, and upon request, the victim, the sentencing judge and the trial counsel.

(2) The Board's final order shall contain the following findings, as applicable:

(a) The prison term commencement date;

(b) The history/risk assessment score;

(c) The crime category with the subcategory rationale;

(d) The matrix range;

(e) When there are consecutive sentences, whether the range is unsummed and the reason for unsumming;

(f) When there is a variation from the range, the reason for the variation;

(g) Aggravation;

(h) Mitigation;

(i) The votes on minimum sentences;

(j) The prison term set;

(k) The parole release date;

(l) Sentencing guidelines range, if applicable.

Stat. Auth.: ORS 144.120, 144.260 & 144.135

Stats. Implemented: ORS 144.120, 144.260 & 144.135

Hist.: 2PB 1-1979, f. & ef. 2-1-79; 2PB 7-1985, f. & ef. 5-31-85; 2PB 4-1986(Temp), f. & ef. 12-2-86; PAR 3-1987, f. & ef. 4-28-87; PAR 6-1988, f. & ef. 5-19-88; PAR 4-1989, f. & ef. 11-1-89; PAR 8-1992, f. & cert. ef. 10-9-92; PAR 4-1993, f. & cert. ef. 10-29-93; PAR 3-1997, f. 3-11-97, cert. ef. 3-14-97; PAR 3-2012(Temp), f. & cert. ef. 9-18-12 thru 3-1-13; PAR 2-2013, f. & cert. ef. 3-1-13

Board of Pharmacy Chapter 855

Rule Caption: Registration requirements for the compounding of any drug not based on a patient specific prescription

Adm. Order No.: BP 1-2013(Temp)

Filed with Sec. of State: 3-6-2013

Certified to be Effective: 3-7-13 thru 9-3-13

Notice Publication Date:

Rules Amended: 855-060-0004

Subject: This rule defines the requirements for licensure for any out-of-state outlet that compounds a drug that is distributed in Oregon to be administered or dispensed and is not based on a patient specific prescription.

The complete text of these rules is available on the Board's website at: www.pharmacy.state.or.us

Rules Coordinator: Karen MacLean—(971) 673-0001

855-060-0004

Registration

(1) Any person that manufactures, or contracts for the manufacture of a drug or prescription device that is intended for sale, distribution, dispensing or administration in Oregon must register with the Oregon Board of Pharmacy.

(2) Any person that holds one or more of the following registrations with the Federal Food and Drug Administration (FDA) must register as a Manufacturer.

(a) A New Drug Application number (NDA);

(b) An Abbreviated New Drug Application number (ANDA);

(c) A Labeler Code number (LC) or National Drug Code number (NDC);

(d) An FDA Central File Number (CFN);

(e) An FDA Establishment Identifier number (FEI).

(f) A Biologic License Application (BLA).

(3) A person that is registered with the FDA as a repackager must register as a Manufacturer.

(4) A person whose sole purpose is the marketing, brokering or arranging the initial distribution of drugs manufactured by a manufacturer, but does not take physical possession of a product must register as a Drug Distribution Agent under OAR 855-062-0005.

(5) A person who is registered with the FDA as the Agent for a foreign manufacturer must register as a Drug Distribution Agent under OAR 855-062-0005.

(6) An applicant for a new or renewal of registration must provide all information specified on the form provided by the Board, and pay the fee as specified in OAR 855-110-0007. The applicant must also provide any additional information requested by the Board. An application that does not contain all required information is incomplete and will not be processed.

(7) The registration is non-transferable. Addition or deletion of an owner shall be considered as a change of ownership except where the registrant is a publicly held corporation. A new application for registration and payment of a new registration fee is required when a registrant changes ownership or location. This new application must be submitted to the Board at least 15 days prior to the change.

(8) A person who compounds a drug that is distributed in Oregon not based on a patient specific prescription must register with the Board as a Manufacturer, unless done so pursuant to a Shared Pharmacy Services agreement, as defined in OAR 855-006-0005, between two in-state entities.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155 & 689.305

Hist.: BP 9-2011, f. 12-30-11, cert. ef. 1-1-12; BP 1-2013(Temp), f. 3-6-13, cert. ef. 3-7-13 thru 9-3-13

Department of Agriculture Chapter 603

Rule Caption: Housekeeping updates to noxious weed, plant pest, and plant disease regulations.

Adm. Order No.: DOA 3-2013

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13

Notice Publication Date: 11-1-2012

Rules Amended: 603-052-0075, 603-052-0114, 603-052-0116, 603-052-0127, 603-052-0129, 603-052-1200, 603-052-1320

Subject: The Department of Agriculture housekeeping changed six rules as follows: Updated scientific name of chestnut blight; updated disease distribution for Dutch elm disease and peach yellows phytoplasma; added any properties in Oregon where Japanese beetle, European chafer, or Oriental beetle are found to the area covered under Oregon's quarantine against Japanese beetle and related pests; updated title of Plant Program Area Director, added newly listed weeds to the state noxious weed quarantine (goats rue and yellow archangel); added eight invertebrates to the list of species approved for commercial use and update scientific names (*Orthoporus texicolens*, *Stratiolaelaps aculeifer*, *S. miles*, *Rhopalosiphum padi*, *Sitobion avenae*, *Atheta coriaria*, *Aphidius aphidimyza*, *Osmis lignaria propinqua*); deleted three species from the approved list (Luna moth, monarch butterfly, *Melittobia digitata*); and corrected spelling of "bumblebees."

Rules Coordinator: Sue Gooch—(503) 986-4583

ADMINISTRATIVE RULES

603-052-0075

Quarantine; Chestnut Blight

(1) A quarantine is established against chestnut blight, a disease of chestnuts (*Castanea spp.*) which is caused by the fungus *Cryphonectria parasitica* (*Endothia parasitica*), and against all insect pests of chestnuts, including: large chestnut weevil (*Curculio caryatrypes*), small chestnut weevil (*Curculio sayi*), nut curculio (*Conotrachelus spp.*), and oriental chestnut gall wasp (*Dryocosmus kuriphilus*).

(2) Area Under Quarantine. All states and districts of the United States are included.

(3) Commodities Covered. All trees, plants, cuttings, scions, tissue cultures, and nuts in shell of all species and varieties of chestnut (*Castanea spp.*) and chinquapin (*Castanopsis spp.*).

(4) Provisions of the Quarantine:

(a) From all states and districts east of and including Colorado, Montana, New Mexico, and Wyoming, no chestnut (*Castanea spp.*) or chinquapin (*Castanopsis spp.*) trees, plants, cuttings, scions, tissue cultures, and nuts in shell may be shipped into Oregon except by special quarantine exemption by the Director of the Oregon Department of Agriculture as provided in OAR 603-052-0020;

(b) From all states west of Colorado, Montana, New Mexico, and Wyoming, trees, plants, cuttings, scions, tissue cultures, and nuts in shell of chestnut and chinquapin may be shipped into Oregon provided that each shipment is accompanied by a certificate bearing the original signature of an authorized agricultural official affirming that the plant material has been inspected and found free from chestnut blight, that the plant material has been grown in the shipping state for at least two years and that chestnut blight disease, large chestnut weevil, small chestnut weevil, nut curculio, *Conotrachelus spp.*, and oriental chestnut gallwasp are not known to occur in the production area. Such document shall be sent to the Oregon Department of Agriculture, c/o Plant Program Area Director, 635 Capitol Street, N.E., Salem, OR 97310, ten days prior to shipment of stock;

(c) Any and all varieties and species of the chestnut and chinquapin trees, (*Castanea spp.* and *Castanopsis spp.*), tissue cultures, parts or the nuts thereof arriving in the state of Oregon without proper documentation will be immediately sent out of the state or destroyed at the option and expense of the owner(s) or his or their responsible agent(s).

(5) Exemptions: No restrictions are placed by this quarantine upon the shelled nuts of all species and varieties of chestnut and chinquapin grown in and imported from foreign countries when reshipped into or arriving in this state in the unopened original container.

Stat. Auth.: ORS 561 & 570

Stats. Implemented: ORS 561.190, 561.510 - 561.600, 570.305, 570.405 & 570.410 - 570.415

Hist.: Quarantine Order No. 27(A series), ef. 2-5-37; AD 2-1988, f. & cert. ef. 3-10-88; DOA 3-2013, f. & cert. ef. 3-1-13

603-052-0114

Quarantine; Dutch Elm Disease and Elm Yellows Phytoplasma

(1) Establishing a Quarantine. A quarantine is established against the fungus *Ophiostoma novo-ulmi*, currently the fungus that causes Dutch elm disease in North America and related species *O. ulmi* and elm yellows (*elm phloem necrosis*) phytoplasma.

(2) Areas under Quarantine:

(a) In Oregon, the counties of: Benton, Clackamas, Jackson, Lane, Linn, Malheur, Marion, Multnomah, Polk, Union, Washington and Yamhill

(b) All states and districts of the United States except Alaska, Arizona, Florida, Hawaii, New Mexico and Utah.

(3) Commodities Covered. All trees, plants, cuttings, scions, leaves, bark, roots, or other parts, except seed, of all species of elm (*Ulmus spp.*) and of the related genera *Zelkova* and *Planera*, including wood products manufactured from bark-bearing parts thereof. Tissue culture plantlets in sealed, sterile containers are exempt from this regulation.

(4) Restrictions:

(a) Commodities Prohibited from Quarantine Areas. All commodities described in section (3) of this rule originating or grown within or shipped from any state or district described in subsection (2)(b) of this rule, except as provided in subsection (b) of this section, are prohibited entry into the State of Oregon whether moved direct from said areas or diverted or reconsigned from any such areas. All tools or equipment utilized in the pruning or disposal of infected commodities are also prohibited entry into the State of Oregon unless they are decontaminated by an approved method therefore;

(b) Commodities Admitted Under Origin Certificate. Commodities described in section (3) of this rule may be permitted entry into the State of Oregon if each lot or shipment is accompanied by a certificate issued by an official state agency of the state of origin certifying the kind and amount of

commodities covered by the certificate, that all such commodities are a product of the state from which shipped or of another state within which neither Dutch Elm Disease nor Elm Yellows phytoplasma is known to occur, that such commodities are free from the described disease, and setting forth in either case the name of the state where produced;

(c) Commodities Restricted Within Quarantine Areas. With exception of commercially produced nursery stock, commodities described in section (3) of this rule situated within the counties described in subsection (2)(a) of this rule, are prohibited movement within or outside said areas except for the transportation of such commodities to locations authorized by the Department for the burning, burial, or other approved method of disposal thereof. All tools or equipment utilized in the pruning or disposal of infected commodities are also prohibited movement within or outside said areas unless they are decontaminated by an approved method therefore.

Stat. Auth.: ORS 561.190, 561.510 - 561.600 & 570.305

Stats. Implemented: ORS 561.190, 561.510 - 561.600, 570.305, 570.405 & 570.410 - 570.415

Hist.: AD 1088(11-76), f. 3-22-76, ef. 4-1-76; AD 24-1977, f. 10-25-77, ef. 11-15-77; AD 3-1995, f. & cert. ef. 4-5-95; DOA 3-2005, f. & cert. ef. 2-4-05; DOA 2-2007, f. & cert. ef. 1-30-07; DOA 3-2013, f. & cert. ef. 3-1-13

603-052-0116

Quarantine; Peach Yellows Phytoplasma

(1) Establishing a Quarantine. A quarantine is established against the disease of peach known as Peach Yellows Phytoplasma.

(2) Areas under Quarantine. Illinois, Indiana, Kentucky, Maryland, Massachusetts, Michigan, North Carolina, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Texas, Tennessee, Virginia, and Ontario.

(3) Commodities Covered:

(a) Propagating parts, except seeds, and any tree budded or grafted on understock of the following species of plum which are symptomless carriers of Peach Yellows, phytoplasma:

(A) Native American plum, *Prunus hortulana* and *P. americana*;

(B) Common or European plum, *P. domestica*;

(C) Japanese plum, *P. salicina*;

(D) Myrobalan plum, *P. cerasifera*;

(E) Othello plum, *P. cerasifera* var. *atropurpurea*;

(F) Wild goose plum, *P. munsoniana*.

(b) All trees, roots, stalks, cuttings, grafts, scions, and buds of all species and varieties of *Prunus*;

(c) Any tree or bud grafted on peach or plum understock.

(4) Exceptions:

(a) Seedling trees or trees budded on admissible rootstock which are grown from seed and shipped in one growing season may be certified provided any budwood used in the production of such trees meets the conditions of subsection (c) of this section and Peach Yellows disease has not occurred during the growing season either on or within one mile of the growing ground property;

(b) Certificates may be issued for reshipment of dormant host trees and propagative parts which have been produced outside the areas under quarantine and have remained dormant while within such areas. Certificates shall state the name of the state where produced;

(c) Species and varieties other than symptomless carriers may be shipped into this state provided they are properly labeled as to scientific name and each lot or shipment is accompanied by a state-of-origin inspection certificate certifying that the following conditions have been met:

(A) Adequate surveys have been made by state agricultural officials, at the proper time in relation to diseases and hosts, and as Peach Yellows disease has not been found during the last two growing seasons previous to digging the trees or taking the buds either on or within one mile of the growing grounds or bud source properties; and

(B) The growing premises have been free from any prohibited symptomless species of plum trees or any other tree growing on any prohibited species of plum understock and, during the last two growing seasons previous to digging the trees or taking the buds, any prohibited symptomless species of plum trees has not existed within one mile of the growing premises or bud source properties.

(5) Disposition of Commodities in Violation of Quarantine. Commodities shipped in violation of this quarantine shall be refused entry into this state and shall be immediately sent out of this state or, at his option and without expense to or indemnity paid by the Department, destroyed under departmental supervision by the person receiving the same. Violators may also be subject to civil penalties of up to \$10,000 as provide by Oregon Laws 1999, Chapter 390, section 2.

(6) Special Permits. This section does not apply to experimental shipments moved by, or at the request of, the United States Department of Agriculture. The Department, upon receipt of an application in writing,

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may issue a special permit allowing entry into this state of quarantined commodities for research purposes only. Movement of such commodities shall be subject to any conditions or restrictions stipulated in the permit.

Stat. Auth.: ORS 561.190, 561.510 - 561.600 & 570.305

Stats. Implemented: ORS 561.190, 561.510 - 561.600, 570.305, 570.405 & 570.410 - 570.415

Hist.: AD 1041(31-74), f. 8-28-74, ef. 9-25-74; AD 1085(8-76), f. & ef. 3-11-76; AD 3-1995, f. & cert. ef. 4-5-95; DOA 6-2005, f. & cert. ef. 2-15-05; DOA 1-2006, f. & cert. ef. 1-13-06; DOA 7-2012, f. & cert. ef. 3-26-12; DOA 3-2013, f. & cert. ef. 3-1-13

603-052-0127

Quarantine; Japanese Beetle, European Chafer and Oriental Beetle

(1) Establishing a Quarantine. A quarantine is established against the pest known as Japanese beetle (*Popillia japonica*) European chafer (*Rhizotrogus majalis*), and Oriental beetle (*Anomala orientalis*), a member of the family Scarabaeidae, which in the larval stage feed on the roots of many plants and in the adult stage feed on the flowers, foliage and fruit of many plants.

(2) Areas Under Quarantine. The entire states of Alabama, Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, Wisconsin, the District of Columbia, the Provinces of Ontario, Quebec, and British Columbia, Canada, and any other state, territory or province where the presence of an established population of any of these insects is confirmed and effective eradication procedures have not been implemented. Any property(ies) in Oregon where Japanese beetles, European chafers, or Oriental beetles are found including a buffer zone that may be infested around the area where the pests were discovered.

(3) Commodities Covered. All life stages of the Japanese beetle, European chafer, and Oriental beetle, including eggs, larvae, pupae, and adults; and the following hosts or possible carriers of Japanese beetle:

(a) Soil, growing media, humus, compost, and manure (except when commercially packaged, and except soil samples under a federal Compliance Agreement);

(b) All plants with roots;

(c) Grass sod;

(d) Plant crowns or roots for propagation (except when free from soil and growing media; clumps of soil or growing media larger than 1/2 inch diameter will be cause for rejection);

(e) Bulbs, corms, tubers, and rhizomes of ornamental plants (except when free from soil and growing media; clumps of soil or growing media larger than 1/2 inch diameter will be cause for rejection); and

(f) Any other plant, plant part, article or means of conveyance when it is determined by the department to present a hazard of spreading live Japanese beetle due to either infestation, or exposure to infestation, by Japanese beetle.

(4) Restrictions. All commodities covered are prohibited entry into Oregon from the area under quarantine unless they have the required certification. Plants may be shipped from the area under quarantine into Oregon provided such shipments conform to one of the options below and are accompanied by a certificate issued by an authorized state agricultural official at origin. Note that not all protocols in the U.S. Domestic Japanese Beetle Harmonization Plan are acceptable for Oregon. Advance notification of regulated commodity shipment is required. The certifying official shall mail, FAX or e-mail a copy of the certificate to: Plant Program Area Director, Oregon Department of Agriculture, 635 Capitol Street NE, Salem, Oregon 97310, FAX: 503-986-4786, e-mail: quarantine@oda.state.or.us. The shipper shall notify the receiver to hold such commodities for inspection by the Oregon Department of Agriculture. The receiver must notify the Oregon Department of Agriculture of the arrival of commodities imported under the provisions of this quarantine and must hold such commodities for inspection. Such certificates shall be issued only if the shipment conforms fully with (a), (b), (c), (d), (e) or (f) below:

(a) Bareroot Plants. Plants with roots are acceptable if they are bare-root, free from soil and growing media (clumps of soil or growing media larger than 1/2 inch diameter will be cause for rejection). The certificate accompanying the plants shall bear the following additional declaration: "Plants are bareroot, attached clumps of soil or growing media are less than 1/2 inch in diameter." Advance notification required (see section 4 above).

(b) Production in an Approved Japanese Beetle Free Greenhouse/Screenhouse. All the following criteria apply. All media must be sterilized and free of soil. All stock must be free of soil (bareroot) before planting into the approved medium. The potted plants must be maintained within the greenhouse/screenhouse during the entire adult flight period.

During the adult flight period the greenhouse/screenhouse must be made secure so that adult Japanese beetles can not gain entry. Security will be documented by the appropriate phytosanitary official. No Japanese beetle contaminated material shall be allowed into the secured area at any time. The greenhouse/screenhouse will be officially inspected by phytosanitary officials and must be specifically approved as a secure area. They shall be inspected by the same officials for the presence of all life stages of the Japanese beetle. The plants and their growing medium must be appropriately protected from subsequent infestation while being stored, packed and shipped. Certified greenhouse/screenhouse nursery stock may not be transported into or through any infested areas unless identity is preserved and adequate safeguards are applied to prevent possible infestation. Each greenhouse/screenhouse operation must be approved by the phytosanitary officials as having met and maintained the above criteria. The certificate accompanying the plants shall bear the following additional declaration: "The rooted plants (or crowns) were produced in an approved Japanese beetle free greenhouse or screenhouse and were grown in sterile, soilless media." Advance notification required (see section 4 above).

(c) Production During a Pest Free Window. The entire rooted plant production cycle will be completed within a pest free window, in clean containers with sterilized and soilless growing medium, i.e., planting, growth, harvest, and shipment will occur outside the adult Japanese beetle flight period, June through September. The accompanying phytosanitary certificate shall bear the following additional declaration: "These plant were produced outside the Japanese beetle flight season and were grown in sterile, soilless media." Advance notification required (see section 4 above).

(d) Application of Approved Regulatory Treatments. All treatments will be performed under direct supervision of a phytosanitary official or under compliance agreement. Treatments and procedures under a compliance agreement will be monitored closely throughout the season. State phytosanitary certificates listing and verifying the treatment used must be forwarded to Oregon via fax or electronic mail, as well as accompanying the shipment. Note that not all treatments approved in the U.S. Domestic Japanese Beetle Harmonization Plan are acceptable for Oregon. The phytosanitary certificate shall bear the following additional declaration: "The rooted plants are in soilless media and were treated to control *Popillia japonica* according to the criteria for shipment to category 1 states as provided in the U.S. Domestic Japanese Beetle Harmonization Plan and Oregon's Japanese beetle quarantine." Advance notification required (see section 4 above).

(A) Dip Treatment — B&B and Container Plants. Not approved.

(B) Drench Treatments — Container Plants Only. Not approved for ornamental grasses or sedges. Potting media used must be sterile and soilless, containers must be clean. Containers must be one gallon or smaller in size. Field potted plants are not eligible for certification using this protocol. This is a prophylactic treatment protocol targeting eggs and early first instar larvae. If the containers are exposed to a second flight season they must be retreated.

(i) Imidacloprid (Marathon 60WP). Apply one-half (0.5) gram of active ingredient per gallon as a prophylactic treatment just prior to Japanese beetle adult flight season (June 1, or as otherwise determined by the phytosanitary official). Apply tank mix as a drench to wet the entire surface of the potting media. A twenty-four (24) gallon tank mix should be enough to treat 120-140 one-gallon containers. Avoid over drenching so as not to waste active ingredient through leaching. During the adult flight season, plants must be retreated after sixteen (16) weeks if not shipped to assure adequate protection.

(ii) Bifenthrin (Talstar Nursery Flowable 7.9%). Mix at the rate of twenty (20) ounces per 100 gallons of water. Apply, as a drench, approximately eight (8) ounces of tank mix per six (6) inches of container diameter.

(C) Media (Granule) Incorporation — Container Plants Only. Containers must be one gallon or smaller in size. Not approved for ornamental grasses or sedges. All pesticides used for media incorporation must be mixed prior to potting and plants potted a minimum of thirty (30) days prior to shipment. Potting media used must be sterile and soilless; containers must be clean. The granules must be incorporated into the media prior to potting. Field potted plants are not eligible for treatment. This treatment protocol targets eggs and early first instar larvae and allows for certification of plants that have been exposed to only one flight season after application. If the containers are to be exposed to a second flight season they must be repotted with a granule incorporated mix or retreated using one of the approved drench treatments. Pesticides approved for media incorporation are:

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(i) Imidacloprid (Marathon 1 G). Mix at the rate of five (5) pounds per cubic yard.

(ii) Bifenthrin (Talstar Nursery Granular or Talstar T&O Granular (0.2G)). Mix at the rate of 25 ppm or one-third (0.33) of a pound per cubic yard based on a potting media bulk density of 200.

(iii) Tefluthrin (Fireban 1.5 G). Mix at the rate of 25 ppm based on a potting media bulk density of 400.

(D) Methyl Bromide Fumigation. Nursery stock: methyl bromide fumigation at NAP, chamber or tarpaulin. See the California Commodity Treatment Manual for authorized schedules.

(e) Detection Survey for Origin Certification. Japanese Beetle Harmonization Plan protocol not approved. Alternative approved protocol: States listed in the area under quarantine may have counties that are not infested with Japanese beetle. Shipments of commodities covered may be accepted from these noninfested counties if annual surveys are made in such counties and adjacent counties and the results of such surveys are negative for Japanese beetle. In addition, the plants must be greenhouse grown in media that is sterilized and free of soil and the shipping nursery must grow all their own stock from seed, unrooted cuttings or bareroot material. A list of counties so approved will be maintained by the Oregon Department of Agriculture. Agricultural officials from a quarantined state or province may recommend a noninfested county be placed on the approved county list by writing for such approval and stating how surveys were conducted giving the following information:

(A) Areas surveyed;

(B) How survey was carried out;

(C) Number of traps;

(D) Results of survey;

(E) History of survey;

(F) If county was previously infested, give date of last infestation. If infestations occur in neighboring counties, approval may be denied. To be maintained on the approved list, each county must be reapproved every twelve (12) months. Shipments of commodities covered from noninfested counties will only be allowed entry into Oregon if the uninfested county has been placed on the approved list prior to the arrival of the shipment in Oregon. The certificate must have the following additional declaration: "The plants in this consignment were produced in sterile, soilless media in (name of county), state of (name of state of origin) that is known to be free of Japanese beetle." Advance notification required (see section 4 above).

(f) Privately owned house plants obviously grown, or certified at the place of origin as having been grown indoors without exposure to Japanese beetle may be allowed entry into this state without meeting the requirements of section (4). Contact the Oregon Department of Agriculture for requirements: Plant Program Area Director, Oregon Department of Agriculture, 635 Capitol Street NE, Salem, Oregon 97301, telephone: 503/986-4644, FAX: 503/986-4786, e-mail: quarantine@oda.state.or.us.

(g) Infested properties in Oregon: Confirmation of an infestation of Japanese beetle, European chafer, or Oriental beetle must be made by the ODA or an official cooperater. ODA will notify the property owner(s) and develop a response plan. The goal of the plan will be eradication as soon as possible. The plan may require cooperative measures by the property owner(s) to supplement measures taken by ODA.

(5) Exceptions. Upon written request, and upon investigation and finding that unusual circumstances exist justifying such action, the department may issue a permit allowing entry into this state of commodities covered without meeting the requirements of section (4). However, all conditions specified in the permit shall be met before such permit will be recognized.

(6) Violation of Quarantine. All covered commodities described in section (3) of this rule found to be in violation of this quarantine shall be returned immediately to point of origin by the Oregon receiver, or at the owner's option be destroyed under the supervision of the department, without expense to or indemnity paid by the department. Violation of this quarantine may result in a fine, if convicted, of not less than \$500 nor more than \$5,000, as provided by ORS 561.990(4). Violators may also be subject to civil penalties of up to \$10,000 as provided by Oregon Laws 1999, chapter 390, section 2; nursery license suspension or nursery license revocation.

Stat. Auth.: ORS 561.020, 561.190, 561.510 & 570.305

Stats. Implemented: ORS 561.510

Hist.: AD 12-1977, f. 6-6-77, ef. 6-20-77; AD 7-1988(Temp), f. & cert. ef. 8-2-88; DOA 10-1998, f. & cert. ef. 12-30-98; DOA 27-2000, f. & cert. ef. 10-13-00; DOA 9-2006, f. & cert. ef. 3-22-06; DOA 7-2008, f. & cert. ef. 2-8-08; DOA 4-2010, f. & cert. ef. 1-28-10; DOA 3-2013, f. & cert. ef. 3-1-13

603-052-0129

Quarantine; Against Exotic Phytophagous Snails

(1) Establishing Quarantine. A quarantine is established against exotic phytophagous snails that are members of the Phylum Mollusca of the Class Gastropoda characterized by a calcareous shell covering the visceral hump. This quarantine applies to exotic phytophagous snails in any stage of development, and includes, but is not limited to: brown garden snail (*Cornu aspersum* Müller), white garden snail (*Theba pisana* Müller), milk snail (*Otala lactea* Müller), giant African snail (*Achatina* spp.), giant South American snail (*Megalobulimus oblongus* Müller), and all other exotic phytophagous snails (hereafter, "exotic phytophagous snails"). These snails are very important garden and agricultural pests causing severe damage to leaves and fruits of many plants.

(2) Areas Under Quarantine. The entire states of Arizona, California, Hawaii, Michigan, New Mexico, Texas, Utah, Washington, and any other state or territory where exotic phytophagous snails are established.

(3) Covered Commodities. Exotic phytophagous snails in any stage of development. Grass sod and all plants with roots in soil and any other plant material or articles capable of transporting exotic phytophagous snails into Oregon are hereby declared to be hosts or possible carriers of the pests herein quarantined and are prohibited entry into this state directly, indirectly, diverted, or reconsigned unless there is compliance with section (4) of this rule.

(4) Conditions:

(a) Covered commodities from regulated areas may be permitted entry into Oregon only when such commodities are accompanied by a certificate of quarantine compliance issued by an authorized official from the state of origin which certifies that it has been determined by official inspection immediately prior to shipment that such covered commodities were found to be free of all life stages of exotic phytophagous snails or that such commodities originate from an area determined by official inspection to be free of exotic phytophagous snails. The original certification document shall be forwarded to the Oregon State Department of Agriculture, Plant Program Area, 635 Capitol St. NE, Salem, Oregon 97310, immediately by First Class mail or fax (503) 986-4786. Each lot or shipment of the covered commodities shall be accompanied by a copy of the above described certification document. The Oregon receiver to whom the commodities are shipped shall notify the department immediately upon receipt of such commodities and shall hold the same until they are released by the department.

(b) Cut greens, cut flowers and soil-free plants including bare root plants, plant crowns, roots for propagation, bulbs, corms, tubers, and rhizomes of plants washed free of adherent soil are excepted from the quarantine, if such plant materials are found upon inspection not to be infested with exotic phytophagous snails or are found not to bear soil accumulations sufficient to carry or obscure any life stage of exotic phytophagous snails.

(c) Certified and noncertified covered commodities shall not be shipped together in the same transporting vehicle, and any such mixing of certified and noncertified covered commodities shall nullify certification and result in the rejection of the entire shipment of covered commodities. Upon inspection and determination by the Oregon State Department of Agriculture that the transporting vehicle or any properly certified covered commodities are infested with any life stage of exotic phytophagous snails, such shipment shall be found in violation of this quarantine.

(5) Heliculture Prohibited. Raising, maintaining, selling, shipping and/or holding live exotic phytophagous snails within the State of Oregon is prohibited.

(6) Disposition of Commodities in Violation of the Quarantine. All covered commodities described in section (3) of this rule found to be in violation of this quarantine shall be returned immediately to point of origin by the Oregon receiver, or at the receivers option be destroyed under the supervision of the department, without expense to or indemnity paid by the department.

(7) Exceptions. Upon request, and upon investigation and finding that unusual circumstances exist justifying such action, the department may issue a permit allowing entry into this state of covered commodities without meeting the requirements of subsection (4)(a) of this rule. However, all conditions specified in the permit shall be met before such permit will be recognized.

Stat. Auth.: ORS 561 & 570

Stats. Implemented: ORS 561.190, 561.510-561.600, 570.305, 570.405, 570.410 - 570.415
Hist.: AD 14-1983, f. 11-15-83, ef. 12-1-83; AD 12-1997, f. & cert. ef. 7-31-97; DOA 8-1999, f. & cert. ef. 5-14-99; DOA 1-2006, f. & cert. ef. 1-13-06; DOA 2-2007, f. & cert. ef. 1-30-07; DOA 7-2008, f. & cert. ef. 2-8-08; DOA 3-2009, f. & cert. ef. 2-13-09; DOA 3-2013, f. & cert. ef. 3-1-13

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603-052-1200

Quarantine; Noxious Weeds

(1) Establishing Quarantine. A quarantine is established against the noxious weeds listed herein. Noxious weeds have been declared a menace to the public welfare (ORS 569.180 and 569.350) because of the environmental degradation that occurs when they become established.

(2) Areas Under Quarantine. The entire state of Oregon and all other States of the United States and all foreign countries.

(3) Covered Plants. For purposes of this rule the term "plants" applies to whole plants, plant parts, and seeds. This rule applies to all "A" and "B" state designated noxious weeds listed herein, except as provided in section (6). Plants on the Federal Noxious Weed List (7 C.F.R. 360.200) are also covered by this rule, with the exception of Japanese blood grass, *Imperata cylindrica*, var. Red Baron and Chinese water spinach, *Ipomoea aquatica*.

(4) "A" weeds

(a) "A" designated weeds. Weeds of known economic importance which occur in the state in small enough infestations to make exclusion, eradication, or containment possible; or which are not known to occur, but their presence in neighboring states makes future occurrence in Oregon seem imminent.

(b) "A" weeds are controlled through exclusion, early detection, and rapid response (EDRR). Control of "A" weeds is a high priority for Oregon Department of Agriculture (ODA) and the primary goal is to prevent introduction and permanent establishment of "A" weeds. If "A" weeds are introduced, and eradication is not feasible, the secondary goal is to implement control measures to contain the "A" weeds to as small an area as possible so as to prevent widespread occurrence in Oregon.

(c) When "A" weeds are detected, control actions are mandatory and the goal of such control is eradication. Any person owning or occupying property upon which "A" weeds are detected must contact the Oregon Department of Agriculture within 48 hours of detection.

(d) Upon detection of "A" weeds, ODA may develop a survey, eradication, and monitoring plan to control or eradicate detected weeds. ODA may either develop and conduct appropriate measures to control or eradicate such weeds or may enter into a contract for the purpose of controlling or eradicating "A" weeds.

(e) Control or eradication of "A" weeds may be implemented at no cost to a person owning or controlling land within this state upon which "A" weeds are detected. However, ODA may request any person owning or controlling land within this state to control, prevent the spread of, or eradicate where feasible "A" weeds, subject to supervision of such activities by the ODA.

(f) If ODA or a county are unable to control or eradicate "A" weeds on private property, any person owning or controlling land within this state must control and take measures to eliminate or prevent the possibility of spread of "A" weeds to other lands and ownerships. Control measures for "A" weeds must be implemented in a timely manner as determined by ODA. Treatments must provide sufficient levels of control to make progress toward the goal of eradication.

(g) ODA inspectors may access all lands within Oregon for the purpose of ORS 569.175 to 569.195 including carrying out the control or eradication of "A" weeds.

(h) Any person owning or controlling land within this state found in violation of ORS 569.175 to 569.195 or these rules may be subject to fines up to the maximum for Class B violations.

(i) The following is a list of "A" weeds:

- (A) African rue — *Peganum harmala*;
- (B) Camelthorn — *Alhagi pseudalhagi*;
- (C) Coltsfoot — *Tussilago farfara*;
- (D) Common reed — *Phragmites australis* ssp. *australis*;
- (E) Cordgrasses:
 - (i) Common — *Spartina anglica*;
 - (ii) Dense-flowered — *Spartina densiflora*;
- (iii) Saltmeadow — *Spartina patens*;
- (iv) Smooth — *Spartina alterniflora*.
- (F) European water chestnut — *Trapa natans*;
- (G) Flowering rush — *Butomus umbellatus*;
- (H) Giant hogweed — *Heracleum mantegazzianum*;
- (I) Goatgrasses:
 - (i) Barbed — *Aegilops triuncialis*;
 - (ii) Ovate — *Aegilops ovata*.
- (J) Goatsrue --- *Galega officinalis*.
- (K) Hawkweeds:
 - (i) King-devil — *Hieracium piloselloides*;
 - (ii) Meadow — *Hieracium pratense*;

- (iii) Mouse-ear — *Hieracium pilosella*;
- (iv) Orange — *Hieracium aurantiacum*;
- (v) Yellow — *Hieracium floribundum*.
- (L) Hydrilla — *Hydrilla verticillata*;
- (M) Japanese dodder — *Cuscuta japonica*;
- (N) Kudzu — *Pueraria lobata*;
- (O) Matgrass — *Nardus stricta*;
- (P) Oblong spurge — *Euphorbia oblongata*;
- (Q) Paterson's curse — *Echium plantagineum*;
- (R) Purple nutsedge — *Cyperus rotundus*;
- (S) Silverleaf nightshade — *Solanum elaeagnifolium*;
- (T) Squarrose knapweed — *Centaurea virgata*;
- (U) Starthistles:
 - (i) Iberian — *Centaurea iberica*;
 - (ii) Purple — *Centaurea calcitrapa*.
- (V) Syrian bean-caper — *Zygophyllum fabago*;
- (W) Thistles:
 - (i) Plumeless — *Carduus acanthoides*;
 - (ii) Smooth distaff — *Carthamus bacticus*;
 - (iii) Taurian — *Onopordum tauricum*;
 - (iv) Woolly distaff — *Carthamus lanatus*.
- (X) White bryonia — *Bryonia alba*.
- (Y) Yellow floating heart — *Nymphoides peltata*;
- (Z) Yellowtuft — *Alyssum murale* and *Alyssum corsicum*.

(5) "B" Weeds

(a) "B" designated weeds means weeds of economic importance which are regionally abundant, but which may not occur or have limited distribution in some counties. "B" weeds shall be managed on a priority basis as resources allow. Control of "B" weeds may vary according to ODA-established priorities as well as site-specific or case-by-case factors. When available, biological control may be the primary long-term control strategy.

(b) The goal of "B" weed management is control and prevention of new infestations of "B" weeds in Oregon. ODA may advise persons owning or controlling lands upon which "B" weeds are detected on the control of "B" weeds on those lands as well as how to prevent "B" weeds from infesting new lands. As determined by ODA or a county, "B" weeds may be controlled or eradicated in the same manner as "A" weeds when "B" weeds appear in parts of the state where they were not previously detected or established.

(c) Pursuant to ODA's determination as to treatment of "B" weeds, ODA may develop a regional control plan or cooperate with a county, local entity, or persons owning or controlling private lands to develop and implement a plan to control "B" weeds. ODA may assist with implementing control measures.

(d) Persons owning or controlling lands where "B" weeds are detected may request assistance from their respective local County Weed Inspector.

(e) Cost-share assistance grants may be available for the control of State listed noxious weeds to any person owning or occupying land upon which "A" or "B" weeds are detected. If within a county weed control district or special weed control district the county may provide assistance by applying for cost-share assistance grants. Information on cost-share assistance grants may be found at ODA's Plant Division website.

(f) As determined by ODA, biological control agents may be available for some "B" weeds. Information on the current availability of biological control agents is provided on ODA's Plant Division website. Releases of some biological control agents targeting noxious weeds may require reporting to ODA for tracking purposes.

(g) The following is a list of "B" weeds:

- (A) Armenian (Himalayan) blackberry — *Rubus armeniacus* (R. procerus, R. discolor);
- (B) Biddy-biddy — *Acaena novae-zelandiae*;
- (C) Brooms:
 - (i) French — *Genista monspessulana*;
 - (ii) Portuguese — *Cytisus striatus*;
 - (iii) Scotch — *Cytisus scoparius*;
 - (iv) Spanish — *Spartium junceum*;
- (D) Buffalobur — *Solanum rostratum*;
- (E) Butterfly bush — *Buddleja davidii* (*B.varabilis*)* (*Plants being sold in Oregon that are labeled "Butterfly Bush" are assumed to be *B. davidii* and will be subject to a stop sale order. ODA approved sterile varieties of *Buddleja* that produce less than 2% viable seed and inter-specific hybrids that are not regulated, and may be propagated and sold if labeled with the approved variety name. Information concerning process, criteria

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and approved seedless varieties is available online at: <<http://oregon.gov/ODA/PLANT/NURSERY/>>;

- (F) Common bugloss — *Anchusa officinalis*;
- (G) Common crupina — *Crupina vulgaris*;
- (H) Creeping yellow cress — *Rorippa sylvestris*;
- (I) Cutleaf teasel — *Dipsacus laciniatus*;
- (J) Dodder — *Cuscuta* spp.* (*except northwest natives);
- (K) Dyers woad — *Isatis tinctoria*;
- (L) English ivy — *Hedera helix* (H. hibernica);
- (M) Eurasian watermilfoil — *Myriophyllum spicatum*;
- (N) False brome — *Brachypodium sylvaticum*;
- (O) Field bindweed — *Convolvulus arvensis*;
- (P) Garlic Mustard — *Alliaria petiolata*;
- (Q) Geranium:
 - (i) Herb Robert — *Geranium robertianum*;
 - (ii) Shiny leaf geranium — *Geranium lucidum*;
- (R) Gorse — *Ulex europaeus*;
- (S) Halogeton — *Halogeton glomeratus*;
- (T) Houndstongue — *Cynoglossum officinale*;
- (U) Johnsongrass — *Sorghum halepense*;
- (V) Jointed goatgrass — *Aegilops cylindrica*;
- (W) Jubata grass — *Cortaderia jubata*;
- (X) Knapweeds:
 - (i) Diffuse — *Centaurea diffusa*;
 - (ii) Meadow — *Centaurea pratensis* (C. jacea x nigra);
 - (iii) Russian — *Acroptilon repens*;
 - (iv) Spotted — *Centaurea stoebe* (C. maculosa).
- (Y) Knotweeds:
 - (i) Giant — *Fallopia sachalinensis* (Polygonum);
 - (ii) Himalayan — *Polygonum polystachyum*;
 - (iii) Japanese (fleece flower) — *Fallopia japonica* (Polygonum cuspidatum).
- (Z) Kochia — *Kochia scoparia*;
- (AA) Lesser celandine — *Ranunculus ficaria*;
- (BB) Mediterranean sage — *Salvia aethiopsis*;
- (CC) Medusahead rye — *Taeniatherum caput-medusae*;
- (DD) Old man's beard — *Clematis vitalba*;
- (EE) Parrots Feather — *Myriophyllum aquaticum*;
- (FF) Perennial peavine — *Lathyrus latifolius*;
- (GG) Perennial pepperweed — *Lepidium latifolium*;
- (HH) Poison hemlock — *Conium maculatum*;
- (II) Policeman's helmet — *Impatiens glandulifera*;
- (JJ) Puncturevine — *Tribulus terrestris*;
- (KK) Purple loosestrife — *Lythrum salicaria*;
- (LL) Ragweed — *Ambrosia artemisiifolia*;
- (MM) Rush skeletonweed — *Chondrilla juncea*;
- (NN) Saltcedar — *Tamarix ramosissima*;
- (OO) Small broomrape — *Orobanche minor*;
- (PP) South American waterweed (Elodea) — *Egeria* (*Elodea*) *densa*;
- (QQ) Spanish heath — *Erica lusitanica*;
- (RR) Spikeweed — *Hemizonia pungens*;
- (SS) Spiny cocklebur — *Xanthium spinosum*;
- (TT) Spurge laurel — *Daphne laureola*;
- (UU) Spurges:
 - (i) Leafy — *Euphorbia esula*;
 - (ii) Myrtle — *Euphorbia myrsinites*.
- (VV) Sulfur cinquefoil — *Potentilla recta*;
- (WW) Swainsonpea — *Sphaerophysa salsula*;
- (XX) Tansy ragwort — *Senecio jacobaea*;
- (YY) Thistles:
 - (i) Bull — *Cirsium vulgare*;
 - (ii) Canada — *Cirsium arvense*;
 - (iii) Italian — *Carduus pycnocephalus*;
 - (iv) Musk — *Carduus nutans*;
 - (v) Scotch — *Onopordum acanthium*;
 - (vi) Slender-flowered — *Carduus tenuiflorus*.
- (ZZ) Toadflax:
 - (i) Dalmation — *Linaria dalmatica*;
 - (ii) Yellow — *Linaria vulgaris*.
- (AAA) Velvetleaf — *Abutilon theophrasti*;
- (BBB) Water primrose — *Ludwigia peploides*, *L. hexapetala*, *L. grandiflora*;
- (CCC) Whitetops:
 - (i) Hairy — *Lepidium pubescens*;
 - (ii) Lens-podded — *Lepidium chalapensis*;

- (iii) Whitetop (hoary cress) — *Lepidium draba*.
- (DDD) Yellow archangel — *Lamium galeobdolon*;
- (EEE) Yellow flag iris — *Iris pseudacorus*;
- (FFF) Yellow nutsedge — *Cyperus esculentus*;
- (GGG) Yellow starthistle — *Centaurea solstitialis*;
- (6) Exemptions

(a) Agricultural seed as defined in Oregon's Seed Law, ORS 633.511 to 633.750, is exempt from this quarantine but subject to the noxious weed seed tolerances in OAR 603-056-0205.

(b) Other commodities, such as, but not limited to, wheat are exempt from this quarantine to the extent that they are contaminated with noxious weed seed.

(7) Prohibited and Permitted Acts

(a) All plants covered in section (3) of this rule are prohibited entry into the State of Oregon.

(b) All plants listed in section (3) of this rule are prohibited from transport, purchase, sale or offering for sale in the State of Oregon.

(c) All plants listed in section (3) of this rule are prohibited from being propagated in the State of Oregon.

(d) All plants listed in section (3) may be collected from the wild in areas that are already infested with the specific species that is collected, provided that the plants, plant parts, or seed are not used for propagation or sale within the State of Oregon.

(8) Disposition of Plants in Violation of the Quarantine. All covered plants listed in section (3) of this rule are found to be in violation of this quarantine shall be returned immediately to point of origin by the Oregon receiver, if from out of state, or at the owner's option be destroyed under the supervision of ODA, without expense to or indemnity paid by ODA.

(9) Exceptions. The director may issue a permit allowing entry into this state, propagation, or research on plants covered by this rule, upon request, and upon investigation and finding that unusual circumstances exist justifying such action, and that the benefits of granting the permit outweigh the potential harm that may result from the requested action. The director may impose specific conditions on any permit issued hereunder, and the permit may be canceled for failure to meet the conditions therein. Any permit issued under this section shall be for a limited duration not to exceed one year.

Stat. Auth.: ORS 561.190, 561.510 & 569

Stats. Implemented: ORS 561.510

Hist.: DOA 5-1999, f. & cert. ef. 4-5-99; DOA 13-2000, f. & cert. ef. 5-8-00; DOA 7-2002, f. & cert. ef. 2-1-02; DOA 26-2002, f. & cert. ef. 12-10-02; DOA 27-2004, f. & cert. ef. 12-28-04; DOA 1-2006, f. & cert. ef. 1-13-06; DOA 2-2007, f. & cert. ef. 1-30-07; DOA 11-2008, f. & cert. ef. 3-7-08; DOA 6-2010, f. & cert. ef. 2-4-10; DOA 17-2011, f. & cert. ef. 9-29-11; DOA 3-2013, f. & cert. ef. 3-1-13

603-052-1320

Approved Species (Non-Regulated)

(1) Invertebrate species listed as approved may be imported, possessed, sold, purchased, exchanged, transported, or released in Oregon without a permit from the Department. This applies only to stock collected within the continental United States. Species marked with an asterisk (*) have additional restrictions as noted below the sections in which they appear.

(2) A permit for the importation, possession, or intrastate transportation of some ODA-approved species may be required by the United States Department of Agriculture, Animal and Plant Health Inspection Service, Plant Protection and Quarantine: (http://www.aphis.usda.gov/plant_health/permits/organism/index.shtml).

(3) Live invertebrates not on the list of approved invertebrates in any life stage may not be imported, possessed, sold, purchased, exchanged, transported, or released in the state unless a permit is first obtained from the Department.

(4) These rules apply to all life stages, but do not apply to dead specimens.

(5) These rules do not apply to marine or aquatic invertebrates.

(6) Placement on this list does not constitute an endorsement by the Department of the efficacy of listed biological control agents, suitability of listed invertebrates as pets, or anything else except that trade in listed species does not pose a plant pest risk in Oregon.

(7) The following is a list of approved invertebrates that may be imported, possessed, sold, purchased, exchanged, transported, or released in Oregon. This list provides the common name, scientific name, and common use.

(a) Snails (Gastropoda).

(A) None.

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(B) For other Mollusks defined as wildlife (shellfish), e.g. clams, mussels, and oysters, see Department of Fish and Wildlife rules: ORS 506.011 and OAR 635-056-0050.

(b) Earthworms (Annelida).

(A) Grindal worm or pot worm, *Enchytraeus buchholzi* (pet food).

(B) Red worm, *Lumbricus rubella* (composter, pet food, bait).

(C) European earthworm, *Lumbricus terrestris* (composter, pet food, bait).

(D) Earthworm, *Lumbricus variegatus* (composter, pet food, bait).

(E) No common name, *Stylaria* spp. (education, research).

(c) Crustacea

(A) Pillbug, *Armadillium* spp. (education).

(B) Land hermit crab, *Coenobita clypeatus* (pet).

(C) Sowbug, *Oniscus* spp. (education).

(D) For other Crustacea defined as wildlife (shellfish), e.g. shrimp, crabs, crayfish, see Department of Fish and Wildlife rules: ORS 506.011 and OAR 635-056-0050.

(d) Millipedes (Diplopoda)

(A) Giant African millipede, *Archispirostreptus gigas* (pet).

(B) Giant African black millipede, *Lophostreptus* (= *Scaphiostreptus*)

rutilans (education, pet).

(C) Desert millipede, *Orthoporus ornatus*, *O. texicolens* (pet).

(D) Millipede, *Spiroboleus* spp. (education).

(E) Giant millipede, *Thyropygus* spp. (education, pet).

(e) Mites (Acari)

(A) Bindweed gall mite, *Aceria malherbae* (weed biocontrol agent).

(B) Tulip bulb mite, *Aceria tulipae* (research).

(C) Predatory mite, *Amblyseius barkeri* (arthropod biocontrol agent).

(D) Predatory mite, *Amblyseius cucumeris* (arthropod biocontrol agent).

(E) Predatory mite, *Amblyseius degenerens* (arthropod biocontrol agent).

(F) Spider mite predator, *Amblyseius hibisci* (mite biocontrol agent).

(G) Spider mite predator, *Amblyseius mckenziei* (arthropod biocontrol agent).

(H) Rush skeletonweed gall mite, *Eriophyes chondrillae* (weed biocontrol agent).

(I) Spider mite predator, *Galendromus occidentalis* (mite biocontrol agent).

(J) Fungus gnat larval predator, *Statiolaelaps aculeifer*, *S. miles* (insect biocontrol agent).

(K) Spider mite predator, *Mesoseiulus longipes* (mite biocontrol agent).

(L) Spider mite predator, *Neoseiulus californicus* (mite biocontrol agent).

(M) Spider mite predator, *Neoseiulus fallacis* (mite biocontrol agent).

(N) Cyclamen mite, *Phytonemus pallidus* (research).

(O) Spider mite predator, *Phytoseiulus persimilis* (mite biocontrol agent).

(P) Gorse spider mite, *Tetranychus lintearius* (weed biocontrol agent).

(Q) Two-spotted spider mite, *Tetranychus urticae* (research).

(R) Fungus gnat larval predator, *Stratiolaelaps scimitus* (insect biocontrol agent).

(f) Spiders (Araneae)

(A) Chilean rose-haired tarantula, *Gramastola rosea* (education, pet).

(B) Texan brown tarantula, *Aphonopelma hentzi* (education, pet).

(C) Cellar spider, *Pholcus phalangioides* (education).

(D) Wolf spider (Family Lycosidae) (education)*.

(E) Orb weaver spider, (Family Araneidae) (education)*.

*only from stock collected in the Pacific Northwest

(g) Scorpions

(A) Emperor scorpion, *Pandinus imperator* (education, pet).

(h) Dragonflies and Damselflies (Odonata)

(A) Dragonfly, *Aeschna* spp. (education).

(i) Roaches (Blattaria)

(A) Giant cockroach, *Blaberus* spp. (education, pet).

(B) Oriental cockroach, *Blatta orientalis* (education, research).

(C) German cockroach, *Blattella germanica* (education, research).

(D) Madagascar hissing cockroach, *Gromphadorhina portentosa* (education, pet).

(E) American cockroach, *Periplaneta americana* (education, research).

(j) Isoptera (Termites)

(A) Western subterranean termite, *Reticulitermes hesperus* (education).

(B) Western dampwood termite, *Zootermopsis angusticollis* (education).

(k) Crickets and Grasshoppers (Orthoptera)

(A) House cricket, *Acheta domesticus* (education, pet food).

(B) Tropical house cricket, *Gryllobates sigillatus* (education, pet food)

(l) Mantids (Mantodea)

(A) European mantis, *Mantis religiosa* (education, insect biocontrol agent).

(B) Chinese mantis, *Tenodera aridifolia sinensis* (education, insect biocontrol agent).

(m) True Bugs (Hemiptera)

(A) Western boxelder bug, *Boisea rubrolineata* (education).

(B) Western tarnished plant bug, *Lygus hesperus* (education).

(C) Tarnished plant bug, *Lygus lineolaris* (education).

(D) Large milkweed bug, *Oncopeltus fasciatus* (education).

(E) Insidious flower bug, *Orius insidiosus* (insect biocontrol agent).

(n) Plant Lice, Mealybugs, Scales, and Whiteflies (Homoptera)

(A) Bluegreen aphid, *Acyrtosiphon kondoi* (research).

(B) Pea aphid, *Acyrtosiphon pisum* (research).

(C) Cowpea aphid, *Aphis craccivora* (research).

(D) Bean aphid, *Aphis fabae* (research).

(E) Melon or cotton aphid, *Aphis gossypii* (research).

(F) Corn root aphid, *Aphis maidiradicis* (research).

(G) Oleander aphid, *Aphis nerii* (research).

(H) Rose scale, *Aulacaspis rosae* (research).

(I) Foxglove aphid, *Aulacorthum solani* (research).

(J) Cabbage aphid, *Brevicoryne brassicae* (research).

(K) Artichoke aphid, *Capitophorus elaeagni* (research).

(L) Carrot aphid, *Cavariella aegopodii* (research).

(M) Woolly apple aphid, *Eriosoma lanigerum* (research).

(N) Boat gall aphid, *Hayhurstia atriplicis* (research).

(O) Oystershell scale, *Lepidosaphes ulmi* (research).

(P) Turnip aphid, *Lipaphis pseudobrassicae* (research).

(Q) Potato aphid, *Macrosiphum euphorbiae* (research).

(R) Rose aphid, *Macrosiphum rosae* (research).

(S) Green peach aphid, *Myzus persicae* (research).

(T) European fruit lecanium, *Parthenolecanium corni* (research).

(U) Longtailed mealybug, *Pseudococcus longispinus* (research).

(V) European fruit scale, *Quadraspidiotus ostreaeformis* (research).

(W) Bird cherry oat aphid, *Rhopalosiphum padi* (research).

(X) Greenbug, *Schizaphis graminum* (research).

(Y) English grain aphid, *Sitobion avenae* (research).

(Z) Spotted alfalfa aphid, *Therioaphis trifolii* (research).

(AAA) Greenhouse whitefly, *Trialeurodes vaporariorum* (research).

(o) Thrips (Thysanoptera)

(A) Tobacco thrips, *Frankliniella fusca* (research).

(B) Western flower thrips, *Frankliniella occidentalis* (research).

(C) Predatory six-spotted thrips, *Scolothrips sexmaculatus* (mite biocontrol agent)*.

(D) Gladiolus thrips, *Thrips simplex* (research).

(E) Onion thrips, *Thrips tabaci* (research).

(p) Lacewings (Neuroptera)

(A) Common green lacewing, *Chrysopa carnea* (insect biocontrol agent).

(B) Green lacewing, *Chrysopa rufilabris* (insect biocontrol agent).

(q) Beetles (Coleoptera)

(A) St. Johnswort borer, *Agrilus hyperici* (weed biocontrol agent).

(B) Brown dot leafy spurge flea beetle, *Apthona cyparissiae* (weed biocontrol agent).

(C) Black dot leafy spurge flea beetle, *Apthona czwalinae* (weed biocontrol agent).

(D) Copper or amber leafy spurge flea beetle, *Apthona flava* (weed biocontrol agent).

(E) Brown-legged leafy spurge flea beetle, *Apthona lacertosa* (weed biocontrol agent).

(F) Black dot leafy spurge flea beetle, *Apthona nigriscutis* (weed biocontrol agent).

(G) Rove beetle, *Atheta coriaria* (insect biocontrol agent).

(H) Broad-nosed seed head weevil, *Bangasternus fausti* (weed biocontrol agent).

(I) Yellow star thistle bud weevil, *Bangasternus orientalis* (weed biocontrol agent).

(J) Scotch broom bruchid, *Bruchidius villosus* (weed biocontrol agent).

(K) Pea weevil, *Bruchus pisorum* (education, research).

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- (L) Cowpea weevil, *Callosobruchus maculatus* (education, research).
(M) Histerid beetle, *Carcinops pumilio* (insect biocontrol agent).
(N) Corn sap beetle, *Carpophilus dimidiatus* (education, research).
(O) Dried fruit beetle, *Carpophilus hemipterus* (education, research).
(P) Canada thistle stem weevil, *Ceutorhynchus litura* (weed biocontrol agent).
(Q) Klamathweed beetle, *Chrysolina hyperici* (weed biocontrol agent).
(R) Klamathweed beetle, *Chrysolina quadrigemina* (weed biocontrol agent).
(S) Mealybug destroyer, *Crytolaemus montrouzieri* (insect biocontrol agent).
(T) Knapweed root weevil, *Cyphocleonus achates* (weed biocontrol agent).
(U) Dermestid beetle, *Dermestes* spp. (education, museum specimen preparation).
(V) Yellow star thistle hairy weevil, *Eustenopus villosus* (weed biocontrol agent).
(W) Scotch broom seed weevil, *Exapion fuscirostre* (weed biocontrol agent).
(X) Gorse seed weevil, *Exapion ulicis* (weed biocontrol agent).
(Y) Black-margined loosestrife beetle, *Galerucella californiensis* (weed biocontrol agent).
(Z) Golden loosestrife beetle, *Galerucella pusilla* (weed biocontrol agent).
(AA) Toadflax seed capsule weevil, *Gymnetron antirrhini* (weed biocontrol agent).
(BB) Convergent ladybeetle, *Hippodamia convergens* (insect biocontrol agent).
(CC) Loosestrife root weevil, *Hylobius transversovittatus* (weed biocontrol agent).
(DD) Yellow star thistle flower weevil, *Larinus curtus* (weed biocontrol agent).
(EE) Lesser knapweed flower weevil, *Larinus minutus* (weed biocontrol agent).
(FF) Blunt knapweed flower weevil, *Larinus obtusus* (weed biocontrol agent).
(GG) Cigarette beetle, *Lasioderma serricorne* (education, research).
(HH) Tansy ragwort flea beetle, *Longitarsus jacobaeae* (weed biocontrol agent).
(II) Toadflax stem weevil, *Mecinus janthinus* (weed biocontrol agent).
(JJ) Puncturevine seed weevil, *Microlarinus laeynii* (weed biocontrol agent).
(KK) Puncturevine stem weevil, *Microlarinus lypriformis* (weed biocontrol agent).
(LL) Loosestrife seed weevil, *Nanophyes marmoratus* (weed biocontrol agent).
(MM) Red-necked leafy spurge stem borer, *Oberea erythrocephala* (weed biocontrol agent).
(NN) Bess beetle, *Odontotaenium disjunctus* (education).
(OO) Merchant grain beetle, *Orzaephilus mercator* (education).
(PP) Sawtoothed grain beetle, *Orzaephilus surinamensis* (education).
(QQ) Mediterranean sage root weevil, *Phrydiuchus tau* (weed biocontrol agent).
(RR) Lesser grain borer, *Rhyzopertha dominica* (education).
(SS) Granary weevil, *Sitophilus granaria* (education).
(TT) Granary weevil, *Sitophilus oryzae* (education).
(UU) Bronze knapweed root borer, *Sphenoptera jugoslavica* (weed biocontrol agent).
(VV) Drugstore beetle, *Stegobium paniceum* (education).
(WW) Yellow mealworm, *Tenebrio molitor* (education, pet food).
(XX) Yellow mealworm, *Tenebrio obscurus* (education, pet food).
(YY) Cadelle, *Tenebroides mauritanicus* (education).
(ZZ) Red flour beetle, *Tribolium castaneum* (education, research).
(AAA) Confused flour beetle, *Tribolium confusum* (education, research).
(BBB) Giant mealworm, *Zophobas morio* (education, pet food).
(r) Butterflies and Moths (Lepidoptera).
(A) Sulfur knapweed moth, *Agapeta zoegana* (weed biocontrol agent).
(B) Polyphemus moth, *Anthereae polyphemus* (education)*.
(C) St. Johnswort moth, *Aplocera plagiata* (weed biocontrol agent).
(D) Silkworm, *Bombyx mori* (education, research).
(E) Almond moth, *Cadra cautella* (research).
(F) Raisin moth, *Cadra figulilella* (research).
(G) Toadflax moth, *Calophasia lunula* (weed biocontrol agent).
(H) Russian thistle or tumbleweed casebearer, *Coleophora klimeschiella* (weed biocontrol agent).
(I) Russian thistle stem-mining moth or tumbleweed stem moth, *Coleophora parthenica* (weed biocontrol agent).
(J) Orange sulfur or alfalfa caterpillar, *Colias eurytheme* (education, releases).
(K) Mexican jumping bean, *Cydia deshaisiana* (education, pet).
(L) Mediterranean meal moth, *Ephestia kuehniella* (education).
(M) Saltmarsh caterpillar, *Estigmene acrea* (education)*.
(N) Greater wax moth, *Galleria mellonella* (education, pet food, research).
(O) Corn earworm/cotton bollworm/tomato fruitworm, *Helicoverpa zea* (research).
(P) Tobacco budworm, *Heliothis virescens* (research).
(Q) Brown house moth, *Hofmannophila pseudospretella* (research).
(R) Ceanothus silk moth, *Hylaphora euryalus* (education, release)*.
(S) Whitelined sphinx moth, *Hyles lineata* (education).
(T) Scotch broom twig miner, *Leucoptera spartifoliella* (weed biocontrol agent).
(U) Tomato hornworm, *Manduca quinquemaculata* (education, research).
(V) Tomato hornworm, *Manduca sexta* (education, research).
(W) Spotted knapweed seedhead moth, *Metzneria paucipunctella* (weed biocontrol agent).
(X) Mourning cloak, *Nymphalis antiopa* (education, release).
(Y) Rusty tussock moth, *Orgyia antiqua* (research).
(Z) Western tiger swallowtail butterfly, *Papilio rutulus* (education, release).
(AA) Anise swallowtail butterfly, *Papilio zelicaon* (education, release).
(BB) Cabbage white or imported cabbageworm, *Pieris rapae* (education).
(CC) Indian meal moth, *Plodia interpunctella* (education, pet food, research).
(DD) Meal moth, *Pyralis farinalis* (education, pet food, research).
(EE) Woolly bear, *Pyrrarctia isabella* (education)*.
(FF) Cabbage looper, *Trichoplusia ni* (research).
(GG) Cinnabar moth, *Tyria jacobaeae* (weed biocontrol agent).
(HH) Red admiral, *Vanessa atlanta* (education, release).
(II) Painted ladies, *Vanessa cardui*, *V. virginiensis* (education, release).
*only from stock collected in the western U.S.
(s) Diptera (Flies)
(A) Aphid predator midge, *Aphidoletes aphidimyza* (insect biocontrol agent).
(B) Ragwort seed head fly, *Botanophila seneciella* (weed biocontrol agent).
(C) Darkwinged fungus gnats, *Bradysia* spp. (research).
(D) Blow and bottle flies, *Calliphora* spp. (education).
(E) Knapweed peacock fly, *Chaetorellia acrolophi* (weed biocontrol agent).
(F) Yellow star thistle peacock fly, *Chaetorellia australis* (weed biocontrol agent).
(G) Mosquito, *Culex* spp. (education, research).
(H) Rush skeletonweed gall midge, *Cystiphora schmidti* (weed biocontrol agent).
(I) Seedcorn maggot, *Delia platura* (research).
(J) Vinegar fly, *Drosophila melanogaster* (education, pet food, research).
(K) Vinegar fly, *Drosophila mohavensis* (education, research).
(L) Vinegar fly, *Drosophila hydei* (education, research).
(M) Vinegar fly, *Drosophila virilis* (education, research).
(N) Black soldier fly, *Hermetia illucens* (composter).
(O) Serpentine leafminer, *Liriomyza brassicae* (research).
(P) Filth fly parasitoid, *Musciidifurax zaraptor* (insect biocontrol agent).
(Q) Filth fly parasitoid, *Nasonia vitripennis* (insect biocontrol agent).
(R) Grey flesh fly, *Sarcophaga bullata* (education, research).
(S) Filth fly parasitoid, *Spalangia cameroni* (insect biocontrol agent).
(T) Filth fly parasitoid, *Spalangia endius* (insect biocontrol agent).
(U) Green clearwing fly, *Terellia virens* (seed biocontrol agent).
(V) Banded gall fly, *Urophora affinis* (seed biocontrol agent).
(W) Canada thistle stem gall fly, *Urophora cardui* (weed biocontrol agent).

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- (X) UV knapweed seed head fly, *Urophora quadrifasciata* (weed biocontrol agent).
 - (Y) Yellow star thistle gall fly, *Urophora sirunaseva* (weed biocontrol agent).
 - (Z) Bull thistle seed head gall fly, *Urophora stylata* (weed biocontrol agent).
 - (t) Ants, Bees, and Wasps (Hymenoptera)
 - (A) Weevil larva parasitoid, *Anisopteromalus calandrae* (insect biocontrol agent).
 - (B) Aphid parasitoid, *Aphidius aphidimyza* (insect biocontrol agent).
 - (C) Aphid parasitoid, *Aphidius colemani* (insect biocontrol agent).
 - (D) Aphid parasitoid, *Aphidius ervi* (insect biocontrol agent).
 - (E) Aphid parasitoid, *Aphidius matricariae* (insect biocontrol agent).
 - (F) Italian honeybee, *Apis mellifera ligustica* (pollinator).
 - (G) European honeybee, *Apis mellifera mellifera* (pollinator).
 - (H) Bumblebees native to Oregon, e.g. *Bombus vosnesenskii*, *B. appositus*, *B. bifarius*, *B. californicus*, *B. griseocolis*, *B. melanopygus*, *B. mixtus*, *B. nevadensis*, *B. sitkensis* (pollinators).
 - (I) Egg and larval parasitoid of stored product pests, *Bracon hebetor* (insect biocontrol agent).
 - (J) Egg and larval parasitoid of stored product pests, *Cotesia plutellae* (insect biocontrol agent).
 - (K) Whitefly parasitoid, *Encarsia formosa* (insect biocontrol agent).
 - (L) Whitefly parasitoid, *Eretmocerus californicus* (insect biocontrol agent).
 - (M) Aphid parasitoid, *Lysiphlebus testaceipes* (insect biocontrol agent).
 - (N) Alfalfa leafcutter bee, *Megachile rotundata* (pollinator).
 - (O) Alkali bee, *Nomia melanderi* (pollinator).
 - (P) Blue orchard bee or mason bee, *Osmia lignaria propinqua* (pollinator).
 - (Q) Harvester ant, *Pogonomyrmex owyheeii* (education).
 - (R) Harvester ant, *Pogonomyrmex salinus* (education).
 - (S) Parasitoid of Lepidoptera eggs, *Trichogramma minutum* (insect biocontrol agent).
 - (T) Parasitoid of Lepidoptera eggs, *Trichogramma pretiosum* (insect biocontrol agent).
 - (U) Parasitoid of Lepidoptera eggs, *Trichogramma platneri* (insect biocontrol agent).
 - (V) Aphid parasitoid, *Trioxys pallidus* (insect biocontrol agent).
- Stat.Auth.: 570.205, 570.210 & 570.215
Stats. Implemented: ORS 570.215
Hist.: DOA 19-2011, f. & cert. ef. 10-13-11; DOA 3-2013, f. & cert. ef. 3-1-13
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Rule Caption: Expansion of the Sudden Oak Death Quarantine Boundary in Curry County, Oregon.

Adm. Order No.: DOA 4-2013

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13

Notice Publication Date: 1-1-2013

Rules Amended: 603-052-1230

Subject: *Phytophthora ramorum* (sudden oak death) was found outside the current quarantine boundary in SW Curry County, Oregon. The amendment expanded the quarantine to include the newly discovered infested sites east and southeast of the current quarantine boundary plus a buffer area of approximately three miles. The provisions of the quarantine did not change, but the amendment clarified the definition of “disease-free area” and a new federal order for infested nurseries were referenced.

Rules Coordinator: Sue Gooch—(503) 986-4583

603-052-1230

Quarantine: *Phytophthora ramorum*

(1) Establishing a quarantine: A quarantine is established against *Phytophthora ramorum*, the cause of sudden oak death and other plant diseases. This quarantine is established under ORS 561.510 and 561.540 to protect Oregon’s agricultural industries and natural resources from the artificial spread of *P. ramorum*. This pathogen causes mortality in susceptible oak (*Quercus spp.*), tanoak (*Notholithocarpus densiflorus* syn. *Lithocarpus densiflorus*), rhododendron (*Rhododendron spp.*), viburnum (*Viburnum spp.*), evergreen huckleberry (*Vaccinium ovatum*), and other plant species. In other susceptible plants it causes leaf spots, twig dieback and/or stem cankers. Methods for exclusion of commodities potentially infected with

this disease and procedures for eradication of incipient infections are prescribed in this quarantine.

(2) Area under quarantine:

(a) The following counties in California: Alameda, Contra Costa, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma;

(b) The following portion of Curry County that lies inside the area starting at the point where the northern border of T37S R15W section 13 meets the Pacific Ocean and continuing east to the northwest corner of T37S R14W section 15, then south to the northeast corner of S38S R14W section 15, then east to the northeast corner of T38S R13W section 18, then south to the northeast corner of T39S R13W section 6, then east to the northeast corner of T38S R12W section 29, then south to the northeast corner of T39S R12W section 17, then east to the northeast corner of T39S R12W section 15, then south to the northeast corner of T40S R12W section 10, then east to the northeast corner of T40S R11W section 7, then south to the southeast corner of the northeast quarter section of T41S R11W section 18, then west to the intersection with US Highway 101 ¼ mile north of the California border and then northeast of US Highway 101 to the intersection with West Benham Lane and then north of West Benham Lane directly west to the Pacific Coastline; then following the coastline north-northwest back to the point of beginning;

(c) Any country, state, county, province or area covered by the federal interim rule, 7 CFR 301.92, *Phytophthora ramorum*; quarantine and regulations;

(d) Any property in Oregon where *P. ramorum* is found, including a buffer zone of up to three (3) miles surrounding the infested site during any eradication or containment program.

(3) The following definitions apply to ORS 603-052-1230:

(a) “Best management practices” is defined as any actions or activities that can be used to prevent or eliminate new *P. ramorum* infections.

(b) “Disease-free area” means an area located more than one-quarter (1/4) mile from the generally infested area, or any other infested sites, which has been officially surveyed within the past 6-months and found free of *P. ramorum*.

(c) “Generally-infested area” means the area within the quarantine boundary where *P. ramorum* has been commonly found or in which there is reason to believe *P. ramorum* is present because of the proximity, one-quarter (1/4) mile or less, to known infested sites. A map showing the generally infested area is available from the Oregon Department of Agriculture, http://www.oregon.gov/ODA/CID/PLANT_HEALTH/, 635 Capitol St. NE, Salem, OR 97301, telephone: 503-986-4620.

(d) “Hosts and associated plants” means plants on the USDA APHIS List of Regulated Hosts and Plants Associated with *Phytophthora ramorum*, last revised March 1, 2012.

NOTE: This list is available from the Oregon Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301, telephone: 503-986-4644.

(e) “Infested site” is defined as the area within fifty (50) feet of one or more plants officially confirmed as infected with *P. ramorum*.

(f) “Treatment area” is defined as the area delimited by the Oregon Department of Agriculture (ODA) or an official cooperator in which treatments to eliminate or reduce *P. ramorum* inoculum and sources thereof is required or recommended. The treatment area may range from 50 to 300 or more feet from infected or symptomatic plants.

(g) “Type 1” is defined as an infested site(s) that because of its geographical location in relationship to other infested sites, surrounding flora, and based on the best available data on disease spread, is considered to be of highest risk for advancing further spread of *P. ramorum* into previously un-infested areas. By definition, Type 1 sites are typically located outside of the generally infested area.

(h) “Type 2” is defined as an infested site(s) that because of its geographical location in relationship to other infested sites, surrounding flora, and based on the best available epidemiological data on disease spread, is considered to be of less risk for advancing further spread of *P. ramorum* into previously un-infested areas. By definition, Type 2 sites are typically located inside of the generally infested area.

(i) “Non-commercial” is defined as any activity or entity that does not in some sense involve commerce, relative to similar activities that do have a commercial objective.

(j) “Nursery stock” is defined in ORS 571.005. Tissue culture plantlets in sealed, sterile containers are exempt from this regulation;

(4) Commodities regulated:

(a) All plants and plant parts of hosts and associated plants: Examples of regulated commodities include all portions of the plants including, but not limited to nursery stock, logs, bark, wood chips, mulch, firewood, sawdust, green waste, other plant products that may contain bark or foliage;

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(b) Any other plant found to be naturally infected with *P. ramorum*, any product or article that an official inspector determines to present a risk of spreading *P. ramorum*. All life stages of *P. ramorum*.

(5) Provisions of the quarantine: Movement out of the quarantined area of regulated commodities originating from the area under quarantine, and any other area found to be infested with *P. ramorum* during the life of this quarantine, is prohibited unless one of the following requirements has been met:

(a) The regulated commodity meets the official treatment and certification requirements for interstate movement as defined in the federal interim rule, 7 CFR 301.92. The regulated commodity must be accompanied by an official certificate that includes the following additional declaration "The (type of covered commodity) from (name of county or other location identifier) has been treated for *Phytophthora ramorum* as required prior to shipment." As applicable, the specific requirements of the treatment must be recorded on the official certificate;

(b) Provisions for Douglas fir, grand fir, alder, and other non-hosts and non-bole hosts (as defined in 7 CFR 301.92) harvested within the quarantine area, including the generally-infested area. Logs and firewood of non-hosts and non-bole hosts are not regulated per 7 CFR 301.92 and can move freely within or outside the quarantine area. Soil, needles, foliage, and plant debris (including branches less than or equal to one (1) inch in diameter) must stay within the quarantine area.

(c) Provisions for tanoak logs and firewood harvested within the quarantine area.

(A) Tanoak logs and firewood - Intrastate. Tanoak logs and firewood may be shipped intrastate provided the logs were harvested from a disease-free area and the logs and firewood are safeguarded from contamination prior to shipment out of the quarantine area.

(B) Tanoak logs and firewood - Interstate. Tanoak logs and firewood may be shipped interstate provided the logs and firewood were harvested from a disease-free area, have been debarked according to federal requirements (see 7 CFR 301.92), and are accompanied by an official phytosanitary certificate verifying the debarking of the logs and firewood prior to shipment.

(C) Tanoak logs and firewood harvested within the generally-infested area are not eligible for movement outside of the quarantine area.

(d) Nursery stock grown in a quarantined county or area may be eligible for shipment to and within Oregon providing the nursery is part of an official certification program and has been inspected and tested as required by the federal interim rule, 7 CFR 301.92, for *P. ramorum*. The official certificate must include the following additional declaration: "The (covered commodity) from (name of county or other location identifier) has met the *Phytophthora ramorum* quarantine requirements for shipment into and within Oregon."

NOTE: Recipients of tree and shrub nursery stock imported into the state must notify the ODA no later than two business days after its arrival as required by OAR 603-054-0027.

(e) Soil and potting media from the quarantine area at a known infested site or from within five (5) meters of an infested host plant must be sterilized before shipment. The soil or potting media must reach a minimum temperature of 60 degrees C (140 degrees F) for one (1) hour measured at the center of the mass of soil or potting media. Soil or potting media that has never been associated with the covered commodities is exempt. Treatments must be officially verified. The official certificate must include the following additional declaration "The (soil or potting media) from (name of county or other location identifier) has been treated for *Phytophthora ramorum* as required prior to shipment." The length and temperature of the treatment must be recorded on the official certificate.

(6) Infested properties in Oregon: Confirmation of a *P. ramorum* infection must be made by the ODA or an official cooperator. The required response depends on whether the infested site is of high priority (Type 1) or normal priority (Type 2) in terms of importance for slowing disease spread as determined by ODA or an official cooperator. The ODA or an official cooperator will notify the landowner when a Type 1 infested site has been detected on their property.

(a) Type 1 sites must be treated as quickly as possible in accordance with USDA APHIS's Official Regulatory Protocol for *Phytophthora ramorum* Detections in Residential or Landscaped Commercial Settings, last revised September 1, 2009 or the *Phytophthora ramorum* APHIS Response Protocol for Forest and Wildland Environments Version 1.0, updated November 21, 2008. Subject to the availability of funds dedicated to the rapid treatment of *P. ramorum* infested sites, the cost of treatment will be borne by the State.

NOTE: These protocols are available from the Oregon Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301, telephone: 503-986-4644.

Affected property owners will be issued infestation and treatment area location and treatment requirements in the form of an Administrative Directive. For public and private forested lands, the Oregon Departments of Agriculture and Forestry (ODF) will work with the landowner to develop a treatment plan that will be based on the best available science. The treatment plan may include some or all of the following activities:

- (A) Cutting and piling susceptible trees and shrubs;
- (B) Burning the wood and plant debris when safe to do so;
- (C) Herbicide treatment of stumps, standing trees, and sprouts;
- (D) Fungicide application;
- (E) Sampling and monitoring;
- (F) Replanting with suitable plant species to meet landowner objectives and to prevent intensification and spread of the disease.

(b) On Type 2 sites disease suppression through the implementation of best management practices is encouraged. Subject to availability of funds dedicated to the suppression of *P. ramorum* in urban and forested environments, a cost-share program may be available through the ODF to help defray costs of implementing best management practices to suppress disease spread (Oregon Department of Forestry, 415 Redwood Street, Brookings, OR 97415, telephone: 541-469-5040). A landowner with a Type 2 site may, after consultation with the ODA and ODF, allow use of their infested site(s) for *P. ramorum*-related research by Oregon State University, ODF, or ODA. Trees killed by *P. ramorum* within an infested Type 2 treatment area may be used as firewood under the following conditions:

(A) The firewood from the infested tree(s) is for non-commercial use only;

- (B) The firewood does not leave the generally-infested area.

NOTE: Best management practices for managing *P. ramorum* infestations within the generally infested area are available on the California Oak Mortality website, <http://www.suddenoakdeath.org>, or from the Oregon Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301, telephone: 503-986-4644, or the Oregon Department of Forestry - Coos Bay, 63612 Fifth Road, Coos Bay, 97420, telephone: 541-267-4136.

(7) Infested nurseries in Oregon: Confirmation of a *P. ramorum* infestation must be made by the ODA or an official cooperator. Nurseries are required to eradicate the disease as quickly as possible in accordance with USDA APHIS's Official Regulatory Protocol for Wholesale and Production Nurseries Containing Plants Infected with *Phytophthora ramorum* Version 8.0, updated March 31, 2010, or the Official Regulatory Protocol for Retail Nurseries Containing Plants Infected with *Phytophthora ramorum* Version 1.0, modified August 12, 2009, will be implemented immediately. Infested nurseries must also notify their customers of shipments high-risk nursery stock [Camellia, Kalmia, Pieris, Rhododendron (including Azalea), and Viburnum] to non-regulated areas as required by the Federal Order for *Phytophthora ramorum*, (DA-2012-53, December 10, 2012). Nurseries from which *P. ramorum* has been detected in multiple growing seasons will be required to implement best management practices as described in USDA APHIS's official regulatory protocols for positive nurseries for the mitigation of *Phytophthora* disease in plants for planting; alternatively, nurseries from which *P. ramorum* has been detected in multiple growing seasons may enter Oregon's Grower Assisted Inspection Program (GAIP).

NOTE: These best management practices and protocols and information about the GAIP for nurseries are available from the Oregon Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301, telephone: 503-986-4644.

(8) Special permits: The Department, upon receipt of an application in writing, may issue a special permit allowing movement into this state, or movement within this state, of regulated commodities not otherwise eligible for movement under the provisions of this quarantine order. Movement of such commodities will be subject to any conditions or restrictions stipulated in the permit, and these conditions and restrictions may vary depending upon the intended use of the commodity and the potential risk of escape or spread of *P. ramorum*.

(9) Violation of quarantine: Violation of this quarantine may result in a fine, if convicted, of not less than \$500 no more than \$5,000, as provided by ORS 561.990. In addition, violators will be subject to civil penalties of up to \$10,000 as provided by 561.995. Commodities shipped in violation of this quarantine may be treated, destroyed or returned to their point of origin without expense or indemnity paid by the state.

Stat. Auth.: ORS 561.190 & 561.560
Stats. Implemented: ORS 561.560

Hist.: DOA 1-2001(Temp), f. & cert. ef. 1-5-01 thru 4-4-01, DOA 5-2001, f. & cert. ef. 3-27-01; DOA 1-2005, f. & cert. ef. 1-24-05; DOA 4-2006, f. & cert. ef. 3-10-06; DOA 7-2007, f. & cert. ef. 3-27-07; DOA 5-2008, f. & cert. ef. 1-16-08; DOA 5-2009, f. & cert. ef. 4-9-09; DOA 21-2010, f. & cert. ef. 12-17-10; DFW 14-2011, f. & cert. ef. 9-9-11; DOA 6-2012, f. & cert. ef. 3-22-12; DOA 4-2013, f. & cert. ef. 3-1-13

Rule Caption: Amends rules' language to match national standard, updates testing requirements and improves readability.

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Adm. Order No.: DOA 5-2013

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13

Notice Publication Date: 2-1-2013

Rules Amended: 603-051-0855, 603-051-0856, 603-051-0857, 603-051-0858, 603-051-0859

Subject: The proposed amendments to the rules adjust the language and definitions used to match those in the “state level model regulatory standard: Virus-tested certification program for Prunus, Malus, Pyrus, Chaenomeles, and Cydonia nursery stock production systems.” The proposed amendments also update the requirements for nematode testing, for growing registered plants from tissue culture, and for recordkeeping by program participants, while improving the readability of the regulations.

Rules Coordinator: Sue Gooch—(503) 986-4583

603-051-0855

Declaration of Policy

Certification of nursery stock is a function of state government, the responsibilities of which shall be conducted by the Department in keeping with the provisions of ORS 633.620 to 633.660 and statutes related thereto. Participation by nurseries in the certification program shall be voluntary in nature. These regulations may be reviewed biennially by the Department and nurseries participating in the program.

Stat. Auth.: ORS 561, 571 & 632

Stats. Implemented: ORS 561, 571 & 632

Hist.: AD 17-1977, f. & ef. 7-15-77; DOA 14-2004, f. & cert. ef. 6-1-04; DOA 5-2013, f. & cert. ef. 3-1-13

603-051-0856

Definitions

As used in OAR 603-051-0855 to 603-051-0859, unless the context requires otherwise:

(1) “Block” means a contiguous grouping of plants separated by at least 10-feet from other contiguous groupings of plants.

(2) “Clean cultivation” means the site is bare earth or is planted with a grass (Gramineae) or another crop approved in writing by the Department in which broad-leaved weeds are actively controlled.

(3) “Department” means the Oregon Department of Agriculture.

(4) “G1” means the original plants (nuclear materials) that have tested negative in the most extensive battery of virus tests available, and subsequently maintained in isolation to prevent (re)infection. Production and maintenance of G1 material must be in within a system approved by USDA-APHIS or its official designee.

(5) “G2” means plant material that is propagated from G1 stock and maintained under the specific conditions outlined in OAR 603-051-0857 to prevent (re)infection.

(6) “G3” means plant material that is propagated from G1 or G2 stock to increase the amount of source material available for producing virus-tested certified nursery stock. G3 plants must be maintained under the specific conditions outlined in OAR 603-051-0857 to prevent (re)infection.

(7) “G4” means plant material that is propagated from G1, G2, or G3 stock that will be distributed for sale. When using seed for G4 rootstock production, the source of seed must be approved by the Department.

(8) “Index” means to determine virus infection by means of inoculation from the plant to be tested to an indicator plant or by other scientifically acceptable means of detection.

(9) “Indicator Plant” means any herbaceous or woody plant used to index or determine virus infection.

(10) “Off-Type” means different from the cultivar as stated on the application for certification.

(11) “Oregon Certified Nursery Stock” means G4 plant materials including nursery-grown seedlings, clonal root-stocks originating from registered G2 or G3 trees, nursery-grown trees propagated by using top-stock from registered G2 or G3 trees, and rootstock originating from registered G2 or G3 trees, but is limited to the genera Chaenomeles, Cydonia, Malus, Prunus, and Pyrus.

(12) “Oregon Certified Seed” means seed produced on registered G1, G2, or G3 seed trees.

(13) “Registered Tree” means a tree or clonal planting that has a registration number assigned to it by the Department, and that has been inspected and tested in accordance with the provisions of OAR 603-051-0855 to 603-051-0859.

(14) “Scion-Block” means a planting of registered G2 or G3 trees, which serves as a source of scionwood for the propagation of Oregon Certified Nursery Stock.

(15) “Seed-Block” means a planting of registered G2 or G3 seed trees, which serves as a source of seed for producing rootstock used in the propagation of Oregon Certified Nursery Stock.

(16) “Stool Bed” means a clonal planting of self-rooted registered G2 or G3 trees for the specific purpose of producing vegetatively propagated rootstock used in the propagation of Oregon Certified Nursery Stock.

(17) “Virus” means virus and virus-like pathogens including phytoplasmas, viroids, and graft transmissible agents.

(18) “Virus Infected” means the presence of a harmful virus in a plant or plant part.

(19) “Virus-Like” means either a genetic disorder or nontransmissible entity.

(20) “Tissue culture” means a general term for the cultivation of plants (cells, tissues, or organs) under aseptic conditions in a synthetic medium in vitro. It also refers to the cultures themselves.

(21) “Tested” means having been subjected to an official examination, other than visual, to determine if pests are present or to identify pests.

Stat. Auth.: ORS 561, 571 & 632

Stats. Implemented: ORS 561, 571 & 632

Hist.: AD 17-1977, f. & ef. 7-15-77; DOA 14-2004, f. & cert. ef. 6-1-04; DOA 6-2007, f. & cert. ef. 3-16-07; DOA 5-2013, f. & cert. ef. 3-1-13

603-051-0857

Requirements and Conditions for Certification

Certification by the Department shall not imply or be construed as any warranty of the Department or their employees as to the condition of nursery stock. The following requirements and conditions shall be met in order to qualify for consideration of certification of nursery stock:

(1) The applicant for certification shall be responsible for the selection of the location and the proper maintenance of all plantings being grown. The applicant shall also be responsible for maintaining the identity of all nursery stock. Any planting entered in this certification program shall be kept in a thrifty growing condition and free of plant pests.

(2) Trees may be registered for certification as rootstock, interstock, and top-stock sources for the propagation of Oregon Certified Nursery Stock when inspected, tested and found to be discernably free from harmful virus and virus-like diseases of regulatory concern and having varietal purity, in accordance with the procedures prescribed in OAR 603-051-0855 to 603-051-0859.

(3) No budding, grafting, or top-working of registered G2 and G3 trees in a scion-block, seed-block, or stool bed shall be permitted. Use of a certified G2 and G3 nursery stock for scionwood shall only be allowed upon receiving permission from the Department and shall be subject to departmental supervision.

(4) Any plant found to be infected by a virus or virus-like disease and officially confirmed by the Department, or found to be off-type, or in root or foliar contact with a confirmed infected plant shall be removed immediately from any planting and destroyed after notification is rendered by the Department. For scion blocks, if a positive plant is present the following growing season, all plants growing within 30-feet of the infected plant within the same block will not be certified. For stool beds, if a positive plant is present the following growing season, all plants growing within 10-feet of the infected plant within the same block will not be certified. The certification of these plants may be regained if Departmentally-approved corrective action is taken.

(5) Prior to planting, all registered plant growing areas and their contiguous border areas of not less than ten feet shall be tested for the presence of soil-inhabiting nematodes known to transmit viruses of concern to the Program. Growing areas found free of nematode vectors will not require chemical fumigation. Growing areas found infested with nematode vectors are required to be fumigated in accordance with the rates and practices recommended by Oregon State University. The growing areas will then be re-tested. Such tests and treatments shall be carried out under the supervision of the Department.

(6) Applicants shall be responsible for maintaining trueness to type of certified G4 nursery stock produced from registered G2 and G3 plants. The applicant shall develop a written program, in cooperation with the Department, so as to provide for monitoring of each cultivar for trueness to type.

(7) A participating nursery must maintain the following records for all registered G2 and G3 nursery stock in this program for a minimum of four (4) years:

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(a) Records indicating the Latin name, variety or cultivar, rootstock, origin, date of introduction of the G1 or G2 plant materials to the facility, date of propagation in the registered G2 or G3 block, and field location including nursery row and planting;

(b) Records of sale and copies of all phytosanitary certificates issued;

(c) Maps of the facility or nursery indicating the growing areas and a detailed inventory for the registered G2 and G3 plants.

(8) The following requirements specifically apply to scion-blocks:

(a) A scion-block shall be located not less than 100 feet from any non-registered cultivated plant of the Rosaceae family. The ground in a scion-block, and for a distance of 20-feet surrounding it, shall be kept either clean-cultivated or in an approved, properly controlled ground cover. Registered scion-block G2 and G3 trees shall be planted and maintained in a manner, and at sufficient distances, so that branches of different varieties do not overlap. Each tree shall bear a permanent registration number;

(b) The rootstock and top-stock sources of the G2 and G3 scion-block trees shall have originated from G2 or G3 trees established under this certification program or from virus-tested G1 trees originating through the Clean Plant Center of the Northwest or other departmentally approved virus-tested sources. If the tree is scion-rooted, its source shall have met the above-mentioned requirements. Only registered G2 and G3 trees shall be permitted in the scion-block.

(9) The following requirements specifically apply to stool beds:

(a) Existing stool beds that index clean on the commonly used virus indicators or via testing approved by the Department shall qualify as registered G3 stool beds. New stool beds (those planted after July 1, 1980) shall have originated from G2 or G3 stock established under this certification program, or from virus-tested G1 plants originating through the Clean Plant Center of the Northwest or other departmentally approved virus-tested sources, and shall be located not less than 50 feet from nonregistered rosaceous hosts and not less than ten (10) feet from registered rosaceous plants. If the tree is scion-rooted, its source shall have met the requirements of this certification program. Only registered trees shall be permitted in the stool bed.

(b) A registered G2 or G3 stool bed shall be located not less than 50-feet from any nonregistered cultivated plant of the Rosaceae family. However, nonregistered stool beds may be located not less than ten feet from registered G2 or G3 stool bed plantings if such plantings were in production when they became subject to this certification program. The ground in a registered stool bed, and for a distance of ten feet surrounding it, shall be kept clean-cultivated;

(10) The following requirements specifically apply to seed-blocks:

(a) A Prunus seed-block shall be located not less than 100-feet from any nonregistered plant of the Prunus species. The ground in a seed-block and for a distance of 20-feet surrounding the seed-block shall be kept clean-cultivated or in an approved, controlled ground cover;

(b) The rootstock and top-stock sources of the seed-tree shall have originated from G2 or G3 trees established under this program or from virus-tested G1 trees originating through the Clean Plant Center of the Northwest or other Department approved virus-tested sources. If the tree is scion-rooted, its source shall have met the above requirements. Only registered trees shall be permitted in the seed-block.

(11) The following requirements specifically apply to scion blocks of containerized Malus, Pyrus, Cydonia, Chaenomeles, or Prunus species. All other requirements for growing scion blocks also apply (see (8)):

(a) The roots of trees being containerized must be free of soil prior to planting in the containers;

(b) The growing medium must consist of non-soil material, including but not limited to, expanded or baked clay pellets, ground coconut husks, coffee hulls, cocoa pods or rice husks, peat, perlite, sawdust, sphagnum, volcanic ash, cinder or vermiculite. The components of the growing medium must not have been previously used for growing plants or other agricultural purposes. The components of the growing medium must be mixed and maintained under conditions which preclude soil contamination or contamination by water run-off. Samples of the growing medium may be taken to verify the absence of soil;

(c) The containers must be set on a barrier that prevents the roots of the plants from permeating the soil or prevents direct contact with the soil, such as plastic, hard-packed clay, pavement, or a minimum of two (2) inches of coarse gravel. The site must be located so as to preclude soil contamination, either directly or through water run-off from drainage, flooding, irrigation, or other means.

(12) The following requirements apply specifically to tissue culture plant materials grown for scion and for rootstock. These requirements are

in addition to the requirements specifically for scion blocks described in (8) and for stoolbeds as described in (9):

(a) Plants (explants) used to produce callus for tissue culture must be tested or indexed annually as required by this program;

(b) Plantlets (rooted shoots) regenerated from the tissue culture callus must be grown in a greenhouse or growth chamber and all measures and precautions must be taken to prevent the presence of any vectors in the greenhouse or growth chamber. Records of such measures taken, if they include pesticide use, must be maintained as required by OAR 603-057-0405 through 603-057-0410 and other Oregon Administrative Rules for licensed pesticide applicators as applicable;

(c) One regeneration of plantlets from the tissue culture callus will be certified under this program as G4 level material with no further testing or indexing provided all other requirements are met. This certification will last one (1) year from the date of introduction of the plantlets into the greenhouse. Plantlets may be planted as G3 level registered plants provided all other requirements, including testing, are met for scion as described in (8) and for stool beds as described in (9).

(13) The following requirements specifically apply to Oregon certified nursery stock, also known as G4 level material:

(a) A participating nursery must maintain the following records of all G4-level materials in this program for at least two (2) years.

(i) Records indicating the Latin name, variety or cultivar, rootstock, origin, date of introduction of the G2 materials to the facility, date of propagation in the registered G2 or G3 block, and field location including nursery row and planting.

(ii) Records of sale and copies of all phytosanitary certificates issued.

(iii) Maps of the facility or nursery indicating locations of Oregon certified nursery stock.

(b) All nursery stock grown for G4 certification shall be on rootstocks from registered G2, G3, or G4 trees except for stone fruit trees grown on peach seedlings. Such peach root-stocks shall be acceptable only if the seed transmissible virus content does not exceed five percent, and upon the prior approval of the Department being obtained. Clonal rootstocks used in the production of Oregon Certified Nursery Stock shall originate from registered stool beds;

(c) Nursery stock grown for G4 certification shall be planted sufficiently apart to maintain its identity and shall be kept clean-cultivated. Such nursery stock shall be designated as to rootstock, top-stock, and interstock sources. Rebudding or regrafting of nursery row stock shall not be allowed unless such stock is reworked with budwood from the same registered scion-block;

(d) An official certification tag shall be utilized to designate G4-level trees produced from registered scion-source trees and which have been propagated on rootstocks produced from registered seed sources or stool bed trees, or which are self-rooted. Official certification tags must be attached to G4-level trees at time of sale.

Stat. Auth.: ORS 561, 571 & 632

Stats. Implemented: ORS 561, 571 & 632

Hist.: AD 17-1977, f. & ef. 7-15-77; DOA 14-2004, f. & cert. ef. 6-1-04; DOA 6-2007, f. & cert. ef. 3-16-07; DOA 5-2013, f. & cert. ef. 3-1-13

603-051-0858

Procedures for Certification

(1) In accordance with OAR 603-051-0855, certification and the supervision of activities relating thereto shall be in the Department. Inspection and testing procedures prescribed in this certification program may be carried out by the Washington State Department of Agriculture or the Department, and shall be conducted at such times and in such manner as is acceptable to the Department.

(2) The methods and procedures used for virus indexing shall conform to Clean Plant Center of the Northwest or Departmentally approved standards and shall be conducted in the manner and times determined by the Department.

(3) The Department reserves the right to visually inspect and test nursery rootstock in a planting for certification throughout the growing season. At the request of the Department, any undesirable rootstock may be rogued before propagation.

(4) All nursery stock meeting the requirements of this certification program shall have the variety, interstock and rootstock designated upon any tag evidencing the same as Oregon Certified Nursery Stock.

(5) The Department shall authorize the use of official certification tags for the identification of nursery stock or seed meeting the requirements of OAR 603-051-0855 to 603-051-0859, and therefore certified as Oregon Certified Nursery Stock. Such official certification tags shall be furnished

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by the Department to the qualified applicants therefore upon payment of the established cost of the Department for the tags so furnished.

(6) Any person selling, or offering for sale, any nursery stock or seed identified by tagging as Oregon Certified Nursery Stock shall be deemed to be responsible for the identity of such stock. All Oregon Certified Nursery Stock offered for sale shall be handled in accordance with accepted commercial practices and shall be identified by the tags described in the subsection.

(7) Certification shall be refused if plants have been propagated from registered trees determined to be infected by a virus or virus-like disease, or if other provisions of this certification program have been violated.

(8) A list of participating nurseries and certified nursery stock shall be provided to all participating nurseries and to other interested parties upon request.

Stat. Auth.: ORS 561, 571 & 632
Stats. Implemented: ORS 561, 571 & 632
Hist.: AD 17-1977, f. & ef. 7-15-77; DOA 14-2004, f. & cert. ef. 6-1-04; DOA 6-2007, f. & cert. ef. 3-16-07; DOA 5-2013, f. & cert. ef. 3-1-13

603-051-0859

Application for Certification and Fees

(1) Nurseries voluntarily participating in the certification program shall enter into a compliance agreement with the Department, which shall be submitted to the Department by March 31 of each year so as to provide sufficient time for inspection and indexing of registered G2 and G3 scion and seed trees and for the inspection of nursery stock to be submitted for certification. The nursery participation fee (see (4)) must be submitted with the compliance agreement by March 31 of each year.

(2) The compliance agreement shall contain the information required thereon, including the consent of the applicant for the Department to obtain propagating wood or expanded leaf tissues from any tree for inspection and testing purposes.

(3) Except as otherwise provided, fees charged by the certifying agency for certification are payable on or before July 1 of each year, and are for the sole purpose of defraying expenses incurred by the Department in the inspection, approval, or certification procedures provided for in this certification program, and for providing funds to the Department to support appropriate plant virus survey programs. Payment thereof shall not be construed as granting any right or privilege to the applicant.

(4) The fees payable under this section shall be determined in accordance with the fee schedule (see (4)(a)-(d)). Testing of Prunus, Malus, Pyrus, Chaenomeles, and Cydonia, materials will be performed annually by the Department. These fees shall be payable upon request of the Department:

(a) The fee for participation shall be \$200 annually per participating nursery;

(b) The fee shall be \$10.00 per sample per Ilarvirus (Prunus necrotic ring spot virus, prune dwarf virus, and apple mosaic virus) test requested;

(c) The fee shall be \$7.00 per sample per Tomato ring spot virus test requested;

(d) The fee shall be \$7.00 per sample per each additional virus test requested.

[ED. NOTE: Forms referenced are available from the agency.]
Stat. Auth.: ORS 561, 571 & 632
Stats. Implemented: ORS 561, 571 & 632
Hist.: AD 17-1977, f. & ef. 7-15-77; AD 17-1994, f. & cert. ef. 11-10-94; DOA 14-2004, f. & cert. ef. 6-1-04; DOA 6-2007, f. & cert. ef. 3-16-07; DOA 5-2013, f. & cert. ef. 3-1-13

Department of Consumer and Business Services, Building Codes Division Chapter 918

Rule Caption: Adopts the 2012 edition of the Attorney General's Model Rules of Procedures.

Adm. Order No.: BCD 2-2013

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 4-1-13

Notice Publication Date:

Rules Amended: 918-001-0010

Subject: This rule adopts the 2012 edition of the Attorney General's Model Rules of Procedure.

Rules Coordinator: Richard J. Baumann—(503) 378-5331

918-001-0010

Model Rules of Procedure

The Director adopts by reference the Attorney General's Model Rules for rulemaking, OAR 137-001-0005 through 137-001-0100, effective January 1, 2012.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or Building Codes Division.]

Stat. Auth.: ORS 183.341
Stats. Implemented: ORS 183.341
Hist.: BCA 20-1989, f. & cert. ef. 8-1-89; BCA 32-1993, f. 12-14-93, cert. ef. 1-1-94; BCD 12-1994, f. & cert. ef. 4-29-94; BCD 5-1996, f. & cert. ef. 3-29-96; BCD 8-1998, f. & cert. ef. 6-2-98; BCD 21-2000, f. & cert. ef. 9-19-00; BCD 32-2002, f. 12-20-02 cert. ef. 1-1-03; BCD 18-2004, f. 9-30-04, cert. ef. 10-1-04; BCD 2-2006, f. & cert. ef. 2-13-06; BCD 7-2008, f. & cert. ef. 3-18-08; BCD 2-2013, f. 3-1-13, cert. ef. 4-1-13

Rule Caption: Establishes an alternate regulatory option for Sprague High School, Salem

Adm. Order No.: BCD 3-2013(Temp)

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13 thru 8-28-13

Notice Publication Date:

Rules Adopted: 918-100-0125

Subject: This rule establishes an alternate regulatory option for Sprague High School. The High School is undergoing a remodel and has encountered difficulty related to a number of island sinks installed in a classroom. The classroom is on an existing cement slab. Installation of an acid waste system requires individual open venting from each island sink making the classroom unusable for lectures or other activities. An appropriately certified chemical waste air admittance valve system would negate the need for the open air vents and return the room to a multi-use room for the school. Air admittance valves have a unique applicability to island sinks. The Director is adopting this rule to accommodate this emerging technology at the Sprague High School site.

Rules Coordinator: Richard J. Baumann—(503) 373-7559

918-100-0125

Alternate Regulatory Option for Air Admittance Valves

The division finds that air admittance valves have a unique applicability to remodel situations where a number of independent lavatory sinks installed on islands would otherwise require numerous roof penetrations to allow for venting. In order to accommodate this emerging technology as an alternative to open roof vents in particular settings, the Director establishes the following alternative regulatory option for Sprague High School in Salem, Oregon.

(1) Notwithstanding any requirements under the Oregon Plumbing Specialty Code and Statewide Alternate Method 07-01, air admittance valves may be installed for use in Sprague High School's laboratories or classrooms' island lavatories in accordance with this rule.

(2) Air Admittance Valves must be installed according to the installation instructions and listing specifications.

(3) Installations under this alternate regulatory option are not exempt from licensing and permitting requirements.

(4) The above provisions apply to construction where plans or permit applications are submitted during the effective period of the rule regardless when actual construction is commenced provided work begins prior to permit expiration.

[Publications: Publications referenced are available for review from the agency.]

Stat. Auth.: ORS 455.065
Stats. Implemented: ORS 455.065
Hist.: BCD 3-2013(Temp), f. & cert. ef. 3-1-13 thru 8-28-13

Department of Consumer and Business Services, Workers' Compensation Division Chapter 436

Rule Caption: Workers' compensation rules governing medical fee schedules, medical services, and managed care organizations

Adm. Order No.: WCD 2-2013

Filed with Sec. of State: 3-11-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 2-1-2013

Rules Amended: 436-009-0004, 436-009-0010, 436-009-0020, 436-009-0025, 436-009-0030, 436-009-0050, 436-009-0070, 436-009-

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0110, 436-009-0135, 436-009-0175, 436-009-0177, 436-009-0180, 436-009-0207, 436-009-0260, 436-009-0290, 436-010-0210, 436-010-0230, 436-010-0265, 436-010-0330, 436-015-0008, 436-015-0080, 436-015-0110

Subject: Revised OAR 436-009, "Oregon Medical Fee and Payment Rules":

- Adopt updated medical fee schedules (Appendices B, C, D, and E) and resources for the payment of health care providers.

- Specify that payments for certain hospital outpatient imaging services are limited to the maximums allowed under the physician fee schedule (Appendix B) and are therefore not subject to a hospital's cost/charge ratio; this affects outpatient imaging services assigned a code under the CPT(r) and identified by the revenue codes 0320 through 0359, 0400 through 0409, and 0610 through 0619.

- Clarify that an insurer must provide an explanation for any reductions in reimbursements (not only for denials) to a worker for the worker's claim-related expenses.

- Clarify conditions under which medical bills may be returned for correction.

- Increase the maximum allowable payments for four chiropractic manipulation CPT(r) codes: 98940, 98941, 98942, and 98943.

- Prescribe payment criteria for time-based CPT(r) codes for physical medicine and rehabilitation services; for each 15-minute unit, treatment time of seven minutes or less is not payable and treatment time of eight minutes or more is payable at one full unit.

- Increase the maximum hours payable to a physician (selected by the director) from four hours to six hours for review of medical records and examination of a worker, and increase the maximum allowable payment for the resulting report.

- Establish a maximum allowable payment for a copy of medical records in an electronic format.

- Define interpreter services to include reasonable time spent on necessary paperwork for the provider's office.

- Require that an interpreter's invoice include the name of the interpreter; eliminate the requirement that the interpreter's invoice include the patient's address and phone number and the insurer's phone number.

- Clarify that the durable medical equipment, prosthetics, orthotics, and supplies fee schedule does not apply when an ambulatory surgery center's cost for an implant is more than \$100.

- Update the agency contact/routing information insurers must include on notices of the right to administrative review for each explanation of benefits.

Revised OAR chapter 436, division 010, "Medical Services":

- Specify limitations on an employer or insurer representative's right to attend a worker's medical examination, and describe conditions for release of medical records to the representative.

- Clarify treatment plan requirements for services of ancillary medical service providers.

- Prescribe treatment plan requirements for services of Oregon licensed massage therapists.

- Clarify that the director may appoint a physician or panel of physicians to review medical treatment or services disputes under ORS 656.260, involving workers enrolled in a managed care organization.

Revised OAR chapter 436, division 015, "Managed Care Organizations":

- Clarify that the director may appoint a medical service provider or panel of providers to review the medical records or examine a worker as needed to resolve a medical treatment or services dispute involving a worker enrolled in a managed care organization.

Rules Coordinator: Fred Bruyns—(503) 947-7717

436-009-0004

Adoption of Standards

(1) The director adopts, by reference, the American Society of Anesthesiologists ASA, Relative Value Guide 2013 as a supplementary fee schedule for those anesthesia codes not found in Appendix B. To get a copy of the ASA Relative Value Guide 2013, contact the American Society of

Anesthesiologists, 520 N. Northwest Highway, Park Ridge, IL 60068-2573, 847-825-5586, or on the web at: <http://www.asahq.org>.

(2) The director adopts, by reference, the American Medical Association's (AMA) Current Procedural Terminology (CPT® 2013), Fourth Edition Revised, 2012, for billing by medical providers. The guidelines are adopted as the basis for determining level of service.

(3) The director adopts, by reference, the AMA's CPT® Assistant, Volume 0, Issue 04 1990 through Volume 22, Issue 12, 2012. If there is a conflict between the CPT® manual and CPT® Assistant, the CPT® manual is the controlling resource.

(4) To get a copy of the CPT® 2013 or the CPT® Assistant, contact the American Medical Association, 515 North State Street, Chicago, IL 60610, 800-621-8335, or on the web at: <http://www.ama-assn.org>.

(5) The director adopts, by reference, only the alphanumeric codes from the CMS Healthcare Common Procedure Coding System (HCPCS) to be used when billing for services only to identify products, supplies, and services that are not described by CPT® codes or that provide more detail than a CPT® code.

(a) Except as otherwise provided in these rules, the director does not adopt the HCPCS edits, processes, exclusions, color-coding and associated instructions, age and sex edits, notes, status indicators, or other policies of CMS.

(b) To get a copy of the HCPCS, contact the National Technical Information Service, Springfield, VA 22161, 800-621-8335 or on the web at: www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.

(6) The director adopts, by reference, CDT 2013: Dental Procedure Codes, to be used when billing for dental services. To get a copy, contact the American Dental Association at American Dental Association, 211 East Chicago Ave., Chicago, IL 60611-2678, or on the web at: www.ada.org.

(7) The director adopts, by reference, version 8.0 7/12 of the 1500 Health Insurance Claim Form Reference Instruction Manual published by the National Uniform Claim Committee (NUCC). To get a copy, contact the NUCC, American Medical Association, 515 N. State St., Chicago, IL 60654, or on the web at: www.nucc.org.

(8) The director adopts, by reference, the Official UB-04 Data Specifications Manual 2012 Edition, published by National Uniform Billing Committee (NUBC). To get a copy, contact the NUBC, American Hospital Association, One North Franklin, 29th Floor, Chicago, IL 60606, 312-422-3390, or on the web at: www.nubc.org.

(9) Specific provisions contained in OAR chapter 436, divisions 009, 010, and 015 control over any conflicting provision in ASA Relative Value Guide 2013, CPT® 2013, CPT® Assistant, HCPCS 2013, CDT 2013; Dental Procedure Codes, 1500 Health Insurance Claim Form Reference Instruction Manual, or Official UB-04 Data Specifications Manual 2012 Edition.

(10) Copies of the standards referenced in this rule are also available for review during regular business hours at the Workers' Compensation Division, Medical Resolution Team, 350 Winter Street NE, Salem OR 97301, 503-947-7606.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 656.248 & 656.726(4)

Stats. Implemented: ORS 656.248

Hist.: WCD 9-1999, f. 5-27-99, cert. ef. 7-1-99; WCD 2-2000, f. 3-15-00, cert. ef. 4-1-00; WCD 2-2001, f. 3-8-01, cert. ef. 4-1-01; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 6-2003, f. 5-28-03, cert. ef. 7-1-03; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0010

General Requirements for Medical Billings

(1) Only treatment that falls within the scope and field of the medical provider's license to practice will be paid under a worker's compensation claim.

(2) Billings must include the worker's full name and date of injury, the employer's name and, if available, the insurer's claim number and the provider's NPI. If the provider does not have an NPI, then the provider must provide its license number and the billing provider's FEIN. For provider types not licensed by the state, "99999" must be used in place of the state license number. All medical providers must submit bills to the insurer or, if provided by their contract for medical services, to the managed care organization. Medical providers must submit bills on a completed current UB-04 (CMS 1450) or CMS 1500 form, except for:

(a) Dental billings, which must be submitted on American Dental Association dental claim forms;

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(b) Pharmacy billings, which must be submitted on the most current National Council for Prescription Drug Programs (NCPDP) form; and

(c) EDI transmissions of medical bills under OAR 436-009-0030(3)(c).

(d) Computer-generated reproductions of forms referenced in subsections (2)(a) and (b) may also be used.

(3)(a) All original medical provider billings must be accompanied by legible chart notes documenting services that have been billed and identifying the person performing the service and license number of the person providing the service. Medical providers are not required to provide their license number if they are already providing a national identification number.

(b) When processing billings via EDI, the insurer may waive the requirement that billings be accompanied by chart notes. The insurer remains responsible for payment of only compensable medical services. The medical provider may submit their chart notes separately or at regular intervals as agreed with the insurer.

(4) When billing for medical services, a medical service provider must use codes listed in CPT® 2013 or Oregon Specific Codes (OSC) that accurately describe the service. If there is no specific CPT® code or OSC, a medical service provider must use the appropriate HCPCS or dental code, if available, to identify the medical supply or service. Pharmacy billings must use the National Drug Code (NDC) to identify the drug or biological billed.

(a) If there is no specific code for the medical service, the medical service provider must use the appropriate unlisted code from HCPCS or the unlisted code at the end of each medical service section of CPT® 2013 and provide a description of the service provided.

(b) Any service not identifiable with a code number must be adequately described by report.

(5) Medical providers must submit billings for medical services in accordance with this section.

(a) Bills must be submitted within:

(A) 60 days of the date of service;

(B) 60 days after the medical provider has received notice or knowledge of the responsible workers' compensation insurer or processing agent; or

(C) 60 days after any litigation affecting the compensability of the service is final, if the provider receives written notice of the final litigation from the insurer.

(b) A medical provider must establish good cause when submitting a bill later than outlined in subsection (a) of this section. Good cause may include, but is not limited to, such issues as extenuating circumstances or circumstances considered outside the control of the provider.

(c) When a provider submits a bill within 12 months of the date of service, the insurer may not reduce payment due to late billing. When a provider submits a bill over 12 months after the date of service, the bill is not payable, except when a provision of subsection (a) of this section is the reason the billing was submitted after 12 months.

(6) When rebilling, medical providers must indicate that the charges have been previously billed.

(7) The medical provider must bill their usual fee charged to the general public. The submission of the bill by the medical provider shall serve as a warrant that the fee submitted is the usual fee of the medical provider for the services rendered. The department shall have the right to require documentation from the medical provider establishing that the fee under question is the medical provider's usual fee charged to the general public. For purposes of this rule, "general public" means any person who receives medical services, except those persons who receive medical services subject to specific billing arrangements allowed under the law which require providers to bill other than their usual fee.

(8) Medical providers must not submit false or fraudulent billings, including billing for services not provided. As used in this section, "false or fraudulent" means an intentional deception or misrepresentation with the knowledge that the deception could result in unauthorized benefit to the provider or some other person. A request for pre-payment for a deposition is not considered false or fraudulent.

(9) When a worker with two or more separate compensable claims receives treatment for more than one injury or illness, costs must be divided among the injuries or illnesses, irrespective of whether there is more than one insurer.

(10) Workers may make a written request to a medical provider to receive copies of medical billings. Upon receipt of a request, the provider may furnish the worker a copy during the next billing cycle, but no later

than 30 days following receipt of the request. Thereafter, worker copies must be furnished during the regular billing cycle.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 656.245, 656.252, 656.254

Stats. Implemented: ORS 656.245, 656.252, 656.254

Hist.: WCD 12-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 20-1996, f. 10-2-96, cert. ef. 1-1-97; WCD 9-1999, f. 5-27-99, cert. ef. 7-1-99; WCD 2-2000, f. 3-15-00, cert. ef. 4-1-00; WCD 2-2001, f. 3-8-01, cert. ef. 4-1-01; WCD 8-2001, f. 9-13-01, cert. ef. 9-17-01; WCD 3-2002, f. 2-25-02, cert. ef. 4-1-02; WCD 6-2003, f. 5-28-03, cert. ef. 7-1-03; WCD 3-2004, f. 3-5-04, cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 10-2007, f. 11-1-07, cert. ef. 1-1-08; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 3-2009, f. 12-1-09, cert. ef. 1-1-10; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0020

Hospital Fees

(1) For the purposes of this rule:

(a) Hospital bills for inpatient services are those bills coded "0111" through "0118" in form locator #4 on the UB-04 billing form.

(b) Hospital bills for outpatient services are those bills coded "0131" through "0138" in form locator #4 on the UB-04 billing form.

(2) Hospital inpatient bills must include:

(a) ICD-9-CM codes;

(b) When applicable, procedural codes;

(c) The hospital's NPI; and

(d) The Medicare Severity Diagnosis Related Group (MS-DRG) code for bills from those hospitals listed in Appendix A.

(3) Hospital outpatient bills must, when applicable, include the following:

(a) Revenue codes;

(b) ICD-9-CM diagnostic and procedural codes;

(c) CPT® codes and HCPCS codes; and

(d) The hospital's NPI.

(4) Unless otherwise provided by contract, the insurer must pay the audited bill for hospital inpatient services by multiplying the amount charged by the hospital's adjusted cost/charge ratio (See Bulletin 290).

(5) The insurer must pay for hospital outpatient services as follows:

(a) For services by physicians and other medical service providers assigned a code under the CPT® and identified by the revenue codes indicating professional services (0960 through 0989), pay the lesser of:

(A) The amount assigned to the CPT® in the Facility Maximum column of Appendix B; or

(B) The amount charged.

(b) For all outpatient therapy services (physical therapy, occupational therapy, and speech language pathology) pay the lesser of:

(A) The amount assigned to the CPT® code or the Oregon Specific Code in the Non-Facility Maximum column of Appendix B; or

(B) The amount charged.

(c) For outpatient imaging services assigned a code under the CPT® and identified by the revenue codes 0320 through 0359, 0400 through 0409, or 0610 through 0619, pay the lesser of:

(A) The amount assigned to the CPT® code in the Non-Facility Maximum column of Appendix B; or

(B) The amount charged.

(d) For hospital outpatient services not paid under subsection (5)(a) or (b) of this rule, unless otherwise provided by contract, pay the amount charged multiplied by the hospital's adjusted cost/charge ratio (See Bulletin 290).

(6) If a hospital qualifies for a rural exemption under (7)(k), the insurer may only apply an MCO contract to discount the fees calculated under this rule.

(7) Each hospital's CMS 2552 form and financial statement shall be the basis for determining its adjusted cost/charge ratio. If a current form 2552 is not available, then financial statements may be used to develop estimated data. If the adjusted cost/charge ratio is determined from estimated data, the hospital will receive the lower ratio of either the hospital's last published cost/charge ratio or the hospital's cost/charge ratio based on estimated data.

(a) The basic cost/charge ratio shall be developed by dividing the total net expenses for allocation shown on Worksheet A, and as modified in subsection (b), by the total patient revenues from Worksheet G-2.

(b) The net expenses for allocation derived from Worksheet A shall be modified by adding, from Worksheet A-8, the expenses for:

(A) Provider-based physician adjustment;

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(B) Patient expenses such as telephone, television, radio service, and other expenses determined by the department to be patient-related expenses; and

(C) Expenses identified as for physician recruitment.

(c) The basic cost/charge ratio shall be further modified to allow a factor for bad debt and the charity care provided by each hospital. The adjustment for bad debt and charity care is calculated in two steps. Step one: Add the dollar amount for net bad debt to the dollar amount for charity care. Divide this sum by the dollar amount of the total patient revenues, from Worksheet G-2, to compute the bad debt and charity ratio. Step two: Multiply the bad debt and charity ratio by the basic cost/charge ratio calculated in subsection (7)(a) to obtain the factor for bad debt and charity care.

(d) The basic cost/charge ratio shall be further modified to allow an adequate return on assets. The director will determine a historic real growth rate in the gross fixed assets of Oregon hospitals from the audited financial statements. This real growth rate and the projected growth in a national fixed weight price deflator will be added together to form a growth factor. This growth factor will be multiplied by the total fund balance, from Worksheet G of each hospital's CMS 2552 to produce a fund balance amount. The fund balance amount is then divided by the total patient revenues from Worksheet G-2, to compute the fund balance factor.

(e) The factors resulting from subsections (7)(c) and (7)(d) of this rule will be added to the ratio calculated in subsection (7)(a) of this rule to obtain the adjusted cost/charge ratio. In no event will the adjusted cost/charge ratio exceed 1.00.

(f) The adjusted cost/charge ratio for each hospital will be revised annually, at a time based on their fiscal year, as described by bulletin. Each hospital must submit a copy of their CMS 2552 and financial statements each year within 150 days of the end of their fiscal year to the Information Management Division, Department of Consumer and Business Services. The adjusted cost/charge ratio schedule will be published by bulletin twice yearly, effective for the six-month period beginning April 1 and the six-month period beginning October 1.

(g) For newly formed or established hospitals for which no CMS 2552 has been filed or for which there is insufficient data, or for those hospitals that do not file Worksheet G-2 with the submission of their CMS 2552, the division shall determine an adjusted cost/charge ratio for the hospital based upon the adjusted cost/charge ratios of a group of hospitals of similar size or geographic location.

(h) If the financial circumstances of a hospital unexpectedly or dramatically change, the division may revise the hospital's adjusted cost/charge ratio to allow equitable payment.

(i) If audit of a hospital's CMS 2552 by the CMS produces significantly different data from that obtained from the initial filing, the division may revise the hospital's adjusted cost/charge ratio to reflect the data developed subsequent to the initial calculation.

(j) Notwithstanding subsections (c) through (i) of this section the payment to out-of-state hospitals, may be negotiated between the insurer and the hospital.

(A) Any agreement for payment less than the billed amount must be in writing and signed by a hospital and insurer representative.

(B) The agreement must include language that the hospital will not bill the worker any remaining balance and that the negotiated amount is considered payment in full.

(C) If the insurer and the hospital are unable to reach agreement within 60 days of the insurer's receipt of the bill, either party may bring the issue to the director for resolution. The director may order payment up to the amount billed considering factors such as, but not limited to, reasonableness, usual fees for similar services by facilities in similar geographic areas, case specific services, and any extenuating circumstances.

(k) Notwithstanding sections (3), (4), and (5) of this rule, the director may exclude rural hospitals from imposition of the adjusted cost/charge ratio based upon a determination of economic necessity. The rural hospital exclusion will be based on the financial health of the hospital reflected by its financial flexibility index. All rural hospitals having a financial flexibility index at or below the median for critical access hospitals nationwide will qualify for the rural exemption. Rural hospitals that are designated as critical access hospitals under the Oregon Medicare Rural Hospital Flexibility Program are automatically exempt from imposition of the adjusted cost/charge ratio.

[ED. NOTE: Appendices referenced are available from the agency.]

[Publications: Publications & forms referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4), also see 656.012, 656.236(5), 656.327(2), 656.313(4)(d)

Stats. Implemented: ORS 656.248; 656.252; 656.256

Hist.: WCD 5-1982(Admin), f. 2-23-82, ef. 3-1-82; WCD 1-1984(Admin), f. & ef. 1-16-84;

WCD 2-1985(Admin), f. 4-29-85, ef. 6-3-85; Renumbered from 436-069-0701, 5-1-85;

WCD 3-1985(Admin)(Temp), f. & ef. 9-4-85; WCD 4-1985(Admin)(Temp), f. & ef. 9-11-

85; WCD 6-1985(Admin), f. 12-10-85, ef. 1-1-86; WCD 1-1986(Admin)(Temp), f. 2-5-86, ef. 2-6-86; WCD 2-1986(Admin), f. 3-10-86, ef. 3-17-86; WCD 2-1987(Admin), f. 2-20-87, ef. 3-16-87; WCD 1-1988, f. 1-20-88, ef. 2-1-88; WCD 6-1988, f. 9-6-88, cert. ef. 9-15-88; WCD 2-1989, f. 8-21-89, cert. ef. 9-1-89; WCD 1-1990, f. 1-5-90, cert. ef. 2-1-90; WCD 12-1990(Temp), f. 6-20-90, cert. ef. 7-1-90; WCD 15-1990, f. & cert. ef. 8-7-90; WCD 30-1990, f. 12-10-90, cert. ef. 12-26-90; WCD 11-1992, f. 6-11-92, cert. ef. 7-1-92; WCD 13-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 18-1995(Temp), f. & cert. ef. 12-4-95; WCD 12-1996, f. 5-6-96, cert. ef. 6-1-96, Renumbered from 436-010-0090; WCD 20-1996, f. 10-2-96, cert. ef. 1-1-97; WCD 5-1997, f. 4-21-97, cert. ef. 7-1-97; Administrative correction 6-18-97; WCD 8-1997(Temp), f. & cert. ef. 7-9-97; WCD 16-1997, f. & cert. ef. 12-15-97; WCD 5-1998, f. 4-3-98, cert. ef. 7-1-98; WCD 9-1999, f. 5-27-99, cert. ef. 7-1-99; WCD 2-2001, f. 3-8-01, cert. ef. 4-1-01; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 6-2003, f. 5-28-03, cert. ef. 7-1-03; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 10-2007, f. 11-1-07, cert. ef. 1-1-08; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 3-2008(Temp), f. & cert. ef. 7-7-08 thru 1-2-09; WCD 5-2008, f. 12-15-08, cert. ef. 1-1-09; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0025

Reimbursement of Related Services Costs

(1) The insurer must notify the worker in writing at the time of claim acceptance that claim-related services, not otherwise addressed by these rules, paid by the worker will be reimbursed by the insurer as provided in this rule. The notification must include notice to the worker of the two year time limitation to request reimbursement.

(a) The worker must request reimbursement from the insurer in writing.

(b) The insurer may require reasonable documentation to support the request. Insurers must date stamp requests for reimbursement upon receipt and must reimburse the costs within 30 days of receiving the request and supporting documentation, if the request clearly shows the costs are related to the accepted compensable injury or disease. If the insurer cannot determine if the costs are related to the accepted compensable injury or disease, the insurer must inform the worker what information is needed before the request for reimbursement can be processed. If additional information is needed, the time needed to obtain the information is not counted in the 30 day time frame for the insurer to issue reimbursement.

(c) Notwithstanding subsections (a) and (b) of this section, in deferred claims, requests which are at least 30 days old at the time of claim acceptance become due immediately upon claim acceptance and shall be paid within 14 days. In a claim for aggravation or a new medical condition, reimbursement of related services is not due and payable until the aggravation or new medical condition is accepted. If the claim is denied, requests for reimbursement must be returned to the worker within 14 days.

(2) Reimbursement of the costs of meals, lodging, public transportation and use of a private vehicle must be reimbursed as provided in this section. The maximum rate of reimbursement is limited to the rate published in Bulletin 112. When a worker has documentation of the expense which includes the date of the expense, he or she may be entitled to reimbursement for:

(a) Any meal reasonably required by necessary travel to a claim-related appointment.

(b) Lodging based on the need for overnight travel to attend the appointment. Reimbursement may exceed the maximum rate where special lodging was required or where the worker was unable to find lodging at or below the maximum rate within 10 miles of the appointment location.

(c) Mileage when using a personal vehicle based on the beginning and ending addresses. Reimbursement may exceed the maximum if special transportation is required. Public transportation will be reimbursed based on actual cost.

(d) Prescriptions and other claim-related expenses will be reimbursed based on actual cost.

(3) Requests for reimbursement of claim-related services costs must be received by the insurer within two years of the date the costs were incurred or within two years of the date the claim or medical condition is finally determined compensable, whichever date is later. The insurer may disapprove requests for reimbursement received beyond the two year period as being untimely requested.

(4) Requests for reimbursement denied as unreasonable or not related to the accepted compensable injury or disease must be returned to the worker within 30 days of the date of receipt by the insurer. The insurer must provide the worker an explanation of the reason for nonpayment or reduced payment and advise the worker of the right to appeal the insurer's decision by requesting administrative review before the director, under OAR 436-009-0008.

(5) Pursuant to ORS 656.325(1)(f) and OAR 436-060-0095(5)(f), the insurer must reimburse the worker for costs related to the worker's attendance at an independent medical examination regardless of the acceptance, deferral, or denial of the claim.

ADMINISTRATIVE RULES

Stat. Auth.: ORS 656.245, 656.704 & 656.726(4)
Stats. Implemented: ORS 656.245, 656.704 & 656.726(4)
Hist.: WCB 6-1969, f. 10-23-69, ef. 10-29-69; WCD 1-1980(Admin), f. & ef. 1-11-80; WCD 6-1981(Admin), f. 12-23-81, ef. 1-1-82; WCD 8-1983(Admin), f. 12-29-83, ef. 1-1-84; Renumbered from 436-054-0270, 5-1-85; WCD 8-1985(Admin), f. 12-12-85, ef. 1-1-86; WCD 4-1987, f. 12-18-87, ef. 1-1-88; WCD 6-1989, f. 12-22-89, cert. ef. 1-1-90; WCD 29-1990, f. 11-30-90, cert. ef. 12-26-90; WCD 1-1992, f. 1-3-92, cert. ef. 2-1-92; WCD 5-1996, f. 2-6-96, cert. ef. 2-12-96; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02, Renumbered from 436-060-0070; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0030

Insurer's Duties and Responsibilities

(1) The insurer must pay for medical services related to a compensable injury claim, except as provided by OAR 436-060-0055.

(2) The insurer, or its designated agent, may request from the medical provider, any and all necessary records needed to review accuracy of billings. The medical provider may charge an appropriate fee for copying documents under OAR 436-009-0070(1). If the evaluation of the records must be conducted on-site, the provider must furnish a reasonable work-site for the records to be reviewed at no cost. These records must be provided or made available for review within 14 days of a request.

(3) Insurers must date stamp medical bills and reports upon receipt and pay bills for medical services on accepted claims within 45 days of receipt of the bill, if the billing is submitted in proper form according to OAR 436-009-0010(2) through (4) and clearly shows that the treatment is related to the accepted compensable injury or disease. Billings not submitted according to OAR 436-009-0010(2) must be returned to the medical provider within 20 days of receipt of the bill with a written explanation describing why the bill was not paid or what needs to be corrected. A request for chart notes on EDI billings must be made to the medical provider within 20 days of receipt of the bill. The number of days between the date the insurer returns the billing or requests for chart notes from the provider and the date the insurer receives the corrected billing or chart notes, does not apply toward the 45 days within which the insurer is required to make payment.

(a) The insurer must retain a copy of each medical provider's bill received by the insurer or must be able to reproduce upon request data relevant to the bill, including but not limited to, provider name, date of service, date the insurer received the bill, type of service, billed amount, coding submitted by the medical provider as described in OAR 436-009-0010(2), and insurer action, for any non-payment or fee reduction. This includes all bills submitted to the insurer even when the insurer determines no payment is due.

(b) Any service billed with a code number commanding a higher fee than the services provided must be returned to the medical provider for correction or paid at the value of the service provided.

(c) When a medical provider submits a bill electronically, it is considered "mailed" according to OAR 436-010-0005.

(4) The insurer or its representative must provide a written explanation of benefits being paid or denied. The insurer or its representative must send the explanation to the medical provider that billed for the services. All information on the explanation must be in 10 point size font or larger.

(5) The explanation of benefits must include:

(a) The amount of payment for each service billed. When the payment covers multiple patients, the explanation must clearly separate and identify payments for each patient;

(b) The specific reason for non-payment, reduced payment, or discounted payment for each service billed;

(c) An Oregon or toll-free phone number for the insurer or its representative, and a statement that the insurer or its representative must respond to a medical provider's payment question within 48 hours, excluding weekends and legal holidays;

(d) The following notice, web link, and phone number:

"To access information about Oregon's Medical Fee and Payment Rules, visit www.oregonwcdoc.info or call 503-947-7606."

(e) Space for a signature and date; and

(f) A notice of right to administrative review as follows: "If you disagree with this decision about this payment, please contact {the insurer or its representative} first. If you are not satisfied with the response you receive, you may request administrative review by the Director of the Department of Consumer and Business Services. Your request for review must be made within 90 days of the mailing date of this explanation. To request review, sign and date in the space provided, indicate what you believe is incorrect about the payment, and mail this document with the required supporting documentation to the Workers' Compensation Division, Medical Resolution Team, PO Box 14480, Salem, OR 97309-

0405. Or you may fax the request to the director at 503-947-7629. You must also send a copy of the request to the insurer. You should keep a copy of this document for your records."

(6) The insurer or its representative must respond to a medical provider's inquiry about a medical payment within 48 hours, not including weekends or legal holidays, of the medical provider's inquiry. The insurer or its representative may not refer the medical provider to another entity to obtain an answer.

(7) An insurer or its representative and a medical service provider may agree to send and receive payment information by e-mail. Electronic records sent by e-mail are subject to the Oregon Consumer Identity Theft Protection Act under ORS 646A.600 to 646A.628 and federal law.

(8) Payment of medical bills is required within 14 days of any action causing the service to be payable, or within 45 days of the insurer's receipt of the bill, whichever is later.

(9) Failure to pay for medical services timely may render the insurer liable to pay a reasonable monthly service charge for the period payment was delayed, if the provider customarily levies such a service charge to the general public.

(10) When there is a dispute over the amount of a bill or the appropriateness of services rendered, the insurer must, within 45 days, pay the undisputed portion of the bill and at the same time provide specific reasons for non-payment or reduction of each medical service code. Resolution of billing disputes, including possible overpayment disputes, must be made under OAR 436-009-0008, 436-010-0008 and 436-015.

(11) Bills for medical services rendered at the request of the insurer and bills for information submitted at the request of the insurer, which are in addition to those required in OAR 436-010-0240 must be paid for within 45 days of receipt by the insurer even if the claim is denied.

(12) The insurer must establish an audit program for bills for all medical services to determine that the bill reflects the services provided, that appropriate prescriptions and treatment plans are completed in a timely manner, that payments do not exceed the maximum fees adopted by the director, and that bills are submitted in a timely manner. The audit must be continuous and must include no fewer than 10 percent of medical bills. The insurer must provide upon request documentation establishing that the insurer is conducting a continuous audit of medical bills. This documentation must include, but not be limited to, medical bills, internal audit forms, and any medical charge summaries prepared by private medical audit companies.

(13) The insurer must pay a medical provider for any bill related to the claimed condition received by the insurer on or before the date the terms of a disputed claim settlement (DCS) were agreed on, but was either not listed in the approved DCS or was not paid to the medical provider as set forth in the approved DCS. Payment must be made by the insurer as prescribed by ORS 656.313(4)(d) and OAR 438-009-0010(2)(g) as if the bill had been listed in the approved settlement or as set forth in the approved DCS, except if the DCS payments have already been made, the payment must not be deducted from the settlement proceeds. Payment must be made within 45 days of the insurer's knowledge of the outstanding bill.

(14) For medical bill reporting requirements, see OAR 436-160 Electronic Data Interchange Medical Bill Data rules.

[ED. NOTE: Appendices referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.252, 656.325, 656.245, 656.248, 656.260 & 656.264

Hist.: WCD 12-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 20-1996, f. 10-2-96, cert. ef. 1-1-97; WCD 5-1997, f. 4-21-97, cert. ef. 7-1-97; WCD 5-1998, f. 4-3-98, cert. ef. 7-1-98; WCD 9-1999, f. 5-27-99, cert. ef. 7-1-99; WCD 2-2000, f. 3-15-00, cert. ef. 4-1-00; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 6-2003, f. 5-28-03, cert. ef. 7-1-03; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 10-2007, f. 11-1-07, cert. ef. 1-1-08; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 3-2008(Temp), f. & cert. ef. 7-7-08 thru 1-2-09; WCD 5-2008, f. 12-15-08, cert. ef. 1-1-09; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 6-2010, f. 10-1-10, cert. ef. 1-1-11; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0050

CPT® Sections

Each CPT® section has its own schedule of relative values, completely independent of and unrelated to any of the other sections. The definitions, descriptions, and guidelines found in CPT® must be used as guides governing the descriptions of services, except as otherwise provided in these rules. The following provisions are in addition to those provided in each section of CPT®.

(1) Evaluation and Management services.

(2) Anesthesia services.

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(a) In calculating the units of time, use 15 minutes per unit. If a medical provider bills for a portion of 15 minutes, round the time up to the next 15 minutes and pay one unit for the portion of time.

(b) Anesthesia basic unit values are to be used only when the anesthesia is personally administered by either a licensed physician or certified nurse anesthetist who remains in constant attendance during the procedure for the sole purpose of rendering such anesthesia service.

(c) When a regional anesthesia is administered by the attending surgeon, the value must be the "basic" anesthesia value only without added value for time.

(d) When the surgeon or attending physician administers a local or regional block for anesthesia during a procedure, the modifier "NT" (no time) must be noted on the bill.

(e) Local infiltration, digital block, or topical anesthesia administered by the operating surgeon is included in the relative value unit for the surgical procedure.

(3) Surgery services.

(a) When a worker is scheduled for elective surgery, the pre-operative visit, in the hospital or elsewhere, necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed global value of the surgical procedure. If the procedure is not elective, the physician is entitled to payment for the initial evaluation of the worker in addition to the global fee for the surgical procedure(s) performed.

(b) When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations.

(c) Multiple surgical procedures performed at the same session must be paid as follows:

(A) When multiple surgical procedures are performed by one surgeon, the principal procedure is paid at 100 percent of the maximum allowable fee, the secondary and all subsequent procedures are paid at 50 percent of the maximum allowable fee. A diagnostic arthroscopic procedure performed preliminary to an open operation, is considered a secondary procedure and paid accordingly.

(B) When multiple arthroscopic procedures are performed, the major procedure must be paid at no more than 100 percent of the value listed in these rules and the subsequent procedures paid at 50 percent of the value listed.

(C) When more than one surgeon performs surgery, each procedure must be billed separately. The maximum allowable fee for each procedure, as listed in these rules, must be reduced by 25 percent. When the surgeons assist each other throughout the operation, each is entitled to an additional fee of 20 percent of the other surgeon's allowable fee as an assistant's fee. When the surgeons do not assist each other, and a third physician assists the surgeons, the third physician is entitled to the assistant's fee of 20 percent of the surgeons' allowable fees.

(D) When a surgeon performs surgery following severe trauma that requires considerable time, and the surgeon does not think the fees should be reduced under the multiple surgery rule, the surgeon may request special consideration by the insurer. Such a request must be accompanied by written documentation and justification. Based on the documentation, the insurer may pay for each procedure at 100 percent.

(E) The multiple surgery discount described in this subsection does not apply to add-on codes listed in Appendix B with a global period indicator of ZZZ.

(F) When a surgical procedure is performed bilaterally, the modifier "50" must be noted on the bill for the second side, and paid at 50 percent of the fee allowed for the first side.

(d) When physician assistants or nurse practitioners assist a surgeon performing surgery, they must be paid at the rate of 15 percent of the surgeon's allowable fee for the surgical procedure(s). When physician assistants or nurse practitioners are the primary providers of a surgical procedure, they must be paid at the rate of 85 percent of a physician's allowable fee for a comparable service. Physician assistants and nurse practitioners must mark their bills with a modifier "81." Chart notes must document when medical services have been provided by a physician assistant or nurse practitioner.

(e) Other surgical assistants who are self-employed and work under the direct control and supervision of a physician must be paid at the rate of 10 percent of the surgeon's allowable fee for the surgical procedure(s). The operation report must document who assisted.

(4) Radiology services.

(a) In order to be paid, x-ray films must be of diagnostic quality and include a report of the findings. Billings for 14" x 36" lateral views shall not be paid.

(b) When multiple contiguous areas are examined by computerized axial tomography (CAT) scan, computerized tomography angiography (CTA), magnetic resonance angiography (MRA), or magnetic resonance imaging (MRI), the technical component for the first area examined must be paid at 100 percent, the second area at 50 percent, and the third and all subsequent areas at 25 percent under these rules. The discount applies to multiple studies done within 2 days, unless the ordering provider provides a reasonable explanation of why the studies needed to be done on separate days. No reduction is applied to multiple areas for the professional component.

(5) Pathology and Laboratory services.

(a) The maximum allowable payment amount established in Appendix B applies only when there is direct physician involvement.

(b) Laboratory fees must be billed in accordance with ORS 676.310. If any physician submits a bill for laboratory services that were performed in an independent laboratory, the bill must show the amount charged by the laboratory and any service fee that the physician charges.

(6) Medicine services.

(7) Physical Medicine and Rehabilitation services.

(a) Time-based CPT codes must be billed and paid according to this table:

Treatment Time - Bill and Pay As
0 to 7 minutes - 0
8 to 22 minutes - 1 unit
23 to 37 minutes - 2 units
38 to 52 minutes - 3 units
53 to 67 minutes - 4 units
68 to 82 minutes - 5 units

(b) Payment for modalities and therapeutic procedures is limited to a total of three separate CPT-coded services per day. CPT® codes 97001, 97002, 97003, or 97004 are not subject to this limit. An additional unit of time (15 minute increment) for the same CPT® code is not counted as a separate code.

(c) All modality codes requiring constant attendance (97032, 97033, 97034, 97035, 97036, and 97039) are time-based. Chart notes must clearly indicate the time treatment begins and the time treatment ends for the day or the amount of time spent providing the treatment.

(d) CPT® codes 97010 through 97028 shall not be paid unless they are performed in conjunction with other procedures or modalities which require constant attendance or knowledge and skill of the licensed medical provider.

(e) When multiple treatments are provided simultaneously by one machine, device, or table there must be a notation on the bill that treatments were provided simultaneously by one machine, device, or table and there must be one charge.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.248

Hist.: WCD 9-1999, f. 5-27-99, cert. ef. 7-1-99; WCD 2-2000, f. 3-15-00, cert. ef. 4-1-00; WCD 2-2001, f. 3-8-01, cert. ef. 4-1-01; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 6-2003, f. 5-28-03, cert. ef. 7-1-03; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 4-2012, f. 9-21-12, cert. ef. 10-20-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0070

Oregon Specific Code, Other Services

(1) Except for records required in OAR 436-009-0010(3), copies of requested medical records must be paid under OSC R0001 or R0002.

(2) A brief narrative by the attending physician or authorized nurse practitioner, including a summary of treatment to date and current status, and, if requested, brief answers to one to five specific questions related to the attending physician's or authorized nurse practitioner's current or proposed treatment, must be paid under OSC N0001.

(3) A complex narrative by the attending physician or authorized nurse practitioner, may include past history, history of present illness, attending physician's or authorized nurse practitioner's treatment to date, current status, impairment, prognosis, and medically stationary information, must be paid under OSC N0002.

(4) Fees for a PCE and a WCE shall be based upon the type of evaluation requested and performed:

(a) FIRST LEVEL PCE: This is a limited evaluation primarily to measure musculoskeletal components of a specific body part. These components include such tests as active range of motion, motor power using the 5/5 scale, and sensation. This level generally requires 30 to 45 minutes of actual patient contact. A first level PCE shall be paid under OSC 99196, which includes the evaluation and report. Additional 15-minute increments may be added if multiple body parts are reviewed and time exceeds 45 min-

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utes. Each additional 15 minutes must be paid under OSC 99193, which includes the evaluation and report.

(b) **SECOND LEVEL PCE:** This is a PCE to measure general residual functional capacity to perform work or provide other general evaluation information, including musculoskeletal evaluation. It may be used to establish Residual Functional Capacities for claim closure. This level generally requires not less than two hours of actual patient contact. The second level PCE must be paid under OSC 99197, which includes the evaluation and report. Additional 15 minute increments may be added to measure additional body parts, to establish endurance and to project tolerances. Each additional 15 minutes must be paid under OSC 99193, which includes the evaluation and report.

(c) **WCE:** This is a residual functional capacity evaluation, which generally requires not less than 4 hours of actual patient contact. The evaluation may include a musculoskeletal evaluation for a single body part. A WCE must be paid under OSC 99198, which includes the evaluation and report. Additional 15 minute increments (per additional body part) may be added to determine endurance (e.g., cardiovascular) or to project tolerances (e.g., repetitive motion). Each additional 15 minutes must be paid under OSC 99193, which includes the evaluation and report. Special emphasis should be given to:

(A) The ability to perform essential physical functions of the job based on a specific job analysis as related to the accepted condition;

(B) The ability to sustain activity over time; and

(C) The reliability of the evaluation findings.

(5) A closing examination is a medical evaluation to measure impairment, which occurs when the worker's condition is medically stationary.

(a) For the closing examination, bill using OSC CE001;

(b) For the closing report, use OSC CR001.

(6) When an attorney requires a consultation with a medical provider, the medical provider must bill under OSC D0001. Unless otherwise provided by contract, insurers must pay for attorney consultation time as billed.

(7) When an insurer requires a consultation with a medical provider, the medical provider must bill under OSC D0030. Unless otherwise provided by contract, insurers must pay for insurer consultation time as billed.

(8) The fee for a deposition must be billed under OSC D0002. This code should include time for preparation, travel, and deposition. Unless otherwise provided by contract, insurers must pay for deposition time as billed. Upon request of one of the parties, the director may limit payment of the provider's hourly rate to a fee charged by similar providers.

(9) When an insurer obtains an Independent Medical Examination (IME):

(a) The medical service provider doing the IME must bill under OSC D0003. This code must be used for a report, addendum to a report, file review, or examination.

(b) Notwithstanding 436-009-0010(2), a medical service provider doing an IME may submit a bill in the form or format agreed to by the insurer and the medical service provider.

(c) Unless otherwise provided by contract, insurers must pay for IMEs as billed.

(d) If the insurer asks the medical service provider to review the IME report and respond, the medical service provider must bill for the time spent reviewing and responding using OSC D0019. Billing should include documentation of time spent. Unless otherwise provided by contract, insurers must pay for medical service providers' review and response to IME reports as billed.

(10) Fees for all arbiters and panel of arbiters used for director reviews under OAR 436-030-0165 will be established by the director. This fee determination will be based on the complexity of the examination, the report requirements, and the extent of the record review. The level of each category is determined by the director based on the individual complexities of each case as compared to the universe of claims in the medical arbiter process. When the examination is scheduled, the director will notify the medical arbiter and the parties of the authorized fee for that medical arbiter review based on a combination of separate components.

(a) Level 1 OSC AR001 Exam

Level 2 OSC AR002 Exam

Level 3 OSC AR003 Exam

Limited OSC AR004 Exam

As determined by the director, a level 1 exam generally involves a basic medical exam with no complicating factors. A level 2 exam generally involves a moderately complex exam and may have complicating factors. A level 3 exam generally involves a very complex exam and may have several complicating factors. A limited exam generally involves a newly accepted condition, or some other partial exam.

(b) Level 1 OSC AR011 Report

Level 2 OSC AR012 Report

Level 3 OSC AR013 Report

As determined by the director, a level 1 report generally includes standard questions. A level 2 report generally includes questions regarding complicating factors. A level 3 report generally includes questions regarding multiple complicating factors.

(c) Level 1 OSC AR021 File Review

Level 2 OSC AR022 File Review

Level 3 OSC AR023 File Review

Level 4 OSC AR024 File Review

Level 5 OSC AR025 File Review

As determined by the director, a level 1 file review generally includes review of a limited record. A level 2 file review generally includes review of an average record. A level 3 file review generally includes review of a large record or disability evaluation without an exam. A level 4 file review generally includes an extensive record. A level 5 file review generally includes an extensive record with unique factors.

(d) The director will notify the medical arbiter and the insurer of the approved code for each component to establish the total fee for the medical arbiter review. If a worker fails to appear for a medical arbiter examination without giving each medical arbiter at least 48 hours notice, each medical arbiter will be paid at 50 percent of the examination or testing fee. A medical arbiter must also be paid for any file review completed prior to cancellation.

(e) If the director determines that a supplemental medical arbiter report is necessary to clarify information or address additional issues, an additional report fee may be established. The fee is based on the complexity of the supplemental report as determined by the director. The additional fees are established as follows:

Limited OSC AR031

Complex OSC AR032

(f) Prior to completion of the reconsideration process, the medical arbiter may request the director to redetermine the authorized fee by providing the director with rationale explaining why the physician believes the fee should be different than authorized.

(g) The director may authorize testing which must be paid under OAR 436-009.

(h) Should an advance of costs be necessary for the worker to attend a medical arbiter exam, a request for advancement must be made in sufficient time to ensure a timely appearance. After receiving a request, the insurer must advance the costs in a manner sufficient to enable the worker to appear on time for the exam. If the insurer believes the request is unreasonable, the insurer must contact the director in writing. If the director agrees the request is unreasonable, the insurer may decline to advance the costs. Otherwise, the advance must be made timely as required in this subsection.

(11) A single physician selected under ORS 656.327 or 656.260, to review treatment, perform reasonable and appropriate tests, or examine the worker, and submit a report to the director, must be paid at an hourly rate up to a maximum of six hours for record review and examination.

(a) The physician will be paid for preparation and submission of the report. Billings for services by a single physician must be billed under OSC P0001 for the examination and under OSC P0003 for the report.

(b) Physicians selected under OAR 436-010-0008, to serve on a panel of physicians must each receive payment based on an hourly rate up to a maximum of six hours for record review and panel examination. Each physician must bill for the record review and panel examination under OSC P0002. The panel member who prepares and submits the panel report must receive an additional payment under OSC P0003.

(c) The director may, in a complex case requiring extensive review by a physician, pre-authorize an additional fee. Complex case review must be billed under OSC P0004.

(d) An insurer may not discount or reduce fees related to examinations or reviews performed by medical providers under OAR 436-010-0330.

(e) If a worker fails to appear for a director required examination without providing the physician with at least 48 hours notice, each physician must bill under OSC P0005. The insurer must pay the physician for the appointment time and any time spent reviewing the record completed prior to the examination time. The billing must document the physician's time spent reviewing the record.

(f) Should an advance of costs be necessary for the worker to attend an exam under ORS 656.327 or 656.260, a request for advancement must be made in sufficient time to ensure a timely appearance. After receiving a request, the insurer must advance the costs in a manner sufficient to enable the worker to appear on time for the exam. If the insurer believes the request is unreasonable, the insurer must contact the director in writing. If the director agrees the request is unreasonable, the insurer may decline to

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advance the costs. Otherwise, the advance must be made timely, as required in this subsection.

(12) The fee for a Worker Requested Medical Examination must be billed under OSC W0001. This code must be used for a report, file review, or examination. Unless otherwise provided by contract, the insurer must pay the provider at the billed amount.

(13) The table below lists the Oregon specific codes for other services. [Table not included. See ED. NOTE.]

[ED. NOTE: Table referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.248

Hist.: WCD 9-1999, f. 5-27-99, cert. ef. 7-1-99; WCD 2-2000, f. 3-15-00, cert. ef. 4-1-00; WCD 2-2001, f. 3-8-01, cert. ef. 4-1-01; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 3-2002, f. 2-25-02, cert. ef. 4-1-02; WCD 6-2003, f. 5-28-03, cert. ef. 7-1-03; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-04; WCD 3-2004, f. 3-5-04, cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 5-2008, f. 12-15-08, cert. ef. 1-1-09; WCD 3-2009, f. 12-1-09, cert. ef. 1-1-10; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0110

Definitions for OAR 436-009-0110 through 436-009-0145

(1) "Interpreter" means a person who:

(a) Provides oral or sign language translation; and
(b) Owns, operates, or works for a business that receives income for providing oral or sign language translation. It does not include a medical provider, medical provider's employee, or a family member or friend of the patient.

(2) "Interpreter services" means the act of orally translating between a medical provider and a patient who speak different languages, including sign language. It includes reasonable time spent waiting at the location for the medical provider to examine or treat the patient as well as reasonable time spent on necessary paperwork for the provider's office.

(3) "Mileage" means the number of miles traveling from the interpreter's starting point to the exam or treatment location.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.245, 656.248

Hist. WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0135

What Must Interpreters Include On An Invoice?

An interpreter's invoice must include:

- (1) The interpreter's name, the interpreter's company name, if applicable, billing address, and phone number;
- (2) The patient's name;
- (3) The patient's workers' compensation claim number, if known;
- (4) The correct Oregon specific codes for the billed services (D0004 or D0041);
- (5) The workers' compensation insurer's name and address;
- (6) The date interpreter services were provided;
- (7) The name and address of the medical provider that conducted the exam or provided treatment;
- (8) The total amount of time interpreter services were provided; and
- (9) The mileage, if the round trip was 15 or more miles.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.245, 656.248

Hist. WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0175

What If the Interpreter's Bill Does Not Provide All the Information the Insurer Needs in Order to Process Payment?

If the insurer does not receive all the information to process the invoice, the insurer must return the invoice to the interpreter within 20 days of receipt. The insurer must provide specific information about what is needed to process the invoice.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.245, 656.248

Hist. WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0177

What If the Insurer Disagrees With the Interpreter's Bill?

If the insurer disagrees with the amount of the interpreter's invoice, the insurer must, within 45 days, pay the undisputed portion of the invoice and at the same time provide specific reasons for non-payment or reduction of either interpreter services or mileage.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.245, 656.248

Hist.: WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0180

What Must the Insurer Include on an Explanation of Benefits?

(1) The insurer must provide a written explanation for services paid or denied and must send the explanation to the interpreter that billed for the services. All the information on the explanation must be in 10 point size font or larger.

(2) The explanation must include:

(a) The payment amount for each service billed. When the payment covers multiple patients, the explanation must clearly separate and identify payments for each patient;

(b) The specific reason for non-payment, reduced payment, or discounted payment for each service billed;

(c) An Oregon or toll-free phone number for the insurer or its representative, and a statement that the insurer or its representative must respond to an interpreter's payment questions within 48 hours, excluding weekends and legal holidays;

(d) The following notice, web link, and phone number:

"To access the information about Oregon's Medical Fee and Payment rules, visit www.oregonwcdoc.info or call 503-947-7606";

(e) Space for a signature and date; and

(f) A notice of the right to administrative review as follows:

"If you disagree with this decision about this payment, please contact {the insurer or its representative} first. If you are not satisfied with the response you receive, you may request administrative review by the Director of the Department of Consumer and Business Services. Your request for review must be made within 90 days of the mailing date of this explanation. To request review, sign and date in the space provided, indicate what you believe is incorrect about the payment, and mail this document with the required supporting documentation to the Workers' Compensation Division, Medical Resolution Team, PO Box 14480, Salem, OR 97309-0405. Or you may fax the request to the director at 503-947-7629. You must also send a copy of the request to the insurer. You should keep a copy of this document for your records."

(3) The insurer or its representative must respond to an interpreter's inquiry about a medical payment within 48 hours, not including weekends or legal holidays, of the interpreter's inquiry. The insurer or its representative may not refer the interpreter to another entity to obtain the answer.

(4) The insurer or its representative and an interpreter may agree to send and receive payment information by e-mail. Electronic records sent by e-mail are subject to the Oregon Consumer Identity Theft Protection Act under ORS 646A.600 and federal law.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.245, 656.248

Hist. WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0207

How Does the ASC Fill Out the CMS 1500 Form?

Unless different instructions are provided in the table below, the ASC must use the instructions provided in the **National Uniform Claim Committee 1500 Claim Form Reference Instruction Manual**.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.248, 656.252

Hist.: WCD 2-2011, f. 3-1-11, cert. ef. 4-1-12; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 4-2012, f. 9-21-12, cert. ef. 10-20-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0260

What are the Payment Amounts for Services Provided by an ASC?

Unless otherwise provided by contract, insurers must pay ASCs for services, equipment, and supplies according to this rule.

(1) Insurers must pay for surgical procedures (i.e., ASC facility fee) and ancillary services at the lesser amount of:

(a) The maximum allowable payment amount for the HCPCS code found in Appendix C for surgical procedures, and in Appendix D for ancillary services integral to a surgical procedure; or

(b) The ASC's usual fee for surgical procedures and ancillary services.

(2) When more than one procedure is performed in a single operative session, insurers must pay the principal procedure at 100 percent of the maximum allowable fee, the secondary and all subsequent procedures at 50 percent of the maximum allowable fee. A diagnostic arthroscopic procedure performed preliminary to an open operation, is considered a secondary procedure and paid accordingly. The multiple surgery discount described in this subsection does not apply to codes listed in Appendix C with an "N" in the "Subject to Multiple Procedure Discounting" column.

(3) The table below lists packaged surgical codes that ASCs may perform without any other surgical procedure. In this case do not use Appendix

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C to calculate payment, use the rates listed below instead. [Table not included. See ED. NOTE.]

(4) Notwithstanding section (5), insurers must pay implants at 110 percent of the ASC's actual cost documented on a receipt of sale when the implant's cost to the ASC is more than \$100.

(5) Except as provided in sections (6) through (8), insurers must pay for durable medical equipment, prosthetics, orthotics, and supplies (DEM-POS) according to the following table: [Table not included. See ED. NOTE.]

(6) Unless a contract establishes a different rate, the table below lists maximum monthly rental rates for the codes listed (do not use Appendix E or section (5) to determine the rental rates for these codes): [Table not included. See ED. NOTE.]

(7) For items rented:

(a) When an item is rented on a daily basis, the maximum daily rental rate is one thirtieth (1/30) of the monthly rate established in sections (5) and (6) of this rule.

(b) After a rental period of 13 months, the item is considered purchased, if the insurer so chooses.

(c) The insurer may purchase a rental item anytime within the 13-month rental period, with a credit of 75 percent of the rental paid going towards the purchase.

(8) For items purchased:

(a) The ASC is entitled to payment for any labor and reasonable expenses directly related to any subsequent modifications other than those performed at the time of purchase or repairs (the insurer must pay for labor at the provider's usual rate); or

(b) The ASC may offer a service agreement at an additional cost.

(9) When the insurer requests copies of medical records from the ASC, the insurer must pay \$10.00 for the first page and \$0.50 for each page thereafter.

[ED. NOTE: Tables & appendices referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.245, 656.248 & 656.252

Hist.: WCD 2-2011, f. 3-1-11, cert. ef. 4-1-12; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2012(Temp), f. 4-13-12, cert. ef. 4-23-12 thru 10-19-12; WCD 4-2012, f. 9-21-12, cert. ef. 10-20-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-009-0290

What Must the Insurer Include on an Explanation of Benefits?

(1) The insurer must provide a written explanation for services being paid or denied, and must send the explanation to the ASC that billed for the services. All information on the explanation must be in 10 point size font or larger.

(2) The explanation must include:

(a) The payment amount for each service billed. When the payment covers multiple patients, the explanation must clearly separate and identify payments for each patient;

(b) The specific reason for non-payment, reduced payment, or discounted payment for each service billed;

(c) An Oregon or toll-free phone number for the insurer or its representative, and a statement that the insurer or its representative must respond to an ASC's payment questions within 48 hours, excluding weekends and legal holidays;

(d) The following notice, web link, and phone number: "To access information about Oregon's Medical Fee and Payment Rules, visit www.oregonwcdoc.info or call 503-947-7606";

(e) Space for a signature and date; and

(f) A notice of right to administrative review as follows: **"If you disagree with this decision about this payment, please contact {the insurer or its representative} first. If you are not satisfied with the response you receive, you may request administrative review by the Director of the Department of Consumer and Business Services. Your request for review must be made within 90 days of the mailing date of this explanation. To request review, sign and date in the space provided, indicate what you believe is incorrect about the payment, and mail this document with the required supporting documentation to the Workers' Compensation Division, Medical Resolution Team, PO Box 14480, Salem, OR 97309-0405. Or you may fax the request to the director at 503-947-7629. You must also send a copy of the request to the insurer. You should keep a copy of this document for your records."**

(3) The insurer or its representative must respond to an ASC's inquiry about a medical payment within 48 hours, not including weekends or legal holidays, of the ASC's inquiry. The insurer or its representative may not refer the ASC to another entity to obtain an answer.

(4) The insurer or its representative and an ASC may agree to send and receive payment information by e-mail. Electronic records sent by e-

mail are subject to the Oregon Consumer Identity Theft Protection Act under ORS 646A.600 to 646A.628 and federal law.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.248, 656.252

Hist.: WCD 2-2011, f. 3-1-11, cert. ef. 4-1-12; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-010-0210

Who May Provide Medical Services and Authorize Timeloss

(1) Type A and B attending physicians may authorize time loss and manage medical services subject to the limitations of ORS chapter 656. (See "Matrix for health care provider types" Appendix A)

(2) Emergency room physicians may authorize time loss for not more than 14 days when they refer the worker to a primary care physician. However an emergency room physician also in private practice, apart from the duties of an emergency room physician, may qualify as a type A attending physician. For the purpose of this rule, private practice means a physician who treats individuals on an established patient basis.

(3) Authorized primary care physicians and authorized nurse practitioners may provide medical services to injured workers subject to the terms and conditions of the governing MCO. An MCO may allow greater latitude for the provider types to treat a worker enrolled under ORS 656.260.

(4) Attending physicians and authorized nurse practitioners may prescribe treatment or services to be carried out by persons licensed to provide a medical service. Attending physicians may prescribe treatment or services to be carried out by persons not licensed to provide a medical service or treat independently only when such services or treatment is rendered under the physician's direct control and supervision. Reimbursement to a worker for home health care provided by a worker's family member is not required to be provided under the direct control and supervision of the attending physician if the family member demonstrates competency to the satisfaction of the attending physician.

(5) Authorized nurse practitioners, out-of-state nurse practitioners, and physician assistants working within the scope of their license and as directed by the attending physician, need not be working under a written treatment plan as prescribed in OAR 436-010-0230(5)(a), nor under the direct control and supervision of the attending physician.

(6) In order to provide any compensable medical service under ORS chapter 656, a nurse practitioner licensed under ORS 678.375 to 678.390 must certify in a form provided by the director that the nurse practitioner has reviewed a packet of materials which the director will provide upon request and must have been assigned an authorized nurse practitioner number by the director. An authorized nurse practitioner may:

(a) Provide compensable medical services to an injured worker for a period of 90 days from the date of the first nurse practitioner visit on the initial claim. Thereafter, medical services an authorized nurse practitioner provides are not compensable without the attending physician's authorization; and

(b) Authorize temporary disability benefits for a period of up to 60 days from the date of the first nurse practitioner visit on the initial claim.

(7) In accordance with ORS 656.245(2)(a), with the approval of the insurer, the worker may choose an attending physician outside the state of Oregon. Upon receipt of the worker's request, or the insurer's knowledge of the worker's request to treat with an out-of-state physician, the insurer must give the worker written notice of approval or denial of the worker's choice of attending physician within 14 days.

(a) If the insurer does not approve the worker's out-of-state physician, notice to the worker must clearly state the reason(s) for the denial, which may include, but are not limited to, the out-of-state physician's refusal to comply with OAR 436-009 and 436-010, and identify at least two other physicians of the same healing art and specialty whom it would approve. The notice must also inform the worker that if the worker disagrees with the denial, the worker may refer the matter to the director for review under the provisions of OAR 436-010-0220.

(b) If the insurer approves the worker's choice of out-of-state attending physician, the insurer must immediately notify the worker and the medical service provider in writing of the following:

(A) The Oregon fee schedule requirements;

(B) The manner in which the out-of-state physician may provide compensable medical treatment or services to Oregon injured workers; and

(C) The insurer may not pay billings for compensable services in excess of the maximum allowed under the fee schedule.

(8) After giving prior approval, if the out-of-state physician does not comply with these rules, the insurer may object to the worker's choice of physician and must notify the worker and the physician in writing of the

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reason for the objection, that payment for services rendered by that physician after notification will not be reimbursable, and that the worker may be liable for payment of services rendered after the date of notification.

(9) If the worker is aggrieved by an insurer decision to object to an out-of-state attending physician, the worker or the worker's representative may refer the matter to the director for review under the provisions of OAR 436-010-0220.

[ED. NOTE: Appendices referenced are available from the agency.]
Stat. Auth.:ORS 656.726(4)

Stats. Implemented: ORS 656.005(12), 656.245 & 656.260

Hist.: WCD 5-1982(Admin), f. 2-23-82, ef. 3-1-82; WCD 1-1984(Admin), f. & ef. 1-16-84; WCD 5-1984(Admin), f. & ef. 8-20-84; Renumbered from 436-069-0301, 5-1-85; WCD 6-1985(Admin), f. 12-10-85, ef. 1-1-86; WCD 6-1988, f. 9-6-88, cert. ef. 9-15-88; WCD 12-1990(Temp), f. 6-20-90, cert. ef. 7-1-90; WCD 30-1990, f. 12-10-90, cert. ef. 12-26-90; WCD 11-1992, f. 6-11-92, cert. ef. 7-1-92; WCD 13-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 12-1996, f. 5-6-96, cert. ef. 6-1-96; Renumbered from 436-010-0050; WCD 11-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 13-1999(Temp), f. & cert. ef. 10-25-99 thru 4-21-000; WCD 3-2000, f. 4-3-00, cert. ef. 4-21-00; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-04; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 5-2006, f. 6-15-06, cert. ef. 7-1-06; WCD 11-2007, f. 11-1-07, cert. ef. 1-2-08; WCD 12-2007(Temp), f. 12-14-07, cert. ef. 1-2-08 thru 6-29-08; WCD 2-2008, f. 6-13-08, cert. ef. 6-30-08; WCD 5-2011, f. 11-18-11, cert. ef. 1-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-010-0230

Medical Services and Treatment Guidelines

(1) Medical services provided to the worker must not be more than the nature of the compensable injury or the process of recovery requires. Services that are unnecessary or inappropriate according to accepted professional standards are not reimbursable.

(2) An employer or insurer representative may not attend a worker's medical appointment without written consent of the worker. The worker has the right to refuse such attendance.

(a) The consent form must state that the worker's benefits cannot be suspended if the worker refuses to have an employer or insurer representative present.

(b) The consent form must be written in a way that allows the worker to understand it and to overcome language or cultural differences.

(c) The insurer must keep a copy of a signed consent form in the claim file.

(3) At any time, the worker or the medical provider may refuse to allow an employer or insurer representative to attend an appointment, even if the worker previously signed a consent form.

(a) The medical provider may refuse to meet with the employer or insurer representative.

(b) The medical provider may refuse to provide copies of the worker's medical records to the insurer representative without proof that the representative is attending the appointment on behalf of the insurer. The provider may charge for any copies that are provided.

(4) Insurers have the right to require evidence of the frequency, extent, and efficacy of treatment and services.

(5)(a) Except as otherwise provided by an MCO, when an attending physician, authorized nurse practitioner, or specialist physician prescribes ancillary services such as physical or occupational therapy, the ancillary medical service provider must prepare a treatment plan before beginning treatment. The ancillary medical service provider must send the treatment plan to the prescribing provider and the insurer within seven days of beginning treatment. The treatment plan must include objectives, modalities, frequency of treatment, and duration. The treatment plan may be recorded in any legible format including, but not limited to, signed chart notes. Treatment plans required under this subsection do not apply to services provided under ORS 656.245(2)(b)(A). If the treatment plan is not sent within seven days, the insurer is not required to pay for the services provided.

(b) Except as otherwise provided by an MCO, when an attending physician, authorized nurse practitioner, or specialist physician prescribes services to be provided by a massage therapist licensed by the State Board of Massage Therapists for the state of Oregon under ORS 687.011 to 687.250, the massage therapist must prepare a treatment plan before beginning treatment. The massage therapist must send the treatment plan to the prescribing provider and the insurer within seven days of beginning treatment. The treatment plan must include objectives, modalities, frequency of treatment, and duration. The treatment plan may be recorded in any legible format including, but not limited to, signed chart notes. If the treatment plan is not sent within seven days, the insurer is not required to pay for the services provided. Massage therapists not licensed in Oregon must provide their services under the direct control and supervision of the attending physician.

(c) The attending physician, authorized nurse practitioner, or specialist physician must sign a copy of the treatment plan within 30 days of the commencement of treatment and send it to the insurer. Failure of the physi-

cian or authorized nurse practitioner to sign or mail the treatment plan may subject the attending physician or authorized nurse practitioner to sanctions under OAR 436-010-0340, but shall not affect payment to the ancillary provider.

(d) Medical services prescribed by an attending physician, specialist physician, or authorized nurse practitioner and provided by a chiropractic physician, naturopathic physician, or acupuncturist, are subject to the treatment plan requirements in subsection (5)(a) and (c) of this rule.

(e) Unless otherwise provided for within utilization and treatment standards under an MCO contract, the usual range for therapy visits does not exceed 20 visits in the first 60 days, and 4 visits a month thereafter. This rule does not constitute authority for an arbitrary provision of or limitation of services, but is a guideline for reviewing treatment or services. The attending physician or authorized nurse practitioner must document the need for medical services in excess of these guidelines when submitting a written treatment plan. The process outlined in OAR 436-010-0008 should be followed when an insurer believes the treatment plan is inappropriate.

(f) Unless otherwise provided for within utilization and treatment standards under an MCO contract, a physical therapist must simultaneously submit a progress report to the attending physician and the insurer each 30 days or after every visit if the worker is seen less frequently. The progress report may be included in the provider's chart notes. The progress report must include:

- (A) Subjective status of the worker;
- (B) Objective data from tests and measurements conducted;
- (C) Functional status of the worker;
- (D) Interpretation of above data; and
- (E) Any change in the treatment plan.

(6) The attending physician or authorized nurse practitioner, when requested by the insurer or the director through the insurer to complete a physical capacity or work capacity evaluation, must complete the evaluation within 20 days, or refer the worker for such evaluation within seven days. The attending physician or authorized nurse practitioner must notify the insurer and the worker in writing if the worker is incapable of participating in such evaluation.

(7) Prescription medications are required medical services under the provisions of ORS 656.245(1)(a), (1)(b), and (1)(c) and do not require prior approval under the palliative care provisions of OAR 436-010-0290. A pharmacist, dispensing physician, or authorized nurse practitioner must dispense generic drugs to injured workers in accordance with and under ORS 689.515. For the purposes of this rule, the worker will be deemed the "purchaser" and may object to the substitution of a generic drug. However, payment for brand name drugs are subject to the limitations provided in OAR 436-009-0090. Workers may have prescriptions filled by a provider of their choice, unless otherwise provided for in accordance with an MCO contract. Except in an emergency, drugs and medicine for oral consumption supplied by a physician's or authorized nurse practitioner's office are compensable only for the initial supply to treat the worker with the medication up to a maximum of 10 days, subject to the requirements of the provider's licensing board, this rule and OAR 436-009-0090. Compensation for certain drugs is limited as provided in OAR 436-009-0090.

(8) Dietary supplements including, but not limited to, minerals, vitamins, and amino acids are not reimbursable unless a specific compensable dietary deficiency has been clinically established in the injured worker or they are provided in accordance with a utilization and treatment standard adopted by the director. Vitamin B-12 injections are not reimbursable unless necessary because of a specific dietary deficiency of malabsorption resulting from a compensable gastrointestinal condition.

(9) X-ray films must be of diagnostic quality and accompanied by a report. 14" x 36" lateral views are not reimbursable.

(10) Upon request of either the director or the insurer, original diagnostic studies, including but not limited to actual films, must be forwarded to the director, the insurer, or the insurer's designee, within 14 days of receipt of a written request.

(a) Diagnostic studies, including films must be returned to the medical provider within a reasonable time.

(b) The insurer must pay for a reasonable charge made by the provider for the costs of delivery of diagnostic studies, including films.

(c) If a medical provider does not forward the films to the director or the insurer within 14 days of receipt of a written request, civil penalties may be imposed.

(11) Articles including but not limited to beds, hot tubs, chairs, Jacuzzis, and gravity traction devices are not compensable unless a need is clearly justified by a report which establishes that the "nature of the injury or the process of recovery requires" the item be furnished. The report must

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specifically set forth why the worker requires an item not usually considered necessary in the great majority of workers with similar impairments. Trips to spas, to resorts or retreats, whether prescribed or in association with a holistic medicine regimen, are not reimbursable unless special medical circumstances are shown to exist.

(12) Physical restorative services may include but are not limited to a regular exercise program or swim therapy. Such services are not compensable unless the nature of the worker's limitations requires specialized services to allow the worker a reasonable level of social and/or functional activity. The attending physician or authorized nurse practitioner must justify by report why the worker requires services not usually considered necessary for the majority of injured workers.

(13) The cost of repair or replacement of prosthetic appliances damaged when in use at the time of and in the course of a compensable injury is a compensable medical expense, including when the worker received no physical injury. For purposes of this rule, a prosthetic appliance is an artificial substitute for a missing body part or any device that aids the performance of a natural function, including but not limited to hearing aids and eyeglasses.

(14) Lumbar artificial disc replacement that is not excluded from compensability under OAR 436-009-0015(6)(g) is always inappropriate for injured workers with the following conditions (absolute contraindications):

- (a) Metabolic bone disease – for example, osteoporosis;
- (b) Known spondyloarthropathy (seropositive and seronegative);
- (c) Posttraumatic vertebral body deformity at the level of the proposed surgery;
- (d) Malignancy of the spine;
- (e) Implant allergy to the materials involved in the artificial disc;
- (f) Pregnancy – currently;
- (g) Active infection, local or systemic;
- (h) Lumbar spondylolisthesis or lumbar spondylolysis;
- (i) Prior fusion, laminectomy that involves any part of the facet joint, or facetectomy at the same level as proposed surgery; or
- (j) Spinal stenosis – lumbar – moderate to severe lateral recess and central stenosis.

(15) Lumbar artificial disc replacement that is not excluded from compensability under OAR 436-009-0015(6)(g) may be inappropriate for injured workers with the following conditions, depending on severity, location, etc. (relative contraindications):

- (a) A comorbid medical condition compromising general health, for example, hepatitis, poorly controlled diabetes, cardiovascular disease, renal disease, autoimmune disorders, AIDS, lupus, etc.;
- (b) Arachnoiditis;
- (c) Corticosteroid use (chronic ongoing treatment with adrenal immunosuppression);
- (d) Facet arthropathy – lumbar – moderate to severe, as shown radiographically;
- (e) Morbid obesity – BMI greater than 40;
- (f) Multilevel degenerative disc disease – lumbar – moderate to severe, as shown radiographically;
- (g) Osteopenia – based on bone density test;
- (h) Prior lumbar fusion at a different level than the proposed artificial disc replacement; or
- (i) Psychosocial disorders – diagnosed as significant to severe.

(16) Cervical artificial disc replacement that is not excluded from compensability under OAR 436-009-0015(6)(h) is always inappropriate for injured workers with any of the following conditions (absolute contraindications):

- (a) Instability in the cervical spine which is greater than 3.5 mm of anterior motion or greater than 20 degrees of angulation;
- (b) Significantly abnormal facets;
- (c) Osteoporosis defined as a T-score of negative (-)2.5 or more negative (e.g. -2.7);
- (d) Allergy to metal implant;
- (e) Bone disorders (any disease that affects the density of the bone);
- (f) Uncontrolled diabetes mellitus;
- (g) Active infection, local or systemic;
- (h) Active malignancy, primary or metastatic;
- (i) Bridging osteophytes (severe degenerative disease);
- (j) A loss of disc height greater than 75 percent relative to the normal disc above;
- (k) Chronic indefinite corticosteroid use;
- (l) Prior cervical fusion at two or more levels; or
- (m) Pseudo-arthritis at the level of the proposed artificial disc replacement.

(17) Cervical artificial disc replacement that is not excluded from compensability under OAR 436-009-0015(6)(h) may be inappropriate for injured workers with any of the following conditions, depending on severity, location, etc. (relative contraindications):

- (a) A comorbid medical condition compromising general health, for example hepatitis, poorly controlled diabetes, cardiovascular disease, renal disease, autoimmune disorders, AIDS, lupus, etc.;
 - (b) Multilevel degenerative disc disease – cervical – moderate to severe, as shown radiographically;
 - (c) Osteopenia – based on bone density test with a T-score range of negative (-)1.5 to negative (-)2.5;
 - (d) Prior cervical fusion at one level;
 - (e) A loss of disc height of 50 percent to 75 percent relative to the normal disc above; or
 - (f) Psychosocial disorders – diagnosed as significant to severe.
- Stat. Auth: ORS 656.726(4)
Stats. Implemented: ORS 656.245, 656.248, 656.252, OL 2011, ch. 117
Hist.: WCD 5-1982(Admin), f. 2-23-82, ef. 3-1-82; WCD 1-1984(Admin), f. & ef. 1-16-84; WCD 5-1984(Admin), f. & ef. 8-20-84; WCD 2-1985(Admin), f. 4-29-85, ef. 6-3-85; Renumbered from 436-069-0201, 5-1-85; WCD 6-1985(Admin), f. 12-10-85, ef. 1-1-86; WCD 2-1987(Admin), f. 2-20-87, ef. 3-16-87; WCD 1-1988, f. 1-20-88, cert. ef. 2-1-88; WCD 6-1988, f. 9-6-88, cert. ef. 9-15-88; WCD 2-1989, f. 8-21-89, cert. ef. 9-1-89; WCD 1-1990, f. 1-5-90, cert. ef. 2-1-90; WCD 12-1990(Temp), f. 6-20-90, cert. ef. 7-1-90; WCD 30-1990, f. 12-10-90, cert. ef. 12-26-90; WCD 11-1992, f. 6-11-92, cert. ef. 7-1-92; WCD 13-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 12-1996, f. 5-6-96, cert. ef. 6-1-96, Renumbered from 436-010-0040; WCD 11-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 3-1999(Temp), f. & cert. ef. 2-11-99 thru 8-10-99; WCD 7-1999, f. & cert. ef. 4-28-99; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-04; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 5-2006, f. 6-15-06, cert. ef. 7-1-06; WCD 11-2007, f. 11-1-07, cert. ef. 1-2-08; WCD 2-2008, f. 6-13-08, cert. ef. 6-30-08; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 5-2011, f. 11-18-11, cert. ef. 1-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-010-0265

Independent Medical Examinations (IME)

(1) The insurer may obtain three medical examinations of the worker by medical service providers of its choice for each opening of the claim. These examinations may be obtained prior to or after claim closure. Effective July 1, 2006, the insurer must choose a provider to perform the independent medical examination from the director's list described in section (13) of this rule. A claim for aggravation, Board's Own Motion, or reopening of a claim where the worker becomes enrolled or actively engaged in training according to rules adopted under ORS 656.340 and 656.726 permits a new series of three medical examinations. For purposes of this rule, "independent medical examination" (IME) means any medical examination including a physical capacity or work capacity evaluation or consultation that includes an examination, except as provided in section (5) of this rule, that is requested by the insurer and completed by any medical service provider, other than the worker's attending physician or authorized nurse practitioner. The examination may be conducted by one or more providers with different specialty qualifications, generally done at one location and completed within a 72-hour period. If the providers are not at one location, the examination is to be completed within a 72-hour period and at locations reasonably convenient to the worker.

(2) When the insurer has obtained the three medical examinations allowed under this rule and wishes to require the worker to attend an additional examination, the insurer must first notify and request authorization from the director. Insurers that fail to first notify and request authorization from the director, may be assessed a civil penalty. The process for requesting such authorization will be as follows:

(a) The insurer must submit a request for such authorization to the director in a form and format as prescribed by the director in Bulletin 252 including, but not limited to, the reasons for an additional IME, the conditions to be evaluated, dates, times, places, and purposes of previous examinations, copies of previous IME notification letters to the worker, and any other information requested by the director. A copy of the request must be provided to the worker and the worker's attorney; and

(b) The director will review the request and determine if additional information is necessary prior to issuing an order approving or disapproving the request. Upon receipt of a written request for additional information from the director, the parties have 14 days to respond. If the parties do not provide the requested information, the director will issue an order approving or disapproving the request based on available information.

(3) In determining whether to approve or deny the request for an additional IME, the director may give consideration, but is not limited, to the following:

(a) Whether an IME involving the same discipline(s) or review of the same condition has been completed within the past six months.

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(b) Whether there has been a significant change in the worker's condition.

(c) Whether there is a new condition or compensable aspect introduced to the claim.

(d) Whether there is a conflict of medical opinion about a worker's medical treatment or medical services, impairment, stationary status, or other issue critical to claim processing/benefits.

(e) Whether the IME is requested to establish a preponderance for medically stationary status.

(f) Whether the IME is medically harmful to the worker.

(g) Whether the IME requested is for a condition for which the worker has sought treatment or services, or the condition has been included in the compensable claim.

(4) Any party aggrieved by the director's order approving or disapproving a request for an additional IME may request a hearing by the Hearings Division of the board under ORS 656.283 and OAR chapter 438.

(5) For purposes of determining the number of IMEs, any examinations scheduled but not completed are not counted as a statutory IME. The following examinations are not considered IMEs and do not require approval as outlined in section (2) of this rule:

(a) An examination conducted by or at the request or direction of the worker's attending physician or authorized nurse practitioner;

(b) An examination obtained at the request of the director;

(c) An elective surgery consultation obtained in accordance with OAR 436-010-0250(3);

(d) An examination of a permanently totally disabled worker required under ORS 656.206(5);

(e) A closing examination by a consulting physician that has been arranged by the insurer, the worker's attending physician or authorized nurse practitioner in accordance with OAR 436-010-0280;

(f) A consultation requested by the Managed Care Organization (MCO) for the purpose of clarifying or refining a plan for continuing medical services as provided under its contract.

(6) Examinations must be at times and intervals reasonably convenient to the worker and must not delay or interrupt proper treatment of the worker.

(7) When the insurer requires a worker to attend an IME, the insurer must comply with the notification and reimbursement requirements found in OAR 436-009-0025 and 436-060-0095.

(8) A medical provider who unreasonably fails to timely provide diagnostic records required for an IME in accordance with OAR 436-010-0230(10) and 436-010-0240(11) may be assessed a penalty under ORS 656.325.

(9) When a worker objects to the location of an IME, the worker may request review by the director within six business days of the mailing date of the appointment notice.

(a) The request may be made in-person, by telephone, facsimile, or mail.

(b) The director may facilitate an agreement between the parties regarding location.

(c) If necessary, the director will conduct an expedited review and issue an order regarding the reasonableness of the location.

(d) The director will determine if there is substantial evidence to support a finding that the travel is medically contraindicated, or unreasonable based on a showing of good cause.

(A) For the purposes of this rule, "medically contraindicated" means that the travel required to attend the IME exceeds the travel or other limitations imposed by the attending physician, authorized nurse practitioner or other persuasive medical evidence, and alternative methods of travel will not overcome the limitations.

(B) For the purposes of this rule, "good cause" means the travel would impose a hardship for the worker that outweighs the right of the insurer or self-insured employer to select an IME location of its choice.

(10) If a worker fails to attend an IME without notifying the insurer or self-insured employer before the date of the examination or without sufficient reason for not attending, the director may impose a monetary penalty against the worker for such failure under OAR 436-010-0340.

(11) When scheduling an IME, the insurer must ensure the medical service provider has:

(a) An Invasive Medical Procedure Authorization (Form 440-3227), if applicable; and

(b) The Form 440-3923, "Important Information about Independent Medical Exams," available to the injured worker before the exam.

(12) If a medical service provider intends to perform an invasive procedure as part of an IME, the provider must explain the risks involved in

the procedure to the worker and the worker's right to refuse the procedure. The worker then must check the applicable box on Form 440-3227 either agreeing to the procedure or declining the procedure, and sign the form. For the purposes of this rule, an invasive procedure is a procedure in which the body is entered by a needle, tube, scope, or scalpel.

(13) Any medical service provider wishing to perform an IME or a Worker Requested Medical Exam (WRME) under ORS 656.325(1)(e) and OAR 436-060-0147 for a workers' compensation claim must meet the director's criteria and be included on the list of authorized providers maintained by the Director of the Department of Consumer and Business Services under ORS 656.328.

(a) To be on the director's list to perform IMEs or WRMEs, a medical service provider must hold a current license and be in good standing with the professional regulatory board that issued the license, for example the Oregon Medical Board, and must:

(A) Complete a director-approved training course regarding IMEs. The training curriculum must include all topics listed in Appendix B;

(B) Review IME training materials provided by the director at www.oregonwcdoc.info; or

(C) IME training materials approved by the director.

(b) To be included on the list of authorized IME providers, the provider must complete the online certification form. Providers may access the certification form at www.oregonwcdoc.info. The provider must supply his or her license number, the name of the training vendor, and certify to the director that the provider completed at least one of the training requirements under OAR 436-010-0265(13)(a). Any provider that completes the certification agrees to abide by the following:

(A) The standards of professional conduct for performing IMEs adopted by the provider's regulatory board, or the independent medical examination standards published in Appendix C, which apply if the provider's regulatory board does not adopt standards of conduct for IMEs; and

(B) All relevant workers' compensation laws and rules.

(c) Providers on the director's list of authorized IME providers as of March 31, 2011, remain authorized to perform IMEs and do not need to reapply.

(d) A provider may be sanctioned or excluded from the director's list of providers authorized to perform IMEs after a finding by the director that the provider:

(A) Violated the standards of either the professional conduct for performing IMEs adopted by the provider's regulatory board or the independent medical examination standards published in Appendix C;

(B) Failed to comply with the requirements of this rule;

(C) Has a current restriction on their license or is under a current disciplinary action from their professional regulatory board;

(D) Has entered into a voluntary agreement with his or her regulatory board which the director determines is detrimental to performing IMEs;

(E) Violated workers' compensation laws or rules; or

(F) Has failed to complete training required by the director.

(e) Within 60 days of the director's decision to exclude a provider from the director's list, the provider may appeal the decision under ORS 656.704(2) and OAR 436-001-0019.

(14) The medical service provider conducting the examination will determine the conditions under which the examination will be conducted. Subject to the provider's approval, the worker may use a video camera or tape recorder to record the examination.

(15) If there is a finding by the director, an administrative law judge, the Workers' Compensation Board, or the court, that the IME was performed by a provider who was not on the director's list of authorized IME providers at the time of the examination, the insurer shall not use the IME report nor shall the report be used in any subsequent proceeding.

(16) Except as provided in subsection (a) of this section, a worker may elect to have an observer present during the IME.

(a) An observer is not allowed in a psychological examination unless the examining provider approves the presence of the observer.

(b) The worker must submit a signed observer form (440-3923A) to the examining provider acknowledging that the worker understands the worker may be asked sensitive questions during the examination in the presence of the observer. If the worker does not sign form 440-3923A, the provider may exclude the observer.

(c) An observer cannot participate in or obstruct the examination.

(d) The worker's attorney or any representative of the worker's attorney shall not be an observer. Only a person who does not receive compensation in any way for attending the examination can be an injured worker's observer.

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(e) The IME provider must verify that the worker and any observer have been notified of the requirement in sub-section (b).

(17) The IME provider must make Form 440-3923, "Important Information about Independent Medical Exams," available to the worker upon request by the worker or when needed to complete the observer form (440-3923A).

(18) Upon completion of the examination, the examining medical service provider must:

(a) Send the insurer a copy of the report and, if applicable, the observer form (440-3923A) or the invasive procedure form (440-3227), or both.

(b) Sign a statement at the end of the report verifying who performed the examination and dictated the report, the accuracy of the content of the report, and acknowledging that any false statements may result in sanction by the director.

(19) The insurer must forward a copy of the signed report to the attending physician or authorized nurse practitioner within 72 hours of its receipt of the report.

(20) The worker may complete an online survey or make a complaint about the IME on the Workers' Compensation Division's website. If the worker does not have access to the Internet, the worker may call the Workers' Compensation Division at 503-947-7606.

(21) Training must be approved by the director before it is given. Any party may submit medical service provider IME training curriculum to the director for approval. The curriculum must include training outline, goals, objectives, specify the method of training and the number of training hours, and must include all topics addressed in Appendix B.

(22) Within 21 days of the IME training, the training supplier must send the director the date of the training and a list of all medical providers who completed the training, including names, license numbers, and addresses.

(23) Insurer claims examiners must be trained and certified in accordance with OAR 436-055 regarding appropriate interactions with IME medical service providers.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.252, 656.325, 656.245, 656.248, 656.260, 656.264

Hist.: WCD 11-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 3-1999(Temp), f. & cert. ef. 2-11-99 thru 8-10-99; WCD 7-1999, f. & cert. ef. 4-28-99; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 9-2002, f. 9-27-02, cert. ef. 11-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-04; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 5-2006, f. 6-15-06, cert. ef. 7-1-06; WCD 4-2007(Temp), f. & cert. ef. 6-7-07 thru 12-3-07; WCD 9-2007, f. 11-1-07, cert. ef. 12-4-07; WCD 11-2007, f. 11-1-07, cert. ef. 1-2-08; WCD 3-2009, f. 12-1-09, cert. ef. 1-1-10; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-010-0330

Medical Arbiters and Panels of Physicians

(1) In consultation with the Workers' Compensation Management-Labor Advisory Committee under ORS 656.790, the director will establish and maintain a list of physicians to be used as follows:

(a) To appoint a medical arbiter or a panel of medical arbiters under ORS 656.268 and to select a physician under ORS 656.325 (1)(b).

(b) To appoint an appropriate physician or a panel of physicians to review medical treatment or medical services disputes under ORS 656.245, 656.260, and 656.327.

(2) Arbiters, panels of arbiters, physicians, and panels of physicians will be selected by the director.

(3) When a worker is required to attend an examination under this rule the director will provide notice of the examination to the worker and all affected parties. The notice will inform all parties of the time, date, location, and purpose of the examination. Examinations will be at a place reasonably convenient to the worker, if possible.

(4) The arbiters, the panels of arbiters, the physicians and the panels of physicians selected under this rule must be paid by the insurer in accordance with OAR 436-009-0070 (10) to (12).

(5) The insurer must pay the worker for all necessary related services in accordance with ORS 656.325(1).

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.268, 656.325 & 656.327

Hist.: WCD 12-1990(Temp), f. 6-20-90, cert. ef. 7-1-90; WCD 30-1990, f. 12-10-90, cert. ef. 12-26-90; WCD 11-1992, f. 6-11-92, cert. ef. 7-1-92; WCD 13-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 12-1996, f. 5-6-96, cert. ef. 6-1-96, Renumbered from 436-010-0047; WCD 11-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 2-2008, f. 6-13-08, cert. ef. 6-30-08; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-015-0008

Administrative Review

(1) Any party may request that the director provide voluntary mediation after a request for administrative review or hearing is filed. The request must be in writing. When a dispute is resolved by agreement of the parties to the director's satisfaction, any agreement shall be reduced to writing and approved by the director. If the dispute does not resolve through mediation, administrative review shall continue.

(2) Administrative review before the director: The process for administrative review of such matters shall be as follows:

(a) Any party that disagrees with an action taken by an MCO pursuant to these rules must first use the MCO's dispute resolution process. If the party does not appeal the MCO's decision, in writing and within 30 days of the mailing date of the decision, the party will lose all rights to further appeal the decision.

(b) The aggrieved party shall file a written request for administrative review with the administrator of the Workers' Compensation Division within 60 days of the date the MCO issues a final decision under the MCO's dispute resolution process. If a party has been denied access to an MCO dispute resolution process because the complaint or dispute was not included in the MCO's dispute resolution process or because the MCO's dispute resolution process was not completed for reasons beyond a party's control, the party may request administrative review within 60 days of the failure of the MCO to issue a decision. The request must specify the grounds upon which the action is contested.

(c) The director shall create a documentary record sufficient for judicial review. The director may require and allow the parties to submit such input and information appropriate to complete the review.

(d) The director shall review the relevant information and issue an order. The order shall specify that it will become final and not subject to further review unless a written request for hearing is filed with the administrator within 30 days of the mailing date of the order.

(3) If the director determines an evaluation by a physician is indicated to resolve the dispute, the director, in accordance with OAR 436-010-0330, may appoint an appropriate medical service provider or panel of providers to review the medical records and, if necessary, examine the worker and perform any necessary and reasonable medical tests, other than invasive tests. The worker may refuse an invasive test without sanction.

(a) A single physician selected to conduct an evaluation must be a practitioner of the same healing art and specialty, if practicable, as the medical service provider whose treatment or service is being reviewed.

(b) When a panel of physicians is selected, at least one panel member must be a practitioner of the same healing art and specialty, if practicable, as the medical service provider whose treatment or service is being reviewed.

(c) When an examination of the worker is required, the director will notify the appropriate parties of the date, time, and location of the examination. No party may directly contact the physician or panel except as it relates to the examination date, time, location, and attendance. If the parties wish that the physician or panel address special questions, the parties must submit these questions to the director for screening. The director will determine the appropriateness of the questions. Matters not related to the issues before the director are inappropriate for medical evaluation, and the director will not submit questions regarding such matters to the evaluating physician(s). The evaluation may include:

(A) A review of all medical records and diagnostic tests submitted,

(B) An examination of the worker, and

(C) Any necessary and reasonable medical tests.

(4) Hearings before an administrative law judge: Any party who disagrees with an order under these rules may request a hearing by filing a request for hearing as provided in OAR 436-001-0019 within 30 days of the mailing date of the order. OAR 436-001 applies to the hearing. In the review of orders issued pursuant to ORS 656.260(14) and (16), no new medical evidence or issues shall be admitted at hearing. In these reviews, administrative orders may be modified at hearing only if the administrative order is not supported by substantial evidence in the record or reflects an error of law. The dispute may be remanded to the MCO for further evidence taking, correction, or other necessary action if the administrative law judge or director determines the record has been improperly, incompletely, or otherwise insufficiently developed.

(5) Contested case hearings of sanctions and civil penalties: Under ORS 656.740, any party that disagrees with a proposed order or proposed assessment of civil penalty issued by the director pursuant to ORS 656.745, or to a civil penalty or cease and desist order issued under ORS

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656.260(20), may request a hearing by the Hearings Division of the Workers' Compensation Board as follows:

(a) The party shall file a written request for a hearing with the administrator of the Workers' Compensation Division within 60 days after the mailing date of the proposed order or assessment. The request must specify the grounds upon which the proposed order or assessment is contested.

(b) The division shall forward the request and other pertinent information to the Hearings Division of the Workers' Compensation Board.

(c) An administrative law judge from the Hearings Division, acting on behalf of the director, shall conduct the hearing in accordance with ORS 656.740 and ORS chapter 183.

(6) Hearings on the suspension or revocation of an MCO's certification:

(a) At a hearing on a notice of intent to suspend issued pursuant to OAR 436-015-0080(2), the MCO must show cause why it should be permitted to continue to provide services under these rules.

(A) If the director determines that the acts or omissions of the MCO justify suspension of the MCO's certification, the director may issue an order suspending the MCO for a period of time up to a maximum of one year or may initiate revocation proceedings pursuant to OAR 436-015-0080(5). If the director determines that the acts or omissions of the MCO do not justify suspension, the director shall issue an order withdrawing the notice.

(B) If the MCO disagrees with the order, it may request a hearing by filing a request for hearing as provided in OAR 436-001-0019 within 60 days of the mailing date of the order.

(C) OAR 436-001 applies to the hearing.

(b) A revocation issued pursuant to OAR 436-015-0080(5) shall become effective within 10 days after service of such notice upon the MCO unless within such period of time the MCO corrects the grounds for revocation to the satisfaction of the director or files a written request for hearing with the administrator of the Workers' Compensation Division.

(A) If the MCO appeals, the administrator shall set a date for a hearing and shall give the MCO at least ten days notice of the time and place of the hearing. At hearing, the MCO shall show cause why it should be permitted to continue to provide services under these rules.

(B) Within thirty days after the hearing, the director shall issue an order affirming or withdrawing the revocation.

(C) If the MCO disagrees with the order, it may request a hearing by filing a request for hearing as provided in OAR 436-001-0019 within 60 days of the mailing date of the order.

(D) OAR 436-001 applies to the hearing.

(c) An emergency revocation issued pursuant to OAR 436-015-0080(7) is effective immediately. The MCO must file a request for hearing as provided in OAR 436-001-0019 within 60 days of the mailing date of the order. OAR 436-001 applies to the hearing.

Stat. Auth.: ORS 183.310 - 183.550 & 656.726(4)

Stats. Implemented: ORS 656.260

Hist.: WCD 11-1990(Temp), f. 6-19-90, cert. ef. 7-1-90; WCD 33-1990, f. 12-12-90, cert. ef. 12-26-90; WCD 14-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 13-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 12-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 13-1999(Temp), f. & cert. ef. 10-25-99 thru 4-21-00; Administrative correction 6-13-01; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-03; WCD 6-2004, f. 6-14-04, cert. ef. 6-29-04; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 5-2011, f. 11-18-11, cert. ef. 1-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-015-0080

Suspension; Revocation

(1) Pursuant to ORS 656.260, the certification of a managed care organization issued by the director may be suspended or revoked if:

(a) The director finds a serious danger to the public health or safety;

(b) The MCO is providing services not in accordance with the terms of the certified MCO plan;

(c) There is a change in legal entity of the MCO which does not conform to the requirements of these rules;

(d) The MCO fails to comply with ORS chapter 656, OAR 436-009, 436-010, 436-015, or orders of the director.

(e) The MCO or any of its members commits any violation for which a civil penalty could be assessed under ORS 656.254 or 656.745;

(f) Any false or misleading information is submitted by the MCO or any member of the organization;

(g) The MCO continues to utilize the services of a health care practitioner whose license has been suspended or revoked by the licensing board; or

(h) The director determines that the MCO was or is formed, owned, or operated by an insurer or by an employer other than a health care provider or medical service provider as defined in these rules.

(2) The director shall provide the MCO written notice of an intent to suspend the MCO's certification.

(a) The notice shall:

(A) Describe generally the acts of the MCO and the circumstances that would be grounds for suspension;

(B) Advise the MCO of their right to participate in a show cause hearing and the date, time, and place of the hearing.

(b) The notice shall be served upon the MCO's designated in-state communication liaison and to the registered agent or other officer of the corporation upon whom legal process may be served at least 30 days prior to the scheduled date of the hearing.

(3) The show cause hearing on the suspension shall be conducted as provided in OAR 436-015-0008(6).

(4) An order of suspension shall suspend the MCO's authority to enter into new contracts with insurers for a specified period of time up to a maximum of one year. During the suspension, the MCO may continue to provide services in accordance with the contracts in effect at the time of the suspension.

(a) A suspension may be set aside prior to the end of the suspension period if the director is satisfied of the MCO's current compliance, ability, and commitment to comply with ORS chapter 656, OAR 436-009, 436-010, 436-015, orders of the director, and the certified MCO plan.

(b) Prior to the end of the suspension period the division shall determine if the MCO is in compliance with ORS chapter 656, OAR 436-009, 436-010, 436-015, orders of the director, and the certified MCO plan. If the MCO is in compliance the suspension will terminate on its designated date. If the MCO is not in compliance the suspension may be extended beyond one year without further hearing or revocation proceedings may be initiated.

(5) The process for revocation of a MCO shall be as follows:

(a) The director shall provide the MCO with notice of an order of revocation. The order shall:

(A) Describe generally the acts of the MCO and the circumstances that are grounds for revocation; and

(B) Advise the MCO that the revocation shall become effective within 10 days after service of such notice upon the MCO unless within such period of time the MCO corrects the grounds for the revocation to the satisfaction of the director or files an appeal as provided in OAR 436-015-0008(6).

(b) The order shall be served upon the MCO's designated in-state communication liaison and to the registered agent or other officer of the corporation upon whom legal process may be served.

(c) A show cause hearing on the revocation shall be conducted as provided in OAR 436-015-0008(6).

(d) If revocation is affirmed, the revocation is effective 10 days after service of the order upon the MCO unless the MCO appeals.

(6) After revocation of an MCO's authority to provide services under these rules has been in effect for three years or longer, it may petition the director to restore its authority by making application as provided in these rules.

(7) Notwithstanding section (5) of this rule, in any case where the director finds a serious danger to the public health or safety and sets forth specific reasons for such findings, the director may immediately revoke the certification of an MCO without providing the MCO a show-cause hearing. Such order shall be final, unless the MCO requests a hearing. The process for review shall be as provided in OAR 436-015-0008(6).

(8) Insurer contractual obligations to allow a managed care organization to provide medical services for injured workers are null and void upon revocation of the MCO certification by the director.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.260

Hist.: WCD 11-1990(Temp), f. 6-19-90, cert. ef. 7-1-90; WCD 33-1990, f. 12-12-90, cert. ef. 12-26-90; WCD 4-1991, f. & cert. ef. 6-14-91; WCD 14-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 13-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 12-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

436-015-0110

Dispute Resolution/Complaints of Rule Violation

(1) Disputes which arise between any party and an MCO must first be processed through the dispute resolution process of the MCO.

(2) The MCO must promptly provide a written summary of the MCO's dispute resolution process to anyone who requests it, or to any party or their representative disputing any action of the MCO or affected by a dispute. The written summary must include at least the following:

(a) The title, address, and telephone number of the contact person at the MCO who is responsible for the dispute resolution process;

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(b) The types of issues the MCO will consider in its dispute resolution process;

(c) A description of the procedures and time frames for submission, processing, and decision at each level of the dispute resolution process including the right of an aggrieved party to request administrative review by the director if the party disagrees with the final decision of the MCO; and

(d) A statement that absent a showing of good cause, failure to timely appeal to the MCO shall preclude appeal to the director.

(3) The MCO must notify the worker and the worker's attorney when the MCO:

- (a) Receives any complaint or dispute under this rule; or
- (b) Issues any decision under this rule.

(4) Whenever an MCO denies a service, or a party otherwise disputes a decision of the MCO, the MCO must send written notice of its decision to all parties that can appeal the decision. If the MCO provides a dispute resolution process for the issue, the notice must include the following paragraph, in bold text:

NOTICE TO THE WORKER AND ALL OTHER PARTIES: If you want to appeal this decision, you must notify us in writing within 30 days of the mailing date of this notice. Send a written request for review to: {MCO name and address}. If you have questions, contact {MCO contact person and phone number}. If you do not notify us in writing within 30 days, you will lose all rights to appeal the decision. If you appeal timely, we will review the disputed decision and notify you of our decision within 60 days of your request. Thereafter, if you continue to disagree with our decision, you may appeal to the director of the Department of Consumer and Business Services (DCBS) for further review. If you fail to seek dispute resolution through us, you will lose your right to appeal to the director of DCBS.

(5) If an MCO receives a complaint or dispute that is not included in the MCO dispute resolution process, the MCO must, within seven days from the date of receiving the complaint, notify the parties in writing of their right to request review by the director under OAR 436-015-0008. The notice must include the following paragraph, in bold text:

NOTICE TO THE WORKER AND ALL OTHER PARTIES: The issue you have raised is not a matter that we handle. To pursue this issue, you must request administrative review of the issue by the director of the Department of Consumer and Business Services (DCBS). Send written requests for review to: DCBS, Workers' Compensation Division, Medical Resolution Team, 350 Winter Street NE, PO Box 14480, Salem, OR 97309-0405. If you do not notify DCBS in writing within 60 days of the mailing date of this notice, you will lose all rights to appeal the decision. For assistance, you may call the Workers Compensation Division's toll-free hotline at 1-800-452-0288 and ask to speak with a Benefit Consultant.

(6) The time frame for resolution of the dispute by the MCO may not exceed 60 days from the date the MCO receives the dispute to the date it issues its final decision. After the MCO resolves a dispute under ORS 656.260(14), the MCO must notify all parties to the dispute in writing, including the worker's attorney where written notification has been provided by the attorney with an explanation of the reasons for the decision. This notice must inform the parties of the next step in the process, including the right of an aggrieved party to request administrative review by the director under OAR 436-015-0008. The notice must include the following paragraph, in bold text:

NOTICE TO THE WORKER AND ALL OTHER PARTIES: If you want to appeal this decision, you must notify the director of the Department of Consumer and Business Services (DCBS) in writing within 60 days of the mailing date of this notice. Send written requests for review to: Department of Consumer and Business Services, Workers' Compensation Division, Medical Resolution Team, 350 Winter Street NE, PO Box 14480, Salem, OR 97309-0405. If you do not notify DCBS in writing within 60 days, you will lose all rights to appeal the decision. For assistance, you may call the Workers Compensation Division's toll-free hotline at 1-800-452-0288 and ask to speak with a Benefit Consultant.

(7) If the MCO fails to issue a decision within 60 days, the MCO's initial decision is automatically deemed affirmed. The parties may immediately proceed as though the MCO had issued an order affirming the MCO decision. The MCO must notify the parties of the next step in the process, including the right of an aggrieved party to request administrative review by the director under OAR 436-015-0008 including the appeal rights provided in (6) above.

(8) The director may assist in resolution of a dispute before the MCO. The director may issue an order to further the dispute resolution process. Any of the parties also may request in writing that the director assist in resolution if the dispute cannot be resolved by the MCO.

(9) Complaints pertaining to violations of these rules must be directed to the division.

(10) The division may investigate the alleged rule violation. The investigation may include, but will not be limited to, request for and review of pertinent medical treatment and payment records, interviews with the parties to the complaint, or consultation with an appropriate committee of

the medical provider's peers, chosen in the same manner as provided in OAR 436-010-0330.

(11) If the division determines upon completion of the investigation that there has been a rule violation, the division may issue penalties pursuant to ORS 656.745 and OAR 436-015-0120.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.260

Hist.: WCD 11-1990(Temp), f. 6-19-90, cert. ef. 7-1-90; WCD 33-1990, f. 12-12-90, cert. ef. 12-26-90; WCD 14-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 13-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 12-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13

Department of Corrections Chapter 291

Rule Caption: Operation and Use of Telephones by Inmates

Adm. Order No.: DOC 2-2013

Filed with Sec. of State: 2-22-2013

Certified to be Effective: 2-22-13

Notice Publication Date: 10-1-2012

Rules Amended: 291-130-0006, 291-130-0011, 291-130-0016, 291-130-0020, 291-130-0080

Rules Repealed: 291-130-0006(T), 291-130-0011(T), 291-130-0020(T), 291-130-0080(T)

Subject: The department has updated its inmate telephone system. These modifications are necessary to update the rules to current operations of the new telephone system.

Rules Coordinator: Janet R. Worley—(503) 945-0933

291-130-0006

Definitions

(1) Access to Inmate Telephone System: An inmate's use of a personal identification number (PIN) and validated voice recognition to connect to the inmate telephone system.

(2) Functional Unit Manager: Any person within the Department of Corrections who reports to either the Director, Deputy Director, an assistant director, or an administrator and has responsibility for the delivery of program services or coordination of program operations. In these rules, the "functional unit manager" is the superintendent of an institution or the Inspector General.

(3) Legal Telephone Call: Telephone calls between an inmate and his/her attorney or the attorney's documented representative(s), legal aid bureaus or other organizations as deemed appropriate by the department.

(4) Officer in Charge: That person designated by the functional unit manager to supervise the facility and make operational decisions in accordance with policy, rule or procedure during periods when the functional unit manager or officer of the day are not readily available.

(5) Personal Identification Number (PIN): An assigned number used by an inmate to access the inmate telephone system.

(6) Prepaid Call: A telephone call placed by an inmate using funds paid in advance from a telephone account.

(7) Three-Way Call: Any call that uses an intermediary call to bridge communication to a third party. This includes any communication between the inmate or the original called party with a third party not in the same location.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: CD 8-1993, f. 3-10-93, cert. ef. 4-1-93; DOC 2-2006, f. 3-10-06, cert. ef. 3-13-06; DOC 10-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 2-2013, f. & cert. ef. 2-22-13

291-130-0011

Operation of Inmate Telephones

(1) Inmates are required to provide their personal identification number (PIN) and validated voice recognition to gain access to the inmate telephone system.

(a) Inmates are responsible to maintain security of their access information.

(b) An inmate may not use another inmate's access information.

(c) The department is not responsible for theft, loss or costs related to an inmate lending his/her access information or failing to provide for its safekeeping.

(d) An inmate's PIN will be terminated if it has been lost, stolen, or if in the sole judgment of the functional unit manager/designee, the PIN has been used by the inmate or another person to engage in activity that violated department rule, state or federal law, or in other activity that poses a

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threat or is detrimental to the security, safety, health, good order or discipline within a Department of Corrections facility, inmate rehabilitation or that facilitates criminal activity.

(e) If an inmate's PIN is terminated, the department will issue the inmate a new PIN. The department may assess the inmate a PIN replacement fee.

(2) Prepaid Calls: The department will establish a telephone account for each inmate.

(a) Inmates may transfer funds from their trust account to their telephone account. Availability of funds in the inmate's trust account will be verified before any transfer of funds to the telephone account.

(b) An inmate shall address any issues regarding funds in his/her telephone account directly to the inmate telephone service provider.

(c) Prepaid calls will disconnect when funds in an inmate's telephone account have been depleted.

(d) Inmates may obtain their individual telephone account balance through the inmate telephone system.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: DOC 2-2006, f. 3-10-06, cert. ef. 3-13-06; DOC 10-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 2-2013, f. & cert. ef. 2-22-13

291-130-0016

General Provisions

(1) All calls must be placed as collect or prepaid. Only collect or prepaid calls can be made from telephones designated for inmate use.

(2) The functional unit manager or designee has the authority to restrict telephone calls by an inmate if the safety of the public would be involved or the security of the facility or safety and welfare of any person would be jeopardized.

(3) Inmates shall not participate in three way calls or any form of call forwarding. An inmate may be assessed a service fee from the inmate telephone service provider if it is verified he/she has participated in a three-way call or any form of call forwarding.

(4) Inmates shall not place charges to third party numbers, motels, hotels, places of business, credit cards or to telephone company calling card numbers.

(5) If the telephone call cannot be completed because no one answers or the line is busy, the inmate shall hang up and attempt another call at another time.

(6) Inmates shall not loiter in the surrounding area where telephones are located.

(7) Only one inmate at a time shall be permitted access to a telephone. The inmate who initiates a call is the only person authorized to converse with the contact party during that call.

(8) Inmates may be required to sign up on the telephone log (CD 755) to reserve a time to use a telephone in a housing unit or activity area when there are a large number of inmates who want access to a telephone, but there are a limited number of telephones.

(9) A set of Oregon telephone directories for major cities shall be located in the facility library.

(10) Special Housing: Inmates in special housing may be allowed telephone services as established by the functional unit manager. Special housing includes administrative housing, disciplinary segregation, Intensive Management Unit, Death Row housing, mental health special housing, and facility infirmaries.

(a) Inmates in special housing may have restricted telephone services, and be allowed only emergency calls, legal calls as specified in OAR 291-130-0021, or other calls as authorized by the functional unit manager or designee.

(b) Inmates in mental health special housing may have limited access to telephones if the access interferes with the inmate's treatment.

(11) The department may prohibit an inmate from calling a particular person or phone number when requested by the person, or in the case of a minor child, by the child's parent or legal guardian.

(12) Other inmate telephone services or restrictions, not specifically addressed in this rule, may be implemented for safety and security reasons or as authorized by the functional unit manager.

(13) Inmates shall report all inmate phone repair issues as directed by the department.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: CD 5-1988, f. & cert. ef. 3-21-88; CD 8-1993, f. 3-10-93, cert. ef. 4-1-93, Renumbered from 291-130-0010(5); DOC 7-2002, f. & cert. ef. 6-12-02; Renumbered from 291-130-0040, DOC 2-2006, f. 3-10-06, cert. ef. 3-13-06; DOC 10-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 2-2013, f. & cert. ef. 2-22-13

291-130-0020

Monitoring, Termination and Blocking of Calls

(1) All calls are subject to monitoring and recording except for legal telephone calls.

(2) Directly above each group of monitored telephones, a sign shall be posted stating in English and Spanish "Phone calls are subject to being monitored and recorded."

(3) An inmate's use of the telephone system to engage in activity that is a violation of department rules, state, or federal law may result in disciplinary action and possible restriction of telephone services.

(4) The department may block access to phone numbers used to commit a crime or violate department rules, including any attempt to place a three-way call or use any form of call forwarding. The owner of a telephone number that has been blocked for participation in a three-way call or call forwarding may request an administrative review by writing to the Inspector General.

(5) An inmate's telephone services or individual telephone calls may be suspended by the functional unit manager/designee, in his/her sole discretion, when the functional unit manager/designee has reason to believe the inmate has used or may use inmate telephone services to:

(a) Engage in activity that violates department rule, state or federal law; or

(b) Engage in other activity that poses a threat or is detrimental to the security, safety, health, good order or discipline within a Department of Corrections facility, inmate rehabilitation that facilitates criminal activity, or jeopardizes the safety and welfare of any person.

(6) A "high alert" inmate under the management of the Security Threat Management Unit may have his/her telephone services or individual telephone calls suspended, restricted, or modified in accordance with OAR 291-069-0270, Management of High Alert Inmates.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: CD 5-1988, f. & cert. ef. 3-21-88; CD 8-1993, f. 3-10-93, cert. ef. 4-1-93, Renumbered from 291-130-0010(3); DOC 2-2006, f. 3-10-06, cert. ef. 3-13-06; DOC 10-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 2-2013, f. & cert. ef. 2-22-13

291-130-0080

Remaining Telephone Fund Balances Upon Release

Remaining funds balances received from the inmate telephone service provider will be deposited to individual inmate trust accounts as per the department's rule on Trust Accounts (OAR 291-158-0045) less a processing fee imposed by the department. Funds deposited on behalf of inmates who are indebted to the department are subject to collection as per OAR 291-158-0065. Any remaining funds are disbursed to the inmate through the Oregon Trail card or by check.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: DOC 2-2006, f. 3-10-06, cert. ef. 3-13-06; DOC 10-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 2-2013, f. & cert. ef. 2-22-13

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Rule Caption: Case Management of Offenders Under Supervision in the Community

Adm. Order No.: DOC 3-2013

Filed with Sec. of State: 2-28-2013

Certified to be Effective: 2-28-13

Notice Publication Date: 10-1-2012

Rules Adopted: 291-078-0026, 291-078-0031

Rules Amended: 291-078-0005, 291-078-0010, 291-078-0020

Rules Repealed: 291-078-0005(T), 291-078-0010(T), 291-078-0020(T), 291-078-0026(T), 291-078-0031(T)

Subject: These rules changes are necessary in order for the department to implement the use of a new static risk assessment tool (Public Safety Checklist) to replace the current risk assessment tool. The Public Safety Checklist will be used as the statewide initial risk assessment tool for offenders. The Proxy will be used as an alternative tool for offenders that have no Oregon criminal history or an extensive out-of-state criminal history.

Rules Coordinator: Janet R. Worley—(503) 945-0933

291-078-0005

Authority, Purpose, and Policy

(1) Authority: The authority for this rule is granted to the Director of the Department of Corrections in accordance with ORS 179.040, 423.020, 423.030, and 423.075.

(2) Purpose: The purpose of this rule is to:

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(a) Provide uniform business practices in accordance with evidence-based practices of case management for offender supervision in the community;

(b) Establish a level of statewide consistency for the classification of offenders;

(c) Classify offenders based upon the risk of recidivism;

(d) Operate on the principle of limited risk control and utilize an objective risk assessment tool for making classification decisions;

(e) Quantify workload, including both investigative and supervision services;

(f) Assign levels of supervision;

(g) Provide the data necessary for policy decisions, program planning, effective utilization of resources, research, and evaluation;

(h) Enhance corrections system credibility by providing a means of accountability through established auditing methods; and

(i) Provide workload data which may be used for resource allocation.

(3) Policy: It is the policy of the Department of Corrections to target resources to those offenders who are most likely to recidivate using evidence-based practices in a comprehensive case management approach.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: CD 15-1991, f. & cert. ef. 6-14-91; CD 12-1997, f. 7-23-97, cert. ef. 8-1-97; DOC 9-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 3-2013, f. & cert. ef. 2-28-13

291-078-0010

Definitions

(1) Agency: The Department of Corrections or county community corrections agencies.

(2) Case Management: A proactive and collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an offender's risks, needs, and responsivity factors. Case management is the process that links all the elements involved in an offender's management. The process of case management unifies procedures and personnel to balance resources and an offender's needs through their term of community supervision.

(3) Case Plan: A dynamic document created collaboratively with an offender that specifically identifies the offender's evidence-based assessed risk and needs, accompanied by risk reduction strategies and plans of action, with timelines.

(4) Evidence-Based Practices: The body of research and clinical knowledge that describes correctional assessment, programming, and supervision strategies that lead to improved correctional outcomes, such as risk reduction and increased public safety. Such principles not only meet the public's expectations for economical business strategies, efficiency, and effectiveness; but also reflect fairness and accountability.

(5) Intensive Supervision: An enhanced level of supervision exceeding a county's high risk level supervision standards. Intensive supervision may include, but not be limited to, electronic monitoring, house arrest, curfew, day reporting, supervised housing, multiple supervising officers, adjunct surveillance by law enforcement or other specialists, increased face-to-face offender contacts in the community, increased collateral contacts (such as with family, therapist and employer), community notification, geographic restrictions, offender mileage logs, medication monitoring (such as psychotropics, or antabuse), intensive outpatient or residential treatment programming, urinalysis, and polygraph.

(6) Level of Service/Case Management Inventory (LS/CMI): A validated assessment tool used to determine an offender's risk to recidivate and identify criminogenic risk factors.

(7) Offender: Any person under the supervision of local community corrections who is on probation, parole, or post-prison supervision status.

(8) Ontario Domestic Assault Risk Assessment (ODARA): Actuarial risk assessment tool to assess risk in cases where a man has assaulted his female partner.

(9) Public Safety Checklist (PSC): A statistical calculation developed by the Oregon Criminal Justice Commission in collaboration with the department's research unit to predict an offender's risk to recidivate within three years of release from custody or admission to probation.

(10) Proxy: A three question validated risk assessment tool created by the National Institute of Corrections.

(11) Risk of Violence: The identified potential of an offender to engage in or threaten to engage in behavior that constitutes physical force and/or the inflicting of injury on another person.

(12) Risk of Recidivism: The likelihood of an offender being convicted of a new felony within three years of release from prison or admission to probation.

(13) Sexually Violent Dangerous Offender (SVDO): A special designation by the Court and/or Board of Parole and Post-Prison Supervision as defined in ORS 144.635 subjecting the offender to intensive supervision for the full period of parole and/or post-prison supervision.

(14) Stable/Acute: Actuarial risk and needs scales for the assessment of sexual offenders and the probability of sexual and violent recidivism.

(15) Static-99R: A ten item actuarial assessment instrument for use with adult sexual offenders who are at least 18 years of age at the time of admission to supervision.

(16) Supervision Intake Date: The date upon which the agency supervisor assigns a new case offender to a supervising/intake officer.

(17) Supervision Period: The period of time an offender is under the supervision of an agency or agencies. The period of supervision may involve multiple cases and is interrupted only by Department of Correction incarceration, transfer of the offender's supervision out of state, case closure due to absconding, or legal termination of the final chronological case.

(18) Supervision Termination Date: The date established by the releasing/sentencing authority when the offender is no longer legally subject to community supervision.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: CD 15-1991, f. & cert. ef. 6-14-91; CD 12-1997, f. 7-23-97, cert. ef. 8-1-97; DOC 9-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 3-2013, f. & cert. ef. 2-28-13

291-078-0020

Risk Assessment

(1) Proper assessment ensures the classification of offenders according to risk and their assignment to specified levels of community supervision.

(2) New Case: Any offender received for community supervision who is not already under community supervision at the time of the admission to supervision shall be considered a new case. A risk assessment must be completed.

(a) The offender shall be considered a new case for a period of up to 30 days commencing with the supervision intake date. Authorization to extend the new case status an additional 30 days may be granted by the supervisor when extenuating circumstances warrant such extension. Approval for the extension may be documented in the case file.

(b) An absconder shall be considered a new case upon return to supervision if he/she has been absent from supervision for a period of six months or longer.

(c) An offender shall be considered a new case upon release from incarceration due to revocation or upon a new felony conviction.

(3) Risk Assessment:

(a) The assessment of risk will involve the use of the PSC, a validated risk assessment tool, which is an objective instrument that groups offenders according to their likelihood to recidivate.

(b) The assessment of risk will rely primarily on automated static risk factors to predict the likelihood to recidivate. The initial risk assessment score will be created as part of new case procedures.

(c) The computer generated score will place the offender in one of three risk levels: high, medium, or low.

(d) If an offender has no in-state arrest history or an extensive out-of-state criminal history, the PROXY risk tool will be used, which is a manual risk assessment tool and will serve as a proxy to the automated risk assessment tool and will determine the initial risk level.

(4) Risk, Needs, and Responsivity Assessment:

(a) The ongoing assessment of offenders risk, needs, and responsivity relies on a combination of both static and dynamic risk factors in order to predict recidivism and identify criminogenic needs and responsivity issues.

(b) The LS/CMI and a case plan, as described in OAR 291-078-0010 and 0026, will be completed on all offenders determined to be of high or medium risk either by the PSC, Proxy, or by an approved override. The LS/CMI is not required on sexual offenders who are subject to the Stable/Acute and Static-99R.

(c) Offenders will be reassessed using the LS/CMI a minimum of every twelve months, or as circumstances warrant for high and medium level cases.

(d) The LS/CMI is not required on offenders that are assessed at the low level either by the PSC or by an approved override. Low level offenders may be reassessed using the PSC or LS/CMI as circumstances warrant.

(e) Nothing in this rule prevents an agency from completing an LS/CMI on a sexual offender or a low level offender.

(5) Overrides:

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(a) The override feature is intended to address risk factors that may not be included in the objective risk assessment instruments. These factors are based upon:

(A) Dynamic risk factors, which appear to impact the risk the offender poses to the community; or

(B) Policy and/or value statements on the part of the agency regarding the delivery of correctional services.

(b) The override feature provides for either increases or decreases in the level of supervision from that determined through the initial risk assessment score.

(c) All overrides must be based upon static and/or dynamic risk factors identified by one of the following tools, special offender designation, or the offender's availability for supervision:

(A) LS/CMI;

(B) Stable/Acute

(C) ODARA;

(D) SVDO;

(E) Policy; or

(F) Unavailable status, which includes

(i) In custody;

(ii) Warrant/Abscond;

(iii) Residential Treatment;

(iv) CMPO, Compacted Out of State; or

(v) Medical (Hospice, State Hospital, etc.)

(d) The assessing officer must indicate the single most appropriate category on the override screen.

(e) Approval of override requests by the officer's supervisor is not required; however, an agency may require this level of approval.

(f) All overrides must include a comment or a reason for the override.

(g) Supervision level changes due to override shall remain in effect until:

(A) A change in circumstances warrants a reassessment and subsequent adjustment in the level of supervision;

(B) The removal of the override is warranted and consistent with public safety and the reformation of the offender.

(6) In order to ensure a baseline of statewide consistency in the supervision of offenders, three basic levels of supervision have been established: high, medium, and low. The risk instrument shall, in most cases, determine which supervision level is appropriate. The county community corrections manager will establish minimum contact standards for each of the three supervision levels for new cases.

(a) Standards will be in writing with the policies and procedures of the agency.

(b) The county will notify the Department of Corrections of the contact standards so that they can be coded into the Corrections Information System (CIS). The management reports generated by CIS will reflect the actual standards set in the county.

(7) An offender found to be a SVDO, as defined in ORS 144.635, shall be subject to intensive supervision for the full period of the offender's parole and post-prison supervision.

(8) Intensive supervision for the purposes of this rule means an enhanced level of supervision exceeding a county's high risk level supervision standards. Intensive supervision may include, but not be limited to, electronic monitoring, house arrest, curfew, day reporting, supervised housing, multiple supervising officers, adjunct surveillance by law enforcement or other specialists, increased face-to-face offender contacts in the community, increased collateral contacts (such as with family, therapist and employer), community notification, geographic restrictions, offender mileage logs, medication monitoring (such as depo provera, psychotropics, antabuse), intensive outpatient or residential treatment programming, urinalysis, and polygraph.

Stat. Auth.: ORS 144.637, 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 144.637, 179.040, 423.020, 423.030 & 423.075

Hist.: CD 15-1991, f. & cert. ef. 6-14-91; CD 12-1997, f. 7-23-97, cert. ef. 8-1-97; DOC 4-2001, f. & cert. ef. 2-7-01; DOC 9-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 3-2013, f. & cert. ef. 2-28-13

291-078-0026

Community Case Management and Planning

(1) Community case management and planning is comprised of the following principles:

(a) When all community corrections staff and community stakeholders share appropriate information and assist in the case planning for offenders, both the quality of change and the safety of the community improve. Mutual respect, proper training, and on-going communication and cooperation provide the foundation for community case management;

(b) Case planning begins in the institution for those offenders releasing on parole or post-prison supervision. An effective community case management system will build upon the case planning that occurred in the institution;

(c) Each offender is treated as an individual rather than as a part of a group;

(d) Case management programs and interventions are structured around an individual's risk, need, and responsibility factors;

(e) Case plan programs and interventions contain clear and achievable goals where goal achievement is rewarded;

(f) Positive behaviors and personal accountability are expected in order to achieve goals;

(g) Each offender has the ability to provide input into their case plan;

(h) Quality pro-social interaction between all agency staff and offenders is the expectation and is an evidence-based practice that can be consistently offered throughout the correctional process;

(i) Offenders receive support in various ways, including education, employment, programs, and treatment services;

(j) The emphasis is on being proactive rather than waiting for problems to develop;

(k) Accurate record keeping for monitoring progress is a vital and on-going part of successful community case planning and case management;

(l) Feedback to the offender about case planning and progress is a vital and on-going part of successful community case management; and

(m) Quality assurance measures are utilized to ensure consistency and reliability of community case management techniques, as well as a consistent statewide case management approach.

(2) Individualized case plans shall be prepared on all high and medium risk offenders. Case plans may be prepared on all other offenders.

(a) The case plan will identify interventions, supervision strategies, programming, treatment, and educational/employment activities that are appropriate to the offender's strengths and needs;

(b) The case plan will promote positive change and assist in developing pro-social behaviors;

(c) The case plan process is intended to be collaborative in nature;

(d) The automated case plan in the Case Management Module shall be used when creating a case plan;

(e) Components of each case plan should contain or identify:

(A) Prioritized goals based upon assessments such as the LS/CMI, Stable/Acute and Static 99R, ODARA, mental health status, or any other instruments assessing need or risk to recidivate;

(B) Desired outcomes for each goal;

(C) Action steps or tasks linking the offender to the appropriate services;

(i) Are time sensitive, measurable, achievable, and specific;

(ii) Are time specific and should not be identified as a range (e.g. 30-60 days) or as an unspecified period of time, (e.g. as needed);

(iii) Should identify who is responsible for accomplishing the action steps/tasks; and

(iv) Should prioritize completion dates.

(3) Officers should routinely review the case plan with the offender and modifications should be made as indicated by the offender's behavior, compliance with the plan, and responsibility to change.

(a) Progress should be outcome oriented, measurable, and recorded in case plan;

(b) When goals and action steps are completed, they should be replaced by the next prioritized risk/need areas identified.

(4) Reentry and release planning are part of the case planning process.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 9-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 3-2013, f. & cert. ef. 2-28-13

291-078-0031

Validation/Evaluation

(1) The Department of Corrections will subject the PSC to periodic validation in order to ensure that the tool is predicting risk within acceptable ranges.

(2) Evaluation of the community case management system will occur through:

(a) The ongoing assessment of operations through the operational review system;

(b) The ongoing informal feedback of users and recommendations of the Oregon Association of Community Corrections Directors Risk Assessment Workgroup; and

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(c) The formal written evaluation of the system to determine operational effectiveness and accomplishments of identified purposes.

(3) A formal evaluation will occur at no more than five-year intervals.

(4) Each agency is responsible for quality assurance measures within their county.

(a) Case plans should be reviewed a minimum of every six months for high and medium cases and as needed for all other cases;

(b) Internal quality assurance measures such as peer review and supervisor audits should be used to maximize consistency and reliability of case management tasks. These reviews should be conducted on a regular basis as determined by the agency.

(c) Internal quality assurance may include:

(A) Spot checks of assessments, which may include the LS/CMI and Stable/Acute and Static 99R;

(B) Review of case plan development and maintenance;

(C) Observation, review, and feedback of LS/CMI interviews or motivational interviews;

(D) Proper use of supervision overrides;

(E) Accurate and appropriate case documentation; and/or

(F) Adherence to case plan policies and procedures.

(d) External quality assurance measures, including peer review and formal audits, may be used to ensure a statewide case management practice.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 9-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; DOC 3-2013, f. & cert. ef. 2-28-13

Department of Fish and Wildlife Chapter 635

Rule Caption: Treaty Indian Winter Commercial Fisheries In the John Day Pool Close February 27

Adm. Order No.: DFW 15-2013(Temp)

Filed with Sec. of State: 2-22-2013

Certified to be Effective: 2-27-13 thru 6-15-13

Notice Publication Date:

Rules Amended: 635-041-0065

Rules Suspended: 635-041-0065(T)

Subject: This amended rule closes allowable sales of fish caught in the Treaty winter commercial gillnet fishery in the John Day Pool effective at 6:00 p.m. Wednesday, February 27, 2013. White sturgeon between 43 and 54 inches in fork length caught in the John Day Pool may still be retained for subsistence purposes.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-041-0065

Winter Season

(1) Salmon, steelhead, shad, white sturgeon, walleye, catfish, bass, yellow perch, and carp may be taken for commercial purposes from the Columbia River Treaty Indian Fishery, from 6:00 a.m. February 1 to 6:00 p.m. March 21.

(2) Effective 6:00 p.m. Wednesday, February 27, 2013 the winter commercial gillnet fishery in the John Day pool is closed to sale of all fish species. Fish caught in the platform hook-and-line fishery may not be sold, but may be kept for subsistence purposes.

(3) There are no mesh size restrictions.

(4) Closed areas as set forth in OAR 635-041-0045 remain in effect with the exception of Spring Creek Hatchery sanctuary.

(5) White sturgeon between 43-54 inches fork length in The Dalles Pool and white sturgeon between 38-54 inches fork length in the Bonneville Pool may be sold or kept for subsistence use. White sturgeon between 43-54 inches in fork length caught in the John Day Pool may not be sold but may be retained for subsistence purposes.

(6) Sale of platform and hook-and-line caught fish, as described in section (1) above, is allowed during open commercial fishing seasons.

Stat. Auth.: ORS 183.325, 506.109 & 506.119

Stats. Implemented: ORS 506.129 & 507.030

Hist.: FWC 89, f. & ef. 1-28-77; FWC 2-1978, f. & ef. 1-31-78; FWC 7-1978, f. & ef. 2-21-78; FWC 2-1979, f. & ef. 1-25-79; FWC 13-1979(Temp), f. & ef. 3-30-1979, Renumbered from 635-035-0065; FWC 6-1980, f. & ef. 1-28-80; FWC 1-1981, f. & ef. 1-19-81; FWC 6-1982, f. & ef. 1-28-82; FWC 2-1983, f. 1-21-83, ef. 2-1-83; FWC 4-1984, f. & ef. 1-31-84; FWC 2-1985, f. & ef. 1-30-85; FWC 4-1986(Temp), f. & ef. 1-28-86; FWC 79-1986(Temp), f. & ef. 12-22-86; FWC 2-1987, f. & ef. 1-23-87; FWC 3-1988(Temp), f. & ef. 1-29-88; FWC 10-1988, f. & cert. ef. 3-4-88; FWC 5-1989, f. 2-6-89, cert. ef. 2-7-89; FWC 13-1989(Temp), f. & cert. ef. 3-21-89; FWC 15-1990(Temp), f. 2-8-90, cert. ef. 2-9-90; FWC 20-1990, f. 3-6-90, cert. ef. 3-15-90; FWC 13-1992(Temp), f. & cert. ef. 3-5-92; FWC 7-1993, f. & cert. ef. 2-1-93; FWC 12-1993(Temp), f. & cert. ef. 2-22-93; FWC 18-1993(Temp), f. & cert. ef. 3-2-93; FWC 7-1994, f. & cert. ef. 2-1-94; FWC 11-1994(Temp),

f. & cert. ef. 2-28-94; FWC 9-1995, f. & cert. ef. 2-1-95; FWC 19-1995(Temp), f. & cert. ef. 3-3-95; FWC 5-1996, f. & cert. ef. 2-7-96; FWC 4-1997, f. & cert. ef. 1-30-97; FWC 8-1998(Temp), f. & cert. ef. 2-5-98 thru 2-28-98; DFW 14-1998, f. & cert. ef. 3-3-98; DFW 20-1998(Temp), f. & cert. ef. 3-13-98 thru 3-20-98; DFW 23-1998(Temp), f. & cert. ef. 3-20-98 thru 6-30-98; DFW 2-1999(Temp), f. & cert. ef. 2-1-99 through 2-19-99; DFW 9-1999, f. & cert. ef. 2-26-99; DFW 14-1999(Temp), f. 3-5-99, cert. ef. 3-6-99 thru 3-20-99; Administrative correction 11-17-99; DFW 6-2000(Temp), f. & cert. ef. 2-1-00 thru 2-29-00; DFW 9-2000, f. & cert. ef. 2-25-00; DFW 19-2000, f. 3-18-00, cert. ef. 3-18-00 thru 3-21-00; DFW 26-2000(Temp), f. 5-4-00, cert. ef. 5-6-00 thru 5-28-00; Administrative correction 5-22-00; DFW 3-2001, f. & cert. ef. 2-6-01; DFW 14-2001(Temp), f. 3-12-01, cert. ef. 3-14-01 thru 3-21-01; Administrative correction 6-20-01; DFW 9-2002, f. & cert. ef. 2-1-02; DFW 11-2002(Temp), f. & cert. ef. 2-8-02 thru 8-7-02; DFW 17-2002(Temp), f. 3-7-02, cert. ef. 3-8-02 thru 9-1-02; DFW 18-2002(Temp), f. 3-13-02, cert. ef. 3-15-02 thru 9-11-02; DFW 134-2002(Temp), f. & cert. ef. 12-19-02 thru 4-1-03; DFW 20-2003(Temp), f. 3-12-03, cert. ef. 3-13-03 thru 4-1-03; DFW 131-2003(Temp), f. 12-26-03, cert. ef. 1-1-04 thru 4-1-04; DFW 5-2004(Temp), f. 1-26-04, cert. ef. 2-2-04 thru 4-1-04; DFW 15-2004(Temp), f. 3-8-04, cert. ef. 3-10-04 thru 4-1-04; DFW 130-2004(Temp), f. 12-23-04, cert. ef. 1-1-05 thru 4-1-05; DFW 4-2005(Temp), f. & cert. ef. 1-31-05 thru 4-1-05; DFW 18-2005(Temp), f. & cert. ef. 3-15-05 thru 3-21-05; Administrative correction 4-20-05; DFW 3-2006(Temp), f. & cert. ef. 1-27-06 thru 3-31-06; Administrative correction 4-19-06; DFW 7-2007(Temp), f. 1-31-07, cert. ef. 2-1-07 thru 7-30-07; DFW 9-2007, f. & cert. ef. 2-14-07; DFW 14-2007(Temp), f. & cert. ef. 3-9-07 thru 9-4-07; DFW 15-2007(Temp), f. & cert. ef. 3-14-07 thru 9-9-07; Administrative correction 9-16-07; DFW 6-2008(Temp), f. 1-29-08, cert. ef. 1-31-08 thru 7-28-08; DFW 20-2008(Temp), f. 2-28-08, cert. ef. 2-29-08 thru 7-28-08; DFW 21-2008(Temp), f. & cert. ef. 3-5-08 thru 7-28-08; DFW 22-2008(Temp), f. 3-7-08, cert. ef. 3-10-08 thru 7-28-08; Administrative correction 8-21-08; DFW 142-2008, f. & cert. ef. 11-21-08; DFW 6-2009(Temp), f. 1-30-09, cert. ef. 2-2-09 thru 8-1-09; DFW 11-2009(Temp), f. 2-13-09, cert. ef. 2-16-09 thru 7-31-09; DFW 22-2009(Temp), f. 3-5-09, cert. ef. 3-6-09 thru 7-31-09; Administrative correction 8-21-09; DFW 9-2010(Temp), f. & cert. ef. 2-3-10 thru 8-1-10; DFW 12-2010(Temp), f. 2-10-10, cert. ef. 2-11-10 thru 8-1-10; DFW 18-2010(Temp), f. 2-24-10, cert. ef. 2-26-10 thru 4-1-10; DFW 24-2010(Temp), f. 3-2-10, cert. ef. 3-3-10 thru 4-1-10; Administrative correction 4-21-10; DFW 8-2011(Temp), f. 1-31-11, cert. ef. 2-1-11 thru 4-1-11; DFW 9-2011(Temp), f. 2-9-11, cert. ef. 2-10-11 thru 4-1-11; DFW 23-2011, f. & cert. ef. 3-21-11; DFW 5-2012(Temp), f. 1-30-12, cert. ef. 2-1-12 thru 3-31-12; DFW 18-2012(Temp), f. 2-28-12, cert. ef. 2-29-12 thru 6-15-12; DFW 19-2012(Temp), f. 3-2-12, cert. ef. 3-5-12 thru 6-15-12; DFW 20-2012(Temp), f. & cert. ef. 3-5-12 thru 6-15-12; DFW 46-2012(Temp), f. 5-14-12, cert. ef. 5-15-12 thru 6-30-12; Administrative correction, 8-1-12; DFW 9-2013(Temp), f. 1-31-13, cert. ef. 2-1-13 thru 3-31-13; DFW 15-2013(Temp), f. 2-22-13, cert. ef. 2-27-13 thru 6-15-13

Rule Caption: 2013 Spring Chinook Season on the Hood River

Adm. Order No.: DFW 16-2013(Temp)

Filed with Sec. of State: 2-25-2013

Certified to be Effective: 4-15-13 thru 6-30-13

Notice Publication Date:

Rules Amended: 635-018-0090

Subject: Amended rule allows the sport harvest of adipose fin-clipped spring Chinook salmon in the Hood River from April 15 through June 30, 2013. The Hood River open area extends from the mouth to mainstem confluence with the East Fork; and the West Fork from the confluence with the mainstem upstream to the angling deadline 200 feet downstream of Punchbowl Falls. The daily bag limit is 2 adult adipose fin-clipped Chinook salmon per day; and 5 adipose fin-clipped jack salmon per day. All salmon that have not been adipose fin-clipped must be released unharmed. All other limits and restrictions remain unchanged from those listed in the 2013 Oregon Sport Fishing Regulations for Hood River.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-018-0090

Inclusions and Modifications

(1) The **2013 Oregon Sport Fishing Regulations** provide requirements for the Central Zone. However, additional regulations may be adopted in this rule division from time to time and to the extent of any inconsistency, they supersede the **2013 Oregon Sport Fishing Regulations**.

(2) Hood River Basin (Hood River Co.) mainstem and tributaries not listed: Emergency regulations opening *Chinook* angling may be adopted after the printing of the **2013 Oregon Sport Fishing Regulations**. Up-to-date changes can be obtained by calling 1-503-947-6000 or at our internet site: http://www.dfw.state.or.us/resources/fishing/reg_changes/central.asp.

(3) The Hood River from the mouth to mainstem confluence with the East Fork, and the West Fork from the confluence with the mainstem upstream to the angling deadline 200 feet downstream of Punchbowl Falls is open to angling for adipose fin-clipped Chinook salmon from April 15 through June 30, 2013.

(a) The daily catch limit is two adult adipose fin-clipped Chinook salmon and five adipose fin-clipped jack Chinook salmon. All salmon that have not been adipose fin-clipped must be released unharmed.

(b) All other limits and restrictions remain unchanged from those listed in the **2013 Oregon Sport Fishing Regulations** for the Hood River.

Stat. Auth.: ORS 496.138, 496.146, 497.121 & 506.119

Stats. Implemented: ORS 496.004, 496.009, 496.162 & 506.129

ADMINISTRATIVE RULES

Hist.: FWC 82-1993, f. 12-22-93, cert. ef. 1-1-94; FWC 20-1994(Temp), f. & cert. ef. 4-11-94; FWC 24-1994(Temp), f. 4-29-94, cert. ef. 4-30-94; FWC 34-1994(Temp), f. 6-14-94, cert. ef. 6-16-94; FWC 54-1994, f. 8-25-94, cert. ef. 9-1-94; FWC 65-1994(Temp), f. 9-15-94, cert. ef. 9-17-94; FWC 67-1994(Temp), f. & cert. ef. 9-26-94; FWC 70-1994, f. 10-4-95, cert. ef. 11-1-94; FWC 18-1995, f. 3-2-95, cert. ef. 4-1-95; FWC 60-1995(Temp), f. 7-24-95, cert. ef. 8-1-95; FWC 77-1995, f. 9-13-95, cert. ef. 1-1-96; FWC 11-1996(Temp), f. 3-8-96, cert. ef. 4-1-96; FWC 32-1996(Temp), f. 6-7-96, cert. ef. 6-16-96; FWC 38-1996(Temp), f. 6-14-96, cert. ef. 7-1-96; FWC 72-1996, f. 12-31-96, cert. ef. 1-1-97; FWC 20-1997, f. & cert. ef. 3-24-97; FWC 21-1997, f. & cert. ef. 4-1-97; FWC 27-1997(Temp), f. 5-2-97, cert. ef. 5-9-97; FWC 75-1997, f. 12-31-97, cert. ef. 1-1-98; DFW 25-1998(Temp), f. & cert. ef. 3-25-98 thru 8-31-98; DFW 56-1998(Temp), f. 7-24-98, cert. ef. 8-1-98 thru 10-31-98; DFW 70-1998, f. & cert. ef. 8-28-98; DFW 100-1998, f. 12-23-98, cert. ef. 1-1-99; DFW 31-1999, f. & cert. ef. 5-3-99; DFW 78-1999, f. & cert. ef. 10-4-99; DFW 96-1999, f. 12-27-99, cert. ef. 1-1-00; DFW 12-2000(Temp), f. 3-20-00, cert. ef. 4-15-00 thru 7-31-00; DFW 27-2000(Temp), f. 5-15-00, cert. ef. 8-1-00 thru 10-31-00; DFW 28-2000, f. 5-23-00, cert. ef. 5-24-00 thru 7-31-00; DFW 83-2000(Temp), f. 12-28-00, cert. ef. 1-1-01 thru 1-31-01; DFW 1-2001, f. 1-25-01, cert. ef. 2-1-01; DFW 13-2001(Temp), f. 3-12-01, cert. ef. 4-7-01 thru 7-31-01; DFW 40-2001(Temp), f. & cert. ef. 5-24-01 thru 11-30-01; DFW 44-2001(Temp), f. 5-25-01, cert. ef. 6-1-01 thru 7-31-01; DFW 123-2001, f. 12-31-01, cert. ef. 1-1-02; DFW 5-2002(Temp), f. 1-11-02, cert. ef. 1-12-02 thru 7-11-02; DFW 23-2002(Temp), f. 3-21-02, cert. ef. 4-6-02 thru 7-31-02; DFW 25-2002(Temp), f. 3-22-02, cert. ef. 4-6-02 thru 7-31-02; DFW 26-2002, f. & cert. ef. 3-21-02; DFW 62-2002, f. 6-14-02, cert. ef. 7-11-02; DFW 74-2002(Temp), f. 7-18-02, cert. ef. 8-1-02 thru 10-31-02; DFW 91-2002(Temp), f. 8-19-02, cert. ef. 8-20-02 thru 11-1-02 (Suspended by DFW 101-2002(Temp), f. & cert. ef. 10-3-02 thru 11-1-02); DFW 97-2002(Temp), f. & cert. ef. 8-29-02 thru 10-31-02; DFW 130-2002, f. 11-21-02, cert. ef. 1-1-03; DFW 26-2003(Temp), f. 3-28-03, cert. ef. 4-15-03 thru 7-31-03; DFW 66-2003(Temp), f. 7-17-03, cert. ef. 8-1-03 thru 10-31-03; DFW 125-2003, f. 12-11-03, cert. ef. 1-1-04; DFW 23-2004(Temp), f. 3-22-04, cert. ef. 4-1-04 thru 7-31-04; DFW 77-2004(Temp), f. 7-28-04, cert. ef. 8-1-04 thru 10-31-04, Administrative correction 11-22-04; DFW 117-2004, f. 12-13-04, cert. ef. 1-1-05; DFW 19-2005(Temp), f. 3-16-05, cert. ef. 4-15-05 thru 7-31-05; DFW 41-2005(Temp), f. 5-13-05, cert. ef. 5-15-05 thru 7-31-05; DFW 83-2005(Temp), f. 7-29-05, cert. ef. 8-1-05 thru 10-31-05; DFW 84-2005(Temp), f. & cert. ef. 8-1-05 thru 12-31-05; DFW 136-2005, f. 12-7-05, cert. ef. 1-1-06; DFW 59-2006(Temp), f. 7-10-06, cert. ef. 8-1-06 thru 10-31-06; DFW 79-2006, f. 8-11-06, cert. ef. 1-1-07; DFW 18-2007(Temp), f. 3-22-07, cert. ef. 4-15-07 thru 7-31-07; DFW 55-2007(Temp), f. 7-6-07, cert. ef. 8-1-07 thru 10-31-07; Administrative correction 11-17-07; DFW 136-2007, f. 12-31-07, cert. ef. 1-1-08; DFW 26-2008(Temp), f. 3-17-08, cert. ef. 4-15-08 thru 7-31-08; DFW 27-2008(Temp), f. 3-24-08, cert. ef. 5-1-08 thru 10-27-08; Administrative correction 11-18-08; DFW 156-2008, f. 12-31-08, cert. ef. 1-1-09; DFW 16-2009(Temp), f. 2-25-09, cert. ef. 4-15-09 thru 6-30-09; DFW 61-2009(Temp), f. 6-1-09, cert. ef. 8-1-09 thru 10-31-09; DFW 104-2009(Temp), f. 8-28-09, cert. ef. 9-1-09 thru 12-31-09; DFW 144-2009, f. 12-8-09, cert. ef. 1-1-10; DFW 7-2010(Temp), f. 1-25-10, cert. ef. 4-1-10 thru 7-31-10; DFW 27-2010(Temp), f. 3-8-10, cert. ef. 4-15-10 thru 7-31-10; DFW 66-2010(Temp), f. 5-18-10, cert. ef. 5-22-10 thru 10-31-10; DFW 86-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 10-31-10; DFW 106-2010(Temp), f. 7-26-10, cert. ef. 8-1-10 thru 12-31-10; DFW 164-2010(Temp), f. 12-28-10, cert. ef. 1-1-11 thru 6-29-11; DFW 171-2010, f. 12-30-10, cert. ef. 1-1-11; DFW 16-2011(Temp), f. 2-16-11, cert. ef. 4-15-11 thru 7-31-11; DFW 17-2011(Temp), f. 2-17-11, cert. ef. 4-15-11 thru 7-31-11; DFW 42-2011(Temp), f. & cert. ef. 5-10-11 thru 10-31-11; DFW 93-2011(Temp), f. 7-13-11, cert. ef. 8-1-11 thru 10-31-11; DFW 123-2011(Temp), f. 9-2-11, cert. ef. 9-3-11 thru 12-31-11; DFW 160-2011(Temp), f. 12-20-11, cert. ef. 1-1-12 thru 4-30-12; DFW 163-2011, f. 12-27-11, cert. ef. 1-1-12; DFW 21-2012, f. & cert. ef. 3-12-12; DFW 34-2012(Temp), f. 4-13-12, cert. ef. 4-15-12 thru 7-31-12; DFW 55-2012(Temp), f. & cert. ef. 6-4-12 thru 6-30-12; Administrative correction, 8-1-12; DFW 88-2012(Temp), f. 7-17-12, cert. ef. 8-1-12 thru 10-31-12; Administrative correction 11-23-12; DFW 149-2012, f. 12-27-12, cert. ef. 1-1-13; DFW 16-2013(Temp), f. 2-25-13, cert. ef. 4-15-13 thru 6-30-13

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Rule Caption: Sandy River Closes to Angling for Sturgeon February 28, 2013

Adm. Order No.: DFW 17-2013(Temp)

Filed with Sec. of State: 2-27-2013

Certified to be Effective: 2-28-13 thru 7-31-13

Notice Publication Date:

Rules Amended: 635-017-0095

Subject: This amended rule prohibits angling for, including catch-and-release, white sturgeon in the Sandy River of the Willamette Zone. Revisions are consistent with action taken February 26, 2013 by the State of Oregon.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-017-0095

Sturgeon Season

(1) The **2013 Oregon Sport Fishing Regulations** provide requirements for the Willamette Zone. However, additional regulations may be adopted in this rule division from time to time and to the extent of any inconsistency, they supersede the **2013 Oregon Sport Fishing Regulations**.

(2) Effective January 1, 2013, the annual bag limit for white sturgeon is one (1) fish. Only white sturgeon with a fork length of 38-54 inches may be retained. In 2013, the Willamette River downstream of Willamette Falls (including Multnomah Channel and the Gilbert River) is open to the retention of white sturgeon three days per week, Thursday, Friday, and Saturday during the periods from July 11-13 and July 18-20 or until the harvest guideline of 1,733 fish is met.

(3) Catch-and-release angling for white sturgeon is allowed year-round except as described below in sections (4) and (6).

(4) Bank angling is prohibited from the east shore of the Willamette River the entire year in the area beginning west of Highway 99E, at the northern-most extent of the parking area near the intersection of 8th Street and Highway 99E in Oregon City, approximately 290 feet downstream of the Oregon City/West Linn bridge (Hwy 43) and extending upstream approximately 1715 feet to the retaining wall extending into the Willamette River at the NW corner of the Blue Heron Paper Mill.

(5) Effective February 28, 2013 angling for sturgeon, including catch-and-release, is prohibited in the Sandy River. Retention of green sturgeon is prohibited all year in all areas.

(6) Angling for sturgeon, including catch-and-release, is prohibited seven days per week during May 1 through August 31 from Willamette Falls downstream to the I-205 Bridge.

(7) Effective January 1, 2014, all waters within the Willamette Zone are closed to the retention of white sturgeon.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 183.325, 506.109 & 506.119

Stats. Implemented: ORS 506.129 & 507.030

Hist.: DFW 2-2005(Temp), f. & cert. ef. 1-21-05 thru 7-19-05; DFW 55-2005, f. & cert. ef. 6-17-05; DFW 136-2005, f. 12-7-05, cert. ef. 1-1-06; DFW 145-2005(Temp), f. 12-21-05, cert. ef. 1-1-06 thru 3-31-06; DFW 5-2006, f. & cert. ef. 2-15-06; DFW 79-2006, f. 8-11-06, cert. ef. 1-1-07; DFW 131-2006(Temp), f. 12-20-06, cert. ef. 1-1-07 thru 6-29-07; DFW 7-2007(Temp), f. 1-31-07, cert. ef. 2-1-07 thru 7-30-07; DFW 24-2007, f. 4-16-07, cert. ef. 5-1-07; DFW 74-2007(Temp), f. 8-17-07, cert. ef. 8-18-07 thru 12-31-07; DFW 135-2007(Temp), f. 12-28-07, cert. ef. 1-1-08 thru 6-28-08; DFW 136-2007, f. 12-31-07, cert. ef. 1-1-08; DFW 7-2008, f. & cert. ef. 2-11-08; DFW 86-2008(Temp), f. & cert. ef. 7-25-08 thru 12-31-08; DFW 148-2008(Temp), f. 12-19-08, cert. ef. 1-1-09 thru 6-29-09; DFW 156-2008, f. 12-31-08, cert. ef. 1-1-09; DFW 15-2009, f. & cert. ef. 2-25-09; DFW 144-2009, f. 12-8-09, cert. ef. 1-1-10; DFW 34-2010, f. 3-16-10, cert. ef. 4-1-10; DFW 90-2010(Temp), f. 6-29-10, cert. ef. 7-5-10 thru 12-31-10; DFW 154-2010(Temp), f. & cert. ef. 11-8-10 thru 12-31-10; DFW 163-2010(Temp), f. 12-28-10, cert. ef. 1-1-11 thru 6-29-11; DFW 171-2010, f. 12-30-10, cert. ef. 1-1-11; DFW 10-2011(Temp), f. 2-10-11, cert. ef. 2-17-11 thru 6-29-11; DFW 22-2011(Temp), f. 3-16-11, cert. ef. 3-17-11 thru 6-29-11; DFW 23-2011, f. & cert. ef. 3-21-11; DFW 163-2011, f. 12-27-11, cert. ef. 1-1-12; DFW 9-2012(Temp), f. 2-6-12, cert. ef. 2-17-12 thru 4-30-12; DFW 17-2012(Temp), f. 2-22-12, cert. ef. 2-23-12 thru 4-30-12; Administrative correction, 5-25-12; DFW 152-2012, f. 12-27-12, cert. ef. 1-1-13; DFW 13-2013(Temp), f. 2-13-13, cert. ef. 2-14-13 thru 7-31-13; DFW 17-2013(Temp), f. 2-27-13, cert. ef. 2-28-13 thru 7-31-13

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Rule Caption: Treaty Indian Winter Commercial Fisheries In the Bonneville Pool Close March 6

Adm. Order No.: DFW 18-2013(Temp)

Filed with Sec. of State: 3-5-2013

Certified to be Effective: 3-6-13 thru 6-15-13

Notice Publication Date:

Rules Amended: 635-041-0045, 635-041-0065

Rules Suspended: 635-041-0045(T), 635-041-0065(T)

Subject: This amended rule closes allowable sales of fish caught in the Treaty winter commercial gillnet fishery in the Bonneville Pool and Chinook sales in all treaty mainstem fisheries effective at 6:00 p.m. Wednesday, March 6, 2013. White sturgeon between 38 and 54 inches in fork length caught in the Bonneville Pool may still be retained for subsistence purposes.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-041-0045

Closed Commercial Fishing Areas

Unless otherwise specified in this rule and OAR 635-041-0063, the following waters are closed to commercial fishing:

(1) All Oregon tributaries of the Columbia River.

(2) The Columbia River westerly and downstream of the Bridge of the Gods except:

(a) Fisheries conducted by the Yakama, Warm Springs, Nez Perce and Umatilla tribes downstream of Bonneville Dam (bank fishing only) under provisions of the agreements with the states of Oregon and Washington are open until further notice.

(A) Effective 6:00 a.m. Friday, February 1, 2013 commercial sales of salmon, steelhead, walleye, shad, yellow perch, catfish, bass and carp are allowed whenever sales are authorized for platform and hook-and-line fisheries in the remainder of Zone 6. Effective 6:00 p.m. Wednesday, March 6, 2013 Chinook salmon may not be sold but may be retained for subsistence. Sturgeon caught in the tribal fisheries below Bonneville Dam may not be retained or sold. Fish may not be sold on USACE property below Bonneville Dam, but may be caught and transported off USACE property for sale.

(B) Gear is restricted to subsistence fishing gear which includes hoop-nets, dipnets, spears, gaffs, clubs, fouling hooks and rod and reel with hook-and-line.

ADMINISTRATIVE RULES

(b) Platform and hook-and-line fisheries from the Bridge of the Gods downstream to the subsistence fishing deadline as described in OAR 635-041-0020(1) are open to commercial sales whenever sales are authorized for platform and hook-and-line fisheries in the remainder of Bonneville Pool.

(3) The Columbia River easterly and upstream of a line extending at a right angle across the thread of the river from a deadline marker one mile downstream of McNary Dam.

(4) The Columbia River between a line extending at a right angle across the thread of the river from a deadline marker at the west end of 3-Mile Rapids located approximately 1.8 miles below The Dalles Dam, upstream to a line from a deadline marker on the Oregon shore located approximately 3/4 mile above The Dalles Dam east fishway exit, thence at a right angle to the thread of the river to a point in midriver, thence downstream to Light "1" on the Washington shore; except that dip nets, bag nets, and hoop nets are permitted during commercial salmon and shad fishing seasons at the Lone Pine Indian fishing site located immediately above The Dalles Interstate Bridge.

(5) The Columbia River between a line extending at a right angle across the thread of the river from a deadline marker at Preachers Eddy light below the John Day Dam and a line approximately 4.3 miles upstream extending from a marker on the Oregon shore approximately one-half mile above the upper easterly bank of the mouth of the John Day River, Oregon, extending at a right angle across the thread of the river to a point in midriver, thence turning downstream to a marker located on the Washington shore approximately opposite the mouth of the John Day River.

(6) The Columbia River within areas at and adjacent to the mouths of the Deschutes River and the Umatilla River. The closed areas are along the Oregon side of the Columbia River and extend out to the midstream from a point one-half mile above the intersection of the upper bank of the tributary with the Columbia River to a point one mile downstream from the intersection of the lower bank of the tributary with the Columbia River. All such points are posted with deadline markers.

(7) The Columbia River within an area and adjacent to the mouth of the Big White Salmon River. The closed area is along the Washington side of the Columbia River and extends out to midstream at right angles to the thread of the Columbia River between a marker located 1/2 mile downstream from the west bank upstream to Light "35".

(8) The Columbia River within an area at and adjacent to the mouth of Drano Lake (Little White Salmon River). The closed area is along the Washington side of the Columbia River and extends out to midstream at right angles to the thread of the Columbia River between Light "27" upstream to a marker located approximately 1/2 mile upriver of the outlet of Drano Lake.

(9) The Columbia River within an area and adjacent to the mouth of the Wind River. The closed area is along the Washington side of the Columbia River and extends to midstream at right angles to the thread of the Columbia River between markers located 1-1/4 miles downstream from the west bank and 1/2 mile upstream from the east bank.

(10) The Columbia River within areas at and adjacent to the mouth of Hood River. The closed area is along the Oregon side of the Columbia River and extends to midstream at right angles to the thread of the Columbia River between markers located approximately 0.85 miles downriver from the west bank at end of the breakwall at the west end of the Port of Hood River and 1/2 mile upriver from the east bank.

(11) The Columbia River within a radius of 150 feet of the Spring Creek Hatchery fishway, except that during the period of August 25–September 20 inclusive the closed area is along the Washington side of the Columbia River and extends to midstream at right angles to the thread of the Columbia River between a marker located 1-1/2 miles downriver of the Spring Creek Hatchery fishway up to the downstream marker of the Big White Salmon sanctuary located approximately 1/2 mile upriver of the Spring Creek Hatchery fishway.

(12) Herman Creek upstream from a line between deadline markers near the mouth. One marker is located on the east bank piling and the other is located on the west bank to the north of the boat ramp.

(13) The Columbia River within an area and adjacent to the mouth of the Klickitat River. The closed area is along the Washington side of the Columbia River and extends to midstream at right angles to the thread of the Columbia River between the downstream margin of Lyle Landing downstream to a marker located near the railroad tunnel approximately 1-1/8 miles downstream from the west bank.

Stat. Auth.: ORS 183.325, 506.109 & 506.119

Stats. Implemented: ORS 506.129 & 507.030

Hist.: FWC 89, f. & ef. 1-28-77; FWC 133, f. & ef. 8-4-77; FWC 149(Temp), f. & ef. 9-21-77 thru 1-18-78; FWC 2-1978, f. & ef. 1-31-78; FWC 7-1978, f. & ef. 2-21-78; FWC 2-1979, f. & ef. 1-25-79. Renumbered from 635-035-0045; FWC 6-1980, f. & ef. 1-28-80; FWC 44-

1980(Temp), f. & ef. 8-22-80; FWC 1-1981, f. & ef. 1-19-81; FWC 6-1982, f. & ef. 1-28-82; FWC 49-1983(Temp), f. & ef. 9-26-83; FWC 4-1984, f. & ef. 1-31-84; FWC 55-1985(Temp), f. & ef. 9-6-85; FWC 4-1986(Temp), f. & ef. 1-28-86; FWC 25-1986(Temp), f. & ef. 6-25-86; FWC 42-1986, f. & ef. 8-15-86; FWC 2-1987, f. & ef. 1-23-87; FWC 10-1988, f. & cert. ef. 3-4-88; FWC 54-1989(Temp), f. & cert. ef. 8-7-89; FWC 90-1989, f. & cert. ef. 9-6-89; FWC 80-1990(Temp), f. & cert. ef. 8-7-90, cert. ef. 8-8-90; DFW 142-2008, f. & cert. ef. 11-21-08; DFW 23-2011, f. & cert. ef. 3-21-11; DFW 40-2011(Temp), f. & cert. ef. 5-5-11 thru 10-31-11; DFW 43-2011(Temp), f. & cert. ef. 5-10-11 thru 10-31-11; DFW 60-2011(Temp), f. & cert. ef. 6-6-11 thru 10-31-11; DFW 63-2011(Temp), f. & cert. ef. 6-9-11 thru 10-31-11; DFW 66-2011(Temp), f. & cert. ef. 6-14-11, cert. ef. 6-16-11 thru 10-31-11; DFW 88-2011(Temp), f. & cert. ef. 7-8-11, cert. ef. 7-10-11 thru 10-31-11; DFW 119-2011(Temp), f. & cert. ef. 8-29-11 thru 10-31-11; Administrative correction, 11-18-11; DFW 5-2012(Temp), f. & cert. ef. 2-1-12 thru 3-31-12; DFW 18-2012(Temp), f. & cert. ef. 2-28-12, cert. ef. 2-29-12 thru 6-15-12; DFW 46-2012(Temp), f. & cert. ef. 5-15-12 thru 6-30-12; DFW 74-2012(Temp), f. & cert. ef. 6-29-12, cert. ef. 7-1-12 thru 10-31-12; DFW 87-2012(Temp), f. & cert. ef. 7-12-12 thru 8-31-12; DFW 94-2012(Temp), f. & cert. ef. 7-27-12 thru 10-31-12; DFW 119-2012(Temp), f. & cert. ef. 9-11-12 thru 10-31-12; DFW 143-2012(Temp), f. & cert. ef. 11-8-12 thru 1-29-13; DFW 8-2013(Temp), f. & cert. ef. 1-31-13, cert. ef. 2-1-13 thru 3-31-13; DFW 18-2013(Temp), f. & cert. ef. 3-5-13, cert. ef. 3-6-13 thru 6-15-13

635-041-0065

Winter Season

(1) Salmon, steelhead, shad, white sturgeon, walleye, catfish, bass, yellow perch, and carp may be taken for commercial purposes from the Columbia River Treaty Indian Fishery, from 6:00 a.m. February 1 to 6:00 p.m. March 21.

(2) Effective 6:00 p.m. Wednesday, February 27, 2013 the winter commercial gillnet fishery in the John Day Pool is closed to sale of all fish species. Fish caught in the platform hook-and-line fishery may not be sold, but may be kept for subsistence purposes.

(3) Effective 6:00 p.m. Wednesday, March 6, 2013 the winter commercial gillnet fishery in the Bonneville Pool is closed to sale of all fish species. Fish caught in the platform hook-and-line fishery may not be sold, but may be kept for subsistence purposes.

(4) Effective 6:00 p.m. Wednesday, March 6, 2013 the sale of Chinook salmon caught in any mainstem Treaty Indian fishery is prohibited.

(5) There are no mesh size restrictions.

(6) Closed areas as set forth in OAR 635-041-0045 remain in effect with the exception of Spring Creek Hatchery sanctuary.

(7) White sturgeon between 43-54 inches fork length in The Dalles Pool may be sold or kept for subsistence use. White sturgeon between 43-54 inches in fork length caught in the John Day Pool and between 38-54 inches in fork length caught in the Bonneville Pool may not be sold but may be retained for subsistence purposes.

(8) Sale of platform and hook-and-line caught fish, as described in section (1) above, is allowed during open commercial fishing seasons except as described in section (4) above.

Stat. Auth.: ORS 183.325, 506.109 & 506.119

Stats. Implemented: ORS 506.129 & 507.030

Hist.: FWC 89, f. & ef. 1-28-77; FWC 2-1978, f. & ef. 1-31-78; FWC 7-1978, f. & ef. 2-21-78; FWC 2-1979, f. & ef. 1-25-79; FWC 13-1979(Temp), f. & ef. 3-30-1979. Renumbered from 635-035-0065; FWC 6-1980, f. & ef. 1-28-80; FWC 1-1981, f. & ef. 1-19-81; FWC 6-1982, f. & ef. 1-28-82; FWC 2-1983, f. & ef. 1-21-83, ef. 2-1-83; FWC 4-1984, f. & ef. 1-31-84; FWC 2-1985, f. & ef. 1-30-85; FWC 4-1986(Temp), f. & ef. 1-28-86; FWC 79-1986(Temp), f. & ef. 12-22-86; FWC 2-1987, f. & ef. 1-23-87; FWC 3-1988(Temp), f. & cert. ef. 1-29-88; FWC 10-1988, f. & cert. ef. 3-4-88; FWC 5-1989, f. & cert. ef. 2-6-89, cert. ef. 2-7-89; FWC 13-1989(Temp), f. & cert. ef. 3-21-89; FWC 15-1990(Temp), f. & cert. ef. 2-8-90, cert. ef. 2-9-90; FWC 20-1990, f. & cert. ef. 3-15-90; FWC 13-1992(Temp), f. & cert. ef. 3-5-92; FWC 7-1993, f. & cert. ef. 2-1-93; FWC 12-1993(Temp), f. & cert. ef. 2-22-93; FWC 18-1993(Temp), f. & cert. ef. 3-2-93; FWC 7-1994, f. & cert. ef. 2-1-94; FWC 11-1994(Temp), f. & cert. ef. 2-28-94; FWC 9-1995, f. & cert. ef. 2-1-95; FWC 19-1995(Temp), f. & cert. ef. 3-3-95; FWC 5-1996, f. & cert. ef. 2-7-96; FWC 4-1997, f. & cert. ef. 1-30-97; DFW 8-1998(Temp), f. & cert. ef. 2-5-98 thru 2-28-98; DFW 14-1998, f. & cert. ef. 3-3-98; DFW 20-1998(Temp), f. & cert. ef. 3-13-98 thru 3-20-98; DFW 23-1998(Temp), f. & cert. ef. 3-20-98 thru 6-30-98; DFW 2-1999(Temp), f. & cert. ef. 2-1-99 through 2-19-99; DFW 9-1999, f. & cert. ef. 2-26-99; DFW 14-1999(Temp), f. & cert. ef. 3-5-99, cert. ef. 3-6-99 thru 3-20-99; Administrative correction 11-17-99; DFW 6-2000(Temp), f. & cert. ef. 2-1-00 thru 2-29-00; DFW 9-2000, f. & cert. ef. 2-25-00; DFW 19-2000, f. & cert. ef. 3-18-00, cert. ef. 3-18-00 thru 3-21-00; DFW 26-2000(Temp), f. & cert. ef. 5-6-00 thru 5-28-00; Administrative correction 5-22-00; DFW 3-2001, f. & cert. ef. 2-6-01; DFW 14-2001(Temp), f. & cert. ef. 3-12-01, cert. ef. 3-14-01 thru 3-21-01; Administrative correction 6-20-01; DFW 9-2002, f. & cert. ef. 2-1-02; DFW 11-2002(Temp), f. & cert. ef. 2-8-02 thru 8-7-02; DFW 17-2002(Temp), f. & cert. ef. 3-7-02, cert. ef. 3-8-02 thru 9-1-02; DFW 18-2002(Temp), f. & cert. ef. 3-13-02, cert. ef. 3-15-02 thru 9-11-02; DFW 134-2002(Temp), f. & cert. ef. 12-19-02 thru 4-1-03; DFW 20-2003(Temp), f. & cert. ef. 3-12-03, cert. ef. 3-13-03 thru 4-1-03; DFW 131-2003(Temp), f. & cert. ef. 1-1-04 thru 4-1-04; DFW 5-2004(Temp), f. & cert. ef. 2-2-04 thru 4-1-04; DFW 15-2004(Temp), f. & cert. ef. 3-8-04, cert. ef. 3-10-04 thru 4-1-04; DFW 130-2004(Temp), f. & cert. ef. 12-23-04, cert. ef. 1-1-05 thru 4-1-05; DFW 4-2005(Temp), f. & cert. ef. 1-31-05 thru 4-1-05; DFW 18-2005(Temp), f. & cert. ef. 3-15-05 thru 3-21-05; Administrative correction 4-20-05; DFW 3-2006(Temp), f. & cert. ef. 1-27-06 thru 3-31-06; Administrative correction 4-19-06; DFW 7-2007(Temp), f. & cert. ef. 1-31-07, cert. ef. 2-1-07 thru 7-30-07; DFW 9-2007, f. & cert. ef. 2-14-07; DFW 14-2007(Temp), f. & cert. ef. 3-9-07 thru 9-4-07; DFW 15-2007(Temp), f. & cert. ef. 3-14-07 thru 9-9-07; Administrative correction 9-16-07; DFW 6-2008(Temp), f. & cert. ef. 1-31-08 thru 7-28-08; DFW 20-2008(Temp), f. & cert. ef. 2-28-08, cert. ef. 2-29-08 thru 7-28-08; DFW 21-2008(Temp), f. & cert. ef. 3-5-08 thru 7-28-08; DFW 22-2008(Temp), f. & cert. ef. 3-7-08, cert. ef. 3-10-08 thru 7-28-08; Administrative correction 8-21-08; DFW 142-2008, f. & cert. ef. 11-21-08; DFW 6-2009(Temp), f. & cert. ef. 1-30-09, cert. ef. 2-2-09 thru 8-1-09; DFW 11-2009(Temp), f. & cert. ef. 2-13-09, cert. ef. 2-16-09 thru 7-31-09; DFW 22-2009(Temp), f. & cert. ef. 3-5-09, cert. ef. 3-6-09 thru 7-

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31-09; Administrative correction 8-21-09; DFW 9-2010(Temp), f. & cert. ef. 2-3-10 thru 8-1-10; DFW 12-2010(Temp), f. 2-10-10, cert. ef. 2-11-10 thru 8-1-10; DFW 18-2010(Temp), f. 2-24-10, cert. ef. 2-26-10 thru 4-1-10; DFW 24-2010(Temp), f. 3-2-10, cert. ef. 3-3-10 thru 4-1-10; Administrative correction 4-21-10; DFW 8-2011(Temp), f. 1-31-11, cert. ef. 2-1-11 thru 4-1-11; DFW 9-2011(Temp), f. 2-9-11, cert. ef. 2-10-11 thru 4-1-11; DFW 23-2011, f. & cert. ef. 3-21-11; DFW 5-2012(Temp), f. 1-30-12, cert. ef. 2-1-12 thru 3-31-12; DFW 18-2012(Temp), f. 2-28-12, cert. ef. 2-29-12 thru 6-15-12; DFW 19-2012(Temp), f. 3-2-12, cert. ef. 3-5-12 thru 6-15-12; DFW 20-2012(Temp), f. & cert. ef. 3-5-12 thru 6-15-12; DFW 46-2012(Temp), f. 5-14-12, cert. ef. 5-15-12 thru 6-30-12; Administrative correction, 8-1-12; DFW 9-2013(Temp), f. 1-31-13, cert. ef. 2-1-13 thru 3-31-13; DFW 15-2013(Temp), f. 2-22-13, cert. ef. 2-27-13 thru 6-15-13; DFW 18-2013(Temp), f. 3-5-13, cert. ef. 3-6-13 thru 6-15-13

Rule Caption: Amend rule to authorize a landowner's designee to sign a landowner preference tag distribution form.

Adm. Order No.: DFW 19-2013(Temp)

Filed with Sec. of State: 3-11-2013

Certified to be Effective: 3-11-13 thru 9-6-13

Notice Publication Date:

Rules Amended: 635-075-0005

Subject: The current rule requires landowners to complete Landowner Preference Tag Distribution Forms and submit forms by specified dates. This rule amendment would extend the authority to complete tags distribution forms to individuals designated by the landowner.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-075-0005

Registration, Application and Tag Issuance Procedures and Limits for All Controlled Hunts

(1) A landowner shall submit a landowner preference registration form to be eligible for a landowner preference tag. A one time fee of \$30.00 at the time of registration for new program participants. A landowner can have only one registration form on file with the Department. However, an individual who owns (through business entities, in the individual's own name or a combination thereof) more than one property eligible for the landowner preference program may register each such property. The registration form is an affidavit certifying ownership, number of acres owned, the county and Wildlife Management Unit where the property is located. This registration form registers the individual and remains valid until the individual registered no longer qualifies as a landowner as defined under OAR 635-045-0002, writes to the Department requesting the registration form be deleted, or the Department notifies the landowner that a renewal is required.

(2) In addition to having a landowner preference registration form on file with the Department, a landowner or an authorized designee identified by the landowner in writing to the Department shall submit a tag distribution form annually. The tag distribution form shall list the names of the landowner, stockholder(s), partner(s), and their immediate family members to receive tags for pronghorn antelope, and the names of the landowner, stockholder(s), partner(s), their immediate family members, and those persons of the landowners' choosing to receive landowner preference tags for deer and elk.

(3) Landowners shall submit registration forms and landowners or their designee shall submit tag distribution forms prior to September 15 for all controlled 100 series buck deer and bull elk hunts, and through the day prior to the season openings for 600 series antlerless deer, antlerless elk, and doe/fawn pronghorn antelope hunts. A Landowner Preference Tag Redistribution fee \$15.00 will be charged per species for amendments made to the original tag distribution forms.

(4) Registration forms and tag distribution forms are available at no charge in any office of the Department.

(5) Registration forms, tag distribution forms, and applications shall be received at the Salem headquarters office of the Department prior to issuance of any landowner preference tag, except as provided for in OAR 635-075-0007. Landowners are not required to submit proof of ownership with their registration form. Landowners shall be required to submit proof of ownership at the request of the Department or the Oregon State Police acting on behalf of the Department.

(6) A landowner, stockholder(s), partner(s), and immediate family and those persons of the landowners' choosing wishing to also apply for controlled hunt tags shall apply by the May 15 controlled hunt deadline. Listing a hunt choice other than a landowner preference choice is not required.

(7) Everyone shall follow controlled hunt application procedures and regulations as described in OAR Division 060.

(8) The number of landowner preference tags issued is based upon a landowner's acreage. Landowner Preference tags shall be allocated by the following minimum acreage requirements:

TAGS — MINIMUM ACREAGE — HUNT TYPE

2 —	40 —	all hunts except eastern Oregon buck deer, Eastern Oregon bull elk, either-sex elk, and doe/fawn pronghorn antelope hunts.
2 —	160 —	all hunts
3 —	1,200 —	all hunts
4 —	2,500 —	all hunts
5 —	5,000 —	all hunts
6 —	10,000 —	all hunts
8 —	20,000 —	all hunts
10 —	40,000 —	all hunts
12 —	80,000 —	all hunts
14 —	160,000 and greater —	all hunts

(9) Landowner preference tags for the hunting of deer or elk may be issued to any person of the landowner's choosing, and shall be used for the taking of antlerless animals except as described in OAR 635-075-0005(8). Season dates of the transferred landowner preference tags shall be the same dates as the original tag.

(10) Landowner preference tags for the hunting of antlered deer or elk that are issued to a person of the landowner's choosing who is not a member of the landowner's, partner's, or stockholder's immediate family may be used to take an antlered animal only as follows:

(a) If the landowner is eligible for two, three, or four preference tags, one of those tags may be so used.

(b) If the landowner is eligible for five, six or seven preference tags, two of those tags may be so used.

(c) If the landowner is eligible for eight, nine or 10 preference tags, three of those tags may be so used.

(d) If the landowner is eligible for 11 or 12 preference tags, four of those tags may be so used.

(e) If the landowner is eligible for 13 or 14 preference tags, five of those tags may be so used.

(11) A landowner who is qualified to receive landowner hunting preference tags may request two additional tags for providing public access and/or two additional tags for wildlife habitat programs. This request shall be made to the Access and Habitat Board with supporting evidence that the access is significant and the habitat programs benefit wildlife. The board may recommend that the commission grant the request. These tags may not be applied to the options as defined in OAR 635-075-0005(8).

(12) No one shall receive both a controlled hunt tag and a landowner preference tag for the same type of hunt. Landowner hunting preference tags shall not be issued to any person successful in the controlled hunt drawing for the same type of hunt.

(13) Landowner preference tags, except as described in OAR 635-075-0007, 635-075-0010, and 635-075-0015 shall only be issued from the headquarters office of the Department following the controlled hunt drawings.

Stat. Auth.: ORS 496.012, 496.138, 496.146 & 496.162

Stats. Implemented: ORS 496.012, 496.138, 496.146 & 496.162

Hist.: FWC 35-1982, f. & ef. 6-7-82; FWC 43-1985, f. & ef. 8-22-85; FWC 35-1986, f. & ef. 8-7-86; FWC 48-1987, f. & ef. 7-6-87; FWC 20-1988, f. & cert. ef. 3-10-88; FWC 45-1988, f. & cert. ef. 6-13-88; FWC 98-1988, f. & cert. ef. 10-6-88; FWC 14-1990, f. & cert. ef. 2-2-90; FWC 99-1992, f. & cert. ef. 9-25-92; FWC 10-1994, f. & cert. ef. 2-24-94; FWC 14-1994(Temp), f. & cert. ef. 3-1-94; FWC 40-1994, f. & cert. ef. 6-28-94; FWC 7-1996, f. & cert. ef. 2-12-96; FWC 38-1997, f. & cert. ef. 6-17-97; DFW 49-1998, f. & cert. ef. 6-22-98; DFW 1-1999, f. & cert. ef. 1-14-99; DFW 47-1999, f. & cert. ef. 6-16-99; DFW 82-2000, f. 12-21-00, cert. ef. 1-1-01; DFW 121-2001, f. 12-24-01, cert. ef. 1-1-02; DFW 118-2003, f. 12-4-03, cert. ef. 1-1-04; DFW 122-2004, f. 12-21-04, cert. ef. 1-1-05; DFW 53-2005, f. & cert. ef. 6-14-05; DFW 131-2008, f. & cert. ef. 10-14-08; DFW 42-2009(Temp), f. 5-4-09, cert. ef. 5-5-09 thru 10-31-09; DFW 66-2009, f. & cert. ef. 6-10-09; DFW 140-2009, f. 11-3-09, cert. ef. 1-1-10; DFW 142-2009, f. 11-12-09, cert. ef. 1-1-10; DFW 19-2013(Temp), f. & cert. ef. 3-11-13 thru 9-6-13

Rule Caption: Amend rule to authorize spring bear tags for active members of the Armed Forces.

Adm. Order No.: DFW 20-2013(Temp)

Filed with Sec. of State: 3-11-2013

Certified to be Effective: 3-11-13 thru 9-6-13

Notice Publication Date:

Rules Amended: 635-060-0040

Subject: Time off can be difficult for persons in the military to plan and is prone to change.

Members of the Armed Forces with Oregon resident status, returning to Oregon after tag sale deadlines are currently permitted to pur-

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chase general season tags for themselves and based on certain criteria obtain controlled deer or elk tags.

The adoption of these rules would provide a mechanism for Oregon's active duty members of the Armed Forces stationed out of state to obtain a controlled or limited spring bear hunt tag if they return to Oregon on leave during the season so they can hunt with their family and friends. The process used to obtain a bear tag would be the same process already established for issuing deer and elk tags for controlled hunts. To qualify for these tags individuals must be from Oregon, currently stationed out of state, and maintain Oregon residency.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-060-0040

Active Member of the Armed Forces Controlled Hunt Tags

(1) Each Oregon Department of Fish and Wildlife (Department) Wildlife District office is authorized to issue, for hunts at least partially within their Wildlife District, up to 20 controlled hunt tags for deer, 20 controlled hunt tags for elk, and 20 controlled hunt or limited spring bear tags to Oregon residents who are active members of the Armed Forces currently stationed outside of Oregon, but in Oregon on Temporary Leave.

(2) Active Member of the Armed Forces Controlled Hunt Tags or Limited Tags will be issued first come first served until the authorized number has been issued.

(3) To purchase the tag the Active Member of the Armed Forces must provide the following information to the Department District office responsible for issuing the tag:

(a) A copy of an active duty military ID.

(b) A copy of current leave papers to document they are currently stationed outside of Oregon.

(c) A valid Oregon resident hunting license.

(4) Controlled or limited hunts for which Active Member of the Armed Forces controlled hunt tags can be issued include:

(a) Controlled or limited spring bear hunts, controlled deer or elk hunts with a bag limit of "antlerless", or "spike only", or "antlerless or spike", that have a minimum of 20 tags authorized by the Commission.

(b) Controlled deer or elk hunts with a bag limit that allows buck deer or bull elk with two or more points on one antler, not counting the brow tine, to be harvested, that have a minimum of 60 tags authorized by the Commission.

(c) Additional tags for Active Members of the Armed Forces for each controlled hunt will not exceed 10% of the tag number authorized by the Commission.

(5) Active Member of the Armed Forces Controlled Hunt Tags cannot be authorized for: Controlled hunts occurring on the Starkey Experimental Forest, Hart Mountain NAR, or Umatilla NWR.

(6) All hunt specific regulations adopted by the Commission for hunts where tags are issued (dates, bag limits, boundaries, etc.) will apply.

(7) Tag recipients must pay the standard resident price for the tag. Any additional fee for purchasing a tag after the tag sale deadline will be waived.

(8) The hunter must provide harvest and effort information to the issuing office within five business days after the closing date of the hunt printed on the tag.

Stat. Auth.: ORS 496.012, 496.138, 496.146 & 496.162

Stats. Implemented: ORS 496.012, 496.138, 496.146 & 496.162

Hist.: DFW 125-2012, f. & cert. ef. 9-26-12 thru 3-15-13; DFW 132-2012, f. & cert. ef. 10-11-12; DFW 20-2013(Temp), f. & cert. ef. 3-11-13 thru 9-6-13

Rule Caption: Establishes rules regarding Western Oregon and Rocky Mountain Elk Regulations for 2013

Adm. Order No.: DFW 21-2013

Filed with Sec. of State: 3-11-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 9-1-2012

Rules Amended: 635-070-0000, 635-071-0000

Subject: Establishes 2013 season dates, bag limits, areas and restrictions for Western Oregon elk and Rocky Mountain elk as outlined in the 2013 Big Game Regulations.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-070-0000

Purpose and General Information

(1) The purpose of these rules is to establish season dates, bag limits, areas, methods and other restrictions for hunting Cascade and Coast elk pursuant to ORS Chapter 496.

(2) Controlled hunt tag numbers for 2012 are listed in Tables 1 and 2 and are adopted and incorporated into OAR chapter 635, division 070 by reference.

(3) OAR chapter 635, division 070 incorporates, by reference, the requirements for hunting western Oregon elk set out in the document entitled "2013 Oregon Big Game Regulations," into Oregon Administrative Rules. Therefore, persons must consult the "2013 Oregon Big Game Regulations" in addition to OAR Chapter 635, to determine all applicable requirements for hunting western Oregon elk. The annual Oregon Big Game Regulations are available at hunting license agents and regional, district and headquarters offices of the Oregon Department of Fish and Wildlife.

[ED. NOTE: Tables referenced are available from the agency.]

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 496.012, 496.138, 496.146 & 496.162

Stats. Implemented: ORS 496.012, 496.138, 496.146 & 496.162

Hist.: FWC 41-1988, f. & cert. ef. 6-13-88; FWC 35-1996, f. & cert. ef. 6-7-96; FWC 9-1997, f. & cert. ef. 2-27-97; FWC 38-1997, f. & cert. ef. 6-17-97; FWC 71-1997, f. & cert. ef. 12-29-97; DFW 49-1998, f. & cert. ef. 6-22-98; DFW 1-1999, f. & cert. ef. 1-14-99; DFW 47-1999, f. & cert. ef. 6-16-99; DFW 92-1999, f. 12-8-99, cert. ef. 1-1-00; DFW 30-2000, f. & cert. ef. 6-14-00; DFW 82-2000, f. 12-21-00, cert. ef. 1-1-01; DFW 47-2001, f. & cert. ef. 6-13-01; DFW 121-2001, f. 12-24-01, cert. ef. 1-1-02; DFW 59-2002, f. & cert. ef. 6-11-02; DFW 2-2003, f. & cert. ef. 1-17-03; DFW 9-2003(Temp), f. & cert. ef. 1-28-03 thru 6-16-03; DFW 50-2003, f. & cert. ef. 6-13-03; DFW 119-2003, f. 12-4-03, cert. ef. 4-1-04; DFW 130-2003(Temp), f. & cert. ef. 12-24-03 thru 3-1-04; DFW 8-2004(Temp), f. & cert. ef. 2-2-04 thru 7-31-04; DFW 53-2004, f. & cert. ef. 6-16-04; DFW 107-2004(Temp), f. & cert. ef. 10-18-04 thru 11-27-04; DFW 131-2004, f. 12-21-04, cert. ef. 4-1-05; DFW 53-2005, f. & cert. ef. 6-14-05; DFW 132-2005, f. 12-1-05, cert. ef. 4-1-06; DFW 41-2006, f. & cert. ef. 6-14-06; DFW 126-2006, f. 12-7-06, cert. ef. 4-1-07; DFW 42-2007, f. & cert. ef. 6-14-07; DFW 115-2007, f. 10-31-07, cert. ef. 4-1-08; DFW 60-2008, f. & cert. ef. 6-12-08; DFW 31-2009, f. 3-23-09, cert. ef. 4-1-09; DFW 66-2009, f. & cert. ef. 6-10-09; DFW 22-2010, f. 3-1-10, cert. ef. 4-1-10; DFW 31-2010, f. 3-12-10, cert. ef. 4-1-10; DFW 83-2010, f. & cert. ef. 6-15-10; DFW 62-2011, f. & cert. ef. 6-3-11; DFW 22-2012, f. 3-14-12, cert. ef. 4-1-12; DFW 58-2012, f. & cert. ef. 6-11-12; DFW 21-2013, f. 3-11-13, cert. ef. 4-1-13

635-071-0000

Purpose and General Information

(1) The purpose of these rules is to establish season dates, bag limits, areas, methods and other restrictions for hunting Rocky Mountain elk pursuant to ORS Chapter 496.

(2) Controlled hunt tag numbers for 2012 are listed in Tables 1 and 2 and are adopted and incorporated in OAR chapter 635, division 071 by reference.

(3) OAR chapter 635, division 071 incorporates, by reference, the requirements for hunting Rocky Mountain elk set out in the document entitled "2013 Oregon Big Game Regulations," into Oregon Administrative Rules. Therefore, persons must consult the "2013 Oregon Big Game Regulations" in addition to OAR chapter 635, to determine all applicable requirements for hunting Rocky Mountain elk. The annual Oregon Big Game Regulations are available at hunting license agents and regional, district and headquarters offices of the Oregon Department of Fish and Wildlife.

[ED. NOTE: Tables referenced are available from the agency.]

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 496.012, 496.138, 496.146 & 496.162

Stats. Implemented: ORS 496.012, 496.138, 496.146 & 496.162

Hist.: FWC 42-1988, f. & cert. ef. 6-13-88; FWC 35-1996, f. & cert. ef. 6-7-96; FWC 9-1997, f. & cert. ef. 2-27-97; FWC 38-1997, f. & cert. ef. 6-17-97; FWC 71-1997, f. & cert. ef. 12-29-97; DFW 49-1998, f. & cert. ef. 6-22-98; DFW 1-1999, f. & cert. ef. 1-14-99; DFW 47-1999, f. & cert. ef. 6-16-99; DFW 92-1999, f. 12-8-99, cert. ef. 1-1-00; DFW 30-2000, f. & cert. ef. 6-14-00; DFW 82-2000, f. 12-21-00, cert. ef. 1-1-01; DFW 47-2001, f. 6-13-01; DFW 121-2001, f. 12-24-01, cert. ef. 1-1-02; DFW 59-2002, f. & cert. ef. 6-11-02; DFW 2-2003, f. & cert. ef. 1-17-03; DFW 9-2003(Temp), f. & cert. ef. 1-28-03 thru 6-16-03; DFW 50-2003, f. & cert. ef. 6-13-03; DFW 118-2003, f. 12-4-03, cert. ef. 1-1-04; DFW 1-2004(Temp), f. & cert. ef. 1-13-04 thru 7-9-04; DFW 53-2004, f. & cert. ef. 6-16-04; DFW 105-2004(Temp), f. & cert. ef. 10-13-04 thru 11-15-04; Administrative correction 11-22-04; DFW 131-2004, f. 12-21-04, cert. ef. 4-1-05; DFW 53-2005, f. & cert. ef. 6-14-05; DFW 132-2005, f. 12-1-05, cert. ef. 4-1-06; DFW 22-2006(Temp), f. & cert. ef. 4-7-06 thru 10-4-06; DFW 41-2006, f. & cert. ef. 6-14-06; DFW 126-2006, f. 12-7-06, cert. ef. 4-1-07; DFW 42-2007, f. & cert. ef. 6-14-07; DFW 115-2007, f. 10-31-07, cert. ef. 4-1-08; DFW 60-2008, f. & cert. ef. 6-12-08; DFW 31-2009, f. 3-23-09, cert. ef. 4-1-09; DFW 66-2009, f. & cert. ef. 6-10-09; DFW 22-2010, f. 3-1-10, cert. ef. 4-1-10; DFW 31-2010, f. 3-12-10, cert. ef. 4-1-10; DFW 83-2010, f. & cert. ef. 6-15-10; DFW 62-2011, f. & cert. ef. 6-3-11; DFW 22-2012, f. 3-14-12, cert. ef. 4-1-12; DFW 58-2012, f. & cert. ef. 6-11-12; DFW 21-2013, f. 3-11-13, cert. ef. 4-1-13

Rule Caption: Youngs Bay Salmon Season Fishing Periods Increased on March 13 and 14, 2013

Adm. Order No.: DFW 22-2013(Temp)

Filed with Sec. of State: 3-12-2013

ADMINISTRATIVE RULES

Certified to be Effective: 3-13-13 thru 7-31-13

Notice Publication Date:

Rules Amended: 635-042-0145

Rules Suspended: 635-042-0145(T)

Subject: This amended rule increases the length of previously authorized fishing periods in the ongoing Chinook salmon and white sturgeon fishery in the Youngs Bay Select Area of the Columbia River. Modifications are consistent with the action taken March 12, 2013 by the State of Oregon.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-042-0145

Youngs Bay Salmon Season

(1) Salmon, white sturgeon, and shad may be taken for commercial purposes in waters of Youngs Bay as described below.

(a) The 2013 open fishing periods are established in three segments categorized as the winter fishery, subsection (1)(a)(A); the spring fishery, subsection (1)(a)(B); and summer fishery, subsection (1)(a)(C), as follows:

(A) Winter Season: Entire Youngs Bay from February 11 through

March 25 (18 days) during the following periods:

Monday	February 11	6:00 a.m.-midnight (18 hrs.);
Wednesday	February 13	6:00 a.m.-6:00 p.m. (12 hrs.);
Thursday	February 14	6:00 a.m.-midnight (18 hours);
Monday	February 18	6:00 a.m.-midnight (18 hours);
Wednesday	February 20	6:00 a.m.-6:00 p.m. (12 hours);
Thursday	February 21	6:00 a.m.-midnight (18 hours);
Monday	February 25	6:00 a.m.-midnight (18 hours);
Wednesday	February 27	6:00 a.m.-6:00 p.m. (12 hours);
Thursday	February 28	6:00 a.m.-midnight (18 hours);
Monday	March 4	6:00 a.m.-midnight (6 hrs.);
Wednesday	March 6	6:00 a.m.-6:00 p.m. (12 hrs.);
Thursday	March 7	6:00 a.m.-midnight (18 hours);
Monday	March 11	3:30 p.m.-9:30 p.m. (6 hours);
Wednesday	March 13	6:00 a.m.-6:00 p.m. (12 hours);
Thursday	March 14	6:00 a.m.-6:00 p.m. (12 hours);
Monday	March 18	10:00 a.m.-2:00 p.m. (4 hours);
Thursday	March 21	1:30 p.m.-5:30 p.m. (4 hours);
Monday	March 25	4:00 p.m.-8:00 p.m. (4 hours).

(B) Spring Season: Entire Youngs Bay from April 18 through Friday,

June 14 (14 days total) during the following periods:

Thursday	April 18	10:30 a.m.-4:30 p.m. (6 hrs.);
Tuesday	April 23	6:00 a.m.-6:00 p.m. (12 hrs.);
Thursday	April 25-26	7:00 p.m.-7:00 a.m. (12 hours);
Monday	April 29	6:00 a.m.-midnight (18 hours);
Wednesday	May 1	6:00 a.m.-6:00 p.m. (12 hours);
Thursday	May 2	6:00 a.m.-midnight (18 hours);
Monday	May 6	6:00 a.m.-midnight (18 hours);
Wednesday	May 8	6:00 a.m.-6:00 p.m. (12 hrs.);
Thursday	May 9	6:00 a.m.-midnight (18 hours);
Monday	May 13	noon - Friday May 17 noon (4 days);
Monday	May 20	noon - Friday May 24 noon (4 days);
Monday	May 27	noon - Friday May 31 noon (4 days);
Monday	June 3	noon - Friday June 7 noon (4 days);
Monday	June 10	noon - Friday June 14 noon (4 days).

(C) Summer Season: Entire Youngs Bay 6:00 a.m. Wednesdays to 6:00 a.m. Fridays (48 hours) beginning Wednesday June 19 through Friday July 26 (12 fishing days).

(b) For the winter, spring and summer fisheries the fishing area is identified as the waters of Youngs Bay from the Highway 101 Bridge upstream to the upper boundary markers at the confluence of the Klaskanine and Youngs rivers; except for those waters which are closed southerly of the alternate Highway 101 Bridge (Lewis and Clark River).

(2) Gill nets may not exceed 1,500 feet (250 fathoms) in length and weight may not exceed two pounds per any fathom except the use of additional weights and/or anchors attached directly to the leadline is allowed upstream of markers located approximately 200 yards upstream of the mouth of the Walluski River during all Youngs Bay commercial fisheries. A red cork must be placed on the corkline every 25 fathoms as measured from the first mesh of the net. Red corks at 25-fathom intervals must be in color contrast to the corks used in the remainder of the net.

(a) It is *unlawful* to use a gill net having a mesh size that is less than 7 inches during the winter season. It is *unlawful* to use a gill net having a mesh size that is more than 9.75 inches during the spring and summer seasons.

(b) Nets not specifically authorized for use in these areas may be onboard a vessel if properly stored. A properly stored net is defined as a net on a drum that is fully covered by a tarp (canvas or plastic) and bound with a minimum of ten revolutions of rope with a diameter of 3/8 (0.375) inches or greater.

(3) A maximum of four (4) white sturgeon may be possessed or sold by each participating vessel during each calendar week (Sunday through Saturday) during the winter season described in section (1)(a)(A) above and

a maximum of two (2) white sturgeon may be possessed or sold by each participating vessel during each calendar week (Sunday through Saturday) during the spring and summer seasons described in sections (1)(a)(B) and (1)(a)(C) above. During the fishing periods identified in subsections (1)(a)(A), (1)(a)(B) and (1)(a)(C), the weekly white sturgeon limit applies to combined possessions and sales for all open Select Area fisheries.

Stat. Auth.: ORS 183.325, 506.109 & 506.110

Stats. Implemented: ORS 506.129 & 507.030

Hist.: FWC 32-1979, f. & ef. 8-22-79; FWC 28-1980, f. & ef. 6-23-80; FWC 42-1980(Temp), f. & ef. 8-22-80; FWC 30-1981, f. & ef. 8-14-81; FWC 42-1981(Temp), f. & ef. 11-5-81; FWC 54-1982, f. & ef. 8-17-82; FWC 37-1983, f. & ef. 8-18-83; FWC 61-1983(Temp), f. & ef. 10-19-83; FWC 42-1984, f. & ef. 8-20-84; FWC 39-1985, f. & ef. 8-15-85; FWC 37-1986, f. & ef. 8-11-86; FWC 72-1986(Temp), f. & ef. 10-31-86; FWC 64-1987, f. & ef. 8-7-87; FWC 73-1988, f. & cert. ef. 8-19-88; FWC 55-1989(Temp), f. 8-7-89, cert. ef. 8-20-89; FWC 82-1990(Temp), f. 8-14-90, cert. ef. 8-19-90; FWC 86-1991, f. 8-7-91, cert. ef. 8-18-91; FWC 123-1991(Temp), f. & cert. ef. 10-21-91; FWC 30-1992(Temp), f. & cert. ef. 4-27-92; FWC 35-1992(Temp), f. 5-22-92, cert. ef. 5-25-92; FWC 74-1992 (Temp), f. 8-10-92, cert. ef. 8-16-92; FWC 28-1993(Temp), f. & cert. ef. 4-26-93; FWC 48-1993, f. 8-6-93, cert. ef. 8-9-93; FWC 21-1994(Temp), f. 4-22-94, cert. ef. 4-25-94; FWC 51-1994, f. 8-19-94, cert. ef. 8-22-94; FWC 64-1994(Temp), f. 9-14-94, cert. ef. 9-15-94; FWC 66-1994(Temp), f. & cert. ef. 9-20-94; FWC 27-1995, f. 3-29-95, cert. ef. 4-1-95; FWC 48-1995(Temp), f. & cert. ef. 6-5-95; FWC 66-1995, f. 8-22-95, cert. ef. 8-27-95; FWC 69-1995, f. 8-25-95, cert. ef. 8-27-95; FWC 8-1995, f. 2-28-96, cert. ef. 3-1-96; FWC 37-1996(Temp), f. 6-11-96, cert. ef. 6-12-96; FWC 41-1996, f. & cert. ef. 8-12-96; FWC 45-1996(Temp), f. 8-16-96, cert. ef. 8-19-96; FWC 54-1996(Temp), f. & cert. ef. 9-23-96; FWC 4-1997, f. & cert. ef. 1-30-97; FWC 47-1997, f. & cert. ef. 8-15-97; DFW 8-1998(Temp), f. & cert. ef. 2-5-98 thru 2-28-98; DFW 14-1998, f. & cert. ef. 3-3-98; DFW 18-1998(Temp), f. 3-9-98, cert. ef. 3-11-98 thru 3-31-98; DFW 60-1998(Temp), f. & cert. ef. 8-7-98 thru 8-21-98; DFW 67-1998, f. & cert. ef. 8-24-98; DFW 10-1999, f. & cert. ef. 2-26-99; DFW 52-1999(Temp), f. & cert. ef. 8-2-99 thru 8-6-99; DFW 55-1999, f. & cert. ef. 8-12-99; DFW 9-2000, f. & cert. ef. 2-25-00; DFW 42-2000, f. & cert. ef. 8-3-00; DFW 3-2001, f. & cert. ef. 2-6-01; DFW 66-2001(Temp), f. 8-2-01, cert. ef. 8-6-01 thru 8-14-01; DFW 76-2001(Temp), f. & cert. ef. 8-20-01 thru 10-31-01; DFW 106-2001(Temp), f. & cert. ef. 10-26-01 thru 12-31-01; DFW 15-2002(Temp), f. & cert. ef. 2-10-02 thru 8-18-02; DFW 82-2002(Temp), f. 8-5-02, cert. ef. 8-7-02 thru 9-1-02; DFW 96-2002(Temp), f. & cert. ef. 8-26-02 thru 12-31-02; DFW 12-2003, f. & cert. ef. 2-14-03; DFW 17-2003(Temp), f. 2-27-03, cert. ef. 3-1-03 thru 8-1-03; DFW 32-2003(Temp), f. & cert. ef. 4-23-03 thru 8-1-03; DFW 34-2003(Temp), f. & cert. ef. 4-24-03 thru 10-1-03; DFW 36-2003(Temp), f. 4-30-03, cert. ef. 5-1-03 thru 10-1-03; DFW 37-2003(Temp), f. & cert. ef. 5-7-03 thru 10-1-03; DFW 75-2003(Temp), f. & cert. ef. 8-1-03 thru 12-31-03; DFW 89-2003(Temp), f. 9-8-03, cert. ef. 9-9-03 thru 12-31-03; DFW 11-2004, f. & cert. ef. 2-13-04; DFW 19-2004(Temp), f. & cert. ef. 3-12-04 thru 3-31-04; DFW 22-2004(Temp), f. & cert. ef. 3-18-04 thru 3-31-04; DFW 28-2004(Temp), f. 4-8-04 cert. ef. 4-12-04 thru 4-15-04; DFW 39-2004(Temp), f. 5-5-04, cert. ef. 5-6-04 thru 7-31-04; DFW 44-2004(Temp), f. 5-17-04, cert. ef. 5-20-04 thru 7-31-04; DFW 79-2004(Temp), f. 8-2-04, cert. ef. 8-3-04 thru 12-31-04; DFW 109-2004(Temp), f. & cert. ef. 10-19-04 thru 12-31-04; DFW 6-2005, f. & cert. ef. 2-14-05; DFW 15-2005(Temp), f. & cert. ef. 3-10-05 thru 7-31-05; DFW 18-2005(Temp), f. & cert. ef. 3-15-05 thru 3-21-05; Administrative correction 4-20-05; DFW 27-2005(Temp), f. & cert. ef. 4-20-05 thru 6-15-05; DFW 28-2005(Temp), f. & cert. ef. 4-28-05 thru 6-16-05; DFW 37-2005(Temp), f. & cert. ef. 5-5-05 thru 10-16-05; DFW 40-2005(Temp), f. & cert. ef. 5-10-05 thru 10-16-05; DFW 46-2005(Temp), f. 5-17-05, cert. ef. 5-18-05 thru 10-16-05; DFW 73-2005(Temp), f. 7-8-05, cert. ef. 7-11-05 thru 7-31-05; DFW 77-2005(Temp), f. 7-14-05, cert. ef. 7-18-05 thru 7-31-05; DFW 85-2005(Temp), f. 8-1-05, cert. ef. 8-3-05 thru 12-31-05; DFW 109-2005(Temp), f. & cert. ef. 9-19-05 thru 12-31-05; DFW 110-2005(Temp), f. & cert. ef. 9-26-05 thru 12-31-05; DFW 116-2005(Temp), f. 10-4-05, cert. ef. 10-5-05 thru 12-31-05; DFW 120-2005(Temp), f. & cert. ef. 10-11-05 thru 12-31-05; DFW 124-2005(Temp), f. & cert. ef. 10-18-05 thru 12-31-05; Administrative correction 1-20-06; DFW 5-2006, f. & cert. ef. 2-15-06; DFW 14-2006(Temp), f. 3-15-06, cert. ef. 3-16-06 thru 7-27-06; DFW 15-2006(Temp), f. & cert. ef. 3-23-06 thru 7-27-06; DFW 17-2006(Temp), f. 3-29-06, cert. ef. 3-30-06 thru 7-27-06; DFW 29-2006(Temp), f. & cert. ef. 5-16-06 thru 7-31-06; DFW 32-2006(Temp), f. & cert. ef. 5-23-06 thru 7-31-06; DFW 35-2006(Temp), f. & cert. ef. 5-30-06 thru 7-31-06; DFW 52-2006(Temp), f. & cert. ef. 6-28-06 thru 7-27-06; DFW 73-2006(Temp), f. 8-1-06, cert. ef. 8-2-06 thru 12-31-06; DFW 103-2006(Temp), f. 9-15-06, cert. ef. 9-18-06 thru 12-31-06; DFW 119-2006(Temp), f. & cert. ef. 10-18-06 thru 12-31-06; Administrative correction 1-16-07; DFW 7-2007(Temp), f. 1-31-07, cert. ef. 2-1-07 thru 7-30-07; DFW 9-2007, f. & cert. ef. 2-14-07; DFW 13-2007(Temp), f. & cert. ef. 3-6-07 thru 9-1-07; DFW 16-2007(Temp), f. & cert. ef. 3-14-07 thru 9-9-07; DFW 25-2007(Temp), f. 4-17-07, cert. ef. 4-18-07 thru 7-26-07; DFW 45-2007(Temp), f. 6-15-07, cert. ef. 6-25-07 thru 7-31-07; DFW 50-2007(Temp), f. 6-29-07, cert. ef. 7-4-07 thru 7-31-07; DFW 61-2007(Temp), f. 7-30-07, cert. ef. 8-1-07 thru 10-31-07; DFW 108-2007(Temp), f. 10-12-07, cert. ef. 10-14-07 thru 12-31-07; Administrative correction 1-24-08; DFW 6-2008(Temp), f. 1-29-08, cert. ef. 1-31-08 thru 7-28-08; DFW 16-2008(Temp), f. 2-26-08, cert. ef. 3-2-08 thru 8-28-08; DFW 30-2008(Temp), f. 3-27-08, cert. ef. 3-30-08 thru 8-28-08; DFW 48-2008(Temp), f. & cert. ef. 5-12-08 thru 8-28-08; DFW 58-2008(Temp), f. & cert. ef. 6-4-08 thru 8-31-08; DFW 85-2008(Temp), f. 7-24-08, cert. ef. 8-1-08 thru 12-31-08; DFW 108-2008(Temp), f. 9-8-08, cert. ef. 9-9-08 thru 12-31-08; Administrative correction 1-23-09; DFW 12-2009(Temp), f. 2-13-09, cert. ef. 2-15-09 thru 7-31-09; DFW 24-2009(Temp), f. 3-10-09, cert. ef. 3-11-09 thru 7-31-09; DFW 49-2009(Temp), f. 5-14-09, cert. ef. 5-17-09 thru 7-31-09; DFW 89-2009(Temp), f. 8-3-09, cert. ef. 8-4-09 thru 12-31-09; DFW 107-2009(Temp), f. 9-2-09, cert. ef. 9-5-09 thru 10-31-09; Administrative correction 11-19-09; DFW 17-2010(Temp), f. & cert. ef. 2-22-10 thru 7-31-10; DFW 20-2010(Temp), f. & cert. ef. 2-26-10 thru 7-31-10; DFW 30-2010(Temp), f. 3-11-10, cert. ef. 3-14-10 thru 7-31-10; DFW 35-2010(Temp), f. 3-23-10, cert. ef. 3-24-10 thru 7-31-10; DFW 40-2010(Temp), f. & cert. ef. 4-1-10 thru 7-31-10; DFW 46-2010(Temp), f. & cert. ef. 4-21-10 thru 7-31-10; DFW 53-2010(Temp), f. & cert. ef. 5-4-10 thru 7-31-10; DFW 57-2010(Temp), f. & cert. ef. 5-11-10 thru 7-31-10; DFW 69-2010(Temp), f. & cert. ef. 5-18-10 thru 7-31-10; DFW 113-2010(Temp), f. 8-2-10, cert. ef. 8-4-10 thru 10-31-10; DFW 129-2010(Temp), f. & cert. ef. 9-10-10 thru 10-31-10; Administrative correction 11-23-10; DFW 12-2011(Temp), f. 2-10-11, cert. ef. 2-13-11 thru 7-29-11; DFW 23-2011, f. & cert. ef. 3-21-11; DFW 32-2011(Temp), f. 4-20-11, cert. ef. 4-21-11 thru 7-29-11; DFW 35-2011(Temp), f. & cert. ef. 4-28-11 thru 7-29-11; DFW 46-2011(Temp), f. & cert. ef. 5-12-11 thru 7-29-11; DFW 52-2011(Temp), f. & cert. ef. 5-18-11 thru 7-29-11; DFW 76-2011(Temp), f. 6-24-11, cert. ef. 6-27-11 thru 7-29-11; DFW 106-2011(Temp), f. 8-2-11, cert. ef. 8-3-11 thru 10-31-11; DFW 121-2011(Temp), f. 8-29-11, cert. ef. 9-5-11 thru 10-31-11; Administrative correction 11-18-11; DFW 12-2012(Temp), f. 2-8-12, cert. ef. 2-12-12 thru 7-31-12; DFW 24-2012(Temp), f. 3-15-12, cert. ef. 3-18-12 thru 7-31-12; DFW 26-2012(Temp), f. 3-20-12, cert. ef. 3-21-12 thru 7-31-12; DFW 27-2012(Temp), f. 3-27-12, cert. ef. 3-29-12 thru 7-31-12; DFW 28-

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2012(Temp), f. 3-30-12, cert. ef. 4-1-12 thru 7-31-12; DFW 30-2012(Temp), f. 4-4-12, cert. ef. 4-5-12 thru 7-31-12; DFW 36-2012(Temp), f. 4-16-12, cert. ef. 4-19-12 thru 7-31-12; DFW 82-2012(Temp), f. 6-29-12, cert. ef. 7-2-12 thru 7-31-12; DFW 96-2012(Temp), f. 7-30-12, cert. ef. 8-1-12 thru 10-31-12; Administrative correction 11-23-12; DFW 11-2013(Temp), f. 2-8-13, cert. ef. 2-11-13 thru 7-31-13; DFW 22-2013(Temp), f. 3-12-13, cert. ef. 3-13-13 thru 7-31-13

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**Department of Human Services,
Aging and People with Disabilities and
Developmental Disabilities
Chapter 411**

Rule Caption: Medicaid Nursing Facilities

Adm. Order No.: SPD 2-2013

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13

Notice Publication Date: 2-1-2013

Rules Amended: 411-070-0005, 411-070-0091

Rules Repealed: 411-070-0005(T), 411-070-0091(T)

Subject: The Department of Human Services (Department) is permanently amending the Medicaid nursing facility rules in OAR chapter 411, division 070 to identify Provider Preventable Conditions (PPCs), clarify the Department's non-payment policy for PPCs, and require nursing facilities to begin to report each PPC through the Department's Medicaid Management Information System.

Rules Coordinator: Christina Hartman—(503) 945-6398

411-070-0005

Definitions

As used in OAR chapter 411, division 070, the definitions in OAR 411-085-0005 and the following definitions apply:

(1) "Accrual Method of Accounting" means a method of accounting in which revenues are reported in the period when they are earned, regardless of when they are collected, and expenses are reported in the period in which they are incurred, regardless of when they are paid.

(2) "Active Treatment" means the implementation of an individualized care plan developed under and supervised by a physician and other qualified mental health professionals that prescribes specific therapies and activities.

(3) "Activities of Daily Living" means activities usually performed in the course of a normal day in an individual's life such as eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), and cognition/behavior.

(4) "Addictions and Mental Health (AMH) Division" means the Division, within the Oregon Health Authority, responsible for addictions and mental health services.

(5) "Alternative Services" mean individuals or organizations offering services to persons living in a community other than a nursing facility or hospital.

(6) "Area Agency on Aging (AAA)" means the Department of Human Services designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to seniors and individuals with disabilities in a planning and service area. For the purpose of these rules, the term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 to 410.300.

(7) "Basic Flat Rate Payment" and "Basic Rate" means the statewide standard payment rate for all long term services provided to a Medicaid resident of a nursing facility except for services reimbursed through another Medicaid payment source. The "Basic Rate" is the bundled payment rate unless the resident qualifies for the complex medical add-on rate (in addition to the basic rate) or the bundled pediatric rate (instead of the basic rate).

(8) "Capacity" means licensed nursing beds multiplied by number of days in operation.

(9) "Case Manager" means a Department of Human Services or Area Agency on Aging employee who assesses the service needs of an applicant, determines eligibility, and offers service choices to the eligible individual. The case manager authorizes and implements the service plan and monitors the services delivered.

(10) "Cash Method of Accounting" means a method of accounting in which revenues are recognized only when cash is received, and expenditures for expense and asset items are not recorded until cash is disbursed for them.

(11) "Categorical Determinations" mean the provisions in the Code of Federal Regulations {42 CFR 483.130} for creating categories that describe certain diagnoses, severity of illness, or the need for a particular service that clearly indicates that admission to a nursing facility is normally needed or that the provision of specialized services is not normally needed.

(a) Membership in a category may be made by the evaluator only if existing data on the individual is current, accurate, and of sufficient scope.

(b) An individual with mental illness or developmental disabilities may enter a nursing facility without PASRR Level II evaluation if criteria of a categorical determination are met as described in OAR 411-070-0043(2)(a)-(2)(c).

(12) "Certification" and "Certification for the Categorical Determination of Exempted Hospital Discharge" means that the attending physician has written orders for the individual to receive skilled services at the nursing facility.

(13) "Certified Program" means a hospital, private agency, or an Area Agency on Aging certified by the Department of Human Services to conduct private admission assessments in accordance with ORS 410.505 through 410.530.

(14) "Change of Ownership" means a change in the individual or legal organization that is responsible for the operation of a nursing facility. Change of ownership does not include changes that are merely changes in personnel, e.g., a change of administrators. Events that change ownership include but are not limited to the following:

(a) The form of legal organization of the owner is changed (e.g., a sole proprietor forms a partnership or corporation);

(b) The title to the nursing facility enterprise is transferred to another party;

(c) The nursing facility enterprise is leased or an existing lease is terminated;

(d) Where the owner is a partnership, any event occurs which dissolves the partnership;

(e) Where the owner is a corporation, it is dissolved, merges with another corporation that is the survivor, or consolidates with one or more other corporations to form a new corporation; or

(f) The facility changes management via a management contract.

(15) "Compensation" means the total of all benefits and remuneration, exclusive of payroll taxes and regardless of the form, provided to or claimed by an owner, administrator, or other employee. Compensation includes but is not necessarily limited to:

(a) Salaries paid or accrued;

(b) Supplies and services provided for personal use;

(c) Compensation paid by the facility to employees for the sole benefit of the owner;

(d) Fees for consultants, directors, or any other fees paid regardless of the label;

(e) Key man life insurance;

(f) Living expenses, including those paid for related persons; or

(g) Gifts for employees in excess of federal Internal Revenue Service reporting guidelines.

(16) "Complex Medical Add-On Payment" and "Medical Add-On" means the statewide standard supplemental payment rate for a Medicaid resident of a nursing facility whose service is reimbursed at the basic rate if the resident needs one or more of the medication procedures, treatment procedures, or rehabilitation services listed in OAR 411-070-0091, for the additional licensed nursing services needed to meet the resident's increased needs.

(17) "Continuous" means more than once per day, seven days per week. Exception: If only skilled rehabilitative services and no skilled nursing services are required, "continuous" means at least once per day, five days per week.

(18) "Costs Not Related to Resident Services" means costs that are not appropriate or necessary and proper in developing and maintaining the operation of a nursing facility. Such costs are not allowable in computing reimbursable costs. Costs not related to resident services include, for example, cost of meals sold to visitors, cost of drugs sold to individuals who are not residents, cost of operation of a gift shop, and similar items.

(19) "Costs Related to Resident Services" mean all necessary costs incurred in furnishing nursing facility services, subject to the specific provisions and limitations set out in these rules. Examples of costs related to resident services include nursing costs, administrative costs, costs of employee pension plans, and interest expenses.

(20) "CPI" means the consumer price index for all items and all urban consumers.

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(21) "Day of Admission" means an individual being admitted, determined as of 12:01 a.m. of each day, for all days in the calendar period for which an assessment is being reported and paid. If an individual is admitted and discharged on the same day, the individual is deemed present on 12:01 a.m. of that day.

(22) "Department" or "DHS" means the Department of Human Services.

(23) "Developmental Disability" means a disability that originates in the developmental years, that is likely to continue, and significantly impacts adaptive behavior as diagnosed and measured by a qualified professional. Developmental disabilities include mental retardation, autism, cerebral palsy, epilepsy, or other neurological disabling conditions that require training or support similar to that required by individuals with mental retardation, and the disability:

(a) Originates before the individual reaches the age of 22 years, except that in the case of mental retardation, the condition must be manifested before the age of 18;

(b) Originates and directly affects the brain and has continued, or must be expected to continue, indefinitely;

(c) Constitutes a significant impairment in adaptive behavior; and

(d) Is not primarily attributed to a mental or emotional disorder, sensory impairment, substance abuse, personality disorder, learning disability, or Attention Deficit Hyperactivity Disorder (ADHD).

(24) "Direct Costs" mean costs incurred to provide services required to directly meet all the resident nursing and activity of daily living service needs. Direct costs are further defined in OAR 411-070-0359 and OAR 411-070-0465. Examples: The person who feeds food to the resident is directly meeting the resident's needs, but the person who cooks the food is not. The person who is trained to meet the resident's needs incurs direct costs whereas the person providing the training is not. Costs for items that are capitalized or depreciated are excluded from this definition.

(25) "Division of Medical Assistance Programs (DMAP)" means a Division, within the Oregon Health Authority, responsible for coordinating the medical assistance programs within the State of Oregon including the Oregon Health Plan Medicaid demonstration, the State Children's Health Insurance Program, and several other programs.

(26) "DRI Index" means the "HCFA or CMS Nursing Home Without Capital Market Basket" index, which is published quarterly by DRI/McGraw - Hill in the publication, "Global Insight Health Care Cost Review".

(27) "Exempted Hospital Discharge" for PASRR means an individual seeking temporary admission to a nursing facility from a hospital as described in OAR 411-070-0043(2)(a).

(28) "Facility" or "Nursing Facility" means an establishment that is licensed and certified by the Department of Human Services as a nursing facility. A nursing facility also means a Medicaid certified nursing facility only if identified as such.

(29) "Fair Market Value" means the price for which an asset would have been purchased on the date of acquisition in an arms-length transaction between a well-informed buyer and seller, neither being under any compulsion to buy or sell.

(30) "Generally Accepted Accounting Principles" mean the accounting principles approved by the American Institute of Certified Public Accountants.

(31) "Goodwill" means the excess of the price paid for a business over the fair market value of all other identifiable, tangible, and intangible assets acquired, or the excess of the price paid for an asset over its fair market value.

(32) "Historical Cost" means the actual cost incurred in acquiring and preparing a fixed asset for use. Historical cost includes such planning costs as feasibility studies, architects' fees, and engineering studies. Historical cost does not include "start-up costs" as defined in this rule.

(33) "Hospital-Based Facility" means a nursing facility that is physically connected and operated by a licensed general hospital.

(34) "Indirect Costs" mean the costs associated with property, administration, and other operating support (real property taxes, insurance, utilities, maintenance, dietary (excluding food), laundry, and housekeeping). Indirect costs are further described in OAR 411-070-0359 and OAR 411-070-0465.

(35) "Individual" means a person who receives or expected to receive nursing facility services.

(36) "Interrupted-Service Facility" means an established facility recertified by the Department of Human Services following decertification.

(37) "Level I" means a component of the federal PASRR requirement. Level I refers to the identification of individuals who are potential nursing

facility admissions who have indicators of mental illness or developmental disabilities {42 CFR 483.128(a)}.

(38) "Level II" means a component of the federal PASRR requirement. Level II refers to the evaluation and determination of whether nursing facility services and specialized services are needed for individuals with mental illness or developmental disability who are potential nursing facility admissions, regardless of the source of payment for the nursing facility service {42 CFR 483.128(a)}. Level II evaluations include assessment of the individual's physical, mental, and functional status {42 CFR 483.132}.

(39) "Level of Care Determination" means an evaluation of the intensity of a person's health service needs. The level of care determination may not be used to require that the person receive services in a nursing facility.

(40) "Medicaid Occupancy Percentage" means the total Medicaid bed days divided by total resident days.

(41) "Medical Add-On" or "Complex Medical Add-On Payment" has the meaning provided in section (16) of this rule.

(42) "Mental Illness" means a major mental disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM IV-TR) limited to schizophrenic, paranoid and schizoaffective disorders, bipolar (manic-depressive), and atypical psychosis. "Mental Illness" for pre-admission screening means having both a primary diagnosis of a major mental disorder (schizophrenic, paranoid, major affective and schizoaffective disorders, or atypical psychosis) and treatment related to the diagnosis in the past two years. Diagnoses of dementia or Alzheimers are excluded.

(43) "Mental Retardation" means significantly sub-average general intellectual functioning defined as IQ's under 70 as measured by a qualified professional and existing concurrently with significant impairment in adaptive behavior that are manifested during the developmental period, prior to 18 years of age. Individuals of borderline intelligence, IQ's 70-75, may be considered to have mental retardation if there is also significant impairment of adaptive behavior as diagnosed and measured by a qualified professional. The adaptive behavior must be directly related to the issues of mental retardation. Definitions and classifications must be consistent with the "Manual of Terminology and Classification in Mental Retardation" by the American Association on Mental Deficiency, 1977 Revision.

(a) Mild mental retardation is used to describe the degree of retardation when intelligence test scores are 50 to 69. Individuals with IQ's in the 70 to 75 range may be considered as having mental retardation if there is significant impairment in adaptive behavior as defined in OAR 411-320-0020.

(b) Moderate mental retardation is used to describe the degree of retardation when intelligence test scores are 35 to 49.

(c) Severe mental retardation is used to describe the degree of retardation when intelligence test scores are 20 to 34.

(d) Profound mental retardation is used to describe the degree of retardation when intelligence test scores are below 20.

(44) "Necessary Costs" mean costs that are appropriate and helpful in developing and maintaining the operation of resident facilities and activities. Necessary costs are usually costs that are common and accepted occurrences in the field of long term nursing services.

(45) "New Admission" for PASRR purposes means an individual admitted to any nursing facility for the first time. It does not include individuals moving within a nursing facility, transferring to a different nursing facility, or individuals who have returned to a hospital for treatment and are being admitted back to the nursing facility. New admissions are subject to the PASRR process {42 CFR 483.106(b)(1), (3), (4)}.

(46) "New Facility" means a nursing facility commencing to provide services to individuals.

(47) "Nursing Aide Training and Competency Evaluation Program (NATCEP)" means a nursing assistant training and competency evaluation program approved by the Oregon State Board of Nursing pursuant to ORS chapter 678 and the rules adopted pursuant thereto.

(48) "Nursing Facility Financial Statement (NFFS)" means Form SPD 35, or Form SPD 35A (for hospital-based facilities), and includes an account number listing of all costs to be used by all nursing facility providers in reporting to the Department of Human Services for reimbursement.

(49) "Occupancy Rate" means total resident days divided by capacity.

(50) "Ordinary Costs" mean costs incurred that are customary for the normal operation.

(51) "Oregon Medical Professional Review Organization (OMPRO)" means the organization that determines level of services, need for services, and quality of services.

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(52) "Pediatric Rate" means the statewide standard payment rate for all long term services provided to a Medicaid resident under the age of 21 who is served in a pediatric nursing facility or a self-contained pediatric unit.

(53) "Perquisites" mean privileges incidental to regular wages.

(54) "Personal Incidental Funds" mean resident funds held or managed by the licensee or other person designated by the resident on behalf of a resident.

(55) "Placement" means the location of a specific place where health services can be adequately provided to meet the service needs.

(56) "Pre-Admission Screening (PAS)" means the assessment and determination of a potential Medicaid-eligible individual's need for nursing facility services, including the identification of individuals who can transition to community-based service settings and the provision of information about community-based alternatives. This assessment and determination is required when potentially Medicaid-eligible individuals are at risk for admission to nursing facility services. PAS may include the completion of the federal PASRR Level I requirement {42 CFR, Part 483, (C)-(E)}, to identify individuals with mental illness or mental retardation or developmental disabilities.

(57) "Pre-Admission Screening and Resident Review (PASRR)" means the federal requirement, {42 CFR, Part 483, (C)-(E)}, to identify individuals who have mental illness or developmental disabilities and determine if nursing facility service is required and if specialized services are required. PASRR includes Level I and Level II functions.

(58) "Prior Authorization" means the local Seniors and People with Disabilities Division/Area Agency on Aging office participates in the development of proposed nursing facility care plans to assure that the facility is the most suitable service setting for the individual. Nursing facility reimbursement is contingent upon prior-authorization.

(59) "Private Admission Assessment (PAA)" means the assessment that is conducted for non-Medicaid residents as established by ORS 410.505 to 410.545 and OAR chapter 411, division 071, who are potential admissions to a Medicaid-certified nursing facility. Service needs are evaluated and information is provided about long-term service choices. A component of private admission assessment is the federal PASRR Level I requirement, {42 CFR, Part 483.128(a)}, to identify individuals with mental illness or developmental disabilities.

(60) "Provider" means an entity, licensed by the Seniors and People with Disabilities Division, responsible for the direct delivery of nursing facility services.

(61) "Provider Preventable Condition (PPC)" means a condition listed below caused by the provider:

- (a) Foreign object retained after treatment;
- (b) Stage III and IV pressure ulcers;
- (c) Falls and trauma;
- (d) Manifestations of poor glycemic control;
- (e) Catheter-associated urinary tract infection;
- (f) Medication error; or
- (g) Surgical site or wound site infection.

(62) "Reasonable Consideration" means an inducement that is equivalent to the amount that would ordinarily be paid for comparable goods and services in an arms-length transaction.

(63) "Related Organization" means an entity that is under common ownership or control with, or has control of, or is controlled by the contractor. An entity is deemed to be related if it has 5 percent or more ownership interest in the other. An entity is deemed to be related if it has capacity derived from any financial or other relationship, whether or not exercised, to influence directly or indirectly the activities of the other.

(64) "Resident" means a person who receives nursing facility services.

(65) "Resident Days" mean the number of occupied bed days.

(66) "Resident Review" means a review conducted by the Addictions and Mental Health Division for individuals with mental illness or by the Seniors and People with Disabilities Division for individuals with developmental disabilities who are residents of nursing facilities. The findings of the resident review may result in referral to PASRR Level II {42 CFR 483.114}.

(67) "Restricted Fund" means a fund in which the use of the principal or principal and income is restricted by agreement with or direction by the donor to a specific purpose. Restricted fund does not include a fund over which the owner has complete control. The owner is deemed to have complete control over a fund that is to be used for general operating or building purposes.

(68) "Seniors and People with Disabilities (SPD) Division" means the Division, within the Department of Human Services, responsible for the administration of community-based care and nursing facility services to eligible individuals.

(69) "Specialized Services for Mental Illness" means mental health services delivered by an interdisciplinary team in an inpatient psychiatric hospital for treatment of acute mental illness.

(70) "Specialized Services for Mental Retardation or Developmental Disabilities" means:

(a) For individuals with mental retardation or developmental disabilities under age 21, specialized services are equal to school services; and

(b) For individuals with mental retardation or developmental disabilities over age 21, specialized services mean:

(A) A consistent and ongoing program that includes participation by the individual in continuous, aggressive training and support to prevent loss of current optimal function;

(B) Promotes the acquisition of function, skills, and behaviors necessary to increase independence and productivity; and

(C) Is delivered in community-based or vocational settings at a minimum of 25 hours a week.

(71) "Start-Up Costs" mean one-time costs incurred prior to the first resident being admitted. Start-up costs include administrative and nursing salaries, utility costs, taxes, insurance, mortgage and other interest, repairs and maintenance, training costs, etc. Start-up costs do not include such costs as feasibility studies, engineering studies, architect's fees, or other fees that are part of the historical cost of the facility.

(72) "Supervision" means initial direction and periodic monitoring of performance. Supervision does not mean that the supervisor is physically present when the work is performed.

(73) "These Rules" mean the rules in OAR chapter 411, division 070.

(74) "Title XVIII" and "Medicare" means Title XVIII of the Social Security Act.

(75) "Title XIX," "Medicaid," and "Medical Assistance" means Title XIX of the Social Security Act.

(76) "Uniform Chart of Accounts (Form SPD 35)" means a list of account titles identified by code numbers established by the Department of Human Services for providers to use in reporting their costs.

[ED. NOTE: Forms referenced are available from the agency.]

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070 & 414.065

Hist.: PWC 847(Temp), f. & ef. 7-1-77; PWC 859, f. 10-31-77, ef. 11-1-77; PWC 866(Temp), f. 12-30-77, ef. 1-1-78; AFS 19-1978, f. & ef. 5-1-78; AFS 58-1981, f. & ef. 9-1-81; Renumbered from 461-017-0010, AFS 69-1981, f. 9-30-81, ef. 10-1-81; SSD 6-1985, f. 5-31-85, ef. 6-1-85; SSD 20-1990, f. & cert. ef. 10-4-90; SSD 6-1993, f. 6-30-93, cert. ef. 7-1-93; SSD 8-1994, f. & cert. ef. 12-1-94; SSD 1-1997, f. 6-30-97, cert. ef. 7-1-97; SPD 9-2006, f. 1-26-06, cert. ef. 2-1-06; SPD 12-2007, f. 8-30-07, cert. ef. 9-1-07; SPD 15-2007(Temp), f. & cert. ef. 9-10-07 thru 3-8-08; SPD 2-2008, f. 2-29-08, cert. ef. 3-1-08; SPD 6-2009(Temp), f. & cert. ef. 7-1-09 thru 12-28-09; SPD 15-2009, f. 11-30-09, cert. ef. 12-1-09; SPD 12-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; SPD 2-2013, f. & cert. ef. 3-1-13

411-070-0091

Complex Medical Add-On Services

(1) LICENSED NURSING SERVICES. If a Medicaid resident qualifies for payment at the basic rate and if the resident's condition or service needs are determined to meet one or more of the procedures, routines or services listed in this rule, and the nursing facility maintains documentation per OAR 411-070-0027, SPD may pay a complex medical add-on payment (in addition to the basic rate) for the additional licensed nursing services needed to meet the resident's increased needs.

(a) Medication Procedures.

(A) M-1 — Administration of medication(s) at least daily requiring skilled observation and judgment for necessity, dosage and effect, for example new anticoagulants, etc. (This category does not include routine medications, any oral medications or the infrequent adjustments of current medications). The facility must maintain a daily nursing note.

(B) M-2 — Intravenous injections or infusions, heparin locks used daily or continuously for hydration or medication. The facility must maintain a daily nursing note. For total parenteral nutrition (TPN) the facility must maintain daily documentation on a flow sheet and must maintain a weekly nursing note.

(C) M-4 — Intramuscular medications for unstable condition used at least daily. The facility must maintain a daily nursing note.

(D) M-5 — External infusion pumps used at least daily. This does not include external infusion pumps when the resident is able to self bolus. The facility must maintain a daily nursing note.

(E) M-6 — Hypodermoclysis — daily or continuous use. The facility must maintain a daily nursing note.

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(F) M-7 — Peritoneal dialysis, daily. This does not include residents who can do their own exchanges. The facility must maintain a daily nursing note.

(b) Treatment Procedures.

(A) T-1 — Nasogastric, Gastrostomy or Jejunostomy tubes used daily for feedings. The facility must maintain daily information on a flow sheet and must maintain a weekly nursing note.

(B) T-2 — Nasopharyngeal suctioning, twice a day or more. Tracheal suctioning, as required, for a resident who is dependent on nursing staff to maintain airway. The facility must maintain a daily nursing note.

(C) T-3 — Percussion, postural drainage, and aerosol treatment when all three are performed twice per day or more. The facility must maintain a daily nursing note.

(D) T-4 — Ventilator dependence. Services for a resident who is dependent on nursing staff for initiation, monitoring and maintenance. The facility must maintain a daily nursing note.

(c) Skin/Wound.

(A) S-1 — Is limited to Stage III or IV pressure ulcers that require aggressive treatment and are expected to resolve. The facility must maintain a weekly wound assessment and a weekly nursing note. The pressure ulcer is eligible for add-on until the last day the ulcer is visibly a Stage III pressure ulcer. For complex medical add-on, facilities must stage the ulcer as it is visualized in appearance in accordance to the below definitions for determining if a resident's needs meet or continue to meet complex medical add-on criteria.

(i) Pressure ulcer means any skin ulcer caused by pressure resulting in damage of underlying tissues. Other terms used to indicate this condition include decubitus ulcers.

(ii) Stage II means a partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater.

(iii) Stage III means a full thickness of skin is lost, exposing the subcutaneous tissues. Presents as a deep crater with or without undermining adjacent tissue.

(iv) Stage IV means a full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.

(v) A healing Stage III or IV pressure ulcer that has the visual appearance of a Stage II pressure ulcer cannot be considered eligible for purposes of complex medical criteria.

(B) S-2 — Open wound(s) as defined by dehisced surgical wounds or surgical wounds not closed primarily that require aggressive treatment and are expected to resolve. The facility must maintain a weekly wound assessment and a weekly nursing note.

(C) S-3 — Deep or infected stasis ulcers with tissue destruction equivalent to at least a Stage III. The facility must maintain a weekly wound assessment and a weekly nursing note. The stasis ulcer is eligible for add-on until the last day the ulcer is visually equivalent to a Stage III, or if the stasis ulcer is an infected, chronic Stage III or IV, it is eligible for add-on until it is no longer infected and returns to previous chronic Stage III or IV state. For complex medical add-on, facilities must stage the ulcer as it is visualized in appearance in accordance to the below definitions for determining if a resident's needs meet or continue to meet complex medical add-on criteria.

(i) Stasis ulcer means a skin ulcer, usually in the lower extremities, caused by altered blood flow from chronic vascular insufficiency, also referred to as venous insufficiency, lymphedema, arterial insufficiency or peripheral vascular disease.

(ii) Stage II means a partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater.

(iii) Stage III means a full thickness of skin is lost, exposing the subcutaneous tissues. Presents as a deep crater with or without undermining adjacent tissue.

(iv) Stage IV means a full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.

(v) A healing Stage III or IV stasis ulcer that has the visual appearance of a Stage II stasis ulcer cannot be considered eligible for purposes of complex medical criteria.

(vi) A chronic Stage III or IV stasis ulcer that is no longer infected and has returned to previous chronic Stage III or IV status cannot be considered eligible for purposes of complex medical criteria.

(d) O-4 — Insulin Dependent Diabetes Mellitus (IDDM).

(A) Unstable IDDM in a resident who requires sliding scale insulin; and

(i) Exhibits signs or symptoms of hypoglycemia and/or hyperglycemia; and

(ii) Requires nursing or medical interventions such as extra feeding, glucagon or additional insulin, transfer to emergency room; and

(iii) Is having insulin dosage adjustments.

(B) The facility must maintain a daily nursing note. A Medication Administration Record is required when sliding scale insulin or other medication related to the IDDM has been administered. While all three criteria do not need to be present on a daily basis, the resident must be considered unstable. A resident with erratic blood sugars, without a need for further interventions does not meet this criteria.

(e) Other.

(A) O-1 — Professional Teaching. Short term, daily teaching pursuant to discharge or self-care plan. The facility must maintain a teaching plan and a weekly nursing note.

(B) O-2 — Emergent medical or surgical problems, requiring short term licensed nursing observation and assessment. This criteria requires pre-authorization from SPD's Complex Medical Add-On Coordinator (Refer to OAR 411-070-0035). Eligibility for the add-on will be until the resident no longer requires additional licensed nursing observation and assessment for this medical or surgical problem. The facility must maintain a nursing note every shift.

(C) O-3 — Emergent Behavior Problems — Emergent behavior is a sudden, generally unexpected change or escalation in behavior of a resident that poses a serious threat to the safety of self or others and requires immediate intervention, consultation and a care plan. This criteria requires pre-authorization from SPD's Complex Medical Add-On Coordinator (Refer to OAR 411-070-0035). Eligibility for the add-on will be until the resident no longer requires additional licensed nursing observation and assessment for this medical problem. The facility must maintain a nursing note every shift.

(f) Effective September 1, 2012, the Department shall no longer provide the complex medical add-on for Provider Preventable Conditions (PPC).

(A) Nursing facilities may not receive complex medical add-on if the need for the complex medical add-on was caused by a PPC and the need for complex medical add-on did not exist prior to treatment or intervention.

(B) No reduction in payment for a PPC shall be imposed on a provider when the condition defined as a PPC for a particular individual occurred outside of the nursing facility or prior to admission.

(C) Regardless of payment requests, a nursing facility must report each PPC event to the Department through a Department approved reporting system.

(2) R-1 — REHABILITATION SERVICES.

(a) Physical Therapy — At least five days every week. The facility must maintain the therapist's notes and a weekly nursing progress note related to the rehabilitation service(s) being provided.

(b) Speech Therapy — At least five days every week. The facility must maintain the therapist's notes and a weekly nursing progress note related to the rehabilitation service(s) being provided.

(c) Occupational Therapy — At least five days every week. The facility must maintain the therapist's notes and a weekly nursing progress note related to the rehabilitation service(s) being provided.

(d) Any combination of physical therapy, occupational therapy and speech therapy at least five days every week qualifies. The facility must maintain the therapist's notes and a weekly nursing progress note related to the rehabilitation service(s) being provided.

(e) Respiratory Therapy — At least five days every week by respiratory therapist. These services must be authorized by Medicare, Medicaid Oregon Health Plan or a third party payor. The facility must maintain the therapist's notes and a weekly nursing progress note.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070 & 414.065

Hist.: SSD 1-1997, f. 6-30-97, cert. ef. 7-1-97; SDDS 5-1998, f. 6-25-98, cert. ef. 7-1-98; SPD 9-2006, f. 1-26-06, cert. ef. 2-1-06; SPD 15-2007(Temp), f. & cert. ef. 9-10-07 thru 3-8-08; SPD 2-2008, f. 2-29-08, cert. ef. 3-1-08; SPD 12-2012(Temp), f. 8-31-12, cert. ef. 9-1-12 thru 2-28-13; SPD 2-2013, f. & cert. ef. 3-1-13

Department of Human Services, Self-Sufficiency Programs Chapter 461

Rule Caption: Changing OARs affecting public assistance, medical assistance, or Supplemental Nutrition Assistance Program clients

Adm. Order No.: SSP 6-2013

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13

Notice Publication Date: 2-1-2013

ADMINISTRATIVE RULES

Rules Amended: 461-155-0290, 461-155-0291, 461-155-0295
Subject: OAR 461-155-0290 about income standards for the QMB-BAS program, OAR 461-155-0291 about income standards for the QMB-DW programs, and OAR 461-155-0295 about income standards for the QMB-SMB and QMB-SMF programs are being amended to reflect changes to the federal poverty level for 2013, which will in turn raise the income standards for Medicare Savings Programs.

Rules Coordinator: Annette Tesch—(503) 945-6067

461-155-0290

Income Standard; QMB-BAS

The adjusted income standard for the QMB-BAS program is 100 percent of the 2013 federal poverty level. [Table not included. See ED. NOTE.]

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 411.060 & 411.070

Stats. Implemented: ORS 411.060 & 411.070

Hist.: AFS 80-1989, f. 12-21-89, cert. ef. 2-1-90; AFS 12-1990, f. 3-30-90, cert. ef. 4-1-90; AFS 16-1990, f. 6-29-90, cert. ef. 7-1-90; AFS 20-1990, f. 8-17-90, cert. ef. 9-1-90; AFS 30-1990, f. 12-31-90, cert. ef. 1-1-91; AFS 9-1991, f. 3-29-91, cert. ef. 4-1-91; AFS 8-1992, f. & cert. ef. 4-1-92; AFS 5-1993, f. & cert. ef. 4-1-93; AFS 6-1994, f. & cert. ef. 4-1-94; AFS 10-1995, f. 3-30-95, cert. ef. 4-1-95; AFS 16-1996, f. 4-29-96, cert. ef. 5-1-96; AFS 5-1997, f. 4-30-97, cert. ef. 5-1-97; AFS 6-1998(Temp), f. 3-30-98, cert. ef. 4-1-98 thru 5-31-98; AFS 8-1998, f. 4-28-98, cert. ef. 5-1-98; AFS 3-1999, f. 3-31-99, cert. ef. 4-1-99; AFS 10-2000, f. 3-31-00, cert. ef. 4-1-00; AFS 6-2001, f. 3-30-01, cert. ef. 4-1-01; AFS 5-2002, f. & cert. ef. 4-1-02; SSP 7-2003, f. & cert. ef. 4-1-03; SSP 8-2004, f. & cert. ef. 4-1-04; SSP 4-2005, f. & cert. ef. 4-1-05; SSP 4-2006, f. & cert. ef. 3-1-06; SSP 2-2007(Temp), f. & cert. ef. 3-1-07 thru 3-31-07; SSP 4-2007, f. 3-30-07, cert. ef. 4-1-07; SSP 6-2008(Temp), f. 2-29-08, cert. ef. 3-1-08 thru 8-28-08; SSP 8-2008, f. & cert. ef. 4-1-08; SSP 6-2009(Temp), f. & cert. ef. 4-1-09 thru 9-28-09; SSP 13-2009, f. & cert. ef. 7-1-09; SSP 8-2011(Temp), f. & cert. ef. 3-1-11 thru 8-28-11; SSP 17-2011, f. & cert. ef. 7-1-11; SSP 8-2012, f. & cert. ef. 3-1-12; SSP 6-2013, f. & cert. ef. 3-1-13

461-155-0291

Income Standard; QMB-DW

The adjusted income standard for the QMB-DW program is 200 percent of the 2013 federal poverty level (see OAR 461-155-0290). [Table not included. See ED. NOTE.]

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 411.060 & 411.070

Stats. Implemented: ORS 411.060 & 411.070

Hist.: AFS 20-1990, f. 8-17-90, cert. ef. 9-1-90; AFS 9-1991, f. 3-29-91, cert. ef. 4-1-91; AFS 8-1992, f. & cert. ef. 4-1-92; AFS 5-1993, f. & cert. ef. 4-1-93; AFS 6-1994, f. & cert. ef. 4-1-94; AFS 10-1995, f. 3-30-95, cert. ef. 4-1-95; AFS 16-1996, f. 4-29-96, cert. ef. 5-1-96; AFS 5-1997, f. 4-30-97, cert. ef. 5-1-97; AFS 6-1998(Temp), f. 3-30-98, cert. ef. 4-1-98 thru 5-31-98; AFS 8-1998, f. 4-28-98, cert. ef. 5-1-98; AFS 3-1999, f. 3-31-99, cert. ef. 4-1-99; AFS 10-2000, f. 3-31-00, cert. ef. 4-1-00; AFS 6-2001, f. 3-30-01, cert. ef. 4-1-01; AFS 5-2002, f. & cert. ef. 4-1-02; SSP 7-2003, f. & cert. ef. 4-1-03; SSP 8-2004, f. & cert. ef. 4-1-04; SSP 4-2005, f. & cert. ef. 4-1-05; SSP 4-2006, f. & cert. ef. 3-1-06; SSP 2-2007(Temp), f. & cert. ef. 3-1-07 thru 3-31-07; SSP 4-2007, f. 3-30-07, cert. ef. 4-1-07; SSP 6-2008(Temp), f. 2-29-08, cert. ef. 3-1-08 thru 8-28-08; SSP 8-2008, f. & cert. ef. 4-1-08; SSP 6-2009(Temp), f. & cert. ef. 4-1-09 thru 9-28-09; SSP 13-2009, f. & cert. ef. 7-1-09; SSP 8-2011(Temp), f. & cert. ef. 3-1-11 thru 8-28-11; SSP 17-2011, f. & cert. ef. 7-1-11; SSP 8-2012, f. & cert. ef. 3-1-12; SSP 6-2013, f. & cert. ef. 3-1-13

461-155-0295

Income Standard; QMB-SMB, QMB-SMF

(1) Eligibility for QMB-SMB requires income greater than 100 percent (see OAR 461-155-0290) but less than 120 percent of the federal poverty level. The adjusted income standard for QMB-SMB is 120 percent of the 2013 federal poverty level. [Table not included. See ED. NOTE.]

(2) Eligibility for QMB-SMF requires income equal to or greater than 120 percent (see section (1) of this rule) but less than 135 percent of the federal poverty level. The adjusted income standard for QMB-SMF is 135 percent of the 2013 federal poverty level. [Table not included. See ED. NOTE.]

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 411.060 & 411.070

Stats. Implemented: ORS 411.060 & 411.070

Hist.: AFS 35-1992, f. 12-31-92, cert. ef. 1-1-93; AFS 5-1993, f. & cert. ef. 4-1-93; AFS 6-1994, f. & cert. ef. 4-1-94; AFS 29-1994, f. 12-29-94, cert. ef. 1-1-95; AFS 10-1995, f. 3-30-95, cert. ef. 4-1-95; AFS 16-1996, f. 4-29-96, cert. ef. 5-1-96; AFS 5-1997, f. 4-30-97, cert. ef. 5-1-97; AFS 24-1997, f. 12-31-97, cert. ef. 1-1-98; AFS 6-1998(Temp), f. 3-30-98, cert. ef. 4-1-98 thru 5-31-98; AFS 8-1998, f. 4-28-98, cert. ef. 5-1-98; AFS 3-1999, f. 3-31-99, cert. ef. 4-1-99; AFS 10-2000, f. 3-31-00, cert. ef. 4-1-00; AFS 6-2001, f. 3-30-01, cert. ef. 4-1-01; AFS 5-2002, f. & cert. ef. 4-1-02; AFS 19-2002(Temp), f. 12-10-02, cert. ef. 1-1-03 thru 5-31-03; AFS 22-2002, f. 12-31-02, cert. ef. 1-1-03; SSP 7-2003, f. & cert. ef. 4-1-03; SSP 8-2004, f. & cert. ef. 4-1-04; SSP 4-2005, f. & cert. ef. 4-1-05; SSP 4-2006, f. & cert. ef. 3-1-06; SSP 2-2007(Temp), f. & cert. ef. 3-1-07 thru 3-31-07; SSP 4-2007, f. 3-30-07, cert. ef. 4-1-07; SSP 6-2008(Temp), f. 2-29-08, cert. ef. 3-1-08 thru 8-28-08; SSP 8-2008, f. & cert. ef. 4-1-08; SSP 23-2008, f. & cert. ef. 10-1-08; SSP 26-2008, f. 12-31-08, cert. ef. 1-1-09; SSP 6-2009(Temp), f. & cert. ef. 4-1-09 thru 9-28-09; SSP 13-2009, f. & cert. ef. 7-1-09; SSP 8-2011(Temp), f. & cert. ef. 3-1-11 thru 8-28-11; SSP 17-2011, f. & cert. ef. 7-1-11; SSP 8-2012, f. & cert. ef. 3-1-12; SSP 6-2013, f. & cert. ef. 3-1-13

Department of Oregon State Police, State Athletic Commission Chapter 230

Rule Caption: Remove medical disqualification for losing four fights from OAR.

Adm. Order No.: SAC 1-2013

Filed with Sec. of State: 2-21-2013

Certified to be Effective: 2-21-13

Notice Publication Date: 2-1-2013

Rules Amended: 230-020-0330

Subject: The Oregon State Athletic Commission (OSAC) Medical Advisory Committee reviewed rule 230-020-0330(2)(b) and has concluded that the rule requiring medical disqualification after four consecutive losses has no medical basis related to competitor safety.

The Oregon State Athletic Commission placed calls to both Nevada and New Jersey regulatory bodies regarding medical disqualification for Mixed Martial Arts (MMA) competitors for any number of consecutive losses and the results were that neither of the jurisdictions have any written rule or regulations regarding this.

Additionally, the OSAC checked with the Association of Boxing Commissions (ABC) regarding any information they may have regarding medical disqualification for consecutive losses in MMA. The Director of the Association of Boxing Commissions, Tim Lueckenhoff, responded that he had no knowledge of any other jurisdiction having such a rule and that in his opinion he would not support such a rule.

Conclusion: It is proposed that this rule OAR 230-020-0330(2)(b) on the basis of the above collected information, having no medical basis and no supported the Industry Standard, should be removed from OAR 230-020-0330.

Rules Coordinator: Shannon Peterson—(503) 934-0183

230-020-0330

Medical Disqualification

(1) The Superintendent must refuse to certify a boxer or mixed martial arts contestant if the examining physician or the Superintendent determines that withholding certification is necessary to preserve the health or safety of the boxer or mixed martial arts combatant.

(2) A boxer or mixed martial arts contestant is medically disqualified from competition if he or she:

(a) Has sustained a significant cut that is not completely healed;

(b) Has sustained three consecutive knockouts or TKOs, any knockout within the past 60 days, or any TKO within the past 30 days;

(c) Has sustained two knockouts within 90 days or a knockout in the first fight after a disqualification;

(d) Is not sufficiently conditioned to participate safely.

(3) A boxer or mixed martial arts contestant who has sustained three knockouts may be referred for neurological consultation.

Stat. Auth.: ORS 463.113

Stats. Implemented: ORS 463.025 & 463.047

Hist.: BWC 1-1988, f. 3-22-88, cert. ef. 3-29-88; BWC 1-1991, f. & cert. ef. 9-20-91, Section (2) renumbered from 230-060-0150(2); BWC 1-1995, f. 10-10-95, cert. ef. 10-13-95; SAC 5-2008, f. 6-12-08, cert. ef. 7-1-08; SAC 1-2013, f. & cert. ef. 2-21-13

Department of Public Safety Standards and Training Chapter 259

Rule Caption: Update DOC BCC program/hours to correspond with DPSST course; Clarify documentation.

Adm. Order No.: DPSST 6-2013

Filed with Sec. of State: 3-8-2013

Certified to be Effective: 3-8-13

Notice Publication Date: 8-1-2012

Rules Amended: 259-008-0025

Subject: In January 2012, the Department of Public Safety Standards and Training (DPSST) began delivering the new six-week basic corrections program, which is now the state standard for basic corrections training. The new program represents a substantial restructuring of basic corrections training, both with areas of additional instruction and with a significant increase in participatory learning

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activities. Specifically, 51 hours of reality based scenarios and eight hours of problem-based learning exercises were added to the program.

This rule update increases the overall minimum course hours for the Department of Correction's Basic Corrections Course to correspond with the new DPSST course and outlines the required program restructuring to reflect those updates. The update also clarifies the documentation required for purposes of determining equivalency of the overall program structure and of training delivery.

Rules Coordinator: Linsay Hale—(503) 378-2431

259-008-0025

Minimum Standards for Training

(1) Basic Course:

(a) Except as provided in OAR 259-008-0035, all law enforcement officers, telecommunicators, and emergency medical dispatchers must satisfactorily complete the prescribed Basic Course, including the field training portion. The Basic Course and field training portion must be completed within twelve months from the date of employment by corrections officers and within 18 months by police officers, parole and probation officers, telecommunicators, and emergency medical dispatchers.

(b) The field training program shall be conducted under the supervision of the employing department. When the field training manual is properly completed, the sign-off pages of the field training manual must be forwarded to the Department. Upon the approval of the Department, the employee shall receive credit toward basic certification.

(c) Effective July 1, 2007, all police officers must satisfactorily complete the Department's physical fitness standard. The Department's physical standard is:

(A) Successful completion of the OR-PAT at 5:30 (five minutes and thirty seconds) when tested upon entry at the Basic Police Course; or

(B) Successful completion of the OR-PAT at 5:30 (five minutes and thirty seconds) when tested prior to graduation from the Basic Police Course.

(d) Law enforcement officers who have previously completed the Basic Course, but have not been employed as a law enforcement officer as defined in ORS 181.610 and OAR 259-008-0005 during the last five (5) years or more, must satisfactorily complete the full required Basic Course to qualify for certification. This requirement may be waived by the Department upon a finding that the applicant has current knowledge and skills to perform as an officer.

(e) Telecommunicators and emergency medical dispatchers who have previously completed the Basic Course, but have not been employed as a telecommunicator or EMD, as described in ORS 181.610 and OAR 259-008-0005 for two and one-half (2-1/2) years or more, must satisfactorily complete the full required Basic Course to qualify for certification. This requirement may be waived by the Department upon finding that a Telecommunicator has current knowledge and skills to perform as a Telecommunicator. There is no waiver available for an emergency medical dispatcher.

(f) Previously employed telecommunicators may challenge the Basic Telecommunications Course based on the following criteria:

(A) The department head of the applicant's employing agency shall submit the "challenge request" within the time limits set forth in the Oregon Revised Statutes and Oregon Administrative Rules.

(B) The applicant must provide proof of successful completion of prior equivalent training.

(C) The applicant must provide documentation of the course content with hour and subject breakdown.

(D) The applicant must obtain a minimum passing score on all written examinations for the course.

(E) The applicant must demonstrate performance at the minimum acceptable level for the course.

(F) Failure of written examination or demonstrated performance shall require attendance of the course challenged.

(G) The applicant will only be given one opportunity to challenge a course.

(g) Previously employed police officers, corrections officers and parole and probation officers who are required to attend the Basic Course may not challenge the Basic Course.

(h) All law enforcement officers who have previously completed the Basic Course, but have not been employed as a law enforcement officer as described in ORS 181.610 and OAR 259-008-0005 over two and one-half (2-1/2) years but less than five (5) years must complete a Career Officer Development Course if returning to the same discipline. This requirement

may be waived after a staff determination that the applicant has demonstrated the knowledge and skills required for satisfactory completion of a Career Officer Development Course.

(i) Corrections and police officers who have not completed the Basic Course must begin training within 90 days of their initial date of employment.

(A) A police officer must begin training at an academy operated by the Department.

(B) A corrections officer who is employed by Oregon Department of Corrections (DOC) during the period July 1, 2009 through January 1, 2014 must begin DOC Basic Corrections Course (DOC BCC) training provided by DOC as described in section (6) of this rule.

(C) A corrections officer who is not employed by DOC must begin training at an academy operated by the Department.

(D) A 30-day extension of this time period shall be granted by the Board or its designee upon receipt of a written statement of the reasons for the delay from the officer's employer. Any delays caused by the inability of the Department to provide basic training for any reason, shall not be counted as part of the periods set forth above (refer to ORS 181.665 and 181.652).

(j) Law enforcement officers who have previously completed a basic training course out of state while employed by a law enforcement unit, or public or private safety agency, may, upon proper documentation of such training and with approval of the Department, satisfy the requirements of this section by successfully completing a prescribed Career Officer Development Course or other appropriate course of instruction.

(k) The basic course for police officers must include:

(A) Training on the law, theory, policies and practices related to vehicle pursuit driving;

(B) Vehicle pursuit training exercises, subject to the availability of funding; and

(C) A minimum of 24 hours of training in the recognition of mental illnesses utilizing a crisis intervention training model. A minimum of one hour of this training must be on the appropriate use of the medical health database maintained by the Department of State Police within the Law Enforcement Data System.

(2) Career Officer Development Course:

(a) All law enforcement officers who have not been employed as such for between two and one half (2-1/2) years and five (5) years, must satisfactorily complete a Career Officer Development Course approved by the Department.

(b) A law enforcement officer assigned to a Career Officer Development Course must also complete the Board's field training program under the supervision of the employing department and submit to the Department a properly completed Field Training Manual. The Department may waive the Field Training Manual requirement upon demonstration by the employing agency that it is not necessary [refer to OAR 259-008-0025(1)(b)].

(A) A law enforcement officer who fails to achieve a minimum passing test score after completing a Career Officer Development Course will be given one opportunity to remediate through self-study and re-test within 60 days of the initial date of failure.

(B) A law enforcement officer who fails to achieve a minimum passing test score after re-testing will have been determined to have failed academically and will be required to attend the next available Basic Course.

(C) A law enforcement officer who is scheduled to complete a distance learning COD Course must achieve a minimum passing test score within the timeframe set by the Department. Failure to successfully complete a distance COD Course within the timeframe set by the Department will require an officer to attend the next available COD Course.

(c) The Department may also require successful completion of additional specified courses or remedial training.

(3) Supervision Course. All law enforcement officers, telecommunicators, and emergency medical dispatchers promoted, appointed, or transferred to a first-level supervisory position must satisfactorily complete Supervision training that complies with the requirements outlined in DPSST Form F-21. The required training must be completed within 12 months after initial promotion, appointment, or transfer to such position. This section applies whether the individual is promoted or transferred to a supervisory position within a department, or is appointed from an outside department, without having completed the required Supervision training within the preceding five (5) years.

(4) Middle Management Course. All law enforcement officers, telecommunicators, and emergency medical dispatchers promoted, appointed, or transferred to a middle management position must satisfactorily com-

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plete Middle Management training that complies with the requirements outlined in DPSST Form F-22. The required training must be completed within 12 months after initial promotion, appointment, or transfer to such position. This section applies whether the individual is promoted or transferred to a middle management position within a department, or is appointed to the position from an outside department without having completed the required Middle Management training within the preceding five (5) years.

(5) Specialized Courses.

(a) Specialized courses are optional and may be presented at the Academy or regionally. The curriculum is generally selected because of relevancy to current trends and needs in police, corrections, parole and probation, telecommunications, and emergency medical dispatch fields, at the local or statewide level.

(b) Specialized courses may be developed and presented by individual departments of the criminal justice system, local training districts, a college, the Department, or other interested persons. Department staff may be available to provide assistance when resources are not available in the local region.

(c) Police officers, including certified reserve officers, must be trained on how to investigate and report cases of missing children and adults.

(A) The above mandated training is subject to the availability of funds.

(B) Federal training programs must be offered to police officers, including certified reserve officers, when they are made available at no cost to the state.

(6) The DOC Basic Corrections Course.

Course Requirements:

(a) Except as provided in OAR 259-008-0035, all corrections officers hired by the Oregon Department of Corrections (DOC) on or after July 1, 2009, but prior to January 1, 2014, must satisfactorily complete the DOC Basic Corrections Course (DOC BCC), including the field training portion. All corrections officers must complete the DOC BCC and field training portion must be completed within twelve months from the date of employment.

(b) Prior to attending a DOC BCC, a corrections officer hired by DOC on or after July 1, 2009, but prior to January 1, 2014, must:

(A) Meet the minimum standards for employment as a law enforcement officer contained in OAR 259-008-0010;

(B) Meet the background investigation requirements for a law enforcement officer contained in OAR 259-008-0015; and

(C) Meet the minimum standards for training contained in this section.

(c) The DOC BCC must conform to the content and standard approved by the Board. The DOC BCC must include, but is not limited to:

(A) Minimum training standards for the basic certification of corrections officer employed by DOC. The minimum training developed by DOC must be adopted by the Board and must meet or exceed the minimum training standards for the basic certification of corrections officers employed by a law enforcement unit other than DOC.

(B) Minimum Course Hours. The minimum course hours are 240. DOC BCC Course hours refer to hours of training related to DPSST Instructional Goals and may include classroom, scenarios, skills sheets or other related training methodology

(i) The DOC BCC must include hours addressing all Instructional Goals within each of the following sections:

(I) Section A — 20 hours in Legal Considerations;

(II) Section B — 37 hours in Security Procedures;

(III) Section C — 43 hours in Inmate Supervision;

(IV) Section D — 16 hours in Inmate Health Care;

(V) Section E — 16 hours in Professional Skills;

(VI) Section F — 27 hours in Personal Fitness;

(VII) Section G — 41 hours in Defensive Tactics; and

(VIII) Section H — 26 hours in Skills — Firearms.

(ii) Administrative time is not included within the hours identified in subsection (i). Administrative time may be up to 6% of the overall course hours, or a maximum of 14 hours.

(iii) A minimum of 80% of the classes in the DOC BCC must include:

(I) Participatory learning activities which include, but are not limited to, scenario training, hands-on training and problem-based learning; and

(II) Sufficient hours to address the Instructional Goals in subsection (i).

(C) Attendance Standards. Attendance rosters must be kept and copies of these rosters must be submitted to the Department at the conclusion of a student's training, or when requested by the Department. To successfully

complete the DOC BCC, a student may not miss more than 10% of the DOC BCC.

(D) Notwithstanding (C) above, successful completion of the DOC BCC requires 100% attendance during classes in which the following Instructional Goals are covered:

(i) B1.2 Instruction and practice applying safe and efficient tactics for inmate monitoring, inmate counts and facility perimeter checks;

(ii) B2.2 Instruction and practice conducting appropriate, safe and systematic searches of inmates and correctional facilities;

(iii) B5.2 Instruction and practice restraining individuals in an appropriate, safe and systematic manner;

(iv) B8 Reality based scenarios that enhance a new corrections professional's understanding and application of security procedures in a correctional facility;

(v) C3.2 Instruction and practice using interpersonal skills to effectively communicate with inmates and other persons in a correctional setting;

(vi) C10 Reality-based scenarios that enhance a new corrections professional's understanding and application of inmate supervision strategies within a correctional facility;

(vii) D3.2 Instruction and practice applying appropriate intervention strategies for dealing with inmates with major mental illnesses;

(viii) G1 Decision-making skills related to the use of reasonable force to effectively overcome and control resistive and/or hostile behavior;

(ix) G2 Instruction and practice using reasonable force tactics to effectively overcome and control resistive and/or hostile behavior;

(x) G3 Reality-based scenarios that enhance a new corrections professional's understanding and application of reasonable force decision-making and tactics within a correctional facility.;

(xi) H1 Basic gun-handling skills; and

(xii) H2 Basic understanding of the use, limitations and techniques of a service handgun, and proficiency in safety, proper gun-handling, marksmanship and firearms tactics.

(E) Conduct. An individual attending a DOC BCC is expected to uphold the minimum moral fitness standards for Oregon public safety officers during their training. DOC will document the date, type, and disposition of any student misconduct relating to the minimum standards for correctional officers. These include, but are not limited to, the following Zero Tolerance Offenses:

(i) Any unlawful act;

(ii) Dishonesty, lying or attempting to conceal violations;

(iii) Cheating;

(iv) Harassment; or

(v) Alcohol possession or use at the training venue.

(F) Course Curriculum.

(i) The DOC BCC will be based on the critical and essential job tasks identified in the most current Job Task Analysis for corrections officers provided to DOC by the Department.

(ii) The DOC BCC will incorporate the most current Instructional Goals provided to DOC by the Department.

(iii) The DOC BCC will incorporate curriculum updates provided to DOC by the Department, when those updates address the critical and essential job tasks or Instructional Goals referenced above.

Testing Requirements:

(G) Academic Testing. Academic testing will consist of written test questions that are valid, create reasonable academic rigor, and require students to demonstrate knowledge and application of the essential tasks identified within the DOC BCC curriculum. DOC must administer examinations and maintain a file of examinations conducted.

(i) Academic Testing Passing Score. Except as provided below, to successfully complete the DOC BCC, students must achieve a minimum score of 75% on each academic test. If a student does not attain a 75% score, and DOC retains the student as an employee in a certifiable position, DOC must remediate the student. After remediation, a student will be allowed one opportunity to re-test and achieve a minimum score of 75%.

(ii) Students must attain a score of 100% on all academic test questions on Use of Force topics. If a student fails to attain a 100% score on Use of Force topics, and DOC retains the student as an employee in a certifiable position, DOC must remediate the student. Remediation must include the student completing the DPSST Use of Force Remediation form to demonstrate understanding of each topic missed.

(H) Skills Testing. Skills testing will consist of evaluations documented by use of Skills Sheets during which students must demonstrate competence and achieve a "pass" score in each skill tested.

(I) Test Security and Integrity.

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(i) DOC must develop and strictly enforce measures to ensure the security of test questions and integrity of all testing processes.

(ii) DOC must randomize the order of test questions and must develop a sufficient bank of test questions to ensure that students who fail to achieve a passing score and are remediated are given a randomized test that includes some questions that are different than those in the test the student originally failed.

Instructor Requirements:

(J) Instructor Qualifications.

(i) All instructors for the DOC BCC must meet or exceed the Instructor Certification standards for instructors at DPSST Basic courses and must be currently certified by the Department in the categories instructed.

(ii) DOC must verify that an instructor providing instruction within a category has the requisite subject matter knowledge, skills and abilities.

(K) The equivalency of the DOC BCC is subject to approval by the Board and verified by ongoing audits.

(L) DOC BCC documentation must include, but is not limited to:

(i) Training schedules, to include all training related to DOC BCC hours, such as classroom, skills sheets, online training and scenarios;

(ii) Classes with associated Instructional Goals and related hours;

(iii) Participatory learning activities within each class;

(iv) Testing Measures for each class; and

(v) Attendance rosters.

(M) DOC BCC Class Training Schedule documentation for each DOC BCC must include, but is not limited to:

(i) Notification of all anticipated DOC BCC training dates to include DOC BCC remediation training;

(ii) Times of DOC BCC training;

(iii) Locations of DOC BCC training; and

(iv) Instructors scheduled to provide training.

(N) Ongoing DOC BCC student documentation during each DOC BCC must include, but is not limited to:

(i) A list of students scheduled to attend training;

(ii) Student names, DPSST numbers, dates of employment and employing institutions;

(iii) Identification of any class or skill failure requiring remediation to including, but not limited to, the date and location of failure, date and location of remediation, the instructor who had oversight over remediation, and the result of remediation.

Certification Requirements:

(O) Officer Certification. The applicant must meet the minimum standards for certification as a corrections officer contained in OAR 259-008-0060. DOC must submit the following documents at the time Basic certification is requested:

(i) F-7 (Application for Certification);

(ii) F-6 (Course Roster) for DOC BCC including the number of hours and the final cumulative score;

(iii) F-6 (Course Roster) for DOC Advanced Corrections Course with attached itemized list of classes attended;

(iv) Proof of current First Aid/CPR;

(v) F-11 (Criminal Justice Code of Ethics); and

(vi) FTO Manual Completion Report.

(P) Course Certification. Each DOC BCC class must be certified before officers who complete that BCC may be certified. The following Class Notebook requirements are needed prior to course certification:

(i) F-6 DPSST Class Roster, listing all students who began the course, passed or failed the course, and those who did not complete the course.

(ii) Curriculum for all components of the BCC, to include classroom, skills, online, and scenario training. The curriculum components must include lesson outlines, PowerPoint, handouts and other related documents to support each class.

(iii) Schedule of classes within the course, to include roster for each class, weekly schedule outlining the dates of training, the location of training, the phases of training, the number of hours for each class, the name of the class, the instructors who provided instruction.

(iv) Documentation of all training failures and remediation, to include class, date and location of training failure, the type of failure, the date, location and instructor who had oversight over the remediation of the failure and the result of the remediation.

(v) Testing measures, to include test questions and answers, individual student tests, student scores by student name, DPSST number and date of examination, and the overall class percentage.

(vi) Individual student records, to include evaluation forms, PQC qualification card, training records, and absence reports.

(vii) All skill sheets for every student completing some or all of the required skill sheets.

(7) Waiver. A person requesting a waiver of any course requirements is required to submit to the Department any supporting documents or pertinent expert testimony and evaluation requested. Any expense associated with providing such documentation, testimony or evaluation shall be borne by the person requesting the waiver or the requesting agency.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 181.640

Stats. Implemented: ORS 181.640

Hist.: PS 12, f. & ef. 12-19-77; PS 1-1979, f. 10-1-79, ef. 10-3-79; PS 1-1982, f. & ef. 7-2-82; PS 1-1983, f. & ef. 12-15-83; PS 1-1985, f. & ef. 4-24-85; Renumbered from 259-010-0030, PS 1-1990, f. & cert. ef. 2-7-90; PS 2-1995, f. & cert. ef. 9-27-95; PS 5-1997, f. 3-20-97, cert. ef. 3-25-97; PS 10-1997(Temp), f. & cert. ef. 11-5-97; BPSST 1-1998, f. & cert. ef. 5-6-98; BPSST 2-1998(Temp), f. & cert. ef. 5-6-98 thru 6-30-98; BPSST 3-1998, f. & cert. ef. 6-30-98; BPSST 11-2000, f. 11-13-00, cert. ef. 11-15-00; BPSST 13-2001(Temp), f. & cert. ef. 10-26-01 thru 4-10-02; BPSST 2-2002, f. & cert. ef. 2-6-02; BPSST 8-2002, f. & cert. ef. 4-3-02; BPSST 15-2002, f. & cert. ef. 7-5-02; DPSST 14-2003, f. & cert. ef. 12-22-03; DPSST 5-2004, f. & cert. ef. 4-23-04; DPSST 3-2007, f. & cert. ef. 1-12-06; DPSST 3-2007, f. & cert. ef. 1-12-07; DPSST 9-2008, f. & cert. ef. 7-15-08; DPSST 14-2008, f. & cert. ef. 10-15-08; DPSST 3-2009, f. & cert. ef. 4-8-09; DPSST 8-2009(Temp), f. & cert. ef. 9-15-09 thru 3-1-10; DPSST 15-2009, f. & cert. ef. 12-15-09; DPSST 3-2010, f. 4-12-10, cert. ef. 5-1-10; DPSST 2-2011, f. 3-23-11, cert. ef. 5-1-11; DPSST 13-2012(Temp), f. & cert. ef. 5-8-12 thru 10-1-12; DPSST 17-2012, f. & cert. ef. 8-24-12; DPSST 6-2013, f. & cert. ef. 3-8-13

Oregon Department of Education Chapter 581

Rule Caption: Modifies rule relating to student assessment, record-keeping, grading and reporting.

Adm. Order No.: ODE 7-2013

Filed with Sec. of State: 2-20-2013

Certified to be Effective: 2-20-13

Notice Publication Date: 9-1-2012

Rules Amended: 581-022-1670

Subject: Requires school districts to provide teachers of reading/language arts and mathematics in grades in which the state administers assessments with student performance data.

Requires school districts to assist teachers in adapting instruction and curriculum to meet student needs and learning rates in achieving proficiency in academic content standards.

Requires school districts to adopt grading system.

Makes other modifications to align rule with HB 2220 and other rules.

Rules Coordinator: Cindy Hunt—(503) 947-5651

581-022-1670

Individual Student Assessment, Recordkeeping, Grading, and Reporting

(1) As used in this rule:

(a) “Continuum of knowledge and skills” means the Oregon Academic Content Standards.

(b) “Proficiency” means demonstrated knowledge and skills which meet or exceed defined levels of performance.

(2) Each school district shall assess and record each student’s progress and achievement in all subject areas of instruction and to academic content standards consistent with ORS 329.045 and OAR 581-022-1210:

(a) At a minimum, provide all teachers of reading/language arts and mathematics in grades in which the State administers assessments in those subjects with student performance data, including growth data on their current students and students they taught in the previous year in a manner that is timely and informs instructional programs.

(b) Instruments and/or strategies used to determine student progress may assess multiple standards;

(c) Results from the assessment instruments and/or strategies may be used as a record of achievement level; and

(d) Records of student performance may be kept in teacher grade books, student folders, portfolios, or similar devices.

(3) Each school district shall assist teachers in adapting instruction and curriculum to meet the needs and learning rates of all students in achieving proficiency in the academic content standards. Districts must:

(a) Provide multiple opportunities for students to demonstrate mastery of academic content standards through sufficient and appropriate assessment evidence.

(b) Continue to provide opportunities for students who have met standards to advance their learning.

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(c) Provide students who have not met or have exceeded the academic content standards with access to additional services and other public school or alternative educational options.

(4) Each school district shall annually report progress towards completion of diploma requirements to parents of students in grades 9–12, including credits earned, demonstration of extended application, and demonstration of the Essential Skills.

(5) Each school district shall adopt a grading system based on the local district board adopted course content aligned to the academic content standards consistent with Section (2) of this rule. The grading system shall:

(a) Clearly show the student and parents whether the student is achieving course requirements at the student's current grade level;

(b) Be based on the student's progress toward becoming proficient in a continuum of knowledge and skills; and

(c) Assure that the student's academic grade reflects his/her academic performance consistent with OAR 581-021-0022; behavioral performance shall be reported separately.

(6) Each school district shall report at least annually on student progress to meeting or exceeding grade-level academic content standards to parents or guardians of all students in grades K-12 including, but not limited to, the following:

(a) Information on progress in each subject area (e.g., grades, checklists, folders, etc.) including major goals used to determine such information;

(b) Upon request from a parent or guardian, specific evidence of student progress on the continuum of knowledge and skills (academic content standards) of a subject area and

(c) Student scores on all state and local assessments indicating any of the requirements that have been waived for the school district or the individual and the time periods for the waiver.

(7) Each school district shall maintain student records under the student's legal name and SSID or establish a cross-reference system to locate the student's records by use of the student's legal name, for time periods consistent with state archive rules as outlined in OAR 166-400-0060.

Stat. Auth.: ORS 326.051

Stats. Implemented: ORS 326.051

Hist.: EB 18-1996, f. & cert. ef. 11-1-96; ODE 18-2002, f. & cert. ef. 6-10-02; ODE 25-2008, f. & cert. ef. 9-26-08; ODE 7-2013, f. & cert. ef. 2-20-13

Oregon Health Authority, Division of Medical Assistance Programs Chapter 410

Rule Caption: Align with Department of Human Services OAR chapter 461 medical eligibility rules

Adm. Order No.: DMAP 5-2013(Temp)

Filed with Sec. of State: 2-20-2013

Certified to be Effective: 2-20-13 thru 6-29-13

Notice Publication Date:

Rules Amended: 410-120-0006

Rules Suspended: 410-120-0006(T)

Subject: The General Rules Program administrative rules govern the Division's payments for services provided to clients and medical assistance eligibility determinations made by the Oregon Health Authority. In coordination with the Department of Human Services' (Department) temporary revision of medical eligibility rules in chapter 461, the Division is temporarily amending OAR 410-120-0006 to assure that the Division's medical eligibility rule aligns with and reflects information found in the Department's medical eligibility rules. In OAR 410-120-0006, the Division adopts in rule by reference Department eligibility rules and must update OAR 410-120-0006 in conjunction.

Rules Coordinator: Cheryl Peters—(503) 945-6527

410-120-0006

Medical Eligibility Standards

As the state Medicaid and CHIP agency, the Oregon Health Authority (Authority) is responsible for establishing and implementing eligibility policies and procedure consistent with applicable law. As outlined in 943-001-0020, the Authority, and the Department of Human Services (Department) work together to adopt rules to assure that medical assistance eligibility procedures and determinations are consistent across both agencies.

(1) The Authority adopts and incorporates by reference the rules established in OAR Chapter 461, and in effect January 30, 2013, for all medical eligibility requirements for medical assistance when the Authority conducts eligibility determinations.

(2) Any reference to OAR Chapter 461 in Oregon Administrative Rules or contracts of the Authority are deemed to be references to the requirements of this rule, and shall be construed to apply to all eligibility policies, procedures and determinations by or through the Authority.

(3) For purposes of this rule, references in OAR chapter 461 to the Department or to the Authority shall be construed to be references to both agencies.

(4) Effective on or after July 1, 2011 the Authority shall conduct medical eligibility determinations using the OAR chapter 461 rules which are in effect on the date the Authority makes the medical eligibility determination.

(5) A request for a hearing resulting from a determination under this rule, made by the Authority shall be handled pursuant to the hearing procedures set out in division 25 of OAR Chapter 461. References to "the Administrator" in division 25 of chapter 461 or "the Department" are hereby incorporated as references to the "Authority."

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.065

Hist.: DMAP 10-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 18-2011(Temp), f. & cert. ef. 7-15-11 thru 1-11-12; DMAP 21-2011(Temp), f. 7-29-11, cert. ef. 8-1-11 thru 1-11-12; DMAP 25-2011(Temp), f. 9-28-11, cert. ef. 10-1-11 thru 1-11-12; DMAP 36-2011, f. 12-13-11, cert. ef. 1-1-12; DMAP 1-2012(Temp), f. & cert. ef. 1-13-12 thru 7-10-12; DMAP 2-2012(Temp), f. & cert. ef. 1-26-12 thru 7-10-12; DMAP 3-2012(Temp), f. & cert. ef. 1-31-12 thru 2-1-12; DMAP 4-2012(Temp), f. 1-31-12, cert. ef. 2-1-12 thru 7-10-12; DMAP 9-2012(Temp), f. & cert. ef. 3-1-12 thru 7-10-12; DMAP 21-2012(Temp), f. 3-30-12, cert. ef. 4-1-12 thru 7-10-12; DMAP 25-2012(Temp), f. & cert. ef. 5-1-12 thru 7-10-12; Administrative correction 8-1-12; DMAP 35-2012(Temp), f. & cert. ef. 7-20-12 thru 1-16-13; DMAP 45-2012(Temp), f. & cert. ef. 10-5-12 thru 1-19-13; DMAP 50-2012, f. 10-31-12, cert. ef. 11-1-12; DMAP 53-2012(Temp), f. & cert. ef. 11-1-12 thru 4-29-13; DMAP 56-2012(Temp), f. 11-30-12, cert. ef. 12-1-12 thru 4-1-13; DMAP 60-2012, f. 12-27-12, cert. ef. 1-1-13; DMAP 65-2012(Temp), f. 12-28-12, cert. ef. 1-1-13 thru 6-29-13; DMAP 2-2013(Temp), f. & cert. ef. 1-8-13 thru 6-29-13; DMAP 3-2013(Temp), f. & cert. ef. 1-30-13 thru 6-29-13; DMAP 5-2013(Temp), f. & cert. ef. 2-20-13 thru 6-29-13

Rule Caption: Amending Preferred Drug List and Prior Authorization Guide 8/30/12 and 11/29/12 DUR/P&T Action

Adm. Order No.: DMAP 6-2013(Temp)

Filed with Sec. of State: 2-21-13

Certified to be Effective: 2-21-13 thru 8-19-13

Notice Publication Date:

Rules Amended: 410-121-0030, 410-121-0040

Subject: The Pharmaceutical Services Program administrative rules (Division 121) govern Division payments for services provided to certain clients. The Division needs to amend rules as follows:

410-121-0030:

Humira and Enbrel preferred and Remicade® and all other drugs in the Targeted Immune Modulators (TIMS) drug class non preferred.

Procrit® preferred and Epogen® and peginesatide non-preferred in the Erythropoiesis Stimulating Agents (ESAs) drug class.

Tobi® preferred with quantity limits and Cayston® non-preferred with quantity limits in the Cystic Fibrosis drug class

Ranexa® non-preferred in the Anti Anginals drug class.

Add Diuretics drug class and make amiloride HCL tablet, chrothiazide tablet and oral suspension, chlorthalidone tablet, eplerenone tablet, ethacrynic acid tablet, furosemide 40mg/5ml solution, methyclothiazide tablet, metolazone tablet, polythiazide tablet and triamterene/hydrochlorothiazide tablet non preferred. Make amiloride/hydrochlorothiazide tablet, bendroflumethiazide tablet, bumetanide tablet, furosemide 10mg/ml solution, furosemide tablet, hydrochlorothiazide capsule, solution and tablet, indapamide tablet, spironolact/hydrochlorothiazide tablet, spironolactone tablet, torsemide tablet, triamterene capsule and triamterene/hydrochlorothiazide capsule preferred.

Latanoprost preferred and Zioptin®, Alphagan P® and apraclonidine HCL non-preferred in the Ophthalmic Glaucoma drug class.

Pegaptanib non-preferred and bevacizumab preferred in the Vascular Endothelial Growth Factors (VEGF) drug class

Renegel® and brand Calphron® preferred in the Phosphate Binders drug class.

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Januvia® and Janumet® preferred in the DPP-4 Inhibitors drug class.

Creon® and lipase/protease/amylase preferred in the Pancreatic Enzyme Replacement drug class.

Climara® preferred and Estring® non-preferred in the Estrogens drug class.

Suprax®, cefpodoxime and Cedax® suspensions non-preferred in the Cephalosporin drug class.

410-121-0040:

Antipsoriatics update criteria.

Benign Prostatic Hypertrophy update criteria.

Fingolimod® - update criteria.

Incretin Enhancers update criteria.

Oral Direct Factor XA Inhibitors update criteria.

Phosphate Binders new criteria.

Targeted Immune Modulators (TIMS) new criteria.

Weight Loss Medications delete criteria.

Rules Coordinator: Cheryl Peters—(503) 945-6527

410-121-0030

Practitioner-Managed Prescription Drug Plan

(1) The Practitioner-Managed Prescription Drug Plan (PMPDP) is a plan that ensures that fee-for-service clients of the Oregon Health Plan shall have access to the most effective prescription drugs appropriate for their clinical conditions at the best possible price:

(a) Licensed health care practitioners (informed by the latest peer reviewed research), make decisions concerning the clinical effectiveness of the prescription drugs;

(b) The licensed health care practitioners also consider the health condition of a client or characteristics of a client, including the client's gender, race or ethnicity.

(2) PMPDP Preferred Drug List (PDL):

(a) The PDL is the primary tool that the Division developed to inform licensed health care practitioners about the results of the latest peer-reviewed research and cost effectiveness of prescription drugs;

(b) The PDL (as defined in 410-121-0000(cc) consists of prescription drugs that the Division, in consultation with the Drug Use Review (DUR)/Pharmacy & Therapeutics Committee (P&T), has determined represent the most effective drug(s) available at the best possible price;

(c) The PDL shall include drugs that are Medicaid reimbursable and the Food and Drug Administration (FDA) has determined to be safe and effective.

(3) PMPDP PDL Selection Process:

(a) The Division shall utilize the recommendations made by the P&T, that result from an evidence-based evaluation process, as the basis for selecting the most effective drug(s);

(b) The Division shall determine the drugs selected in (3)(a) that are available for the best possible price and shall consider any input from the P&T about other FDA-approved drug(s) in the same class that are available for a lesser relative price. The Division shall determine relative price using the methodology described in subsection (4);

(c) The Division shall evaluate selected drug(s) for the drug classes periodically:

(A) Evaluation shall occur more frequently at the discretion of the Division if new safety information or the release of new drugs in a class or other information which makes an evaluation advisable;

(B) New drugs in classes already evaluated for the PDL shall be non-preferred until the new drug has been reviewed by the P&T;

(C) The Division shall make all changes or revisions to the PDL, using the rulemaking process and shall publish the changes on the Division's Pharmaceutical Services provider rules Web page.

(4) Relative cost and best possible price determination:

(a) The Division shall determine the relative cost of all drugs in each selected class that are Medicaid reimbursable and that the FDA has determined to be safe and effective;

(b) The Division may also consider dosing issues, patterns of use and compliance issues. The Division shall weigh these factors with any advice provided by the P&T in reaching a final decision;

(5) Pharmacy providers shall dispense prescriptions in the generic form, unless:

(a) The practitioner requests otherwise, subject to the regulations outlined in OAR 410-121-0155;

(b) The brand name medication is listed as preferred on the PDL.

(6) The exception process for obtaining non-preferred physical health drugs that are not on the PDL drugs shall be as follows:

(a) If the prescribing practitioner, in their professional judgment, wishes to prescribe a physical health drug not on the PDL, they may request an exception, subject to the requirements of OAR 410-121-0040;

(b) The prescribing practitioner must request an exception for physical health drugs not listed in the PDL subject to the requirements of OAR 410-121-0060;

(c) Exceptions shall be granted in instances:

(A) Where the prescriber in their professional judgment determines the non-preferred drug is medically appropriate after consulting with the Division or the Oregon Pharmacy Help Desk; or

(B) Where the prescriber requests an exception subject to the requirement of (6)(b) and fails to receive a report of PA status within 24 hours, subject to OAR 410-121-0060.

(7) Table 121-0030-1, PMPDP PDL dated February 21, 2013 is incorporated in rule by reference and is found on our Web page at: www.orpdl.org.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 409.025, 409.040, 409.110, 414.065, 413.042 & 414.325

Stats. Implemented: ORS 414.065

Hist.: OMAP 25-2002, f. 6-14-02 cert. ef. 7-1-02; OMAP 31-2002, f. & cert. ef. 8-1-02; OMAP 36-2002, f. 8-30-02, cert. ef. 9-1-02; OMAP 29-2003, f. 3-31-03 cert. ef. 4-1-03; OMAP 35-2003, f. & cert. ef. 5-1-03; OMAP 47-2003, f. & cert. ef. 7-1-03; OMAP 57-2003, f. 9-5-03, cert. ef. 10-1-03; OMAP 70-2003(Temp), f. 9-15-03, cert. ef. 10-1-03 thru 3-15-04; OMAP 82-2003, f. 10-31-03, cert. ef. 11-1-03; OMAP 9-2004, f. 2-27-04, cert. ef. 3-1-04; OMAP 29-2004, f. 4-23-04 cert. ef. 5-1-04; OMAP 34-2004, f. 5-26-04 cert. ef. 6-1-04; OMAP 45-2004, f. 7-22-04 cert. ef. 8-1-04; OMAP 81-2004, f. 10-29-04 cert. ef. 11-1-04; OMAP 89-2004, f. 11-24-04 cert. ef. 12-1-04; OMAP 19-2005, f. 3-21-05, cert. ef. 4-1-05; OMAP 32-2005, f. 6-21-05, cert. ef. 7-1-05; OMAP 58-2005, f. 10-27-05, cert. ef. 11-1-05; OMAP 16-2006, f. 6-12-06, cert. ef. 7-1-06; OMAP 32-2006, f. 8-31-06, cert. ef. 9-1-06; OMAP 48-2006, f. 12-28-06, cert. ef. 1-1-07; DMAP 4-2007, f. 6-14-07, cert. ef. 7-1-07; DMAP 16-2008, f. 6-13-08, cert. ef. 7-1-08; DMAP 36-2008, f. 12-11-08, cert. ef. 1-1-09; DMAP 39-2009, f. 12-15-09, cert. ef. 1-1-10; DMAP 17-2010, f. 6-15-10, cert. ef. 7-1-10; DMAP 40-2010, f. 12-28-10, cert. ef. 1-1-11; DMAP 2-2011(Temp), f. & cert. ef. 3-1-11 thru 8-20-11; DMAP 19-2011, f. 7-15-11, cert. ef. 7-17-11; DMAP 44-2011, f. 12-21-11, cert. ef. 1-1-12; DMAP 12-2012(Temp), f. & cert. ef. 3-16-12 thru 9-11-12; DMAP 18-2012, f. 3-30-12, cert. ef. 4-9-12; DMAP 26-2012, f. & cert. ef. 5-14-12; DMAP 29-2012, f. & cert. ef. 6-21-12; DMAP 33-2012(Temp), f. 7-18-12, cert. ef. 7-23-12 thru 1-18-13; DMAP 40-2012(Temp), f. & cert. ef. 8-20-12 thru 1-18-13; DMAP 44-2012(Temp), f. & cert. ef. 9-26-12 thru 1-18-13; DMAP 61-2012, f. 12-27-12, cert. ef. 1-1-13; DMAP 6-2013(Temp), f. & cert. ef. 2-21-13 thru 8-19-13

410-121-0040

Prior Authorization Required for Drugs and Products

(1) Prescribing practitioners are responsible for obtaining prior authorization (PA) for the drugs and categories of drugs requiring PA in this rule, using the procedures required in OAR 410-121-0060.

(2) All drugs and categories of drugs, including but not limited to those drugs and categories of drugs that require PA as described in this rule, are subject to the following requirements for coverage:

(a) Each drug must be prescribed for conditions funded by Oregon Health Plan (OHP) in a manner consistent with the Oregon Health Services Commission's Prioritized List of Health Services (OAR 410-141-0480 through 410-141-0520). If the medication is for a non-covered diagnosis, the medication shall not be covered unless there is a co-morbid condition for which coverage would be extended. The use of the medication must meet corresponding treatment guidelines, be included within the client's benefit package of covered services, and not otherwise excluded or limited;

(b) Each drug must also meet other criteria applicable to the drug or category of drug in these pharmacy provider rules, including PA requirements imposed in this rule.

(3) The Oregon Health Authority (Authority) may require PA for individual drugs and categories of drugs to ensure that the drugs prescribed are indicated for conditions funded by OHP and consistent with the Prioritized List of Health Services and its corresponding treatment guidelines (see OAR 410-141-0480). The drugs and categories of drugs that the Authority requires PA for this purpose are found in the OHP Fee-For-Service Pharmacy PA Criteria Guide (PA Criteria Guide) dated February 21, 2013, incorporated in rule by reference and found on our Web page at: <http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html>

(4) The Authority may require PA for individual drugs and categories of drugs to ensure medically appropriate use or to address potential client safety risk associated with the particular drug or category of drug, as recommended by the Pharmacy & Therapeutics Committee (P&T) and adopted by the Authority in this rule (see OAR 410-121-0100 for a description of the DUR program). The drugs and categories of drugs for which the Authority requires PA for this purpose are found in the Pharmacy PA Criteria Guide.

(5) New drugs shall be evaluated when added to the weekly upload of the First DataBank drug file:

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(a) If the new drug is in a class where current PA criteria apply, all associated PA criteria shall be required at the time of the drug file load;

(b) If the new drug is indicated for a condition below the funding line on the Prioritized List of Health Services, PA shall be required to ensure that the drug is prescribed for a condition funded by OHP;

(c) PA criteria for all new drugs shall be reviewed by the DUR/P&T Committee.

(6) PA is required for brand name drugs that have two or more generically equivalent products available and that are NOT determined Narrow Therapeutic Index drugs by the Oregon DUR/P&T Committee:

(a) Immunosuppressant drugs used in connection with an organ transplant must be evaluated for narrow therapeutic index within 180 days after United States patent expiration;

(b) Manufacturers of immunosuppressant drugs used in connection with an organ transplant must notify the department of patent expiration within 30 days of patent expiration for (5)(a) to apply;

(c) Criteria for approval are:

(A) If criteria established in subsection (3) or (4) of this rule applies, follow that criteria;

(B) If (6)(A) does not apply, the prescribing practitioner must document that the use of the generically equivalent drug is medically contraindicated, and provide evidence that either the drug has been used and has failed or that its use is contraindicated based on evidence-based peer reviewed literature that is appropriate to the client's medical condition.

(7) PA is required for non-preferred Preferred Drug List (PDL) products in a class evaluated for the PDL except in the following cases:

(a) The drug is a mental health drug as defined in OAR 410-121-0000;

(b) The original prescription is written prior to 1/1/10;

(c) The prescription is a refill for the treatment of seizures, cancer, HIV or AIDS; or

(d) The prescription is a refill of an immunosuppressant.

(8) PA may not be required:

(a) When the prescription ingredient cost plus the dispensing fee is less than the PA processing fees as determined by the Authority;

(b) For over-the-counter (OTC) covered drugs when prescribed for conditions covered under OHP or;

(c) If a drug is in a class not evaluated from the Practitioner-Managed Prescription Drug Plan under ORS 414.334.

Stat. Auth.: ORS 409.110, 413.042, 414.325, 414.065 & 414.334

Stats. Implemented: 414.065

Hist.: AFS 56-1989, f. 9-28-89, cert. ef. 10-1-89; AFS 2-1990, f. & cert. ef. 1-16-90; HR 29-1990, f. 8-31-90, cert. ef. 9-1-90, Renumbered from 461-016-0170; HR 10-1991, f. & cert. ef. 2-19-91; HR 14-1993, f. & cert. ef. 7-2-93; HR 25-1994, f. & cert. ef. 7-1-94; HR 6-1995, f. 3-31-95, cert. ef. 4-1-95; HR 18-1996(Temp), f. & cert. ef. 10-1-96; HR 8-1997, f. 3-13-97, cert. ef. 3-15-97; OMAP 1-1999, f. & cert. ef. 2-1-99; OMAP 29-2000, f. 9-29-00, cert. ef. 10-1-00; OMAP 31-2001, f. 9-24-01, cert. ef. 10-1-01; OMAP 44-2002, f. & cert. ef. 10-1-02; OMAP 66-2002, f. 10-31-02, cert. ef. 11-1-02; OMAP 29-2003, f. 3-31-03, cert. ef. 4-1-03; OMAP 40-2003, f. 5-27-03, cert. ef. 6-1-03; OMAP 43-2003(Temp), f. 6-10-03, cert. ef. 7-1-03 thru 12-15-03; OMAP 49-2003, f. 7-31-03 cert. ef. 8-1-03; OMAP 84-2003, f. 11-25-03 cert. ef. 12-1-03; OMAP 87-2003(Temp), f. & cert. ef. 12-15-03 thru 5-15-04; OMAP 9-2004, f. 2-27-04, cert. ef. 3-1-04; OMAP 71-2004, f. 9-15-04, cert. ef. 10-1-04; OMAP 74-2004, f. 9-23-04, cert. ef. 10-1-04; OMAP 89-2004, f. 11-24-04 cert. ef. 12-1-04; OMAP 4-2006(Temp), f. & cert. ef. 3-15-06 thru 9-7-06; OMAP 32-2006, f. 8-31-06, cert. ef. 9-1-06; OMAP 41-2006, f. 12-15-06, cert. ef. 1-1-07; DMAP 4-2007, f. 6-14-07, cert. ef. 7-1-07; DMAP 26-2007, f. 12-11-07, cert. ef. 1-1-08; DMAP 9-2008, f. 3-31-08, cert. ef. 4-1-08; DMAP 16-2008, f. 6-13-08, cert. ef. 7-1-08; DMAP 34-2008, f. 11-26-08, cert. ef. 12-1-08; DMAP 14-2009 f. 6-12-09, cert. ef. 7-1-09; DMAP 39-2009, f. 12-15-09, cert. ef. 1-1-10; DMAP 17-2010, f. 6-15-10, cert. ef. 7-1-10; DMAP 40-2010, f. 12-28-10, cert. ef. 1-1-11; DMAP 27-2011(Temp), f. & cert. ef. 9-30-11 thru 3-15-12; DMAP 44-2011, f. 12-21-11, cert. ef. 1-1-12; DMAP 12-2012(Temp), f. & cert. ef. 3-16-12 thru 9-11-12; DMAP 18-2012, f. 3-30-12, cert. ef. 4-9-12; DMAP 23-2012(Temp), f. & cert. ef. 4-20-12 thru 10-15-12; DMAP 27-2012(Temp), f. & cert. ef. 5-14-12 thru 10-15-12; DMAP 29-2012, f. & cert. ef. 6-21-12; DMAP 33-2012(Temp), f. 7-18-12, cert. ef. 7-23-12 thru 1-18-13; DMAP 40-2012(Temp), f. & cert. ef. 8-20-12 thru 1-18-13; DMAP 44-2012(Temp), f. & cert. ef. 9-26-12 thru 1-18-13; DMAP 61-2012, f. 12-27-12, cert. ef. 1-1-13; DMAP 6-2013(Temp), f. & cert. ef. 2-21-13 thru 8-19-13

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Rule Caption: Align with Department of Human Services OAR chapter 461, medical eligibility rules

Adm. Order No.: DMAP 7-2013(Temp)

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13 thru 6-29-13

Notice Publication Date:

Rules Amended: 410-120-0006

Rules Suspended: 410-120-0006(T)

Subject: The General Rules Program administrative rules govern the Division's payments for services provided to clients, and medical assistance eligibility determinations made by the Oregon Health Authority. In coordination with the Department of Human Services'

(Department) revision of medical eligibility rules in chapter 461, the Division is temporarily amending OAR 410-120-0006 to assure that the Division's medical eligibility rule aligns with and reflects information found in the Department's medical eligibility rules. In OAR 410-120-0006, the Division adopts in rule by reference the Department's eligibility rules and must update OAR 410-120-0006 in conjunction.

Rules Coordinator: Cheryl Peters—(503) 945-6527

410-120-0006

Medical Eligibility Standards

As the state Medicaid and CHIP agency, the Oregon Health Authority (Authority) is responsible for establishing and implementing eligibility policies and procedure consistent with applicable law. As outlined in 943-001-0020, the Authority, and the Department of Human Services (Department) work together to adopt rules to assure that medical assistance eligibility procedures and determinations are consistent across both agencies.

(1) The Authority adopts and incorporates by reference the rules established in OAR Chapter 461, and in effect March 1, 2013, for all medical eligibility requirements for medical assistance when the Authority conducts eligibility determinations.

(2) Any reference to OAR Chapter 461 in Oregon Administrative Rules or contracts of the Authority are deemed to be references to the requirements of this rule, and shall be construed to apply to all eligibility policies, procedures and determinations by or through the Authority.

(3) For purposes of this rule, references in OAR chapter 461 to the Department or to the Authority shall be construed to be references to both agencies.

(4) Effective on or after July 1, 2011 the Authority shall conduct medical eligibility determinations using the OAR chapter 461 rules which are in effect on the date the Authority makes the medical eligibility determination.

(5) A request for a hearing resulting from a determination under this rule, made by the Authority shall be handled pursuant to the hearing procedures set out in division 25 of OAR Chapter 461. References to "the Administrator" in division 25 of chapter 461 or "the Department" are hereby incorporated as references to the "Authority."

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.065

Hist.: DMAP 10-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 18-2011(Temp), f. & cert. ef. 7-15-11 thru 1-11-12; DMAP 21-2011(Temp), f. 7-29-11, cert. ef. 8-1-11 thru 1-11-12; DMAP 25-2011(Temp), f. 9-28-11, cert. ef. 10-1-11 thru 1-11-12; DMAP 36-2011, f. 12-13-11, cert. ef. 1-1-12; DMAP 1-2012(Temp), f. & cert. ef. 1-13-12 thru 7-10-12; DMAP 2-2012(Temp), f. & cert. ef. 1-26-12 thru 7-10-12; DMAP 3-2012(Temp), f. & cert. ef. 1-31-12 thru 2-1-12; DMAP 4-2012(Temp), f. 1-31-12, cert. ef. 2-1-12 thru 7-10-12; DMAP 9-2012(Temp), f. & cert. ef. 3-1-12 thru 7-10-12; DMAP 21-2012(Temp), f. 3-30-12, cert. ef. 4-1-12 thru 7-10-12; DMAP 25-2012(Temp), f. & cert. ef. 5-1-12 thru 7-10-12; Administrative correction 8-1-12; DMAP 35-2012(Temp), f. & cert. ef. 7-20-12 thru 1-16-13; DMAP 45-2012(Temp), f. & cert. ef. 10-5-12 thru 1-19-13; DMAP 50-2012, f. 10-31-12, cert. ef. 11-1-12; DMAP 53-2012(Temp), f. & cert. ef. 11-1-12 thru 4-29-13; DMAP 56-2012(Temp), f. 11-30-12, cert. ef. 12-1-12 thru 4-1-13; DMAP 60-2012, f. 12-27-12, cert. ef. 1-1-13; DMAP 65-2012(Temp), f. 12-28-12, cert. ef. 1-1-13 thru 6-29-13; DMAP 2-2013(Temp), f. & cert. ef. 1-8-13 thru 6-29-13; DMAP 3-2013(Temp), f. & cert. ef. 1-30-13 thru 6-29-13; DMAP 3-2013(Temp), f. & cert. ef. 2-20-13 thru 6-29-13; DMAP 5-2013(Temp), f. & cert. ef. 2-20-13 thru 6-29-13; DMAP 7-2013(Temp), f. & cert. ef. 3-1-13 thru 6-29-13

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Rule Caption: Add Alternative Payment Methodology (APM) pilot sites for FQHC and RHC

Adm. Order No.: DMAP 8-2013(Temp)

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13 thru 8-27-13

Notice Publication Date:

Rules Amended: 410-147-0360

Subject: The Division needs to amend 410-147-0360 to incorporate necessary rule language relating to reimbursement to Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC) that are participating in the Alternative Payment Methodology (APM) Pilot Program

Rules Coordinator: Cheryl Peters—(503) 945-6527

410-147-0360

Encounter Rate Determination

(1) The Division of Medical Assistance Programs (Division) will coincide enrollment of a Federally Qualified Health Center (FQHC) or

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Rural Health Clinic (RHC) with the calculation of a clinic's Prospective Payment System (PPS) encounter rate:

(a) DMAP will enroll a clinic as an FQHC or RHC effective the date DMAP determines the clinic's PPS encounter rate. The encounter rate may be used to bill for services provided on or after the coinciding effective dates of enrollment as an FQHC or RHC with the Division and determination of the clinic's encounter rate.

(b) Consistent with OAR 410-120-1260, Provider Enrollment, only enrolled providers can submit claims to the Division for providing specific care, item(s), or service(s) to Division clients. A clinic or individual provider needs to bill fee-for-service for services provided prior to enrollment as an FQHC or RHC with DMAP, according to applicable service program's enrollment and billing Oregon Administrative Rules (OARs).

(2) To determine the PPS encounter rate(s), an FQHC must submit all financial documents listed in OAR 410-147-0320 for each Medical, Dental and Mental Health (including Addiction, Alcohol and Chemical Dependency) Services.

(a) Effective October 1, 2004, for FQHCs only, the Division will calculate three separate PPS encounter rates for clinics newly enrolling as an FQHC with the Division:

(A) Medical;

(B) Dental; and

(C) Mental Health, to include addiction, alcohol and chemical dependency services.

(b) FQHCs enrolled with the Division prior to October 1, 2004, with a single PPS medical encounter rate, will have a separate encounter rate calculated if the clinic adds a service category listed in either Section (2)(a)(ii) or (iii) of this rule. Refer also to Section (16) of this rule.

(3) To determine the PPS encounter rate, a RHC must submit all financial documents listed in OAR 410-147-0320.

(a) The Division will accept an uncertified Medicare Cost Report;

(b) If the clinic's Medicare Cost Report, provided to the Division, does not include all covered Medicaid costs provided by the clinic, the clinic must submit additional cost information. The Division will include these costs when determining the PPS encounter rate.

(c) The Division will remove the Medicare productivity screen and any other Medicare payment caps from the RHC's Medicare encounter rate;

(d) An RHC can submit the Division cost statement form 3027 as a substitute to the Medicare Cost Report.

(4) FQHCs or RHCs that have an additional clinic site(s) under the main FQHC or RHC designation, must file the required financial documentation for each clinic site unless specifically exempted in writing by the Division. If exempted from this requirement by the Division, an FQHC or RHC may file a consolidated cost report. See OAR 410-147-0340 regarding separate enrollment for multiple sites.

(5) FQHCs and RHCs cannot include costs associated with non-FQHC or non-RHC designated sites in the cost report.

(6) FQHCs and RHCs cannot include costs associated with non-covered Medicaid services. The Division does not allow the inclusion of indirect or direct costs for non-covered Medicaid services in the clinic's cost report/statement as allowed expenses. Refer to OAR 410-120-1200 Excluded Services and Limitations.

(7) An out-of-state FQHC or RHC will only include expenses associated with Medicaid covered services provided at clinic sites serving Division clients when completing the Cost Statement (DMAP 3027). For RHCs only, the Medicare Cost Report can only include financial documents for Medicaid-covered services provided at clinic sites that see Division clients. Do not include costs associated with non-FQHC or RHC designated sites, or clinic sites that do not serve Division clients in the Cost Statements (DMAP 3027) or Medicare Cost Reports for RHCs.

(8) At any time, if the Division determines that the costs provided by the clinic for calculating the PPS encounter rate(s) were inflated, the Division may:

(a) Request corrected cost reports and any other financial documents in order to review and adjust the encounter rate(s); and

(b) Impose sanctions as defined in OARs 410-120-1400 Provider Sanctions, 410-120-1460 Type and Conditions of Sanctions; and 407-120-360 Consequences of Non-Compliance and Provider Sanctions.

(9) Effective January 1, 2001, DMAP determines FQHC and RHC encounter rates in compliance with 42 USC 1396a(bb). In general, the PPS encounter rate is calculated by dividing total costs of Medicaid covered services furnished by the FQHC/RHC during fiscal years 1999 and 2000 by the total number of clinic encounters during the two fiscal years.

(10) Clinics existing in 1999 and 2000, and enrolled with the Division as a FQHC or RHC as of January 1, 2001, receive payment from the

Division for services rendered to Medicaid-eligible OHP clients per an all-inclusive PPS encounter rate (calculated on a per visit basis) that is equal to 100 percent of the average of the costs of the clinic for furnishing such services during fiscal years 1999 and 2000 which are reasonable and related to the cost of furnishing such services, or based on such other tests of reasonableness.

(11) Clinics first qualifying as an FQHC or RHC after fiscal year 2000, will receive payment from the Division for services rendered to Medicaid-eligible OHP clients per an all-inclusive PPS encounter rate (calculated on a per visit basis) that is equal to 100 percent of the average of the costs of the clinic for furnishing such services during the fiscal year the clinic first qualifies as an FQHC or RHC. Coinciding with enrollment as an FQHC or RHC with the Division, a clinic will have a PPS encounter rate:

(a) Established by reference to payments to other clinics located in the same or adjacent areas, and of similar caseload; or

(b) In the absence of such clinic, through cost reporting methods based on tests of reasonableness.

(12) Beginning in fiscal year 2002, and for each fiscal year thereafter, each FQHC/RHC is entitled to the PPS encounter rate(s) payment amount to which the clinic was entitled under Section 42 USC 1396a(bb) in the previous fiscal year, increased by the percentage increase in the Medicare Economic Index (MEI).

(13) For established, enrolled clinics with a change of ownership, the new owner can submit:

(a) A Cost Statement (DMAP 3027) or Medicare Cost Report within 30 days from the date of change of ownership for review by the Division to determine if a new PPS encounter rate will be calculated as otherwise described in this rule; or

(b) In writing, a letter advising adoption of the PPS encounter rate calculated under the former ownership, including notice if there is a change to the clinic's tax identification number;

(c) Failure to submit a cost statement (DMAP 3027) or Medicare Cost Report within 30 days of the change of ownership, will forfeit the opportunity for calculation of a PPS encounter rate(s) at a later date. The PPS encounter rate(s) calculated under the former ownership will be reassigned to the new ownership.

(14) The Centers for Medicare and Medicaid Services (CMS) defines a change in scope of services as one that affects the type, intensity, duration, and amount of services. Clinics must submit a request for change in scope to the Division for review.

(15) The Division may establish a separate PPS encounter rate if a FQHC adds Dental or Mental Health (including addiction, and alcohol and chemical dependency) services. A separate PPS encounter rate will be calculated by the Division for the added service element if:

(a) Costs associated with the added service element were not included on the original cost statements for the initial PPS encounter rate determination;

(b) The addition of the service element has been approved by the Health Resources and Services Administration (HRSA) and is included in the notice of grant award issued by HRSA;

(c) The FQHC is certified by the Addictions and Mental Health Division (AMH) to provide mental health services (if mental health services are provided by un-licensed providers), or has a letter or licensure of approval by Addictions and Mental Health Division (AMH) former Office of Mental Health and Addictions Services (OMHAS) to provide addiction, and alcohol and chemical dependency services;

(A) Certification by AMH of an FQHC's outpatient mental health program is required if mental health services are provided by non-licensed providers. Refer to OAR 410-147-0320(3)(i) and (5)(h) for certification requirements

(B) A letter of licensure or approval by AMH is required for FQHCs providing addiction, alcohol and chemical dependency services. Refer to OAR 410-147-0320 (3)(j) and (5)(i);

(16) If an FQHC meets the criteria as outlined in Section (15) of this rule for the addition of Dental or Mental Health (including addiction, and alcohol and chemical dependency) services, after the initial encounter rate determination, the Division will determine the PPS encounter rate for the newly added service element using the date the scope change was approved by HRSA. For example: the clinic submitted 1999 & 2000 cost reports. In 2001 the clinic added a dental clinic. The cost report would be from 2001 (the most appropriate months) with the MEI adjusted for 2002, 2003 and 2004.

(17) When an FQHC shares the same space for multiple services, then the Division will use square footage to determine the percent of the indirect cost associated with each encounter rate.

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(18) A clinic may be exempt from this requirement if an FQHC has minimal utilization for a particular service such as “Look Alike” clinics and is located in an isolated area. Submit an exemption request with appropriate documentation to the Division FQHC Program Manager for consideration.

(19) Alternate Payment Methodology (APM): After one calendar year of payment at the PPS rate, clinics may request a transfer to an Alternate Payment Methodology (APM).

(a) APM converts the clinics current PPS rate into an equivalent per member per month rate using the clinic’s historical patient utilization and the clinic’s PPS cost base rate. The purpose of APM is to reimburse clinics an amount no less than what the clinic would have received if paid with PPS. The Division shall process quarterly reconciliations and if the APM issued is less than what the clinic would have received if paid using PPS, the Division shall reimburse the clinic the difference.

(b) The Division shall have a memorandum of understanding to establish an effective date with each participating clinic.

(c) A clinic may request to return to its PPS rate by submitting written request to the Division. The Division shall return the clinic to their PPS rate within 30 business days after a clinic request has been received.

Stat. Auth.: ORS 413.042 & 414.065

Stat. Implemented: ORS 414.065

Hist.: OMAP 63-2002, f. & cert. ef. 10-1-02; OMAP 71-2003, f. 9-15-03, cert. ef. 10-1-03;

OMAP 63-2004, f. 9-10-04, cert. ef. 10-1-04; OMAP 27-2006, f. 6-14-06, cert. ef. 7-1-06;

DMAP 25-2008, f. 6-13-08, cert. ef. 7-1-08; DMAP 34-2008, f. 11-26-08, cert. ef. 12-1-08;

DMAP 8-2013(Temp), f. & cert. ef. 3-1-13 thru 8-27-13

Rule Caption: Change method of payment to FQHC and RHC Out Station Outreach Worker Activities

Adm. Order No.: DMAP 9-2013(Temp)

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13 thru 6-29-13

Notice Publication Date:

Rules Amended: 410-147-0400

Rules Suspended: 410-147-0400(T)

Subject: The Division needs to amend 410-147-0400 to change the method of payment to FQHC and RHC for out stationed outreach worker activities. These clinics have historically been reimbursed for out stationed outreach worker activities through a rate calculated from 100% of cost, which was then added to their base Prospective Payment System (PPS) all inclusive encounter rate. This amended rule will reimburse clinics 100% of their allowable costs for out stationed outreach worker activities and be paid in four equal installments at the beginning of each calendar quarter, January 1, April 1, July 1, and October 1.

Rules Coordinator: Cheryl Peters—(503) 945-6527

410-147-0400

Compensation for Outstationed Outreach Activities

(1) This rule provides reasonable compensation for activities directly related to the receipt and initial processing of applications for individuals, including low-income pregnant women and children, to apply for Medicaid at outstation locations other than state offices.

(2) A federally qualified health center (FQHC) eligible in accordance with Oregon Administrative Rule (OAR) 410-120-0045, will be eligible for compensation under this rule.

(3) “Initial processing” includes the following activities:

(a) Taking applications;

(b) Assisting applicants in completing the application;

(c) Providing information as outlined in OAR 410-120-0045;

(d) Obtaining required documentation to complete processing of the application;

(e) Ensuring that the information contained on the application form is complete; and

(f) Conducting any necessary interviews.

(4) “Initial processing” does not include evaluating the information contained on the application and the supporting documentation or making a determination of eligibility or ineligibility.

(5) At locations that are infrequently used by the designated low-income eligibility groups, the Division may use the following resources:

(a) Volunteers, provider or contractor employees; or

(b) Its own eligibility staff, or

(c) Telephone assistance by:

(A) The FQHC as outlined in section (12); or

(B) Prominently displaying a notice that includes the telephone number for the state OHP Application Center or the local branch office that applicants may call for assistance.

(6) Eligible FQHCs may be able to receive reasonable compensation for outreach activities performed by Outstationed Outreach Workers (OSOW) that is equal to 100% of direct costs.

(7) Allowable direct cost expenses for OSOW reimbursement include:

(a) Travel expenses incurred by the FQHC for Division training on OSOW activities;

(b) Phone bills, if a dedicated line is used. Otherwise an estimate of telephone usage and resulting costs;

(c) OSOW personnel costs:

(A) Wages shall be the lesser of:

(i) Wages reported by the FQHC; or

(ii) Wages paid by the State of Oregon to an employee of the state providing enrollment assistance to individuals applying for OHP;

(iii) Wage reimbursement may not exceed the highest salary rate issued by the State of Oregon to a Human Services Specialist 2;

(B) Taxes;

(C) Fringe benefits provided to OSOW;

(D) Premiums paid by the FQHC for private health insurance.

(d) Reasonable costs for equipment necessary to perform outreach activities, which does include expenses for replacing equipment if the original equipment cost was reported on the cost statement when the clinic’s initial PPS encounter rate was calculated;

(e) Rent or space costs only if 100% of facility costs were not reported on the cost statement when the clinic’s initial PPS encounter rate was calculated;

(f) Reasonable office supplies necessary to perform outreach activities; and

(g) Postage.

(8) The Division may not include indirect costs in the OSOW reimbursement rate. Indirect costs include but are not limited to the following:

(a) Any costs included in the initial calculation of a clinic’s PPS encounter rate;

(b) Contracted interpretation services;

(c) Administrative overhead costs;

(d) Supervision costs; and

(e) Operating expenses including utilities, building maintenance and repair, and janitorial services.

(9) Clinics must submit to the Division a cost statement for the preceding calendar year between October 1, and October 31, of each year for Division review and approval of the clinic’s OSOW direct costs.

(10) If a clinic fails to submit the OSOW cost statement by October 31 of the required year, the clinic may not be eligible for reimbursement of OSOW costs as of January 1 for the following year.

(11) Any change to the OSOW rate, based on the October cost statement submission, shall be effective January 1 of the following year;

(a) The Division shall make payment to the clinic for the reviewed and accepted OSOW costs in four equal installments at the beginning of each calendar quarter; January 1, April 1, July 1, and October 1.

(b) If the Division determines that the clinic’s OSOW rate is inflated, the Division shall adjust the rate effective immediately.

(12) Clinic locations with limited operating hours, or that limit access to the general public during their regular operating hours must calculate the actual time an OSOW meets face-to-face with the general public for receipt and the initial processing of applications. For example, if a clinic employs an OSOW at a satellite school-based health center (SBHC), and the SBHC can only be accessed by the general public outside of the school’s normal hours of operation, use the percent of time an OSOW is available to meet face-to-face with potential applicants when reporting compensation as outlined in section (11)(c) of this rule.

(a) Clinics must display a notice in a prominent place that advises potential applicants when an OSOW will be available;

(b) The notice must include a telephone number that applicants may call for assistance.

(13) For staff employed by a clinic and performing outreach activities at less than full time, the clinic must calculate the percentage of time spent performing OSOW activities and maintain adequate documentation to support the time claimed. The percentage must be used to calculate personnel expenses incurred by an FQHC that are directly attributed to outreach activities performed by the employee. Outreach activities:

(a) May include assisting individuals with completing applications for other Department of Human Services (Department) and Authority-adminis-

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tered programs where eligibility is determined by staff at local branch offices;

(b) Does not include assisting individuals with applying for non-Department and non-Authority-administered programs.

(14) A clinic shall not claim reimbursement for costs associated with personnel positions where 100% of costs were included in the FQHC's PPS encounter rate calculation.

(15) A Public Health Department designated as an FQHC or a School Based Health Center (SBHC) within the scope of an FQHC designation cannot participate in the Medicaid Administrative Claiming (MAC) program.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: HR 13-1993, f. & cert. ef. 7-1-93; OMAP 35-1999, f. & cert. ef. 10-1-99; OMAP 20-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 62-2002, f. & cert. ef. 10-1-02, Renumbered from 410-128-0330; OMAP 71-2003, f. 9-15-03, cert. ef. 10-1-03; OMAP 27-2006, f. 6-14-06, cert. ef. 7-1-06; DMAP 47-2009, f. 12-15-09, cert. ef. 1-1-10; DMAP 8-2011, f. 6-6-11, cert. ef. 7-1-11; DMAP 64-2012(Temp), f. 12-27-12, cert. ef. 1-1-13 thru 6-29-13; DMAP 9-2013(Temp), f. & cert. ef. 3-1-13 thru 6-29-13

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Rule Caption: The Authority proposes to amend rules to be consistent with 42 CFR 438.408

Adm. Order No.: DMAP 10-2013(Temp)

Filed with Sec. of State: 3-1-2013

Certified to be Effective: 3-1-13 thru 8-27-13

Notice Publication Date:

Rules Amended: 410-141-0262, 410-141-3262

Subject: Division 141, Oregon Health Plan rules govern policies and requirements for the Coordinated Care Organizations (CCO) under Oregon's Integrated and Coordinated Health Care Delivery System. The Authority proposes to amend rules to be consistent with 42 CFR 438.408

Rules Coordinator: Cheryl Peters—(503) 945-6527

410-141-0262

Prepaid Health Plan Appeal Procedures

(1) A Division of Medical Assistance Programs (Division) Member or their representative that disagrees with a Notice of Action may file a Prepaid Health Plan (PHP) level appeal or request a Division administrative hearing. Division members may not be required to go through a PHP level appeal in order to request a Division administrative hearing.

(2) The PHP must have a system in place for Division member which includes an appeal process when a Division member has requested a Division administrative hearing. For purposes of this rule, an appeal includes a request to the PHP for review of an Action upon notification from the Division.

(3) An appeal must be filed with the PHP no later than 45 calendar days from the date on the Notice of Action required under OAR 410-141-0263.

(4) If the Division member initiates an appeal directly with the PHP, it shall be documented in writing by the PHP and handled as an appeal consistent with this rule. The Division member or Division member's representative may file an appeal with the PHP either orally or in writing and, unless he or she requests expedited resolution, must follow an oral filing with a written and signed appeal.

(5) Each PHP must adopt written policies and procedures for handling appeals that, at a minimum, meet the following requirements:

(a) Give Division members any reasonable assistance in completing forms and taking other procedural steps related to filing and resolution of an appeal or administrative hearings request. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate Tele Typewriter (TTY)/Telecommunications Devices for the Deaf (TTD) and interpreter capacity;

(b) Address how the PHP will accept, process and respond to such appeals, including how the PHP will acknowledge receipt of each appeal;

(c) Ensuring that Division members who receive a Notice of Action described in OAR 410-141-0263 are informed of their right to file an appeal and an administrative hearing request and how to do so;

(d) Ensuring that each appeal is transmitted timely to staff having authority to act on it;

(e) Ensuring that each appeal is investigated and resolved in accordance with these rules; and

(f) Ensuring that the individuals who make decisions on appeals are individuals:

(A) Who were not involved in any previous level of review or decision making; and

(B) Who are health care professionals who have the appropriate clinical expertise in treating the Division member's condition or disease if an appeal of a denial is based on lack of medical appropriateness or if an appeal involves clinical issues;

(g) Include a requirement for appeals to be documented in the log to be maintained by the PHP that is in compliance with OAR 410-141-0266.

(6) The PHP shall assure Division members that appeals are handled in confidence consistent with ORS 411.320, 42 CFR 431.300 et seq, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules, and other applicable federal and state confidentiality laws and regulations. The PHP shall safeguard the Division member's right to confidentiality of information about the appeal as follows:

(a) PHPs shall implement and monitor written policies and procedures to ensure that all information concerning a Division member's appeal is kept confidential consistent with appropriate use or disclosure as treatment, payment, or health care operations of the PHP, as those terms are defined in 45 CFR 164.501. The PHP and any practitioner whose authorization, treatment, services, items, quality of care, or request for payment is alleged to be involved in the appeal have a right to use this information for purposes of resolving the appeal and for purposes of maintaining the log required in OAR 410-141-0266 and for health oversight purposes by Division, without a signed release from the Division member. The administrative hearing regarding the appeal without a signed release from the Division member, pursuant to 410-120-1360(4);

(b) Except as provided in subsection (a) or as otherwise authorized by all other applicable confidentiality laws, PHPs shall ask the Division member to authorize a release of information regarding the appeal to other individuals. Before any information related to the appeal is disclosed under this subsection, the PHP shall have an authorization for release of information documented in the appeal file.

(7) The process for appeals must:

(a) Provide that oral inquiries seeking to appeal an action are treated as appeals (to establish the earliest possible filing date for the appeal) and must be confirmed in writing, unless the Division member or Division member's representative requests expedited resolution;

(b) Provide the Division member a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing. (The PHP must inform the Division member or the Division member's representative of the limited time available in the case of an expedited resolution);

(c) Provide the Division member and/or the Division member's representative an opportunity, before and during the appeals process, to examine the Division member's file, including medical records and any other documents or records to be considered during the appeals process; and

(d) Include as parties to the appeal the Division member, the Division member's representative, or the legal representative of a deceased Division member's estate;

(8) The PHP must resolve each appeal and provide a client notice of the appeal resolution as expeditiously as the Division member's health condition requires and within the time frames in this section:

(a) For the standard resolution of appeals and client notices to the Division member and/or Division member's representative, the PHP shall resolve the appeal and provide a client notice no later than 30 calendar days from the day the PHP receives the appeal.

(b) When the PHP has granted a request for expedited resolution of an appeal, the PHP shall resolve the appeal and provide a client notice no later than 3 working days after the PHP receives the appeal. This timeframe may be extended pursuant to subsection (c) of this section;

(c) In accordance with 42 CFR 438.408, the PHP may extend the timeframes from subsections (a) or (b) of this section by up to 14 calendar days (upon request) if:

(A) The Division member or Division members representative requests the extension; or

(B) The PHP shows (to the satisfaction of the Division's Hearings Unit upon its request) that there is need for additional information and how the delay is in the Division member's interest;

(d) If the PHP extends the timeframes, it must, for any extension not requested by the Division member, give the Division member or Division members representative a written notice of the reason for the delay.

(9) For all appeals, the PHP must provide written Notice of Appeal Resolution to the Division member or their representative. If the PHP knows that there is a representative, the PHP must send a copy of the Notice to the representative. For notice on an expedited resolution, the PHP must also make reasonable efforts to provide oral notice.

(10) The written Notice of Appeal Resolution must include the following:

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(a) The results of the resolution process and the date it was completed; and

(b) For appeals not resolved wholly in favor of the Division member, the notice must also include the following information:

(A) Reasons for the resolution and a reference to the particular sections of the statutes and rules involved for each reason identified in the Notice of Appeal Resolution relied upon to deny the appeal;

(B) Unless the appeal was referred to the PHP from the Division as part of an administrative hearings process, the right to request a Division Administrative Hearing, and how to do so, which includes attaching the "Notice of Hearing Rights (DMAP 3030) and the Hearing Request form (DHS 443);

(C) The right to request to receive benefits while the hearing is pending, and how to make the request; and

(D) That the Division member may be held liable for the cost of those benefits if the hearing decision upholds the PHP's Action.

(11) Unless the appeal was referred to the PHP as part of an administrative hearing process, a Division member may request a Division administrative hearing not later than 45 calendar days from the date on the Notice of Appeal Resolution. The parties to the Division administrative hearing include the PHP as well as the Division member and/or Division member's representative, or the Representative of the deceased Division member's estate.

(12) Each PHP shall establish and maintain an expedited review process for appeals, consistent with OAR 410-141-0265.

(13) Each PHP shall maintain records of appeals, enter appeals and their resolution into a log, and address the appeals in the context of quality improvement activity (OAR 410-141-0200) as required in 410-141-0266.

(14) Continuation of benefits pending appeal:

(a) As used in this section, "timely" filing means filing on or before the later of the following:

(A) Within 10 calendar days of the PHP mailing the Notice of Action; or

(B) The intended effective date of the PHP's proposed Action;

(b) The PHP must continue the Division member's benefits if:

(A) The Division member or Division member's representative files the appeal or administrative hearing request timely;

(B) The appeal or administrative hearing request involves the termination, suspension, or reduction of a previously authorized course of treatment;

(C) The services were ordered by an authorized provider;

(D) The original period covered by the original authorization has not expired; and

(E) The Division member or representative requests extension of benefits:

(c) Continuation of benefits pending administrative hearing — If, at the Division member's request, the PHP continues or reinstates the Division member's benefits while the appeal or administrative hearing is pending, the benefits must be continued pending administrative hearing pursuant to OAR 410-141-0264.

(15) If the final resolution of the appeal or administrative hearing is adverse to the Division member, that is, upholds the PHP's Action, the PHP may recover the cost of the services furnished to the Division member while the appeal or administrative hearing was pending, to the extent that they were furnished solely because of the requirements of this section and in accordance with the policy set forth in 42 CFR 431.230(b).

(16) If the PHP or a Division administrative hearing decision reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the PHP must authorize or provide the disputed services promptly, and as expeditiously as the Division member's health condition requires.

(17) If the PHP or the Division administrative hearing decision reverses a decision to deny authorization of services, and the Division member received the disputed services while the appeal was pending, the PHP or the Division must pay for the services in accordance with the Division policy and regulations.

(18) If the appeal was referred to the PHP from the Division as part of an administrative hearing process, the PHP must immediately (within two business days) transmit the Notice of Appeal Resolution and the complete record of the appeal to the Division Hearings Unit.

(19) If the appeal was made directly by the Division member or Representative, and if the Notice of Appeal Resolution was not favorable to the Division member, the PHP must: Retain a complete record of the appeal for not less than 45 days so that, if an administrative hearing is requested,

the record can be submitted to the Division's Hearings Unit within two business days of the Division's request.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.065

Hist.: HR 19-1996, f. & cert. ef. 10-1-96; HR 25-1997, f. & cert. ef. 10-1-97; OMAP 50-2003, f. 7-31-03 cert. ef. 8-1-03; OMAP 35-2004, f. 5-26-04 cert. ef. 6-1-04; DMAP 22-2008, f. 6-13-08, cert. ef. 7-1-08; DMAP 10-2013(Temp), f. & cert. ef. 3-1-13 thru 8-27-13

410-141-3262

Requirements for CCO Appeal

(1) A member, their representative or a subcontractor/provider, with the member's consent, who disagrees with a notice of action (notice) has the authority to file an appeal with their CCO.

(2) For purposes of this rule, an appeal includes a request from the Division to the CCO for review of action.

(3) The member may request an appeal either orally or in writing directly to their CCO for any action by the CCO unless the member requests an expedited resolution, the member must follow an oral filing with a written, signed and dated appeal. If the member files an oral appeal, the CCO must send the member an appeal request form.

(4) The member must file the appeal no later than 45 calendar days from the date on the notice.

(5) The CCO must have written policies and procedures for handling appeals that:

(a) Address how the CCO will accept, process and respond to such appeals, including how the CCO will acknowledge receipt of each appeal;

(b) Ensure that members who receive a notice are informed of their right to file an appeal and how to do so;

(c) Ensure that each appeal is transmitted timely to staff having authority to act on it;

(d) Consistent with confidentiality requirements, ensure that the CCO's staff person who is designated to receive appeals begins to obtain documentation of the facts concerning the appeal upon receipt of the appeal;

(e) Ensure that each appeal is investigated and resolved in accordance with these rules; and

(f) Ensure that the individuals who make decisions on appeals are:

(A) Not involved in any previous level of review or decision making; and

(B) Health care professionals who have the appropriate clinical expertise in treating the member's condition or disease if an appeal of a denial is based on lack of medical appropriateness; or if an appeal involves clinical issues.

(g) Include a provision that the CCO must document appeals in an appeals log maintained by the CCO that complies with OAR 410-141-3260 and consistent with contractual requirements.

(h) Ensure oral requests for appeal an action are treated as appeals to establish the earliest possible filing date for the appeal; and

(i) Ensure the member is informed that the member must in writing unless the person filing the appeal requests expedited resolution;

(j) Provide the member a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing;

(k) Provide the member an opportunity before and during the appeals process to examine the member's file, including medical records and any other documents or records to be considered during the appeals process.

(6) Parties to the appeal Include:

(a) The CCO;

(b) The member and the member's representative, if applicable;

(c) The legal representative of a deceased member's estate.

(7) The CCO must resolve each appeal and provide the member and their representative with a notice of appeal resolution as expeditiously as the member's health condition requires and within the following periods for:

(a) Standard resolution of appeal: no later than 16 calendar days from the day, the CCO receives the appeal;

(b) Expedited resolution of appeal (when granted by the CCO): no later than three working days from the date the CCO receives the appeal. In addition, the CCO must:

(A) Inform the member and their representative of the limited time available;

(B) Make reasonable efforts to call the member to tell them of the resolution within three calendar days after receiving the request; and

(C) Mail written confirmation of the resolution to the member within three calendar days.

(c) In accordance with 42 CFR 438.408, the CCO may extend these timeframes from subsections (a) or (b) of this section up to 14 calendar days if:

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(A) The member or their representative requests the extension; or
(B) The CCO shows (to the satisfaction of the Division's Hearing Unit, upon its request) that there is need for additional information and how the delay is in the member's interest.

(C) Requirements following extension. If the CCO extends the timeframes, it must for any extension not requested by the Member, give the Member written notice of the reason for the delay.(8) For all appeals, the CCO must provide written notice of appeal resolution to the member and also to their representative when the CCO knows there is a representative for the member.

(9) The written notice of appeal resolution must include the following information:

(a) The results of the resolution process and the date the CCO completed the resolution; and

(b) For appeals not resolved wholly in favor of the member:

(A) Reasons for the resolution and a reference to the particular sections of the statutes and rules involved for each reason identified in the Notice of Appeal Resolution relied upon to deny the appeal;

(B) Unless the appeal was referred to the CCO from the Division as part of a contested case hearings process, the right to request a hearing and how to do so;

(C) The right to request to receive benefits while the hearing is pending and how to do so; and

(D) That the member may be held liable for the cost of those benefits if the hearing decision upholds the CCO's Action.

(10) Unless the appeal was referred to the CCO as part of a contested case hearing process, a member may request a hearing not later than 45 calendar days from the date on the Notice of Appeal Resolution.

(11) If the appeal was referred to the CCO from the Division as part of a contested case hearing process, within two business days from the date of the appeal resolution, the CCO must transmit the:

(a) Notice of Appeal Resolution; and

(b) Complete record of the appeal to the Division's Hearings Unit.

(12) If the appeal was made directly by the member or their representative, and the Notice of Appeal Resolution was not favorable to the member, the CCO must, if a contested case hearing is requested, submit the record to the Division's Hearings Unit within two business days of the Division's request.

(13) Documentation:

(a) The CCO's records must include, at a minimum, a log of all appeals received by the CCO and contain the following information:

(A) Member's name and Medical Care ID number;

(B) Date of the Notice;

(C) Date and nature of the appeal;

(D) Whether continuing benefits were requested and provided; and

(E) Resolution and resolution date of the appeal.

(b) The CCO must maintain a complete record for each appeal included in the log for no less than 45 days to include:

(A) Records of the review or investigation; and

(B) Resolution, including all written decisions and copies of correspondence with the member.

(c) The CCO must review the written appeals log on a monthly basis for:

(A) Completeness;

(B) Accuracy;

(C) Timeliness of documentation;

(D) Compliance with written procedures for receipt, disposition and documentation of appeals; and

(E) Compliance with OHP rules.

(d) The CCO must address the analysis of appeals in the context of quality improvement activity consistent with OAR 410-141-3200 OHP CCO Quality Improvement System and 410-141-3260 General Requirements for CCO Grievance System;

(e) The CCO must have written policies and procedures for the review and analysis of all appeals received by the CCO. The analysis of the grievance system must be reviewed by the CCO's Quality Improvement Committee consistent with contractual requirements and comply with the quality improvement standards.

Stat. Auth.: ORS 414.032

Stats. Implemented: 2011 HB 3650, Chapter 602, Oregon Laws 2011, 2012 SB 1580

Hist.: DMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DMAP 37-2012, f. & cert. ef. 8-1-12; DMAP 10-2013(Temp), f. & cert. ef. 3-1-13 thru 8-27-13

Oregon Health Authority, Oregon Educators Benefit Board Chapter 111

Rule Caption: Amendments update rule language to allow for composite rate Long Term Disability to continue

Adm. Order No.: OEBC 1-2013(Temp)

Filed with Sec. of State: 2-21-2013

Certified to be Effective: 2-21-13 thru 8-19-13

Notice Publication Date:

Rules Amended: 111-030-0050

Subject: Amendments to 111-030-0050 reflect the Oregon Educators Benefit Board's decision to continue to allow Employee Groups who are currently using a composite rate structure for Long Term Disability for both employer-paid and employee-paid plans. In addition, the amendments to this rule also reflect the OEBC Board's decision to expand the availability of the composite rate structure to those Employee Groups who choose to elect an employer-paid plan option on Long Term Disability.

Rules Coordinator: April Kelly—(503) 378-6588

111-030-0050

Premium Rate Structure Selection Process and Limitations

(1) Educational Entities may choose a composite or tiered rate structure for each Employee Group for medical, dental and vision coverage unless otherwise specified in an OEBC administrative rule. The rate structure selected for each coverage type applies to all individuals electing to participate as active employees within an Employee Group.

(2) Educational Entities may select a composite or tiered rate structure for early retirees unless otherwise specified in an OEBC administrative rule.

(3) Educational Entities may select a composite or tiered rate structure for part-time employees of an Employee Group unless otherwise specified in an OEBC administrative rule. If a different rate structure is selected for part-time employees that structure must apply to all participating part-time employees within that Employee Group.

(4) Rate structures must be selected during the plan selection process.

(5) Once an Educational Entity elects a change in rate structure for a type of coverage within an Employee Group, the rate structure selection cannot be changed for at least three plan years. The rate structure change will go into effect on the first day of the next plan year, October 1.

(6) Educational Entities who offered LTD on a composite rate structure prior to moving to OEBC coverages can continue to do so. Use of the composite rate structure for LTD plans is only available on a mandatory LTD plan and requires 100 percent enrollment.

(a) Employee Groups using a composite rate structure for mandatory LTD plans effective October 1, 2012, may continue to use either the employer-paid or employee-paid option.

(b) Effective October 1, 2013, OEBC will expand the availability of the composite rate structure for mandatory LTD plans only to those Employee Groups that chose to elect an employer-paid plan option.

(c) Rate structures must be selected during the plan selection period and become effective the first day of the next plan year, October 1.

Stat. Auth.: ORS 243.860 - 243.886

Stats. Implemented: ORS 243.864(1)(a), 243.868(1) & 243.872(2)

Hist.: OEBC 8-2010(Temp), f. & cert. ef. 8-3-10 thru 1-29-11; OEBC 2-2011, f. & cert. ef. 2-11-11; OEBC 1-2013(Temp), f. & cert. ef. 2-21-13 thru 8-19-13

Oregon Health Licensing Agency Chapter 331

Rule Caption: Amend title of standard body piercing trainee license to temporary trainee license.

Adm. Order No.: HLA 3-2013

Filed with Sec. of State: 3-12-2013

Certified to be Effective: 3-15-13

Notice Publication Date: 1-1-2013

Rules Amended: 331-900-0020, 331-900-0025, 331-900-0050, 331-900-0055, 331-905-0011, 331-905-0013

Subject: Amend title of standard body piercing trainee license to temporary trainee license to align with statutory authority. Currently the license is listed as a trainee license and the statute does not give authority to issue trainee licenses.

Rules Coordinator: Samantha Patnode—(503) 373-1917

ADMINISTRATIVE RULES

Hist.: HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 2-2013(Temp), f. & cert. ef. 1-16-13 thru 7-14-13; HLA 3-2013, f. 3-12-13, cert. ef. 3-15-13

331-900-0020

Standard Body Piercing Temporary Trainee License

(1) A standard body piercing temporary trainee license is valid for one year, and may be revived one time.

(2) A standard body piercing temporary trainee license holder, licensed under ORS 690.365, may provide standard piercing services under the direct supervision of an Agency approved supervisor pursuant OAR 331-900-0050 and 331-900-0055.

(3) Supervisors of a standard body piercing temporary trainee must adhere to OAR 331-900-0055.

(4) A standard body piercing temporary trainee license holder is prohibited from performing specialty level one genital piercing services defined under OAR 331-905-0000 and specialty level two genital piercing services defined under OAR 331-905-0000.

(5) A standard body piercing temporary trainee license holder is prohibited from piercing the testes, deep shaft (corpus cavernosa), uvula, eyelids or sub-clavicle.

(6) A standard body piercing temporary trainee license holder must adhere to all standards within OAR 331-900-0100, 331-900-0105, 331-900-0110, 331-900-0115, 331-900-0120, 331-900-0125, 331-900-0130, and all applicable rules listed in OAR 331 Division 925.

Stat. Auth: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415

Stats. Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415 & 2011 OL Ch. 346 § 22 & 35

Hist.: HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 3-2012(Temp), f. & cert. ef. 3-1-12 thru 6-25-12; HLA 10-2012, f. & cert. ef. 6-25-12; HLA 2-2013(Temp), f. & cert. ef. 1-16-13 thru 7-14-13; HLA 3-2013, f. 3-12-13, cert. ef. 3-15-13

331-900-0025

Application Requirements for Standard Body Piercing Temporary Trainee License

An individual applying for a Standard Body Piercing Temporary Trainee License must:

(1) Meet the requirements of OAR 331 division 30;

(2) Submit a completed application form prescribed by the Agency, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees;

(3) Submit proof of being 18 years of age, documentation may include identification listed under OAR 331-030-0000;

(4) Submit proof of having a high school diploma or equivalent; and

(5) Submit proof of current cardiopulmonary resuscitation and basic first aid training from an Agency approved provider;

(6) Submit proof of current blood borne pathogens training from an Agency approved provider; and

(7) Pay applicable licensing fees.

Stat. Auth: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415

Stats. Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415 & 2011 OL Ch. 346 § 22 & 35

Hist.: HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 10-2012, f. & cert. ef. 6-25-12; HLA 2-2013(Temp), f. & cert. ef. 1-16-13 thru 7-14-13; HLA 3-2013, f. 3-12-13, cert. ef. 3-15-13

331-900-0050

Standard Body Piercing Supervisor

(1) An approved supervisor may supervise one standard body piercing temporary trainee per shift.

(2) An approved supervisor must exercise management, guidance, and control over the activities of the standard body piercing trainee and must exercise professional judgment and be responsible for all matters relative to the standard body piercing.

(3) Supervisors must document work done by the standard body piercing temporary trainee on a form prescribed by the Agency.

(4) An approved supervisor must notify the Agency in writing within five calendar days if a standard body piercing temporary trainee is no longer being supervised, and must provide the number of hours of training completed on a form prescribed by the Agency.

(5) Notwithstanding any other disciplinary actions, an approved supervisor's authorization to supervise may be withdrawn by the Agency for providing incomplete or inadequate training or falsifying documentation.

(6) Supervisors must provide direct supervision to standard body piercing temporary trainees.

Stat. Auth: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415

Stats. Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415 & 2011 OL Ch. 346 § 22 & 35

331-900-0055

Requirements for Standard Body Piercing Supervisor

To be an approved supervisor for a standard body piercing temporary trainee an individual must:

(1) Submit a completed form prescribed by the Agency, which must contain the information listed in OAR 331-030-0000;

(2) Hold an active, body piercing license issued prior to January 1, 2012 or a standard body piercing license issued after January 1, 2012, with no current or pending disciplinary action;

(3) Submit proof of having been actively practicing any combination of body piercing experience prior to January 1, 2012, or standard body piercing experience after January 1, 2012, for at least five years prior to submitting application on a form prescribed by the Agency;

(4) Submit proof of current cardiopulmonary resuscitation and basic first aid training from an Agency approved provider;

(5) Submit proof of current blood borne pathogens training from an Agency approved provider; and

(6) Have passed an Agency approved written and practical examination for standard body piercing in accordance with OAR 331-900-0060(3) and (4).

Stat. Auth: ORS 345, 676.607, 676.615, 676.625, 690.365, 690.370, 690.385, 690.390, 690, 405, 690.407, 690.410 & 690.415

Stats. Implemented: ORS 676.607, 676.608, 676.612, 676.615, 676.625, 690.350, 690.360, 690.365, 690.370, 690.380, 390.385, 690.390, 690.405, 690.407, 690.410, 690.415 & 2011 OL Ch. 346 § 22 & 35

Hist.: HLA 16-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 2-2013(Temp), f. & cert. ef. 1-16-13 thru 7-14-13; HLA 3-2013, f. 3-12-13, cert. ef. 3-15-13

331-905-0011

Specialty Level One Genital Piercing Trainee

(1) A specialty level one genital piercing temporary trainee license is valid for one year, and may not be renewed.

(2) A specialty level one genital piercing temporary trainee license holder may perform services defined under OAR 331-905-0000(14).

(3) A specialty level one genital piercing temporary trainee license holder, licensed under ORS 690.365, may provide specialty level one genital piercing services under the direct supervision of an Agency approved supervisor pursuant OAR 331-905-0052 and 331-905-0055.

(4) Supervisors of a specialty level one genital piercing temporary trainee must adhere to OAR 331-905-0055.

(5) A specialty level one genital piercing temporary trainee license holder must adhere to all standards within OAR 331-905-0090, 331-905-0095, 331-905-0100, 331-905-0105, 331-905-110, 331-905-0115, 331-905-0120 and all applicable rules listed in OAR 331 division 925.

Stat. Auth.: ORS 676.607, 676.615, 676.625, 690.365, 690.371, 690.385, 690.390, 690.405, 690.407, 690.410, 690.415, & 345

Stats Implemented: ORS 676.607, 676.615, 676.625, 690.365, 690.371, 690.385, 690.390, 690.405, 690.407, 690.410, 690.415, OL 2011, Ch. 346, Sec. 22 & 35

Hist.: HLA 10-2012, f. & cert. ef. 6-25-12; HLA 2-2013(Temp), f. & cert. ef. 1-16-13 thru 7-14-13; HLA 3-2013, f. 3-12-13, cert. ef. 3-15-13

331-905-0013

Specialty Level Two Genital Piercing Temporary Trainee

(1) A specialty level two genital piercing temporary trainee license is valid for one year, and may not be renewed.

(2) A specialty level two genital piercing temporary trainee license holder may perform services defined under OAR 331-905-0000(15).

(3) A specialty level two genital piercing temporary trainee license holder, licensed under ORS 690.365, may provide specialty level two genital piercing services under the direct supervision of an Agency approved supervisor pursuant OAR 331-905-0058 and 331-905-0060.

(4) Supervisors of a specialty level two genital piercing temporary trainee must adhere to OAR 331-905-0060.

(5) A specialty level two genital piercing temporary trainee license holder must adhere to all standards within OAR 331-905-0090, 331-905-0095, 331-905-0100, 331-905-0105, 331-905-110, 331-905-0115, 331-905-0120 and all applicable rules listed in OAR 331 division 925.

Stat. Auth.: ORS 676.607, 676.615, 676.625, 690.365, 690.371, 690.385, 690.390, 690.405, 690.407, 690.410, 690.415, & 345

Stats Implemented: ORS 676.607, 676.615, 676.625, 690.365, 690.371, 690.385, 690.390, 690.405, 690.407, 690.410, 690.415, OL 2011, Ch. 346, Sec. 22 & 35

Hist.: HLA 10-2012, f. & cert. ef. 6-25-12; HLA 1-2013, f. & cert. ef. 1-16-13; HLA 2-2013(Temp), f. & cert. ef. 1-16-13 thru 7-14-13; HLA 3-2013, f. 3-12-13, cert. ef. 3-15-13

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Rule Caption: Add license pathway for individuals seeking temporary polysomnography licensure and add qualification/documentation requirements.

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Adm. Order No.: HLA 4-2013

Filed with Sec. of State: 3-12-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 1-1-2013

Rules Amended: 331-710-0050, 331-710-0080, 331-710-0090, 331-718-0020

Subject: Require that polysomnography licensure applicants who received education through a CAAHEP accredited program submit a certificate of completion directly from the educational institution to the Agency.

Create a temporary license pathway under Temporary License - Indirect Supervision for individuals who have received an academic degree and are waiting to take the board approved national examination. Temporary license would be valid for 1 year with no renewal. Applicants under pathway three will be required to submit certain documentation to qualify for license. Documentation includes fingerprint based national criminal background check and statement from the college or universities Registrar of Dean verifying the applicant has completed the work necessary to obtain a degree in polysomnography.

Revise temporary license indirect supervision pathway two to require an applicant submit education equivalent to 80 clock hours of education and have the pathway be longer effective as of July 1, 2013.

Rules Coordinator: Samantha Patnode—(503) 373-1917

331-710-0050

Application Requirements for Polysomnographic Technologist License

(1) Provisions of this rule become effective October 15, 2012. Pursuant to Oregon Laws 2011, Chapter 715, Sections 7 and 9, polysomnographic technologists must be licensed by January 1, 2013.

(2) An individual applying for licensure to practice polysomnography who does not meet the grandfathering requirements or who applies for licensure after January 1, 2013 must:

(a) Meet the requirements of OAR chapter 331 division 30;

(b) Submit a completed application form prescribed by the Agency, containing the information listed in OAR 331-030-0000 and accompanied by payment of the required application fees;

(c) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(d) Be at least 18 years of age, and must provide documentation, confirming date of birth, such as a copy of the birth certificate, driver's license or passport;

(e) Submit proof of having a high school diploma or equivalent;

(f) Submit current certification in cardiopulmonary resuscitation by an Agency approved provider; and

(3) Submit documentation of qualification through one of the following pathways:

(a) License Pathway One — Academic Degree: An applicant under pathway one must:

(A) Submit official transcripts defined under OAR 331-705-0050 showing successful completion of an Associate's degree in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college or university, or successful completion of a polysomnography course of study from a CAAHEP accredited institution. In addition to an official transcript defined under 331-705-0050 an applicant who has obtained education through a CAAHEP accredited institution must submit a statement, signed by the Registrar or a Dean of a college or university and sent directly to the Agency from that college or university, verifying the applicant has successfully completed a polysomnography course of study;

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

(C) Submit examination fees;

(D) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(E) Submit licensing fees.

(b) License Pathway Two — Polysomnographic Technologist Temporary Licensee: applying for permanent licensure must:

(A) Submit documentation showing completion of 18 months of work experience pursuant to OAR 331-710-0110, obtained under polysomnographic technologist temporary-DS licensure (See 331-710-0060) and temporary-IS licensure (See 331-710-0080), including verification by an approved supervisor pursuant to 331-710-0100, and certification of successful completion and satisfactory performance of such experience by a qualified medical director for polysomnography, all on forms provided by the Agency;

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

(C) Submit examination fees;

(D) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(E) Submit licensing fees.

(c) License Pathway Three — Reciprocity: An applicant for licensure by reciprocity must:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040, from every state where the applicant has been licensed as a polysomnographic technologist, including an affidavit of licensure demonstrating proof of a current polysomnographic technologist license from another state, obtained through qualifications substantially equivalent to Oregon's requirements. At least one of the applicant's out-of-state licenses must be active and all of the applicant's out-of-state licenses must not be subject to current or pending disciplinary action, and must be free from disciplinary history for three years before the date of application for Oregon polysomnographic licensure;

(B) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(C) Submit licensing fees.

(d) License Pathway Four — Endorsement: An applicant may qualify for licensure by endorsement if the applicant holds a qualifying professional credential in another field. An applicant for licensure by endorsement must:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040 demonstrating proof of a current license, which is active with no current or pending disciplinary action, and no disciplinary history for the three years before the date of application for Oregon polysomnographic licensure, as a:

(B) Physician (Doctor of Medicine or Doctor of Osteopathy) licensed under ORS Chapter 677;

(C) Respiratory therapist licensed under ORS chapter 688 with the RPSGT credential from the BRPT; or

(D) CRT or RRT who holds a Sleep Disorder Specialty credential through NBRC;

(E) Submit examination fees;

(F) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application; and

(G) Submit licensing fees.

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

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

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

331-710-0080

Polysomnographic Technologist Temporary-IS (Indirect Supervision) Licensure

(1) Provisions of this rule become effective October 15, 2012. A polysomnographic technologist Temporary-IS license authorizes the holder to temporarily practice polysomnography under indirect supervision by an approved supervisor.

(2) Indirect supervision is supervision of the Temporary-IS licensee by an approved supervisor who is physically present and onsite, but may not be immediately accessible at the sleep facility when the Temporary-IS licensee is working, who reasonably oversees the work of the Temporary-IS licensee, and who is available for questions and assistance when needed.

(3) A polysomnographic technologist Temporary-IS license holder must notify the agency within 10 calendar days of changes in employment status and changes in supervisor.

(4) A polysomnographic technologist Temporary-IS license under OAR 331-710-0090(4)(a) pathway one temporary licensee-DS and (b)

ADMINISTRATIVE RULES

pathway two an individual with qualified experience received prior to January 1, 2013 are is valid for one year and may be renewed once.

(5) A polysomnographic technologist Temporary-IS license under OAR 331-710-0090(4)(c) pathway three academic degree is valid for one year and may not be renewed.

(6) A Temporary-IS licensee is prohibited from performing services on persons 12 and under.

(7) A polysomnographic technologist temporary-IS license is invalid after passage of all required written examinations listed under OAR 331-712-0010 for a full polysomnographic technologist license under 331-710-0040.

Stat. Auth.: ORS 676.615, 676.607, 688.819 & 688.830
Stats. Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830
Hist.: HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12; HLA 16-2012(Temp), f. & cert. ef. 11-19-12 thru 5-17-13; HLA 4-2013, f. 3-12-13, cert. ef. 4-1-13

331-710-0090

Application Requirements for Polysomnographic Temporary-IS License

Provisions of this rule become effective October 15, 2012. An applicant for a polysomnographic technologist Temporary-IS license must:

(1) Meet the requirements of OAR chapter 331 division 30;

(2) Submit a completed application form prescribed by the Agency, containing the information listed in OAR 331-030-0000 and accompanied by payment of all required fees;

(3) Be at least 18 years of age, and provide official documentation confirming the applicant's date of birth, such as a copy of the birth certificate, driver's license, or passport;

(4) Submit current certification in cardiopulmonary resuscitation from an Agency approved provider;

(5) Submit fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(6) Submit documentation of qualification through one of the following pathways:

(a) Temporary License-IS Pathway One: Temporary Licensee-DS: applying for Temporary-IS licensure must:

(A) Submit documentation of successful completion of 30 sleep tests as a polysomnographic technologist Temporary-DS licensee, which includes the signatures of an approved supervisor and certification by a qualified medical director for polysomnography of successful completion of 30 sleep studies and satisfactory performance;

(B) Submit examination fees;

(C) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application;

(D) Submit information identifying the applicant's approved supervisor on a form prescribed by the Agency; and

(E) Submit appropriate licensing fees.

(b) Temporary License-IS Pathway Two: This rule is in effect through July 1, 2013. An individual with qualified experience received prior to January 1, 2013, applying for Temporary-IS licensure must:

(A) Submit form prescribed by the Agency documenting completion of 30 sleep studies within the last six months which were prior to January 1, 2013. The form must be signed by a qualified medical director for polysomnography. The agency may accept up to six months of work experience for completion of 30 sleep studies if received prior to January 1, 2013. The six months of work experience may be applied toward the required 18 months of work experience under OAR 331-710-0050;

(B) Submit official transcripts defined under OAR 331-705-0050 or documentation approved by the Agency which shows a minimum of proof of successful completion of an Emergency Medical Technician Basic Program, Certified Nursing Assistant Level One Program or A-STEP Introductory Course; OR

(C) Submit official transcripts defined under OAR 331-705-0050 or documentation approved by the Agency which shows proof of successful completion of 80 clocks hours of professional or post-secondary coursework, provided by an in-person or real-time remote instructor, in two or more of the following: Human Anatomy and Physiology, Medical Law and Ethics, Basic Electrocardiogram, Introduction to Health Services, Chemistry for Health Occupations, Health Care Systems, Medifecta Healthcare Training Course, Polysomnographic Technologist Online Audiovisual Content, Basic Allied Health Classes and other courses approved by the agency; AND must

(D) Submit examination fees;

(E) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application;

(F) Submit information identifying the applicant's approved supervisor on a form prescribed by the Agency; and

(G) Submit appropriate licensing fees.

(c) Temporary License-IS Pathway Three: Academic Degree: applying for Temporary-IS licensure must:

(A) Submit a statement, signed by the Registrar or a Dean of a college or university and sent directly to the Agency from that college or university, verifying the applicant has completed all work necessary to obtain an associate's degree in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college or university, or successful completion of a polysomnography course of study from a CAAHEP accredited institution;

(B) Submit examination fees;

(C) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application;

(D) Submit information identifying the applicant's approved supervisor on a form prescribed by the Agency; and

(E) Submit appropriate licensing fees.

Stat. Auth.: ORS 676.615, 676.607, 688.819 & 688.830

Stats. Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

Hist.: HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12; HLA 16-2012(Temp), f. & cert. ef. 11-19-12 thru 5-17-13; HLA 4-2013, f. 3-12-13, cert. ef. 4-1-13

331-718-0020

Standards of Practice for Polysomnography

(1) A licensee must comply with the prevailing community standards for professional conduct. The Board recognizes and adopts the BRPT Standards of Conduct as its professional standards model. Documents are available on the BRPT Website at <http://www.brpt.org>.

(2) At minimum, licensees are subject to directives and policies established by the medical facilities, businesses or agencies by which they are employed or regulated.

(3) A licensee must comply with the following safety and infection control requirements:

(a) All devices or items that come into direct contact with a client must be cleaned or disinfected according to the manufacturer's instructions or Centers for Disease Control and Prevention (CDC) Standard Precautions;

(b) All items that come in direct contact with the client's skin that do not require disinfecting must be clean;

(c) All items that come in direct contact with the client's skin that cannot be cleaned or disinfected must be disposed of in a covered waste receptacle immediately after use;

(d) All disinfecting solutions and agents must be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times unless equipment is prepackaged, pre-sterilized and within the expiration date listed on the label of the disinfecting solution;

(e) All high-level and low-level disinfecting agents must be EPA registered. High-level disinfectant means a chemical agent which has demonstrated tuberculocidal activity. Low-level disinfectant means a chemical agent which has demonstrated bactericidal, germicidal, fungicidal and limited virucidal activity;

(f) Before use instruments must be stored in clean containers that can be closed between use to maintain effective cleanliness until removed from the container.

(g) Masks must be disinfected before each use on a client by removing foreign and completely saturating the mask with a high level disinfectant solution, spray or foam used to manufacturer's instructions.

(4) A licensee must observe and follow the Standard Precautions adopted by the CDC as defined in OAR 437 division 2, subdivision Z, and the CDC Standard Precautions for public service workers regarding personal protection equipment and disposal of blood or bodily fluid contaminated articles, tools and equipment when providing services to patients.

Stat. Auth.: ORS 676.605, 676.615 & 688.830

Stats. Implemented: ORS 676.605, 676.615 & 688.830

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 16-2012(Temp), f. & cert. ef. 11-19-12 thru 5-17-13; HLA 4-2013, f. 3-12-13, cert. ef. 4-1-13

Rule Caption: Allow respiratory therapists with credential from Board of Registered Polysomnographic Technologists to supervise students.

ADMINISTRATIVE RULES

Adm. Order No.: HLA 5-2013(Temp)
Filed with Sec. of State: 3-12-2013
Certified to be Effective: 4-1-13 thru 9-28-13
Notice Publication Date:
Rules Amended: 331-705-0080

Subject: Add a respiratory therapists with the registered polysomnographic technologist credential from the Board of Registered Polysomnographic Technologists to supervise students pursuant to ORS 688.807 allows the Board to determine who may supervise students in an education program for polysomnography.
Rules Coordinator: Samantha Patnode—(503) 373-1917

331-705-0080

Licensure Exemption for Supervisors and Polysomnography Students

(1) Students actively enrolled in the following education programs are exempt from polysomnographic technologist licensure pursuant to ORS 688.805(2)(b)(A):

(a) Associate's degree program in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college, or university; or

(b) Polysomnography course of study from a CAAHEP accredited institution;

(2) In accordance with ORS 688.805(2)(b)(B) to be exempt from licensure students in subsection (1) of this rule must be supervised by one of the following:

(a) A licensed polysomnographic technician;

(b) A qualified medical director for polysomnography;

(c) Respiratory therapist who holds a Sleep Disorder Specialty credential through the NBRC; or

(d) Respiratory therapist who holds a RSPGT credential through the BRPT.

(3) Direct supervision, for the purpose of this rule, is supervision of a student in polysomnography by an approved supervisor who is physically present with the student while the student is working. The supervisor must exercise direction and control over the student's work. An approved supervisor supervising a student may not supervise more than one student per shift.

Stat. Auth.: ORS 676.606, 676.607, 676.611, 676.615 & 688.830

Stats. Implemented: ORS 688.800 & 688.805

Hist.: HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12; HLA 5-2013(Temp), f. 3-12-13, cert. ef. 4-1-13 thru 9-28-13

Oregon Liquor Control Commission
Chapter 845

Rule Caption: Noisy, Disorderly or Unlawful Activity and Drinking Alcohol Outside the Premises

Adm. Order No.: OLCC 1-2013

Filed with Sec. of State: 3-6-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 10-1-2012

Rules Amended: 845-006-0347

Subject: This rule prohibits a permittee or licensee from permitting noisy, disorderly or unlawful activities on a licensed premises, defines those terms, and lists penalties for violating various sections of the rule. Currently, violations for disorderly or unlawful activity under this rule are all Category III violations. Staff recommends creating a new subset of Category I violations for disorderly or unlawful activities involving death, serious physical injury, use of deadly weapons, or Class A felony sex offenses. Staff also recommends creating a new Category II violation for disorderly or unlawful activities that involve the use of a dangerous weapon against another person with intent to cause death or serious physical injury. These new violation levels would be added to both section (2) covering disorderly activity and section (3) covering unlawful activity. The applicable definitions would also be added to section (1). The proposed definitions of "dangerous weapon," "deadly weapon" and "serious physical injury" are based on Oregon's Criminal Code (Title 16).

Rules Coordinator: Annabelle Henry—(503) 872-5250

845-006-0347

Noisy, Disorderly or Unlawful Activity and Drinking Alcohol Outside the Premises

(1) Definitions. As used in this rule:

(a) "Dangerous weapon" means any weapon, device, instrument or substance which under the circumstances in which it is used, attempted to be used or threatened to be used, is readily capable of causing death or serious physical injury.

(b) "Deadly weapon" means any instrument, article or substance specifically designed for and presently capable of causing death or serious physical injury.

(c) "Disorderly activities" are those that harass, threaten or physically harm another person.

(d) "Noisy activities" are those that a reasonable person would conclude interfere with normal living or business activities. The Commission may consider a violation of Department of Environmental Quality or local noise pollution standards as prima facie evidence of noisy activities.

(e) "Serious physical injury" means physical injury which creates substantial risk of death or which causes serious disfigurement, serious impairment of health, or serious loss or impairment of the function of any bodily organ.

(2) Noisy or Disorderly Activity:

(a) No licensee or permittee will permit noisy or disorderly activities on the licensed premises or in areas the licensee controls that are adjacent to or outside the premises.

(b) Violation of this section that results in death or serious physical injury to a person or that involves unlawful use or attempted use of a deadly weapon against another person is a Category I violation.

(c) Violation of this section that results in a sexual offense which is a Class A felony, such as first degree rape, sodomy, or unlawful sexual penetration, is a Category I violation.

(d) Violation of this section that involves use of a dangerous weapon against another person with intent to cause death or serious physical injury is a Category II violation.

(e) Violations of this section other than those described in (2)(b), (2)(c) or 2(d) are Category III violations.

(3) Unlawful Activity:

(a) No licensee or permittee will permit any unlawful activity on the licensed premises or in areas the licensee controls that are adjacent to or outside the premises. Unlawful activity includes any activity that violates a criminal statute. Examples include, but are not limited to, crimes related to prostitution, public indecency, controlled substances and gambling. The Commission does not require a conviction to establish a violation of this section except as ORS 471.315 and 471.700 requires.

(b) Violation of this section that results in death or serious physical injury to a person or that involves unlawful use or attempted use of a deadly weapon against another person is a Category I violation.

(c) Violation of this section that results in a sexual offense which is a Class A felony, such as first degree rape, sodomy, or unlawful sexual penetration, is a Category I violation.

(d) Violation of this section that involves use of a dangerous weapon against another person with intent to cause death or serious physical injury is a Category II violation.

(e) Violations of this section other than those described in (3)(b),(3)(c) or (3)(d) are Category III violations.

(4) Eviction of Patrons:

(a) A licensee or permittee who knows that a patron has engaged in noisy, disorderly or unlawful activities must evict that patron from the premises for at least a 24-hour period. The 24-hour period begins at the time the licensee evicts the patron.

(b) Failure to evict the patron is a Category IV violation.

(5) Drinking Alcohol Outside the Premises:

(a) No licensee or permittee will permit anyone to drink alcohol in any parking lot that the licensee controls that is associated with the licensed business unless the Commission has approved the sale or service of alcoholic beverages in the area.

(b) Violation of this section is a Category III violation.

Stat. Auth.: ORS 471.471.030, 471.040 & 471.730(1) & (5)

Stats. Implemented: ORS 471.315 & 471.425(2)

Hist.: OLCC 1-1990, f. 1-4-90, cert. ef. 4-1-90; OLCC 14-1990(Temp), f. & cert. ef. 6-5-90; OLCC 12-1991, f. 9-9-91, cert. ef. 10-1-91; Sections (1)(a) & (c), (2) & (3) Renumbered from 845-006-0045(2) & (3); OLCC 19-2000, f. 12-6-00, cert. ef. 1-1-01, Renumbered from 845-006-0047; OLCC 10-2002, f. 6-12-02 cert. ef. 8-1-02; OLCC 7-2004, f. & cert. ef. 5-19-04; OLCC 14-2006, f. 10-19-06, cert. ef. 11-1-06; OLCC 1-2013, f. 3-6-13, cert. ef. 4-1-13

ADMINISTRATIVE RULES

Rule Caption: Clarifying licensee must promptly admit inspector or police officer whether business is open or closed.

Adm. Order No.: OLCC 2-2013

Filed with Sec. of State: 3-15-2013

Certified to be Effective: 4-1-13

Notice Publication Date: 12-1-2012

Rules Amended: 845-006-0345

Subject: This rule describes a variety of acts that both licensees (including their employees and agents) and service permittees are prohibited from engaging in. Subsection (4)(b) (governing access to a licensed premises outside of regular business hours) of the current rule prohibits a licensee or permittee from denying entrance or failing to promptly admit a regulatory employee or police officer to the premises. Subsection (4)(a) (governing access to a licensed premises during regular business hours) of the current rule also prohibits a licensee or permittee from denying entrance to a regulatory employee or police officer; however, it does not prohibit a licensee or permittee from failing to promptly admit a regulatory employee or police officer to the premises. Based on recent case history, staff recommends combining subsections (4)(a) and (4)(b) of the current rule into a new subsection, labeled (4)(a), and creating an identical standard for entry to the premises that includes a prohibition against failing to promptly admit a regulatory employee or police officer regardless of whether the premises is open or closed for business. Staff recommends relocating the remainder of the current rule language in section (4) (governing the search of a licensed premises) to a new subsection, labeled (4)(b).

Rules Coordinator: Annabelle Henry — (503) 872-5004

845-006-0345

Prohibited Conduct

The Commission holds licensees accountable for the acts of their agents and employees. (OAR 845-006-0362). No employee or agent of a licensee may violate any provision of this rule. A violation of any section of this rule by an employee or agent of a licensee is considered a violation by the licensee.

(1) Drinking on Duty: No licensee or permittee will drink or be under the influence of intoxicants while on duty.

(a) "On duty" means from the beginning of a work shift that involves the mixing, sale or service of alcoholic beverages, checking identification or controlling conduct on the premises, to the end of the shift including coffee and meal breaks.

(b) "On duty" also means, for those working outside a scheduled work shift, having the authority to put himself or herself on duty and performing acts on behalf of the licensee which involve the mixing, sale or service of alcoholic beverages, checking identification or controlling conduct on the premises. Whether a person is paid or scheduled for work is not determinative of whether the person is considered "on duty" under this subsection.

(c) "A work shift that involves the sale and service of alcoholic beverages" includes supervising those who mix, sell or serve, check identification or control the premises.

(d) Being under the influence of intoxicants on duty is a Category II violation.

(e) Drinking on duty is a Category III violation.

(2) No licensee or permittee will fail to call the police when a Commission regulatory employee directs the licensee or permittee to call. Violation of this section is a Category II violation.

(3) Evidence:

(a) No licensee or permittee will:

(A) Destroy, damage, alter, remove, or conceal potential evidence, or attempt to do so;

(B) Refuse to give a Commission regulatory employee or police officer this evidence when the employee or officer lawfully requests it; or

(C) Ask or encourage another person to do subsections (a) or (b) of this section.

(b) Violation of this section is a Category III violation.

(4) Access to Premises:

(a) Both during regular business hours and when a premises is closed, no licensee or permittee will refuse to admit or fail to promptly admit to the licensed premises a Commission regulatory employee or police officer who identifies him/herself and who enters or wants to enter to conduct a reasonable search to ensure compliance with alcoholic beverage law.

Examination of premises that are or appear closed occurs only when there is reason to believe an alcoholic beverage law violation is occurring.

(b) Once the regulatory employee or police officer is on the licensed premises, no licensee or permittee will ask the regulatory employee or officer to leave until the regulatory employee or officer has had an opportunity to conduct a reasonable search to ensure compliance with the alcoholic beverage laws.

(c) Violation of this section is a Category II violation.

(5) Open Containers: No licensee or permittee will permit a person to take an open container of alcoholic beverages from the licensed premises, except as ORS 471.178, 471.200 and 471.175 allow. Except for tastings as allowed in OAR 845-006-0450, no Off-Premises Sales licensee will permit an open container of alcoholic beverages on the licensed premises unless the licensee also holds another license at the premises that allows on-premises consumption. Violation of this section is a Category V violation.

(6) Liquor on Premises: No licensee or permittee will have or permit any alcoholic liquor on the licensed premises which the license does not allow the licensee to sell or serve. Notwithstanding this requirement, a limited on-premises or brewery-public house sales licensee may have distilled spirits on the premises if the distilled spirits are used only for cooking, are kept in a container only in the food preparation area, and the container is clearly marked "for cooking only." Violation of this section is a Category V violation.

(7) Drive-up Window: No licensee or permittee will sell or deliver any alcoholic beverages through a drive-up window. Violation of this section is a Category III violation.

(8) Liquor as a Prize: Except as allowed in ORS 471.408, no licensee or permittee will give or permit any alcoholic beverage as a prize, premium, or consideration for any lottery, contest, game of chance or skill, exhibition, or any competition of any kind on the licensed premises. Violation of this section is a Category V violation.

(9) "Good Faith Effort": ORS 471.315(1)(a)(H), and 471.412(1) prohibit a licensee or permittee from allowing a visibly intoxicated person to drink alcoholic beverages. A licensee or permittee who makes a good faith effort to remove the alcoholic beverage does not violate these statutes.

(a) As used in ORS 471.412(2) and this rule, "good faith effort" means:

(A) Placing a hand on the drink and trying to remove it; or

(B) Making a verbal request for the drink, if the server has reason to believe that touching the patron's drink could cause a disturbance.

(b) The Commission will issue letters of reprimand for the first three violations of this section within a two-year period. A fourth violation within a two-year period is a Category III violation assessed at the fourth level (cancellation).

(10) Promotions.

(a) The following practices are prohibited:

(A) The sale, offer or service to any person of an unlimited number of alcoholic beverage(s) during any set period of time for a fixed price;

(B) The sale, offer or service of alcoholic beverages by the drink for a price per drink that is less than the licensee's cost for the alcohol to any person paying a fixed "buy in" price, entry fee, cover or door charge;

(C) Price reductions on alcoholic beverages by the drink from 12:00 midnight until 2:30 a.m. A price reduction is a lower price as compared to the usual, customary, or established non-discounted price the licensee charges for a drink of that type on the licensed premises;

(D) The sale, offer or service of distilled spirits by the bottle for consumption on the premises, except as allowed in OAR 845-006-0433 (Minibars in Hotel Guest Rooms) and 845-006-0434 (Minibars in Arena Suites). This subsection does not prohibit a Full On-Premises Public Location Sales Licensee (F-PL) or Full On-Premises Catering Sales Licensee (F-Cat) from charging clients by the bottle for distilled spirits that are served by the drink at hotel suites, banquets, receptions or catered events where the reasonably projected attendance is at least 20 patrons;

(E) Operating, encouraging or permitting games of chance or skill, contests, exhibitions, or competitions of any kind on the licensed premises that involve drinking alcoholic beverages, (i.e. beer pong, "21 for 21");

(F) Dispensing, pouring or otherwise serving any alcoholic beverage directly into a person's mouth, including through any device such as a "bong";

(G) Permitting use of an alcohol vaporization device on a premises licensed for the sale of alcoholic liquor. An alcohol vaporization device, also called an alcohol without liquid machine, is a device, machine or process which mixes spirits, alcoholic liquors or any product containing alcoholic liquor with oxygen or any other gas to produce a vaporized product for consumption by humans by inhalation.

ADMINISTRATIVE RULES

(b) Violation of this section is a Category III violation.
Stat. Auth.: ORS 471.471.030, 471.040 & 471.730(1) & (5)
Stats. Implemented: ORS 471.030, 471.040 471.175, 471.178, 471.200, 471.315(1)(a)(H), 471.351(1), 471.405(1), 471.408, 471.412, 471.675 & 471.730
Hist.: OLCC 19-2000, f. 12-6-00, cert. ef. 1-1-01; OLCC 6-2001, f. 8-15-01, cert. ef. 9-1-01; OLCC 4-2003, f. 3-31-03 cert. ef. 4-1-03; OLCC 5-2007, f. 3-22-07, cert. ef. 4-1-07; OLCC 3-2009, f. 4-21-09, cert. ef. 5-1-09; OLCC 18-2010, f. 12-22-10, cert. ef. 1-1-11; OLCC 8-2011, f. 11-1-11, cert. ef. 1-1-12; OLCC 2-2013, f. 3-15-13, cert. ef. 4-1-13

**Oregon University System,
Eastern Oregon University
Chapter 579**

Rule Caption: REFILING To Modify Parking and Vehicular Traffic Regulations at Eastern Oregon University.

Adm. Order No.: EOU 1-2013

Filed with Sec. of State: 2-22-2013

Certified to be Effective: 2-22-13

Notice Publication Date: 9-1-2012

Rules Amended: 579-070-0005, 579-070-0010, 579-070-0015, 579-070-0030, 579-070-0035, 579-070-0041, 579-070-0042, 579-070-0043, 579-070-0045

Subject: Parking and Vehicular Traffic Regulations.

Rules Coordinator: Teresa Carson-Mastrude—(541) 962-3773

579-070-0005

Purpose

(1) Campus parking and vehicular traffic regulations are designed to minimize congestion, maintain safety, enhance security, and maximize the use of existing parking facilities.

(2) "The Board of Higher Education is empowered under ORS 352.360 and 351.070 to enact such regulations as it shall deem convenient or necessary to provide for the policing, control, and regulation of traffic and parking of vehicles on the property of any institution under the jurisdiction of the Board," and to "prescribe and collect charges for services rendered to any person or entity." The fees and charges are set at levels sufficient to support fully annual operating expenses of maintaining parking facilities and to meet obligations for bonded indebtedness incurred for the acquisition of property and/or the construction of parking facilities.

(3) These regulations and fees will be reviewed annually by the Vice President of Finance and Administration, and Facilities and the Parking Advisory Committee

(4) Oregon State Police, the Union County Sheriff, and the La Grande City Police are authorized to issue citations for violations of vehicular traffic regulations occurring anywhere within approved campus boundaries. If a citation is issued by one of these enforcement agencies, the person cited should post bail or appear at the time and place stated on the citation. The university exercises no authority or responsibility over these actions.

(5) All signs and curb markings will meet established EOU standards. Curb Colors: Yellow — No parking; Handicapped — Blue; Green — 30 minute parking; Red—Fire zone.

(6) A vehicle is any conveyance requiring a state or city license to operate in any public area. This includes motorcycles and mopeds.

(7) The University assumes no responsibility for damage to or loss of vehicles or their contents when parking within the campus boundaries.

Stat. Auth.: ORS 351.070
Stats. Implemented: ORS 351.070 & 352.360
Hist.: EOSC 11, f. & ef. 11-17-77; EOSC 3-1979, f. & ef. 6-27-79; EOSC 1-1982, f. & ef. 6-11-82; EOSC 4-1984, f. & ef. 10-25-84; EOSC 2-1986, f. & ef. 7-28-86; EOSC 4-1992, f. & cert. ef. 8-24-92; EOSC 2-1994, f. & cert. ef. 3-7-94; EOSC 5-1994, f. & cert. ef. 9-6-94; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 8-2012, f. & cert. ef. 12-20-12; EOU 1-2013, f. & cert. ef. 2-22-13

579-070-0010

Parking Permits and Fees

(1) EOU parking permits are required at all locations on campus except Community Stadium.

(a) Parking permits must be displayed on the rear view mirror with the permit numbers clearly visible from the front of the vehicle. If this is not possible, then permit must be clearly visible on the driver's side of the vehicle dash with the permit numbers clearly visible. Motorcycle permits must be affixed near the handlebars.

(b) Some general parking spaces on campus are dedicated to student, faculty or staff and are available on a first-come, first-served basis. Students will receive 'Student' permits and may use the spaces dedicated to students, Faculty will receive 'Faculty' permits and may use the spaces dedicated to faculty, and Classified Staff and Administrative Faculty will receive 'Staff' permits and may use spaces dedicated to staff. These spaces

are clearly marked by signs. Each General parking permit will be color-coded designating the dedicated spaces that may be used. Faculty and staff of on-campus EOU partners (OSU-Ag, OHSU Nursing, ODFW) will be have the same privileges as EOU students, faculty and staff and will receive 'Staff' permits.

(2) General parking permits allow permit holder to park in general parking spaces and in the dedicated spaces mentioned in section 1(b).

(a) Annual general parking permits are valid from September 1 – August 31 July 1 – June 30 and will be issued for a fee.

(c) General parking permits valid for one-term only will be issued for a fee.

(d) One-day parking permits may be purchased from the parking permit vending machine for a minimal fee. These permits are good for one day only date of purchase only and holders may park in any general parking space but may not park in a reserved space or in any space dedicated to Faculty or Staff or Students.

(3) Reserved parking permits with a dedicated parking space (Annual/or Academic Year) will be issued for a fee.

(4) Vehicles are allowed to park without a permit in the parking lot of Community Stadium.

(5) Annual motorcycle permits will be issued for a fee and the motorcycle must be parked in a designated motorcycle parking space. The cost of the annual permit will allow the driver to park the motorcycle in an automobile parking space.

(6) Vendor permits may be issued by Facilities Services or Campus Safety for contractors, media personnel and vendors performing work on campus.

Stat. Auth.: ORS 351.070 & 352.360
Stats. Implemented: ORS 351.070 & 352.360
Hist.: EOSC 11, f. & ef. 11-17-77; EOSC 3-1979, f. & ef. 6-27-79; EOSC 1-1982, f. & ef. 6-11-82; EOSC 4-1984, f. & ef. 10-25-84; EOSC 2-1986, f. & ef. 7-28-86; EOSC 2-1991, f. & cert. ef. 6-24-91; EOSC 4-1992, f. & cert. ef. 8-24-92; EOSC 2-1994, f. & cert. ef. 3-7-94; EOSC 5-1994, f. & cert. ef. 9-6-94; EOSC 2-1996, f. & 8-15-96, cert. ef. 9-16-96; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 1-2013, f. & cert. ef. 2-22-13

579-070-0015

Visitor Parking

Some campus events such as meetings and conferences may obtain Visitor Permits at no charge upon the approval of the Director of Facilities and Planning, Asst. Director of Facilities and Planning or the Security Supervisor prior to the event. Visitor permits must be displayed by hanging the permit from the rear view mirror of the vehicle and must have the current date showing.

(1) Visitors may also park in any designated 'Visitor' parking space with the purchase of a one-day pass at a minimal cost from the parking permit dispensing machine.

(2) Parking a vehicle with a current EOU parking permit in a designated 'Visitor' parking space is prohibited. Visitor parking is defined as parking for persons not affiliated with EOU.

Stat. Auth.: ORS 351.070
Stats. Implemented: ORS 351.070 & 352.360
Hist.: EOSC 11, f. & ef. 11-17-77; EOSC 3-1979, f. & ef. 6-27-79; EOSC 1-1982, f. & ef. 6-11-82; EOSC 4-1984, f. & ef. 10-25-84; EOSC 2-1986, f. & ef. 7-28-86; EOSC 2-1991, f. & cert. ef. 6-24-91; EOSC 4-1992, f. & cert. ef. 8-24-92; EOSC 2-1994, f. & cert. ef. 3-7-94; EOSC 5-1994, f. & cert. ef. 9-6-94; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 1-2013, f. & cert. ef. 2-22-13

579-070-0030

Driving and Parking Regulations on Campus

(1) Government vehicles not assigned a Reserved parking space may only be parked for a period of 24 hours in any lot on campus. Vehicles may be liable for enforcement action for non-compliance.

(2) Any vehicle appearing on campus with a permit listed as lost or stolen or with a counterfeit permit will be booted upon discovery and will be subject to a fine. Possession of a lost, stolen or counterfeit permit may be grounds for criminal charges and/or University disciplinary action.

(3) Vehicles parking in a space posted for disabled persons must also display an EOU permit unless otherwise posted. Students and staff with a state-issued ADA disabled permit and a valid EOU permit are authorized to park in any valid parking space on campus, in addition to parking in a designated ADA space.

(4) Temporary Disabled permits for persons with mobility-type injuries will be issued for up to one week of time without a doctor's note. A doctor's note will be required if the permit is requested to extend past one week. For faculty and staff, the request for a temporary disabled permit shall be submitted to the Security Supervisor by the appropriate Supervisor or Dean. For students, the request for a temporary disabled permit shall be submitted by the Student Health office or the Head Athletics Trainer.

ADMINISTRATIVE RULES

(5) Persons are prohibited from living in vehicles of any kind on EOU property. This policy is in no way intended to restrict visitors, parents and/or special event participants from short term overnight stays in campers or motor homes. However, all such guests must check in with campus security and comply with all safety regulations. Vehicles towing trailers of any kind are not permitted to park on campus.

(6) EOU reserves the right to develop or change permits to meet parking needs.

Stat. Auth.: ORS 351.070

Stats. Implemented: ORS 351.070 & 352.360

Hist.: EOSC 11, f. & ef. 11-17-77; EOSC 3-1979, f. & ef. 6-27-79; EOSC 1-1982, f. & ef. 6-11-82; EOSC 4-1984, f. & ef. 10-25-84; EOSC 2-1986, f. & ef. 7-28-86; EOSC 4-1992, f. & cert. ef. 8-24-92; EOSC 2-1994, f. & cert. ef. 3-7-94; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 1-2013, f. & cert. ef. 2-22-13

579-070-0035

Citations and Fines

(1) Parking Regulations are enforced Monday-Friday 7 a.m.-5 p.m. and citations and fines will be issued for the following violations:

(a) Parking in a General Parking space without a valid permit or sticker — \$15.

(b) Parking in a Reserved Parking space without a valid Reserved Permit — \$50.

(c) Parking in a designated Handicapped Space without a valid DMV permit — \$100. An EOU parking permit is also required in designated Handicapped spaces.

(d) Parking in a designated loading zone (marked yellow) — \$20.

(e) Parking overtime in any time-limited space — \$20.

(f) Parking in a designated "Fire" zone — \$50.

(g) Parking improperly (backing into spaces, parking against the flow of traffic, parking over the lines) — \$15.

(h) Possession of stolen or altered permit, or misuse of permit — \$100.

(i) Improper display of permit — \$15.

(j) Driving or parking on or over sidewalks/lawns, pedestrian malls — \$20, plus the cost of any/all repairs.

(k) Blocking traffic — \$20.

(l) Parking/chaining bicycle in unauthorized area — \$15.

(m) Boot Fee — \$50.

(n) Parking in a Visitor parking space by an EOU student/faculty/staff member — \$25.

(o) Parking in an incorrect dedicated space — \$15.

(2) Fines for violations can be paid at the Student Accounts Office in Inlow Hall #101. (EOU Business Office, One University Blvd., La Grande OR 97850).

(3) The fine of one \$15 violation may be applied to the purchase of a General or Reserved Parking Permit.

(4) Non Payment of Fines: A student who fails to tender payment in full to the University for any parking violations received, or fails to appeal as specified on or before the date specified in the traffic citation, will have the fine deducted from any credits/refunds and may be subject to vehicle boot or tow.

(a) Students may have their transcripts withheld or may have their registrations canceled or may be denied graduation if any fines or fees under these regulations are unpaid.

(b) A faculty or staff member who receives a parking citation will have the fine posted to the accounts receivable system at the EOU Business Office.

Stat. Auth.: ORS 351.070

Stats. Implemented: ORS 351.070 & 352.360

Hist.: EOSC 11, f. & ef. 11-17-77; EOSC 3-1979, f. & ef. 6-27-79; EOSC 1-1982, f. & ef. 6-11-82; EOSC 4-1984, f. & ef. 10-25-84; EOSC 2-1986, f. & ef. 7-28-86; EOSC 2-1991, f. & cert. ef. 6-24-91; EOSC 4-1992, f. & cert. ef. 8-24-92; EOSC 2-1994, f. & cert. ef. 3-7-94; EOSC 5-1994, f. & cert. ef. 9-6-94; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 1-2013, f. & cert. ef. 2-22-13

579-070-0041

Appeal

(1) A person wishing to appeal a parking citation must do so in writing by preparing a Parking Citation Appeal Form, stating the reasons for appealing and present any verifiable facts which will substantiate the appeal. An appellant may, but is not required to, appear in person before the Committee, but must indicate the request on the Parking Citation Appeal Form. Appeal forms may be picked up at the Student Accounts Office. The Parking Appeals Committee will review the appeal and its decision is final.

(2) All appeals must be submitted within 30 days from date of the citation. Appeals submitted after 30 days will not be considered for review. Appeals will be considered by the committee at the next regularly scheduled meeting.

(3) The following types of reasons are not acceptable grounds for appeal:

(a) Lack of knowledge of the regulations: i.e., new to campus or have not read regulations.

(b) Other vehicles were also parked improperly.

(c) Disagree with or inability to pay the amount of the fine(s).

(d) Lack of available space.

(e) Did not read or misunderstood parking signs.

Stat. Auth.: ORS 351.070

Stats. Implemented: ORS 351.070 & 352.360

Hist.: EOSC 5-1994, f. & cert. ef. 9-6-94; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 1-2013, f. & cert. ef. 2-22-13

579-070-0042

Parking Appeals Committee

(1) The Parking Appeals Committee is established to provide an expedient method of handling appeals for parking citations issued by Eastern Oregon University personnel.

(2) The Parking Appeals Committee will consist of two unclassified staff members and two classified staff members appointed by the Vice President of Administration, Finance, and Facilities, two students appointed by the ASEOU Committees Chairperson, one Faculty member, with the Security Supervisor chairing the Committee meetings, voting only as a tie-breaker. A Campus Security/Public Safety officer may serve ex-officio without vote.

(3) Each member of the Parking Appeals Committee will serve for a period of 2 years, with a maximum of two consecutive terms. Terms of office will be staggered to help insure continuity and consistency in the appeals review process.

(4) The Parking Appeals Committee will meet monthly or as needed.

Stat. Auth.: ORS 351.070

Stats. Implemented: ORS 351.070 & 352.360

Hist.: EOSC 5-1994, f. & cert. ef. 9-6-94; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 1-2013, f. & cert. ef. 2-22-13

579-070-0043

Parking Appeals Committee Authority

The Parking Appeals Committee shall have the authority to:

(1) Find the individual not guilty of the violation and dismiss the citation.

(2) Find the individual guilty of the violation and impose the designated fine or impose a lesser fine.

(3) Find the individual guilty and issue a warning without imposing a fine.

(4) Defer the citation, meaning that the citation will be treated as a warning unless the individual receives another citation at which time the person will be charged for both.

Stat. Auth.: ORS 351.070

Stats. Implemented: ORS 351.070 & 352.360

Hist.: EOSC 5-1994, f. & cert. ef. 9-6-94; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 1-2013, f. & cert. ef. 2-22-13

579-070-0045

Towing/Immobilizing Vehicles

(1) A vehicle may be towed off the campus and impounded and the owner subject to towing and storage fees in addition to designated penalties under the following circumstances:

(a) A vehicle causing imminent danger to people or University property by parking in fire lanes or too close to fire hydrants.

(b) A vehicle left parked or standing in an area not normally used for vehicular traffic. This includes parking on a sidewalk or the grass.

(c) A vehicle that is no longer operational or appears to be non-operational for an extended period of time.

(2) A vehicle may also be immobilized by using a mechanical boot device under the following circumstances:

(a) Three or more unpaid citations.

(b) Displaying an altered, stolen or forged permit.

(3) Release of the vehicle will be made upon payment of the fines or by satisfactory arrangements for payment with the Student Accounts office. A \$50 boot fee will be assessed in addition to any outstanding fines.

Stat. Auth.: ORS 351

Stats. Implemented: ORS 351.070 & 352.360

Hist.: EOSC 1-1982, f. & ef. 6-11-82; EOSC 4-1984, f. & ef. 10-25-84; EOSC 2-1986, f. & ef. 7-28-86; EOU 5-2005, f. & cert. ef. 9-2-05; EOU 3-2007, f. & cert. ef. 8-15-07; EOU 1-2013, f. & cert. ef. 2-22-13

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Oregon University System, Oregon State University Chapter 576

Rule Caption: Updating Rule Concerning Time, Manner & Place for Speech Activities.

Adm. Order No.: OSU 2-2013

Filed with Sec. of State: 2-27-2013

Certified to be Effective: 3-1-13

Notice Publication Date: 2-1-2013

Rules Repealed: 576-005-0035, 576-005-0040

Subject: OSU is updating the rule to make it consistent with legal requirements and OSU practice.

Rules Coordinator: Beth Giddens—(541) 737-2449

Oregon University System, University of Oregon Chapter 571

Rule Caption: Institute random student-athlete drug testing and provide for safe-reporting program.

Adm. Order No.: UO 1-2013

Filed with Sec. of State: 3-4-2013

Certified to be Effective: 3-4-13

Notice Publication Date: 8-1-2012

Rules Adopted: 571-004-0037

Rules Amended: 571-004-0020, 571-004-0025, 571-004-0030, 571-004-0050, 571-004-0055

Subject: The proposed rule amendments and new rule provide that the use by University of Oregon student-athletes of illicit substances and performance enhancing drugs is prohibited, provide for random testing, provide for sanctions for positive drug tests, provide for drug testing methods, and provide for self-reporting of and treatment for drug use.

Rules Coordinator: Amanda Hatch—(541) 346-3082

571-004-0020

Introduction and Purpose

(1) The University of Oregon has a compelling interest in prohibiting and deterring drug use by student-athletes. The University educates its student-athletes about the detrimental effects of drug use on health, safety, academic work, and careers. The University must abide by National Collegiate Athletic Association (NCAA) rules. Because student-athletes are viewed as University representatives, the University has an interest in promoting drug-free and healthful lifestyles to the community through its athletic program. The University must minimize the risk of injury caused by student-athlete drug use in intercollegiate athletics. The University must be able to identify present or potential substance use and provide treatment and rehabilitation for its student-athletes. The University seeks to maintain a fair and drug-free sport, in which no student-athlete uses or feels pressured to use performance enhancing drugs or any other illegal substance.

(2) The University and its Department of Intercollegiate Athletics (Department) condemn and prohibit illegal drug and illegal alcohol use; the abuse of alcohol, drugs and other substances; and the use of performance-enhancing drugs by student-athletes.

(3) The program set forth in these rules includes random testing and testing based on reasonable suspicion, educational programs, substance abuse evaluation, treatment and disciplinary measures.

(4) Illicit Substances and Performance Enhancing Drugs are prohibited under these rules.

(a) An Illicit Substance is one that is illegal for the individual student-athlete to ingest, including but not limited to narcotic pain medications that have not been prescribed and street drugs like heroin, methamphetamines, cocaine, marijuana, T.H.C., or "ecstasy."

(b) A Performance Enhancing Drug is one that gives a student-athlete an unfair advantage. The use of a Performance Enhancing Drug is a form of cheating. The use of such a drug also poses significant health and safety risks for the student-athlete and those in competition with the student-athlete. A current list of Performance Enhancing Drugs will be provided to each student-athlete before the start of the playing season or when the name of the student-athlete is first entered upon the team roster, whichever is later. The term "related compounds" means substances that are included in the class by their pharmacological action or chemical structure. No sub-

stance belonging to the prohibited class may be used, regardless of whether it is specifically listed.

(5) The Department has instituted a program of administrative drug testing by urinalysis or the analysis of a saliva sample for student-athletes engaged in intercollegiate athletics. The testing process may be initiated on the basis of individualized reasonable suspicion, pursuant to the random administrative testing protocols outlined in these rules, or on the basis of failing a laboratory-generated specimen-integrity test in the course of a previous test under these rules. A coach or administrator should communicate to the director of athletic medicine circumstances that give rise to an individualized reasonable suspicion. The circumstances giving rise to reasonable suspicion and the source thereof shall be recorded in writing by the director of athletic medicine who shall be the only person to authorize and initiate the drug testing process. This record shall be deemed a confidential record to the extent permitted by law and shall be kept in a secure place separate from and not a part of the student-athlete's educational or medical records.

(6) "Reasonable suspicion" shall not mean a mere "hunch" or "intuition." It shall instead be based upon a specific event or occurrence which has led to the belief that a student-athlete has used any drugs which are specified in OAR 571-004-0020(4) and which could have or could have had an effect during a period of organized practice, conditioning, or competition or during a period of counseling for substance abuse or, in the case of steroids, during any period of pre-season conditioning or weight training.

(a) Such belief may be engendered by, among other things, direct observation by coaches, trainers, the director of athletic medicine, or other appropriate personnel of physical or mental deficiency, medically indicated symptomatology of tested-for drug use, aberrant or otherwise patently suspicious conduct, or of unexplained absenteeism.

(b) Such belief may also be engendered by, among other things, information supplied by reliable third parties, including but not limited to law enforcement officials, if the information is corroborated by objective facts, including but not limited to equivocal, contradictory, or unlikely and unsubstantiated explanation by the individual about whom the report is made or information which under the circumstances is credible based on specific articulable facts. Should information be proffered by law enforcement, prosecutorial or probation department officials, the University will use and act upon such information only if it obtains a written agreement that results of a potential test will not be used to prosecute or revoke parole for the use or ingestion of the drug disclosed by the test.

(c) Such belief may also be engendered by reasonable conclusions about observed or reliably described human behavior upon which practical people ordinarily rely.

(d) Such belief may also be engendered by a previous positive test under these procedures within the preceding twelve months.

(7) Random drug testing. Each student-athlete is subject to unannounced random drug testing throughout the entire calendar year. A student-athlete will be selected for testing using a random number system. Little or no notice may be given for a forthcoming test.

Stat. Auth.: ORS 351 & 352

Stats. Implemented: ORS 351 & 352

Hist.: UOO 7-1988(Temp), f. & cert. ef. 8-12-88; UOO 1-1989, f. 2-6-89, cert. ef. 2-9-89; UO 1-2011, f. 2-3-11, cert. ef. 2-7-11; UO 6-2012(Temp), f. & cert. ef. 9-4-12 thru 2-28-13; UO 1-2013, f. & cert. ef. 3-4-13

571-004-0025

Testing Method

(1) The standard method adopted by the Department for testing for drug use shall be through independent laboratory analysis of urine or saliva samples provided by the student-athlete. Urine specimens shall be collected in the proximity of a trained monitor of the same sex who is assigned for that purpose by the Department. Each sample will be collected as a split specimen, such that each tested student will have a sample A bottle and a sample B bottle of the specimen for testing.

(2) Results of the test shall be available only to the student-athlete, the head coach in the athlete's sport, the athletic director, the director of athletic medicine and to others who have a legitimate educational, health or medical reason. This record shall be deemed a confidential record to the extent permitted by law and shall be kept in a secure place separate from and not a part of the student-athlete's educational or medical records. Should any challenge to the test results, consequences of the test, or the test procedures be raised in relation to a particular student-athlete, other appropriate University officials may have access to the information in order to carry out their responsibilities in relation to the challenge. A record indicating that a student-athlete was tested and the basis for the decision to conduct the test shall be retained in the student-athlete's medical file.

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(3) Each student-athlete shall be provided with a copy of the rules describing the Athletic Department Substance Use and Drug Testing program before the start of the playing season or when the name of the student-athlete is first entered upon the team roster, whichever is later.

(4) The substances for which the student-athlete will be tested are any Illicit Substances or Performance Enhancing Drugs and their related compounds and derivative compounds.

(5) The student-athlete need not be given prior notice that a urine or saliva sample will be collected. A student-athlete who refuses to provide, including by failure to appear for a test, or impermissibly alters a sample during the testing process shall be deemed to be in violation of these administrative rules and shall be subject to sanction under these rules as if the test was positive. If a legitimate medical condition prevents the production of a urine sample, a saliva sample may be taken with a urine test performed the following day.

(6) Sample B Testing

(a) Any student-athlete whose sample A results in a positive test may request testing of sample B.

(b) The student-athlete must request the sample B testing within 72 hours of being notified that sample A test was positive. The request must be submitted in writing by the student-athlete to the director of athletic medicine. If requested, the director of athletic medicine will authorize the provision of the sample B bottle to an approved laboratory for testing. The Department may initiate temporary sanctions and corrective measures while awaiting results of the sample B test.

Stat. Auth.: ORS 351 & 352

Stats. Implemented: ORS 351 & 352

Hist.: UOO 7-1988(Temp), f. & cert. ef. 8-12-88; UOO 1-1989, f. 2-6-89, cert. ef. 2-9-89; UO 1-2011, f. 2-3-11, cert. ef. 2-7-11; UO 6-2012(Temp), f. & cert. ef. 9-4-12 thru 2-28-13; UO 1-2013, f. & cert. ef. 3-4-13

571-004-0030 Testing Protocol

The Department shall follow protocols required by the testing laboratory and the National Collegiate Athletic Association for testing student-athletes that respect the student-athlete's reasonable expectation of privacy, minimize the chances of accidental error or cheating, and preserve the appropriate chain of custody and integrity of urine or saliva samples. A copy of the protocol shall be provided to each student-athlete along with a copy of the rules describing the Athletic Department Substance Use and Drug Testing program.

Stat. Auth.: ORS 351 & 352

Stats. Implemented: ORS 351 & 352

Hist.: UOO 7-1988(Temp), f. & cert. ef. 8-12-88; UOO 1-1989, f. 2-6-89, cert. ef. 2-9-89; UO 1-2011, f. 2-3-11, cert. ef. 2-7-11; UO 6-2012(Temp), f. & cert. ef. 9-4-12 thru 2-28-13; UO 1-2013, f. & cert. ef. 3-4-13

571-004-0037 Safe Harbor for Self-Reporting

(1) Any student-athlete may seek evaluation or counseling by contacting a coach, athletic trainer, director of athletic medicine or psychologist for the Department. The University will share this information only with persons who have a need to know, except to the extent that further disclosure is required by law. No Department sanctions will be imposed upon a student-athlete who has sought evaluation or counseling under this section. The student-athlete will receive counseling and education about substance abuse and undergo a mandatory assessment by a clinical psychologist to discern the severity of the student-athlete's substance use and other factors that may influence the student-athlete's recovery as required by OAR 571-004-0050(3)(a). The student-athlete may be required to attend additional sessions of counseling.

(2) A student-athlete may seek evaluation or counseling under this section one time without the student-athlete being deemed to have a positive test result if the student-athlete completes the program required by OAR 571-004-0050(3)(a) or (4)(a). Accordingly, if the student-athlete tests positive for an Illicit Substance or Performance Enhancing Drug after taking advantage of the remedies in this safe harbor provision, the student-athlete will start at the sanction level outlined in OAR 571-004-0050(3)(a) or OAR 571-004-0050(4)(a).

(3) This rule may not be invoked after a student-athlete is notified of an impending drug test.

(4) A student-athlete invoking this rule may be temporarily medically ineligible during any period that he or she is deemed by the team physician unfit to continue participation safely.

(5) This rule does not prevent the NCAA from testing a student-athlete. A student-athlete remains subject to sanctions imposed by the NCAA in the event of a positive drug test.

Stat. Auth.: ORS 351 & 352

Stats. Implemented: ORS 351 & 352

Hist.: UO 1-2013, f. & cert. ef. 3-4-13

571-004-0050 Positive Test Results Sanctions

(1) The director of athletic medicine, the athletic director, the head coach, and other appropriate personnel shall review a positive test result and shall, bearing in mind the type of drugs identified, the recency of use, and the medical, safety and performance-enhancing effects of the use, formulate an appropriate program for the student-athlete. Such program shall include abstinence from further use and periodic retesting and may include counseling, reduced playing time, and withdrawal from drills, scrimmages, or competitions. The program shall also describe potential sanctions for repeated use or abuse of substances for which tests are conducted. However, a student-athlete may be dismissed from the team and lose all athletic financial aid, beginning with the next academic term after a single positive test result.

(2) Repeated positive tests, admissions, or other information that disclose continued use of Illicit Substances or Performance Enhancing Drugs may cause a student-athlete to be dismissed from the team and lose all athletic financial aid beginning with the next academic term. A student-athlete who refuses to provide a urine or saliva sample as part of the testing process, by failing to appear for a test or otherwise, shall be deemed to have provided information that discloses use of Illicit Substances or Performance Enhancing Drugs.

(3) Illicit Substances. If the student-athlete tests positive for the use of an Illicit Substance, the sanctions will be consistent with the sanctions listed in this subsection. These sanctions define the least severe sanctions that may be taken after each positive test. Notwithstanding the sanctions outlined in this subsection, if concluded to be appropriate, a student-athlete may be dismissed from the team and lose all athletic financial aid after a single positive test.

(a) First positive test. The student-athlete will receive counseling and education about substance abuse. The student-athlete will undergo a mandatory assessment by a clinical psychologist to discern the severity of the student-athlete's substance use and other factors that may influence the student-athlete's recovery. If concluded to be necessary, the student-athlete may be referred for additional sessions of counseling.

(b) Second positive test for the same or a different Illicit Substance. A formal behavior modification contract will be produced by the director of athletic medicine. The athletic director shall have discretion to approve the behavior modification contract or require that terms be added. Upon approval by the athletic director, the behavior modification contract shall be reviewed and signed by the head coach and the student-athlete. A copy of the behavior modification contract will be kept on file with the director of athletic medicine. The behavior modification contract will define the behaviors expected from the student-athlete and the consequences for non-compliance.

(c) Third positive test for the same or a different Illicit Substance. The student-athlete will be immediately ineligible for competition. The student-athlete will remain ineligible until he or she has missed the equivalent of 50% of a season.

(d) Fourth positive test for the same or a different Illicit Substance. The student-athlete will be dismissed from the team and lose all athletic financial aid, beginning with the next academic term, to the extent permitted under NCAA rules.

(4) Performance Enhancing Drugs. If a student-athlete tests positive for the use of a Performance Enhancing Drug, the sanctions will be consistent with the sanctions listed in this subsection. These sanctions define the least severe sanctions that may be taken after each positive test. Notwithstanding the sanctions outlined in this subsection, if concluded to be appropriate, a student-athlete may be dismissed from the team and lose all athletic financial aid after a single positive test.

(a) First positive test. A student-athlete who tests positive for the use of a Performance Enhancing Drug is ineligible to represent the University in intercollegiate competition during the time period starting with the date of the positive drug test and ending one calendar year later. In addition, the director of athletic medicine will determine a management plan for the student-athlete which will include education or counseling. A first positive test result for a Performance Enhancing Drug is also deemed to be a first positive test for an Illicit Substance.

(b) Second positive test for the same or a different Performance Enhancing Drug. A student-athlete who tests positive for the use of the same or a different Performance Enhancing Drug shall be declared permanently ineligible for intercollegiate competition. The student shall be immediately and permanently dismissed from the team and all athletic financial

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aid shall be terminated beginning with the next academic term, to the extent permitted under NCAA rules.

(5) Failure of a student-athlete to comply with a treatment plan, management plan or behavior modification contract mandated under these rules may result in immediate suspension from all practices, games and Department functions until the director of athletic medicine determines sustained compliance with the treatment plan, management plan or behavior modification contract. If the director of athletic medicine determines that the student-athlete is not in compliance after one competitive season for the sport, the student-athlete will be immediately dismissed from the team and all athletic financial aid shall be terminated beginning with the next academic term, to the extent permitted under NCAA rules.

(6) Selling or Providing Illegal Drugs. Any student-athlete convicted of or otherwise found responsible for selling or providing an illegal drug to another person is subject to immediate and permanent dismissal from any team on which the student-athlete participates and, to the extent permitted under NCAA rules, the termination of any athletic financial aid.

(7) A student-athlete who loses athletic financial aid under these rules may appeal that decision under the established procedures regarding non-renewal of financial aid.

Stat. Auth.: ORS 351 & 352
Stats. Implemented: ORS 351 & 352
Hist.: UOO 1-1989, f. 2-6-89, cert. ef. 2-9-89; UO 1-2011, f. 2-3-11, cert. ef. 2-7-11; UO 6-2012(Temp), f. & cert. ef. 9-4-12 thru 2-28-13; UO 1-2013, f. & cert. ef. 3-4-13

571-004-0055

Records Security

(1) The purpose of the administrative testing program established by these rules does not include enforcement of the criminal laws or the Student Conduct Code.

(2) The University in conducting the testing program is not acting in aid of, or as an agent for, law enforcement officials, nor are those administering the tests acting as, for, or on behalf of the Division of Student Affairs. The Student Conduct Code applies to drug or substance use by a student-athlete only under the same circumstances as other students.

(3) Test results are part of a student's educational and medical records protected from disclosure under state and federal law. However, records may be subject to disclosure pursuant to a lawfully issued subpoena or court order. In such an instance, the University will take reasonable steps to notify the record-subject in advance of compliance with any such subpoena or order. The University or the record-subject may move the court or agency to quash any portion of the subpoena which pertains to drug testing records or to withdraw or narrow any such court order.

Stat. Auth.: ORS 351 & 352
Stats. Implemented: ORS 351 & 352
Hist.: UOO 7-1988(Temp), f. & cert. ef. 8-12-88 UOO 1-1989, f. 2-6-89, cert. ef. 2-9-89; UO 1-2011, f. 2-3-11, cert. ef. 2-7-11; UO 6-2012(Temp), f. & cert. ef. 9-4-12 thru 2-28-13; UO 1-2013, f. & cert. ef. 3-4-13

Rule Caption: Amend OAR 571-060-0005 to include 2013 summer session room and board rates.

Adm. Order No.: UO 2-2013

Filed with Sec. of State: 3-6-2013

Certified to be Effective: 3-6-13

Notice Publication Date: 2-1-2013

Rules Amended: 571-060-0005

Subject: The University administration has determined that the adoption of the amendment to the summer residence hall room and board rates will be necessary in order to provide the basis for funding to cover the expenses for providing UO on-campus housing and dining.

Rules Coordinator: Amanda Hatch—(541) 346-3082

571-060-0005

Special Fees, Fines, Penalties, Service Charges

The University of Oregon has adopted by reference a list of Special Fees, Fines, Penalties, Service Charges, etc., for the current fiscal year:

(1) The fees, fines, penalties and service charges listed by reference in this rule are updated annually and copies are on file in the listed departments by July 1.

(2) The amounts and conditions of these fees may change from time to time throughout the year due to administrative considerations, changing costs, changes in institutional budgets, etc. If the size and the amount of these fees are or could be of importance to users, they should verify the details prior to making a commitment, before entering into any planning activities or before actually incurring any charges.

(3) The master copy of the current list of fees is maintained in the Office of the Director of Business Affairs and is available upon request to any person during regular business hours. The Director of Business Affairs also maintains a bulletin board where fee changes made during each 30-day period are posted. Following that posted period, the changes are filed within the master copy.

(4) University departments charging fees shall maintain a copy of at least that department's section of the list of special fees, fines, penalties and service charges including any updates made during the course of the fiscal year. The list and all current changes shall be available upon request to any person during regular departmental business hours.

(5) No department may change fees between annual amendments to this rule without first obtaining an approved statement of justification signed by the appropriate Vice-President. Prior to granting approval of any fee charged to students, the Vice-President shall consult with the Office of Student Advocacy. Changes in fees approved by the Vice-President and the justification statement shall be posted for 15 days in a public area of the departmental office. The new fee, fine, penalty or charge becomes effective at the end of the 15-day posting period after it is filed with the Director of Business Affairs along with the justification statement.

(6) However, student loan service charges, charges levied as penalties for prohibited conduct, general tuition, building fees, incidental fees, health service fees, and residence hall and housing charges, shall be adopted in accordance with the provision of ORS 183.310 to 183.500.

(7) Certain charges, fees or fee schedules may, according to ORS 351.072(b), be adopted without compliance with rulemaking provisions of 183.310 to 183.500. They are: charges relating to symposiums, conferences, short courses, food, books or other retail goods, prices of admission to athletic, entertainment or cultural events or advertising rates in student or institutional publications.

Stat. Auth.: ORS 351.070, 351 & 352
Stats. Implemented: ORS 351.070
Hist.: UOO 20, f. & cert. ef. 4-27-76; UOO 34(Temp), f. & cert. ef. 8-8-77; UOO 37, f. & cert. ef. 9-30-77; UOO 3-1978, f. & cert. ef. 7-1-78; UOO 1-1979(Temp), f. 6-26-79, ef. 7-1-79; UOO 4-1979, f. & cert. ef. 10-3-79; UOO 7-1980, f. 6-30-80, ef. 7-1-80; UOO 7-1981(Temp), f. 6-16-81, ef. 7-1-81; UOO 9-1981(Temp), f. & cert. ef. 6-29-81; UOO 2-1982, f. & cert. ef. 4-14-82; UOO 4-1982, f. & cert. ef. 6-10-82; UOO 4-1983, f. & cert. ef. 6-10-83; UOO 5-1983(Temp), f. & cert. ef. 6-15-83; UOO 2-1984, f. 6-11-84, ef. 7-1-84; UOO 3-1985, f. 6-19-85, ef. 7-1-85 UOO 1-1986; f. 6-4-86, ef. 7-1-86; UOO 4-1986(Temp), f. & cert. ef. 11-10-86; UOO 7-1986(Temp), f. 12-30-86, ef. 1-1-87; UOO 8-1986(Temp), f. 12-30-86, ef. 1-1-87; UOO 1-1987, f. & cert. ef. 1-29-87; UOO 3-1987, f. 6-17-87, ef. 7-1-87; UOO 6-1988, f. 6-29-88, cert. ef. 7-1-88; UOO 8-1988, f. & cert. ef. 8-17-88; UOO 5-1989, f. 6-20-89, cert. ef. 7-1-89; UOO 7-1990, f. 6-14-90, cert. ef. 7-1-90; UOO 9-1991, f. 6-12-91, cert. ef. 7-1-91; UOO 1-1992, f. 4-9-92, cert. ef. 7-1-92; UOO 2-1993, f. 4-19-93, cert. ef. 7-1-93; UOO 9-1993, f. & cert. ef. 6-15-93; UOO 11-1993, f. 8-29-93, cert. ef. 9-1-93; UOO 2-1994, f. 6-13-94, cert. ef. 7-1-94; UOO 3-1994, f. 6-14-94, cert. ef. 7-1-94; UOO 4-1995, f. 6-13-95, cert. ef. 7-1-95; UOO 5-1995, f. 7-31-95, cert. ef. 8-1-95; UOO 3-1996, f. 6-6-96, cert. ef. 7-1-96; UOO 6-1997, f. 6-18-97, cert. ef. 7-1-97; UOO 7-1997, f. 6-18-97, cert. ef. 7-1-97; UOO 1-1998, f. 6-17-98, cert. ef. 7-1-98; UO 2-1998, f. 6-17-98, cert. ef. 7-1-98; UO 2-1999, f. 6-1-99, cert. ef. 7-1-99; UO 3-1999, f. 6-1-99, cert. ef. 7-1-99; UO 2-2000, f. 6-15-00, cert. ef. 7-1-00; UO 1-2001, f. 6-18-01, cert. ef. 7-1-01; UO 2-2001, f. 6-18-01, cert. ef. 7-1-01; UO 2-2002, f. 6-19-02, cert. ef. 7-1-02; UO 3-2002, f. 6-19-02, cert. ef. 7-1-02; UO 1-2003, f. 6-23-03, cert. ef. 7-1-03; UO 2-2003, f. 6-23-03, cert. ef. 7-1-03; UO 2-2004, f. 5-11-04, cert. ef. 7-1-04; UO 3-2004, f. 6-30-04, cert. ef. 7-1-04; UO 6-2007, f. & cert. ef. 2-22-07; UO 8-2007, f. & cert. ef. 3-12-07; UO 9-2007, f. 5-10-07, cert. ef. 6-29-07; UO 11-2007, f. 6-19-07, cert. ef. 6-29-07; UO 2-2008, f. 5-6-08, cert. ef. 7-1-08; UO 4-2008, f. 6-27-08, cert. ef. 7-1-08; UO 1-2009, f. 4-24-09, cert. ef. 7-1-09; UO 2-2009, f. 6-30-09, cert. ef. 7-1-09; UO 1-2010, f. 4-22-10, cert. ef. 7-1-10; UO 2-2010, f. 7-29-10, cert. ef. 7-30-10; UO 2-2011, f. 6-22-11, cert. ef. 7-1-11; UO 1-2012, f. 6-4-12, cert. ef. 7-1-12; UO 3-2012(Temp), f. 6-13-12, cert. ef. 7-1-12 thru 12-21-12; UO 5-2012, f. & cert. ef. 8-13-12; UO 2-2013, f. & cert. ef. 3-6-13

Oregon Youth Authority Chapter 416

Rule Caption: A routine review of agency Administrative Rules concluded these rules are no longer needed.

Adm. Order No.: OYA 1-2013

Filed with Sec. of State: 2-25-2013

Certified to be Effective: 2-25-13

Notice Publication Date: 2-1-2013

Rules Repealed: 416-465-0000, 416-465-0010, 416-465-0020, 416-465-0040, 416-465-0030

Subject: These agency rules regarding obtaining offender DNA samples are being repealed as the Oregon Youth Authority no longer obtains such samples. Samples may be obtained by the law enforcement agency attending upon the court, or the Department of Corrections.

Rules Coordinator: Winifred Skinner—(503) 373-7570

ADMINISTRATIVE RULES

Psychiatric Security Review Board Chapter 859

Rule Caption: PSRB Conditional Release of Clients with a Department of Corrections Detainer

Adm. Order No.: PSRB 1-2013(Temp)

Filed with Sec. of State: 2-22-2013

Certified to be Effective: 3-1-13 thru 8-26-13

Notice Publication Date:

Rules Amended: 859-070-0010, 859-070-0015

Subject: ORS 161.346(1)(b) directs the PSRB to conditionally release clients who can be adequately treated and controlled in the community. Some PSRB clients who are committed to the state hospital who are appropriate for conditional release to a community mental health agency also have a Department of Corrections (DOC) detainer. The DOC detainer prevents the Board from conditionally releasing those clients into the community under the supervision of a county mental health program until their DOC sentence is served. Consequently, the Board's practice has been to conditionally release these clients to DOC after conducting a hearing and determining they can be adequately treated and controlled at DOC. Additionally, there are instances when a PSRB client commits a new crime which results in a conviction with a DOC sentence. Some courts immediately transport these individuals directly from court to Department of Corrections although technically still committed to the state hospital.

Rules Coordinator: Mary Claire Buckley—(503) 229-5596

859-070-0010

Board Order of Conditional Release

In determining whether an order of conditional release is appropriate, the Board shall have as its goals the protection of the public, the best interests of justice, and the welfare of the individual. The Board may consider the testimony and exhibits at the hearing regarding the patient's behavior in the hospital including the patient's progress, insight and responsibility taken for the patient's own behavior:

(1) If the Board finds the person may be controlled in the community and a verified conditional release plan is approved by the Board, the Board may order the person placed on conditional release. If a person has a DOC detainer, the Board may order conditional release to that agency if the Board finds that the patient no longer needs a hospital level of care and that the patient could be adequately controlled and treated and the supervision and treatment necessary are available in that DOC setting.

(2) If the Board finds the person could be controlled in the community or DOC but no conditional release plan has been approved by the Board, the Board may order the person committed but find the person appropriate for conditional release pending submission of a conditional release plan signed by either a mental health community provider or DOC. The Board may specify what conditions the plan should include and may approve the conditional release plan submitted by the staff of the hospital, by the patient or someone on the patient's behalf at an administrative hearing.

(3) If a verified conditional release plan has not been approved and the conditions need further examination and approval of the Board, the

Board may commit the patient, find the patient appropriate for conditional release or continue the hearing.

Stat. Auth.: ORS 161.387

Stats. Implemented: ORS 161.336

Hist.: PSRB 1-1985, f. 1-3-85, ef. 1-15-85; PSRB 1-1995, f. & cert. ef. 1-11-95; PSRB 1-2013(Temp), f. 2-22-13, cert. ef. 3-1-13 thru 8-26-13

859-070-0015

Elements of Conditional Release Order

The Board shall consider any or all of the following elements of a conditional release plan and determine which are appropriate and necessary to insure the safety of the public:

(1) Housing: Housing must be available for the patient. The Board may require 24-hour supervised housing, a supervised group home, foster care, housing with relatives or independent housing.

(2) Mental health treatment: Mental health treatment must be available in the community or at DOC. The Board-approved provider of the treatment must have had an opportunity to evaluate the patient and the proposed conditional release plan and to be heard before the Board. The Board shall not require an evaluation be performed by DOC staff prior to consideration of conditional release due to the nature of that state agency, its security and its resources for the provision of mental health services. The provider must have agreed to provide the necessary mental health treatment to the patient. The treatment may include: individual counseling, group counseling, home visits, prescription of medication or any other treatment recommended by the provider(s) and approved by the Board.

(3) Reporting responsibility: An individual must be available to be designated by the Board as having primary reporting responsibility and must have agreed to:

(a) Notify the Board in writing of the patient's progress at least once a month unless the patient is housed at DOC in which case progress reports will be submitted upon request of the Board;

(b) Notify the Board promptly of any grounds for revocation under OAR 859-080-0010;

(c) Notify the Board promptly of any significant changes in the implementation of the conditional release plan;

(d) Coordinate and monitor all elements of the conditional release plan.

(4) Special conditions: Special conditions may be imposed, including, but not limited to, the following: no consumption of alcohol, taking of antabuse, observation by designated individual of each ingestion of medication, submitting to drug screen tests, no driving, vocational activities, day treatment, attending school, working, or sex offender assessment and treatment.

(5) Parole and probation: Parole and probation supervision may be ordered.

(6) Agreement to conditional release: Patients shall agree to and sign a form promising to comply with the general conditions of release. This signed form shall be made a part of the conditional release plan. The conditions shall include notice that if the person leaves the state without authorization of the Board, the person may be charged with a new crime of escape. This subsection does not apply to a patient who is conditionally released to DOC.

Stat. Auth.: ORS 161.387

Stats. Implemented: ORS 161.336

Hist.: PSRB 1-1985, f. 1-3-85, ef. 1-15-85; PSRB 1-1995, f. & cert. ef. 1-11-95; PSRB 1-2013(Temp), f. 2-22-13, cert. ef. 3-1-13 thru 8-26-13

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150-305.265(14)-(A)	1-1-2013	Am. & Ren.	2-1-2013	161-520-0035	1-31-2013	Adopt	3-1-2013
150-305.796	1-1-2013	Adopt	2-1-2013	161-520-0045	1-31-2013	Amend	3-1-2013
150-306.115	1-1-2013	Amend	2-1-2013	161-520-0050	1-31-2013	Amend	3-1-2013
150-306.115-(A)	1-1-2013	Amend	2-1-2013	161-530-0010	1-31-2013	Amend	3-1-2013

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161-570-0030	1-31-2013	Amend	3-1-2013	255-062-0016	2-15-2013	Amend	3-1-2013
161-570-0045	1-31-2013	Repeal	3-1-2013	259-008-0005	12-27-2012	Amend	2-1-2013
161-570-0055	1-31-2013	Adopt	3-1-2013	259-008-0025	3-8-2013	Amend	4-1-2013
161-570-0060	1-31-2013	Adopt	3-1-2013	259-008-0060	12-27-2012	Amend	2-1-2013
162-050-0020	11-27-2012	Adopt	1-1-2013	259-008-0064	12-27-2012	Amend	2-1-2013
165-013-0010	2-4-2013	Amend	3-1-2013	259-008-0065	12-27-2012	Amend	2-1-2013
165-020-0440	11-29-2012	Adopt	1-1-2013	259-008-0066	12-27-2012	Amend	2-1-2013
170-061-0015	12-14-2012	Amend(T)	1-1-2013	259-008-0070	12-14-2012	Amend(T)	1-1-2013
170-062-0000	11-19-2012	Amend(T)	1-1-2013	259-008-0070	1-22-2013	Amend	3-1-2013
177-010-0003	2-1-2013	Amend(T)	3-1-2013	259-008-0070(T)	1-22-2013	Repeal	3-1-2013
177-040-0017	1-1-2013	Amend	2-1-2013	259-008-0076	12-27-2012	Amend	2-1-2013
177-040-0050	2-1-2013	Amend(T)	3-1-2013	259-012-0005	1-24-2013	Amend	3-1-2013
177-040-0200	2-1-2013	Amend(T)	3-1-2013	259-015-0000	1-30-2013	Repeal	3-1-2013
177-046-0015	2-1-2013	Amend(T)	3-1-2013	259-015-0005	1-30-2013	Repeal	3-1-2013
177-046-0080	2-1-2013	Amend(T)	3-1-2013	259-015-0010	1-30-2013	Repeal	3-1-2013
177-046-0100	2-1-2013	Amend(T)	3-1-2013	259-020-0010	12-26-2012	Amend	2-1-2013
177-046-0110	2-1-2013	Amend(T)	3-1-2013	259-020-0015	12-26-2012	Amend	2-1-2013
177-046-0140	2-1-2013	Amend(T)	3-1-2013	259-020-0030	12-26-2012	Amend	2-1-2013
177-050-0002	2-1-2013	Amend(T)	3-1-2013	259-020-0031	12-26-2012	Repeal	2-1-2013
177-050-0024	2-1-2013	Amend(T)	3-1-2013	259-060-0010	12-24-2012	Amend	2-1-2013
177-050-0025	2-1-2013	Amend(T)	3-1-2013	259-060-0015	12-24-2012	Amend	2-1-2013
177-050-0100	2-1-2013	Amend(T)	3-1-2013	259-060-0600	12-26-2012	Amend	2-1-2013
177-051-0000	2-1-2013	Amend(T)	3-1-2013	259-061-0010	1-2-2013	Amend	2-1-2013
177-051-0010	2-1-2013	Amend(T)	3-1-2013	259-061-0015	1-2-2013	Repeal	2-1-2013
177-051-0030	2-1-2013	Amend(T)	3-1-2013	259-061-0020	1-2-2013	Amend	2-1-2013
177-051-0035	2-1-2013	Amend(T)	3-1-2013	259-061-0030	1-2-2013	Repeal	2-1-2013
177-051-0040	2-1-2013	Amend(T)	3-1-2013	259-061-0050	1-2-2013	Repeal	2-1-2013
177-051-0120	2-1-2013	Amend(T)	3-1-2013	259-061-0055	1-2-2013	Repeal	2-1-2013
177-051-0130	2-1-2013	Amend(T)	3-1-2013	259-061-0060	1-2-2013	Repeal	2-1-2013
177-052-0000	2-1-2013	Amend(T)	3-1-2013	259-061-0070	1-2-2013	Repeal	2-1-2013
177-052-0010	2-1-2013	Amend(T)	3-1-2013	259-061-0080	1-2-2013	Repeal	2-1-2013
177-052-0020	2-1-2013	Amend(T)	3-1-2013	259-061-0090	1-2-2013	Repeal	2-1-2013
177-052-0030	2-1-2013	Amend(T)	3-1-2013	259-070-0020	12-24-2012	Amend	2-1-2013
177-052-0040	2-1-2013	Amend(T)	3-1-2013	291-053-0010	1-17-2013	Amend	3-1-2013
177-052-0050	2-1-2013	Amend(T)	3-1-2013	291-053-0075	1-17-2013	Amend	3-1-2013
177-052-0060	2-1-2013	Amend(T)	3-1-2013	291-053-0085	1-17-2013	Amend	3-1-2013
177-052-0070	2-1-2013	Amend(T)	3-1-2013	291-053-0095	1-17-2013	Amend	3-1-2013
177-070-0005	2-1-2013	Amend(T)	3-1-2013	291-053-0105	1-17-2013	Amend	3-1-2013
177-094-0080	12-16-2012	Amend	1-1-2013	291-053-0115	1-17-2013	Amend	3-1-2013
177-094-0080(T)	12-16-2012	Repeal	1-1-2013	291-053-0125	1-17-2013	Amend	3-1-2013
177-094-0085	12-16-2012	Amend	1-1-2013	291-053-0135	1-17-2013	Amend	3-1-2013
177-094-0085(T)	12-16-2012	Repeal	1-1-2013	291-078-0005	2-28-2013	Amend	4-1-2013
230-020-0330	2-21-2013	Amend	4-1-2013	291-078-0005(T)	2-28-2013	Repeal	4-1-2013
255-030-0010	3-1-2013	Amend	4-1-2013	291-078-0010	2-28-2013	Amend	4-1-2013
255-030-0013	3-1-2013	Amend	4-1-2013	291-078-0010(T)	2-28-2013	Repeal	4-1-2013
255-030-0021	3-1-2013	Amend	4-1-2013	291-078-0020	2-28-2013	Amend	4-1-2013
255-030-0023	3-1-2013	Amend	4-1-2013	291-078-0020(T)	2-28-2013	Repeal	4-1-2013
255-030-0024	3-1-2013	Amend	4-1-2013	291-078-0026	2-28-2013	Adopt	4-1-2013
255-030-0025	3-1-2013	Amend	4-1-2013	291-078-0026(T)	2-28-2013	Repeal	4-1-2013
255-030-0026	3-1-2013	Amend	4-1-2013	291-078-0031	2-28-2013	Adopt	4-1-2013
255-030-0027	3-1-2013	Amend	4-1-2013	291-078-0031(T)	2-28-2013	Repeal	4-1-2013
255-030-0032	3-1-2013	Amend	4-1-2013	291-097-0005	12-28-2012	Am. & Ren.(T)	2-1-2013
255-030-0035	3-1-2013	Amend	4-1-2013	291-097-0010	12-28-2012	Am. & Ren.(T)	2-1-2013
255-030-0040	3-1-2013	Amend	4-1-2013	291-097-0015	12-28-2012	Am. & Ren.(T)	2-1-2013
255-030-0046	3-1-2013	Adopt	4-1-2013	291-097-0020	12-28-2012	Am. & Ren.(T)	2-1-2013

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291-097-0025	12-28-2012	Am. & Ren.(T)	2-1-2013	309-112-0030	1-23-2013	Amend(T)	3-1-2013
291-097-0030	12-28-2012	Am. & Ren.(T)	2-1-2013	309-112-0035	1-23-2013	Amend(T)	3-1-2013
291-097-0031	12-28-2012	Suspend	2-1-2013	330-070-0010	1-1-2013	Amend	2-1-2013
291-097-0040	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0013	1-1-2013	Amend	2-1-2013
291-097-0050	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0014	1-1-2013	Amend	2-1-2013
291-097-0060	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0019	1-1-2013	Amend	2-1-2013
291-097-0070	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0020	1-1-2013	Amend	2-1-2013
291-097-0080	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0021	1-1-2013	Amend	2-1-2013
291-097-0090	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0022	1-1-2013	Amend	2-1-2013
291-097-0100	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0024	1-1-2013	Amend	2-1-2013
291-097-0120	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0025	1-1-2013	Amend	2-1-2013
291-097-0130	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0026	1-1-2013	Amend	2-1-2013
291-097-0140	12-28-2012	Am. & Ren.(T)	2-1-2013	330-070-0027	1-1-2013	Amend	2-1-2013
291-097-0220	12-28-2012	Adopt(T)	2-1-2013	330-070-0029	1-1-2013	Amend	2-1-2013
291-097-0225	12-28-2012	Adopt(T)	2-1-2013	330-070-0040	1-1-2013	Amend	2-1-2013
291-097-0230	12-28-2012	Adopt(T)	2-1-2013	330-070-0045	1-1-2013	Amend	2-1-2013
291-097-0235	12-28-2012	Adopt(T)	2-1-2013	330-070-0048	1-1-2013	Amend	2-1-2013
291-097-0245	12-28-2012	Adopt(T)	2-1-2013	330-070-0055	1-1-2013	Amend	2-1-2013
291-130-0006	2-22-2013	Amend	4-1-2013	330-070-0059	1-1-2013	Amend	2-1-2013
291-130-0006(T)	2-22-2013	Repeal	4-1-2013	330-070-0060	1-1-2013	Amend	2-1-2013
291-130-0011	2-22-2013	Amend	4-1-2013	330-070-0062	1-1-2013	Amend	2-1-2013
291-130-0011(T)	2-22-2013	Repeal	4-1-2013	330-070-0063	1-1-2013	Amend	2-1-2013
291-130-0016	2-22-2013	Amend	4-1-2013	330-070-0064	1-1-2013	Amend	2-1-2013
291-130-0020	2-22-2013	Amend	4-1-2013	330-070-0070	1-1-2013	Amend	2-1-2013
291-130-0020(T)	2-22-2013	Repeal	4-1-2013	330-070-0073	1-1-2013	Amend	2-1-2013
291-130-0080	2-22-2013	Amend	4-1-2013	330-070-0089	1-1-2013	Amend	2-1-2013
291-130-0080(T)	2-22-2013	Repeal	4-1-2013	330-070-0091	1-1-2013	Amend	2-1-2013
291-207-0100	1-1-2013	Adopt	2-1-2013	330-090-0140	11-16-2012	Amend(T)	1-1-2013
309-011-0024	12-28-2012	Adopt	2-1-2013	330-090-0160	11-16-2012	Amend(T)	1-1-2013
309-011-0026	12-28-2012	Adopt	2-1-2013	330-110-0005	12-20-2012	Amend	2-1-2013
309-011-0028	12-28-2012	Adopt	2-1-2013	330-110-0010	12-20-2012	Amend	2-1-2013
309-011-0030	12-28-2012	Adopt	2-1-2013	330-110-0015	12-20-2012	Amend	2-1-2013
309-011-0032	12-28-2012	Adopt	2-1-2013	330-110-0016	12-20-2012	Amend	2-1-2013
309-011-0034	12-28-2012	Adopt	2-1-2013	330-110-0020	12-20-2012	Repeal	2-1-2013
309-011-0036	12-28-2012	Adopt	2-1-2013	330-110-0025	12-20-2012	Amend	2-1-2013
309-011-0120	12-28-2012	Amend	2-1-2013	330-110-0030	12-20-2012	Amend	2-1-2013
309-011-0125	12-28-2012	Amend	2-1-2013	330-110-0035	12-20-2012	Amend	2-1-2013
309-011-0130	12-28-2012	Amend	2-1-2013	330-110-0036	12-20-2012	Amend	2-1-2013
309-011-0135	12-28-2012	Repeal	2-1-2013	330-110-0040	12-20-2012	Amend	2-1-2013
309-011-0140	12-28-2012	Renumber	2-1-2013	330-110-0042	12-20-2012	Amend	2-1-2013
309-016-0825	1-7-2013	Adopt(T)	2-1-2013	330-110-0045	12-20-2012	Amend	2-1-2013
309-032-1505	2-11-2013	Amend(T)	3-1-2013	330-110-0046	12-20-2012	Adopt	2-1-2013
309-032-1510	2-11-2013	Amend(T)	3-1-2013	330-110-0047	12-20-2012	Adopt	2-1-2013
309-032-1525	2-11-2013	Amend(T)	3-1-2013	330-110-0048	12-20-2012	Adopt	2-1-2013
309-032-1530	2-11-2013	Amend(T)	3-1-2013	330-110-0050	12-20-2012	Repeal	2-1-2013
309-032-1535	2-11-2013	Amend(T)	3-1-2013	330-110-0055	12-20-2012	Amend	2-1-2013
309-032-1540	2-11-2013	Amend(T)	3-1-2013	330-135-0010	1-1-2013	Amend	2-1-2013
309-090-0005	12-26-2012	Amend	2-1-2013	330-135-0015	1-1-2013	Amend	2-1-2013
309-090-0025	12-26-2012	Amend	2-1-2013	330-135-0018	1-1-2013	Adopt	2-1-2013
309-112-0000	1-23-2013	Amend(T)	3-1-2013	330-135-0020	1-1-2013	Amend	2-1-2013
309-112-0005	1-23-2013	Amend(T)	3-1-2013	330-135-0025	1-1-2013	Amend	2-1-2013
309-112-0010	1-23-2013	Amend(T)	3-1-2013	330-135-0030	1-1-2013	Amend	2-1-2013
309-112-0015	1-23-2013	Amend(T)	3-1-2013	330-135-0035	1-1-2013	Amend	2-1-2013
309-112-0017	1-23-2013	Amend(T)	3-1-2013	330-135-0040	1-1-2013	Amend	2-1-2013
309-112-0020	1-23-2013	Amend(T)	3-1-2013	330-135-0045	1-1-2013	Amend	2-1-2013

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330-135-0048	1-1-2013	Adopt	2-1-2013	331-905-0080	1-16-2013	Amend	3-1-2013
330-135-0050	1-1-2013	Amend	2-1-2013	331-905-0085	1-16-2013	Amend	3-1-2013
330-135-0055	1-1-2013	Amend	2-1-2013	331-905-0090	1-16-2013	Amend	3-1-2013
331-705-0080	4-1-2013	Amend(T)	4-1-2013	331-905-0095	1-16-2013	Amend	3-1-2013
331-710-0050	4-1-2013	Amend	4-1-2013	331-905-0100	1-16-2013	Amend	3-1-2013
331-710-0080	11-19-2012	Amend(T)	1-1-2013	331-905-0105	1-16-2013	Amend	3-1-2013
331-710-0080	4-1-2013	Amend	4-1-2013	331-905-0110	1-16-2013	Amend	3-1-2013
331-710-0090	11-19-2012	Amend(T)	1-1-2013	331-905-0115	1-16-2013	Amend	3-1-2013
331-710-0090	4-1-2013	Amend	4-1-2013	331-905-0120	1-16-2013	Amend	3-1-2013
331-718-0020	11-19-2012	Amend(T)	1-1-2013	331-910-0010	1-16-2013	Amend	3-1-2013
331-718-0020	4-1-2013	Amend	4-1-2013	331-910-0025	1-16-2013	Amend	3-1-2013
331-900-0000	1-16-2013	Amend	3-1-2013	331-910-0035	1-16-2013	Amend	3-1-2013
331-900-0005	1-16-2013	Amend	3-1-2013	331-910-0050	1-16-2013	Amend	3-1-2013
331-900-0010	1-16-2013	Amend	3-1-2013	331-910-0060	1-16-2013	Amend	3-1-2013
331-900-0020	1-16-2013	Amend(T)	3-1-2013	331-910-0070	1-16-2013	Amend	3-1-2013
331-900-0020	3-15-2013	Amend	4-1-2013	331-910-0080	1-16-2013	Amend	3-1-2013
331-900-0025	1-16-2013	Amend(T)	3-1-2013	331-910-0085	1-16-2013	Amend	3-1-2013
331-900-0025	3-15-2013	Amend	4-1-2013	331-915-0000	1-16-2013	Amend	3-1-2013
331-900-0035	1-16-2013	Amend	3-1-2013	331-915-0015	1-16-2013	Amend	3-1-2013
331-900-0040	1-16-2013	Amend	3-1-2013	331-915-0020	1-16-2013	Amend	3-1-2013
331-900-0050	1-16-2013	Amend(T)	3-1-2013	331-915-0025	1-16-2013	Amend	3-1-2013
331-900-0050	3-15-2013	Amend	4-1-2013	331-915-0035	1-16-2013	Amend	3-1-2013
331-900-0055	1-16-2013	Amend(T)	3-1-2013	331-915-0050	1-16-2013	Amend	3-1-2013
331-900-0055	3-15-2013	Amend	4-1-2013	331-915-0055	1-16-2013	Amend	3-1-2013
331-900-0065	1-16-2013	Amend	3-1-2013	331-915-0060	1-16-2013	Amend	3-1-2013
331-900-0080	1-16-2013	Amend	3-1-2013	331-915-0065	1-16-2013	Amend	3-1-2013
331-900-0085	1-16-2013	Amend	3-1-2013	331-915-0070	1-16-2013	Amend	3-1-2013
331-900-0090	1-16-2013	Amend	3-1-2013	331-915-0075	1-16-2013	Amend	3-1-2013
331-900-0095	1-16-2013	Amend	3-1-2013	331-915-0080	1-16-2013	Amend	3-1-2013
331-900-0097	1-16-2013	Amend	3-1-2013	331-915-0085	1-16-2013	Amend	3-1-2013
331-900-0098	1-16-2013	Amend	3-1-2013	331-920-0000	1-16-2013	Amend	3-1-2013
331-900-0105	1-16-2013	Amend	3-1-2013	331-920-0005	1-16-2013	Amend	3-1-2013
331-900-0115	1-16-2013	Amend	3-1-2013	331-925-0000	1-16-2013	Amend	3-1-2013
331-900-0120	1-16-2013	Amend	3-1-2013	331-925-0005	1-16-2013	Amend	3-1-2013
331-900-0125	1-16-2013	Amend	3-1-2013	331-925-0010	1-16-2013	Amend	3-1-2013
331-900-0130	1-16-2013	Amend	3-1-2013	331-925-0015	1-16-2013	Amend	3-1-2013
331-905-0000	1-16-2013	Amend	3-1-2013	331-925-0020	1-16-2013	Amend	3-1-2013
331-905-0005	1-16-2013	Amend	3-1-2013	331-925-0025	1-16-2013	Amend	3-1-2013
331-905-0010	1-16-2013	Amend	3-1-2013	331-925-0030	1-16-2013	Amend	3-1-2013
331-905-0011	1-16-2013	Amend(T)	3-1-2013	331-925-0035	1-16-2013	Amend	3-1-2013
331-905-0011	3-15-2013	Amend	4-1-2013	331-925-0040	1-16-2013	Amend	3-1-2013
331-905-0012	1-16-2013	Amend	3-1-2013	331-925-0050	1-16-2013	Amend	3-1-2013
331-905-0013	1-16-2013	Amend(T)	3-1-2013	331-950-0010	1-16-2013	Amend	3-1-2013
331-905-0013	3-15-2013	Amend	4-1-2013	331-950-0020	1-16-2013	Amend	3-1-2013
331-905-0014	1-16-2013	Amend	3-1-2013	331-950-0040	1-16-2013	Amend	3-1-2013
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331-905-0035	1-16-2013	Amend	3-1-2013	333-002-0310	2-4-2013	Adopt(T)	3-1-2013
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331-905-0045	1-16-2013	Amend	3-1-2013	333-002-0320	2-4-2013	Adopt(T)	3-1-2013
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331-905-0052	1-16-2013	Amend	3-1-2013	333-002-0327	2-4-2013	Adopt(T)	3-1-2013
331-905-0055	1-16-2013	Amend	3-1-2013	333-002-0340	2-4-2013	Adopt(T)	3-1-2013
331-905-0058	1-16-2013	Amend	3-1-2013	333-002-0345	2-4-2013	Adopt(T)	3-1-2013
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333-002-0360	2-4-2013	Adopt(T)	3-1-2013	333-012-0320	2-4-2013	Renumber	3-1-2013
333-002-0370	2-4-2013	Adopt(T)	3-1-2013	333-012-0330	2-4-2013	Renumber	3-1-2013
333-002-0375	2-4-2013	Adopt(T)	3-1-2013	333-012-0340	2-4-2013	Am. & Ren.	3-1-2013
333-002-0380	2-4-2013	Adopt(T)	3-1-2013	333-012-0350	2-4-2013	Renumber	3-1-2013
333-004-0000	12-26-2012	Amend	2-1-2013	333-012-0360	2-4-2013	Renumber	3-1-2013
333-004-0010	12-26-2012	Amend	2-1-2013	333-012-0370	2-4-2013	Renumber	3-1-2013
333-004-0020	12-26-2012	Amend	2-1-2013	333-012-0380	2-4-2013	Renumber	3-1-2013
333-004-0030	12-26-2012	Amend	2-1-2013	333-012-0390	2-4-2013	Renumber	3-1-2013
333-004-0040	12-26-2012	Amend	2-1-2013	333-012-0400	2-4-2013	Am. & Ren.	3-1-2013
333-004-0050	12-26-2012	Amend	2-1-2013	333-022-0200	2-4-2013	Adopt	3-1-2013
333-004-0060	12-26-2012	Amend	2-1-2013	333-022-0205	2-4-2013	Adopt	3-1-2013
333-004-0070	12-26-2012	Amend	2-1-2013	333-022-0210	2-4-2013	Adopt	3-1-2013
333-004-0080	12-26-2012	Amend	2-1-2013	333-022-0300	2-4-2013	Adopt	3-1-2013
333-004-0100	12-26-2012	Amend	2-1-2013	333-022-0305	2-4-2013	Adopt	3-1-2013
333-004-0110	12-26-2012	Amend	2-1-2013	333-022-0310	2-4-2013	Adopt	3-1-2013
333-004-0120	12-26-2012	Amend	2-1-2013	333-022-0315	2-4-2013	Adopt	3-1-2013
333-004-0130	12-26-2012	Amend	2-1-2013	333-030-0015	1-25-2013	Amend	3-1-2013
333-004-0140	12-26-2012	Amend	2-1-2013	333-030-0020	1-25-2013	Amend	3-1-2013
333-004-0150	12-26-2012	Amend	2-1-2013	333-030-0025	1-25-2013	Amend	3-1-2013
333-004-0160	12-26-2012	Amend	2-1-2013	333-030-0030	1-25-2013	Amend	3-1-2013
333-004-0170	12-26-2012	Repeal	2-1-2013	333-030-0035	1-25-2013	Amend	3-1-2013
333-004-0180	12-26-2012	Repeal	2-1-2013	333-030-0040	1-25-2013	Amend	3-1-2013
333-004-0190	12-26-2012	Repeal	2-1-2013	333-030-0045	1-25-2013	Repeal	3-1-2013
333-004-0200	12-26-2012	Adopt	2-1-2013	333-030-0050	1-25-2013	Amend	3-1-2013
333-004-0210	12-26-2012	Adopt	2-1-2013	333-030-0055	1-25-2013	Amend	3-1-2013
333-004-0220	12-26-2012	Adopt	2-1-2013	333-030-0060	1-25-2013	Amend	3-1-2013
333-004-0230	12-26-2012	Adopt	2-1-2013	333-030-0065	1-25-2013	Amend	3-1-2013
333-008-0090	1-1-2013	Amend	2-1-2013	333-030-0070	1-25-2013	Amend	3-1-2013
333-010-0400	2-4-2013	Adopt	3-1-2013	333-030-0075	1-25-2013	Amend	3-1-2013
333-010-0405	2-4-2013	Adopt	3-1-2013	333-030-0080	1-25-2013	Amend	3-1-2013
333-010-0410	2-4-2013	Adopt	3-1-2013	333-030-0085	1-25-2013	Amend	3-1-2013
333-010-0415	2-4-2013	Adopt	3-1-2013	333-030-0090	1-25-2013	Amend	3-1-2013
333-010-0420	2-4-2013	Adopt	3-1-2013	333-030-0095	1-25-2013	Amend	3-1-2013
333-010-0425	2-4-2013	Adopt	3-1-2013	333-030-0100	1-25-2013	Amend	3-1-2013
333-010-0430	2-4-2013	Adopt	3-1-2013	333-030-0103	1-25-2013	Amend	3-1-2013
333-010-0435	2-4-2013	Adopt	3-1-2013	333-030-0105	1-25-2013	Amend	3-1-2013
333-010-0440	2-4-2013	Adopt	3-1-2013	333-030-0110	1-25-2013	Amend	3-1-2013
333-010-0445	2-4-2013	Adopt	3-1-2013	333-030-0115	1-25-2013	Amend	3-1-2013
333-010-0450	2-4-2013	Adopt	3-1-2013	333-030-0120	1-25-2013	Amend	3-1-2013
333-010-0455	2-4-2013	Adopt	3-1-2013	333-030-0125	1-25-2013	Amend	3-1-2013
333-010-0460	2-4-2013	Adopt	3-1-2013	333-030-0130	1-25-2013	Amend	3-1-2013
333-010-0465	2-4-2013	Adopt	3-1-2013	333-052-0030	12-20-2012	Amend	2-1-2013
333-010-0470	2-4-2013	Adopt	3-1-2013	333-052-0040	12-20-2012	Amend	2-1-2013
333-012-0260	2-4-2013	Repeal	3-1-2013	333-052-0043	12-20-2012	Adopt	2-1-2013
333-012-0262	2-4-2013	Repeal	3-1-2013	333-052-0044	12-20-2012	Adopt	2-1-2013
333-012-0264	2-4-2013	Repeal	3-1-2013	333-052-0050	12-20-2012	Amend	2-1-2013
333-012-0265	2-4-2013	Repeal	3-1-2013	333-052-0060	12-20-2012	Amend	2-1-2013
333-012-0266	2-4-2013	Repeal	3-1-2013	333-052-0065	12-20-2012	Amend	2-1-2013
333-012-0267	2-4-2013	Repeal	3-1-2013	333-052-0070	12-20-2012	Amend	2-1-2013
333-012-0268	2-4-2013	Repeal	3-1-2013	333-052-0080	12-20-2012	Amend	2-1-2013
333-012-0269	2-4-2013	Repeal	3-1-2013	333-052-0090	12-20-2012	Amend	2-1-2013
333-012-0270	2-4-2013	Repeal	3-1-2013	333-052-0100	12-20-2012	Amend	2-1-2013
333-012-0280	2-4-2013	Am. & Ren.	3-1-2013	333-052-0120	12-20-2012	Amend	2-1-2013
333-012-0290	2-4-2013	Am. & Ren.	3-1-2013	333-052-0130	12-20-2012	Amend	2-1-2013
333-012-0300	2-4-2013	Renumber	3-1-2013	333-061-0025	1-25-2013	Amend	3-1-2013

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333-061-0032	1-25-2013	Amend	3-1-2013	333-118-0150	1-29-2013	Amend	3-1-2013
333-061-0034	1-25-2013	Amend	3-1-2013	333-119-0040	1-29-2013	Amend	3-1-2013
333-061-0036	1-25-2013	Amend	3-1-2013	333-119-0041	1-29-2013	Adopt	3-1-2013
333-061-0040	1-25-2013	Amend	3-1-2013	333-119-0080	1-29-2013	Amend	3-1-2013
333-061-0042	1-25-2013	Amend	3-1-2013	333-120-0630	1-29-2013	Amend	3-1-2013
333-061-0043	1-25-2013	Amend	3-1-2013	333-120-0730	1-29-2013	Amend	3-1-2013
333-061-0045	1-25-2013	Amend	3-1-2013	333-123-0005	1-29-2013	Amend	3-1-2013
333-061-0050	1-25-2013	Amend	3-1-2013	333-123-0055	1-29-2013	Adopt	3-1-2013
333-061-0058	1-25-2013	Repeal	3-1-2013	333-123-0060	1-29-2013	Adopt	3-1-2013
333-061-0065	1-25-2013	Amend	3-1-2013	333-123-0065	1-29-2013	Adopt	3-1-2013
333-061-0070	1-25-2013	Amend	3-1-2013	333-123-0070	1-29-2013	Adopt	3-1-2013
333-061-0071	1-25-2013	Amend	3-1-2013	333-123-0075	1-29-2013	Adopt	3-1-2013
333-061-0072	1-25-2013	Amend	3-1-2013	333-123-0080	1-29-2013	Adopt	3-1-2013
333-061-0073	1-25-2013	Amend	3-1-2013	333-123-0085	1-29-2013	Adopt	3-1-2013
333-061-0074	1-25-2013	Amend	3-1-2013	333-123-0090	1-29-2013	Adopt	3-1-2013
333-061-0077	1-25-2013	Amend	3-1-2013	333-123-0095	1-29-2013	Adopt	3-1-2013
333-061-0087	1-25-2013	Amend	3-1-2013	333-123-0100	1-29-2013	Adopt	3-1-2013
333-061-0090	1-25-2013	Amend	3-1-2013	333-123-0105	1-29-2013	Adopt	3-1-2013
333-061-0098	1-25-2013	Amend	3-1-2013	333-123-0110	1-29-2013	Adopt	3-1-2013
333-061-0220	1-25-2013	Amend	3-1-2013	333-123-0115	1-29-2013	Adopt	3-1-2013
333-061-0225	1-25-2013	Amend	3-1-2013	333-200-0010	1-1-2013	Amend	2-1-2013
333-061-0228	1-25-2013	Amend	3-1-2013	333-200-0020	1-1-2013	Amend	2-1-2013
333-061-0235	1-25-2013	Amend	3-1-2013	333-200-0080	1-1-2013	Amend	2-1-2013
333-061-0245	1-25-2013	Amend	3-1-2013	333-200-0090	1-1-2013	Amend	2-1-2013
333-061-0250	1-25-2013	Amend	3-1-2013	333-250-0010	1-25-2013	Amend	3-1-2013
333-061-0335	1-25-2013	Amend	3-1-2013	333-250-0020	1-25-2013	Amend	3-1-2013
333-100-0005	1-29-2013	Amend	3-1-2013	333-250-0030	1-25-2013	Amend	3-1-2013
333-102-0115	1-29-2013	Amend	3-1-2013	333-250-0031	1-25-2013	Adopt	3-1-2013
333-102-0203	1-29-2013	Amend	3-1-2013	333-250-0040	1-25-2013	Amend	3-1-2013
333-102-0250	1-29-2013	Amend	3-1-2013	333-250-0041	1-25-2013	Amend	3-1-2013
333-102-0285	1-29-2013	Amend	3-1-2013	333-250-0042	1-25-2013	Amend	3-1-2013
333-102-0340	1-29-2013	Amend	3-1-2013	333-250-0043	1-25-2013	Amend	3-1-2013
333-106-0045	1-29-2013	Amend	3-1-2013	333-250-0044	1-25-2013	Amend	3-1-2013
333-106-0101	1-29-2013	Amend	3-1-2013	333-250-0045	1-25-2013	Amend	3-1-2013
333-106-0305	1-29-2013	Amend	3-1-2013	333-250-0047	1-25-2013	Amend	3-1-2013
333-106-0315	1-29-2013	Amend	3-1-2013	333-250-0048	1-25-2013	Amend	3-1-2013
333-106-0325	1-29-2013	Amend	3-1-2013	333-250-0050	1-25-2013	Amend	3-1-2013
333-106-0370	1-29-2013	Amend	3-1-2013	333-250-0060	1-25-2013	Amend	3-1-2013
333-106-0720	1-29-2013	Amend	3-1-2013	333-250-0070	1-25-2013	Amend	3-1-2013
333-116-0040	1-29-2013	Amend	3-1-2013	333-250-0080	1-25-2013	Amend	3-1-2013
333-116-0050	1-29-2013	Amend	3-1-2013	333-250-0100	1-25-2013	Amend	3-1-2013
333-116-0090	1-29-2013	Amend	3-1-2013	333-255-0000	1-25-2013	Amend	3-1-2013
333-116-0405	1-29-2013	Repeal	3-1-2013	333-255-0010	1-25-2013	Amend	3-1-2013
333-116-0640	1-29-2013	Amend	3-1-2013	333-255-0020	1-25-2013	Amend	3-1-2013
333-116-0660	1-29-2013	Amend	3-1-2013	333-255-0030	1-25-2013	Amend	3-1-2013
333-116-0670	1-29-2013	Amend	3-1-2013	333-255-0040	1-25-2013	Amend	3-1-2013
333-116-0680	1-29-2013	Amend	3-1-2013	333-255-0050	1-25-2013	Amend	3-1-2013
333-116-0683	1-29-2013	Amend	3-1-2013	333-255-0060	1-25-2013	Amend	3-1-2013
333-116-0687	1-29-2013	Amend	3-1-2013	333-255-0070	1-25-2013	Amend	3-1-2013
333-116-0690	1-29-2013	Amend	3-1-2013	333-255-0071	1-25-2013	Amend	3-1-2013
333-116-0700	1-29-2013	Amend	3-1-2013	333-255-0072	1-25-2013	Amend	3-1-2013
333-116-0715	1-29-2013	Amend	3-1-2013	333-255-0073	1-25-2013	Amend	3-1-2013
333-116-0720	1-29-2013	Amend	3-1-2013	333-255-0079	1-25-2013	Amend	3-1-2013
333-116-0740	1-29-2013	Amend	3-1-2013	333-255-0080	1-25-2013	Amend	3-1-2013
333-116-0880	1-29-2013	Amend	3-1-2013	333-255-0081	1-25-2013	Amend	3-1-2013

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333-255-0082	1-25-2013	Amend	3-1-2013	335-095-0050	12-14-2012	Amend	1-1-2013
333-255-0090	1-25-2013	Amend	3-1-2013	340-048-0055	1-16-2013	Amend	3-1-2013
333-255-0091	1-25-2013	Amend	3-1-2013	340-049-0010	3-1-2013	Amend	3-1-2013
333-255-0092	1-25-2013	Amend	3-1-2013	340-049-0015	3-1-2013	Amend	3-1-2013
333-255-0093	1-25-2013	Amend	3-1-2013	340-049-0020	3-1-2013	Amend	3-1-2013
333-265-0000	1-25-2013	Amend	3-1-2013	340-049-0025	3-1-2013	Amend	3-1-2013
333-265-0010	1-25-2013	Amend	3-1-2013	340-049-0030	3-1-2013	Amend	3-1-2013
333-265-0011	1-25-2013	Adopt	3-1-2013	340-049-0035	3-1-2013	Amend	3-1-2013
333-265-0014	1-25-2013	Amend	3-1-2013	340-049-0040	3-1-2013	Amend	3-1-2013
333-265-0015	1-25-2013	Amend	3-1-2013	340-049-0055	3-1-2013	Amend	3-1-2013
333-265-0023	1-25-2013	Amend	3-1-2013	340-049-0060	3-1-2013	Amend	3-1-2013
333-265-0024	1-25-2013	Adopt	3-1-2013	340-049-0065	3-1-2013	Amend	3-1-2013
333-265-0025	1-25-2013	Amend	3-1-2013	340-049-0085	3-1-2013	Amend	3-1-2013
333-265-0050	1-25-2013	Amend	3-1-2013	340-054-0005	12-14-2012	Amend	1-1-2013
333-265-0060	1-25-2013	Amend	3-1-2013	340-054-0010	12-14-2012	Amend	1-1-2013
333-265-0085	1-25-2013	Amend	3-1-2013	340-054-0011	12-14-2012	Adopt	1-1-2013
333-265-0105	1-25-2013	Amend	3-1-2013	340-054-0015	12-14-2012	Amend	1-1-2013
333-265-0110	1-25-2013	Amend	3-1-2013	340-054-0020	12-14-2012	Repeal	1-1-2013
333-265-0160	1-25-2013	Amend	3-1-2013	340-054-0021	12-14-2012	Repeal	1-1-2013
333-265-0190	1-25-2013	Repeal	3-1-2013	340-054-0022	12-14-2012	Amend	1-1-2013
333-500-0005	1-1-2013	Amend	2-1-2013	340-054-0023	12-14-2012	Repeal	1-1-2013
333-500-0010	1-1-2013	Amend	2-1-2013	340-054-0024	12-14-2012	Repeal	1-1-2013
333-500-0031	1-1-2013	Amend	2-1-2013	340-054-0025	12-14-2012	Amend	1-1-2013
333-500-0032	1-1-2013	Amend	2-1-2013	340-054-0026	12-14-2012	Adopt	1-1-2013
333-500-0038	1-1-2013	Amend	2-1-2013	340-054-0027	12-14-2012	Adopt	1-1-2013
333-505-0001	1-1-2013	Amend	2-1-2013	340-054-0035	12-14-2012	Repeal	1-1-2013
333-505-0005	1-1-2013	Amend	2-1-2013	340-054-0036	12-14-2012	Adopt	1-1-2013
333-505-0007	1-1-2013	Amend	2-1-2013	340-054-0055	12-14-2012	Repeal	1-1-2013
333-505-0010	1-1-2013	Amend	2-1-2013	340-054-0056	12-14-2012	Adopt	1-1-2013
333-505-0030	1-1-2013	Amend	2-1-2013	340-054-0060	12-14-2012	Amend	1-1-2013
333-505-0033	1-1-2013	Amend	2-1-2013	340-054-0065	12-14-2012	Amend	1-1-2013
333-505-0050	1-1-2013	Amend	2-1-2013	340-054-0085	12-14-2012	Repeal	1-1-2013
333-505-0060	1-1-2013	Amend	2-1-2013	340-054-0087	12-14-2012	Repeal	1-1-2013
333-505-0080	1-1-2013	Amend	2-1-2013	340-054-0090	12-14-2012	Repeal	1-1-2013
333-510-0020	1-1-2013	Amend	2-1-2013	340-054-0093	12-14-2012	Repeal	1-1-2013
333-510-0040	1-1-2013	Amend	2-1-2013	340-054-0095	12-14-2012	Repeal	1-1-2013
333-520-0035	1-1-2013	Amend	2-1-2013	340-054-0097	12-14-2012	Repeal	1-1-2013
333-520-0050	1-1-2013	Amend	2-1-2013	340-054-0098	12-14-2012	Repeal	1-1-2013
333-520-0060	1-1-2013	Amend	2-1-2013	340-054-0100	12-14-2012	Amend	1-1-2013
333-520-0070	1-1-2013	Amend	2-1-2013	340-054-0102	12-14-2012	Amend	1-1-2013
333-525-0010	1-1-2013	Repeal	2-1-2013	340-054-0104	12-14-2012	Amend	1-1-2013
334-001-0060	1-1-2013	Amend	1-1-2013	340-054-0106	12-14-2012	Amend	1-1-2013
334-010-0027	1-1-2013	Amend	1-1-2013	340-054-0108	12-14-2012	Amend	1-1-2013
334-010-0029	1-1-2013	Amend	1-1-2013	340-200-0040	12-10-2012	Amend	1-1-2013
334-010-0046	1-1-2013	Amend	1-1-2013	340-200-0040	12-11-2012	Amend	1-1-2013
334-040-0010	1-1-2013	Amend	1-1-2013	340-204-0010	12-11-2012	Amend	1-1-2013
335-005-0010	12-14-2012	Amend	1-1-2013	340-220-0030	12-11-2012	Amend	1-1-2013
335-060-0005	12-14-2012	Amend	1-1-2013	340-220-0040	12-11-2012	Amend	1-1-2013
335-060-0006	12-14-2012	Adopt	1-1-2013	340-220-0050	12-11-2012	Amend	1-1-2013
335-060-0007	12-14-2012	Adopt	1-1-2013	340-225-0090	12-11-2012	Amend	1-1-2013
335-080-0005	12-14-2012	Amend	1-1-2013	340-240-0010	12-11-2012	Amend	1-1-2013
335-080-0010	12-14-2012	Amend	1-1-2013	340-240-0030	12-11-2012	Amend	1-1-2013
335-080-0015	12-14-2012	Amend	1-1-2013	340-240-0500	12-11-2012	Adopt	1-1-2013
335-080-0025	12-14-2012	Amend	1-1-2013	340-240-0510	12-11-2012	Adopt	1-1-2013
335-095-0030	12-14-2012	Amend	1-1-2013	340-240-0520	12-11-2012	Adopt	1-1-2013
335-095-0040	12-14-2012	Amend	1-1-2013	340-240-0530	12-11-2012	Adopt	1-1-2013

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340-240-0550	12-11-2012	Adopt	1-1-2013	410-120-0006	1-1-2013	Amend(T)	2-1-2013
340-240-0560	12-11-2012	Adopt	1-1-2013	410-120-0006	1-8-2013	Amend(T)	2-1-2013
340-240-0570	12-11-2012	Adopt	1-1-2013	410-120-0006	1-30-2013	Amend(T)	3-1-2013
340-240-0580	12-11-2012	Adopt	1-1-2013	410-120-0006	2-20-2013	Amend(T)	4-1-2013
340-240-0610	12-11-2012	Adopt	1-1-2013	410-120-0006	3-1-2013	Amend(T)	4-1-2013
340-240-0620	12-11-2012	Adopt	1-1-2013	410-120-0006(T)	12-1-2012	Suspend	1-1-2013
340-240-0630	12-11-2012	Adopt	1-1-2013	410-120-0006(T)	1-1-2013	Repeal	2-1-2013
340-253-0000	12-11-2012	Adopt	1-1-2013	410-120-0006(T)	1-1-2013	Suspend	2-1-2013
340-253-0040	12-11-2012	Adopt	1-1-2013	410-120-0006(T)	1-8-2013	Suspend	2-1-2013
340-253-0060	12-11-2012	Adopt	1-1-2013	410-120-0006(T)	1-30-2013	Suspend	3-1-2013
340-253-0100	12-11-2012	Adopt	1-1-2013	410-120-0006(T)	2-20-2013	Suspend	4-1-2013
340-253-0200	12-11-2012	Adopt	1-1-2013	410-120-0006(T)	3-1-2013	Suspend	4-1-2013
340-253-0250	12-11-2012	Adopt	1-1-2013	410-120-1210	1-1-2013	Amend(T)	2-1-2013
340-253-0310	12-11-2012	Adopt	1-1-2013	410-121-0030	1-1-2013	Amend	2-1-2013
340-253-0320	12-11-2012	Adopt	1-1-2013	410-121-0030	2-21-13	Amend(T)	4-1-2013
340-253-0330	12-11-2012	Adopt	1-1-2013	410-121-0030(T)	1-1-2013	Repeal	2-1-2013
340-253-0340	12-11-2012	Adopt	1-1-2013	410-121-0033	1-1-2013	Amend	2-1-2013
340-253-0400	12-11-2012	Adopt	1-1-2013	410-121-0033(T)	1-1-2013	Repeal	2-1-2013
340-253-0450	12-11-2012	Adopt	1-1-2013	410-121-0040	1-1-2013	Amend	2-1-2013
340-253-0500	12-11-2012	Adopt	1-1-2013	410-121-0040	2-21-13	Amend(T)	4-1-2013
340-253-0600	12-11-2012	Adopt	1-1-2013	410-121-0040(T)	1-1-2013	Repeal	2-1-2013
340-253-0630	12-11-2012	Adopt	1-1-2013	410-121-0100	1-1-2013	Amend	2-1-2013
340-253-0650	12-11-2012	Adopt	1-1-2013	410-121-0100(T)	1-1-2013	Repeal	2-1-2013
340-253-1000	12-11-2012	Adopt	1-1-2013	410-121-0111	1-1-2013	Adopt	2-1-2013
340-253-1010	12-11-2012	Adopt	1-1-2013	410-121-0111(T)	1-1-2013	Repeal	2-1-2013
340-253-1020	12-11-2012	Adopt	1-1-2013	410-121-0190	12-28-2012	Amend(T)	2-1-2013
340-253-1030	12-11-2012	Adopt	1-1-2013	410-122-0186	12-27-2012	Amend	2-1-2013
340-253-3000	12-11-2012	Adopt	1-1-2013	410-122-0325	12-27-2012	Amend	2-1-2013
340-253-3010	12-11-2012	Adopt	1-1-2013	410-130-0180	12-28-2012	Amend(T)	2-1-2013
340-253-3020	12-11-2012	Adopt	1-1-2013	410-130-0240	12-28-2012	Amend(T)	2-1-2013
340-253-3030	12-11-2012	Adopt	1-1-2013	410-141-0262	3-1-2013	Amend(T)	4-1-2013
340-253-3040	12-11-2012	Adopt	1-1-2013	410-141-3060	1-1-2013	Amend(T)	2-1-2013
340-253-3050	12-11-2012	Adopt	1-1-2013	410-141-3060	2-7-2013	Amend(T)	3-1-2013
340-262-1000	12-11-2012	Adopt	1-1-2013	410-141-3060(T)	2-7-2013	Suspend	3-1-2013
340-264-0040	12-11-2012	Amend	1-1-2013	410-141-3160	1-4-2013	Amend(T)	2-1-2013
340-264-0078	12-11-2012	Amend	1-1-2013	410-141-3262	3-1-2013	Amend(T)	4-1-2013
340-264-0080	12-11-2012	Amend	1-1-2013	410-147-0360	3-1-2013	Amend(T)	4-1-2013
340-264-0100	12-11-2012	Amend	1-1-2013	410-147-0400	1-1-2013	Amend(T)	2-1-2013
340-264-0175	12-11-2012	Adopt	1-1-2013	410-147-0400	3-1-2013	Amend(T)	4-1-2013
345-029-0060	1-28-2013	Amend	3-1-2013	410-147-0400(T)	3-1-2013	Suspend	4-1-2013
345-060-0004	1-28-2013	Amend	3-1-2013	411-020-0002	11-28-2012	Amend	1-1-2013
345-060-0007	1-28-2013	Amend	3-1-2013	411-020-0002(T)	11-28-2012	Repeal	1-1-2013
345-060-0025	1-28-2013	Amend	3-1-2013	411-020-0030	11-28-2012	Amend	1-1-2013
407-007-0210	2-5-2013	Amend(T)	3-1-2013	411-020-0030(T)	11-28-2012	Repeal	1-1-2013
407-007-0290	2-5-2013	Amend(T)	3-1-2013	411-020-0085	11-28-2012	Amend	1-1-2013
409-021-0130	2-1-2013	Amend	3-1-2013	411-020-0085(T)	11-28-2012	Repeal	1-1-2013
409-025-0160	2-1-2013	Amend	3-1-2013	411-020-0123	11-28-2012	Adopt	1-1-2013
409-035-0020	2-1-2013	Amend	3-1-2013	411-020-0123(T)	11-28-2012	Repeal	1-1-2013
409-060-0100	2-1-2013	Adopt	3-1-2013	411-020-0126	11-28-2012	Adopt	1-1-2013
409-060-0110	2-1-2013	Adopt	3-1-2013	411-020-0126(T)	11-28-2012	Repeal	1-1-2013
409-060-0120	2-1-2013	Adopt	3-1-2013	411-070-0005	3-1-2013	Amend	4-1-2013
409-060-0130	2-1-2013	Adopt	3-1-2013	411-070-0005(T)	3-1-2013	Repeal	4-1-2013
409-060-0140	2-1-2013	Adopt	3-1-2013	411-070-0091	3-1-2013	Amend	4-1-2013
409-060-0150	2-1-2013	Adopt	3-1-2013	411-070-0091(T)	3-1-2013	Repeal	4-1-2013
410-120-0006	12-1-2012	Amend(T)	1-1-2013	411-070-0470	1-1-2013	Amend(T)	2-1-2013

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411-330-0020(T)	1-4-2013	Repeal	2-1-2013	413-120-0860	1-15-2013	Amend	2-1-2013
411-330-0065	1-4-2013	Adopt	2-1-2013	415-012-0000	1-14-2013	Amend(T)	2-1-2013
411-330-0065(T)	1-4-2013	Repeal	2-1-2013	415-012-0010	1-14-2013	Amend(T)	2-1-2013
413-020-0236	1-15-2013	Amend	2-1-2013	415-012-0020	1-14-2013	Amend(T)	2-1-2013
413-020-0245	1-15-2013	Amend	2-1-2013	415-012-0030	1-14-2013	Amend(T)	2-1-2013
413-030-0000	1-15-2013	Amend	2-1-2013	415-020-0053	1-14-2013	Amend(T)	2-1-2013
413-030-0003	1-15-2013	Amend	2-1-2013	415-050-0000	2-4-2013	Amend(T)	3-1-2013
413-030-0006	1-15-2013	Amend	2-1-2013	415-050-0005	2-4-2013	Amend(T)	3-1-2013
413-030-0009	1-15-2013	Amend	2-1-2013	415-050-0015	2-4-2013	Amend(T)	3-1-2013
413-030-0013	1-15-2013	Amend	2-1-2013	415-050-0025	2-4-2013	Amend(T)	3-1-2013
413-030-0016	1-15-2013	Amend	2-1-2013	415-050-0035	2-4-2013	Amend(T)	3-1-2013
413-030-0019	1-15-2013	Amend	2-1-2013	415-050-0040	2-4-2013	Amend(T)	3-1-2013
413-030-0023	1-15-2013	Amend	2-1-2013	415-050-0045	2-4-2013	Amend(T)	3-1-2013
413-030-0026	1-15-2013	Amend	2-1-2013	415-050-0050	2-4-2013	Amend(T)	3-1-2013
413-030-0030	1-15-2013	Amend	2-1-2013	415-050-0055	2-4-2013	Amend(T)	3-1-2013
413-030-0405	1-15-2013	Amend	2-1-2013	415-050-0060	2-4-2013	Amend(T)	3-1-2013
413-030-0410	1-15-2013	Amend	2-1-2013	415-050-0065	2-4-2013	Amend(T)	3-1-2013
413-030-0445	1-15-2013	Amend	2-1-2013	415-050-0070	2-4-2013	Amend(T)	3-1-2013
413-030-0449	1-15-2013	Amend	2-1-2013	415-050-0075	2-4-2013	Amend(T)	3-1-2013
413-030-0454	1-15-2013	Amend	2-1-2013	415-050-0090	2-4-2013	Amend(T)	3-1-2013
413-030-0456	1-15-2013	Adopt	2-1-2013	416-465-0000	2-25-2013	Repeal	4-1-2013
413-040-0005	1-15-2013	Amend	2-1-2013	416-465-0010	2-25-2013	Repeal	4-1-2013
413-040-0006	1-15-2013	Amend	2-1-2013	416-465-0020	2-25-2013	Repeal	4-1-2013
413-040-0008	1-15-2013	Amend	2-1-2013	416-465-0030	2-25-2013	Repeal	4-1-2013
413-040-0009	1-15-2013	Amend	2-1-2013	416-465-0040	2-25-2013	Repeal	4-1-2013
413-040-0010	1-15-2013	Amend	2-1-2013	436-001-0003	12-28-2012	Amend	1-1-2013
413-040-0011	1-15-2013	Amend	2-1-2013	436-001-0004	12-28-2012	Amend	1-1-2013
413-040-0013	1-15-2013	Amend	2-1-2013	436-001-0005	12-28-2012	Amend	1-1-2013
413-040-0016	1-15-2013	Amend	2-1-2013	436-001-0009	12-28-2012	Amend	1-1-2013
413-040-0017	1-15-2013	Amend	2-1-2013	436-001-0019	12-28-2012	Amend	1-1-2013
413-040-0024	1-15-2013	Amend	2-1-2013	436-001-0023	12-28-2012	Amend	1-1-2013
413-040-0032	1-15-2013	Amend	2-1-2013	436-001-0170	12-28-2012	Amend	1-1-2013
413-040-0210	1-15-2013	Amend	2-1-2013	436-001-0225	12-28-2012	Amend	1-1-2013
413-040-0215	1-15-2013	Amend	2-1-2013	436-001-0246	12-28-2012	Amend	1-1-2013
413-040-0240	1-15-2013	Amend	2-1-2013	436-001-0300	12-28-2012	Repeal	1-1-2013
413-040-0270	1-15-2013	Amend	2-1-2013	436-001-0410	12-28-2012	Amend	1-1-2013
413-040-0290	1-15-2013	Amend	2-1-2013	436-001-0420	12-28-2012	Amend	1-1-2013
413-040-0300	1-15-2013	Amend	2-1-2013	436-001-0430	12-28-2012	Amend	1-1-2013
413-070-0524	1-15-2013	Amend	2-1-2013	436-009-0004	4-1-2013	Amend	4-1-2013
413-070-0536	1-15-2013	Amend	2-1-2013	436-009-0010	4-1-2013	Amend	4-1-2013
413-070-0551	1-15-2013	Amend	2-1-2013	436-009-0020	4-1-2013	Amend	4-1-2013
413-070-0552	1-15-2013	Amend	2-1-2013	436-009-0025	4-1-2013	Amend	4-1-2013
413-070-0556	1-15-2013	Amend	2-1-2013	436-009-0030	4-1-2013	Amend	4-1-2013
413-070-0565	1-15-2013	Amend	2-1-2013	436-009-0050	4-1-2013	Amend	4-1-2013
413-070-0620	1-15-2013	Amend	2-1-2013	436-009-0070	4-1-2013	Amend	4-1-2013
413-070-0625	1-15-2013	Amend	2-1-2013	436-009-0110	4-1-2013	Amend	4-1-2013
413-070-0630	1-15-2013	Amend	2-1-2013	436-009-0135	4-1-2013	Amend	4-1-2013
413-070-0640	1-15-2013	Amend	2-1-2013	436-009-0175	4-1-2013	Amend	4-1-2013
413-080-0040	1-15-2013	Amend	2-1-2013	436-009-0177	4-1-2013	Amend	4-1-2013
413-080-0050	1-15-2013	Amend	2-1-2013	436-009-0180	4-1-2013	Amend	4-1-2013
413-080-0052	1-15-2013	Amend	2-1-2013	436-009-0207	4-1-2013	Amend	4-1-2013
413-080-0054	1-15-2013	Adopt	2-1-2013	436-009-0260	4-1-2013	Amend	4-1-2013
413-080-0055	1-15-2013	Amend	2-1-2013	436-009-0290	4-1-2013	Amend	4-1-2013
413-080-0059	1-15-2013	Amend	2-1-2013	436-010-0210	4-1-2013	Amend	4-1-2013
413-080-0063	1-15-2013	Repeal	2-1-2013	436-010-0230	4-1-2013	Amend	4-1-2013

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436-010-0330	4-1-2013	Amend	4-1-2013	438-005-0015	4-1-2013	Amend	3-1-2013
436-015-0008	4-1-2013	Amend	4-1-2013	438-009-0005	4-1-2013	Amend	3-1-2013
436-015-0080	4-1-2013	Amend	4-1-2013	438-009-0020	4-1-2013	Amend	3-1-2013
436-015-0110	4-1-2013	Amend	4-1-2013	438-011-0010	4-1-2013	Amend	3-1-2013
436-035-0002	1-1-2013	Amend	1-1-2013	438-011-0045	4-1-2013	Amend	3-1-2013
436-035-0003	1-1-2013	Amend	1-1-2013	438-012-0001	4-1-2013	Amend	3-1-2013
436-035-0005	1-1-2013	Amend	1-1-2013	438-012-0020	4-1-2013	Amend	3-1-2013
436-035-0007	1-1-2013	Amend	1-1-2013	438-012-0031	4-1-2013	Amend	3-1-2013
436-035-0008	1-1-2013	Amend	1-1-2013	438-012-0035	4-1-2013	Amend	3-1-2013
436-035-0009	1-1-2013	Amend	1-1-2013	438-012-0036	4-1-2013	Amend	3-1-2013
436-035-0011	1-1-2013	Amend	1-1-2013	438-012-0050	4-1-2013	Amend	3-1-2013
436-035-0012	1-1-2013	Amend	1-1-2013	438-012-0060	4-1-2013	Amend	3-1-2013
436-035-0017	1-1-2013	Amend	1-1-2013	438-012-0062	4-1-2013	Amend	3-1-2013
436-035-0018	1-1-2013	Amend	1-1-2013	438-016-0005	4-1-2013	Amend	3-1-2013
436-035-0030	1-1-2013	Amend	1-1-2013	438-019-0010	4-1-2013	Amend	3-1-2013
436-035-0040	1-1-2013	Amend	1-1-2013	438-020-0010	4-1-2013	Amend	3-1-2013
436-035-0110	1-1-2013	Amend	1-1-2013	438-022-0005	4-1-2013	Amend	3-1-2013
436-035-0230	1-1-2013	Amend	1-1-2013	441-505-3090	1-23-2013	Adopt	3-1-2013
436-035-0235	1-1-2013	Amend	1-1-2013	441-505-3090(T)	1-23-2013	Repeal	3-1-2013
436-035-0255	1-1-2013	Amend	1-1-2013	441-710-0270	2-1-2013	Amend(T)	2-1-2013
436-035-0260	1-1-2013	Amend	1-1-2013	442-005-0000	1-1-2013	Amend	2-1-2013
436-035-0265	1-1-2013	Amend	1-1-2013	442-005-0010	1-1-2013	Amend	2-1-2013
436-035-0340	1-1-2013	Amend	1-1-2013	442-005-0020	1-1-2013	Amend	2-1-2013
436-035-0350	1-1-2013	Amend	1-1-2013	442-005-0030	1-1-2013	Amend	2-1-2013
436-035-0370	1-1-2013	Amend	1-1-2013	442-005-0040	1-1-2013	Amend	2-1-2013
436-035-0380	1-1-2013	Amend	1-1-2013	442-005-0050	1-1-2013	Amend	2-1-2013
436-035-0385	1-1-2013	Amend	1-1-2013	442-005-0070	1-1-2013	Amend	2-1-2013
436-035-0390	1-1-2013	Amend	1-1-2013	442-005-0080	1-1-2013	Amend	2-1-2013
436-035-0395	1-1-2013	Amend	1-1-2013	442-005-0090	1-1-2013	Amend	2-1-2013
436-035-0400	1-1-2013	Amend	1-1-2013	442-005-0100	1-1-2013	Amend	2-1-2013
436-035-0410	1-1-2013	Amend	1-1-2013	442-005-0110	1-1-2013	Amend	2-1-2013
436-035-0420	1-1-2013	Amend	1-1-2013	442-005-0130	1-1-2013	Amend	2-1-2013
436-035-0430	1-1-2013	Amend	1-1-2013	442-005-0140	1-1-2013	Amend	2-1-2013
436-035-0440	1-1-2013	Amend	1-1-2013	442-005-0150	1-1-2013	Amend	2-1-2013
436-035-0450	1-1-2013	Amend	1-1-2013	442-005-0160	1-1-2013	Amend	2-1-2013
436-035-0500	1-1-2013	Amend	1-1-2013	442-005-0170	1-1-2013	Amend	2-1-2013
436-050-0003	1-23-2013	Amend(T)	3-1-2013	442-005-0180	1-1-2013	Amend	2-1-2013
436-050-0175	1-1-2013	Amend	1-1-2013	442-005-0190	1-1-2013	Amend	2-1-2013
436-050-0300	1-23-2013	Amend(T)	3-1-2013	442-005-0200	1-1-2013	Amend	2-1-2013
436-070-0002	4-1-2013	Amend	1-1-2013	442-005-0210	1-1-2013	Amend	2-1-2013
436-070-0003	4-1-2013	Amend	1-1-2013	442-005-0220	1-1-2013	Amend	2-1-2013
436-070-0010	4-1-2013	Amend	1-1-2013	442-005-0230	1-1-2013	Amend	2-1-2013
437-002-0005	12-14-2012	Amend	1-1-2013	442-005-0235	1-1-2013	Adopt	2-1-2013
437-002-0020	4-1-2013	Amend	3-1-2013	442-005-0240	1-1-2013	Amend	2-1-2013
437-002-0023	4-1-2013	Adopt	3-1-2013	442-005-0260	1-1-2013	Amend	2-1-2013
437-002-0120	12-14-2012	Amend	1-1-2013	442-005-0270	1-1-2013	Amend	2-1-2013
437-002-0134	4-1-2013	Amend	3-1-2013	442-005-0280	1-1-2013	Amend	2-1-2013
437-002-0240	12-14-2012	Amend	1-1-2013	442-005-0290	1-1-2013	Amend	2-1-2013
437-003-0001	12-14-2012	Amend	1-1-2013	442-005-0300	1-1-2013	Amend	2-1-2013
437-003-0001	2-14-2013	Amend	3-1-2013	442-005-0310	1-1-2013	Amend	2-1-2013
437-003-0001	4-1-2013	Amend	3-1-2013	442-005-0320	1-1-2013	Amend	2-1-2013
437-003-0128	4-1-2013	Repeal	3-1-2013	442-005-0330	1-1-2013	Amend	2-1-2013
437-003-0134	4-1-2013	Adopt	3-1-2013	442-005-0340	1-1-2013	Amend	2-1-2013
437-005-0001	12-14-2012	Amend	1-1-2013	442-005-0350	1-1-2013	Repeal	2-1-2013
437-005-0002	12-14-2012	Amend	1-1-2013	442-010-0010	1-1-2013	Amend	2-1-2013

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442-010-0030	1-1-2013	Amend	2-1-2013	461-155-0180	2-1-2013	Amend(T)	3-1-2013
442-010-0040	1-1-2013	Amend	2-1-2013	461-155-0235	1-30-2013	Amend	3-1-2013
442-010-0050	1-1-2013	Amend	2-1-2013	461-155-0250	1-1-2013	Amend(T)	2-1-2013
442-010-0055	1-1-2013	Amend	2-1-2013	461-155-0270	1-1-2013	Amend(T)	2-1-2013
442-010-0060	1-1-2013	Amend	2-1-2013	461-155-0270	1-8-2013	Amend(T)	2-1-2013
442-010-0070	1-1-2013	Amend	2-1-2013	461-155-0270(T)	1-8-2013	Suspend	2-1-2013
442-010-0075	1-1-2013	Amend	2-1-2013	461-155-0290	3-1-2013	Amend	4-1-2013
442-010-0080	1-1-2013	Amend	2-1-2013	461-155-0291	3-1-2013	Amend	4-1-2013
442-010-0085	1-1-2013	Amend	2-1-2013	461-155-0295	3-1-2013	Amend	4-1-2013
442-010-0090	1-1-2013	Amend	2-1-2013	461-155-0300	1-1-2013	Amend(T)	2-1-2013
442-010-0100	1-1-2013	Amend	2-1-2013	461-160-0015	1-1-2013	Amend	2-1-2013
442-010-0110	1-1-2013	Repeal	2-1-2013	461-160-0015	1-1-2013	Amend(T)	2-1-2013
442-010-0120	1-1-2013	Amend	2-1-2013	461-160-0055	1-1-2013	Amend	2-1-2013
442-010-0140	1-1-2013	Amend	2-1-2013	461-160-0055(T)	1-1-2013	Repeal	2-1-2013
442-010-0150	1-1-2013	Amend	2-1-2013	461-160-0580	1-1-2013	Amend	2-1-2013
442-010-0160	1-1-2013	Amend	2-1-2013	461-160-0620	1-1-2013	Amend	2-1-2013
442-010-0170	1-1-2013	Amend	2-1-2013	461-165-0010	2-6-2013	Amend	3-1-2013
442-010-0180	1-1-2013	Amend	2-1-2013	461-165-0060	1-1-2013	Amend	2-1-2013
442-010-0190	1-1-2013	Amend	2-1-2013	461-180-0100	1-1-2013	Amend	2-1-2013
442-010-0210	1-1-2013	Amend	2-1-2013	461-190-0211	1-1-2013	Amend(T)	2-1-2013
442-010-0215	1-1-2013	Amend	2-1-2013	461-190-0211	1-23-2013	Amend(T)	3-1-2013
442-010-0220	1-1-2013	Amend	2-1-2013	461-190-0211(T)	1-1-2013	Suspend	2-1-2013
442-010-0230	1-1-2013	Amend	2-1-2013	461-190-0211(T)	1-23-2013	Suspend	3-1-2013
442-010-0240	1-1-2013	Amend	2-1-2013	462-130-0010	12-31-2012	Amend	2-1-2013
442-010-0260	1-1-2013	Amend	2-1-2013	571-004-0020	3-4-2013	Amend	4-1-2013
442-010-0270	1-1-2013	Amend	2-1-2013	571-004-0025	3-4-2013	Amend	4-1-2013
442-010-0280	1-1-2013	Repeal	2-1-2013	571-004-0030	3-4-2013	Amend	4-1-2013
459-005-0040	1-25-2013	Amend	3-1-2013	571-004-0037	3-4-2013	Adopt	4-1-2013
459-005-0400	12-5-2012	Adopt	1-1-2013	571-004-0050	3-4-2013	Amend	4-1-2013
459-009-0200	1-25-2013	Amend	3-1-2013	571-004-0055	3-4-2013	Amend	4-1-2013
459-035-0001	12-5-2012	Amend	1-1-2013	571-060-0005	3-6-2013	Amend	4-1-2013
459-035-0200	12-5-2012	Repeal	1-1-2013	574-050-0005	1-28-2013	Amend	3-1-2013
459-035-0220	12-5-2012	Repeal	1-1-2013	576-005-0035	3-1-2013	Repeal	4-1-2013
461-115-0016	1-1-2013	Amend	2-1-2013	576-005-0040	3-1-2013	Repeal	4-1-2013
461-115-0016(T)	1-1-2013	Repeal	2-1-2013	576-010-0000	1-1-2013	Amend	2-1-2013
461-115-0430	1-1-2013	Amend	2-1-2013	576-026-0005	1-1-2013	Repeal	2-1-2013
461-120-0340	12-29-2012	Amend	2-1-2013	576-026-0010	1-1-2013	Repeal	2-1-2013
461-125-0830	1-1-2013	Amend(T)	2-1-2013	576-050-0015	1-1-2013	Amend	2-1-2013
461-130-0310	1-1-2013	Amend(T)	2-1-2013	576-055-0000	1-16-2013	Adopt	3-1-2013
461-130-0330	1-1-2013	Amend	2-1-2013	576-055-0010	1-16-2013	Adopt	3-1-2013
461-130-0335	1-1-2013	Amend	2-1-2013	576-055-0020	1-16-2013	Adopt	3-1-2013
461-135-0089	1-1-2013	Amend	2-1-2013	576-055-0030	1-16-2013	Adopt	3-1-2013
461-135-0400	1-1-2013	Amend(T)	2-1-2013	576-055-0040	1-16-2013	Adopt	3-1-2013
461-135-0407	1-1-2013	Adopt	2-1-2013	576-055-0050	1-16-2013	Adopt	3-1-2013
461-135-0407(T)	1-1-2013	Repeal	2-1-2013	576-055-0060	1-16-2013	Adopt	3-1-2013
461-135-0780	1-1-2013	Amend(T)	2-1-2013	576-055-0070	1-16-2013	Adopt	3-1-2013
461-135-1102	12-1-2012	Amend(T)	1-1-2013	576-055-0080	1-16-2013	Adopt	3-1-2013
461-145-0080	12-29-2012	Amend	2-1-2013	576-055-0090	1-16-2013	Adopt	3-1-2013
461-145-0220	1-1-2013	Amend(T)	2-1-2013	576-055-0100	1-16-2013	Adopt	3-1-2013
461-145-0260	1-1-2013	Amend	2-1-2013	576-055-0110	1-16-2013	Adopt	3-1-2013
461-145-0260	1-1-2013	Amend(T)	2-1-2013	576-055-0120	1-16-2013	Adopt	3-1-2013
461-145-0260(T)	1-1-2013	Repeal	2-1-2013	576-055-0130	1-16-2013	Adopt	3-1-2013
461-145-0580	1-1-2013	Amend	2-1-2013	576-055-0140	1-16-2013	Adopt	3-1-2013
461-145-0580(T)	1-1-2013	Repeal	2-1-2013	576-055-0150	1-16-2013	Adopt	3-1-2013
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576-056-0010	1-1-2013	Adopt	2-1-2013	589-002-0110	12-26-2012	Adopt	2-1-2013
576-056-0020	1-1-2013	Adopt	2-1-2013	589-002-0120	12-26-2012	Adopt	2-1-2013
576-056-0030	1-1-2013	Adopt	2-1-2013	589-002-0130	12-26-2012	Adopt	2-1-2013
576-056-0040	1-1-2013	Adopt	2-1-2013	589-007-0700	12-26-2012	Amend	2-1-2013
576-056-0050	1-1-2013	Adopt	2-1-2013	603-013-0905	2-7-2013	Adopt	3-1-2013
576-056-0060	1-1-2013	Adopt	2-1-2013	603-013-0910	2-7-2013	Adopt	3-1-2013
576-056-0070	1-1-2013	Adopt	2-1-2013	603-013-0920	2-7-2013	Adopt	3-1-2013
576-056-0080	1-1-2013	Adopt	2-1-2013	603-013-0932	2-7-2013	Adopt	3-1-2013
576-056-0090	1-1-2013	Adopt	2-1-2013	603-017-0900	2-7-2013	Adopt	3-1-2013
576-056-0100	1-1-2013	Adopt	2-1-2013	603-017-0910	2-7-2013	Adopt	3-1-2013
576-056-0110	1-1-2013	Adopt	2-1-2013	603-017-0920	2-7-2013	Adopt	3-1-2013
576-056-0120	1-1-2013	Adopt	2-1-2013	603-017-0930	2-7-2013	Adopt	3-1-2013
576-056-0130	1-1-2013	Adopt	2-1-2013	603-021-0900	2-7-2013	Adopt	3-1-2013
579-070-0005	12-20-2012	Amend	2-1-2013	603-021-0910	2-7-2013	Adopt	3-1-2013
579-070-0005	2-22-2013	Amend	4-1-2013	603-021-0920	2-7-2013	Adopt	3-1-2013
579-070-0010	2-22-2013	Amend	4-1-2013	603-021-0930	2-7-2013	Adopt	3-1-2013
579-070-0015	2-22-2013	Amend	4-1-2013	603-022-0900	2-7-2013	Adopt	3-1-2013
579-070-0030	2-22-2013	Amend	4-1-2013	603-022-0910	2-7-2013	Adopt	3-1-2013
579-070-0035	2-22-2013	Amend	4-1-2013	603-022-0920	2-7-2013	Adopt	3-1-2013
579-070-0041	2-22-2013	Amend	4-1-2013	603-022-0930	2-7-2013	Adopt	3-1-2013
579-070-0042	2-22-2013	Amend	4-1-2013	603-024-0900	2-7-2013	Adopt	3-1-2013
579-070-0043	2-22-2013	Amend	4-1-2013	603-024-0910	2-7-2013	Adopt	3-1-2013
579-070-0045	2-22-2013	Amend	4-1-2013	603-024-0920	2-7-2013	Adopt	3-1-2013
581-001-0016	1-15-2013	Adopt	2-1-2013	603-024-0930	2-7-2013	Adopt	3-1-2013
581-002-0090	1-15-2013	Adopt	2-1-2013	603-025-0030	1-1-2013	Amend	2-1-2013
581-015-2110	1-17-2013	Amend	3-1-2013	603-025-0900	2-7-2013	Adopt	3-1-2013
581-021-0500	1-17-2013	Amend	3-1-2013	603-025-0910	2-7-2013	Adopt	3-1-2013
581-021-0500(T)	1-17-2013	Repeal	3-1-2013	603-025-0920	2-7-2013	Adopt	3-1-2013
581-022-1065	1-15-2013	Repeal	2-1-2013	603-025-0930	2-7-2013	Adopt	3-1-2013
581-022-1670	2-20-2013	Amend	4-1-2013	603-028-0900	2-7-2013	Adopt	3-1-2013
581-045-0003	1-15-2013	Amend	2-1-2013	603-028-0910	2-7-2013	Adopt	3-1-2013
581-045-0586	1-17-2013	Amend	3-1-2013	603-028-0920	2-7-2013	Adopt	3-1-2013
581-045-0586(T)	1-17-2013	Repeal	3-1-2013	603-028-0930	2-7-2013	Adopt	3-1-2013
584-005-0005	2-14-2013	Amend	3-1-2013	603-047-0010	12-21-2012	Adopt	2-1-2013
584-018-0205	2-14-2013	Amend	3-1-2013	603-047-0100	12-21-2012	Adopt	2-1-2013
584-018-0220	11-19-2012	Adopt	1-1-2013	603-047-0200	12-21-2012	Adopt	2-1-2013
584-018-0305	2-14-2013	Amend	3-1-2013	603-047-0300	12-21-2012	Adopt	2-1-2013
584-036-0082	11-19-2012	Repeal	1-1-2013	603-047-0400	12-21-2012	Adopt	2-1-2013
584-052-0030	11-19-2012	Repeal	1-1-2013	603-047-0500	12-21-2012	Adopt	2-1-2013
584-052-0031	11-19-2012	Repeal	1-1-2013	603-051-0855	3-1-2013	Amend	4-1-2013
584-052-0032	11-19-2012	Repeal	1-1-2013	603-051-0856	3-1-2013	Amend	4-1-2013
584-052-0033	11-19-2012	Repeal	1-1-2013	603-051-0857	3-1-2013	Amend	4-1-2013
584-066-0015	2-14-2013	Adopt	3-1-2013	603-051-0858	3-1-2013	Amend	4-1-2013
584-070-0411	2-14-2013	Amend	3-1-2013	603-051-0859	3-1-2013	Amend	4-1-2013
584-080-0031	11-19-2012	Amend	1-1-2013	603-052-0075	3-1-2013	Amend	4-1-2013
584-090-0115	11-19-2012	Amend	1-1-2013	603-052-0114	3-1-2013	Amend	4-1-2013
584-100-0016	2-14-2013	Amend	3-1-2013	603-052-0116	3-1-2013	Amend	4-1-2013
584-100-0038	11-19-2012	Amend	1-1-2013	603-052-0127	3-1-2013	Amend	4-1-2013
584-100-0038	2-14-2013	Amend	3-1-2013	603-052-0129	3-1-2013	Amend	4-1-2013
584-100-0091	11-19-2012	Amend	1-1-2013	603-052-0850	2-6-2013	Repeal	3-1-2013
584-100-0096	11-19-2012	Amend	1-1-2013	603-052-0852	2-6-2013	Repeal	3-1-2013
584-100-0101	2-14-2013	Amend	3-1-2013	603-052-0860	2-6-2013	Amend	3-1-2013
584-100-0106	2-14-2013	Amend	3-1-2013	603-052-0861	2-6-2013	Adopt	3-1-2013
585-001-0007	12-17-2012	Adopt	2-1-2013	603-052-0862	2-6-2013	Adopt	3-1-2013
585-001-0009	12-17-2012	Adopt	2-1-2013	603-052-0870	2-6-2013	Amend	3-1-2013

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603-052-0882	2-6-2013	Adopt	3-1-2013	635-019-0090	1-1-2013	Amend	2-1-2013
603-052-0884	2-6-2013	Adopt	3-1-2013	635-019-0090	1-1-2013	Amend(T)	2-1-2013
603-052-0886	2-6-2013	Adopt	3-1-2013	635-021-0080	1-1-2013	Amend	2-1-2013
603-052-0888	2-6-2013	Adopt	3-1-2013	635-021-0090	1-1-2013	Amend	2-1-2013
603-052-0901	2-6-2013	Adopt	3-1-2013	635-023-0080	1-1-2013	Amend	2-1-2013
603-052-0921	2-6-2013	Adopt	3-1-2013	635-023-0090	1-1-2013	Amend	2-1-2013
603-052-1080	12-3-2012	Adopt	1-1-2013	635-023-0095	1-1-2013	Amend	2-1-2013
603-052-1090	12-3-2012	Adopt	1-1-2013	635-023-0095	1-1-2013	Amend(T)	2-1-2013
603-052-1200	3-1-2013	Amend	4-1-2013	635-023-0095	2-28-2013	Amend(T)	3-1-2013
603-052-1206	12-12-2012	Adopt	1-1-2013	635-023-0095(T)	2-28-2013	Suspend	3-1-2013
603-052-1209	12-12-2012	Adopt	1-1-2013	635-023-0125	1-1-2013	Amend	2-1-2013
603-052-1211	12-12-2012	Adopt	1-1-2013	635-023-0125	2-28-2013	Amend(T)	3-1-2013
603-052-1230	3-1-2013	Amend	4-1-2013	635-023-0128	1-1-2013	Amend	2-1-2013
603-052-1320	3-1-2013	Amend	4-1-2013	635-023-0130	1-1-2013	Amend	2-1-2013
603-100-0900	2-7-2013	Adopt	3-1-2013	635-023-0134	1-1-2013	Amend	2-1-2013
603-100-0910	2-7-2013	Adopt	3-1-2013	635-039-0080	1-3-2013	Amend	2-1-2013
603-100-0920	2-7-2013	Adopt	3-1-2013	635-039-0090	1-1-2013	Amend	2-1-2013
603-100-0930	2-7-2013	Adopt	3-1-2013	635-039-0090	1-1-2013	Amend(T)	2-1-2013
635-004-0220	1-1-2013	Amend	2-1-2013	635-041-0020	1-1-2013	Amend	2-1-2013
635-004-0275	1-3-2013	Amend	2-1-2013	635-041-0045	2-1-2013	Amend(T)	3-1-2013
635-004-0310	1-1-2013	Amend	2-1-2013	635-041-0045	3-6-2013	Amend(T)	4-1-2013
635-004-0350	1-1-2013	Amend	2-1-2013	635-041-0045(T)	3-6-2013	Suspend	4-1-2013
635-004-0355	1-1-2013	Amend	2-1-2013	635-041-0065	2-1-2013	Amend(T)	3-1-2013
635-004-0465	1-1-2013	Amend	2-1-2013	635-041-0065	2-27-2013	Amend(T)	4-1-2013
635-005-0410	1-1-2013	Amend	2-1-2013	635-041-0065	3-6-2013	Amend(T)	4-1-2013
635-005-0465	12-12-2012	Amend(T)	1-1-2013	635-041-0065(T)	2-27-2013	Suspend	4-1-2013
635-005-0465(T)	12-12-2012	Suspend	1-1-2013	635-041-0065(T)	3-6-2013	Suspend	4-1-2013
635-005-0480	1-1-2013	Amend	2-1-2013	635-042-0135	1-31-2013	Amend(T)	3-1-2013
635-005-0585	1-1-2013	Amend	2-1-2013	635-042-0145	2-11-2013	Amend(T)	3-1-2013
635-005-0740	1-1-2013	Amend	2-1-2013	635-042-0145	3-13-2013	Amend(T)	4-1-2013
635-005-0800	1-1-2013	Amend	2-1-2013	635-042-0145(T)	3-13-2013	Suspend	4-1-2013
635-006-0001	1-1-2013	Amend	2-1-2013	635-042-0160	2-11-2013	Amend(T)	3-1-2013
635-006-0200	1-1-2013	Amend	2-1-2013	635-042-0170	2-11-2013	Amend(T)	3-1-2013
635-006-0210	1-1-2013	Amend	2-1-2013	635-042-0180	2-11-2013	Amend(T)	3-1-2013
635-006-0211	1-1-2013	Amend	2-1-2013	635-045-0000	1-1-2013	Amend	2-1-2013
635-006-0215	1-1-2013	Amend	2-1-2013	635-045-0002	1-1-2013	Amend	2-1-2013
635-006-0232	1-14-2013	Amend	2-1-2013	635-053-0035	1-23-2013	Amend(T)	3-1-2013
635-008-0175	1-1-2013	Amend	2-1-2013	635-056-0050	12-18-2012	Amend	2-1-2013
635-011-0100	1-1-2013	Amend	2-1-2013	635-056-0075	12-18-2012	Amend	2-1-2013
635-011-0102	1-1-2013	Amend	2-1-2013	635-060-0005	1-23-2013	Amend	3-1-2013
635-013-0003	1-1-2013	Amend	2-1-2013	635-060-0040	3-11-2013	Amend(T)	4-1-2013
635-013-0004	1-1-2013	Amend	2-1-2013	635-065-0001	1-1-2013	Amend	2-1-2013
635-014-0080	1-1-2013	Amend	2-1-2013	635-065-0011	1-1-2013	Adopt	2-1-2013
635-014-0090	1-1-2013	Amend	2-1-2013	635-065-0011	2-7-2013	Amend	3-1-2013
635-016-0080	1-1-2013	Amend	2-1-2013	635-065-0015	1-1-2013	Amend	2-1-2013
635-016-0090	1-1-2013	Amend	2-1-2013	635-065-0090	1-1-2013	Amend	2-1-2013
635-016-0090	1-1-2013	Amend(T)	2-1-2013	635-065-0401	1-1-2013	Amend	2-1-2013
635-017-0080	1-1-2013	Amend	2-1-2013	635-065-0625	1-1-2013	Amend	2-1-2013
635-017-0090	1-1-2013	Amend	2-1-2013	635-065-0735	1-1-2013	Amend	2-1-2013
635-017-0095	1-1-2013	Amend	2-1-2013	635-065-0740	1-1-2013	Amend	2-1-2013
635-017-0095	2-14-2013	Amend(T)	3-1-2013	635-065-0760	1-1-2013	Amend	2-1-2013
635-017-0095	2-28-2013	Amend(T)	4-1-2013	635-065-0765	2-1-2013	Amend	2-1-2013
635-018-0080	1-1-2013	Amend	2-1-2013	635-065-0765	2-7-2013	Amend	3-1-2013
635-018-0090	1-1-2013	Amend	2-1-2013	635-065-0765(T)	2-7-2013	Repeal	3-1-2013
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635-067-0000	1-1-2013	Amend	2-1-2013	690-517-0000	12-12-2012	Amend	1-1-2013
635-067-0004	1-1-2013	Amend	2-1-2013	690-517-0020	12-12-2012	Amend	1-1-2013
635-068-0000	3-1-2013	Amend	3-1-2013	690-517-0030	12-12-2012	Amend	1-1-2013
635-069-0000	2-1-2013	Amend	2-1-2013	690-517-0040	12-12-2012	Amend	1-1-2013
635-070-0000	4-1-2013	Amend	4-1-2013	690-517-0050	12-12-2012	Repeal	1-1-2013
635-070-0020	2-7-2013	Amend	3-1-2013	690-518-0010	12-12-2012	Amend	1-1-2013
635-071-0000	4-1-2013	Amend	4-1-2013	690-518-0030	12-12-2012	Amend	1-1-2013
635-072-0000	1-1-2013	Amend	2-1-2013	690-518-0040	12-12-2012	Repeal	1-1-2013
635-073-0000	2-1-2013	Amend	2-1-2013	690-518-0050	12-12-2012	Amend	1-1-2013
635-073-0065	2-1-2013	Amend	2-1-2013	695-045-0010	1-30-2013	Amend	3-1-2013
635-073-0070	2-1-2013	Amend	2-1-2013	695-045-0020	1-30-2013	Amend	3-1-2013
635-075-0005	3-11-2013	Amend(T)	4-1-2013	695-045-0025	1-30-2013	Repeal	3-1-2013
635-078-0011	1-1-2013	Amend	2-1-2013	695-045-0030	1-30-2013	Repeal	3-1-2013
635-095-0125	12-31-2012	Amend(T)	2-1-2013	695-045-0035	1-30-2013	Repeal	3-1-2013
635-500-6650	1-14-2013	Adopt	2-1-2013	695-045-0040	1-30-2013	Repeal	3-1-2013
635-500-6700	1-1-2013	Adopt	2-1-2013	695-045-0045	1-30-2013	Repeal	3-1-2013
635-500-6705	1-1-2013	Adopt	2-1-2013	695-045-0050	1-30-2013	Repeal	3-1-2013
635-500-6710	1-1-2013	Adopt	2-1-2013	695-045-0055	1-30-2013	Repeal	3-1-2013
635-500-6715	1-1-2013	Adopt	2-1-2013	695-045-0060	1-30-2013	Repeal	3-1-2013
635-500-6720	1-1-2013	Adopt	2-1-2013	695-045-0065	1-30-2013	Repeal	3-1-2013
635-500-6725	1-1-2013	Adopt	2-1-2013	695-045-0070	1-30-2013	Repeal	3-1-2013
635-500-6730	1-1-2013	Adopt	2-1-2013	695-045-0080	1-30-2013	Repeal	3-1-2013
635-500-6735	1-1-2013	Adopt	2-1-2013	695-045-0090	1-30-2013	Repeal	3-1-2013
635-500-6740	1-1-2013	Adopt	2-1-2013	695-045-0100	1-30-2013	Repeal	3-1-2013
635-500-6745	1-1-2013	Adopt	2-1-2013	695-045-0110	1-30-2013	Repeal	3-1-2013
635-500-6750	1-1-2013	Adopt	2-1-2013	695-045-0120	1-30-2013	Repeal	3-1-2013
635-500-6755	1-1-2013	Adopt	2-1-2013	695-045-0130	1-30-2013	Repeal	3-1-2013
635-500-6760	1-1-2013	Adopt	2-1-2013	695-045-0140	1-30-2013	Repeal	3-1-2013
635-500-6765	1-1-2013	Adopt	2-1-2013	695-045-0150	1-30-2013	Repeal	3-1-2013
660-006-0005	2-1-2013	Amend	3-1-2013	695-045-0160	1-30-2013	Adopt	3-1-2013
660-006-0025	2-1-2013	Amend	3-1-2013	695-045-0165	1-30-2013	Adopt	3-1-2013
660-024-0040	12-10-2012	Amend	1-1-2013	695-045-0170	1-30-2013	Adopt	3-1-2013
660-024-0045	12-10-2012	Adopt	1-1-2013	695-045-0175	1-30-2013	Adopt	3-1-2013
660-033-0130	1-29-2013	Amend	3-1-2013	695-045-0180	1-30-2013	Adopt	3-1-2013
660-044-0000	1-1-2013	Amend	1-1-2013	695-045-0185	1-30-2013	Adopt	3-1-2013
660-044-0005	1-1-2013	Amend	1-1-2013	695-045-0190	1-30-2013	Adopt	3-1-2013
660-044-0040	1-1-2013	Adopt	1-1-2013	695-045-0195	1-30-2013	Adopt	3-1-2013
660-044-0045	1-1-2013	Adopt	1-1-2013	695-045-0200	1-30-2013	Adopt	3-1-2013
660-044-0050	1-1-2013	Adopt	1-1-2013	695-045-0205	1-30-2013	Adopt	3-1-2013
660-044-0055	1-1-2013	Adopt	1-1-2013	695-045-0210	1-30-2013	Adopt	3-1-2013
660-044-0060	1-1-2013	Adopt	1-1-2013	695-045-0215	1-30-2013	Adopt	3-1-2013
690-501-0005	12-12-2012	Amend	1-1-2013	734-010-0220	11-21-2012	Amend	1-1-2013
690-501-0010	12-12-2012	Amend	1-1-2013	734-010-0290	11-21-2012	Amend	1-1-2013
690-501-0020	12-12-2012	Repeal	1-1-2013	734-010-0300	11-21-2012	Amend	1-1-2013
690-501-0030	12-12-2012	Amend	1-1-2013	734-010-0310	11-21-2012	Repeal	1-1-2013
690-515-0000	12-12-2012	Amend	1-1-2013	734-010-0320	11-21-2012	Amend	1-1-2013
690-515-0010	12-12-2012	Amend	1-1-2013	734-010-0330	11-21-2012	Amend	1-1-2013
690-515-0020	12-12-2012	Amend	1-1-2013	734-010-0340	11-21-2012	Amend	1-1-2013
690-515-0030	12-12-2012	Amend	1-1-2013	734-010-0350	11-21-2012	Amend	1-1-2013
690-515-0040	12-12-2012	Amend	1-1-2013	734-010-0370	11-21-2012	Repeal	1-1-2013
690-515-0050	12-12-2012	Amend	1-1-2013	734-010-0380	11-21-2012	Amend	1-1-2013
690-515-0060	12-12-2012	Amend	1-1-2013	734-030-0005	3-1-2013	Amend	3-1-2013
690-516-0005	12-12-2012	Amend	1-1-2013	734-030-0010	3-1-2013	Amend	3-1-2013
690-516-0010	12-12-2012	Amend	1-1-2013	734-030-0015	3-1-2013	Amend	3-1-2013

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734-030-0016	3-1-2013	Adopt	3-1-2013	736-045-0440	12-13-2012	Adopt	1-1-2013
734-059-0100	11-20-2012	Amend	1-1-2013	736-045-0442	12-13-2012	Adopt	1-1-2013
734-073-0090	12-21-2012	Repeal	2-1-2013	736-045-0444	12-13-2012	Adopt	1-1-2013
735-001-0062	1-1-2013	Adopt	2-1-2013	736-045-0446	12-13-2012	Adopt	1-1-2013
735-012-0000	11-19-2012	Amend	1-1-2013	736-045-0448	12-13-2012	Adopt	1-1-2013
735-012-0000(T)	11-19-2012	Repeal	1-1-2013	736-045-0500	12-13-2012	Adopt	1-1-2013
735-062-0080	2-1-2013	Amend	3-1-2013	736-045-0505	12-13-2012	Adopt	1-1-2013
735-070-0006	11-19-2012	Adopt	1-1-2013	740-060-0030	1-18-2013	Amend(T)	3-1-2013
736-010-0060	11-16-2012	Amend	1-1-2013	740-060-0040	1-18-2013	Amend(T)	3-1-2013
736-015-0006	11-16-2012	Amend	1-1-2013	740-060-0080	1-18-2013	Amend(T)	3-1-2013
736-015-0015	11-16-2012	Amend	1-1-2013	740-200-0010	1-17-2013	Amend	3-1-2013
736-018-0045	12-31-2012	Amend	1-1-2013	740-200-0020	1-17-2013	Amend	3-1-2013
736-021-0010	2-1-2013	Amend	2-1-2013	740-200-0040	1-17-2013	Amend	3-1-2013
736-021-0020	2-1-2013	Amend	2-1-2013	800-001-0020	2-1-2013	Amend	2-1-2013
736-021-0030	2-1-2013	Amend	2-1-2013	800-010-0020	2-1-2013	Amend	2-1-2013
736-021-0040	2-1-2013	Amend	2-1-2013	800-010-0030	2-1-2013	Amend	2-1-2013
736-021-0050	2-1-2013	Amend	2-1-2013	800-015-0010	2-1-2013	Amend	2-1-2013
736-021-0060	2-1-2013	Amend	2-1-2013	800-020-0015	2-1-2013	Amend	2-1-2013
736-021-0065	2-1-2013	Adopt	2-1-2013	800-020-0030	2-1-2013	Amend	2-1-2013
736-021-0070	2-1-2013	Amend	2-1-2013	800-020-0035	2-1-2013	Amend	2-1-2013
736-021-0080	2-1-2013	Amend	2-1-2013	800-030-0025	2-1-2013	Amend	2-1-2013
736-021-0090	2-1-2013	Amend	2-1-2013	801-001-0035	1-8-2013	Amend	2-1-2013
736-021-0100	2-1-2013	Amend	2-1-2013	804-010-0000	11-21-2012	Amend	1-1-2013
736-021-0110	2-1-2013	Repeal	2-1-2013	804-010-0000(T)	11-21-2012	Repeal	1-1-2013
736-021-0120	2-1-2013	Amend	2-1-2013	804-020-0001	11-21-2012	Amend	1-1-2013
736-021-0130	2-1-2013	Amend	2-1-2013	804-020-0001(T)	11-21-2012	Repeal	1-1-2013
736-021-0140	2-1-2013	Amend	2-1-2013	804-020-0003	11-21-2012	Amend	1-1-2013
736-021-0150	2-1-2013	Amend	2-1-2013	804-020-0003(T)	11-21-2012	Repeal	1-1-2013
736-021-0160	2-1-2013	Amend	2-1-2013	804-020-0010	11-21-2012	Amend	1-1-2013
736-045-0006	12-13-2012	Adopt	1-1-2013	804-020-0010(T)	11-21-2012	Repeal	1-1-2013
736-045-0011	12-13-2012	Adopt	1-1-2013	804-020-0015	11-21-2012	Amend	1-1-2013
736-045-0100	12-13-2012	Adopt	1-1-2013	804-020-0015(T)	11-21-2012	Repeal	1-1-2013
736-045-0200	12-13-2012	Adopt	1-1-2013	804-020-0030	11-21-2012	Amend	1-1-2013
736-045-0300	12-13-2012	Adopt	1-1-2013	804-020-0030(T)	11-21-2012	Repeal	1-1-2013
736-045-0305	12-13-2012	Adopt	1-1-2013	804-020-0040	11-21-2012	Amend	1-1-2013
736-045-0310	12-13-2012	Adopt	1-1-2013	804-020-0040(T)	11-21-2012	Repeal	1-1-2013
736-045-0320	12-13-2012	Adopt	1-1-2013	804-020-0045	11-21-2012	Amend	1-1-2013
736-045-0330	12-13-2012	Adopt	1-1-2013	804-020-0045(T)	11-21-2012	Repeal	1-1-2013
736-045-0340	12-13-2012	Adopt	1-1-2013	804-020-0065	11-21-2012	Amend	1-1-2013
736-045-0400	12-13-2012	Adopt	1-1-2013	804-020-0065(T)	11-21-2012	Repeal	1-1-2013
736-045-0405	12-13-2012	Adopt	1-1-2013	804-040-0000	11-21-2012	Amend	1-1-2013
736-045-0410	12-13-2012	Adopt	1-1-2013	804-040-0000(T)	11-21-2012	Repeal	1-1-2013
736-045-0412	12-13-2012	Adopt	1-1-2013	806-010-0090	12-31-2012	Amend	2-1-2013
736-045-0414	12-13-2012	Adopt	1-1-2013	806-010-0105	2-12-2013	Amend	3-1-2013
736-045-0416	12-13-2012	Adopt	1-1-2013	808-002-0020	12-4-2012	Amend	1-1-2013
736-045-0418	12-13-2012	Adopt	1-1-2013	808-002-0755	2-1-2013	Adopt	3-1-2013
736-045-0420	12-13-2012	Adopt	1-1-2013	808-005-0020	12-4-2012	Amend	1-1-2013
736-045-0422	12-13-2012	Adopt	1-1-2013	808-040-0025	12-4-2012	Amend	1-1-2013
736-045-0424	12-13-2012	Adopt	1-1-2013	808-040-0050	12-4-2012	Amend	1-1-2013
736-045-0426	12-13-2012	Adopt	1-1-2013	808-040-0060	12-4-2012	Amend	1-1-2013
736-045-0428	12-13-2012	Adopt	1-1-2013	809-001-0000	12-21-2012	Amend	1-1-2013
736-045-0430	12-13-2012	Adopt	1-1-2013	809-001-0020	12-21-2012	Repeal	1-1-2013
736-045-0432	12-13-2012	Adopt	1-1-2013	809-001-0025	12-21-2012	Repeal	1-1-2013
736-045-0434	12-13-2012	Adopt	1-1-2013	809-001-0030	12-21-2012	Repeal	1-1-2013
736-045-0436	12-13-2012	Adopt	1-1-2013	809-010-0025	12-21-2012	Amend	1-1-2013
736-045-0438	12-13-2012	Adopt	1-1-2013	809-020-0030	12-21-2012	Amend	1-1-2013

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811-015-0080	11-28-2012	Adopt	1-1-2013	839-025-0700	1-1-2013	Amend	2-1-2013
813-004-0200	1-4-2013	Adopt	2-1-2013	845-006-0345	4-1-2013	Amend	4-1-2013
813-004-0210	1-4-2013	Adopt	2-1-2013	845-006-0347	4-1-2013	Amend	4-1-2013
813-004-0220	1-4-2013	Adopt	2-1-2013	845-015-0170	1-1-2013	Amend	2-1-2013
813-004-0230	1-4-2013	Adopt	2-1-2013	847-008-0040	1-11-2013	Amend(T)	2-1-2013
813-004-0240	1-4-2013	Adopt	2-1-2013	847-008-0065	1-11-2013	Amend	2-1-2013
813-004-0250	1-4-2013	Adopt	2-1-2013	847-050-0027	1-11-2013	Amend	2-1-2013
813-004-0260	1-4-2013	Adopt	2-1-2013	847-050-0041	1-11-2013	Amend	2-1-2013
813-004-0270	1-4-2013	Adopt	2-1-2013	847-050-0041(T)	1-11-2013	Repeal	2-1-2013
813-004-0280	1-4-2013	Adopt	2-1-2013	847-050-0065	1-11-2013	Amend	2-1-2013
813-004-0290	1-4-2013	Adopt	2-1-2013	847-050-0065(T)	1-11-2013	Repeal	2-1-2013
813-004-0300	1-4-2013	Adopt	2-1-2013	848-005-0020	1-1-2013	Amend(T)	1-1-2013
813-004-0310	1-4-2013	Adopt	2-1-2013	851-050-0000	4-1-2013	Amend	4-1-2013
813-250-0000	12-6-2012	Amend(T)	1-1-2013	851-050-0000(T)	4-1-2013	Repeal	4-1-2013
813-250-0010	12-6-2012	Suspend	1-1-2013	851-050-0009	4-1-2013	Amend	4-1-2013
813-250-0020	12-6-2012	Amend(T)	1-1-2013	851-050-0009(T)	4-1-2013	Repeal	4-1-2013
813-250-0030	12-6-2012	Amend(T)	1-1-2013	851-052-0040	4-1-2013	Amend	4-1-2013
813-250-0040	12-6-2012	Amend(T)	1-1-2013	851-052-0040(T)	4-1-2013	Repeal	4-1-2013
813-250-0050	12-6-2012	Suspend	1-1-2013	851-054-0060	4-1-2013	Amend	4-1-2013
820-001-0025	3-13-2013	Adopt	4-1-2013	851-054-0060(T)	4-1-2013	Repeal	4-1-2013
820-010-0200	3-13-2013	Amend	4-1-2013	851-054-0100	4-1-2013	Amend	4-1-2013
820-010-0204	3-13-2013	Amend	4-1-2013	851-054-0100(T)	4-1-2013	Repeal	4-1-2013
820-010-0205	3-13-2013	Amend	4-1-2013	851-062-0100	4-1-2013	Amend	4-1-2013
820-010-0206	3-13-2013	Amend	4-1-2013	851-070-0005	4-1-2013	Amend	4-1-2013
820-010-0207	3-13-2013	Amend	4-1-2013	851-070-0030	4-1-2013	Amend	4-1-2013
820-010-0208	3-13-2013	Amend	4-1-2013	851-070-0040	4-1-2013	Amend	4-1-2013
820-010-0212	3-13-2013	Amend	4-1-2013	851-070-0050	4-1-2013	Amend	4-1-2013
820-010-0213	3-13-2013	Amend	4-1-2013	851-070-0100	4-1-2013	Amend	4-1-2013
820-010-0214	3-13-2013	Amend	4-1-2013	852-001-0001	1-3-2013	Amend	2-1-2013
820-010-0215	3-13-2013	Amend	4-1-2013	852-001-0002	1-3-2013	Amend	2-1-2013
820-010-0225	3-13-2013	Amend	4-1-2013	852-005-0005	1-3-2013	Amend	2-1-2013
820-010-0226	3-13-2013	Amend	4-1-2013	852-005-0015	1-3-2013	Amend	2-1-2013
820-010-0415	3-13-2013	Amend	4-1-2013	852-005-0030	1-3-2013	Amend	2-1-2013
820-010-0425	3-13-2013	Amend	4-1-2013	852-005-0040	1-3-2013	Repeal	2-1-2013
820-010-0427	3-13-2013	Amend	4-1-2013	852-010-0005	1-3-2013	Amend	2-1-2013
820-010-0480	3-13-2013	Amend	4-1-2013	852-010-0015	1-3-2013	Amend	2-1-2013
820-010-0520	3-13-2013	Amend	4-1-2013	852-010-0020	1-3-2013	Amend	2-1-2013
820-010-0635	3-13-2013	Amend	4-1-2013	852-010-0022	1-3-2013	Amend	2-1-2013
820-010-0720	3-13-2013	Amend	4-1-2013	852-010-0023	1-3-2013	Amend	2-1-2013
820-015-0026	3-13-2013	Amend	4-1-2013	852-010-0030	1-3-2013	Amend	2-1-2013
820-020-0040	3-13-2013	Amend	4-1-2013	852-010-0035	1-3-2013	Amend	2-1-2013
820-050-0010	3-13-2013	Adopt	4-1-2013	852-010-0051	1-3-2013	Amend	2-1-2013
833-020-0051	2-1-2013	Amend	2-1-2013	852-010-0080	1-3-2013	Amend	2-1-2013
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833-030-0041	2-1-2013	Amend	2-1-2013	852-020-0031	1-3-2013	Amend	2-1-2013
833-040-0041	2-1-2013	Amend	2-1-2013	852-020-0035	1-3-2013	Amend	2-1-2013
836-011-0000	2-6-2013	Amend	3-1-2013	852-020-0045	1-3-2013	Amend	2-1-2013
836-031-0765	2-6-2013	Amend	3-1-2013	852-020-0050	1-3-2013	Amend	2-1-2013
836-053-1404	12-20-2012	Amend(T)	2-1-2013	852-020-0060	1-3-2013	Amend	2-1-2013
836-053-1405	12-20-2012	Amend(T)	2-1-2013	852-020-0070	1-3-2013	Amend	2-1-2013
837-085-0040	2-1-2013	Amend	3-1-2013	852-050-0001	1-3-2013	Amend	2-1-2013
837-085-0070	2-1-2013	Amend	3-1-2013	852-050-0005	1-3-2013	Amend	2-1-2013
837-085-0080	2-1-2013	Amend	3-1-2013	852-050-0006	1-3-2013	Amend	2-1-2013
839-009-0335	11-21-2012	Amend	1-1-2013	852-050-0012	1-3-2013	Amend	2-1-2013
839-009-0390	11-21-2012	Amend	1-1-2013	852-050-0013	1-3-2013	Amend	2-1-2013

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852-050-0016	1-3-2013	Amend	2-1-2013	855-041-0135	12-17-2012	Am. & Ren.	2-1-2013
852-050-0018	1-3-2013	Amend	2-1-2013	855-041-0140	12-17-2012	Renumber	2-1-2013
852-050-0021	1-3-2013	Amend	2-1-2013	855-041-0145	12-17-2012	Am. & Ren.	2-1-2013
852-050-0022	1-3-2013	Adopt	2-1-2013	855-041-0160	12-17-2012	Am. & Ren.	2-1-2013
852-050-0025	1-3-2013	Amend	2-1-2013	855-041-0162	12-17-2012	Am. & Ren.	2-1-2013
852-060-0025	1-3-2013	Amend	2-1-2013	855-041-0164	12-17-2012	Renumber	2-1-2013
852-060-0027	1-3-2013	Amend	2-1-2013	855-041-0165	12-17-2012	Am. & Ren.	2-1-2013
852-060-0060	1-3-2013	Amend	2-1-2013	855-041-0170	12-17-2012	Renumber	2-1-2013
852-060-0065	1-3-2013	Amend	2-1-2013	855-041-0173	12-17-2012	Renumber	2-1-2013
852-060-0070	1-3-2013	Amend	2-1-2013	855-041-0175	12-17-2012	Renumber	2-1-2013
852-070-0005	1-3-2013	Amend	2-1-2013	855-041-0177	12-17-2012	Renumber	2-1-2013
852-070-0010	1-3-2013	Amend	2-1-2013	855-041-0300	12-17-2012	Renumber	2-1-2013
852-070-0016	1-3-2013	Amend	2-1-2013	855-041-0350	12-17-2012	Renumber	2-1-2013
852-070-0020	1-3-2013	Amend	2-1-2013	855-041-0355	12-17-2012	Renumber	2-1-2013
852-070-0025	1-3-2013	Amend	2-1-2013	855-041-0360	12-17-2012	Am. & Ren.	2-1-2013
852-070-0030	1-3-2013	Amend	2-1-2013	855-041-0365	12-17-2012	Renumber	2-1-2013
852-070-0035	1-3-2013	Amend	2-1-2013	855-041-0600	12-17-2012	Renumber	2-1-2013
852-070-0040	1-3-2013	Repeal	2-1-2013	855-041-0610	12-17-2012	Renumber	2-1-2013
852-070-0045	1-3-2013	Amend	2-1-2013	855-041-0620	12-17-2012	Am. & Ren.	2-1-2013
852-070-0050	1-3-2013	Repeal	2-1-2013	855-041-0645	12-17-2012	Renumber	2-1-2013
852-070-0055	1-3-2013	Amend	2-1-2013	855-041-6410	12-21-2012	Amend	2-1-2013
852-070-0060	1-3-2013	Am. & Ren.	2-1-2013	855-060-0004	3-7-2013	Amend(T)	4-1-2013
852-080-0020	1-3-2013	Amend	2-1-2013	855-065-0005	12-13-2012	Amend	1-1-2013
852-080-0025	1-3-2013	Amend	2-1-2013	855-110-0007	12-13-2012	Amend	1-1-2013
852-080-0030	1-3-2013	Amend	2-1-2013	856-030-0045	1-31-2013	Adopt	3-1-2013
852-080-0040	1-3-2013	Amend	2-1-2013	858-010-0010	2-5-2013	Amend	3-1-2013
855-041-0005	12-17-2012	Am. & Ren.	2-1-2013	858-010-0010(T)	2-5-2013	Repeal	3-1-2013
855-041-0007	12-17-2012	Repeal	2-1-2013	858-010-0015	2-5-2013	Amend	3-1-2013
855-041-0010	12-17-2012	Renumber	2-1-2013	858-010-0015(T)	2-5-2013	Repeal	3-1-2013
855-041-0015	12-17-2012	Am. & Ren.	2-1-2013	858-010-0016	11-20-2012	Amend(T)	1-1-2013
855-041-0016	12-17-2012	Renumber	2-1-2013	858-010-0016	2-5-2013	Amend	3-1-2013
855-041-0017	12-17-2012	Renumber	2-1-2013	858-010-0016(T)	2-5-2013	Repeal	3-1-2013
855-041-0020	12-17-2012	Renumber	2-1-2013	858-010-0017	11-20-2012	Amend(T)	1-1-2013
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855-041-0080	12-17-2012	Renumber	2-1-2013	863-020-0025	2-1-2013	Amend	2-1-2013
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863-020-0050	2-1-2013	Amend	2-1-2013	877-025-0016	1-1-2013	Repeal	1-1-2013
863-020-0055	2-1-2013	Amend	2-1-2013	877-030-0025	1-1-2013	Amend	1-1-2013
863-020-0060	2-1-2013	Amend	2-1-2013	877-030-0040	1-1-2013	Amend	1-1-2013
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863-022-0015	2-1-2013	Amend	2-1-2013	918-030-0125	12-22-2012	Amend(T)	2-1-2013
863-022-0020	2-1-2013	Amend	2-1-2013	918-030-0130	12-22-2012	Amend(T)	2-1-2013
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